PreVAiL
Preventing Violence Across the Lifespan Research Network

Progress Report - Spring 2016

This document summarizes all PreVAiL activities and accomplishments and updates the June 2014 report. It is structured according to PreVAiL’s achievements in developing research capacity, advancing knowledge, and knowledge sharing in family violence research.

Highlights

Developing research capacity

- Of the ~20 original PreVAiL Trainees and emerging investigators, almost all have completed their training programs and secured academic or related employment, mainly in research or policy related to violence, gender and health.
- Two trainee-led Workshops were held in advance of PreVAiL Team meetings leading to successful new collaborations and publications.

Advancing knowledge

- PreVAiL directly seed-funded 20 projects in identified priority areas – these have led to numerous publications and successful research grants.
- New PreVAiL-related project funding totals over CDN $22.5 million for 20 new projects/awards from multiple sources, including PHAC, CIHR, SSHRC, the Government of British Columbia, UK National Institute of Health Research, Rotary Health (Australia), and the Australian National Health and Medical Research Council, among others.
- International priority-setting initiatives, partnering with the WHO’s Violence Prevention Alliance and with external funding from an anonymous donor, have led to the development of research priorities in intimate partner violence (IPV) and child maltreatment for high, low and middle-income countries.
- PreVAiL members have led the development and uptake of measures for IPV and child maltreatment in Canadian national surveys – a key Network priority.

Sharing knowledge

- 4 PreVAiL Research Briefs and 6 PreVAiL Research Alerts, available on the PreVAiL website, summarize key evidence in our content areas for use by policy, advocacy and practice audiences.
- PreVAiL work has been published in 89 peer-reviewed papers, with an additional 4 submitted manuscripts. Our work is also published in 12 technical reports, books and chapters, and has been presented at 101 peer-reviewed conferences, and 75 invited/keynote addresses.
- PreVAiL researchers have participated in dozens of policy- and/or practice-specific presentations, consultations and related activities. Similarly, PreVAiL partners have been actively engaged in a number of research processes, including proposal development, data collection, publications and other knowledge sharing.
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Developing Research Capacity

PreVAiL’s Trainees and Emerging Investigators have been very productive and successful. Almost all have completed their degree programs or fellowships and moved into junior faculty positions, or other related employment. While we stopped taking on new PreVAiL Trainees after the halfway point in our funding cycle, we continue to follow the success of our “graduates”. Trainee-led publications and presentations are highlighted in Appendix 1. We are especially gratified to see the publication of papers and peer-reviewed presentations by the Emerging Investigator Group arising from discussions at the May 2011 and June 2014 PreVAiL Trainee Workshops. Highlights of honours and activities among current trainees include:

- **Camille Burnett** successfully defended her doctoral dissertation at Western University under the supervision of **Marilyn Ford-Gilboe** and is now Assistant Professor and Roberts Scholar in the Department of Family, Community and Mental Health Systems at the University of Virginia’s School of Nursing.
- **Sara Crann** worked on one of the PreVAiL qualitative resilience studies with her advisor **Paula Barata**. This was part of a group of studies that was looking at the meanings, perceptions, and experience of resilience in different populations. Their manuscript, *The Experience of Resilience in Adult Female Survivors of Intimate Partner Violence* has been published in *Violence Against Women* (November 2015 – see Appendix 1). This paper also won the Canadian Psychological Association's Section for Women and Psychology (SWAP) Student Paper Award.
- **Danielle Davidov** is now Assistant Professor in the Department of Emergency Medicine at West Virginia University (WVU) and holds a secondary appointment in the Department of Social and Behavioral Sciences in WVU’s School of Public Health. Danielle has a number of active grants and projects in the area of IPV/domestic violence. As a result of the 2011 PreVAiL secondary data analysis workshop and the 2014 trainee-led workshop, Danielle and several PreVAiL members and trainees published a number of papers and gave related presentations (see Appendix 1).
- **Natalia Diaz-Granados** was a consultant for the Pan-American Health Organization (PAHO) where she co-facilitated the PAHO-Open Society Foundation Project Workshop. As part of this project she interviewed key informants in Guatemala, El Salvador and Costa Rica, prepared a Situational Analysis Report and End of Project Report, and co-facilitated a PAHO Primary Prevention of IPV workshop in Peru. She took a lead role in organizing the two PreVAiL Trainee Workshops.
- **Orion Garland** completed her Master’s degree with **Charlotte Waddell**.
- **Abby Goldstein** is now Associate Professor in the Department of Applied Psychology and Human Development at the University of Toronto. She led a group of PreVAiL new investigators in a publication for the *Journal of Studies on Alcohol and Drugs* of a secondary data analysis project titled *Childhood Maltreatment, Alcohol Use Disorders, and Treatment Utilization in a National Sample of Emerging Adults*. See the abstract and link to full text [here](#).
- **Andrea Gonzalez**, now Assistant Professor at McMaster University in the Department of Psychiatry and Behavioural Neurosciences, published several papers including one titled *Neuropsychology and physiology as intervening variables between early life adversity and current maternal functioning* and a chapter on *Child Maltreatment*, with Christine Wekerle, in the Encyclopedia of Mental Health (2nd Edition) (see Appendix 1). She has received two major
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grants, including one from CIHR titled *The impact of a home visitation intervention on biological outcomes of infants exposed to psychosocial adversity: A longitudinal evaluation* with PreVAil members Harriet MacMillan (co-PI), Susan Jack, Michael Boyle, Colleen Varcoe, Lil Tonymr and Charlotte Waddell (co-investigators) and a Social Sciences and Humanities Research Council (SSHRC) grant on *Maternal History of Childhood Maltreatment*. Gonzalez was also named the 2014 Canadian Psychological Association’s New Researcher of the Year.

- **Melissa Kimber** is currently a Post-Doctoral Fellow with the Offord Centre for Child Studies, under the mentorship of Harriet MacMillan. In 2015, she received a Women’s Health Scholar Post-Doctoral Fellowship Award from the Ontario Council of Universities and the Ministry of Health and Long-Term Care. Melissa led two PreVAil projects; the first, arising from the May 2011 PreVAil Trainee Workshop, titled *The association between immigrant generational status, child-maltreatment history and intimate-partner violence (IPV): Evidence from a nationally representative survey*, is a secondary data analysis project completed in June 2014 and submitted to the *Journal of Epidemiology and Community Health*; the second, begun in April 2014, is a systematic review examining CM and SES to be submitted as part of a special issue to the journal *Child Development*. Both involve several other PreVAil trainees, researchers and partners.

- **Kat Kolar** has been working in collaboration with the SHOUT homeless youth clinic in Toronto on a project for street youth resilience. The study report titled *Resilience, Mental Health and Youth in Conflict with the Law: A Literature Review* was submitted to the Department of Justice, Canada; a related paper is published in the *Journal of Youth Studies*.

- **Jen MacGregor** received the 2012-13 Ontario Women’s Health Scholar Post-Doctoral Fellowship Award to complete a project entitled “*The Gendered Imperative of Personal Health Management*”, the first manuscript of which was published in *BMC Public Health*. She continues to work with Nadine Wathen at Western University as Senior Research Associate with the new PreVAil-led VEGA (Violence, Evidence, Guidance, Action) Project: A Public Health Response to Family Violence (see below). She led two PreVAil KTE reviews, and is a co-investigator on the PreVAil sub-project (in partnership with Western’s Centre for Research and Education on Violence Against Women and Children) *The Impact of Domestic Violence on Workers and Workplaces*. Her publications and presentations are outlined in Appendix 1.

- **Anita Morris** completed, in mid-2015, her PhD thesis at the University of Melbourne, supervised by Professor Kelsey Hegarty. The thesis was titled “*Safety and resilience at home: voices of children from a primary care population*” and was a qualitative study of a primary care population of children and their mothers who have experienced family violence. She is now Allied Health Lead in Women’s & Children’s division at a large public health service in Melbourne where she leads several small projects on family violence and trauma-informed care. Anita is also a newly appointed Board member of the largest women’s shelter in Victoria. She has been appointed as Honorary Fellow at the Department of General Practice, University of Melbourne until 2018. Anita has been on the PreVAil Advisory Committee since February 2012 and took a lead role in organizing the two PreVAil Trainee Workshops.

- **Nicole Pitre** earned her PhD and is now an Assistant Professor in the Faculty of Nursing at the University of Alberta. Nicole is planning another research project with Tracie Affifi and a group of researchers, where she will be the Principal Investigator (PI). She has also been working with Kathy Hegadoren as a co-investigator on research focusing on the relationship between trust and oxytocin levels.
Pamela Ponic completed her post-doctoral training with Colleen Varcoe, and now works as Senior Policy Analyst in the Public Health Agency of Canada’s Family Violence Prevention Unit.

Leslie Roos, with mentors Tracie Afifi and Jitender Sareen and supported by a PreVAiL seed grant, published, in the American Journal of Orthopsychiatry a paper entitled "Linking typologies of childhood adversity to adult incarceration: Findings from a nationally representative sample". This project used the NESARC dataset to examine how childhood adversities cluster to form latent classes predictive of adult incarceration. Leslie is currently completing her doctoral studies in the Department of Psychology at the University of Oregon.

Cody Shepherd is currently a trainee co-investigator on the British Columbia (BC) Healthy Connections Project, the first Canadian implementation and evaluation of Nurse-Family Partnership (NFP) led by Charlotte Waddell, Harriet MacMillan, and Susan Jack.

Shannon Sibbald completed her post-doctoral fellowship with Anita Kothari and Nadine Wathen in PreVAiL’s KTE theme, and is now an Assistant Professor in Western University’s Masters of Public Health and School of Health Studies programs.

Rae Spiwak, with mentors Jitender Sareen and Tracie Afifi, has published several papers arising from a PreVAiL-funded seed project. The most recent is titled “Severe partner perpetrated burn: Examining a nationally representative sample of women in India” and was published in the journal Burns. Rae is a doctoral student in the SSHRC Joseph-Armand Bombardier Canada Doctoral Scholarship.

Masako Tanaka, a post-doctoral fellow with Harriet MacMillan, has published several papers with other PreVAiL members, including, “Evaluation of sex differences in health-related quality of life outcomes associated with child abuse: Results from the Ontario Child Health Study” in Epidemiology and Psychiatric Sciences. She continues to be involved with PreVAiL’s work with the WHO-Violence Prevention Alliance (VPA)’s Research Agendas Project (RAP) Group to set research priorities for violence prevention in low, middle and high-income countries. She is also part of a new VPA-RAP project, together with Harriet MacMillan and Nadine Wathen, “Identifying and Refining Global Intimate Partner Violence Prevention Research Priorities” funded by an anonymous donor (see Appendix 1).

**Advancing Knowledge**

**New Funding to PreVAiL Teams and Members (Details in Appendix 1)**

**VEGA (Violence, Evidence, Guidance, Action) Project: A public health response to family violence**

The Canadian government announced, on February 20, 2015, significant new funding for the response to family violence - a total of $10 million annually for the next 10 years. PreVAiL is delighted to be the lead organization on the first project to be supported through this investment. The 3-year, $4.47 million project is entitled “Development of Pan-Canadian Public Health Guidance on Family Violence” and will develop evidence-based guidance and curriculum that will help health professionals better support the needs of victims of violence. See the Government’s [news release](#).

In June 2015, the first meeting of the National Guidance and Implementation Committee (NGIC), composed of key Canadian stakeholder organizations in the health and social services sector, was held in Ottawa, following initial consultations with these groups. This was followed by the first
meeting of the Evidence Review Groups, comprised mainly of PreVAiL members, which are reviewing and synthesizing evidence in our three topic areas (child maltreatment, intimate partner violence (IPV), and children’s exposure to IPV), and integrating this with NGIC and other stakeholder input to form the foundation of the practice guidance and tailored curricula that will be developed for care providers.

For more details, visit the VEGA Project website: [www.ProjectVEGA.ca](http://www.ProjectVEGA.ca) including our Project Activities [blog](http://www.ProjectVEGA.ca) for recent updates. The project’s Twitter handle is @VEGA_Canada.

**Improving family violence data collection & use in Canada**

Three sets of activities directly address PreVAiL’s key research priority of ensuring better Canadian national-level data collection in the area of family violence:

1. **Marilyn Ford-Gilboe** leads a team including PreVAiL members **Kelsey Hegarty**, **Harriet MacMillan**, **Colleen Varcoe**, and **Nadine Wathen** who are analysing several Canadian datasets that used the Composite Abuse Scale (CAS), developed by Hegarty, to assess Canadian women’s exposure to a range of partner violence experiences. The goal of the project, funded for $25,000 (2015-16) by the Public Health Agency of Canada (PHAC), is to develop a brief set of valid and reliable core questions that can be used in Canadian population-based surveys (and beyond).

2. **Andrea Gonzalez**, **Harriet MacMillan**, and **Lil Tonmyr** working with PHAC partners and others, have developed questions about history of child maltreatment experiences for use in the next cycle of the [Canadian Longitudinal Study on Aging](http://www.canadianlongitudinalstudy.org), a national 20-year cohort study led by Parminder Raina at McMaster University. In addition, PHAC consulted with PreVAiL members regarding the inclusion of child maltreatment questions in the new Statistics Canada Canadian Health Survey on Children and Youth (CHSCY).

3. PreVAiL partner **Gordon Phaneuf**, Child Welfare League of Canada, received $60,000 from PHAC (2014-16) for a project entitled [Mapping and Promoting the Use of Family Violence Surveillance Data](http://www.mapfamviol.org). **Nadine Wathen** has worked on the project as both a technical advisor, as well as facilitating consultation with the Federal Family Violence Initiative, a group of policy leads from 15 Government of Canada departments with an interest in family violence. The project has mapped out existing data sources, data gaps, and is developing a plan to address data gaps through linkage and optimization.

**An IPV intervention in the context of nurse home visitation: the NFP Curriculum Study**

The randomized controlled trial (RCT) testing the NFP-Intimate Partner Violence Intervention (NFP-IPVI – see [BMC-Health Services Research](https://bmchealthservicesresearch.biomedcentral.com/articles/10.1186/s12913-015-1088-z)) developed by the NFP IPV Research Team led by **Harriet MacMillan**, **Jeff Coben**, **David Olds** and **Susan Jack** has completed the trial involving 15 US NFP sites. Funding from 2007 to 2012 was provided through a CDC grant administered through the West Virginia University Injury Control Research Center. Follow-up with participants continued to the two-year post-partum point, with new funding ($381,000) received in early 2014 from the Public Health Agency of Canada.

Concurrently, a seed-funded evaluation of the integrated KTE approach is being conducted. **Susan Jack** reports that in-depth qualitative interviews have been conducted with 25 key NFP stakeholders who were actively engaged in planning and implementing the NFP-IPVI trial. Data are
currently being analyzed to understand the processes involved in evaluating novel interventions within the context of an evidence-based home visitation program, factors that influence health service delivery agencies’ decisions to participate in research, and how agencies respond to the challenges of implementing a new intervention within existing clinical services.

In a related activity, in 2011, following several years of development work, the BC Healthy Connections Project was launched — the first province-wide Canadian implementation and evaluation of the NFP. This $5-million five-year project is funded by the BC Ministries of Health and Children and Family Development and is being conducted in close collaboration with these Ministries and five participating Health Authorities across the province. NFP’s impact within the Canadian context is being evaluated using a rigorous randomized controlled trial and qualitative interview methods. The primary outcome indicator by which we will judge NFP’s success in BC will be the prevention of childhood injuries. The BC Healthy Connections Project involves nine PreVAiL members: Charlotte Waddell and Harriet MacMillan are the Nominated Principal Investigators; Susan Jack is a Co-Principal Investigator; Michael Boyle, Lil Tonmyr and Colleen Varcoe are Co-Investigators; Andrea Gonzalez and Cody Shepherd are Co-Investigators; David Olds is a Consultant. This project provides unique training opportunities for graduate students and emerging investigators in child health, violence prevention, public policy and population health. The trial, including the newly-developed and tested IPV component, began in 2013. As described below, a sub-study examining biological markers of adversity in infants participating in the program, led by Andrea Gonzalez, was funded by CIHR for just under $1 million.

Preventing child maltreatment

Tracie Afifi leads a team including Harriet MacMillan, Michael Boyle, Jitender Sareen and other PreVAiL members that has been awarded a CIHR Foundation grant entitled “Preventing child maltreatment: Changing a child’s trajectory, improving health, and strengthening families” (2015-2020, $883,854). It will explore the gap between understanding the harms related to child maltreatment and effective prevention strategies to change abused children’s trajectories, improve health, and strengthen families. Objectives are to: 1) understand the size and scope of child maltreatment within a Canadian context and how it relates to health and health services; 2) identify protective factors associated with a decreased likelihood of child maltreatment and increased likelihood of improved health outcomes following child maltreatment; 3) apply this new knowledge to develop a new evidence-based intervention strategy or to modify an existing program; and 4) begin to evaluate this newly developed or modified intervention strategy to determine effectiveness in preventing child maltreatment and its associated mental and physical health impairment.

Biological outcomes for infants exposed to psychosocial adversity

PreVAiL new investigator Andrea Gonzalez received a CIHR grant for a study entitled "The impact of a home visitation intervention on biological outcomes in infants exposed to psychosocial adversity: A longitudinal evaluation" ($955,000; 2013-18). Other PreVAiL members include: Harriet MacMillan, Lil Tonmyr, Colleen Varcoe, Michael Boyle, Susan Jack and Charlotte Waddell. The study is being conducted in the context of the British Columbia implementation and evaluation of the Nurse Family Partnership (NFP) (see above), and has three main objectives:

1. to determine whether the NFP has an effect on infant biological functions;
2. to investigate whether the NFP has an impact on maternal prenatal stress and whether this is associated with alterations in infant's biology;
3. to examine whether alterations in biological markers explain the association between the NFP and infant health.

The health sector response to victims of violence against women in Latin American and Caribbean (LAC) Pan-American Health Organization (PAHO) member countries

This project, led by Donna Stewart, Alessandra Guedes (PAHO), Harriet MacMillan and Raquel Aviles, was a cross-sectional assessment with the following goals: to assess the existence of national VAW policies and health care protocols/guidelines in PAHO member state countries and assess the strengths and weakness of policies and the current health sector response. A report was submitted to PAHO in February 2014 and a paper now published in BMC Public Health (see Appendix 1).

An online safety decision aid for women experiencing IPV

Marilyn Ford-Gilboe leads a team including PreVAiL members Colleen Varcoe (co-PI), Harriet MacMillan and Nadine Wathen (co-Is) on a CIHR-funded grant entitled “Effectiveness of an internet-based decision aid in enhancing safety behaviours, reducing exposure to violence and improving mental health among women experiencing intimate partner violence” ($1,250,000, 2012-2017). The project presents an opportunity for international comparisons, since the online decision aid, which has been adapted to the Canadian context, was developed and is being tested by Nancy Glass in the US and Jane Koziol-McLain in New Zealand. Kelsey Hegarty has been funded for an Australian implementation study of an aid adapted for that country. As of December 2015, full recruitment in the Canadian RCT was achieved; follow-up will continue until December 2016. The project was presented, by invitation, at the Knowledge Mobilization Speaker’s Series held by the Ontario Ministry of Community and Social Services.

The impact of intimate partner violence on workers and workplaces

Nadine Wathen, with Barb MacQuarrie, Community Director of the Centre for Research and Education on Violence Against Women and Children (CREVAWC) at Western University, and Jennifer MacGregor (former PreVAiL post-doctoral fellow) lead a study examining the scope and impact of IPV in the workplace. Partnered with the Canadian Labour Congress, a national survey was completed in 2014 and was the first of its kind in Canada. The survey report and related material (French and English) is available on the CLC website: http://canadianlabour.ca/issues-research/domestic-violence-work/report, or at http://www.dvworknet.org/.

This work also led to a successfully funded Partnership Development Grant ($198,646; 2014-16) from the Social Sciences and Humanities Research Council of Canada (SSHRC), which expanded the partnership - now called DV@WorkNet - internationally, including researchers and advocates at the University of Toronto, Cornell University and the University of New South Wales, the US advocacy group Futures Without Violence, and international labour and violence groups, as well as corporate partners in Canada committed to addressing the impacts of IPV in the workplace. Two international meetings have been held, four peer-reviewed journal articles published (see Appendix 1) and a number of academic and policy presentations given, including to government and labour groups; a SSHRC Partnership Grant (PI, Wathen) is under development in 2016.
Evidence syntheses

Harriet MacMillan, Nadine Wathen, Masako Tanaka and Christopher Mikton (WHO), received funding ($50,000, 2014-15) through an anonymous donor, on a project to identify and refine a list of priorities in IPV prevention research that will serve as the basis for the WHO Violence Prevention Alliance (VPA) research agenda in this area, and in the long term contributes to interventions to prevent and reduce IPV, especially in LMICs. This will build on previous priority-setting work conducted by PreVAiL, including our own Delphi process, and our lead role in the WHO-VPA Research Agenda Project (see below). Activities for 2016 include telephone interviews with key global IPV stakeholders, and data analysis and synthesis across data sets; these will be led by PreVAiL post-doctoral fellow Masako Tanaka with involvement from PreVAiL post-doctoral fellow Melissa Kimber.

Gene Feder and colleagues have led a team including Harriet MacMillan on a knowledge synthesis project funded by the UK National Institute of Health Research’s Public Health Research programme (2013-2014 £191,222), entitled: An overview of interventions aimed at improving outcomes for children exposed to domestic violence: systematic review, evidence synthesis & research recommendations. Results are forthcoming.

Knowledge translation and exchange

Violence prevention: a global information system is a comprehensive web-site synthesizing data on all aspects of violence and its prevention. Led by our WHO partners, especially Christopher Mikton, the aim of this proposed project is to create and maintain a user-friendly web-site which synthesizes, in a concise and highly accessible form, data from around the world, but with a particular emphasis on low- and middle-income countries, on key aspects of all forms of interpersonal violence (child maltreatment, youth violence, intimate partner violence, sexual violence, and elder maltreatment). PreVAiL’s focus/collaboration are in the areas of IPV and CM and will be led by Harriet MacMillan and Nadine Wathen.

Summary

New PreVAiL-related project funding totals over $22.5 million (Canadian dollars) for 20 new projects/awards from multiple sources, including PHAC, CIHR, SSHRC, an anonymous donor, the Government of British Columbia, UK National Institute of Health Research’s Public Health Research, Rotary Health (Australia), and the Australian National Health and Medical Research Council, among others.

PreVAiL Projects – completed and in progress

In addition to the new research projects arising from PreVAiL member activities described above, several projects were undertaken by PreVAiL as a network to either develop specific priorities, plan knowledge mobilization activities, or, as a key part of our Workplan, seed-fund new work in our mandated research areas.

Research Priority-Setting and Synthesis

PreVAiL Priority-Setting Process

We used a modified Delphi consensus development process to determine PreVAiL’s research priorities in the areas of CM, IPV and resilience. Two online survey rounds were conducted in late
2010, followed by a Discussion round, including finalization at the May 2011 team Meeting. A manuscript with more broadly applicable priorities was published in *BMC Public Health* (see Appendix 1). Specific PreVAiL priorities in each theme area, and for cross-cutting themes, are found in Appendix 2. Subsequent PreVAiL seed and other projects have been oriented to address these priorities (e.g., see seed grants, round 2, below).

**WHO-VPA Research Priority Setting Project**

PreVAiL, as a member of the WHO VPA, has taken a lead role in the Research Agenda Project (RAP) Group including launching and managing a research priority setting process for violence prevention in low, middle and high-income countries. PreVAiL members involved include Kathy Hegadoren, Chris Mikton, Lil Tonmyr and Harriet MacMillan. As well, PreVAiL Post-Doctoral Fellow Masako Tanaka has led the implementation of the data collection process, and reports that 280 participants from countries in all economic levels completed the first part of the VPA Survey in November 2011. Preliminary results were presented at the VPA Munich Meeting in April 2012, briefly reported at the November 2013 Mexico City meeting, and draft reports were submitted to the Public Health Agency of Canada. Final results are forthcoming.

**Synthesis of International IPV Prevention Priorities**

A PreVAiL sub-team has been funded to synthesize existing priorities in IPV prevention research that will serve as the basis for the WHO-VPA research agenda, especially in LMICs. 

**Melissa Kimber** (PreVAiL Trainee) is leading a systematic review titled “*The influence of familial and neighbourhood socio-economic status on child maltreatment: A systematic review of multi-level and longitudinal studies*”, which involves MacMillan, Wathen, Gonzalez and MacGregor.

**First round of seed funding**

These five peer-reviewed, seed-funded projects have been completed, and stand as follows:

<table>
<thead>
<tr>
<th>Project title</th>
<th>PreVAiL members</th>
<th>Status (see also Appendix 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Understanding child maltreatment, intimate partner violence, and substance use disorders in a nationally representative adult sample</em></td>
<td>T Afifi, J Sareen</td>
<td>Completed – 2 journal articles; 1 presentation</td>
</tr>
<tr>
<td><em>A longitudinal study of children exposed to both child maltreatment and IPV.</em></td>
<td>JL Edleson</td>
<td>Completed – 1 journal article; 2 presentations</td>
</tr>
<tr>
<td><em>The relationship between childhood sexual abuse and HIV infection among women in India.</em></td>
<td>R Spiwak, T Afifi, C Garcia-Moreno, J Sareen</td>
<td>Completed – 1 journal article</td>
</tr>
<tr>
<td><em>Abuse during pregnancy and pregnancy as a result of forced sex in migrant women</em></td>
<td>A Gagnon</td>
<td>Completed – 1 journal article; 3 presentations</td>
</tr>
<tr>
<td><em>Neighborhood- and individual-level alcohol consumption and risk of intimate partner violence in low and middle-income countries</em></td>
<td>M Boyle, N Diaz-Granados</td>
<td>Completed – manuscript submitted</td>
</tr>
</tbody>
</table>
Second round of seed funding

Focusing on the identified PreVAIL Research Priorities (Appendix 2), a second round of seed funding was launched in 2013, with funded project as follows:

<table>
<thead>
<tr>
<th>Project title</th>
<th>PreVAIL members</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examining the utility of latent class analysis in describing differential risk pathways linking childhood adversity to negative adult outcomes.</td>
<td>L Roos, T Afifi, J Sareen</td>
<td>Completed - 1 journal article; 1 presentation</td>
</tr>
<tr>
<td>Implementation planning of a trauma-informed intervention framework in residential care</td>
<td>D Collin-Vézina, N Trocmé, M Hébert</td>
<td>Completed - 3 presentations; 2 journal articles; CIHR proposal funded</td>
</tr>
<tr>
<td>An examination of violence-related burn injury among women in India</td>
<td>J Sareen, T Afifi, R Spiwak</td>
<td>Completed - 1 journal article</td>
</tr>
<tr>
<td>The impact of childhood abuse on mothers IPA trajectories and their child’s outcomes</td>
<td>D Gartland</td>
<td>Completed - 1 journal article</td>
</tr>
</tbody>
</table>

Resilience theme research projects

The 10 qualitative studies (below) on resilience in vulnerable groups are complete, and most are published or in press (Appendix 1).

Study 1: South Asian immigrant women (Ahmad)
Study 2: Street involved youth (Erickson)
Study 3: Gay men (Oliffe)
Study 4: Wife survivors of alcoholics in India (Chandra)
Study 5: Swampy Cree community (Sareen)

Study 6: Elderly w/ CM experience (Stewart)
Study 7: Australian youth in primary care (Hegarty)
Study 8: Women survivors of IPV in advocacy (Barata)
Study 9: IPV-exposed migrant women post-birth (Gagnon)
Study 10: Physically ill adult survivors (D Stewart)

In a new way to share results, John Oliffe and colleagues created an online video abstract of a paper arising from Study 3 called Gay Men and Intimate Partner Violence: A Gender Analysis at: http://youtu.be/73LG8bS7Y-Y

New resilience theme links and projects include:

- Helen Herrman and Donna Stewart with trainee member Natalia Diaz-Granados and colleagues, have had accepted (April 2014), in Journal of Public Health, a systematic review of evidence from observational studies for interventions promoting resilience among adults with a history of child maltreatment or intimate partner violence.

- Christine Wekerle established the International Society of Child and Adolescent Resilience (2012), a multi-disciplinary and multi-sector platform for scholarly interchange on the topic of resilience. The Society’s primary product is the International Journal of Child and Adolescent
Resilience, the first journal dedicated to the topic of resilience – see the 2014 issue at www.iscar.ca. This initiative was featured in the Women in Science issue of International Innovation.

- A CIHR team grant application in boy’s and men’s health titled Understanding health risks and promoting resilience in male youth with sexual violence experiences was successful with Christine Wekerle as the PI; several PreVAiL members are involved.

- Helen Herrman is leading three new projects on resilience and mental health in youth in out-of-home-care funded for > $1M by three different Australian granting councils. The Ripple, Bounce and First Bounce Studies, together comprise a research and implementation program that aims to define an innovative, flexible and evidence-based approach to sustainable mental health interventions that ultimately benefit young people aged 12–17 years living in out-of-home care in Melbourne. Ripple and Bounce have been funded in large part due to Dr. Herrman’s involvement in PreVAiL.

KTE theme research projects

PreVAiL Partnership Evaluation Project

PreVAiL employs an integrated KTE approach to ensure that priorities and projects reflect existing and emerging needs in practice and policy, and that findings can be shared and discussed among networks of stakeholders through our existing 20 national and international partner organizations, and the expanding networks linked to us by these partners and our researchers. The Partnership Evaluation Project, led by Anita Kothari and Nadine Wathen, former PreVAiL post-doctoral fellow Shannon Sibbald, and current Western post-doctoral fellow Jennifer Boyko, aims to identify the quality of partnerships within the PreVAiL network, and their evolution over time, as well as the capacity of partner organizations to utilize research.

Phase 1 of the project is now complete, and the full report available in the Member area of the PreVAiL website. A manuscript with key findings has been published in the open access journal Health Research Policy and Systems (HaRPS). Phase 2 was initiated at the June 2014 team meeting with data collection complete in December 2014. Dr. Boyko has been coordinating the data collection and analysis for the study since Dr. Sibbald moved on from her post-doctoral position at Western to a tenure-track position in Western’s Masters in Public Health Program. The final report is currently being drafted and will be disseminated to members in early 2016. A publication based on the overall project will be submitted in Spring 2016.

KTE Knowledge Synthesis Projects

Former PreVAiL post-doctoral trainee Jen MacGregor, with PreVAiL researchers Anita Kothari and Nadine Wathen, received a PreVAiL KTE Seed Grant for a project called “Strategies to promote uptake and use of intimate partner violence and child maltreatment knowledge: an integrative review". This review was a response to the paucity of work focused on translating IPV and CM evidence into policy and practice. Its purpose was to obtain a concrete picture of the state of IPV- and CM-specific KT research, and to highlight ways in which this literature can inform the design of future IPV and CM KT initiatives. The review was published in the open access journal BMC Public Health.
PreVAil Deliberative Dialogues

At our 2011 PreVAil Meeting, a significant part of the agenda was dedicated to structured small and large group discussions related to PreVAil’s research priority-setting process. For the June 2014 meeting, we used an adapted Deliberative Dialogue process (based on the work of John Lavis and colleagues at McMaster University) to discuss three high priority policy-relevant issues.

Jennifer Boyko, a post-doctoral fellow working with Anita Kothari and Nadine Wathen, and previously supervised by Dr. Lavis, led the process. A Steering Committee composed of PreVAil members Harriet MacMillan, Nadine Wathen, PHAC partners Pam Ponic, Beth Jackson, Joanne Lacroix and Lil Tonmyr, and WHO partners Christopher Mikton and Claudia Garcia-Moreno, developed the topics, which also included input from all PreVAil members via online survey. A working group led by Drs. Boyko, Kothari and Wathen and including Jen MacGregor and doctoral students from Western University planned the logistics and facilitated implementation of the Dialogues at the meeting, where over 5 hours of the agenda were devoted to the process. The overarching question: How can we facilitate use of research evidence to orient health and social systems to prevent IPV and CM and their consequences? Framed the discussions, with three sub-topics explored in small groups:

- **Topic 1**: How can we re-orient existing government violence prevention policy frameworks towards socio-ecological approaches and responses based on rigorous intervention research?
- **Topic 2**: How can we build capacity to harness existing research and knowledge about factors (micro/meso/macro) related to preventing violence?
- **Topic 3**: How can we more actively and effectively engage key stakeholders and the broader public in developing principles and strategies for communicating evidence-based violence prevention messages?

In preparation for the event, an issue brief was prepared that synthesized the current evidence base for these topics. Attendees of the 2014 meeting received the brief in advance of the event, and it was disseminated to all members following the meeting.

The process is being evaluated and specific strategies for addressing each topic shared broadly. An evaluation report was prepared for PreVAil in October 2014. A publication focused on the evaluation is currently under revision for Health Research Policy and Systems. The evidence briefs have been compiled into a publication that is currently under review at BMC Women’s Health.
Sharing Knowledge

PreVAiL work has been published in 89 peer-reviewed papers, with an additional 4 submitted manuscripts. In addition, our work is published in 12 technical reports, books and chapters, and has been presented at 101 peer-reviewed conferences, and 75 invited/keynote addresses (see Appendix 1).

New & Updated Research Briefs

PreVAiL Research Briefs

Four policy- and practice-oriented research syntheses provide a clear overview of the "state of the evidence" in PreVAiL's main content areas:

- **Interventions to Prevent Child Maltreatment**
- **Resilience, Mental Health and Family Violence**
- **Identifying and Responding to Intimate Partner Violence Against Women**

In addition, a Research Brief in a new PreVAiL research area was created:

- **The Impacts of Intimate Partner Violence on Workers and Workplaces**

We thank the Public Health Agency of Canada (Family Violence) for their support in producing these Briefs, which continue to be widely used by a broad range of stakeholders.

Research Alerts

Six research alerts linked to the PreVAiL-led randomized controlled trial of the Nurse-Family Partnership (NFP) Intimate Partner Violence (IPV) Intervention (see below) are now available. These alerts, formatted to provide a high level overview of key issues related to aspects of the NFP nurse home visiting program, primary prevention of child maltreatment, prevention of IPV in the home, and key maternal and child health outcomes, are drawn from our ongoing work in this area. Thanks to funding from the Public Health Agency of Canada, they have also been translated into French. Visit PreVAiL’s website under Things We’ve Done page to access the full text, or follow the links below.

- **Research Alert 1:** Reducing violence to help infants and children thrive: Research to develop a partner violence intervention in a nurse home visit program
- **Research Alert 2:** Reducing violence to help infants and children thrive: Research to evaluate a partner violence intervention in a nurse home visit program
- **Research Alert 3:** What is known about primary prevention of intimate partner violence (IPV): Evidence to date and the possible role of the Nurse-Family Partnership
- **Research Alert 4:** Primary prevention of intimate partner violence (IPV) in the context of nurse home visits: Overview of the Nurse-Family Partnership (NFP)-IPV Intervention
- **Research Alert 5:** What is known about how best to mobilize knowledge in the areas of child maltreatment and intimate partner violence: Summary of an integrative review
- **Research Alert 6:** Preventing child maltreatment and intimate partner violence: The potential role of the Nurse-Family Partnership
PreVAiL Team Meeting, June 2-3, 2014

Thanks to all PreVAiL members for their enthusiasm and commitment to ensuring a productive and positive Team Meeting on June 2-3, 2014. The highlight was the policy-related Deliberative Dialogue process (see above).

Meeting happenings were shared via the PreVAiL Twitter account - @PreVAiLResearch - a successful initial foray into social media.

PreVAiL Trainee & Emerging Investigator Workshops – May 2011 and June 2014

In May 2011, as a pre-session to the PreVAiL Team Meeting, trainees planned and held a workshop entitled "Using Secondary Data Analysis in Intimate Partner Violence (IPV) and Child Maltreatment (CM) Research". The objective was to learn about use of secondary data in planning an IPV/CM intervention research project. A mix of didactic presentations and interactive workshops was used, including 4 working groups each consisting of a mentor, knowledge user partner and 4 to 6 trainees. In total, 16 new/emerging investigators attended the conference, along with 4 PreVAiL members as mentors and presenters and 4 knowledge user partners. This led to successful, and sustained, new collaborations and publications.

Natalia Diaz-Granados and Anita Morris organized a second PreVAiL Trainee Workshop on June 1, 2014, in advance of the PreVAil Full Team Meeting. The topic was the use and impact of qualitative research in family violence research and was facilitated by Colleen Varcoe and Marilyn Ford-Gilboe, experts in this kind of research. Beth Jackson and Pamela Ponic from the Public Health Agency of Canada provided a policy perspective on the utility of qualitative evidence in policy decision-making. Trainee groups emerged with project ideas for further development.

Networking – Leveraging Partnerships for New Collaborations

Methodological capacity development

PreVAiL---CHIRPP* Web---Based Workshop Series: Analysis and Interpretation of Narrative Data on CHIRPP Intentional Injury Cases: Beginning in November 2013, and running to February 2014, PreVAiL, in partnership with the Public Health Agency of Canada (PHAC) hosted a series of six web-based workshops for researchers, trainees and emerging investigators to learn how to analyze data from the Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP). Led by PreVAiL member Susan Jack, along with Senior Injury Epidemiologists from PHAC Steven McFaull and Robin Skinner, the purpose was to facilitate 1) better understanding of the Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) database and how to access its data 2) quantitative, qualitative and mixed method approaches for analyzing the data 3) collaborations among participants to analyze CHIRPP data, and 4) the development of articles for publication. Two working groups have been formed, one in the area of child maltreatment led by Aimée Campeau and including PreVAiL members Martine Hébert and Lil Tonmyr, and a second on IPV led by Kathleen Hegadoren. Initial meetings of these two groups have been productive, and projects are well underway. [*CHIRPP is a computerized information system that collects and analyzes data on injuries to people (mainly children) who are seen at the emergency rooms of the 10 pediatric hospitals and of 4 general hospitals in Canada. CHIRPP is a unique, richly detailed database of "pre-event" injury information obtained by asking: A) What was the injured person doing when the injury happened? B) What went wrong? C) Where did the injury occur?]*
New Linkages

New links forged through PreVAiL have directly led to collaborations between researchers and partners, and between agencies. For example:

- **Harriet MacMillan, Colleen Varcoe** and **Nadine Wathen** were 3 of 5 research experts invited to participate in the *Knowledge Exchange Forum on Effective Interventions in Family Violence Prevention: Translating Research Excellence into Enhanced Health Policy and Programming*, which was co-hosted by the CIHR Institute of Gender and Health and the Public Health Agency of Canada in December 2013. The researchers were joined by CIHR-IGH leaders and policy actors from across the Federal Government with violence portfolios. In follow-up, several policy leads not previously partnered with PreVAiL attended the June 2014 Team Meeting.

- **Donna Stewart** was asked by the World Psychiatric Association (WPA) to lead a new presidential initiative on IPV and mental health. She has solicited input from WPA members internationally and a work plan was presented for discussion at the Madrid Congress in September 2014. International competency-based curricula for medical students, psychiatric residents and practising psychiatrists are under development with core competencies, clinical vignettes, slide presentations and testing methods. These will be posted on the WPA website and presented at upcoming congresses in Istanbul (2016) and Berlin (2017).

- PHAC’s **Lil Tonmyr** reports that a commentary titled “*Exploring the complex links between violence, mental health, and substance abuse – from correlates, through risk factors, towards causal pathways*” co-authored by another PreVAiL partner, **Christopher Mikton** from WHO, and published in the online journal *Advances in Adolescent Mental Health* (2012), would not have been written without the PreVAiL link.

- Through the link with PreVAiL partner **Sandra Wright, Jitender Sareen** was invited to participate in a conference co-sponsored by the Coalition on Community Safety, Health and Well-being on "Strengthening Resiliency in Aboriginal Youth". Corinne Isaak, from the Cree Nations Tribal Health Centre, has conducted interviews for the PreVAiL resilience theme among the Swampy Cree First Nation.

- PreVAiL researcher **Anita Kothari** continues to work with **Jeff Coben** and the US Centers for Disease Control and Prevention (CDC)-funded Injury Control Research Center (ICRC) at West Virginia University (WVU) to help evaluate and strengthen the ICRC’s planned partnership/knowledge translation activities.

New and Noteworthy

PreVAiL was invited to contribute a feature article for the newsletter of CIHR’s Institute for Gender and Health (IGH). The piece, entitled “*PreVAiLing against violence: How the Preventing Violence Across the Lifespan Research Network is partnering for global change*”, by **Nadine Wathen** et al., appeared in *Intersections: A newsletter of the Institute of Gender and Health* (Spring/Summer 2013, Vol. 4, Issue 1), which was themed “Building partnerships in sex, gender and health research”.

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*PreVAiL 2016 Progress Report*
The WHO Guidelines for the Health Sector Response to Intimate Partner and Sexual Violence Against Women were released in June 2013. The expert review panel was chaired by PreVAiL member Gene Feder under the leadership of PreVAiL partner Claudia Garcia-Moreno of the WHO’s Department of Reproductive Health and Research. Alessandra Guedes, Regional Advisor, Intra-Family Violence, PAHO and PreVAiL partner also participated in the review. Kelsey Hegarty and Harriet MacMillan served on the expert panel, and Nadine Wathen was an external reviewer. To support implementation of the guidelines, WHO produced a Clinical Handbook for health care providers and plan to produce a manual for health system organizers.

In a related item, Drs. Feder, MacMillan and Wathen were invited to write a commentary, titled “An evidence-based response to Intimate Partner Violence: World Health Organization guidelines” in the Journal of the American Medical Association, highlighting the key clinical messages from the Guidelines.

Tracie Afifi has received several important honours for her outstanding and prolific work in the area of child maltreatment, resilience and mental health. In addition to recently being promoted to Associate Professor at the University of Manitoba, she received a CIHR New Investigator Award (2014-19) in the epidemiology of resilience following child maltreatment and a CIHR Foundation Grant (see above). In December 2015, Tracie had a commentary published in Maclean’s titled “The case against spanking”.

Patricia Erickson and colleagues have been awarded important research grants totalling >$800K in the areas of youth violence and mental health, funded by both CIHR and SSHRC.

In January 2016, Anita Gagnon began her term as Interim Director of the Ingram School of Nursing, Faculty of Medicine, McGill University.

Delphine Collin-Vézina’s Tier II Canada Research Chair in Child Welfare was renewed until 2018.

In November 2013, Drs. MacMillan and Wathen were invited speakers at the WHO-sponsored 6th Milestones Meeting of the Global Campaign for Violence Prevention in Mexico City, Mexico. The meeting was also attended by former PreVAiL partner Lindsay Olmstead (PHAC – Family Violence), as well and WHO and PAHO partners Christopher Mikton, Claudia Garcia-Moreno, and Alessandra Guedes.

Two of the 20 most downloaded Canadian Journal of Psychiatry articles of 2013 were PreVAiL papers, including the number 1 article by Tracie Afifi and Harriet MacMillan on resilience in children who had suffered maltreatment, and the review article What is Resilience? by Drs. Herman, Stewart and Ms. Diaz-Granados. These two papers were also among the 7 top contributors to CJP’s impact factor in 2013. We also note that two additional top-20 articles involved member Jitender Sareen on non-PreVAiL topics.

Nadine Wathen was an invited keynote speaker, in March 2014, at the inaugural meeting of the Canadian Victim Justice Network. She discussed PreVAiL as a model for setting up and maintaining an integrated knowledge translation network featuring academic- knowledge user partnerships.

Drs. MacMillan, Mikton and Wathen each gave separate invited presentations, in early 2014, to the Public Health Agency of Canada’s Health Promotion and Chronic Disease Prevention Branch. In December 2015, Andrea Gonzalez and Susan Jack gave a joint presentation to this Agency Branch.
Drs. Stewart, MacMillan and Wathen published a 2013 position paper on IPV for the Canadian Psychiatric Association. This was also published in the Canadian Journal of Psychiatry. On May 11, 2015, Dr. Stewart gave an invited presentation to the Senate of Canada entitled: PreVAiL Network on Violence Across the Lifespan.

PreVAiL co-PI Helen Herman became, in 2014, the World Psychiatric Association President-elect and will take office as President in 2017. Helen also leads a team of Australian researchers and partners in a project entitled Improving mental health for young people living in out of home care funded (2013-2017) by the Australian National Health and Medical Research Council. It aims to implement sustainable mental health interventions that respond to the needs of young people aged 12-17 years living in foster, kinship and residential care. It assesses whether innovative mental health interventions that enhance the therapeutic care roles and capacities of their carers will improve: (i) the consistency and quality of out-of-home care for all young people in the sector, and (ii) access to early intervention when indicated for prevention and treatment of mental illness. We are exploring links between this project and Canadian Resilience Theme activities.

Tracie Afifi, Harriet MacMillan, Michael Boyle and Jitender Sareen published (April 2014) a study in the Canadian Medical Association Journal titled Child abuse and mental disorders in Canada which concluded that: “Health care providers, especially those assessing patients with mental health problems, need to be aware of the relation between specific types of child abuse and certain mental conditions. Success in preventing child abuse could lead to reductions in the prevalence of mental disorders, suicidal ideation and suicide attempts.” The study received significant media coverage, with online stories in such major venues as the Globe and Mail.

Nadine Wathen and Harriet MacMillan, with PreVAiL post-doctoral fellows Jen MacGregor and "graduate" Shannon Sibbald, analysed the uptake of the McMaster University VAW Research Program’s 2009 IPV screening trial (MacMillan et al., JAMA, 2009) in over 100 subsequent publications. Their conclusions: "Our findings provide empirical data on the malleability of ‘evidence’ in knowledge translation processes, and its potential for multiple, often unanticipated, uses. They have implications for understanding how research evidence is used and interpreted in policy and practice, particularly in contested knowledge areas." The original journal article is freely available online.

Several of our members were recognized with significant honours:

- Tracie Afifi was the 2014 recipient of the Canadian Coalition for the Rights of Children (CCRC) Children’s Rights Supporter Award for her efforts to promote children’s rights
- Donna Stewart was named a Member of the Order of Canada
- Colleen Varcoe was elected as a Fellow of the Canadian Academy of Health Sciences
- Nadine Wathen was inducted as a Member of the College of the Royal Society of Canada

Next Steps

- Continue progress on existing and recently funded projects (as above).
- Look for new opportunities to advance PreVAiL Research Priorities (Appendix 2).
- Plan for PreVAiL sustainability as our CIHR no-cost extension ends in early 2017.
Appendix 1: List of Grants, Publications & Presentations

Grants – Funded (PreVAiL members in bold) [20 - ~CAN$22.5M]


3. Coben J (PI), Kothari A (co-investigator), et al. West Virginia University Injury Control Research Center (renewal). Centers for Disease Control and Prevention (USD$4,100,000 (~$CDN5.7M)). 2012-2017.


**Publications (89)**

(listed alphabetically within year, with most recent first)

**Accepted/In Press**


2016


2015


**2014**

31. **Afifi TO, MacMillan HL, Boyle M, Taillieu T, Cheung K, Sareen J.** Child abuse and mental disorders in Canada. *Canadian Medical Association Journal* 2014 (Epub ahead of print). **[LINK TO ABSTRACT]** (Received 2014 Canadian Psychiatric Association R.O. Jones Best Paper Award (3rd Place))


2013


47. Ahmad F, Rai N, Petrovic B, Erickson PE, Stewart DE. Resilience and resources among South Asian immigrant women as survivors of partner violence. *Journal of Immigrant and Minority Health* 2013; 15:1057-64. [LINK TO ABSTRACT](#)


50. Goldstein AL, Henriksen CA, Davidov DM, Kimber M, Pitre NY, Afifi TO. Childhood maltreatment, alcohol use disorders, and treatment utilization in a national sample of
emerging adults. *Journal of Studies on Alcohol and Drugs* 2013;74(2):185. [arising from the 2011 PreVAiL Trainee Workshop](#)


54. **MacMillan HL, Tanaka M, Vaillancourt T, Duku E, Boyle MH.** Child physical and sexual abuse in a community sample of young adults: Results from the Ontario Child Health Study. *Child Abuse and Neglect* 2013;37:14-21. LINK TO ABSTRACT


56. Shantakumari S, **Chandra PS, Riazantseva E, Stewart DE.** “Difficulties come to humans and not trees and they need to be faced” – A study on resilience among Indian women experiencing intimate partner violence. *International Journal of Social Psychiatry* 2013 Dec 18 (Epub ahead of print). LINK TO ABSTRACT


**2012**

62. **Afifi TO, Henrikse CA, Asmundson GJG, Sareen J.** Childhood maltreatment and substance use disorders among males and females in a nationally representative sample. *Canadian Journal of Psychiatry* 2012; 57(11). LINK TO ABSTRACT

63. **Afifi TO, Henriksen CA, Asmundson GJG, Sareen J.** Victimization and perpetration of intimate partner violence and substance use disorders in a nationally representative sample. *Journal of Nervous and Mental Disease* 2012; 200:684-91. LINK TO ABSTRACT


72. Mikton C, Tonmyr L, Scott D. Exploring the complex links between violence, mental health, and substance abuse – from correlates, through risk factors, towards causal pathways. *Advances in Adolescent Mental Health* 2012;11(1). [LINK TO FULL TEXT]


74. Stewart DE, Merry L, Dennis CL, Gagnon A. Risk factors and health profiles of recent migrant women who experienced violence associated with pregnancy. *Journal of Women’s Health* 2012;10:1100-6. [LINK TO ABSTRACT]


76. Wathen CN, MacMillan HL. Health care's response to women exposed to partner violence: Moving beyond universal screening [Editorial]. *Journal of the American Medical Association* 2012; 308(7):712-13. [LINK TO ABSTRACT]

2011


83. Stewart DE. Toward understanding resilient outcomes. *Canadian Journal of Psychiatry* 2011;56(5). [LINK TO ABSTRACT]


Books, Chapters, Technical Reports (12)


Submitted manuscripts (4)


**Peer-reviewed presentations (101)**

2015-6


2. **Buchbinder, J., Humphreys, C., Kertesz, M., Moeller-Saxone, K.** How can we benefit from research? Balancing the expectations and needs of stakeholders in child and family community service organisations (Symposium). Centre for Excellence in Child and Family Welfare 5th Annual Sector Research Symposium, Melbourne. 28-29 October 2015.

3. **Cotton, S.** Mental health and wellbeing of young people in out of home care: reporting on the census and baseline findings of the Ripple project. Society for Mental Health Research, Brisbane. 2-4 December, 2015.


7. **Gartland D, Woolhouse H, Giallo R, Hegarty K, Brown SJ.** Childhood abuse and women’s health in the early childbearing years in a large Australian prospective pregnancy cohort: resilience and vulnerability. 6th World Congress of Women’s Mental Health; Tokyo, Japan, March 2015.


11. Halperin, S., Glynn, T. The Ripple Intervention - a local tertiary mental health service collaboration to enhance the mental health of young people in OoHC’. Journey to Recovery: The International Conference of Attachment and Trauma Informed Practice, Melbourne. 5 - 6 March 2015.


15. **Herrman, H.** A tailored mental health intervention for young people in out of home care: The Ripple project. Society for Mental Health Research, Brisbane. 2-4 December, 2015.


22. Moeller-Saxone, K. The rate of smoking and other drug use among young people in out of home care. Society for Mental Health Research, Brisbane. 2-4 December, 2015.


2014


42. **Collin-Vézina, D.** Improving our approaches to addressing mental health and trauma issues of foster care children. Today’s Children & Youth, Tomorrow’s Families 2014 Youth and Family Consensus Conference. Vancouver, BC. 2014


2013


64. Moeller-Saxone, K. Introducing the Ripple project: Improving mental health for young people in Out of Home Care. Victorian Department of Human Services forum, Lets talk priority access, Melbourne. 28 February 2013.

65. Moeller-Saxone, K. Youth participation for young people with experience of Out of Home Care and mental health services. Australasian Society for Psychiatric Research Conference, Melbourne. 4-6 December 2013.


68. **Stewart DE,** MacMillan HL, **Herrman H, Rondon M.** Moving the Agenda Forward on IPV: Voices from PreVAiL [Symposium]. 5th World Congress on Women’s Mental Health. Lima, Peru, March 2013.


2012


74. **Hegadoren KM, Lasiuk G, Pitre N, Norris C.** Exploring the relationship between oxytocin and trust in women who have experienced interpersonal violence. *Advancing Excellence in Gender, Sex and Health Research Conference.* Montreal, Quebec, October 2012.


2011


89. **Ahmad F**. Resilience among South Asian immigrant women: A study with survivors of domestic violence (webinar). CIHR STIHR on Social Aetiology of Mental Illness (SAMI), May 2011.


2010


Invited presentations (75)

2015

1. Ford-Gilboe, M. iCAN Plan 4 Safety: An online study for women affected by intimate partner violence. Invited speaker, Knowledge Mobilization Series on Violence Against Women, Ontario Ministry of Community and Social Services, Toronto, ON, October 2015.


6. Herrman, H. Improving the mental health of young people removed from home. French Society of Psychiatric Information Annual Conference, St Malo, France, 1-3 October 2015


11. **MacMillan HL.** (March 2015). **Plenary Speaker** - Child Maltreatment and Women’s Mental Health. 6th World Congress on Women’s Mental Health, Tokyo, Japan.


2013


35. **MacMillan HL, Tanaka M, Wathen CN.** (March 2013). An Update on guidelines to respond to intimate partner violence and WHO’s VPA research priorities: What’s known and what’s next? *5th World Congress on Women’s Mental Health*. Lima, Peru.


37. **Stewart DE, MacMillan HL, Herrman H, Rondon M.** (March 2013). Moving the Agenda Forward on IPV: Voices From PreVAiL (Symposium). 5th World Congress on Women’s Mental Health. Lima, Peru.


2012

40. **Edleson JL.** (September 2012). The relationship between intimate partner violence exposure, child maltreatment, and academic performance. Invited Presentations to Ohio Supreme Court Training Program. Columbus, Ohio.

41. **Kothari A.** (September 2012). Nurturing Knowledge Translation in an international network: It ain’t easy! University of Melbourne, General Practice and Primary Health Care Academic Centre. Melbourne, Australia.


45. **Waddell C.** (2012). Children’s mental health in Canada: Meeting the needs of the one and the many. Invitational Children’s Mental Health Forum, CIHR. Winnipeg, Manitoba.


2011


54. **Stewart D.** (March 2011). Psychological resilience and women’s mental health. 4th World Congress on Women’s Mental Health. Madrid, Spain.


2010


2009


Other KTE (2)


Appendix 2: Summary of PreVAiL-Specific Research Priorities (by theme)

Guiding Principles:
- A true lifespan perspective, including assessment of outcomes of earlier exposures at subsequent life stages, inter-generational cycles of violence, etc.
- Attention to ensuring that CM and IPV are not studied in isolation, and a resilience framework is used, including exploration/examination of protective, as well as risk, factors
- Assessment of the applicability of interventions and intervention components across the spectrum of prevention opportunities (primary, secondary, tertiary) and for different places (low, middle and high income countries, resource-poor and –rich settings)
- Multiple and/or mixed methods will likely be appropriate for many of the theme-specific priorities, as will exploration of emerging techniques in such areas as secondary data analysis (quantitative and qualitative) and review/synthesis approaches (see the Projects Documents page in the Member Area of the PreVAiL Website)
- Truly integrated knowledge translation and exchange, especially the input of partners early in project planning, to ensure “real-world” (policy, practice and advocacy) relevance.

Resilience Priorities
1. Identify and examine the elements underpinning promising or successful interventions in resilience to a) discover the similarities, beliefs and values inherent in these interventions, so that they be building blocks for interventions for people who have experienced CM or IPV; b) determine the critical requirements for evidence-informed resilience interventions at individual, family, community and policy levels.
2. Explore the epidemiology of resilience for those exposed to CM and/or IPV.
3. Discuss with partners the development (and evaluation?) of interventions to promote resilience in those exposed to CM and/or IPV.

Child Maltreatment Priorities
1. Examine the elements underpinning promising or effective interventions (including programmatic, structural and policy-based approaches) in CM to identify common elements based on scientific evidence, so that they are building blocks of pilot work for specific interventions.
2. Adapt, Apply, Develop, Evaluate evidence-based CM interventions at occurrence, recurrence, and associated impairment stages. This includes ongoing evaluation to understand which interventions work in which settings/contexts.
3. Address gaps in the literature related to causal risk factors, indicators and protective factors for maltreatment, its recurrence and preventing its associated impairment across the lifespan. One aspect that will be worked on is how to describe “High Risk”.
Intimate Partner Violence Priorities
1. Stage 1: Examine the elements underpinning promising or successful models and/or programs in the health & inter-sectoral areas with a focus on: prevention of recurrence and impairment among those already exposed (secondary and tertiary prevention); evaluate existing services (in health and broader social service sector); elements specific to LMICs and other under-resourced areas and areas of multiple risk.
   Stage 2: Develop and evaluate interventions based on these model elements taking a whole-family approach.
2. Examine the elements underpinning promising or successful models and/or programs in the health & inter-sectoral areas with a focus on primary prevention of exposures, including: elements specific to LMICs and other under-resourced areas and areas of multiple risk; multiply-marginalized or disadvantaged groups; social determinants lens, and with a key focus on those at risk to perpetrate.
3. Evaluate (broad) policy or structural interventions that may prevent IPV and/or its consequences, including consideration of: system-level change; interventions targeting individual and non-individual levels; intersectional approaches, and those that can be integrated with 1 and 2, above, or “stand-alone” analyses/evaluations.

Cross-Cutting Priorities
1. Integrate violence questions in national and international surveys, and administrative data.
2. Evaluate inter-relationships between CM, IPV and other forms of violence across the lifespan; consider a lifespan approach to violence exposures.
3. Assessment of factors that impact policy decisions including capacity to implement evidence-based CM and IPV prevention on a scale commensurate with these problems - especially in resource-poor settings - and how to increase this capacity.
4. Examine mechanisms (mediators/moderators) in the relationship between exposure to violence and mental health outcomes (including substance abuse) or the continuity of violence.
5. Develop and test models of coordinated care for victims of violence - across community and health settings and including inter-service and interdisciplinary coordination.

Research Process/Methods Priorities
1. Investigate approaches for developing the infrastructure necessary to conduct child maltreatment research including determining methods for collecting and collating datasets to link data (e.g. child welfare data and mental health data), use of information technology for tracking and integrating services and conducting pooled, meta and sub-group analyses to identify which interventions might be promising for which groups.
2. Determine ways to evaluate studies that do not meet the usual standards of evidence in Evidence-Based Medicine hierarchies (e.g. how to include observational and qualitative studies).