



Gender-based violence (GBV) is a global health and human rights issue that disproportionately affects women, girls, and gender-diverse people.

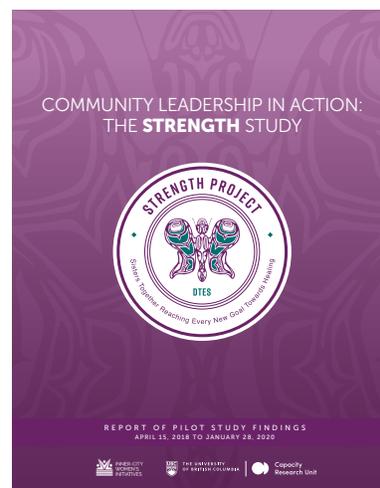
People who experience intersecting forms of oppression and discrimination linked to race, class, gender, sexuality, and ability (e.g., racism, colonialism, ableism) are at the highest risk for GBV, including Indigenous women, women of colour, and transgender women. Self-identifying women on the severe end of the spectrum for GBV also experience significant structural disadvantage and greater social inequities, such as poverty, isolation, unemployment, and unstable housing, and barriers in accessing health care and social services.

There has been a longstanding and proven need for innovative programming and strategies that mitigate the risks and impacts of GBV and advance women's engagement with essential services and supports.

Building Trust and Mitigating Gender-Based Violence

This project examines the process and impact of implementing an evidence-informed, strengths-based, trauma and violence informed outreach program with self-identifying women at greatest risk of health and social inequities to mitigate the effects of multiple forms of violence in their lives. Through collaboration among community service leaders and staff, women with lived or living experience of gender-based violence, and researchers, this project aims to improve the capacity of organizations to build and sustain effective and trusting relationships with women in order to foster health, well-being, safety, and increased ability to independently navigate their support needs.

Rationale: Outreach has the potential to build the relationships necessary to advance health and social care among women regularly excluded from safe and appropriate care. Yet the coordination and delivery of outreach services are often problematic in that women's needs and priorities are predetermined by outreach teams versus strengths-based approaches, and often do not include specific attention to the interpersonal and structural aspects of violence that affect women's equity in health and social care. These challenges hinder relationship building and trust, which ultimately reduces women's sense of safety and ongoing sustained engagement with vital health and social care.



Approach: We are testing an evidence-informed model of the [STRENGTH](#) intervention we developed in our earlier community-based research studies in Vancouver's Downtown Eastside (DTES). Our research showed that women have unique strengths and abilities in navigating their safety, health and well-being. We also demonstrated

that a strengths-based approach is critical to communicate respect and build trusting relationships. Trust facilitates women's engagement and retention in health and social care and enhances their capacities to independently navigate these systems.

Appropriate, safe, and responsive outreach can effectively improve safety, reduce overdose deaths, and improve engagement with health and social care.

Goals

To build an effective, evidence-informed model for strengths-based and trauma informed outreach and advance the theory and practice of community-based, participatory action research.

Key Features

Community-Based Participatory Action Research:

The entire research design, implementation, and evaluation is undertaken in partnership with community leaders, researchers, staff, and women with lived and living experiencing of GBV.

Strengths-Based: Our research views personhood as complex and inclusive of the whole person that negates ideologies of damage or victim. Principles of respect, reciprocity and self-determination inform the outreach intervention and all relationships involved in the research.

Trust: Trust is central to all research practices, and the development of trust is guided by principles of trauma and violence informed care.

Partners

There are 14 partner organizations (not for profit, academic, public and private sector) involved in this project as well as a community advisory committee of women with lived and living experience of GBV. Research activities are developed collaboratively with academic and community partners, and each intervention site includes academic-community co-leadership.

Timeline

Phase 1: Implementation Readiness (2021-2023)

Working with community partners to develop a comprehensive understanding of the local and unique contexts of service delivery and women's experiences with engagement with services to tailor implementation within each site.

Phase 2: Intervention Implementation (2022-2026)

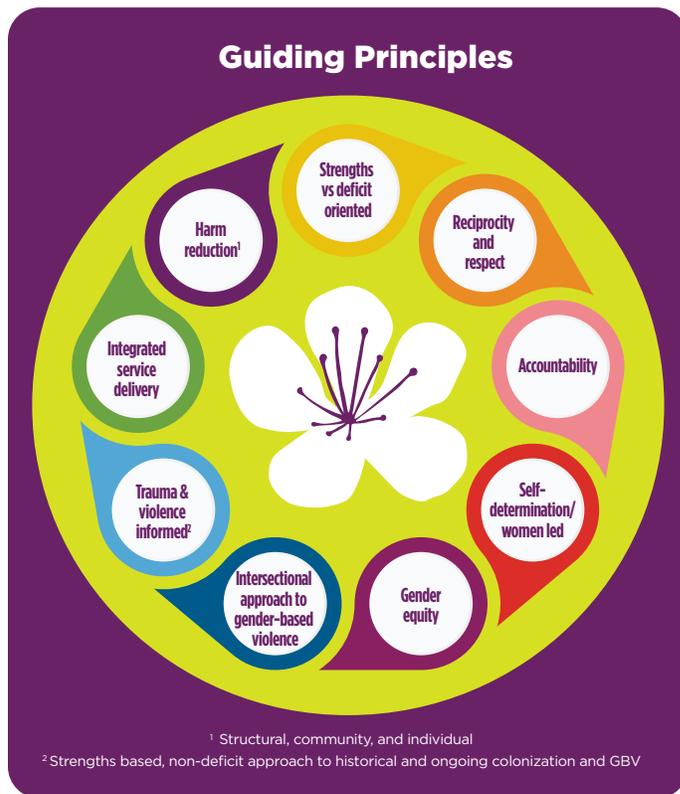
Two-year intervention study implementing an innovative outreach program focused on building trusting relationships with women, and supporting them to achieve their self-identified priorities and goals. Implementing is staggered across the four study sites

Phase 3: Evaluation of Process, Outcomes and Impacts (2022-2027)

Core outcomes concerning trust, women's satisfaction with the intervention, program effectiveness to support women's abilities to meet self-identified health and social goals will be evaluated. The mechanism by which the intervention was delivered and its relationship to impacts for women will also be investigated.

Integrated Knowledge Mobilization (2021-2027)

The entire project employs principles of community-based, participatory action research and an integrated approach to knowledge mobilization.



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