



**Evaluation of Trauma-and Violence-Informed
Health Promotion: Common indicators for
projects funded through *Supporting the Health of
Victims of Domestic Violence and Child Abuse
through Community Programs***



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Evaluating Trauma-and Violence-Informed Health Promotion Initiatives

In 2015, the Public Health Agency of Canada (PHAC) announced the investment: *Supporting the Health of Victims of Domestic Violence and Child Abuse through Community Programs*. The projects funded under this investment connect the fields of health promotion and family violence prevention and feature trauma-informed health promotion activities for people who have experienced intimate partner violence or child maltreatment (see Appendix A). Sixteen projects have received funding through this initiative, including the Knowledge Hub, which connects the work and members of the community-based projects through knowledge translation and exchange activities.

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

The Trauma- and Violence-Informed Health Promotion Community of Practice is comprised of 2 leads from each funded initiative. The projects funded through this investment represent a variety of approaches to trauma-informed practice with survivors of intimate partner violence and child maltreatment. Program participants include very young children, mothers and fathers, adolescents, and adult women. Interventions include trauma-informed physical activity programs such as yoga, boxing, basketball and dance, art programs, peer support programs, and parenting programs. The Knowledge Hub facilitated a process for identifying common process and outcome indicators that will reflect the outcomes identified in the investment logic model, as well as the outcomes identified in the individual projects.

Why Evaluate?

Evaluation is considered good practice when managing a project. Evaluation takes place throughout the project to monitor the process and upon completion to understand whether the goals and objectives were achieved. A process evaluation keeps track of the activities of the project and can identify successes and challenges of implementation that may inform the final project outcomes. An outcome evaluation identifies whether or not and, possibly to what degree, the goals of the project were met. Ongoing and final evaluation of the project provides information for decision-makers about making changes along the way, and helps inform policy and funding priorities.

Evaluation benefits from the engagement of different stakeholders to ensure multiple perspectives are considered (survivor and/or family participants, staff, community partners). Trauma-informed health promotion initiatives will benefit from the engagement of survivors of intimate partner violence and child maltreatment to learn about the successes and challenges from the viewpoint of participants.

The Canadian Institute for Health Information uses an information pyramid to demonstrate the hierarchical nature of an integrated information system and the need for health outcome information at several levels including clinical, administrative and policy level (Canadian Institute for Health Information, 2012). Through the *Supporting the health of victims of domestic violence* investment, there

is an opportunity to use data collected across projects to inform outcomes at the individual level, the organizational level, and at the policy level.

Logic Models

A Logic Model is an effective tool for identifying the logical relationships among the various elements of the program and the resources you put into it (Public Health Agency of Canada, 2016). Process evaluation monitors and measures the activities, actions, and outputs during the implementation of the initiative. Basically, it keeps track of your progress along the way. Knowing the program was implemented the way it was intended provides support for achieving the outcomes identified and intended.

A Logic Model (see Figure 1) for the *Supporting the Health of Victims of Domestic Violence and Child Abuse through Community Programs* initiative identifies the ultimate outcome as improved health outcomes for victims of violence. Intermediate and immediate outcomes have been identified for three audiences:

- victims of violence,
- professionals,
- organizations.

Outcomes for *victims/survivors of violence* are focused on access to:

- information,
- training,
- support,
- skill development,
- improved health.

Outcomes for *professionals* are focused on:

- accessing and gaining knowledge,
- using this knowledge to support victims/survivors of violence.

Organizations are expected to:

- develop and enhance new collaborations/partnerships across settings,
- use trauma-informed health promotion approaches to support victims/survivors of violence.

Projects connected through the Trauma- and Violence-Informed Health Promotion Community of Practice are focused on immediate, intermediate, and long-term outcomes for victims of violence.

Supporting Victims of Violence and Protecting Children: The Health Perspective

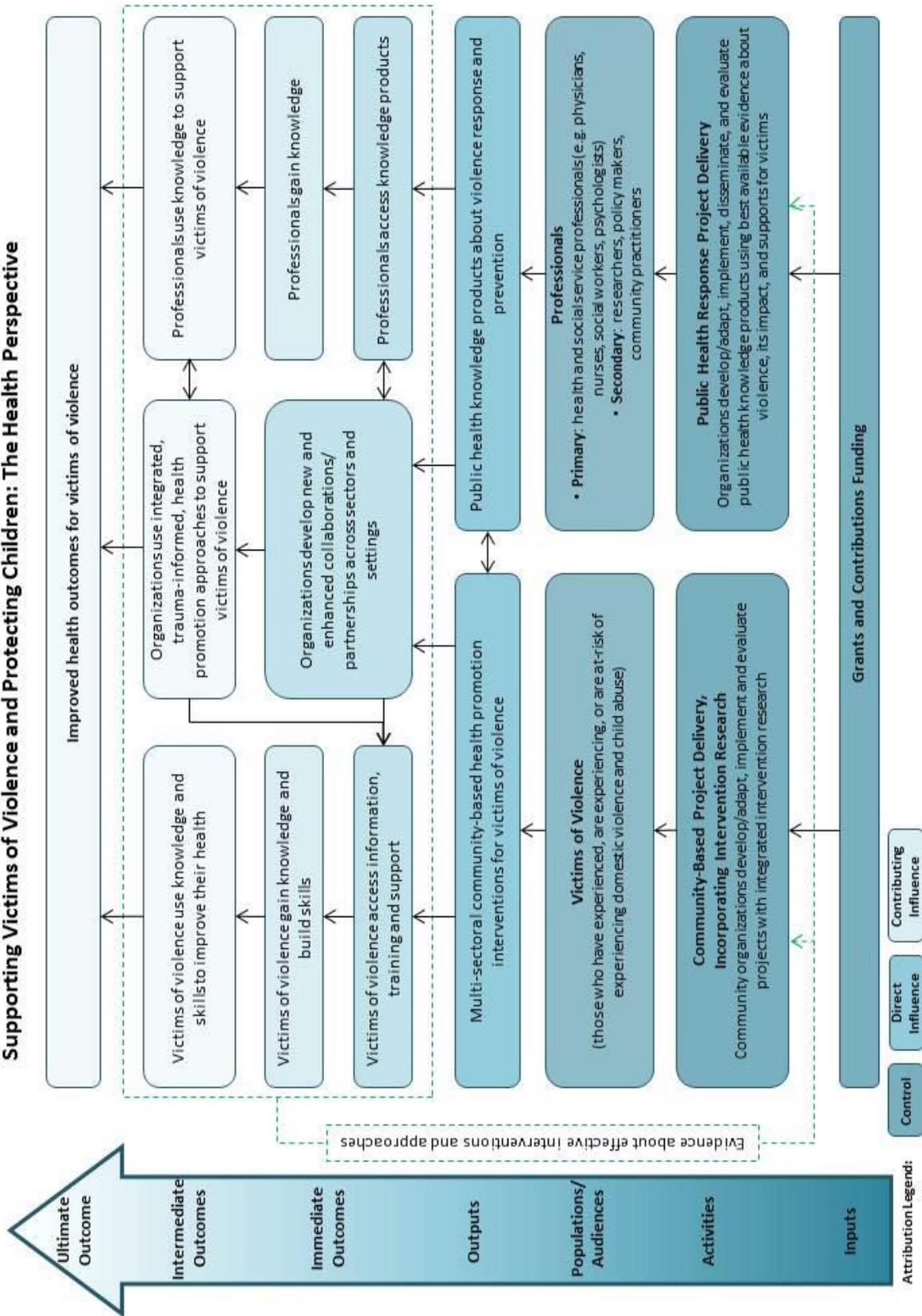


Figure 1. Logic Model – Public Health Agency of Canada

Health -Related Outcomes for Intimate Partner Violence and Child Maltreatment

Health outcome domains identified through the literature review (see Backgrounder 1) include:

- Physical health (e.g., physical activity level, sedentary behaviours, chronic illnesses such as diabetes, heart conditions, physical victimization)
- Psychological/Emotional health (e.g.; depression, anxiety, posttraumatic stress disorder, anger management, suicidality, victimization)
- Behavioural health (e.g.; sleep, eating, substance use)
- Interpersonal health (e.g.; interpersonal relationships, parenting capacity, social support, violence and abuse).

Outcomes may be measured by assessing presence or absence; increase or decrease of a health condition and this will be dependent on the indicators used. Indicators and outcomes have been identified or operationalized for other public health initiatives. Mental health outcomes and indicators have been identified by the Public Health Agency of Canada based on the socio-ecological model. The focus on positive mental health is measured using health indicators such as high self-rated mental health, happiness, satisfaction with life, and psychological and social well-being. (see Figure 3 for a brief description).

Similarly, a recent report by the Public Health Agency of Canada, [Health Behaviour in School-aged Children \(HBSC\) in Canada](#) reports mental, physical and behavioural health outcomes in the context of relationships: home and family, school, peers, and community. The most recent study results found that these four types of support had connections to a range of health outcomes. Family support tended to be most strongly related to mental and spiritual health outcomes. Positive school climate was related to reduced bullying and fighting among adolescents (Freeman et al., 2016).

The [Chief Public Health Officer's Report on the State of Public Health in Canada 2016](#) focuses on family violence and why it is an important public health issue for Canadians. This report outlines various mental, physical and social impacts and outcomes of intimate partner violence and child maltreatment. A number of factors were identified that may play a mitigating or mediating role in health impacts of family violence including resilience, genetics and epigenetics, frequency and severity of abuse, age, and gender. Further research is required to understand how resilience plays a role in mitigating the impacts

Definitions

Outcomes: the anticipated benefits of promotion, prevention and early intervention activities for the identified priority group.

Health outcome: a change in health that results from measures or specific health care investments or interventions

Health indicator: a single measure that is reported on regularly and provides relevant and actionable information about population health and/or system performance and characteristics. An indicator can provide comparable information, as well as track progress and performance over time.

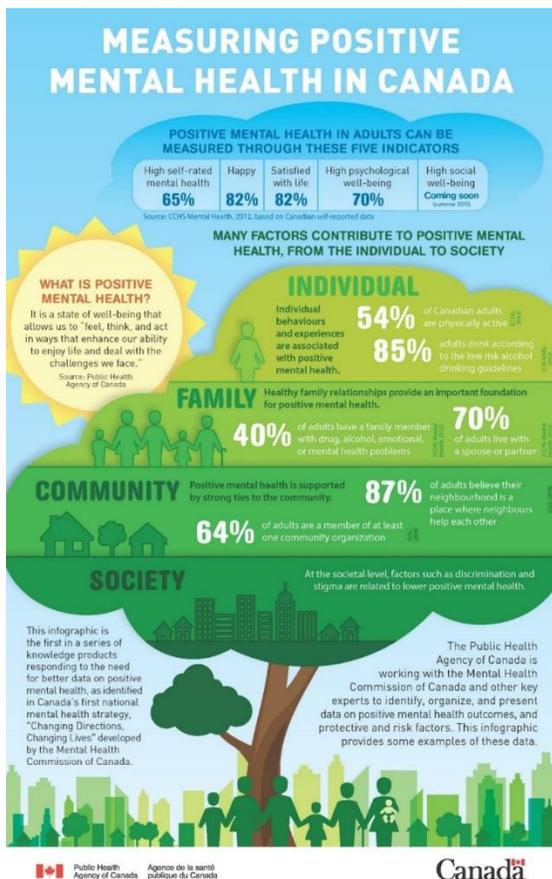
Source: Canadian Institute of Health Information

<https://www.cihi.ca/en/health-system-performance/quality-of-care-and-outcomes/outcomes>

of family violence for some and how this may prevent experiences of violence from leading to poor health.

A recent systematic literature review examining outcome measures for evaluating intimate partner violence programs within clinical settings found that programs were often evaluated using a variety of outcome measures including intimate partner violence disclosure, discussion, resource use, recurrence, and severity; changes in behavior (e.g; safety planning); parenting practices and health outcomes. Health outcomes included drug/alcohol abuse, anxiety, depression, quality of life, mental health, physical health, and posttraumatic stress disorder (Sprague et al., 2016). O’Doherty et al. (2014) identified possible intermediate and long-term outcomes to be used in IPV trials, including safety and safety planning, readiness for change, social support, self-esteem and self-efficacy, increase or decrease of intimate partner violence; mental health, physical, quality of life, parenting and child-related outcomes, adverse outcomes, and evaluating the intervention implementation process itself. Another review of interventions for victims of intimate partner violence found that intervention that focus on advocacy or counselling commonly assess short-term impacts on subsequent violence, but little attention has been given to the effectiveness of interventions on psychological health or trauma symptomatology (Pill et al., 2017).

Figure 3. Measuring Positive Mental Health in Canada



Common outcomes and indicators for this investment

The Public Health Agency of Canada requested that the Knowledge Hub facilitate the exploration of identifying process and outcome indicators for trauma-informed approaches that may be relevant and applicable to the projects funded through the *Supporting the Health of Victims of Domestic Violence and Child Abuse through Community Programs* investment with the Trauma and Violence-Informed Community of Practice. Indicators that can be measured across the projects will provide an understanding of the collective impact of this investment.

There have been some challenges to identifying potential common outcomes for the projects funded through this investment. The investment first announced funding for three projects in August 2015. Projects have been added gradually since that time, and as of January 2017, 15 projects in addition to the Knowledge Hub, have been funded through this investment. Each project was developed to adhere to the following principles: trauma-informed, multi-sectoral and multi-agency collaboration, community-based, cultural sensitivity, evidence-based, and health equity (PHAC Call for Proposals).

At the first Knowledge Exchange, held in Richmond BC, in October 2016, commonalities and differences were explored among 12 of the projects through various activities. The projects' target audiences range from young children to adults. Some programs focus on parenting skills for those who have been abusive or may be at-risk of being abusive to their children. Other projects incorporate universal or targeted physical activity programs for children, adolescents and adults, some who have a history of maltreatment and others who do not. Some programs will be incorporated into school settings, and others are presented in community settings such as drop-in centres, shelters, gyms, etc. Some focus on arts expression and others on cultural connectedness. The variety of audiences and interventions was identified as a challenge to identifying common outcomes and indicators for the investment.

The projects were developed autonomously and some had already submitted a research protocol and received ethics approvals. This work was completed independently from other projects. Although there was interest expressed in identifying common outcomes for the investment, many projects felt obligated to stay with the measures and outcomes identified in ethics applications. There was consensus to identify common outcomes for future projects that are included in this investment. Subsequent to the October 2016 Knowledge Exchange, 3 additional projects were funded, contributing to further diversity within the investment.

Potential common outcomes and associated indicators

The long-term impact of the investment has been identified in the logic model as “improved health outcomes for victims of violence”. As identified in the literature review (Backgrounder 1), the most common impacts of intimate partner violence and child maltreatment fall in the following domains:

- Behavioural Health (e.g. sleep, eating, substance use)
- Interpersonal Health (e.g.; interpersonal relationships, parenting capacity, social support, violence and abuse)
- Physical Health (e.g. physical activity level, sedentary behaviours, chronic illnesses such as diabetes, heart conditions, physical victimization)

- Psychological/Emotional Health (e.g. depression, anxiety, posttraumatic stress disorder, anger management, suicidality, victimization).

Table 1 identifies health outcomes measured as identified in the projects descriptions, presentations and correspondence with project leads. The identified health outcomes were grouped together into the domains identified in Backgrounder 1. Some further grouping occurred where similar concepts could be grouped into a larger category (e.g. psychological symptoms potentially associated with traumatic stress).

Table 1: Project identified health outcomes

Outcomes	Building Connections	Building internal resilience through horses	iHEAL	Inunnguiniq	Inter RAI	MindUp	Nato' we ho win	PEACE	Play On	ROWY	Safe & Understood	Shape your life	Sole Expression	STEP	Teen Dating Violence in NWT
Behavioural Health															
Substance Use				Yes			Yes	Yes							
Interpersonal Health															
Conflict resolution skills							Yes				Yes				Yes
Cultural connectedness				Yes			Yes								Yes
Family and social relations (comfort with others, social well-being, support, tolerance, trust)	Yes	Yes	Yes	Yes	Yes	Yes	?	No	Yes	No	Yes	Yes	?	Yes	Yes
Parenting sense of competence, perceptions on child rearing	Yes			Yes							Yes			Yes	
Reduced experiences of violence (intimate partner, dating, child abuse)				Yes				Yes			Yes			Yes	Yes
Physical Health															
Blood pressure			Yes												
Chronic pain			Yes												
Cortisol levels														Yes	
Physical health and well-being			Yes	Yes				Yes		Yes		Yes			Yes
Sleep quality									Yes						
Somatoform symptoms						Yes			Yes		Yes				

(awareness and regulation of body sensations)															
Psychological/Emotional Health															
Anger and hostility											Yes			Yes	
Empowerment								Yes							Yes
Psychological symptoms potentially associated with traumatic stress (anxiety, anger, arousal, avoidance, depression, dissociation, intrusive thoughts, posttraumatic stress, rumination, sexual concerns, sleep disturbance)	Yes														
Quality of life			Yes				Yes	Yes	Yes		Yes	Yes			
Resilience (adaptability, behavioural regulation, emotional regulation, optimism, problem-solving skills, self-efficacy)	Yes	No	Yes	Yes											
Self-esteem				Yes			Yes					Yes			Yes
Stress management		Yes		Yes								Yes			

These outcomes are consistent with recommendations in the literature identifying health consequences of child maltreatment and intimate partner violence; intervention evaluation recommendations, and principles and objectives of the investment.

Three common outcomes were proposed to the project leads at a Knowledge Exchange held in Toronto in March 2017:

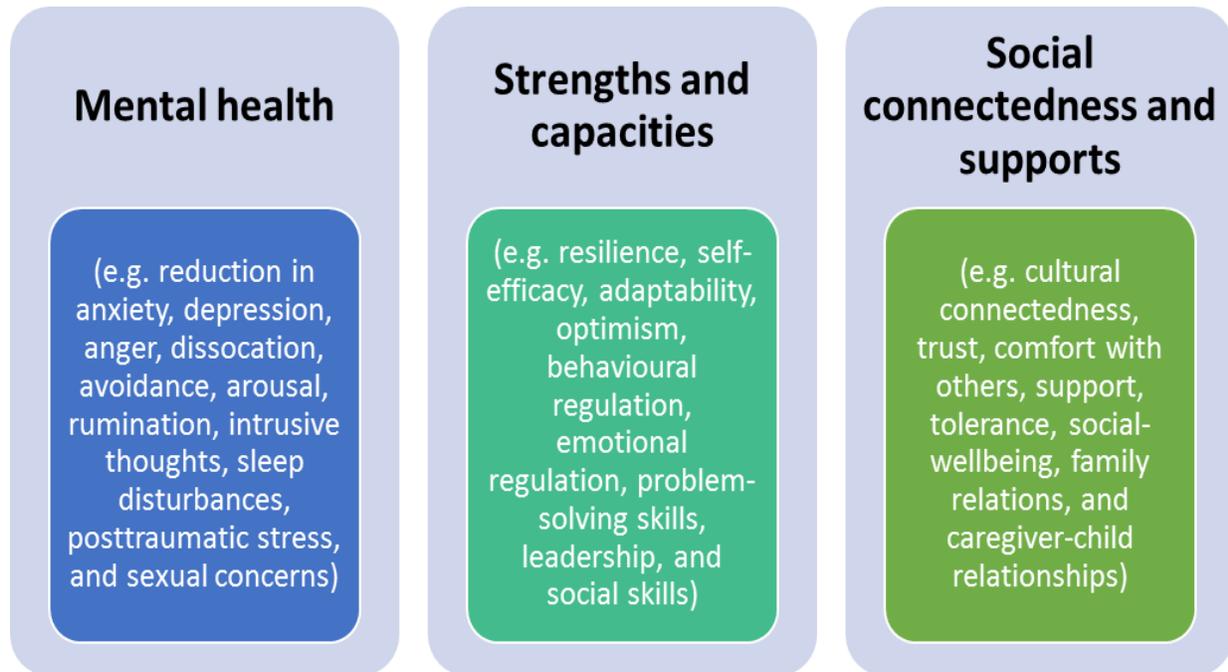
- Family and social relations (comfort with others, social well-being, support, tolerance, trust) (Interpersonal Health)
- Psychological symptoms potentially associated with traumatic stress ((anxiety, anger, arousal, avoidance, depression, dissociation, intrusive thoughts, posttraumatic stress, rumination, sexual concerns, sleep disturbance) (Psychological /Emotional Health)
- Resilience (adaptability, behavioural regulation, emotional regulation, optimism, problem-solving skills, self-efficacy) (Psychological/Emotional Health)

Community of Practice members expressed general agreement with and support for the three outcomes with the following changes:

- Family and social relations be labelled *social connectedness and support* to more accurately reflect the indicators attached to this outcome and to include cultural connectedness.
- Psychological symptoms to be labelled *mental health* to reflect that projects are seeking positive direction in mental health among program participants
- Resilience to be re-named *strengths and capacities* and include empowerment and self-esteem.

These three common outcomes, described in Figure 4, are being measured by majority of the projects funded through this investment. For instance, 100% of projects are measuring *mental health*, 93% are measuring *strengths and capacities*, and 80% are measuring *social connectedness and supports*. CoP members identified physical health as another potential common outcome for a subset of projects that are measuring aspects of this domain, including chronic, pain, health-related quality of life, quality of sleep, blood pressure, and cortisol levels.

Figure 4: Common Outcomes for Trauma - and Violence-Informed Health Promotion



Participants agreed that different measures could be used to assess the same outcome and may be viewed as a methodological strength. Table 2: Common Outcomes and Measures Used in Projects, identifies how each project is measuring the common outcomes identified. Projects have identified validated measures to assess mental health, strengths and capacities, and social connectedness and support, as well as qualitative measurement strategies to assess these outcomes.

Table 2: Common Outcomes and Measures Used in Projects

Outcome 1: Mental Health			
	Project	Is the project measuring this outcome?	Measure
1.	Building Connections	Yes	-Adult Attachment Scale (Collins & Read, 1990) -Qualitative data
2.	Building Internal Resilience through Horses	Yes	-Children’s Depression Inventory (CDI) -Trauma Symptom Checklist for Children (TSCC-Short Form)
3.	iHEAL	Yes	-PTSD Checklist –Civilian Version (PCL) -Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)
4.	Inunnguiniq	Yes	-Languishing to Flourishing -reflection, narratives and sharing circles -facilitator observations
5.	interRAI	Yes	-interRAI Child and Youth Mental Health and Adolescent Supplement (ChYMH)
6.	MindUP	Yes	-Trauma Symptom Checklist for Young Children (TSCYC) -Parenting Stress Index-Short Form -Behavioural Assessment System for Children-3 rd edition (BASC-3) -Adverse Family Experiences Questionnaire
7.	Nato’ we ho win	Yes	-Trauma Screening Questionnaire (TSQ) -Depression Anxiety and Stress Scale (DASS) - Generalized Anxiety Disorder Scale - Patient Health Questionnaire (PHQ-9) - Post-traumatic Growth Inventory
8.	Northern and Aboriginal Youth Experiencing Teen Dating Violence in Northwest Territories	Yes	-Patient Health Questionnaire – 2 (PHQ-2)
9.	Peer Education and Connection through Empowerment	Yes	-UCLA-PTSD Reaction Index -Hospital Anxiety and Depression Scale (HADS)
10.	Play On	Yes	Warwick-Edinburgh mental well being scale
11.	Reaching out with Yoga	Yes	-Qualitative interview guide -Customised pre-and post-intervention surveys adapted from PTSD Symptom Scale –15, Children’s HOPE Scale, Spence’s Children’s Anxiety Scale, Adolescent Self-Regulatory Inventory, and Depression Self-Rating Scale for Children
12.	Safe and Understood	Yes	-Center for Epidemiological Studies Depression Scale (CES-D)
13.	Shape Your Life	Yes	-PTSD Checklist –Civilian Version (PCL) - Center for Epidemiological Studies Depression Scale (CES-D)
14.	Sole Expression	Yes	-Trauma Symptom Checklist for Children (TSCC) -Multidimensional Anxiety Scale for Children (MASC)

15.	STEP	Yes	-PTSD Checklist for DSM-5 (PCL-5) -Kessler Psychological Distress Scale -Reflective Functioning Questionnaire (RFQ-T) - Trauma-specific reflective functioning interview (RFI-T) -Dissociative experience scale (DES) -Pregnancy Related Anxiety Questionnaire (PRAQ-R)
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Outcome 2: Strengths and Capacities			
	Project	Is the project measuring this outcome?	Measure
1.	Building Connections	Yes	-Self-esteem (Rosenberg, 1965) -Self-efficacy (Chen, Gully, & Eden, 2001) -Qualitative data
2.	Building Internal Resilience through Horses	Yes	-Resiliency Scales for Children & Adolescents
3.	iHEAL	Yes	-Pearlin Mastery Scale -Personal and Interpersonal Agency Scales
4.	Inunnguiniq	Yes	-reflection, narratives and sharing circles -facilitator observations
5.	interRAI	Yes	interRAI Child and Youth Mental Health and Adolescent Supplement (ChYMH)
6.	MindUP	Yes	-Behaviour Assessment System for Children Third Edition (BASC-3) -Self-Regulation in Schools Inventory -Behaviour Rating Inventory of Executive Functioning -2 nd Edition (BRIEF-2)
7.	Nato' we ho win	Yes	-Pearlin Mastery Scale -Brief Resilience Scale -Connor- Davison Resiliency Scale 10 (CD-RISC-10)
8.	Northern and Aboriginal Youth Experiencing Teen Dating Violence in Northwest Territories	Yes	-Child and Youth Resilience Measure (CYRM-28)
9.	Peer Education and Connection through Empowerment	Yes	-Pearlin Mastery Scale - Connor-Davidson Resiliency Scale
10.	Play On	Yes	-Youth Experiences Survey in Sport (YES-S Short Form)
11.	Reaching out with Yoga	Yes	-Qualitative interview guide -Customised pre- and post-intervention surveys (adapted from the Physical Activity Enjoyment Scale (PACES))
12.	Safe and Understood	Yes	-Infant Toddler Social Emotional Assessment (ITSEA) -Ages and Stages Questionnaires: Social-Emotional – 2 nd Edition (ASQ: SE-2) -Tool to measure Parenting Self-Efficacy (TOPSE)

13.	Shape Your Life	Yes	-Pearlin Mastery Scale -Resilience Scale (Wagnild & Young, 1993)
14.	Sole Expression	No	
15.	STEP	Yes	-Coping Strategies Questionnaire -Ages & Stages Questionnaires: Social-Emotional – 2 nd Edition (ASQ: SE-2) -Ages & Stages Questionnaires, 3 rd Edition (ASQ-3) -Difficulties in Emotion Regulation Scale -Emotion Dysregulation Scale -Emotion Regulation Questionnaire

Outcome 3: Social Connectedness and Supports

	Project	Is the project measuring this outcome?	Measure
1.	Building Connections	Yes	-Adult Attachment Scale (Collins & Read, 1990)
2.	Building Internal Resilience through Horses	Yes	-Emotional Quotient Inventory – Youth Version (EQ-i: YV)
3.	iHEAL	Yes	-Interpersonal Relationship Inventory (social support and conflict)
4.	Inunnguiniq	Yes	- Languishing to Flourishing -reflection, narratives and sharing circles
5.	interRAI	Yes	-interRAI Child and Youth Mental Health and Adolescent Supplement (ChYMH)
6.	MindUP	Yes	-Behaviour Assessment System for Children Third Edition (BASC-3)
7.	Nato’ we ho win	Yes	-Cultural Connectedness scale
8.	Northern and Aboriginal Youth Experiencing Teen Dating Violence in Northwest Territories	Yes	-Awareness of connectedness scale
9.	Peer Education and Connection through Empowerment	No	
10.	Play On	Yes	-Youth Experiences Survey in Sport (YES-S Short Form)
11.	Reaching out with Yoga	No	-may add a scale or question in next phase
12.	Safe and Understood	Yes	-Controlling Behaviour Inventory for Partners (CBI) -Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) -Parental Acceptance and Rejection Questionnaire (PARQ-P)
13.	Shape Your Life	Yes	-Interpersonal Relationship Index (Social Conflicts & Social Support Subscales) -Personal and Interpersonal Agency Scales

14.	Sole Expression	To be determined	-to be determined
15.	STEP	Yes	-Maternal/Paternal/Prenatal/Postnatal Attachment Scale

These outcomes meet the selection criteria articulated by Orpana et al. (2016) (see Figure 5). The three common outcomes for trauma and violence-informed health promotion are relevant and accurate in terms of addressing known health effects of intimate partner violence and child maltreatment, and address two of the domains identified in Backgrounder 1: psychological/emotional health, and interpersonal health. Additionally, support was given for identifying a physical health outcome for a subset of projects. Through consultation with the Community of Practice, it appears feasible to collect ongoing data on these outcomes over the period of the investment. Finally, the information obtained through these outcomes and indicators as result of the funded interventions will be actionable: the results will contribute to a pyramid of health information at several levels. Individual participants may benefit from improved health outcomes by participating in trauma-informed interventions; organizations will be informed about how their interventions are benefiting program participants and if changes need to be made. Health outcome information will inform policy, programming and funding decisions for health promotion programs to support victims of intimate partner violence and child maltreatment.

The Trauma- and Violence-Informed Community of Practice puts forward these health outcomes and indicators to measure the impact the long-term goal of the investment, “improved health outcomes for victims of violence.”

Figure 5. Indicator Selection Criteria	
Relevant	Provides information that is considered to be meaningful and relevant to the target user.
Actionable	Provides information that can inform, influence, or change public health practice or policy.
Accurate	Reflects the best evidence. It has to be scientifically sound, valid, reliable, sensitive to change, interpretable and complete.
Feasible	Data are available and of sufficient quality to report on or data collection can be put into place at a relatively low cost.
Ongoing	Data are collected regularly and trends can be compared over time.
From: Orpana et al., 2016	

Appendix A: Project descriptions

Building Connections: A Group Intervention for Mothers and Children Experiencing Violence in Relationships

Building Connections enhances capacity among select partner agencies that support pregnant women, new mothers, and the healthy development of young children. A train the trainer approach using a manualized program, will better equip agency staff with a trauma-informed understanding of family violence and child abuse. The process and outcome evaluation is based on a developmental-relational perspective with a trauma-informed lens.

Building Internal Resilience through Horses

Building Internal Resilience through Horses is a 12 week expressive arts and equine-assisted learning program intended to build resilience and life-skills in young women aged 13 – 18 years who have witnessed or experienced violence in the home or who have been exposed to intimate partner violence. The initiative is founded on the premise that, through the hands-on experience of working in partnership with horses as natural coaches (no riding) combined with expressive and psychoeducational workshops, young women will reduce post-traumatic symptoms, improve mental health, and enhance personal coping skills and resilience.

Child and Youth Mental Health: The implementation of the interRAI Collaborative Action Plans to improve outcomes for children and youth exposed to domestic violence

This project is implementing and testing an innovative tool that assesses the health needs of children between the ages of 4 to 18 who have been exposed to domestic violence and abuse, and subsequently develops health interventions that are both evidence-informed and community based. The goal of the project is to facilitate greater information sharing, collaboration and service integration across organizations with the overall objective to improve mental health care for children and youth exposed to domestic violence/abuse.

iHEAL in Context: Testing the effectiveness of a health promotion intervention for women who have experienced intimate partner violence

iHEAL is a health promotion intervention designed to support women who are in the transition of separating from an abusive partner to improve their health and quality of life. The intervention is co-delivered by community health nurses and a community partner, in BC, Ontario and New Brunswick. The project includes a randomized controlled trial (RCT) that will assess the impact of the intervention on a number of health outcomes, including mental health, quality of life, and self-efficacy.

Inunnguiniq (childrearing): Developing and piloting an evidence-based intervention to support high-risk families who experience family violence in Nunavut

Inunnguiniq is an evidence-based intervention that supports high-risk families who experience family violence in Nunavut involved in the criminal justice system, accessing social services and/or are in treatment for substance abuse in Nunavut. The *Inunnguiniq* project works to revive Inuit pathways to wellness-building on Inuit societal values and the importance of family connections and rearing children through a strengths-based and holistic approach. The project will be evaluated through qualitative and quantitative methods based on both western scientific and Indigenous methodologies.

Measuring the Effects of the Shape Your Life Project on the Mental and Physical Health Outcomes of Victims of Domestic Abuse

This project evaluates the *Shape Your Life* trauma-informed boxing program for female and trans-survivors of family or other violence. Participants use boxing to bring their bodies back under their own control and as a means to improve their mental and physical health. The program will be evaluated using quantitative and qualitative methods.

MindUP for Young Children

The *MindUp for Young Children* project is implementing and evaluating a mindfulness-informed, evidence-based social and emotional learning intervention within a trauma-informed framework to full-day kindergarten children in schools, as well as in a community-based organization that provides support services and crisis care to children and families. The project builds on MindUp which is a universal school and mindfulness-based education program that incorporates social-emotional learning into 15, teacher-led lessons. These lessons integrate attentional, self-regulatory, social and emotional strategies for children. The MindUP lessons will also be adapted into parent sessions and implemented with families.

Nato' we ho win

Nato' we ho win includes design, delivery, and evaluation of an innovative program that addresses the mental and physical health needs of Indigenous women who have experienced intimate partner violence (IPV) through trauma-informed, artistic, and cultural programming. Participants will engage in cultural and creative activities to increase stress management skills, social support networks and knowledge of traditional Indigenous culture and to address health and social issues related to colonialism. Evaluation of the project will include both quantitative measures and Indigenous qualitative methods.

Peer Education and Connection through Empowerment (P.E.A.C.E)

The *P.E.A.C.E* project works with community partners to recruit survivor peer mentors and invites girls and women who have experienced domestic violence, human trafficking and sexual exploitation to participate in developing a program. Participants will explore barriers to health and wellness and how to maintain healthy lifestyles through trauma-informed health promotion activities. A community-based participatory research framework will inform the development of the program and the qualitative and quantitative evaluation.

A Trauma-Informed Sport Program at Boys and Girls Clubs of Canada

This project is piloting and testing a trauma-informed sports and recreation program for children and youth that addresses the health needs of survivors of family violence and child abuse in a fun, engaging, and developmentally appropriate environment. The project includes program design and delivery, training of staff on trauma-informed practice, and building capacity in all Boys and Girls club programming.

Reaching out with Yoga: To women and their children who have experienced domestic violence, and Transition and Second Stage housing staff

Reaching out with Yoga recruits, screens, trains and mentors yoga teachers to implement trauma-informed yoga programming for women and children in shelters and transition houses. Staff are also being trained to use yoga in their self-care practices to address vicarious trauma. The qualitative and quantitative evaluation is informed by feminist methodological principles.

Safe and Understood: Helping Children who Experience Domestic Violence

The *Safe and Understood* project expands the reach of two existing programs that promote the social, emotional, and developmental health of children aged 0 to 4 who have witnessed or experienced family violence. Caring Dads and Mothers in Mind is delivered in select rural and French speaking communities across Canada. Application to Aboriginal families is also being explored. Research models include a cluster randomized control trial, participatory action evaluation, and process and outcome evaluations.

Sole Expression: Trauma-Informed Dance Intervention

Sole Expression is collaboratively refining, implementing, and evaluating a trauma-informed dance intervention that is innovative and creative and promotes healing and well-being for youth (ages 12-17) who have experienced child abuse and/or domestic violence. The intervention is being evaluated using both qualitative and quantitative methods.

S.T.E.P: Supporting the transition to and engagement in parenthood in adults who experienced maltreatment as children

The *S.T.E.P project* is designing, delivering and evaluating an innovative intervention aimed at adults who have experienced abuse or neglect during their childhood and are awaiting a child. This intervention aims to (a) promote the physical and mental health of Canadians who were abused/neglected during their childhood and are at the transition to parenthood, (b) to promote the psychosocial development of their child, and (c) to intercept intergenerational cycles of abuse.

Supporting Victims and Strengthening the Health of Northern and Indigenous Youth Experiencing Teen Dating Violence in the Northwest Territories

This project uses drama, visual arts, moose hide beading, traditional hand drumming, photography, digital storytelling, and music to educate and facilitate discussions issues that affect Northern youth, including violence, relationships, sexual health, and mental health. The project will be evaluated through the use of social ecology of resiliency theory as a methodological framework.

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