



BUILDING A TRAUMA-INFORMED HEALTH PROMOTION COMMUNITY OF PRACTICE

HUB KNOWLEDGE EXCHANGE 2016

Acknowledgments

The Hub Knowledge Exchange was held in Richmond, BC on October 20 to October 21, 2016 and attended by 2 leads from each project funded under the Public Health Agency of Canada's investment, [*Supporting the Health of Victims of Domestic Violence and Child Abuse through Community Programs*](#). Appreciation is extended to the following organizations for their participation at the Knowledge Exchange:

- B.C. Society of Transition Houses
- BOOST Child and Youth Advocacy Centre
- Boys and Girls Club of Canada
- Brock University
- Centre d'études interdisciplinaires sur le développement de l'enfant et de la famille (CEIDEF)
- Centre for Research & Education on Violence Against Women & Children
- Child Development Institute
- Covenant House Toronto
- Fostering Open eXpression among Youth
- Kawartha Sexual Assault Centre
- Mothercraft Society
- Provincial Association of Transition Houses and Services of Saskatchewan
- Public Health Agency of Canada
- Ryerson University
- St. Michael's Hospital
- The Mane Intent
- Toronto Newsgirls Boxing Club
- University of British Columbia
- University of Toronto
- Université du Québec à Trois-Rivières
- Western University

The Knowledge Hub gratefully acknowledges contributions to this report from the Community of Practice members.

Report Prepared by:

Linda Baker, Learning Director
Sara Mohamed, Research Coordinator
Anna-Lee Straatman, Project Manager
Jassamine Tabibi, Research Coordinator

©2016 Centre for Research & Education on Violence Against Women & Children, Western University

Table of Contents

Introduction.....	4
A Snapshot of the Investment.....	5
Supporting the Health of Victims of Domestic Violence and Child Abuse through Community Programs.....	6
Projects Identify Commonalities.....	8
Trauma-Informed Health Promotion Community of Practice Discussion.....	12
Moving the Community of Practice Forward.....	12
Current Trauma-Informed Principles & Implications for Research.....	13
Identifying Common Outcomes and Indicators for the Investment.....	14
Considerations for Moving Forward.....	17
References.....	18

Introduction

In July 2015, The Public Health Agency of Canada (PHAC) announced its investment, *Supporting the Health of Victims of Domestic Violence and Child Abuse through Community Programs*. This initiative supports projects with a trauma-informed lens to promote the health and wellbeing of adults, youth, and children who have experienced violence. To date, thirteen projects have been funded through this initiative, including the Knowledge Hub which connects the work and members of the community-based projects.

The Knowledge Hub is led by the Centre for Research & Education on Violence against Women & Children at Western University. It aims to: (1) establish a Trauma-Informed Health Promotion Community of Practice (CoP) among members of each project; (2) promote knowledge transfer activities for Community of Practice members and the broader community; and (3) develop common process and outcome indicators to evaluate trauma-informed health promotion through the investment.

The Trauma-Informed Health Promotion Community of Practice is comprised of researchers and practitioners committed to enhancing the knowledge and practice of trauma-informed health promotion for people who have experienced or are at risk of intimate partner violence and child maltreatment.

The Knowledge Hub hosted a Knowledge Exchange on October 20 and 21, 2016 in Richmond, British Columbia. It was attended by 34 participants including members of the Community of Practice and representatives from PHAC.

The objectives of this event were:

- To establish relationships among the community of practice members.
- To build connections among projects.

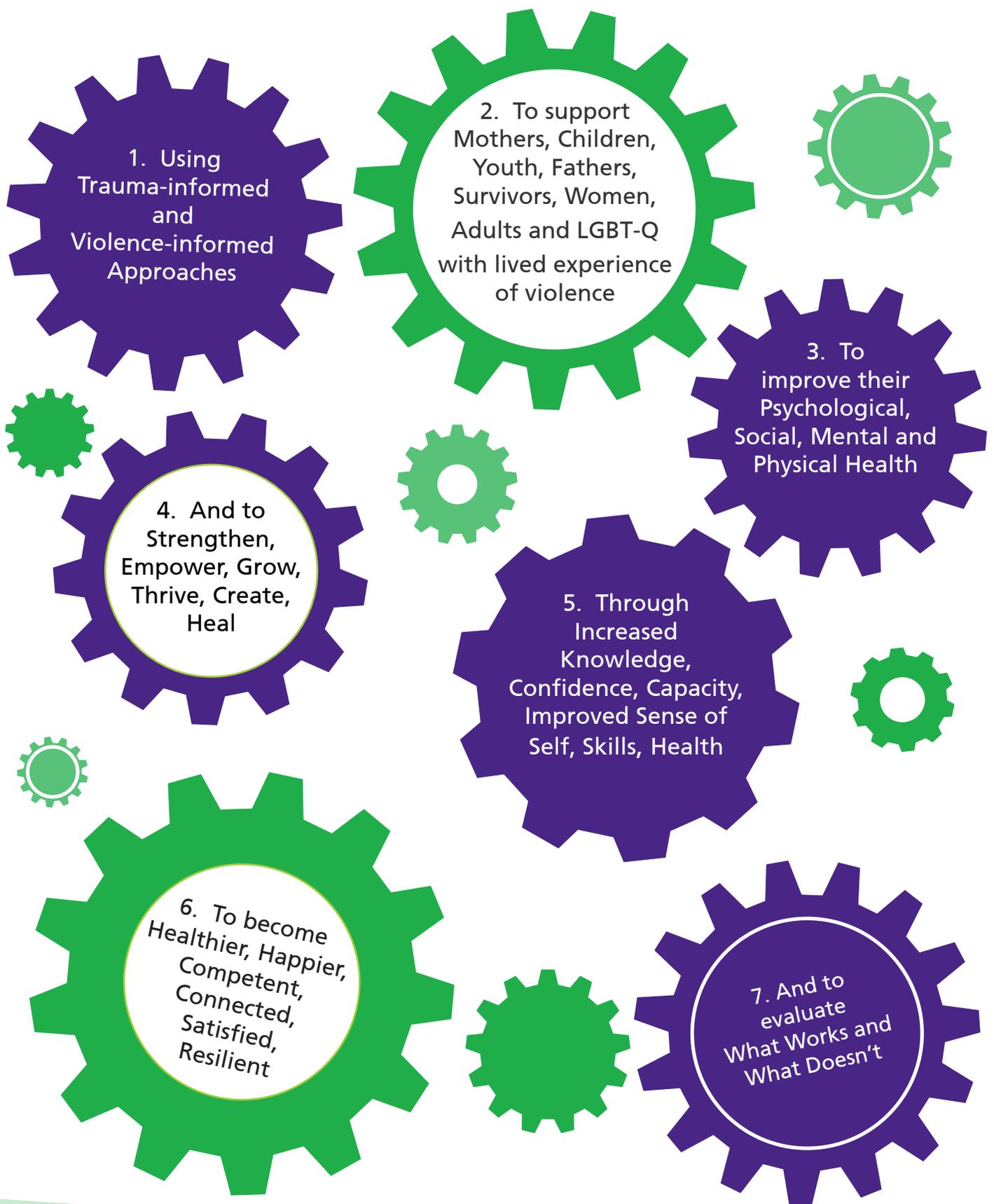
- To identify issues and areas of trauma-informed health promotion that members want to focus on and address.
- To explore adopting a set of trauma-informed health promotion principles and core competencies.
- To explore common process and outcome indicators for the Public Health Agency of Canada's "Supporting the Health of Victims of Domestic Violence and Child Abuse through Community Programs" investment.

The Knowledge Exchange provided an opportunity for participants to meet each other, build relationships, and discuss what it means to belong to the CoP. Ideas and suggestions put forth by members demonstrated that the CoP is viewed as valuable and has the potential of becoming a leading network in the field of trauma-informed health promotion in Canada.

Dr. Nadine Wathen from Western University presented on the [VEGA Project](#) (Violence, Evidence, Guidance and Action), part of the PHAC investment that supports public health response projects that assess knowledge generation and dissemination outcomes for professionals. She highlighted trauma- and violence-informed approaches and practice considerations such as how/when to engage with clients, the justice system and legal obligations, feasibility and organization capacity/system factors, and equity considerations.

Participants also had the opportunity to examine the current trauma-informed principles and their implications for research, and discuss common project outcomes and measures. This report captures the key themes that emerged at the Exchange.

A Snapshot of the Investment



Supporting the Health of Victims of Domestic Violence and Child Abuse through Community Programs Investment: Objectives & Principles

Shannon Hurley from the Public Health Agency of Canada provided a brief overview of [the investment](#), its objectives and principles.

“The Public Health Agency of Canada’s investment aims to build knowledge of ‘what works’ to improve the health of people who have experienced family violence. It does this by supporting researchers, program developers, and community service providers to work together”, PHAC, October 20, 2016

The objectives of this investment are to:

- Support innovation in designing, delivering, and evaluating community programs that address the physical and mental health needs of victims of domestic violence and child abuse.
- Promote the use of trauma-informed approaches that tailor information, resources, and programs in ways that take into account the violence and trauma that victims have experienced and take specific measures to avoid re-traumatizing them.
- Develop, enhance, or expand integration across community services for victims of domestic violence and child abuse, with emphasis on collaborative models.
- Fill gaps in information and resources as part of community-based organizations’ programs to support the health of victims of domestic violence and child abuse, with emphasis on meeting the needs of women and children who have experienced, or are at risk of, harmful practices.
- Provide new evidence based on comprehensive evaluations with clear indicators of results so that this initiative supports the implementation of sustained effective community-level programs.

(Source: PHAC, 2015).

The following principles guided the development of community projects funded under this investment:

- Trauma-informed: a client centered model built on knowledge about the impact of violence and trauma on people’s lives and health.
- Multi-sectoral and multi-agency collaboration: supporting victims of violence is complex and requires collaboration across sectors.
- Cultural sensitivity: understanding the cultural contexts of populations is an essential element in designing and delivering information and health programs appropriately and effectively.
- Evidence-based: is central to this investment to ensure that projects are results-based.
- Health Equity: heightened efforts to address the needs of populations that experience disproportionate levels of domestic violence or child abuse can help reduce health inequities between different population groups in Canada.

(Source: PHAC, 2015).

Trauma-Informed Health Promotion: Understanding Trauma, Violence, and Health

To inform discussions at the Knowledge Exchange, participants were provided with a series of backgrounders, *Trauma, Violence, and Health Series*, prepared by the Learning Network and Knowledge Hub teams: (1) *Towards a conceptual framework: Linking trauma and health for survivors of child maltreatment and intimate partner violence*, (2) *Values, principles and core competencies for work with survivors of child maltreatment and intimate partner violence*, and (3) *Evaluation of Trauma-Informed Health Promotion: Common indicators for projects funded through Supporting the Health of Victims of Domestic Violence and Child Abuse through*

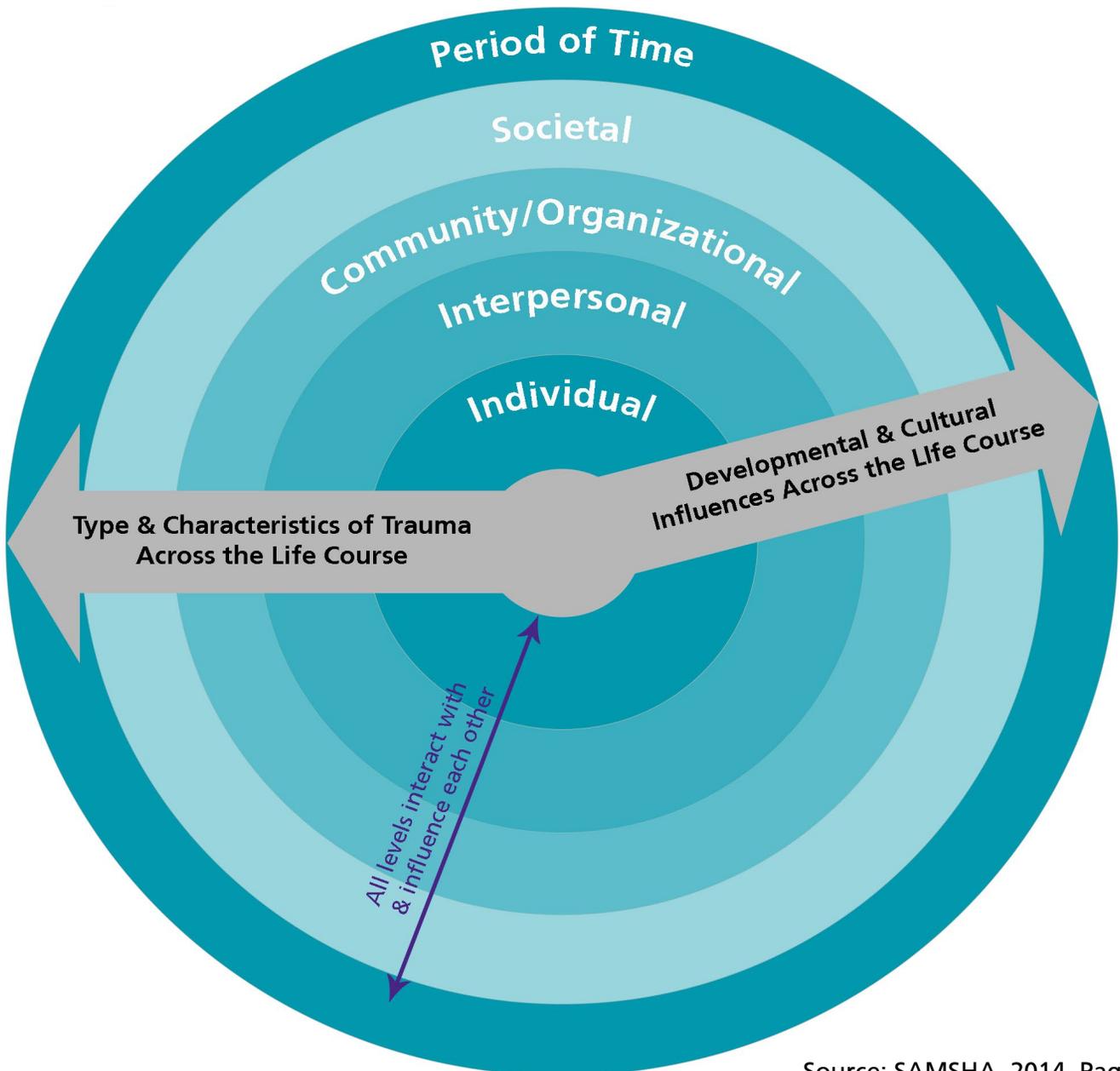
Community Programs.

Backgrounder 1 highlighted how intimate partner violence (IPV) and child maltreatment are a public health issue with pervasive consequences, including experiences of trauma. As trauma has been linked to a variety of short- and long-term physical and mental health outcomes, increased attention has been directed to trauma resulting

from violence and its effects on well-being.

To better understand the relationship between trauma, violence, and health, Backgrounder 1 identified a trauma-informed health framework using a social-ecological model (SEM) informed by the life course perspective and intersectionality (SAMHSA 2014). See Figure 1.

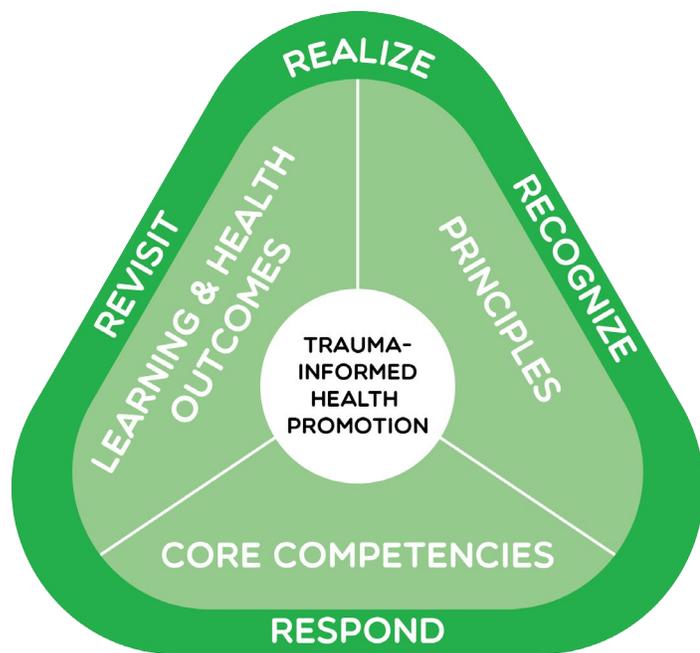
Figure 1: Trauma-Informed Health Framework for Survivors of Family Violence



Source: SAMSHA, 2014, Page 36

A trauma-informed approach consists of three key pillars: realizing the prevalence of trauma; recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and responding by putting this knowledge into practice” (SAMHSA 2014). A fourth pillar may be added: revisiting individual program and individual health and learning outcomes through evaluation. See Figure 2.

Figure 2. Elements of Trauma-informed Health Promotion



The integration of social-ecological, life course and intersectional approaches recognizes the social-ecological influences on trauma, and in turn, on health, while at the same time recognizing temporal patterns and intersectional experiences. The framework is premised on the following:

- that there is a link between and cumulative impacts of events in early life and later life outcomes;
- risks and protectors linked to violence are associated with individual factors (e.g. biological factors) and contextual factors (e.g. relationship, community, societal factors);
- experience and life changes – including experiences of violence, trauma, and help

seeking – are shaped by interconnected dimensions of stratification (e.g. ability, indigeneity, gender, age) as well as the broader social context (e.g. social disadvantage, historical and current oppressions); and

- survivors of family violence experience IPV or child maltreatment in different ways.

This is a heuristic framework that provides a foundation for developing values, principles, and competencies for trauma-informed health promotion.

Projects Identify Commonalities

Thirteen projects have been funded to date under PHAC’s investment, *Supporting the Health of Victims of Domestic Violence and Child Abuse*, including the Knowledge Hub. During the Knowledge Exchange, members of the Community of Practice presented their projects through a soundbite activity where they described their projects in everyday language and what most excited them about their projects. Many commonalities emerged from these descriptions ranging from similar project activities, target groups, diverse contexts, and research methodologies.

The projects formed clusters based on the strongest and most apparent commonalities among them. It is important to note that the projects could have been grouped in different ways as well.

Cluster One: Arts-Expression and Diversity

The four projects in the Venn diagram below form a cluster that targets or engages peers in some way; focuses on diverse contexts, e.g. urban, rural; and attends to Indigenous people, culture, arts, and ways of knowing. Additionally, they all use some sort of a social intervention and some explicitly use art based approaches. The projects further identified that they all use mixed methods research methodologies and participatory approaches.



Creative Solutions to Easing Victimization's Effects was described as a 12-week program connecting Indigenous women who have experienced domestic violence with traditional culture and traditional art activities. The project team is excited about working with Indigenous partners to use traditional culture to help women heal from trauma.

Supporting Victims and Strengthening the Health of Northern and Aboriginal Youth Experiencing Teen Dating Violence in the Northwest Territories project uses the arts and a trauma-informed lens to promote health, prevent teen dating violence, and support Northern and Indigenous youth. The project team is excited that it has a young men's program that works closely with FOXY (Fostering Open Expression among Youth) called SMASH (Strength, Masculinities, and Sexual Health) that

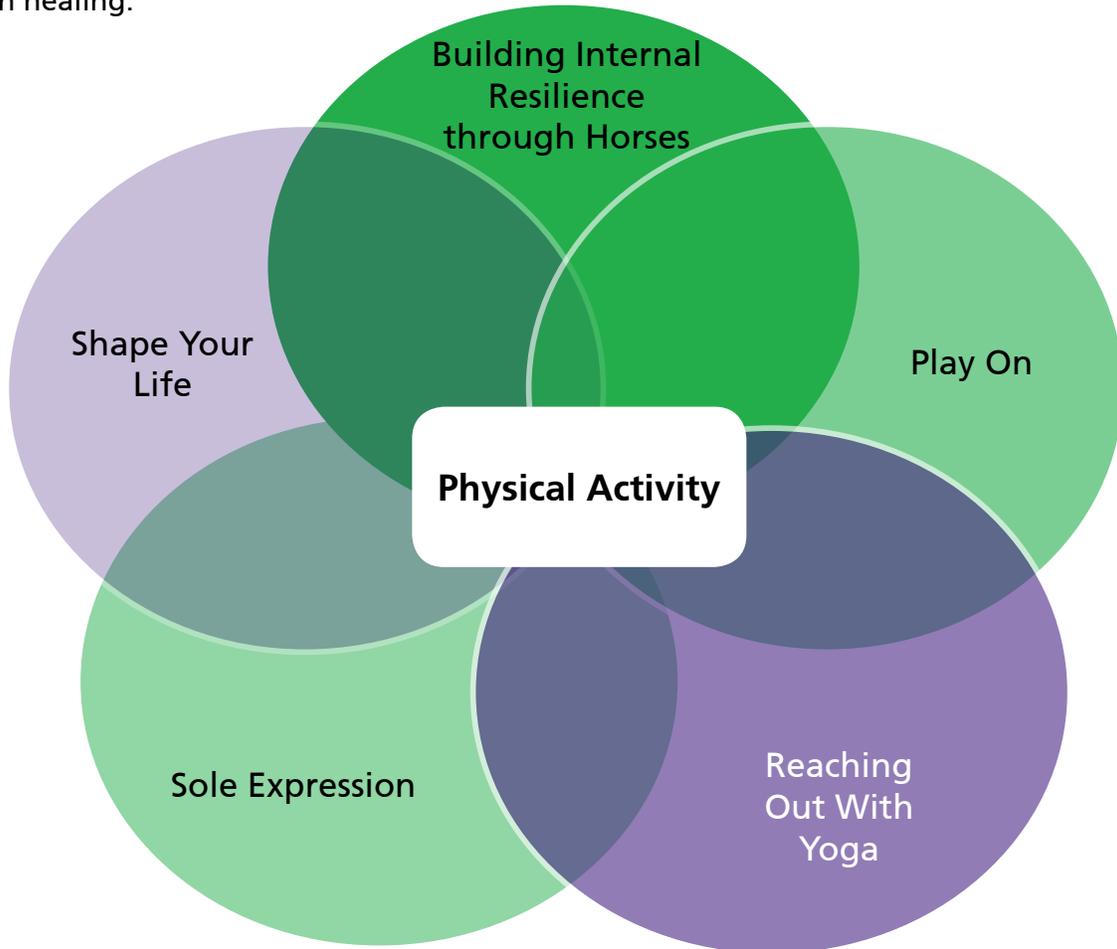
uses digital storytelling, Inuit and Dene games, and drama to reach Northern and Indigenous youth.

iHEAL in Context: Testing the effectiveness of health promotion intervention for women who have experienced intimate partner violence project is aiming to study to see if nurses working with community partners and women who have left abusive partners can improve their health and lives. The project team is most excited about the potential to help all women who have been abused to heal, grow, thrive, and create a new life.

P.E.A.C.E. – Peer Education and Connection through Empowerment project is connecting survivors of family violence and sex trafficking with peer educators to work through their life experiences and improve health and life quality.

Cluster Two: Physical Activity

The five projects in the Venn diagram below formed a cluster primarily because they incorporate physical activity in their interventions, focus on body and mind connection, and are grounded in healing.



Building Internal Resilience through Horses

The project will deliver and evaluate a 12-week resilience-based intervention program featuring equine-assisted learning in combination with expressive arts and psycho-educational workshops. It will further existing research on the benefits of equine assisted learning for survivors of child maltreatment and for young women exposed to intimate partner violence.

Measuring the Effects of the Shape Your Life Project on the Mental and Physical Health Outcomes of Victims of Domestic Violence project is a recreational boxing program for women and trans survivors of violence. A place to experience

their bodies as sites of strength. The project team is excited about 225 women no longer identified as clients with problems and 225 boxers learning their bodies are part of healing and it's more than talking.

Play On: A trauma-informed Sport Program at Boys and Girls Clubs of Canada project is a sports program for kids at Boys and Girls Clubs, ages 8-12 that helps them better handle the ups and downs in their lives. The project team is excited to embed trauma-informed practice in all Boys and Girls Club staff so that they can run awesome programs for kids!

Reaching out with Yoga project is offering gentle yoga to women and their children staying at Transition Houses in BC to help with the effects of violence. The project team is excited about the opportunity to bring yoga to women and children who might not otherwise have had access to its health benefits.

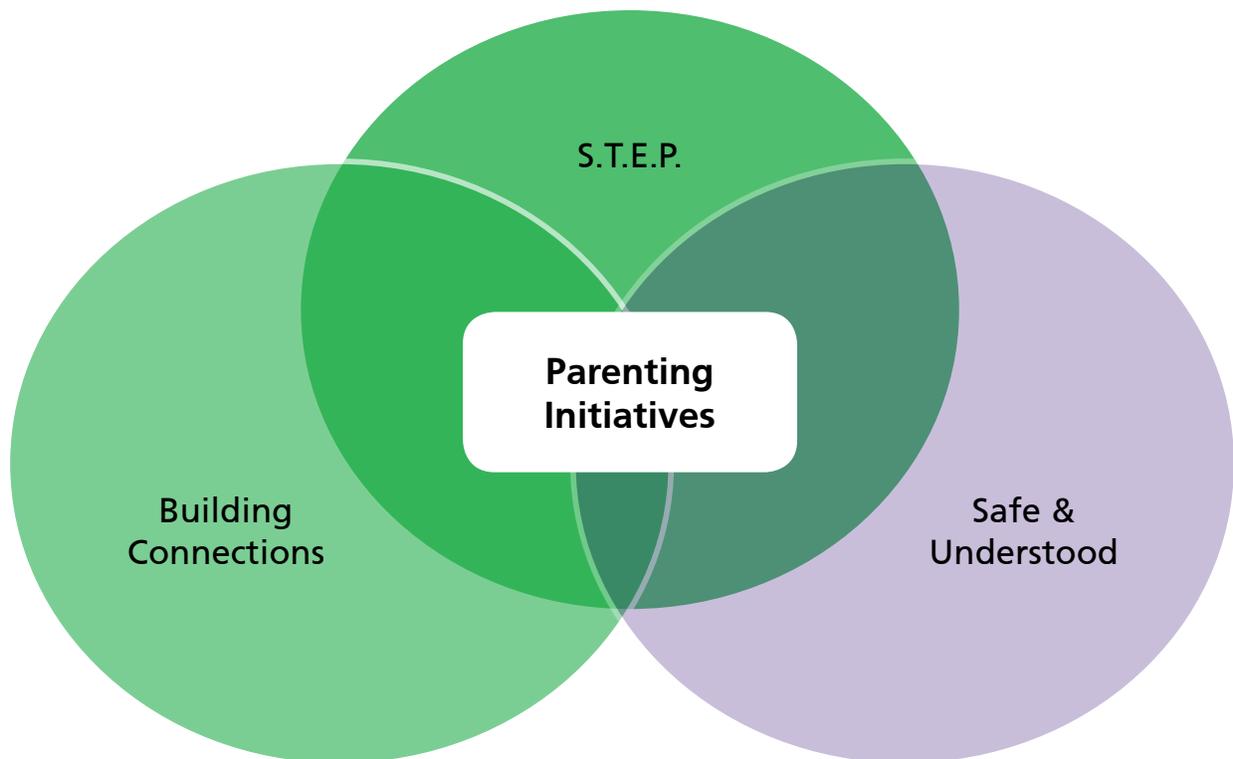
Sole Expression: Trauma Informed Dance Intervention for Youth Who Have Experienced Child Abuse and/or Domestic Violence project uses hip-hop dance to help youth cope with anxiety and depression and other negative feelings related to traumatic events. The project team is most excited about being able to see youth use hip-hop dance to explore their feelings of trauma.

Cluster Three: Parenting Initiatives

The three projects in the Venn diagram below formed a cluster as they all work to support young children, pregnant women, and parents. The projects have an aspect of service provision, training, and capacity building. Also, they all focus on preventing intergenerational cycles of violence, parenting responsibility and providing safe environments for children.

Safe & Understood: Intervening with families to promote healthy child outcomes and prevent abuse recurrence for young child victims of domestic violence exposure project is helping young children who have been exposed to violence by giving tools to mothers to support children, fathers to end violence, and child protection workers to improve service response. The project team is excited about the opportunity for systematic change, to create a web of accountability, and support to reduce impairment and improve outcomes for families that will result in an opportunity to break intergenerational cycles of violence.

Building Connections: A Group Intervention for Mothers and Children Experiencing Violence in Relationships project supports community based projects serving mothers and young children to increase their knowledge and capacity to respond to interpersonal violence. The project team is excited about developing relationships with community based projects across the country and helping projects develop relationships with their community partners and with the families they serve.



S.T.E.P.: Supporting the transition to and engagement in parenthood in adults who have experienced maltreatment as children project is helping expecting parents who have experienced difficult life events to become the parents they want to be. The project team is excited to offer a unique opportunity to pregnant women and expecting fathers to talk about their thoughts, feelings, and fears in a crucial moment of their life.

Trauma-Informed Health Promotion Community of Practice Discussion

The Trauma-Informed Health Promotion Community of Practice (CoP) facilitated by the Knowledge Hub is comprised of 2 leads from each funded project. To date, there are 24 members in the CoP and additional project team members often contribute to tele-meetings as well. Projects funded through this investment represent a variety of approaches to trauma-informed practice with people with lived experience of violence (such as intimate partner violence and child maltreatment). Project participants include very young children, mothers, fathers, adolescents, and adult women. Interventions include trauma-informed physical activity programs such as yoga, boxing, basketball and dance; art programs, peer support programs, and parenting programs. Members of the CoP bring a wide-range of experience and expertise from different fields of work and research.

Moving the Community of Practice Forward

At the Knowledge Exchange, participants (CoP members) had the opportunity to engage in discussion and share their ideas on what it meant to be part of the Community of Practice, what they wanted to get out of it, and suggestions on how to make that happen. The following key themes emerged from the discussion:

Safe Spaces. Participants expressed the importance of 'safe spaces' to discuss project

challenges and successes, to share resources and knowledge, and to make meaningful connections amongst each other. It was highlighted that these spaces should be consistent with trauma-informed principles.

Effective Meetings. Members saw the value of face to face meetings and find them to be more effective than virtual meetings for building and maintaining relationships within the CoP. Unfortunately, costs prohibit in-person meetings more than once per year because projects are located across Canada.

Members expressed that moving forward, it would be helpful to have tele-meetings centered on a particular topic and that notice be given so that that members know what to prepare for in advance of these meetings.

Also, additional optional meetings and the creation of working groups for specific topics would help members discuss challenges or concerns with each other outside of the scheduled tele-meetings.

Maximizing Research Efficiency. The CoP provides an opportunity for members to foster supportive relationships that can lead to enhanced research practice. Members would like to be able to share and access measurement tools, consent forms, research processes, and constructs through a data bank of resources available to all CoP members.

Influence on Policy and Practice. Participants saw the value in their "strength in numbers" in terms of the many individuals and organizations in the CoP focused on trauma-informed health promotion for people with lived experience of violence. They felt their power to influence policy and practice in the field as greater as a collective group.

Forming Working Groups. It was suggested that since many projects have commonalities, working groups could be created based on different disciplines, research methodologies, and phases of the project so that they could share progress or challenges and collaboratively problem solve issues. These working groups would be fluid where

projects could move within different groups when necessary.

Using Basecamp. Basecamp was identified as a useful tool for the CoP to share resources, connect with each other, create discussions, and post documents. Basecamp is a web-based project management and collaboration tool that allows users to create and share files, messages, schedules, and to-do lists. To date, the CoP Basecamp has 52 members and communication has increased significantly since the Knowledge Exchange.

Working groups could also make use of Basecamp by creating separate hubs on the platform so that only information specific to these groups could be shared.

Tracking Lessons Learned. Members of the CoP recognized opportunities for tracking lessons learned and best practices and sharing them with people doing similar work. A suggestion was made to publish a “best practices” resource for community-based programs working on trauma-informed health promotion for adults and children with lived experience of violence.

Branding the CoP. Members saw great potential in branding the Knowledge Hub to allow the broader community to recognize the collective efforts of CoP members.

The Knowledge Exchange provided the first opportunity for participants to have a meaningful discussion on future directions for the Community of Practice.

Current Trauma-Informed Principles & Implications for Research

Reflections on what it meant to be a part of the Community of Practice in the field of community-based trauma-informed health promotion for people with lived experience of violence led to a vibrant discussion on existing trauma-informed principles, their limitations, and implications for research.

The following principles of trauma-informed health promotion adapted from SAMHSA (2014) were identified in Backgrounder 2, *Values, Principles, and Core Competencies for work with survivors of child maltreatment and intimate partner violence*. They were reviewed by participants at the Exchange:

1. Promote trauma knowledge and understanding throughout communities, organizations and among survivors of intimate partner violence and child maltreatment.
2. Provide a safe environment within programs and organizations supported by effective policies and procedures.
3. View trauma through a sociocultural lens to understand the intersecting life experiences and cultural contexts that may shape experiences of and reactions to traumatic events and help-seeking.
4. Promote empowerment and resilience among survivors of intimate partner violence and child maltreatment, peer supporters and mentors, and staff using a strengths-based perspective.
5. Demonstrate organizational and administrative commitment to trauma-informed practices through every level of the organization.
6. Collaborate with stakeholders, and community and health-promotion organizations.

Participants were asked whether; 1) these above principles were appropriate for their work, and 2) if it would be useful to establish a set of principles that would inform the development of core competencies and guide all current and future projects doing trauma-informed health promotion. Participants felt that the current principles were helpful to work with but that key aspects were missing. The discussion that followed touched on several limitations:

Language

Participants expressed that language often used in the literature on trauma-informed health promotion had to be simplified and inclusive of all people. For example, removing the gender binary (male versus female) from the language would include trans-people who experience intimate partner violence or child maltreatment.

Similarly, using the word “survivor” with children and youth was not considered appropriate by some participants. A suggested approach might be to use the term “people with lived experience of violence” instead of “survivor” or “victim” to separate the activity from the person who has experienced intimate partner violence or child maltreatment.

Despite what is known about intergenerational cycles of trauma and violence, current language still tends to focus on the victim/perpetrator dichotomy instead of moving away from it and understanding that often “hurt people hurt people”. Avoiding this dichotomy whenever possible was recommended by some participants.

Attention to Indigenous Experiences

Participants felt that current trauma-informed principles do not adequately capture interactions with Indigenous populations. Considering that Indigenous communities have high rates of complex and intergenerational trauma, processes of decolonization and self-determination have to be considered. This includes creating a culturally safe space for Indigenous peoples, engaging them in discussions on violence, and allowing them to

make decisions for themselves. Participants suggested that reviewing the Truth and Reconciliation Commission of Canada’s Report on recommendations would be helpful to learn more about these processes.

Conducting Trauma-Informed Research

Finally, participants identified the need for principles for conducting trauma-informed research.

As the funded projects all have a research component, participants felt strongly about the risk of doing harm while conducting research and re-traumatizing people with lived experiences of violence through use of certain measurement approaches. For example, it may be distressing for people to answer questions even if this information is necessary to inform project research evaluations.

Participants further noted that it is important to be aware that while service providers are often perceived as professional, caring, compassionate and loving with their clients, some people who have experienced trauma have been abused by them.

The CoP agreed that principles for conducting trauma-informed research needed to be created. A recommendation was made that to move this work forward, working groups could be formed on specific issues (i.e., language) and short discussion papers could be prepared and presented to the group for feedback. Once approved by the CoP, these principles could be shared with the wider research community conducting trauma-informed research and could be adhered to by future projects funded by the Public Health Agency of Canada.

Identifying Common Outcomes and Indicators for the Investment

A robust discussion on project outcomes and measures took place at the Knowledge Exchange. Shannon Hurley from the Public Health Agency of Canada (PHAC) began the discussion with a

brief presentation on the logic model (see Figure 3) for the PHAC investment *Supporting Victims of Domestic Violence & Child Abuse*. She noted that there are two streams of funding for this investment. The first stream supports community-based projects who are assessing improved health outcomes for people with lived experience of violence (those who have experienced, are experiencing, or are at-risk of experiencing intimate partner violence and child maltreatment); Community of Practice projects fall under this category. The second stream supports public health response projects that assess knowledge generation and dissemination outcomes for professionals. The two streams will lead to improved health outcomes for victims of violence.

Following the presentation, participants discussed the outcomes identified through the logic model:

- knowledge access and gain of professionals/ service providers,
- use of trauma-knowledge to support people who have experienced violence,
- whether people with lived experience of violence access information, training, and support
- whether people with lived experience gain knowledge and skills.

Discussions revealed that projects are measuring these outcomes differently through stories, questionnaires, and focus group interviews. Some projects are still exploring how to measure some outcomes.

The ultimate outcome identified through the Logic Model for this investment is improved health outcomes for people with lived experience of violence. Participants also explored common health outcomes, such as decrease in PTSD and increase in confidence, and the possibility of sharing and using the same measurement approaches.

Identifying common outcome measures is challenging for a number of reasons:

- Projects are assessing outcomes for different population groups such as adult women,

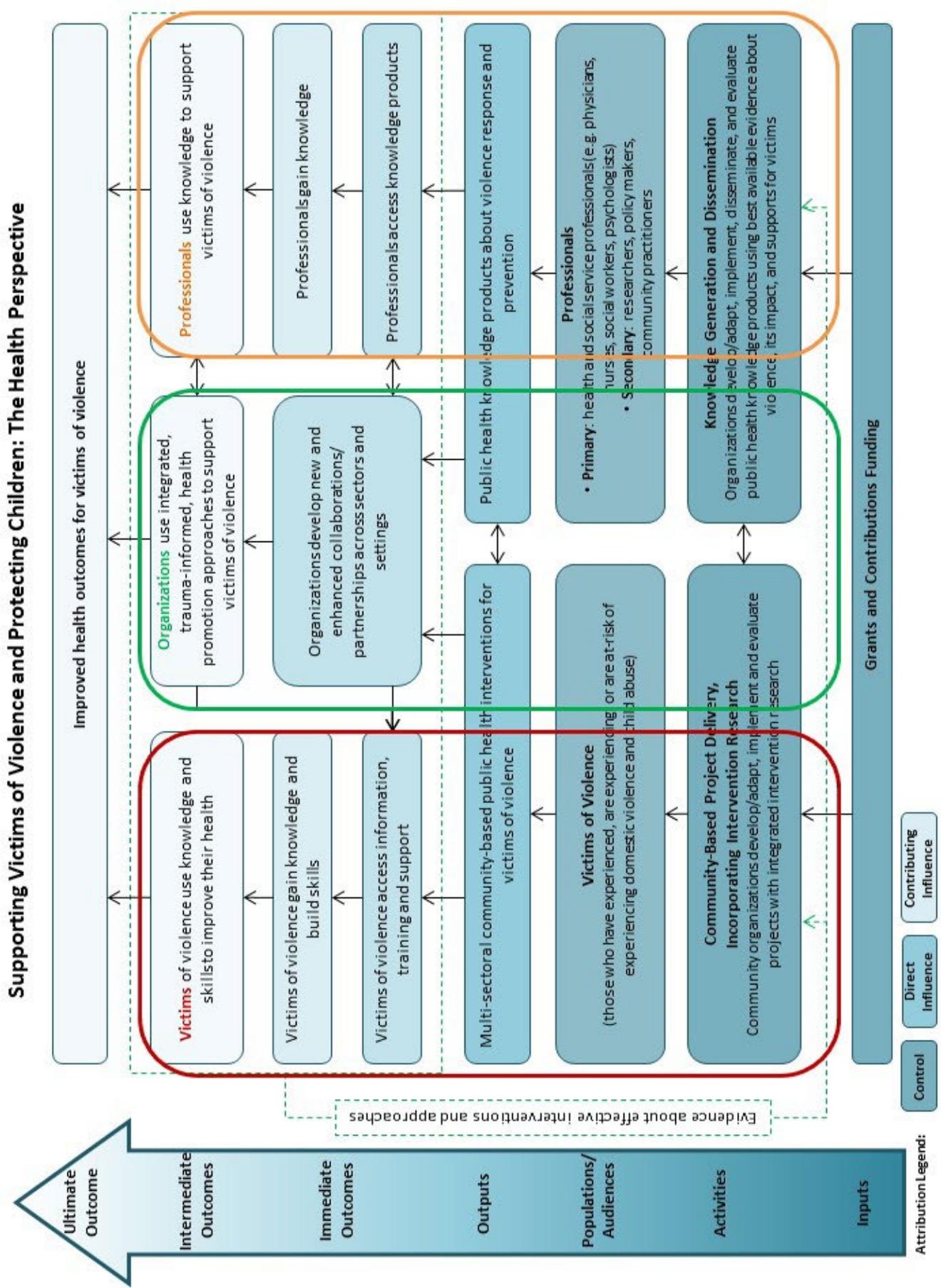
youth, young children, and infants. Assessing health outcomes for these various populations will ultimately require different measures, appropriate to each group.

- The PHAC investment provides funding to projects in different cycles and projects who have received funding earlier are already further along in their research process and cannot change their measures

Some participants noted that using different measures to assess the same outcomes could be valuable as it strengthens the evidence for trauma-informed health promotion interventions to improve the health of people with lived experiences of violence.

Identifying common measures may only benefit future projects funded by the PHAC investment.

Figure 3: Supporting Victims of Violence and Protecting Children: The Health Perspective



Considerations for Moving Forward

The Knowledge Exchange was a foundational opportunity for members of the Trauma-Informed Community of Practice to present ideas and suggestions for moving the Community of Practice and the work of the Knowledge Hub forward.

They include:

- Hosting a future webinar that focuses on conducting research with Indigenous populations using recommendations from the Truth and Reconciliation Commission of Canada
- Facilitating optional working groups to develop trauma-informed research principles
- Preparing a comprehensive list of measures used by current projects to assess outcomes that could be used by future projects
- Researching trauma-informed measurement approaches appropriate to different population groups (infants, youth, adult men, adult women, etc.)
- Shifting the language from trauma-informed to trauma-and violence informed to better understand people's experiences of violence and trauma

These considerations will be further explored in consultation with members of the Community of Practice and other key stakeholders as necessary.

References

Public Health Agency of Canada. (2014). What is family violence? Retrieved from www.phac-aspc.gc.ca/sfv-avf/info/fv-eng.php

Public Health Agency of Canada. (2015). Call for Proposals: Supporting the Health of Victims of Domestic Violence and Child Abuse through Community Programs. Retrieved from: www.phac-aspc.gc.ca/sfv-avf/proposal-proposition/index-eng.php

SAMHSA. (2014). *A treatment improvement protocol: Trauma-informed care in behavioural health services*. Rockville, MD: Department of Health and Human Services.

The Knowledge Hub

Faculty of Education, Western University
1137 Western Road, London, ON, Canada, N6G 1G7
Telephone: 519-661-2111 ext. 80077
Email: vawln@uwo.ca

www.vawlearningnetwork.ca/knowledge-hub

Follow us on Facebook and Twitter



www.facebook.com/TheLearningNetwork



[@learntoendabuse](https://twitter.com/learntoendabuse)