

BUILDING CONNECTIONS FOR HEALTHY RELATIONSHIPS

WHAT WE LEARNED



“By getting involved with Building Connections, it really validated a lot of the things I was thinking but maybe wasn’t strong enough to implement with my clients. And also hearing from the participants how Connections has changed their life was again something that helped my confidence. Because it’s a scary job we are in, when you are helping people heal you never want to do harm. So you are very cautious when you talk about things like that. But this made me a lot more confident all the way around.”

—Connections Certified Facilitator

“Now I know what toxic stress means. I have strategies I can use to reduce it in my kids’ lives. And I know more about what to do to support their healthy brain development.”

—Connections Group Participant

Acknowledgements

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We thank everyone who participated in the evaluation of *Building Connections*. You helped us show the capability, knowledge, and experience that community-based projects have in the support they provide to mothers and children affected by interpersonal violence.

We extend our deepest thanks to the women and mothers who participated in Connections and who shared their experiences and stories for this evaluation. Their generosity, strength, and wisdom will help other women and children.

We offer our gratitude to the certified facilitators who delivered Connections in their community-based projects across Canada, and who helped us evaluate all the activities of *Building Connections*. We were honoured to partner with such dedicated, compassionate, and skilled facilitators, and are thankful for the circle of mutual learning that has been developed. We also thank the coordinators, managers, and directors of CAPC, CPNP, and ASHUNC projects for all the ways in which they supported the implementation of Connections in their projects and communities.

Finally, we recognize and honour all those working and volunteering in CAPC, CPNP, and ASHUNC projects to promote the health and well-being of pregnant women, families, and young children. Thank you for all you do to create safe, welcoming, and caring spaces and relationships for young children, women, and families to heal and thrive.

This is a summary version of
**Building Connections to Support Mothers and Children
Affected by Interpersonal Violence: The Evaluation Report.**
The full report is available at mothercraft.ca

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I. BACKGROUND TO THE BUILDING CONNECTIONS INITIATIVE

***Building Connections* is an initiative of Breaking the Cycle, a program of Canadian Mothercraft Society. Mothercraft has delivered Breaking the Cycle since 1995. We are one of Canada's first prevention and early intervention programs for pregnant and parenting women who use substances and their children aged 0 to 6.**

Breaking the Cycle is funded by the Public Health Agency of Canada's Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP). We operate through a formal partnership of nine agencies representing:

- child protection
- addiction treatment
- public health
- addictions medicine
- corrections and probation
- obstetrics
- mental health
- developmental paediatrics

- childcare
- FASD assessment and diagnosis
- children's mental health, and
- infant/child development

Our services are delivered through a single access model with home visitation and street outreach components. We operate on frameworks of relational, attachment, developmental, and trauma theories. These approaches inform our understanding of women, mothers, and children, and guide all our interventions and approaches.

Our aim is to decrease barriers and promote engagement for women and mothers who typically have complex life circumstances and difficult past experiences in relationships. This makes it difficult for them to feel safe to access services for themselves and their children. We offer a range of programs designed to foster healthy relationships between mothers and their children. And these are offered within the context of a safe environment and safe relationships with service providers.

Our evaluations have shown that mothers who attend our programs have high rates of maltreatment and trauma that began in their own early childhoods. Most have significant histories of substance use in their families of origin. The disruptions in many of their relationships began at an early age, including multiple caregivers and foster care placements. Mothers have high rates of mental health symptoms including:

- depression
- suicide attempts
- eating disorders
- compromised health
- low levels of education
- poverty
- high rates of intimate partner violence, and
- loss of custody of children

The majority of mothers who come to Breaking the Cycle have histories of physical, sexual, and/or emotional abuse dating back to early childhood. Almost half of mothers also say that their current partner relationships involve interpersonal violence (IPV). We developed the Connections program in 2006 in response to these findings. Connections is a six-week group program for mothers and children experiencing violence in relationships. It is based on trauma-informed and relational approaches. We designed it to be delivered in community settings like CAPC/CPNP projects that also offer other supports. Connections is available in English and French, and was adapted for Indigenous communities. [The Connections manuals are available here.](#)

Connections helps women learn about how their experiences of traumatic

relationships and IPV have affected:

- the development of their own sense of self,
- the relationships they have established in their lives, and
- the relationships they create with their own children.

Our evaluations of Connections confirmed that there were positive outcomes for the mother, the child, and the mother-child relationship. We also found that women had:

- more confidence to resist substance use,
- less anxiety and depression,
- greater ability to develop positive relationships with their children,
- increased social support,
- more appropriate expectations in their parenting roles,
- increased empathy,
- decreased parenting stress, and
- child development within the average range.

Other evaluations showed us that mothers who participated in Connections:

- enhanced their ability to reflect on their past experiences in order to make changes in their current relationships,
- gained an understanding of the cycle of unhealthy relationships, and
- increased their understanding of the impact of unhealthy relationships on their children and on their parenting.

Based on the successes we had in delivering Connections, Mothercraft launched the *Building Connections* initiative in 2015. The Public Health Agency of Canada (through the *Supporting the Health of Survivors of*

Intimate Partner Violence and Child Maltreatment through Community Programs initiative) provided financial support for a five-year national project.

Our overall goal was to enhance the capacity of service providers working in CAPC, CPNP, and Aboriginal Head Start in Urban and Northern Communities (AHSUNC) projects to identify and respond to mothers and young children impacted by IPV and child maltreatment. CAPC/CPNP/AHSUNC projects engage and support pregnant women and families with young children living in conditions of risk including:

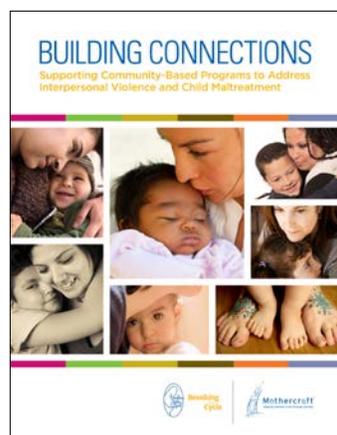
- IPV
- child maltreatment
- alcohol/other substance use
- trauma
- poverty
- homelessness, and
- social and geographic isolation.

The CAPC/CPNP/AHSUNC projects promote non-judgemental, community-based, and culturally sensitive environments. These are fundamental to engage and support women and children who experience IPV. Most women and children who experience IPV are not connected to specialized family violence services. However, they *are* connected to community-based projects where they feel safe and can access a range of supports. These projects are embedded in communities across Canada. They often act as an entry point for families who are geographically or socially isolated. And they connect families to health and social supports within their communities.



II. BUILDING CONNECTIONS OVERVIEW

We developed *Building Connections* based on fundamental principles applied by *Breaking the Cycle* in all our work. (These principles are discussed in detail later in this document.) The main activities we took to share Connections through the *Building Connections* initiative included:



Activity 1

The development and distribution of a resource manual called [Building Connections: Supporting Community-Based Programs to Address Interpersonal Violence and Child Maltreatment](#). The manual was developed specifically for the *Building Connections* project to support service providers in community-based programs who work with women and children who may be living with IPV. It was also intended to help service providers and organizations work from a trauma-informed perspective and develop trauma-informed relationships that cultivate safety, trust, and compassion. It was distributed to all 800+ CAPC/CPNP/AHSUNC projects across Canada.

Activity 2

The delivery of a live National Training Webinar. The webinar was based on the content of the resource manual. [The webinar](#) was offered to community project staff from CAPC, CPNP, and AHSUNC projects, as well as services providers from other community organizations (e.g., public health, women’s shelters, counselling agencies). Those who attended the webinar had very positive responses to the material. Many also told us that they would like further training and intervention related to IPV. They told us that there are high levels of IPV among women in their programs, but project staff have very little confidence or training to respond to it.



Activity 3

A selection process for determining which CAPC/CPNP projects could safely implement Connections within their existing programs. Attendees were asked if they were interested in receiving additional training related to IPV and child maltreatment. Those who expressed interest were asked to complete a readiness assessment tool specifically developed for *Building Connections*. This tool helped us understand the readiness of CAPC/CPNP projects to implement Connections safely and successfully. It also helped CAPC/CPNP project staff reflect on their own readiness based on:

- their awareness of both IPV and the need for an intervention,
- their knowledge about, and ability to deliver, trauma-informed practice and evaluation,
- their existing collaborations with community services and supports, and
- systems of safety already in place within their organizations.

Based on their responses to the readiness assessment tool, a selection process was undertaken. 30 CAPC/CPNP projects were invited to attend the Connections Certified Training.

Activity 4

Adapting *Building Connections* for AHSUNC projects.

The adaptation was undertaken in consultation with Indigenous leaders and experts. An Indigenous adaptation of the Connections group program already existed. For the *Building Connections* project, we adapted the readiness assessment tool, training for AHSUNC facilitators, and individualized evaluation plans for each community.

Activity 5

Pre-training site visits. *Building Connections* team members made visits to each project selected for certified training, delivery, and evaluation of Connections. We provided an overview of the project components and expectations. The pre-training site visit offered an opportunity to gain a deeper understanding of the communities and the physical spaces where Connections would be delivered. It allowed our staff to meet others in the organization who would support the facilitators in delivering Connections. And it allowed us to learn about unique features of individual projects and communities that enhanced our training and on-going consultation with the selected projects.



Replication sites, clockwise from top: Dauphin, Manitoba; Carcross Tagish First Nation, Yukon; Cambridge Bay, Nunavut; Yellowknife, Northwest Territories; East Preston, Nova Scotia; Dauphin, Manitoba

II. Building Connections Overview

Adapting and evaluating *Building Connections* for AHSUNC projects: Co-creating program and evaluation options

In consultation with Indigenous leaders and experts in the field of Indigenous research, we adapted our existing research tools and protocols. This included the readiness assessment tool, certified training for facilitators, and the evaluation process. We also undertook a process of community engagement with the selected AHSUNC projects. This meant that, in collaboration with AHSUNC facilitators and other community members, *Building Connections* developed individualized evaluation plans for each community that were acceptable and safe for members of the community.

We began the process of community engagement with the 4 selected AHSUNC projects through in-person visits from the *Building Connections* team to the communities and consultation with community members. In these visits, *Building Connections* team members worked with community members to understand how their future participation in the initiative (specifically the training, delivery, and associated evaluation of Connections) could be done in a manner that was decolonizing, respectful, relevant to community interests, and safe for all involved.

In consultation with the Indigenous consultants, we created multiple evaluation options for women from AHSUNC projects who would be participating in Connections. During our in-person meetings with facilitators and other community members, *Building Connections* team members presented these options. Then, we collaborated



with facilitators to create an evaluation plan that was safe for the members of their community. Facilitators and community members were invited to include modifications to these options or provide alternative evaluation methods. These discussions continued during the in-person certified training at Breaking the Cycle. This allowed AHSUNC facilitators time to reflect upon the evaluation options and choose the option that was right for their community. Facilitators worked with the *Building Connections* team to finalize individualized plans for evaluation of Connections.

The first evaluation option was for women to complete surveys using similar procedures for CAPC/CPNP projects. Another option was for women to participate in interviews led by their facilitators. This included an audio-recorded interview with a facilitator before the Connections group began, as well as an interview with a facilitator after the Connections group ended. At the end of each weekly session, women were asked to engage in a short discussion with their facilitators and other group members about their experience of Connections that week. These discussions were audio-recorded. If any women in the group did not consent to research or to audio-taping, facilitators were responsible for turning off the audio-recording device when that woman spoke. Interviews and group discussions centred around experiences in the Connections group, particularly focusing on women's thoughts around parenting, relationships, and self-esteem.

Activity 6

Training and certifying Connections facilitators. The CAPC/CPNP/AHSUNC projects selected to partner in the *Building Connections* initiative attended three and a half days of intensive training at Breaking the Cycle. Each selected project sent two staff to the certified training groups held in Toronto. Three to four projects were trained per session. These trained staff became Connections Certified Training Facilitators within their projects. In total, the training was delivered to 75 facilitators from 34 projects. After attending the training, the newly certified facilitators returned to their home communities to deliver Connections.



Activity 7

Implementing Connections within their communities. The majority of the projects went on to successfully implement Connections within their projects at least once. The facilitators also committed to ongoing follow up and the subsequent evaluation process.



Clockwise from left: Cambridge Bay, Nunavut; Carcross Tagish First Nation, Yukon; Cambridge Bay, Nunavut; and East Preston, Nova Scotia



Activity 8

Establishing a Connections Community of Practice and an online platform. Connections certified facilitators were invited to attend the Connections Community of Practice (CCP), which enabled them to share updates from their project, hear how other projects were delivering the group, and discuss any barriers to delivery that had arisen. At the request of facilitators, we also established an online platform for sharing documents and resources.

Activity 9

Conducting ongoing research and evaluation. We developed or implemented a variety of research and evaluation instruments, including:

- an online questionnaire before and after participating in the webinar,
- pre- and post-training questionnaires,
- assessment of facilitators' knowledge of Connections-related concepts before and after delivering the Connections group,
- completion of online questionnaires by women who attended the Connections program, both before and after they engaged in the group, and
- completion of a follow-up questionnaire, approximately 1-5 months after completing the Connections group.



III. OVERVIEW OF THE IMPACT OF BUILDING CONNECTIONS

***Building Connections* was evaluated at each step in the project, using a variety of research methods. Its impact was assessed for its effects on:**

- CAPC/CPNP/AHSUNC and other community project staff,
- certified Connections facilitators,
- women who participated in the Connections group, and
- CAPC/CPNP/AHSUNC organizations.

We also evaluated the AHSUNC projects based on the modifications developed for each specific site.

National Training Webinar and Resource Manual

Feedback from the post-webinar evaluation highlighted that CAPC/CPNP/AHSUNC and other community project staff found the resource manual to be a helpful companion to the National Training Webinar.

Community project staff who participated in the National Training Webinar were asked how serious the problem of IPV was in their community. The majority reported coming across various types of IPV and other abuse and trauma in their work with families.

Most community project staff who identified IPV in their work reported being only somewhat able to respond to the needs of families involved. And they felt only somewhat sufficiently prepared to respond to the type of IPV they dealt with. The majority of community project staff said they had not received training from their organizations on how to identify IPV and respond to IPV.

After participating in the National Training Webinar, participants significantly increased their awareness, capacity, and confidence to identify and respond to IPV-related issues. Further, most of the community project staff said they would be interested in additional training on IPV and child maltreatment.

Connections Certified Training

Facilitators reported significant increases in awareness, capacity, and confidence after the Connections training. Facilitators also reported high satisfaction with the training. It should be noted that 100% of trained facilitators reported positive satisfaction. As one facilitator said:

“There aren’t enough ‘good things’ I can say about this training and experience. What made it different from other trainings I’ve been through (and there have been many over the years!) was all the staff at Breaking the Cycle who treated us like their own - the most welcoming, caring experience I’ve had. Everyone presented well and the atmosphere was so welcoming and professional - there is nothing I can say that was negative or needing improvement. I am leaving feeling well equipped and supported in this new venture. THANK YOU ALL!”

After delivering Connections, facilitators were asked to reflect back on their experience of attending the certified training. Facilitators shared how important it was to have the training led by Breaking the Cycle staff in Toronto because they were able to see where and how services were provided. Also, facilitators felt they had a better



III. Overview of the impact of *Building Connections*



understanding of how to deliver the Connections group in their own projects, having witnessed the relational model in action at Breaking the Cycle. Further, many facilitators spoke about the way they were treated throughout the training, feeling welcomed and supported. Facilitators felt motivated and committed to Connections because of the relationships they were able to form with staff at Breaking the Cycle. Facilitators also mentioned how empowering it was to have projects from across Canada come together for the training, share common goals, and create a network of contacts. They said it felt like a great reminder that they were not alone in their work with families living with IPV.

“ *I loved that it was different sites from across Canada that were brought together, all looking at the same common goal which was to deliver the same program, a program that fit within our mandate... I found the whole experience, like meeting the staff that are currently delivering the program and how they're doing it, knowing that the model is delivered across Canada in numerous sites...also increases confidence in delivering a new program.”*

Delivering the Connections group

Evaluating the impact of Connections on participants

Women who participated in the group reported very high levels of satisfaction with Connections. There were many aspects of it that women found particularly helpful, including:

- the way it was presented, saying they felt safe and comfortable and able to share openly without fear of judgement,
- the format of the groups—small in size, all female, and delivered as a closed group,
- the importance of knowing that the other women in the group were in similar circumstances and that they could relate to each others' experiences,
- feeling heard, validated, and supported by both facilitators and the other women, and
- importantly, knowing they could trust others in the group to maintain confidentiality.

In addition to feeling safe and supported, women also spoke about the positive ways the group was structured. Women liked that it was conversation-based and that they could drive the conversation. At the same time, they appreciated that the material was also based in fact.

Women valued the grounding activities, as well as check-ins and check-outs before and after sessions.

“ *That was something I did like about our groups too was the check-ins. At the beginning of the group and at the end. And they'd give us permission, if we had something that really needed to be said, they'd give us permission to just fall apart and I did it. I was brave about it. I had a lot of tears in the group. It was fantastic.”*

In terms of the content of Connections, women found it particularly helpful to reflect on the past before discussing

their present and future. Though women often felt guilt around past behaviours, they appreciated the focus on hope and how to heal and move forward. The group's emphasis on fallibility—everyone makes mistakes, no one is perfect—felt genuine and sincere. Women responded to the message that it is how you move forward that matters.

In the follow-up evaluations, women were able to identify the overall impact that Connections had on their lives. Broadly, women discussed:

- changes in their relationships,
- changes in their parenting,
- changes in themselves, and
- the important supports they received from Connections.

Relationships

Women reported feeling more closeness, higher ability to depend on others, and lower anxiety in relationships. They also reported important learning, including how to:

- make changes to existing, unhealthy relationships,
- improve boundaries, trust, and communication in current relationships, and
- have new expectations for what is acceptable and what to expect in future healthy relationships.

Making changes to unhealthy relationships

Several women discussed how Connections made them more aware of what abuse looks like in a relationship and what signs to look for. They increased their awareness of current relationships that were not healthy and why. And they gained an understanding that they deserved better. Several women reported that they were able to leave relationships that they now recognized as unhealthy. Other women noted that this extended not only to intimate partners, but also to ending relationships with other abusive people in their lives.

“*I knew a lot of things in my relationship weren't quite right. Being able to talk to others in the group and exchange ideas allowed me to identify the real problems and make changes in my relationship.*”

Improving current relationships

Women also spoke about changes they were able to make in current and ongoing relationships. They were able to create safer boundaries in relationships. Some women said that Connections gave them the courage to define and uphold boundaries with 'toxic' people and not accept unhealthy or abusive behaviour. Many noted that they were able to improve communication with people in their lives. They felt more able to express their emotions, needs, and boundaries to partners, parents, and others.

“*Connections helped me improve a lot of different relationships in my life. I feel like I'm beginning to trust people.*”

Expectations in future relationships

Many women found that Connections showed them how to identify red flags and unhealthy behaviours in relationships. They also learned how to recognize what is acceptable and what to expect in a healthy relationship. These new skills allowed women to approach new relationships with partners differently than they had before, although many women felt they needed a break from intimate relationships.

“*One day, I'll feel able to start a new relationship. But not yet. I need more time to heal and work on my coping skills before beginning a new relationship.*”

Parenting

Women reported lower overall parenting stress after their involvement with Connections. When women spoke about changes to their parenting, they highlighted:

- a new or improved awareness and understanding of the impact of IPV and abuse on children,
- the importance of understanding children's brain development,
- the importance of building children's self-esteem, and
- their own role in positive and mindful parenting.

III. Overview of the impact of *Building Connections*

Impact of abuse

Women reported having new and improved awareness of how their own unhealthy relationships had impacted their children. Some women noted that they had not thought children would see or feel the effects of abuse between partners. But, by the end of the group, they realized that they do—children normalize the unhealthy behavior. Women also highlighted the links between their own unhealthy relationships and the potential for child maltreatment. One woman noted that she wanted to work on her own coping skills, so as not to pass on the impact of her own abuse to her children. Others were focused on stopping the cycle of abuse.

“*I realize now that it would be more harmful for my daughter if I stayed in my unhealthy relationship. I was worried that being a single parent would be more harmful to her. And I was getting a lot of pressure from my outside society to stay in my relationship. Now I know that was wrong. It’s hard to be a single parent but it’s better for my daughter than it is for her to witness abuse.*”

Brain development

Many women found the session on children’s brain development was particularly helpful. It helped women to better understand and respond to their children’s behaviour. And it helped women realize how their own actions and parenting impacts their children. Women said their participation in Connections lead them to work on improving their own coping skills. And they could be more patient with, and understanding of, their children.

“*Now I understand what toxic stress means. I have strategies I can use to reduce it in my kids’ lives. And I know more about what to do to support their healthy brain development.*”

Children’s self-esteem

Many women spoke about feeling dedicated to building their children’s self-esteem. Through Connections, they learned specific strategies to support this and talked about how they were using these strategies at home with their



children. One noted that the group itself acted as a model of how to build self-esteem and healthy relationships.

“*I learned things about building self-esteem in my son from being in the group, not just from that session on children’s self-esteem. I used the activities and other things I learned and then simplified them. Then I applied what I had learned and observed to my son. It was great!*”

Positive parenting

Women talked most about the importance of learning about positive and mindful parenting. With respect to positive parenting, they increased their awareness of its importance and learned specific new techniques to implement it. They also practised these techniques at home. Some women noted that they were less stressed, frustrated, or quick to react because they had new coping and regulation skills and techniques. These new skills greatly improved their ability to parent.

With respect to mindful parenting, they had a new appreciation for taking time for themselves to think and reflect on the way they parent. Women also told us about new parenting successes, such as:

- improved communication with their children,
- the ability to discuss with their children that they are still working toward being a better parent,

- the ability to better understand what their children are going through, and
- working through stressful experiences or difficult transition times together with their children.

Several women also discussed how they could now teach their children the new techniques they had learned in Connections, including:

- helping children label their emotions,
- scaffolding for children to self-regulate, and
- talking about the importance of self-care.

Finally, some women talked about how to connect their own experiences as a child with their current parenting style. When they thought through what they needed from their own parents when they were younger, it helped them consider what their children needed from them now.

“*I've learned the importance of moral decision making. That's how to understand and think about the choices you make and their consequences. This is really important for my kids because their father does a lot of illegal stuff that I don't agree with. I want my kids to know what's right and wrong.”*



Self awareness

Women significantly increased in their self-esteem and self-efficacy after participating in the Connections group. Women identified a sequence of change that included:

- forgiveness and healing,
- using self-care strategies to help support growth in self-esteem,
- changes to their self-esteem and self-worth, and
- feelings of empowerment and strength in making changes in their lives.

Forgiveness and healing

For many women, the Connections group provided a place to work toward forgiving themselves and healing. Women discussed how Connections helped them stop blaming themselves and feeling swallowed by guilt and shame, often about what their children had gone through. Instead, they realized what they needed to work on, understood that things were repairable, and started to move forward.

Self-care

Several women identified that learning new skills around self-care supported an increase in their self-esteem. Many women talked about how they used the new self-care strategies at home. They also observed that their newfound self-care abilities allowed them to be better parents and have more positive relationships with others.

Self-esteem

Increases in self-esteem was an important issue for most of the women. They found they were able to start moving past their issues of self-doubt and negative self-talk. They could begin to see they were worthy of respect, their voices matter, and they were doing the best they could. Many women knew they still needed to work on their self-esteem. They said that it felt uncomfortable or difficult to identify their own good qualities.

“*The facilitators and the women in my group helped me see I could recognize good qualities in others but not in myself! That really helped me and my self-esteem. It was an empowering insight.”*

III. Overview of the impact of *Building Connections*

Feelings of empowerment and strength

Women spoke about the empowerment they felt when they worked on their self-esteem, learned how to take care of themselves, and took control of their lives. Also, the knowledge that they were the ones who could make changes in their lives and the lives of their children was empowering. They gained confidence in understanding that they deserved healthy relationships and from learning that change truly was possible.

“Taking control made me feel strong!”

Support

Finally, women identified four key areas of support that helped facilitate their success during the Connections group and afterwards. Specifically, women described support they received from:

- the other women in the group,
- facilitators,
- the organization and structure of the group, and
- other community services.

Support from other women

This was an important form of support. Women appreciated having other women they could relate to and know they had been through similar experiences. It was important to know they were not alone. Through the process of sharing openly in the group, women were able to support and uplift each another. Connections allowed women to have other women they could confide in. And this reduced their feelings of isolation. Some women formed lasting friendships with others in the group and were able to continue supporting one another after the group had ended.

Support from facilitators

Facilitators provided an essential form of support. The atmosphere of the group was non-judgemental which women attributed to the environment that facilitators created. Women said that facilitators made them feel comfortable, did not push anyone to share if they weren't ready, made sure participants didn't feel judged, and were empathic, kind, and compassionate. Several women described facilitators going 'above and beyond,' offering

additional supports, resources, checking in on people between sessions, and showing women how cared for and valued they were. Facilitators were described as role models, modeling healthy relationships, and guiding women through Connections.

Other services in the CAPC/CPNP program and sponsoring organization

Some women already attended programming at the organization, some for many years. These women reported that already knowing the facilitators or having a strong level of comfort with the organization made it far easier to attend the Connections group. Women noted that having childcare provided (with childcare workers they trusted) during the group sessions was essential. Women also appreciated the information and materials they could take with them after each group session, as well as continued support from facilitators after the group had ended. Women were able to review the Connections materials and notes and check in with facilitators when needed, which helped them continue to grow and move forward.

Other community services

Several women were engaged in other services while attending Connections or had been referred to other services afterwards. Women highlighted the importance of these other services, including attending other group supports within the organization. Several began accessing other counselling supports, and some brought family members and children in for counselling services as well.

“I now have a better knowledge of the available services in my community. And Connections helped me have a better understanding of what's going on in my life. We decided it was important for my kids to get support, too, so they are now going to counselling services for children. And so am I and my partner. It's a real family affair!”

Evaluating the impact of *Building Connections* on facilitators

Impact of delivering the *Connections* group

Facilitators significantly increased their knowledge of *Connections* constructs after delivering the group. Facilitators also reported very high satisfaction with their experience delivering *Connections*—100% of trained facilitators told us their experience had been positive. Some of the positive aspects of their involvement included:

Enjoying the experience of delivering the group

Facilitators appreciated the layout of, and information in, the *Connections* group manual. They found the outline and the order of the content allowed the discussion to flow from topic to topic seamlessly. Facilitators found the structure and format of the group (which is closed group and discussion-based) was imperative. It increased women's safety and comfort with one another. And it provided the space for women to reflect and focus on what was significant in their history of unhealthy relationships.

“ I think women in the *Connections* group felt, and they told us too, that this was a very safe space for them and they shared a lot of information. There were several times they said “Gee, I've never told anybody that before” or “I've never this out loud before.” So I think they did feel safe and respected.”

Appreciating the gentle approach to difficult topics

This approach allowed women to feel safe and comfortable even during difficult conversations about IPV and unhealthy relationships. Some facilitators also saw women in other group settings. They noted that these women shared and opened up more in *Connections* than they did in other groups. The facilitators attributed this to the safe structure and format of the group.

“ One of the participants that was in the *Connections* group with us, at the exact same time was in a parenting class with me too. I'm not sure that I heard her voice once

*in the parenting class over those six weeks. Then, I would see her in *Connections* and she'd be involved in our discussions and participating. Then, I'd see her again at the parenting class and I'm pretty confident that there was not one word from her mouth for that entire parenting class for six weeks.”*

Building relationships

Facilitators noted that *Connections* helped build relationships among women, as well as between women and facilitators. Even when facilitators knew women prior to the group, their relationship felt stronger by the end. In some cases, women would actively seek out their facilitators to engage in conversation when they needed someone, as facilitators had gained the women's trust from participating in *Connections*.

“ It built relationships between myself and the participants because I think I had been involved with all of the participants prior . . . After doing the group, or in the process of doing the group, I would have participants call me during the week certainly being more willing to engage in conversation with me outside of group. Those kinds of things, it really builds relationships. . . which is nice for me but I also think it's nice for the participants to feel comfortable in calling somewhere and asking for assistance when they need it.”



III. Overview of the impact of *Building Connections*



While there were many successes delivering Connections, facilitators also faced some challenges, such as:

Readiness and engagement

Some women initially felt they were ready for the content of the group, but then realized they weren't ready once they delved into the material. Sometimes, facilitators found it challenging to promote sustained engagement. Other women had difficulty separating from their children long enough to attend sessions. And sometimes external factors kept women from attending.

“*There was some anxiety about coming out or barriers to coming out, whether it was other appointments or that type of thing. Getting everybody to come out consistently was probably the biggest challenge.*”

Oversharing

Some facilitators found it challenging to manage oversharing by women in the group. Most of them reported finding ways to manage the dynamic. And they recognized it was an important part of their role to make sure everyone in the group felt safe.

“*I think one of the challenges was when some women were so caught up in the abusive relationships with family, they tended to sometimes overshare. The group was pretty good with not slamming everybody but there were a few instances where it was just too much. It really triggered the rest of the group so there were a lot of check-ins that needed to happen afterwards. We found that sometimes sitting in close proximity to that person and kind of touching them or just reminding the group at the beginning to not give details... that helped her with that a bit.*”

Transportation

Transportation was a barrier faced in some communities. Where there was no local transit, projects relied on taxis to get women to and from group. In small towns where there were only a few taxis, women would arrive for the group at different times, adding to the challenges of delivery.

“*Often times arriving on time is out of a mom's control because she's waiting for a taxi. We don't have a lot of taxis in our town and our moms unfortunately are at the bottom of their list to pick them up. So usually they would message us that they were on the way. We would try to wait for them and they would try and call their taxi even earlier the next week to try and make it here on time.*”

Research

A few projects faced barriers around the research component of Connections. Some women were either initially uncomfortable with the research. Or language and literacy were a barrier in completing the online surveys. However, these facilitators believed they were able to overcome these barriers. They discussed confidentiality and anonymity of the surveys with women who felt trepidation. And the facilitators made themselves present and available to assist women who needed help understanding survey questions.

Overall impact on facilitators of participating in *Building Connections*

Facilitators commented on the overall impact of *Buildings Connections* on themselves, their work with families, their community projects, and their communities. They told us that they:

- developed a deeper understanding of trauma-informed care and relationship-based practice;
- were able to continue to focus on trauma-informed and relational principles in their work after their participation in *Building Connections*;
- felt more confident and capable in their ability to support families experiencing IPV and to keep families safe;
- were able to extend trauma-informed and relational principles beyond their own work and into their projects and communities;
- were able to support increased competency regarding IPV within their organizations, which led to new and enhanced community collaborations and partnerships—collaboration with other community agencies helped facilitate a community-based response to the problem of IPV; and
- have a deeper awareness of service needs within their communities for women and families experiencing IPV, and have become advocates for Connections within their organizations and communities.



Facilitators reported changes in awareness, competency, collaborative work, and safety considerations, including:

Awareness

Facilitators developed a deeper understanding of trauma-informed care and relationship-based practice. *Building Connections* encouraged them to consider family structure, dynamics, availability, and community support when determining women's readiness and treatment plans.

“It's given me a greater awareness in checking in with people to see where they're at. I might be ready to talk about something, doesn't mean they're ready to talk about it. Or because they've voiced curiosity doesn't mean that they're really open to the information. Just more sensitivity in checking in with people. Giving them the lead of what they want to discuss or if they want to discuss something or not.”

Competency

Facilitators reported feeling more confident and capable to deliver an IPV program safely and effectively. And facilitators learned how to assess women's readiness for Connections with empathy and compassion. Their newfound feelings of competence extended to the overall care they provide for families within their organization. The trauma-informed and relational approaches they learned in the certified training transferred to other programs offered by their organizations.

“I think I notice the red flags more. I'm more confident to have those hard conversations with women... Being able to have those hard conversations and notice those red flags and be more supportive outside of facilitating because it's just who I am. It just has made me more confident and proud that I am a trained and certified Connections facilitator.”

Collaboration

Facilitators reflected on the importance of working alongside other agencies to get a more complete understanding of families they serve.

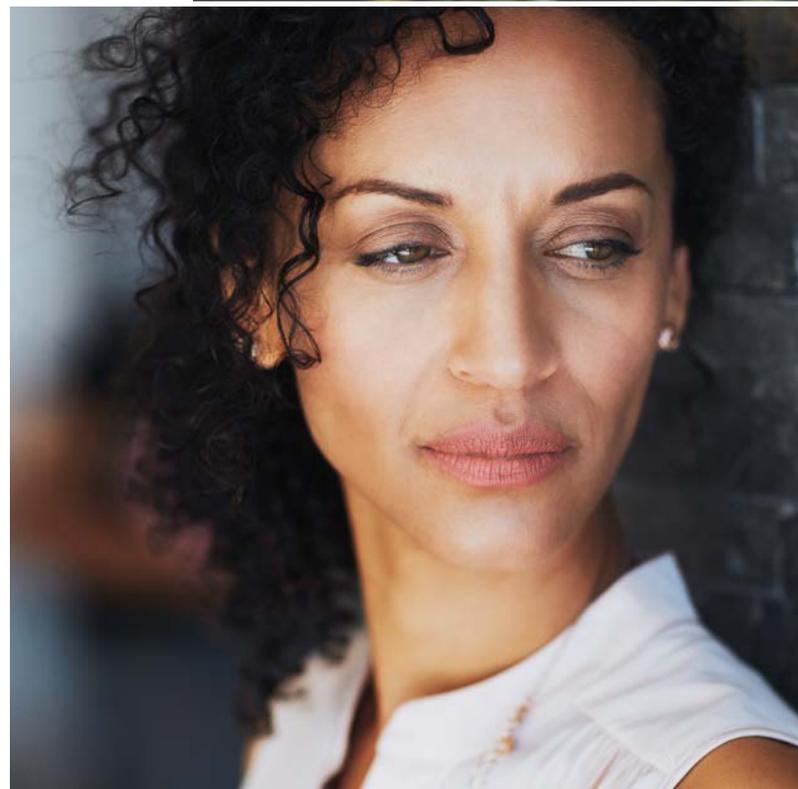
III. Overview of the impact of *Building Connections*

“*I had the realization how important it is to work with other agencies to support families and try to see where families are coming from as well, why they’re making the decisions they’re making. So that’s always helpful because sometimes you don’t know all of the story. Really is what they’re saying matching up to what’s happening? You’d be really surprised how often it’s not.*”

Safety

Facilitators said they were better able to identify safety concerns as a result of participating in *Building Connections*. They gained an increased understanding of women’s mental and emotional states. This skill effectively alleviates some of the risk of re-traumatization for women. Facilitators learned to support safe separation from infants. And they ensured that women felt emotionally grounded at the conclusion of each group session, particularly during sessions that invoked strong emotional responses. Breaking the Cycle staff taught facilitators to modulate and control the pace of the group. They also taught facilitators to recognize when women required in-session breaks, and to identify the need for individual debriefing with women after challenging sessions. Facilitators also learned to recognize and promote care women might require during the group or after, how to develop crisis plans, and the need to connect women to appropriate services. Breaking the Cycle staff also offered support for facilitators’ own mental health and feelings of burnout. Facilitators told us they appreciated being connected to the community of service providers the *Building Connections* initiative provided through the CCP.

“*It’s nice to not feel as isolated doing the work we do . . . It’s just offered more hope, I guess. There’s always potential for change or positive outcomes because sometimes when everybody’s in crisis and everybody’s having a hard time, you sometimes forget that there’s actually other families that access other programs that aren’t that way. You get tunnel vision.*”





Impact on facilitators of participating in the Connections Community of Practice

The CCP platform allowed facilitators to share updates from their project, hear how other projects were delivering Connections, and discuss any barriers to delivery that had come up. Facilitators reported very high levels of satisfaction with the CPP. They found it very helpful and supportive. The availability of the Breaking the Cycle clinical staff who could provide advice and guidance was invaluable during the CCP online meetings. They appreciated being able to hear from others and share ideas about modifying the group to better support the families involved. And it was a great reminder that other CAPC/CPNP projects may have also been facing challenges. Facilitators also found the CCP to be helpful in sharing and accessing materials for the group.

“For me, even just knowing it exists, is good to know because if something weird would come up, or we feel like, ‘How are we going to deal with this’ then you know you have the support network there that you can reach out to. Sometimes in group, stuff happens where you’re like, ‘Now what?’ It’s good to have somebody in the background where you can say, ‘not sure how to deal with this situation.’”

A majority of facilitators shared that, even when they were not able to attend the CCP, they always felt supported by Breaking the Cycle staff and the *Building Connections* team. They knew they could email or call with questions, concerns, or when they just needed to debrief, and they would get a response right away. This was important to reinforce that support was available if needed. Facilitators knew they had not been left to navigate the delivery of Connections on their own.

“Even knowing it’s there, even if I wasn’t there at the Community of Practice at every session, I knew was an option. So to me that was huge.”

III. Overview of the impact of *Building Connections*



Overall impact of participation in *Building Connections* on CAPC/CPNP projects

Facilitators reported organizational level changes in awareness, competency, collaborative work, and safety considerations, including:

Awareness

There was increased awareness of IPV that reached beyond the facilitators and into their entire CAPC/CPNP projects and organizations. Other community agencies also developed an awareness of the *Building Connections* approaches through discussions with certified facilitators. This resulted in referrals from these community agencies to Connections. Moreover, when facilitators reached out to other organizations to recruit for Connections, this led to increased awareness of the prevalence of IPV and the necessity for trauma-informed care within community programs.

“*Connections is more on people’s radar now that it’s an official, trained program. More counsellors are often coming to check with me and say ‘Hey, I think this person really needs to do some work around this.’ It’s more a team effort, other than just me being the one that’s sort of the intake person . . . Everyone, even though they haven’t taken the training, they’ve sort of started to appreciate the program just as much as I have and are flagging people who might need to do it.”*

Competency

Facilitators advocated within their CAPC/CPNP projects for trauma-informed and relational approaches learned through their participation in *Building Connections*. Many of the projects modified their programs to reflect and adopt these approaches. Staff have learned to use trauma-informed language in their interactions with families, are more comfortable having conversations about IPV, and are better equipped to respond to IPV disclosure. In many cases, intake and referral processes have been altered to reflect trauma-informed approaches and IPV programming has been added CAPC/CPNP projects. Furthermore, many facilitators started to deliver Connections in community settings (e.g., schools, libraries, churches) through their collaborative partnerships with other community agencies. This has enhanced the larger community capacity to respond to vulnerable families. Women who had not previously been aware of services through CAPC/CPNP found out about Connections when these community spaces were used.

“*In our building, now we have this information available that we can use for the families that we serve. . .definitely within our program, just knowing that there is now this new piece, that now we can all use the materials for helping our families.”*

Collaboration

The *Building Connections*-trained staff from CAPC/CPNP projects, in their collaborations with other community agencies, have facilitated a community-based response to the problem of IPV. Collaboration means families have increased access to a range of services. And collaboration also strengthens relationships with other community agencies with the common goal of supporting affected families. This ensures that families are more appropriately matched and referred for treatment and supporting or specialized services. Collaboration also facilitates consultation with service providers from various fields, allowing for a more complete clinical picture and better-coordinated care for families.

“*We’re definitely communicating more about women and their experiences with violence, definitely. We’re getting referrals, we get referrals from our health clinic on a regular basis... Also, with the in-home visitors. I think it builds a stronger relationship with the methadone program as well because the social worker there has sent us a few referrals.*”

Safety

CAPC/CPNP coordinators/managers have endorsed the safety procedures outlined by the *Building Connections* framework. They have shifted their practices to include trauma-informed and relational approaches, promoting safe and supportive interactions for families and staff. These approaches are observed in the referral and intake process, the mother-child separation process in preparation for attending the Connections group, and the Connections group itself. Their participation in *Building Connections* has resulted in all CAPC/CPNP staff being better equipped to choose appropriate programming for families, understand their mental and emotional states, and reduce the risk of re-traumatization.

“*It’s still protocol when someone is in need of more support than we can provide here or than we are eligible to relay, they still get referred out. But there are ways that I hope that we can do a work around, whether it’s a worker accompanying someone to a first appointment or if it’s calling the place together in that kind of peer support resourcing.*”

In summary, many certified facilitators reported integrating trauma-informed perspectives into their daily working relationships, sharing these approaches with co-workers, raising awareness of IPV, and increasing outreach to new families. They have become advocates for Connections within their organizations and communities. Facilitators have a deeper awareness of service needs within their communities for women and families experiencing IPV. Their feedback reflects a deep understanding of trauma-informed care, relationship-based practice, and historical trauma experiences. They recognize the unique value of trauma-informed and relational services and report feeling more confident in identifying IPV and supporting vulnerable families in a safe and compassionate manner.

“*One of my goals is to re-look at our policies and procedures and even our resource manuals and to do more trauma-informed training with my staff because I have a lot of new staff now. None of them have taken any trauma-informed training... We don’t have any problem ever getting the story from our families. They’re willing to give it so how do we honour that story? How do we use it to help the family to the best of their ability? I think that Building Connections just reminded me of that other part of that story - that we have to be ready to understand.*”



Building Connections outcomes for AHSUNC projects

Outcomes for certified facilitators:

AHSUNC facilitators reported significant increases in awareness, capacity, and confidence after they completed the certified Connections training. They also reported high satisfaction with the training, its cultural safety, and the extent to which they felt safe and respected during the training.

“*The biggest and foremost thing that I took away from this training though was the respect and the total understanding that the staff members at Breaking the Cycle showed throughout this whole process. Being acknowledged in the way that we were acknowledged while we were there – the culture, the trauma that we had gone through, the respect of the research that had been done and where it’s going, where the evaluations are going – I felt the honesty and the forthcoming. Really gave me a sense of respect leaving there and your facility there, the way that Breaking the Cycle runs, having all those*

services available to the women under one roof, was a really great thing to see.”

Outcomes of the Connections group for participants:

There were too few feedback forms received to fully analyze results. However, one project provided feedback and highlighted three aspects of Connections that differentiated it from other groups and made it impactful for the women who participated:

The cultural aspect

The group’s focus on Indigenous culture was an integral part of their healing. They truly felt like they belonged, unlike other groups they had participated in.

“*So having that Indigenous base made the women feel liked that they belonged somewhere...you know it took those differences away that they feel anywhere else they’ve been to get help.”*

The intergenerational content

Women noted that, without addressing intergenerational trauma, they cannot move forward.

“*They were ready to forgive, they were excited to even be able to share their knowledge...They took that information, and you feel it, you could see it, they were lighter, their energy was lighter...They thought to themselves ‘Oh my God now I get, I understand it’s not because my parents didn’t love me, it’s only just because they didn’t have the opportunity, like we are now, to get new information to be better and do better.’”*

The Indigenous facilitators

The third aspect was that the group was delivered by Indigenous facilitators to Indigenous women.

“*Being strong Indigenous women, teaching Indigenous women to become strong, we had a bond from the beginning...it wasn’t hard to relate to one another.”*

One of the facilitators said she would consider readiness and intake for groups differently going forward. She said the conversational, pre-group interview helped her build a rapport with the participants and set the basis for mutual understanding before the group even begins. She also said the

group gave her the confidence to share the Indigenous knowledge that she had.

“By doing this program, it really validated a lot of the things I was thinking but maybe wasn’t strong enough to implement with my clients. And also hearing from the participants how this has changed their life was again something that helped my confidence. Because it’s a scary job we are in, when you are helping people heal you never want to do harm. So you are very cautious what you talk about things like that. But this made me a lot more confident all the way around.”

Women who were participants in Connections in AHSUNC projects reported similar improvements to women who participated in Connections in all other CAPC/CPNP projects. They reported feeling a sense of belonging and connection with other women in the group. Women also commented on the importance of learning and practicing some of the traditional teachings, and that the group allowed them to feel closer to and more accepting of their culture.

Attendance rates for Connections at both AHSUNC sites were high. Women who completed the group seemed to improve in all areas. Women reported higher self-esteem and self-efficacy. They also reported feeling more closeness in relationships, higher ability to depend on others in relationships, and lower anxiety in relationships. And they reported lower overall parenting stress, higher knowledge of services, and a greater understanding of Connections concepts. Women spoke about understanding that prior abusive relationships were unhealthy and how they were currently working toward navigating healthier relationships.

As with women from CAPC/CPNP projects, women from AHSUNC projects found that the group had been a very positive experience for them. They noted the importance of attentive, empathic, and supportive facilitators. They discussed how the group provided additional tools to help them move forward. Women also spoke about changes for themselves, their relationships, and their parenting. For instance, women reported positive changes to their sense of self, that they were starting to learn to love themselves, and that they were feeling less guilt and shame. Connections also supported women’s parenting, allowing them to

be more empathic, supportive, and caring toward their children.

“Growing up, all we kind of lived in was unhealthy relationships and abusive relationships and that was the normal I was going through . . . But this year, I can honestly say I have a healthy relationship with my partner, my kids, my work life, and my family life. And the group really helped me with how to be a healthier person so I can have healthy relationships.”



IV. APPLYING THE LEARNINGS FROM BUILDING CONNECTIONS TO FUNDAMENTAL PRINCIPLES

***Building Connections* addresses issues of IPV and child maltreatment. These issues can lead to trauma responses in both participants and facilitators. To avoid trauma responses, we know that IPV and child maltreatment are topics that must be dealt with sensitively. And we believe that service providers need to be prepared and trained to deliver the material. To ensure that trauma responses are minimized and can be delivered safely, *Building Connections* is based on several fundamental principles. These principles are central to all the work we do at *Breaking the Cycle*.**

Fundamental Principle #1

Readiness is critical.

There is background work that must be done first, before a group like Connections that addresses trauma can be implemented.

Everyone at every level of an organization must be trained, prepared, and ready to deliver an IPV intervention. There are structures and supports that need to be in place in order to provide trauma-based interventions effectively and safely. This applies not only to the staff who will be delivering it, but also includes the organization itself. And women who participate must also be ready to receive the intervention. Readiness means that your organization is able to:

- **Provide** the necessary background knowledge, education, and training for all staff about IPV/child maltreatment and their relationship with trauma;
- **Ensure** that facilitators have your organization's support to provide the intervention – this includes having a trained resource person who can help them cope with their own experiences, reactions, and potential trauma responses;
- **Ensure** that supports exist within the greater community for appropriate referrals as necessary; and
- **Build** collaborations with community agencies who are also trauma-informed to support both facilitators and women, as needed.

Here are the ways in which the *Building Connections* program ensured readiness for organizations and service providers to engage in the project:

- **We developed and disseminated information** about IPV, child maltreatment, and trauma issues. Before the intensive training began, we developed the resource manual [Building Connections: Supporting Community-Based Programs to Address Interpersonal Violence and Child Maltreatment](#) and then held a national training webinar based on the information in the resource manual. The resource manual and webinar provided CAPC/CPNP/AHSUNC staff with background knowledge and understanding of concepts. This provided the

foundation to determine if projects would be able to participate further in the initiative. Only selected projects who met the readiness criteria were invited to participate in the certified training.

- **We developed and used an assessment tool**, the Your Starting Point Story (YSPS). The YSPS examined awareness, competency, collaboration, and safety within CAPC/CPNP/AHSUNC projects. It helped us identify projects' readiness and assisted us to select projects who were able to partner with us for the *Building Connections* certified training.
- **We incorporated the concept of readiness** to Breaking the Cycle staff and the *Building Connections* research team. In preparation for partnerships with AHSUNC projects, we examined all of our protocols and processes and adapted them based on consultation with Indigenous leaders. We emphasized the importance of our own ongoing reflection and learning about the impacts of colonization, historical trauma, and their relationship with IPV.

We also emphasized the need for women to feel ready to participate in Connections. We found that:

- The potential for harm was lessened and the probability of successfully completing Connections was increased when facilitators were able to identify a woman's readiness to be involved;
- Women needed to be ready to hear and reflect on information about IPV, but they also needed to feel physically and emotionally safe to do so;
- Even when women seemed ready to participate in Connections, some required more supports and accommodations to successfully complete it, such as providing the information individually rather than in a group format, or receiving the same information/participating in the group more than once; and
- There is a baseline level of stability required for women to participate in and benefit from an IPV group like Connections. Women who were not able to complete the group highlighted this knowledge for us. Service providers must understand the life contexts of these women and the circumstances that impede their participation.

IV. Applying the learnings from *Building Connections* to fundamental principles

Fundamental Principle #2

Safety is vital.

Trauma-informed principles must be established and integrated into your organizational practices before women will feel safe enough to get involved with Connections.

Safety follows from readiness and is linked to trauma-informed principles. (For more detailed information about trauma-informed principles, see [Building Connections: Supporting Community-Based Programs to Address Interpersonal Violence and Child Maltreatment](#) resource manual.)

Providing a safe intervention means that you and your organization:

- **Adhere** to trauma-informed principles.
- **Understand** emotional safety, in addition to physical safety. Emotional safety means a woman feels accepted and believes she is safe from emotional attack or harm.
- **Provide** a safe and soothing space. A trauma-informed organization recognizes that emotional and physical safety are inseparable. A calming and soothing physical space really helps enhance a woman's emotional safety.
- **Help** women manage their feelings. Trauma often affects a woman's ability to find emotional balance. Women will often experience a flood of feelings and worries that make it difficult to make decisions, follow plans, and tend to responsibilities.
- **Support** women to feel comforted and in control. An important aspect of this is to support women to make safe decisions for themselves. Trauma-informed service providers also ensure that women know they can ask for what they need. And women know they can express their opinions and wishes and receive a respectful response from service providers.
- **Place** importance on confidentiality (for both facilitators and participants), especially given the sensitive focus of Connections.

Here are some ways the *Building Connections* initiative ensured that organizations and service providers understood the importance of ensuring safety:

- **We applied trauma-informed principles during all components** of the *Building Connections* initiative, including the selection of project partners, training, delivery, and evaluation. Feedback from facilitators demonstrated a recognition of, and support for, a focus on safety.
- **We provided the certified training at Breaking the Cycle** in Toronto. This enabled facilitators to witness how trauma-informed principles can be integrated into practice within another CAPC/CPNP project. Facilitators were able to observe and experience a safety-focused and gentle approach to discussing IPV and promoting healthy relationships that was feasible, practical, and accessible for them. Facilitators commented that it was important to receive the training in this setting.
- **We provided training in safety strategies.** These included:
 - » assessing a woman's readiness to participate in Connections,
 - » providing instrumental supports for families,
 - » pacing Connections based on the needs of the group and individual women within the group,
 - » implementing grounding techniques,
 - » supporting healthy mother-child separations,
 - » co-creating safety plans with women, and
 - » co-creating post-care planning with a focus on safety for families.

Facilitators reported a heightened awareness and recognition of implementing safety strategies to mitigate the impact of IPV and trauma when responding to families.

As a result of learning how to implement trauma-informed principles through the *Building Connections* initiative, facilitators became catalysts for change within their organizations and communities. In many cases, this has impacted organizational policies and practices, as well as enhanced responsiveness to IPV within organizations and broader communities. For example, facilitators reported that they were able to adapt their organization's referral and intake processes, make changes in group location to better accommodate the needs of women and children, and support increased access to community services for families experiencing IPV.

The positive impacts of a safety-focussed program like Connections were evident from the responses of women who participated in it. Here are some of the findings provided by participants:

- There were high levels of completion and very high satisfaction ratings. This provides evidence that women felt safe to engage in Connections. Women participants also reported life changes in all areas measured in follow-up evaluations. This included feelings of cultural safety from women attending AHSUNC programs.
- Women described two important factors in their motivation to attend and complete the group. The first was the safe and welcoming environment. The second was facilitators who were gentle, warm, and non-judgemental. Women reflected that they felt safe, respected, supported, and less alone in their struggles with IPV.
- Women recognized that completing Connections was an important starting point in their journey to healthy relationships. They also identified that they gained increased knowledge and confidence to access services in their community, which will provide ongoing opportunities to enhance wellness and safety for themselves and their families.
- There were enduring positive changes observed in women's self-esteem and self-efficacy, as well as decreases in parenting stress which were reported in a follow-up evaluation.

Fundamental Principle #3

Relationships are the building blocks of engagement.

Women who experience IPV have limited experience of supportive relationships and find building safe and healthy relationships with others, including their children, difficult. It is imperative that service providers model supportive relationships during the implementation of Connections.

Trauma-informed organizations understand the need to develop compassionate and respectful relationships with women living with IPV. And they understand the need to support mothers to build on their relationships with their children. Our work at Breaking the Cycle has shown us that an emphasis on relationships is a critical component of service delivery. We know we must build, and model, nurturing relationships so that mothers and children will engage with us and can benefit fully from their participation in our programs. We believe that:

- Relationships (among staff, with women, with community agencies) need to be the basis of all our work;
- Connections among substance use, trauma, and relationships must be understood and explored by service providers who can then support women to make the connections; and
- Women will engage with us and our programs if they have strong relationships with staff.

Signs of positive relationships between service providers and women include:

- respecting women,
- listening to what women have to say,
- demonstrating compassion for women who live with IPV,
- being optimistic, and
- developing collaborative relationships with women, so that women can partner to make decisions about what is best for them and their children.

These principles apply to relationships between service providers, too. We built relationships with service providers throughout the entirety of the *Building Connections*

IV. Applying the learnings from *Building Connections* to fundamental principles

program, which enhanced service provider engagement with the program and with us. Facilitators described feeling welcomed and cared for throughout the process of the initiative. The relational approach ultimately increased the motivation of facilitators to make a commitment to implementing Connections and supporting the initiative within their organizations. Here are some of the ways we ensured relationship building and engagement:

- **We conducted initial nation-wide outreach** through the distribution of the resource manual and providing the national webinar. This outreach presented the opportunity for staff at Breaking the Cycle to provide support, foster engagement, and to gauge interest by CAPC/CPNP/AHSUNC projects in further collaboration and involvement in the *Building Connections* certified training.
- **We made on-site visits** to the partner projects prior to the certified training. Facilitators and others within their organizations felt valued because *Building Connections* staff cared enough to visit, to get to know and understand their programs, and to become familiar with local communities before the facilitators came to Breaking the Cycle for the certified training.
- **We delivered the certified training at Breaking the Cycle.** This enabled CAPC/CPNP/AHSUNC staff not only to meet Breaking the Cycle staff but also to meet community partners and other trainees. Facilitators told us this helped them to develop comfort with the *Building Connections* material and the evaluation. Importantly, it also deepened the relationship connection established during outreach and pre-training visits.
- **We established a weekly Connections Community of Practice.** The Connections Community of Practice provided a regular opportunity to maintain relationships with project sites who had received the *Building Connections* certified training. It also allowed for facilitators to continue to receive support from Breaking the Cycle staff and to learn from each other.
- **We added an online sharing platform** at the request of facilitators. This enhanced collaboration and sharing among all participants. And facilitators reported that they have extended their learning about a relationship focus to other staff within their organizations and to other community organizations.

The women who participated in Connections also responded to its relationship focus. They shared that their engagement with Connections was enhanced because of it. They told us that:

- relationships with others in the group were extremely important. They attributed their successful completion of, and benefits they received from, their involvement in Connections to:
 - » the qualities of the facilitators,
 - » the relationships women established with facilitators, and
 - » the relationships they had with other women in the group.
- Some women reported taking Connections for a second time in order to maintain these relationships. The women also told us they had continued relationships with facilitators and became involved in other programming in CAPC/CPNP/AHSUNC projects because of them. Our evaluation also showed us that outcome measures related to women's increased relationship capacity were long lasting and enduring.
- their understanding of the importance of positive relationships had significant impacts on their self awareness. Because of their involvement in Connections, they made important changes in:
 - » how they understood their own history of relationships,
 - » their awareness of what they deserved and would tolerate in relationships,
 - » how they planned to take care of themselves and their children in the future, and
 - » how they could begin to both forgive and promote healing for themselves when looking back on their past relationships.

Women believed that because of their involvement with Connections, their parenting would continue to be positively impacted. A highlight of their learning from the group was how healthy relationships improve their children's development, mental health, and social-emotional functioning. They believe that the strength and knowledge they have developed with the support of Connections facilitators would empower them to make changes in their lives. Finally, women emphasized their determination to continue to seek support in order to remain on a path of healthy relationships.

Fundamental Principle #4

Collaboration within programs and with other community services is a key component of change.

Trauma-informed organizations understand that the need for strong relationships exist on many levels and extend beyond their own programs. Collaboration with other community-based services build supportive relationships among service providers and benefit families they serve.

When community-based services have strong and effective relationships within their own organizations and with other community service providers, the services for women and children who live with IPV will be stronger and more effective, too. A strength of CAPC/CPNP/AHSUNC projects is their capacity to collaborate. The projects themselves provide a range of critical supports for families that address the social determinants of health, including positive parenting, child development, support for basic needs, and access to community resources. And many CAPC/CPNP/AHSUNC projects have found ways to work together in enhanced ways with other community programs to support families – including barrier-free referrals and coordinated practices. These other community programs provide services that families require, which often includes a continuum of services as the needs of families change.

The impacts of collaboration on women who attend CAPC/CPNP/AHSUNC projects include:

- long-standing and established relationships between women and the project staff—this is a testament to the fact that CAPC/CPNP/AHSUNC projects are embedded in their communities and were developed based on the needs of each specific community, and
- the knowledge women have that the projects are a safe place for them and their children—they can trust that their needs will be met. In fact, many women told us that initially they only became involved with Connections because they knew the facilitators and trusted them.

Respecting Community Wisdom with AHSUNC Projects

Respecting community wisdom was especially important in our collaboration with AHSUNC projects.

We needed to balance the need to respect community wisdom while maintaining the integrity of the Connections program/approach. We collaborated with Indigenous leaders to develop modifications for AHSUNC projects that reflected this balance.

We also tried to be respectful of community differences and provided the opportunity to each participating project to select, contribute to, and develop the most relevant content (both in curriculum and in research/evaluation) for their community.

We used a version of the Connections manual that was previously adapted by an Indigenous organization in Ontario. We also adapted measures, processes, and training in consultation and in partnership with Indigenous leaders. This led to successful collaborations with AHSUNC projects. As a result, both facilitators and women from AHSUNC projects reported high levels of feeling culturally safe and respected within the context of the Connections group and the overall *Building Connections* initiative.

Through preparation and partnership with Indigenous communities to deliver the initiative to AHSUNC projects, *Breaking the Cycle* and *Building Connections* staff dedicated time to examining and deepening our own understanding of and commitments to cultural safety, decolonizing practices, reconciliation, and respect for Indigenous ways of knowing.

Fundamental Principle #5

Research and evaluation are critical components of all programs, with a co-occurring commitment to respect community wisdom.

The commitment to research and evaluation needs to be accompanied by a flexible approach for participating organizations who know the needs of their communities best.

Research and evaluation make programs and services better. And our experience has shown that all participants, including women participants and program staff, feel respected and valued when their voices are heard in evaluations and research. Highly structured research and evaluation in an initiative like *Building Connections* is necessary because we need to look at and measure the same thing across a large number of participating projects. We were able to ensure that each CAPC/CPNP/AHSUNC project received consistent information, training, and level of support throughout the *Building Connections* initiative.

However, we also understood the need to strike a balance between this research requirement (known as fidelity) and respecting community wisdom. For example, in the *Connections* curriculum, *Breaking the Cycle* trainers emphasized and supported adaptation of the group's activities and delivery by CAPC/CPNP/AHSUNC facilitators based on the needs of individual women and communities. The content topics of the six-week curriculum needed to remain consistent across all projects, but the ways in which the information was delivered could be adapted to suit local needs.

There was a high level of consistency in the evaluation outcomes for both facilitators and women across Canada, despite the variations in geographic region, population centre, and setting of the CAPC/CPNP/AHSUNC project. This highlights the strength of *Connections*, its adaptability, and its ability to be delivered through community-based projects. Also, the results indicate that the training was delivered with fidelity. It was implemented in thirty-seven different projects according to consistent guidelines. At the same time, the facilitators had a strong capacity to use the supports that were provided to adapt *Connections* effectively based on the needs of their community.

The importance of delivering *Connections* within CAPC/CPNP/AHSUNC projects

Because of their philosophy and approach to providing support to women and families, CAPC/CPNP/AHSUNC projects were uniquely positioned to effectively deliver *Connections*. And the overall goals of the *Building Connections* initiative were a natural extension and complement to the services they already offer to families. This meant that:

Staff from CAPC/CPNP/AHSUNC projects came to the *Connections* certified training with well-established relationships with families. The staff were already able to demonstrate empathy, warmth, and responsiveness to families in their communities. And they knew how to support women's engagement in

the *Connections* group.

The certified *Connections* training provided facilitators with information, instruction, and consultative support about IPV. They quickly developed enhanced awareness, confidence, and skills to respond to women and children living with IPV. And they learned to do this in ways that are consistent with trauma-informed and relationship-based practice. Their abilities were further strengthened through continuous engagement and consistent relationships with *Breaking the Cycle* staff and other facilitators from across the country during participation in the *Connections* Community of Practice.

As a result, *Connections* did not need to be delivered by specialized clinicians. CAPC/CPNP/AHSUNC project staff were able to effectively engage and support changes for families who live with IPV because the foundation of providing safe spaces and supportive relationships already existed.

Connections should not be delivered as a stand-alone intervention. It works well because it is embedded in existing CAPC/CPNP/AHSUNC projects. There is pre- and post-support to help women participants continue to apply their learning in their lives. And it reduces the possibility of trauma responses in women who get involved in the *Connections* group.

“There aren’t enough ‘good things’ I can say about the Building Connections training and experience. What made it different from other trainings I’ve been through (and there have been many over the years!) was all the staff at Breaking the Cycle who treated us like their own - the most welcoming, caring experience I’ve had. Everyone presented well and the atmosphere was so welcoming and professional - there is nothing I can say that was negative or needing improvement. I am leaving feeling well equipped and supported in this new venture. THANK YOU ALL!

—Connections Certified Facilitator

“Growing up, all we lived in was unhealthy relationships and abusive relationships, and that was the normal I was going through. But this year, I can honestly say I have a healthy relationship with my partner, my kids, my work life, and my family life. And the group really helped me with how to be a healthier person so I can have healthy relationships.”

—Connections Group Participant



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