



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

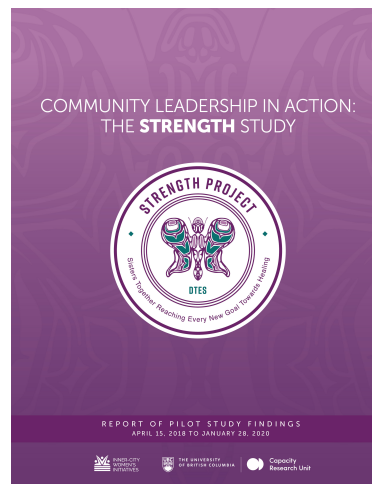
Timely and appropriate health and social care remain a challenge for many women experiencing GBV. Services are often siloed or insufficient to meet women's needs. Stigma and discrimination also deter women from engaging with such services.

**There is a well-established need for innovative programming and strategies that promote women's rights to self-determination, mitigate the harms associated with GBV, and advance appropriate and timely health and social care among women.**

### Building Trust and Mitigating Gender-Based Violence

This project examines the process and impact of implementing a women-led, evidence-informed, strengths-based, trauma and violence informed outreach program. The program aims to mitigate the effects of multiple forms of violence in the lives of self-identifying women who also experience barriers in accessing and receiving health and human services. 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. Despite the potential benefits, many outreach programs remain unable to build and sustain the necessary relationships with women to achieve these aims. Programs are often developed in silos and based on needs predetermined by a service organization versus a women-led, strengths-based approach. Programs also fail to attend to the interpersonal and structural aspects of violence that affect women's equity in health and social care. Consequently, women's sense of safety is reduced, contributing to barriers in 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 women-led, 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)

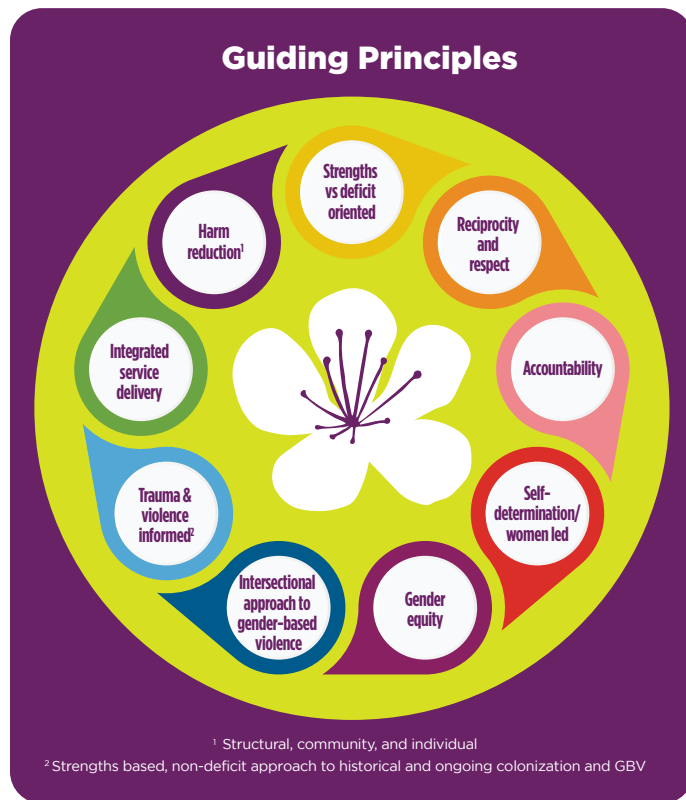
Two-year intervention study implementing an innovative outreach program focused on building trusting relationships with women, and supporting them to achieve their self-identified priorities and goals. Implementing is staggered across the four study sites

### 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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