

Trauma and violence-informed approaches: From implementation to evaluation

Report of the Trauma-Informed Community of Practice Knowledge Exchange held June 6 - 7, 2023, London, ON



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Translation:

Sylvie Rodrigue

Graphic Design:

Ravinder Hans, Editorial Assistant, Centre for Research & Education on Violence against Women & Children, Western University

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Introduction



This report summarizes the purpose and activities of a Knowledge Exchange for the Trauma-Informed Community of Practice (CoP) which was held June 6 and 7, 2023 in London, Ontario. This was the second in-person meeting of the CoP, which includes representatives from projects funded by the Public Health Agency of Canada through the *Preventing and Addressing Family Violence: The Health Perspective* Investment. Jessica Laurin and Veronique Brosseau, representatives of the Public Health Agency of Canada, attended to continue building relationships with project representatives. There are 24 projects, in addition to the Knowledge Hub, funded through this investment. To learn more about the Community of Practice members and their projects, see the KH website: [Project Profiles \(2022-2026\) - Knowledge Hub - Western University \(kh-cdc.ca\)](https://kh-cdc.ca) Representatives from 21 projects were in attendance.

The title of the meeting was: *Trauma and violence-informed approaches: From implementation to evaluation*. The objectives of the meeting were to:

- share information about trauma- and violence-informed practice in the gender-based violence field
- share and explore ways of measuring change at the individual and organizational level
- create sense of belonging among CoP members and a sense of identity of our CoP
- gather information for creating resources, linking projects, disseminating knowledge
- brainstorm how to measure the effectiveness of our CoP and the collective impact of the investment.

A variety of presentations, activities, and workshops were offered during the two days to meet the objectives of the meeting. The themes and topics of these events were derived from the conversations of the CoP's virtual meetings and participants' requests presented via the event registration survey. Descriptions of workshops and outcomes from these activities are provided below and video highlights of the meeting is available (<https://kh-cdc.ca/en/community-of-practice/cop-portal/2023-Knowledge-Exchange.mp4>).

Presentations

The Knowledge Exchange was opened each day with a guest speaker. Colleen Varcoe offered a workshop on how to apply trauma and violence-informed principles and practices to community organizations. David Gallant spoke about the importance of relationships when conducting research and doing knowledge translation.

Dr. Colleen Varcoe – Trauma and violence-informed practice from individual to organizational approaches

Dr. Varcoe discussed the concept of trauma and violence-informed (TVI) care, with a focus on exploring the significance of the “V” in a universal approach that builds on trauma-informed care, goes beyond individual pathology, and considers ongoing and historical violence and structural violence. The presentation aimed to help the CoP members understand and identify how structural violence shapes the lives of people we serve, the organizations we work in, and our practices, as well as identify processes and practices to promote TVIC within and with our own organizations.

Participants engaged in a case study that explored revamping a community center in a mid-sized city that was experiencing growth but is not meeting the needs of many of its users. The community center has 2 years to show that it can be trauma- and violence-informed and meet the needs of the community. Using one of the 4 principles of TVIC, participants worked in groups and using the 10 strategies for equity-oriented care (provided at each table) each group developed a plan for the community centre and recommendations for moving forward. Small groups presented brief summaries of their discussions and recommendations for the case study:



Dr. Colleen Varcoe, RN, PhD

is a professor Emeritus in the University of British Columbia School of Nursing. Her work aims to decrease inequity and violence including interpersonal and structural forms of violence such as racism and stigma related to poverty and substance use. Her research includes studies of the risks for and health effects of violence and promoting health for women who experience violence, especially Indigenous women, and promoting equity-oriented healthcare at the organizational level. She is the author of over 200 peer reviewed journal articles, chapters, and books on women's health, relational practice and trauma- and violence-informed care.

10 Strategies to Guide Organizations in Enhancing Capacity for Equity-Oriented Services

- Explicitly commit to equity
- Develop supportive organizational structures, policies, and processes
- Re-vision the use of time
- Attend to power differentials
- Tailor care, programs and services to local contexts
- Actively seek input from community partners and people with living and lived experience.
- Actively counter racism and discrimination
- Tailor care to address inter-related forms of violence
- Enhance access to the social determinants of health
- Optimize use of place and space



Principle #1 - Understand trauma, violence and its impacts on people's lives and behavior

- Conduct a needs assessment and community consultation to understand the perspectives of all stakeholders and citizens;
- Gather information to understand the historical background of the centre and the previous issues;
- Engage people with lived experiences to learn about past and current experiences at the Centre. Ask them what they need from the Centre.

Principle # 2 - Create emotionally and physically safe environments for all clients and providers

- Conduct trauma-informed meetings;
- Address structural sexism;
- Create signage that conveys safety and respect;
- Create welcoming entrance and registration areas.

Principle # 3 - Foster opportunities for choice, collaboration and connection

- Acknowledge and identify promising practices in other communities;
- Explore collaboration with police services that may include community policing;
- Identify ways to effectively include different populations, including hiring diverse staff.

Principle # 4 - Use a strengths-based and capacity-building approach to support clients

- Build relationships of trust and care with those already involved with the Centre;
- Create an advisory committee consisting of members from diverse user groups and populations, both those associated with the Centre and those who are not;
- Evaluate the capacity of the staff and identify gaps. Identify supports, training, resources required.

Powerpoint slides, handouts and a recording of Dr. Varcoe's presentation are available in the Community of Practice portal.

Dr. David Gallant – Building strong relations between community organizations and evaluators lead to better client outcomes

David Gallant spent some time “yarning” about his experiences in Australia doing data collection and program evaluation, particularly with Indigenous communities and populations. He spoke of the importance of taking time to develop relationships with partners and participants in order to have meaningful conversations and data collection opportunities. Another suggestion was to incorporate an advisory group into the project that includes people with lived experience. It is important that advisory group members are engaged in the project from start to finish (application process to knowledge dissemination).

Story telling can be an effective data collection tool for exploring the value of a program. It can be used as a data collection strategy and also as a means of sharing outcomes and results.

A recording of Dr. Gallant’s presentation is available in the CoP portal.

Applying and experiencing trauma-informed practice

CoP members worked with project team members or individually to create storyboards or posters that tell a story about their project including who their primary audience is and what they are doing within a trauma- and violence-informed perspective. While finding creative outlets, discussions among and between project members were filled with new and different ways to understand and represent how trauma- and violence-informed practice and care has impacted their project interventions with various audiences. The storyboards were kept on display throughout the Knowledge Exchange with opportunities for everyone to view other projects’ storyboards, share information about their own projects, and ask questions.



Dr. David Gallant is a Lecturer with the Department of Social Work at the University of Melbourne, Australia. His research is focused on improving the physical, social, emotional and cultural outcomes for people in our communities.

He is involved in a range of research areas including family violence, Indigenous populations, custodial environments, sport and recreation. David is also a program scholar within the Centre of Research Excellence Safer Families.

Once CoP members had an opportunity to work on their specific projects, everyone came together to create a mural that identified various ways projects are, or are planning to, apply the principles of trauma-and violence-informed practice into their projects.



Examples of the application of TVI principles in projects:

Principle #1 - Understand trauma, violence and its impacts on people's lives and behavior

- Build capacity of the team, participant and their leaders on the impacts of trauma and violence, and how it affects behaviours, attitudes. (Changing contexts: The art of the nudge)
- STEP was developed based on an understanding of the possible effect of traumas on the experience and practice of parenthood - a process of consultation with caregivers and parents. The program helps to situate the impact of trauma as an effort to adapt to unusual circumstances, rather than as a defect or pathology. (STEP)
- Strengthening the awareness of violence among service providers and outreach workers with women in midlife. (AIM)
- Working directly with older adults to understand the effects of abuse and or neglect in their lives. (RISE)

Principle #2 - Create emotionally and physically safe environments for all clients and providers

- Group guidelines established with each intervention group to address boundaries and power violations. (HEAL)
- Offer women ways to hide their names online. (STRONG WOMEN)
- Taking measure to learn about and accommodate the varying and individual needs of participants. (Sharing in the Healing Journey)
- First language service delivery and culturally appropriate curriculum. (Stories of Strength)
- Closed group - co-facilitated by former participants - offered in the parent's own language. (Espace Parents)

Principle #3 - Foster opportunities for choice, collaboration and connection

- Ongoing consultation with survivors and practitioners throughout program design, development and implementation. Working with an Advisory Committee (MODELSS)
- Participants evaluate everything: content, facilitation. BOW program reviews and modifies on a regular basis. Participant voices are taken seriously! (BOW)
- Co-creating programs and activities with community members and service providers. Offering choices with and for programming: type of activity, frequency of attendance. (TVI Movement)
- Co-construction of workshops to ensure needs are met. (Kaskinomatasowin)
- Peer mentorship (Centering Black Experiences in Domestic Violence Prevention)

Principle #4 - Use a strengths-based and capacity-building approach to support clients

- Our curriculum focuses on supporting parents where they are at - reducing any shaming language; focusing on what they are already doing well. (ConnectED Parents)
- Providing community training to support service providers in communities to respond to families experiencing IPV. (C-BTC)
- Providing toolkit and resources to support clients. Weekly tip/tricks for clients to practice at home, review weekly, update weekly prior learning. Asking clients what is working/not working. (Kid's Club and Mom's Empowerment)
- Help community agencies identify partners to counter mistreatment. (ARMCAR/RAMAPA)
- Set up a community of practice to maintain commitment and ongoing training. This also offers opportunities for peer support. (Prévention de la violence sexuelle)

Value creation and collective impact

CoP members continued to work with project team members or individually on their projects' story boards or posters, adding visual representations about the types of value created and/or the outcomes produced from their projects. Everyone was encouraged to think about values and outcomes based on a couple different perspectives to facilitate a more comprehensive understanding of what projects were doing. These perspectives included variations of the value creation logic of [Wenger and Trayner](#) and the outcome production logic from the Public Health Agency of Canada (see Figure 1).

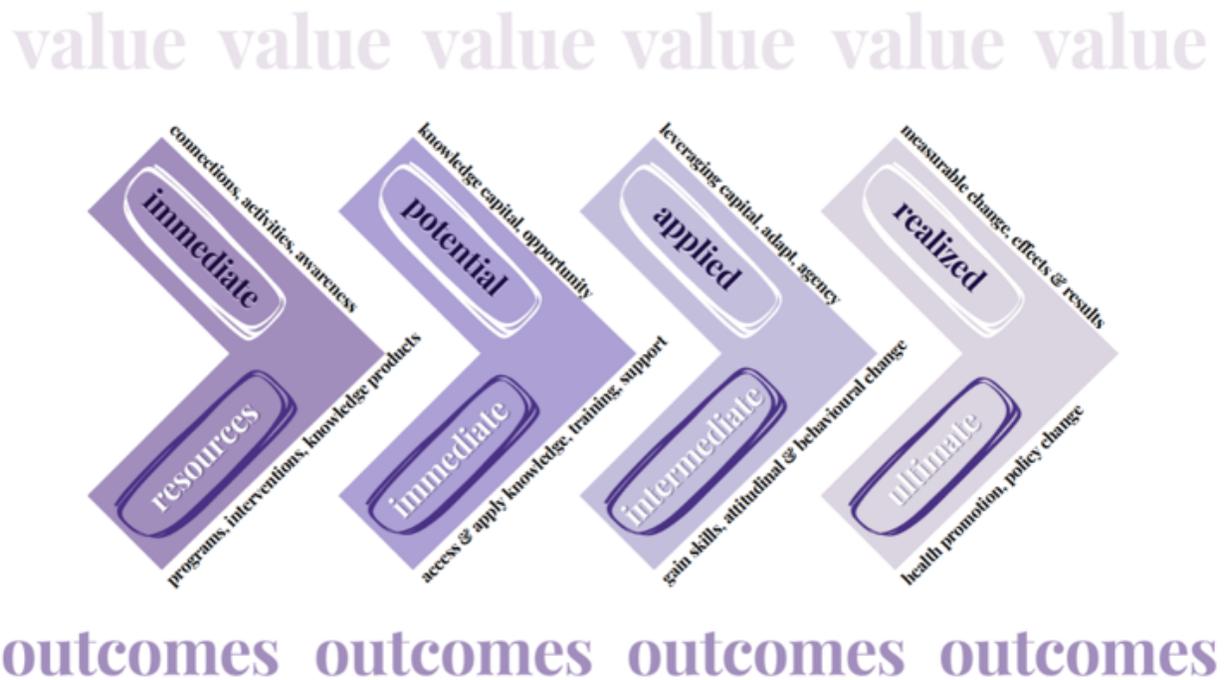


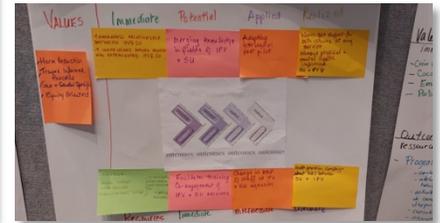
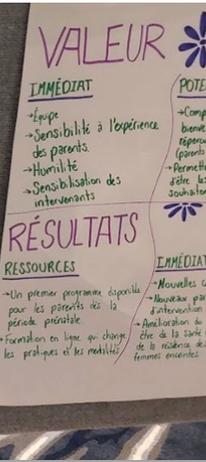
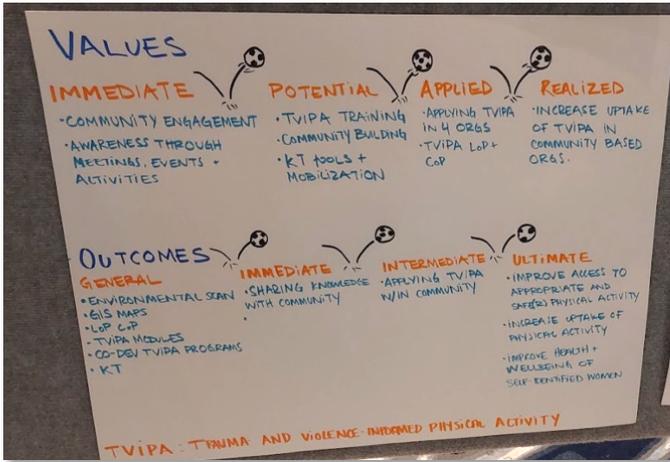
Figure 1: Potential Values and Outcomes related to projects.

After everyone had an opportunity to work on their individual projects, CoP members were invited to participate in creating a group patchwork quilt where each project colour-coded the types of value and/or outcomes associated with their project and post them alongside other individual projects' values and/or outcomes. Altogether, this created a helpful visual representation where everyone could notice some patterns across projects in terms what the changes being made.

After viewing the group patchwork quilt, CoP members engaged in group discussions exploring the types of values and outcomes associated with groups of projects as well as the whole investment collectively.

Some possible collective impact indicators include:

- Enhanced adoption of TVI principles by service providers, organizations
- Impact of knowledge exchange activities – increase of knowledge, skills, etc.
- Health and well-being of participants
- Enhanced partnerships between community organizations and researchers



Group discussions noted a stark discrepancy between the difficulty in recognizing more concrete measurements and/or indicators of collective value and/or outcomes with the urgency in doing so vis-a-vis the recognition that all these projects are doing important work with incredible impacts that we need to find a way to highlight what everyone is doing more collectively.

Conversation opportunities



Community of Practice members engaged in small group discussions on topics identified by CoP members in advance of and at the beginning of each day. Topics included ethics, recruitment challenges, project funding, and facilitator training and support.

Ethics

Participants shared the ongoing and additional workload of completing ethics applications and responding to the concerns of Ethics Review Boards, particularly when utilizing trauma-informed approaches in research methods, letters of information and consent, and data collection. Each Ethics committee is unique and may have different perspectives regarding how research is to be conducted, and project goals.

A particular concern was the time and additional work required to complete ethics applications and await approval for being able to continue with the workplan. This can have serious implications for work plans and funding. If ethics approval is not received in a timely manner, then activities may not be carried out in time, requiring requests for budget amendments to move activities into a new fiscal year. Projects with multiple phases may also be hampered by multiple ethics applications (for each phase) causing additional workload and time pressures.

The populations identified by many projects in this investment fall in the “vulnerable” category as defined by the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans. This can cause additional concerns that need to be addressed in ethics applications, and challenges for recruitment.

Vulnerability is often caused by limited decision-making capacity, or limited access to social goods, such as rights, opportunities, and power. Individuals or groups whose circumstances may make them vulnerable in the context of research have historically included children, the elderly, students, women, prisoners, those with mental health issues and those with diminished capacity for self-determination. Ethnocultural minorities and those who are institutionalized are other examples of groups who have, at times, been treated unfairly and inequitably in research, or have been excluded from research opportunities. People or groups whose circumstances cause them to be vulnerable or marginalized may need to be afforded special attention in order to be treated justly in research. (Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2022) – Chapter 1: Ethics Framework)

Recruitment and retention

CoP members identified several challenges they are facing related to recruitment, not only for programming, but for research components, including finding eligible participants and getting people to consent to research using the required ethics documents, and staff turnover.

Many projects are seeking to recruit a specific population to their intervention. Some people may only be eligible for a limited time (e.g., pregnant women or expectant parents), and others may be reluctant or uninterested participants (men who have been abusive). Some people feel shame and may be reluctant to engage in programming or sharing information. The highly transient status of some participants (e.g. women

staying in shelter, people with precarious housing, youth, etc) also contributes to recruitment and retention challenges.

People also talked about the challenges of creating engaging, information and appealing recruitment flyers while addressing all the requirements of Ethics Review Boards. Often recruitment materials and letters of consent seem to be too wordy, unattractive, unengaging, and overwhelming. Questions related to this include:

- What is the hook? Why should people participate in this program and/or research? How do we engage people while adhering to ethics protocols?
- How do we make recruitment materials less busy when we have to include so much required research information?
- How do we safely recruit people that may not be currently safe themselves?



A suggested strategy for making recruitment materials more engaging is to focus on strengths-based vs. deficit-based language. Some CoP members suggested that offering universal programming may be beneficial. Research participants can then be recruited based on eligibility from this larger group.

Participants shared some strategies for engaging hard-to reach audiences including:

- Working with advocates
- Identifying community champions or ambassadors to be spokespersons or recruiters
- Engaging an advisory committee
- Engaging with people already using existing services
- Host a social event to explain the program or research, introduce facilitators and researchers, and to develop relationships
- Offer supports to make participation possible (e.g., transportation, honoraria, childcare, language supports)
- Ensure that your team resembles the diversity of your anticipated audience
- Utilize a text message system app called TRUMPIA
- Connect outside of regular working hours

Currently, many projects are facing the additional challenge of recruiting and keeping staff for their research and implementation teams. This has created challenges for recruitment such as re-training for core positions, and lack of identity and continuity of the research team for participants.

Project funding and financial reporting

Discussions took place about the importance of good communication, partnerships, and working relationships between funders and recipients. Some CoP members expressed their shock when they learned that funder representatives will attend and participate in CoP meetings, particularly based on previous experiences with other funding agencies. However, some feel that there is a good partnership between funders and recipients; that their attendance and participation can help funders to better understand the work being done and time required to do intervention research.

Challenges to the funding awards include how contribution agreements are set up. Recipients may receive some funds at time of award, but the balance is received based on quarterly cash flow statements, and it is not possible to carry funds forward from one fiscal year to the next. This has significant implications for projects when a work plan is not carried out as planned due to unforeseen circumstances (delays in contracts, ethics approval, recruitment, etc). It can be difficult to move funds between budget lines. A Budget Transfer Request must be submitted, and approval received before funds can be moved from one budget category to another.

Participants expressed frustration with the communication that occurred between funders and recipients during the application process and waiting phase. Some people felt that communication could be clearer and more directed, as often email responses are vague and experienced as overly standardized (not directly answering a question).

Some challenges were identified related to working within university reporting requirements. It is sometimes difficult to receive financial statements in a timely manner from university finance offices. Financial reporting requirements related to honorarium, subject fees, etc do not always align with trauma-informed practices and ethics requirements. For example, maintaining confidentiality of participants is difficult to achieve when detailed personal information is required to issue honoraria through university finance systems. Additionally, ethics boards are sometimes uncomfortable with providing honoraria that are above what might be considered a very minimal stipend.

Beyond the relationship with the funder, CoP members also talked about challenges to establishing and maintaining relationships with community partners when project funding is not received or delayed. Sometimes staff leave an organization before the next funding envelope is received – causing a loss in program continuity, new recruiting, training, etc.



Facilitator training and Support

Some issues identified during these conversations included:

- Supporting and training facilitators when using virtual platforms
- Teaching facilitators to adapt to the language of the people they are working with (using plain language to explain terms)
- Training facilitators from diverse backgrounds

Some solutions identified included:

- Peer support, connecting with facilitators to identify where support is needed, teaching self-care.
- Being aware of vicarious trauma;
- Developing approaches that recognize cultural and contextual circumstances.

Knowledge translation (KT) templates

Knowledge Translation Templates were shared with participants to complete and share with the Knowledge Hub. We are interested in learning your knowledge translation plans for your projects. This information will help us identify opportunities where we may be able to support or amplify your KT plans. The templates are available in the CoP portal.

Conclusion

The Knowledge Exchange brought together representatives from 21 of 24 projects who have received funding through the *Preventing and Addressing Family Violence: The Health Perspective* investment from the Public Health Agency of Canada. The Knowledge Hub, which is also a recipient of funding from the Public Health Agency of Canada, facilitated the meeting and will continue to work with projects to identify needs and interests for knowledge mobilization and translation. CoP members engaged in conversations about topics related to their projects and to collective impact.