



# YORK UNIVERSITY'S 5th LILLIAN MEIGHEN WRIGHT MATERNAL-CHILD HEALTH LEARNING INSTITUTE

Keynote Presentation: Indigenous Women,  
Gender-Based Violence and Decolonization

Panel 1: Maternal-Child Health

Panel 2: Gender-Based Violence and  
Trauma- Informed Approaches

Poster Presentations

Organized by the Women's Health Research Chair in  
Mental Health in partnership with the Faculty of Health

Friday 1 November 2019  
9:30am to 4:30pm  
York University  
519 Kaneff Tower

# Welcome Note

1 November 2019

We welcome you to York University's 5th Lillian Meighen Wright Maternal-Child Health Learning Institute!

The Office of Women's Health Research Chair in Mental Health recognizes that many Indigenous nations have longstanding relationships with the territories upon which York University campuses are located that precede the establishment of York University. York University acknowledges its presence on the traditional territory of many Indigenous Nations. The area known as Tkaronto has been care taken by the Anishinabek Nation, the Haudenosaunee Confederacy, the Huron-Wendat, and the Métis. It is now home to many Indigenous Peoples. We acknowledge the current treaty holders, the Mississaugas of the Credit First Nation. This territory is subject of the Dish With One Spoon Wampum Belt Covenant, an agreement to peaceably share and care for the Great Lakes region.

Our 1st Learning Institute in September of 2011 focused on methodological approaches, the 2nd Institute in September of 2013 examined lab to community-based research, the 3rd Institute in October 2015 examined maternal-child health across disciplines from local to global levels, and the 4th Institute focused on the international context of disabilities in maternal-child health, and on parenting.

This 5th Learning Institute has the following highlights:

- Opening Remarks by Rebecca Pillai Riddell, Associate Vice-President Research, York University
- Keynote Presentation on "Indigenous Women, Gender-Based Violence and Decolonization" by Deborah McGregor, Canada Research Chair in Indigenous Environmental Justice, York University
- Panel of presenters on Maternal-Child Health
- Panel of presenters on Gender-Based Violence and Trauma-Informed Approaches
- Poster presentations from faculty, students, and community-based service providers
- Collective reflections through discussions on implications for research, policy, practice and advocacy

Our sincere gratitude goes to all our speakers, panel presenters, and poster presenters. We thank the Advisory Committee for their ongoing input in planning the 5th Learning Institute. We are grateful for all staff, students and volunteers for their supportive help.

We wish to acknowledge the financial support of the Lillian Meighen and Don Wright Foundation, Women's Health Research Chair in Mental Health Office, and Faculty of Health.

Thank you for being a part of the 5th Learning Institute and collectively sharing your knowledge toward promoting maternal-child health.



Paul McDonald  
Dean, Faculty of Health



Nazilla Khanlou  
Academic Lead, Lillian Meighen Wright  
Maternal-Child Health Scholars Program

# Program

Time	Item	Speaker
9:30am - 10:00am	Registration & Light breakfast	All participants
10:00am - 10:05am	Welcome & Introductions	Nazilla Khanlou (Academic Lead), Lillian Meighen Wright Maternal-Child Health Scholars Program, York University
10:05am - 10:15am	Opening Remarks	Rebecca Pillai Riddell, Associate Vice-President Research, York University
10:15am – 11:00am	Keynote Presentation: Indigenous Women, Gender-Based Violence and Decolonization	Deborah McGregor, Canada Research Chair in Indigenous Environmental Justice, York University
11:00am - 11:25am	One-Minute Rapid Poster Presentations	Poster Presenters
<b>PANEL 1</b> <b>MATERNAL-CHILD HEALTH</b> <b>Moderator:</b> Andrea Maughan (Student Co-Chair), Lillian Meighen Wright Maternal-Child Health Scholars Program		
11:25am - 11:35am	Perinatal Mental Health: Is Context Important?	Shahirose Premji, Director School of Nursing, Faculty of Health, York University
11:35am - 11:45am	The Perils of The Black Maternal Health Experience in Canada	Elsie Amoako, Founder & CEO of Mommy Monitor, and University of Toronto
11:45am - 11:55am	Child and Youth Advocacy Centres: A Trauma-Informed Multidisciplinary Response to Child Abuse	Pearl Rimer, Director of Research & CYAC Development, Boost Child & Youth Advocacy Centre
11:55am - 12:05pm	Caesarean Section or Vaginal Delivery? Factors Affecting Women's Preferences and Clinicians' Counsel	Christine Kurtz Landy, Associate Professor School of Nursing, Faculty of Health, York University
12.05pm -12:15pm	Health Seeking Behaviors in Canadian Immigrant Postpartum Women: Results of a Grounded Theory Mini-Study	Monica T. Gola, Assistant Professor, School of Nursing, Faculty of Health, York University

12:15pm - 1:05pm	Panel Q & A Collective Reflections on Implications for Research, Policy, Practice, and Advocacy	All participants
1:05pm - 2:05pm	Lunch & Posters Display	All participants
<b>PANEL 2</b> <b>GENDER-BASED VIOLENCE AND TRAUMA- INFORMED APPROACHES</b> <b>Moderator: Victoria Chan</b> (Student Co-Chair), Lillian Meighen Wright Maternal-Child Health Scholars Program		
2:05pm - 2:30pm	One-Minute Rapid Poster Presentations	Poster presenters
2:30pm - 2:40pm	Gender-Based Violence Against Refugee Youth and Trauma-Informed Practice: Findings from a Scoping Review	Attia Khan & Luz Maria Vazquez, Office of Women's Health Research Chair in Mental Health, York University
2:40pm - 2:50pm	Sex Trafficking of Underage Girls: Risk Factors and Intervention	Jennifer A. Connolly, Professor Department of Psychology, York University
2:50pm – 3:00pm	Social Organization of how to get out of abusive relationships	Negar Alamdar, Lillian Meighen Wright Postdoctoral Fellow, York University
3:00pm – 3:10pm	The Peer Champion as a Promising Practice	Nira Elgueta, Project Coordinator, GBV Building Leadership Capacity, Ontario Council of Agencies Serving Immigrants
3:10pm - 3:20pm	A Trauma-Informed Shelter: From the Ground Up	Vicky Sage, Program Manager, North York Women's Shelter
3:20pm – 4:20pm	Panel Q&A Collective Reflections on Implications for Research, Policy, Practice, and Advocacy	All participants
4:20pm - 4:30pm	Concluding Remarks	Nazilla Khanlou

# Welcome!



**Rebecca Pillai Riddell** is the Associate Vice-President Research at York University and a Professor in the Department of Psychology, Faculty of Health, York University. Dr. Pillai is the inaugural York Research Chair in Pain and Mental Health (York University). She is currently studying the relationship between early childhood pain responses and mother-child mental health with her team at the OUCH (Opportunities to Understand Childhood Hurt) Lab.



**Nazilla Khanlou** is the Academic Lead, Lillian Wright Maternal-Child Health Scholars Program. She is also the Women's Health Research Chair in Mental Health in the Faculty of Health at York University and an Associate Professor in its School of Nursing. Professor Khanlou's clinical background is in psychiatric nursing. Her overall program of research is situated in the interdisciplinary field of community-based mental health promotion in general, and mental health promotion among youth and women in multicultural and immigrant-receiving settings in particular. She has received grants from peer-reviewed federal and provincial research funding agencies. Dr. Khanlou is founder of the International Network on Youth Integration (INYI), an international network for knowledge exchange and collaboration on youth. She has published articles, books, and reports on immigrant youth and women, and mental health. She is involved in knowledge translation to the public through media.



**Andrea Maughan** is the Student Co-Chair, Lillian Meighen Wright Maternal-Child Health Scholars Program. Andrea is currently completing her PhD in Clinical-Developmental Psychology. Her research is focused on the coping and wellbeing of parents of children with autism. Her Master's thesis examined how parenting, parent mental health, and the parent-child relationship are impacted when parents of children with autism are involved in therapy with their children. Her dissertation is focused on using Acceptance and Commitment Therapy to understand and support wellbeing in parents of children with autism.



**Victoria Chan** is the Student Co-Chair, Lillian Meighen Wright Maternal-Child Health Scholars Program. Ms. Chan is currently completing her PhD in Clinical Developmental Psychology. Her dissertation research is focused on parent therapeutic factors in mental health treatment for children with Autism Spectrum Disorder (ASD). Specifically, she will develop a conceptual framework of parent therapeutic factors (i.e., the ways in which parents contribute to the therapeutic process) in Cognitive Behavior Therapy (CBT) for children with ASD. This conceptual framework will form the basis of an observational measure she will develop to quantify parent therapeutic factors demonstrated in therapy sessions. Improving our understanding of parent participation and parent-child alliance in therapy can lead to more effective mental health treatment for children with ASD.

## Keynote Speaker

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community-based research and initiatives.

**Deborah McGregor** joined York University's Osgoode Hall law faculty in 2015 as a cross-appointee with the Faculty of Environmental Studies. Professor McGregor's research has focused on Indigenous knowledge systems and their various applications in diverse contexts including water and environmental governance, environmental justice, forest policy and management, and sustainable development. Her research has been published in a variety of national and international journals and she has delivered numerous public and academic presentations relating to Indigenous knowledge systems, governance and sustainability. She co-edited *Indigenous Peoples and Autonomy: Insights for a Global Age* with Mario Blaser, Ravi De Costa and William Coleman (2010). She is co-editor (with Alan Corbiere, Mary Ann Corbiere and Crystal Migwans) of the Anishinaabewin conference proceedings series. Professor McGregor, who is Anishinaabe from Whitefish River First Nation, Birch Island, Ontario, is the Primary Investigator on two current SSHRC-funded projects: *Indigenous Environmental (In)Justice: theory and practice* and *Indigenizing the First Nations Land Management Regime*. She has also served as Senior Policy Advisor, Aboriginal Relations at Environment Canada-Ontario Region. Professor McGregor remains actively involved in a variety of Indigenous communities, serving as an advisor and continuing to engage in

## Keynote Presentation: Abstract

### **Indigenous Women, Gender-Based Violence and Decolonization**

Deborah McGregor

The release of the final report on the National Inquiry into Missing and Murdered Indigenous women and girls provided a blue print for how to move forward in achieving justice in Canada. The report calls for a framework for decolonization and how Canada (as a state), its actors and agencies, and citizens can ensure the calls to justice are achieved. I will focus on how violence, racism and colonialism have disrupted Indigenous people's relations to the natural world, informed by a specific agenda of genocide, not only of the women but the land itself. I will conclude with how Indigenous-led initiatives are critical to addressing and ending gender-based violence toward Indigenous women, girls and 2SLGBTQIA people.

## Speakers Panel 1: Maternal-Child Health



**Shahirose Sadrudin Premji** is a Registered Nurse with 30 years of experience in newborn health and has practiced clinically or provided technical expertise in countries such as Australia, China, Kenya, Tanzania, Pakistan, and Syria. Dr. Premji's academic involvement began in 1994 at McMaster University and includes 2 years as an Associate Professor at Aga Khan University–School of Nursing and Midwifery, a consultant position with the Aga Khan Foundation Canada – Canadian Development Exchange Program. Her program of research investigates psychosocial, cultural and environmental factors as both risk factors and targets of intervention to prevent preterm birth in women in low and middle-income countries (Pakistan, Kenya, Tanzania). Dr. Premji is the founder and 1st President of the Canadian Association of Neonatal Nurses. Her program of research investigates psychosocial, cultural and environmental factors as both risk factors and targets of intervention to prevent preterm birth. Dr. Premji is the recipient of the Jeanne Mance Award which is the highest award given by the Canadian Nurses Association and was recently inducted as a Fellow in the American Academy of Nursing.



**Elsie Amoako** is Founder and CEO of Mommy Monitor, and a graduate student at the University of Toronto. Ms. Amoaka has worked in research for over 8 years. She founded and organized the Racialized Maternal Health Conference and is the recipient of several awards and funding including the Centre of Social Innovation Agent of change award, WeWork creators award, Elevate everyone award, Startup Canadas Women's Founders Award, Women Leaders in Digital Health Canada award, etc. Ms. Amoaka continues to be recognized as a rising leader in racialized maternal health.



**Pearl Rimer** is the Director of Research & CYAC Development at Boost Child & Youth Advocacy Centre (Boost CYAC). Pearl designs and conducts training for community service providers. She has developed and implemented training programs across Canada for high-risk home visiting programs, and online child abuse training for Boost CYAC and YMCA Canada. She currently coordinates a National Webinar Series to build capacity in CYACs. Pearl has dedicated over 30 years to the fields of child care, child abuse and children's mental health as a consultant, instructor, and research coordinator. Pearl designed the first child abuse course to be offered in an Early Childhood Education Program in Ontario and co-authored the first Canadian textbook on child abuse.



**Christine Kurtz Landy** completed her PhD in Clinical Health Sciences (Nursing) and a graduate diploma in Health Services and Policy Research at McMaster University. She is an established educator and researcher. Overall her research focuses on women's health during the reproductive years. Her research examines health inequities in mothers and children who experience low socioeconomic status, nurse home visiting, maternal and newborn health outcomes and health service need and access, labour pain and decision making regarding delivery method. She is also very interested in implementation science, particularly knowledge translation at the policy level.



**Monica T. Gola** is faculty at the School of Nursing, York University. Her expertise is rooted in mental health promotion based on her clinical experience in mental health and public health nursing. Monica is currently a third year student at Duquesne University in Pittsburgh, PA, with her research interest in recent immigrant postpartum women experiencing depressive symptoms.

## Panel 1: Abstracts

### **Perinatal Mental Health: Is Context Important?**

Shahirose Premji

Adverse childhood experiences during pregnancy may be a contributing factor to preterm birth. The etiologic pathway, however, may differ among women whose cultural context impacts how their brain processes and triggers a physiological response to emotional distress. For example, South Asian women may contextualize adverse childhood experiences differently, particularly domestic violence, given societal acceptability and shared understanding. We present findings from our pilot study to illustrate the importance of cultural context.

### **The Perils of The Black Maternal Health Experience in Canada**

Elsie Amoako

Currently there are 1,198,545 Black people living in Canada, with 51.6% being Black women and the population will continue to grow with numbers estimated to double by 2036. However, they have outcomes that are up to 4 times worse than their white counterparts. The adverse outcomes Black women experience are connected to various factors and also include the experience of trauma, mistreatment and violence which disproportionately impacts them and their maternal/reproductive health outcomes. This presentation explores this Canadian Black Maternal Health experience, although, there is very limited evidence and the impact of insensitivity, racism, discrimination and stigma while trying to receive culturally sensitive, safe, and appropriate care and services.

### **Child and Youth Advocacy Centres: A Trauma-Informed Multidisciplinary Response to Child Abuse**

Pearl Rimer

In 2013, Boost Child & Youth Advocacy Centre, together with eight community partners, opened Toronto's first Child & Youth Advocacy Centre (CYAC) for child/youth victims of sexual and physical abuse, neglect, and human trafficking. The objective of the CYAC is to improve the current system of investigation, protection, treatment, advocacy and prosecution of child abuse with a collaborative approach resulting in a coordinated, multidisciplinary trauma-informed response to victims in a child-focused environment. Boost CYAC is a centre of excellence, providing a leading-edge response that will set the benchmark for investigations and interventions, providing consultation to centres across the country. This presentation will describe the multidisciplinary model, with a focus on the services that are provided to support child and youth victims, and their families. Findings from a multi-year evaluation will also be summarized.



## **Caesarean Section or Vaginal Delivery? Factors Affecting Women's Preferences and Clinicians' Counsel**

Christine Kurtz Landy

There is ongoing international concern about rising Caesarean section (CS) rates, well above those recommended by the World Health Organization, and no related reductions in maternal or infant morbidity or mortality. Caesarean birth is associated with increased maternal mortality, short and long term maternal and infant morbidity, and increased complications for women's subsequent pregnancies and deliveries. As well, CS is linked to increased cost to and pressure on the health care system raising questions about the appropriateness of CS when not medically indicated. Presently Canada's CS rate is 28.2% (CIHI, 2019). Repeat CSs, that are not medically indicated, are a major contributor to Canada's high CS rate. The majority of women with one previous CS are eligible for a trial of labour, yet Canada's repeat CS rate is 81.0% and varies across the country from 71.0% in Manitoba to as high as 86.8% in Newfoundland and Labrador (CIHI, 2018). Experts postulate that variations in non-medically indicated repeat CS rates are influenced by women's preferences for CS and by maternity care providers' attitudes and beliefs about trial of labour after Caesarean section (TOLAC) and planned repeat Caesarean section (PRCS). Results from our research team's pan Canadian study examining factors maternity care providers consider when counselling pregnant women about TOLAC and PRCS, and factors women themselves consider when deciding their preferred method of childbirth will be presented.

### **Health Seeking Behaviors in Canadian Immigrant Postpartum Women: Results of a Grounded Theory Mini-Study**

Monica Gola<sup>1</sup>, Rick Zoucha<sup>2</sup>, Jessica Devido<sup>2</sup>, <sup>1</sup>York University, <sup>2</sup>Duquesne University

It is understood immigrant women are vulnerable during the postpartum period from increased migration stress, limited social support, low income and acculturation difficulties. The purpose of this grounded theory mini-study is to understand the process recent immigrant postpartum women take in obtaining health information. This mini-study provides preliminary data for interested health care professionals, including nurses, who work with this population to potentially inform culturally congruent care practices that support access to health information and to further enhance their postpartum health care experience. The classic grounded theory design (Corbin & Strauss, 1990) was utilized to collect and analyze data in understanding how recent postpartum immigrant women sought health information by giving them a voice to express their experiences through semi-structured interviews. Initial findings suggest social media and the Google search engine were primary sources of health information to adjunct their previous postpartum experiences. Participants relied on their preconceived notion of health and were frustrated with their Canadian health care system postpartum experience. Additional research is needed to identify if virtual media platforms are of benefit to provide support and health information to recent immigrant women during the postpartum period.

## Speakers Panel 2: Gender-Based Violence and Trauma- Informed Approaches



**Attia Khan** is completing her doctoral studies in Health Policy and Equity, Faculty of Health, York University. Attia has practiced as a physician for several years and has also specialized in public health. She has been involved in several hospital and community- based research studies, and with different populations. As an affiliate of the office of Women’s Health Chair in Mental Health, she has been involved in research projects on the use of digital technology in young adults with development disabilities’ (YADD), health promotion of YADD caregivers, Asian and Latino youth identities, and gender-based violence in refugee youth. Attia’s doctoral research uses mixed-methods to explore mental health in Pakistani youth.



**Luz Maria Vazquez** is a research associate and research coordinator of the Office of Women’s Health Research Chair in Mental Health in the Faculty of Health at York University. She is a PhD from the Department of Sociology at York University. She worked for more than ten years in a research centre in Mexico where she acquired strong research skills based on extensive ethnographic and qualitative work in Latin American contexts – Mexico, Belize and Guatemala. During the last five years she has collaborated in various community-based research projects that address issues of health inequities, social determinants of health, gender, disability and migration status.



**Jennifer Connolly** is a Professor of Clinical-Developmental Psychology at York University and is registered as a Clinical Psychologist in the Province of Ontario. She is a researcher at York’s LaMarsh Centre for Research on Children and Youth. Dr. Connolly teaches graduate and undergraduate courses in developmental psychopathology at York. She runs the Teen Relationships Lab and supervises graduate and undergraduate student research. Her research examines relationships and resilience in adolescence and young adulthood. She began her research with normative youth in schools and communities here in Canada and also internationally. More recently, her research focus has shifted to youth who have experienced early adversity and are in high risk settings. In collaboration with York Region Children’s Aid Society and York Region Police Services, current projects examine sex trafficking of underage girls, including the multiple risk factors, recruitment and entrapment by the trafficker and models of therapeutic foster care for survivors.



**Negar Alamdar** has a PhD from York University and is the Lillian Meighen Wright Postdoctoral Fellow in Maternal-Child Health. She has been working in a Community Living Dufferin at Orangeville with developmentally challenged individuals from diverse backgrounds. She has been involved with the Canadian Centre for Victims of Torture. Negar is the founder and coordinator of the Immigrant Women Support Group.



**Nira Elgueta** is the Project Coordinator for Gender Based Violence Building Leadership Capacity Project at the Ontario Council of Agencies Serving Immigrants (OCASI). She is passionate about inclusiveness and accessibility for newcomers, such as safety and inclusion of women fleeing gender-based violence, and the effective eradication of isolation, poverty and exclusion. She is also an alumnus of the Emerging Leaders Network. In the past she created accessible spaces to facilitate community engagement for newcomer women at the Working Women Community Centre and took care of governance, leadership and board-related matters for The Redwood Shelter. She is a past participant of Building Blocks in the Latin American Community and has also co-organized mayoral debates with agencies serving immigrants.



**Vicky Sage** is a Program Manager at the North York Women's Shelter. She has built a career involved in anti-violence work, with a focus on women and children. Prior to her current role as Program Manager for North York Women's Shelter and Board Chair of Shelter Movers, she was a frontline counsellor for several years. Working within violence against women shelters, she has gained extensive experience with the various systems of oppression women face and is committed to making services and supports more accessible to all women. Vicky works from a feminist, anti-oppressive, trauma informed framework and brings these values and principles to her life and work.

## Panel 2: Abstracts

### **Gender-Based Violence Against Refugee Youth and Trauma-Informed Practice: Findings from a Scoping Review**

Attia Khan, Luz Maria Vazquez, and Nazilla Khanlou

Gender-Based Violence (GBV) is violence inflicted on persons because of their gender expression, gender identity or perceived gender. GBV can lead to significant psychological, physical, or sexual suffering, and is a major concern in refugee youth. Effective approaches to addressing GBV in refugee youth have not been extensively studied previously. We present emerging themes from a scoping review on interventions, approaches and/or strategies that promote health and wellbeing in refugee youth exposed to GBV. The themes were organized using Bronfenbrenner's socioecological systems approach which recognizes that complex contextual factors influence a young person's development. We found GBV interventions focused on education and social skill building at the individual level, which include empowering youth and providing them with knowledge, skills and resources that can prevent and help them survive GBV in home, refugee camps and community settings. Interventions also focused on reducing violence in the home through education of caregivers and men on gender equality and women's rights. Meso-level interventions (e.g. family and community) focused on reducing stigma and culture of silence and increasing supports and safe spaces.

## **Sex Trafficking of Underage Girls: Risk Factors and Intervention**

Jennifer Connolly, Kyla Baird and Kyla McDonald

Domestic sex trafficking is the fastest growing crime in Canada and worldwide. With the vast majority of victims being girls and young women, it is an extreme form of gender-based violence. There are many risk factors for sex trafficking; in our research we focus on the Child Welfare system because girls and women who have been in the CW system are vastly over-represented among sex trafficking victims. In this presentation I will describe our collaboration with local CW and police agencies which allowed us to conduct a secondary data analysis of 223 victims of sex trafficking, 52 of whom were involved with CW. Findings from the analyses will be presented as they underscore the high-risk status of CW youth victimized by sex trafficking. A second focus of the presentation will be to describe how this research led to a second project with our CW colleagues, namely to develop a best-practice model of therapeutic foster care for underage girls who have been trafficked. I will describe the participatory action research enterprise in which we engaged, the model of care and our current implementation efforts and outcomes.

## **Social Organization of how to get out of abusive relationships**

Negar Alamdar

To build any type of relationship, one needs to understand the impact of ideologies on identities as mediated by various institutions. One's identity and all the strengths and weaknesses attached therein shape and are shaped through various lenses such as culture, race, tradition, religion ... to name a few. It is important to note one's upbringing, geographical location and different life situations are important factors in negotiating how one deals with abuse, trauma and any challenging matter. Abuse in all different forms damages one's wellbeing deeply — mentally, emotionally, and physically. It is also important to recognize the importance of crimes against the self and its destructive effects on one's psyche which may enhance lifelong trauma in terms of any relationship with the self and others in any social and private setting. Self-awareness and building a healthy knowledge and self-trust is an integral part of the many steps for empowerment which in turn facilitates the disengagement from the abusive relationship regardless of all challenges which holds the person back during/throughout the process.

## **The Peer Champion as a Promising Practice**

Nira Elgueta

The Peer Champions program engages Local Community Leaders as experts of their community. It helps build the leadership capacity of community members to develop new ways of thinking in preventing and addressing Gender-Based Violence in their communities. To support survivor-led solutions to GBV, Peer Champions receive training on leading and facilitating groups in their community, including training in GBV and culturally safe approaches. In this presentation, we will review the model, address some of its key benefits, such as supporting marginalized community, access to traditionally hard to reach groups and individuals and one on one support to survivors of GBV, etc. We will also identify some of the barriers and limitations of the model, such as burnout and resources.

## **A Trauma-Informed Shelter: From the Ground Up**

Vicky Sage

In 2017, thanks to a substantial Federal and Provincial Capital investment, North York Women's Shelter (NYWS) demolished their 34-year old shelter to make way for a ground-breaking new anti-violence centre for women and children. Knowing that this was a once in a life time opportunity, the design of the new build had two aims; to ensure that it would be able to support women living in the community living in violence to leave their situation safely, and to ensure that the expertise and lived experience of survivors would direct the design of this amazing new anti-violence space. NYWS specifically worked in partnership with survivors (women and children who have lived in shelters) to guide the design of the build and of programs. The results have been surprising, empowering and stunning. This new healing space features innovations such as a shelter designed specifically to be child centred and pet friendly, medicine gardens, feminist art installations, movement studios, and programming built around therapeutic expressive arts. NYWS also built an onsite community services hub featuring a trauma-informed primary health clinic and wrap-around service.

## Poster Presenters



**Raja Abdel-Majid** is a former Assistant Professor at Dalhousie University, and a former Clinical Director of the HLA Laboratory at Nova Scotia Health Authority, Halifax, Nova Scotia. Dr. Raja was awarded two national awards for her doctoral thesis and for an outstanding research publication in the Neuroscience field. Following her passion to help others in a different capacity, she moved into the health & wellness fields, and community service. Today, she is working as a Family Support Worker and Residential Counsellor working with minorities and vulnerable groups. She offers events, workshops, and parenting classes in Peel Region both in English and Arabic to Middle Eastern Families and their children.



**Funmilayo Agbi** just completed her masters in the school of Nursing, Faculty of Health, York University. Funmilayo practices Public Health Nursing with a focus on geriatric population. She started her nursing career in acute care as a staff nurse in cardiovascular surgery and later moved on into community nursing where she currently practices as a public health nurse. Funmilayo's practice solely with the geriatric population in the community setting made her realize that abuse and neglect of the older adult was more common than originally thought of, and this prompted her interest in carrying out a qualitative research on Public Health Nurses' Perceptions of Assessing, Identifying and Addressing Elderly Abuse: A Descriptive Qualitative Study (August 2019).



**Bianca Bondi** is a PhD 1 student at York University within the Clinical-Developmental Psychology Program, Clinical Neuropsychology Stream. Her graduate research is embedded at Breaking the Cycle, an early intervention program for substance-exposed children with a mother-child relational focus. For her master's research, Bianca established theoretically grounded cross-domain cumulative risk and protection measures, alongside qualitative case study descriptions, in sibling groups exposed prenatally to substances. She also described each child's neurodevelopmental profile. The emerging patterns highlighted the importance of a qualitative, cumulative, and cross-domain consideration of risk and protection, as well as the impact of early intervention on neurodevelopment. Bianca will continue investigating the impact of cumulative risk and protection, and early intervention, on neurodevelopment in substance-exposed children for her dissertation.



**Kristina Cordeiro** is a PhD student in the Clinical-Developmental Psychology program at York University. Supervised by Dr. Muller in the Trauma & Attachment Lab, her research and clinical interests lie in intrafamilial trauma and attachment-based treatments. Kristina has led numerous research projects over the years (e.g., as Research Manager at SickKids hospital, Research Coordinator at The SickKids Centre for Community Mental Health [formerly the Hincks-Dellcrest Centre] and The Summerville Family Health Team, and most recently as co-Lab Director at the Family Psychology Centre) and has co-presented at several international conferences. She has over 10 years of experience working with children and families in educational and clinical settings and is a trained behavioral therapist. Currently, she provides clinical assessment and therapy services to youth and families at the Child and Adolescent Psychology Centre in Aurora.



**Chelsea Coyle** is a student in the Specialized Honours Bachelor of Arts Psychology Program at York University. She is supervised by Dr. Muller in the Trauma & Attachment Lab, conducting research in the field of trauma therapy and post-traumatic growth. Her most recent endeavour is her program thesis in which she collaborated with The SickKids Centre for Community Mental Health to examine the impact of parental involvement in child trauma therapy. Her interests lie in integrating stress-resiliency, mind-body practices (i.e. yoga, breathwork, and meditation), and community support with trauma recovery treatments. She is currently completing her 200-hour Registered Yoga Teacher (RYT) Training, as well as her 100-hour Trauma Sensitive Yoga Teacher Training. Chelsea has hosted numerous events and retreats focused on stress-reduction, community building, and breath and body awareness.



**Svjetlana Delic** has 20 years of experience working with women in both government and not-for-profit settings. Svjetlana has both practical and academic expertise related to women and mental health. She wrote her Masters Thesis exploring mental health needs of immigrant women in federal prisons. Her areas of interest are human trafficking, sex work and trauma specific interventions.



**Rivka Green** is in her second year of her PhD studying clinical-developmental neuropsychology in Dr. Christine Till's lab at York University. Her research focuses on examining the effects of prenatal exposures to environmental neurotoxins on childhood health outcomes. Her clinical intervention interests are on prevention and management of neurodevelopmental disorders in children, including by optimizing parenting strategies for these children. Rivka is also focusing on knowledge dissemination in the field of prenatal health and is striving to ensure that her research reaches the desired audiences, especially pregnant and prospective mothers!



**Salisha Khan.** My education accelerated at the age of 10 when I immigrated to Canada from the Caribbean to land unceremoniously in Winkler, Manitoba. Coming from the lush green tropics to the white flat Prairies almost left me speechless...but I figured if the prairie dogs could make it, so could I! When visiting back home my brother would find himself often embarrassed by my questions to the locals...and would ask, how did I end up with a sister for a tourist? He knew he couldn't trust me, his little sister, to reply and would say....don't mind her she's from Winnipeg! My education continued when I became a Mother to two girls, ages 9 and 13; one with special needs and the other just Special. They tell me ...Mom, you're just extra....I will take that as a compliment! Talk about the **Road Less Travelled and Paradise Lost**, all in one! I received my Psychology degree at McMaster University and Masters at Wilfrid Laurier University. I am most thankful for the opportunity to **practice the Craft of Helping**; hopefully my customers feel that way too!



**Elsiebeth Jensen** is an Associate Professor at the School of Nursing at York University and also holds the position of Director of the York-CAMH Collaborative. Her areas of research expertise include Nurse Practitioner education, mental health, childhood trauma, housing, discharge models, program evaluation, and knowledge translation. She has been involved in over \$895,000 worth of funded research projects and is skilled in qualitative, quantitative and mixed methods. She has authored 17 book chapters, 22 peer reviewed papers, 3 technical reports and co-edited a book on mental health and housing. She has presented 66 scientific papers and 10 scientific posters all over the globe.



**Annie Mills** is second year master's student in the Clinical Developmental Psychology Program at York. As a member of the Developmental Disabilities Mental Health Lab under the supervision of Dr. Jonathan Weiss, her research interests include investigating the role of emotion regulation processes in the mental health of individuals with developmental disabilities, and how these processes can inform treatment across the lifespan. Her master's thesis is investigating associations between child autism characteristics, parent co-regulation, and observed emotion dysregulation in youth with autism. Annie is also a member of the Autism Mentorship Program at York, and co-director of the Special Olympics' Motionball initiative, a campus-run sports event that promotes inclusion of individuals with intellectual disability.



**Munzungu Nzeyedio** is in her third year of study with a major in Political Science and a minor in Public Administration. As the recipient of the 2019 Dean Award for Research Excellence, she is the presenting author for "A Vision for Justice: Accountability for SEA and Children Fathered by UN Peacekeepers in the DR Congo." The research study is investigating the context of sexual exploitation and abuse at the hands of UN peacekeepers/personnel in the Democratic Republic of the Congo. With little academic attention to the lived experiences of women raising peacekeeper children, the study adopts a survivor-centred lens to determine the inherent flaws in UN legal mechanisms for justice and accountability.



**Meghan Oliver** obtained her BA in Psychology at York University in 2019. She completed an independent honours thesis under the supervision of Dr. Robert T. Muller in the Trauma and Attachment Lab. This research investigated how parental trauma history predicted treatment response in Emotion- Focused Family Therapy. Meghan has worked with children and families at a number of mental health agencies, including the Grandview Children's Centre, Kindercare Paediatric Psychology Clinic, and the Child Development Institute. These experiences have inspired her interest in studying empirically-based interventions that can help individuals to heal old wounds that are getting in the way of their relationships with loved ones.



**Shereen Rampersad.** For the past 21 years, Shereen has worked with individuals and families to better their mental health and wellbeing with a focus on improved quality of life. Shereen's educational background in psychology and social work has helped her to maintain a holistic approach to care which she now uses in her work as the Manager of the Short Stay Crisis Support Program at SHIP. Shereen is passionate about the work being done in trauma services and is committed to her work with the Seamless Counselling Committee in this regard.



**Monica Riutort** has a Master of Adult Education and Applied Psychology from the Ontario Institute for Studies in Education - University of Toronto and she also has an unfinished doctorate from the Faculty of Medicine at the University. She was a lecturer at the Department of Family and Community Medicine, and now holds a preceptor/tutor appointment at the Faculty of Medicine, University of Toronto. She also holds a diploma in International Diplomacy at the University Jorge Tadeo Lozano, Colombia. She is considered a Canadian pioneer in raising awareness of violence against women in Canada. She developed the first manual of how to work with abused immigrant women in Canada. She was also the Executive Director of the International Society for Equity in Health, Director of International Programs at the Centre for Research in Women Health and the WHO Collaborative Centre on Women's Health and International Delegate of the Canadian Red Cross. She is the manager and principal investigator of the Peel Institute on Violence Prevention. Her most recent researcher activities include development of a Needs Assessment about Survivor of Human Sex Trafficking.



**Carla Rumeo** recently graduated from York University with a Bachelor of Science in the Specialized Honours Psychology program. During her undergraduate degree, she has held multiple paid and volunteer positions in psychology laboratories, including the Opportunities to Understand Hurt (OUCH) Lab, the Boredom Lab, the Trauma and Attachment Lab, and the Psychotherapy Process Lab. She aspires to become a clinical psychologist to help people whose quality of life has diminished because they have been afflicted by dysfunctional relationships, anxiety, traumatic experiences, etc. She also aims to research, investigate, and disseminate information that deciphers the processes involved in the development of psychological disorders and informs future interventions.



**Aliaksei Urusov** is a fourth-year undergraduate student studying psychology at York University. He is being supervised by Dr. Alberta Pos to complete an undergraduate thesis looking at the psychometric properties of the Inventory of Interpersonal Problems. He also dedicates his time as a volunteer research assistant in Dr. Muller's Trauma and Attachment lab. He was inspired by his previous experience volunteering at a treatment centre for addiction to pursue a Clinical psychology degree and is currently applying to graduate school programs. His research interests include emotional processes and predicting outcomes of therapy, trauma-focused interventions, and factors influencing alcohol use disorders.





**Anna Worifah** is a clinical counsellor at the Family services of Peel, providing individual and group counselling for male survivors of childhood Sexual Abuse. She is also an authorised Child Protection Worker, with extensive experience working with disadvantaged children and their families nationally and internationally. Prior to joining Family Services of Peel, Anna worked with Peel Children's Aid Society in the Investigation and Assessment Team. Her passion to bring healing to children has no geographical boundaries, taking her to UK, South Africa and Senegal where she worked with the British Red Cross, Islamic Relief Worldwide and World Food Program respectively. Anna notes that "working with male survivors of childhood sexual abuse has been a very humbling experience. What these men want is for society to 'see' them and to know that just like their female counterparts, they too are hurting and need healing". Anna is a member of the Peel Committee Against Woman Abuse (Systems Integration Work Group) for the Prevention of Violence Against Women.

## Poster Abstracts

### POSTER 1: Voices of Refugee Women From the Middle East: Strategies for Violence Prevention

**Author & Affiliations:** Raja Abdel-Majid, Monica Riutort, Manager Peel Institute on Violence Prevention. Contact email: mriutort@fspeel.org

**Background:** Current approaches to eliminating violence lack a thorough understanding of the migratory and cultural background experiences of Middle Eastern refugee women. Despite Arabs being one of the largest and fastest growing ethnic population in Canada, this community is one of the most understudied and underserved populations. Hence, a better understanding of their experiences is necessary to develop a pathway to violence prevention in this ethno-cultural group.

**Objective:** The aim of our project is to learn more about women refugees' experiences with regard to gender inequality, firstly in their countries of origin, during their journey to Canada, and finally after their arrival which will assist us in building a model to violence prevention in this population.

**Methods:** We conducted a comprehensive literature review, analysis of demographic data, and three focus groups with Middle Eastern Refugee women. Arabs constitute the major ethnic group in the Middle East. Originally the term "Arab" was used to define people that lived in the North and Central Arabian Peninsula; however, following the spread of Arab Islamic empires into other regions in the Middle East, the term "Arab" has come to be synonymous with those who speak Arabic. 60% of the Middle East population speak Arabic and consider themselves Arab. The "Gender, Migration, and Health: A Conceptual Framework" (2006) was used to assist us in the analysis of gender roles within the geopolitical environment that affects the macro, meso, and micro level of the target population. A total of 34 refugee women between the ages of 20 and 60 years old from a Middle Eastern country were recruited and split into three focus groups where they described their journey to Canada and their experiences before and after arrival.

**Results:** Our project results indicated that women faced extreme hardship in their home countries and felt alienated, isolated and traumatized once they moved away from their home city. While their experiences varied during migration, they all shared similar experiences during resettlement including lack of opportunities in Peel region to learn English, difficulties in finding jobs, and recognition of their previous education and extensive experiences in Canada. The main emerging themes were divided according to the migration journey into three stages: Pre-migration, during, and resettlement. In the pre-migration stage subthemes included fear, and threat of being recruited into radical groups and persecution; alienation and isolation during displacement from their home city, stigma for being a female refugee without any family, and sexual harassment in host countries. During migration subthemes included limited access to food and resources, receiving false information and harsh comments from customs employees. In the resettlement stage main subthemes that emerged included children education, unemployment, language barriers, separation from family members and destabilization of family dynamics.

**Discussion:** Arab immigrants and refugees' migratory experiences are not uniform where they are affected by a myriad of barriers that increase their risk of facing violence during resettlement. These barriers can be divided into two categories, the first related to cultural norms, while the second related to the format and availability of culturally appropriate services. Our study also indicates the importance of offering Trauma mental health and psychosocial support services for the Syrian refugee population.

**Conclusion:** In order to eliminate violence against women in ethno-cultural populations, both policy makers and service providers have to take into consideration the complexities of the migratory and cultural experiences and adapt culturally sensitive strategies to violence prevention when dealing with this ethno-cultural population. In our paper, we propose a potential "Pathway to Violence

Prevention” for the Middle Eastern population based on individuals and family needs during their resettlement in Canada. Middle Eastern women grow up in a patriarchal and patrilineal society that is grounded in collectivist values where domestic violence is considered a personal and private matter. Hence, Arab women face additional barriers during resettlement due to their cultural values and beliefs that prevent them from asking for help. One of the most important cultural values that emerged through all the sessions was the value of “Aib” or “Honour” in order not to bring shame to the family. Any intervention to reduce violence against Arab immigrant and refugee women must consider the traditional cultural beliefs that shape the group’s behaviors and attitude.

## POSTER 2: Gender Based Violence in Elder Abuse

**Authors & Affiliations:** Funmilayo Agbi<sup>1</sup>, Nazilla Khanlou<sup>1</sup>, Jacqueline Choiniere<sup>1</sup>, Mahdieh Dastjerdi<sup>1</sup>. <sup>1</sup>School of Nursing, York University. Presenting Author’s email: funmilayoa@gmail.com.

**Background:** The high incidence of intimate partner violence (IPV) directed at older women is a serious public health issue. Yet due to under-reporting by victims and under-detection by healthcare providers, it is often missing from statistical data. Repercussions include increased morbidity and mortality of victims. IPV is rarely addressed in elder abuse, with analysis focused mostly on abuse by caregivers or relatives. This may be attributed to assumptions that IPV is nonexistent in old age or that violence in old age masquerades as neglect or family violence.

**Objectives:** To explore public health nurses’ (PHN) perceptions of elder abuse; how PHNs assess and identify elder abuse; and how PHNs address elder abuse.

**Methods:** A descriptive qualitative approach was utilized in presenting the findings from interviews conducted with ten nurses from four public health units, who have provided public health nursing services to older adults. Participants’ nursing experiences ranged from less than one year to over 20 years, and they self-rated as novice to proficient in their knowledge of elder abuse. Questions were categorized under perceptions, assessment and identification, and addressing elder abuse. Conventional content analysis was used in analyzing the data.

**Results:** Findings were categorized under four themes: Knowledge, assessment and identification and addressing elder abuse. Sub-themes identified included a critical view of elder abuse, risk factors for elder abuse, masking of elder abuse, lack of professional experience of elder abuse, and lack of elder abuse screening in public health nursing. A descriptive framework was developed showing that the perceptions of elder abuse was determined by participants’ knowledge in combination with the social determinants of health which in turns was influenced by ageism.

**Discussion and Conclusion:** Despite general awareness, participants had limited knowledge of elder abuse and utilized alternative strategies to assess and identify elder abuse due to absence/limited knowledge of screening tools, interventions, professional obligations and organizational policies. A knowledge gap exists about elder abuse in nursing scholarship and public health nursing practice. This study highlights the importance of education and research to advance understanding and promote screening and prevention of elder abuse.

**Poster presented previously:** No.

**Acknowledgements:** Women’s Mental Health Research Chair Office.

## POSTER 3: Establishing Clinically and Theoretically Grounded Cross-Domain Cumulative Risk and Protection Scores in Substance-Exposed Sibling Group

**Authors & Affiliations:** Bianca C. Bondi<sup>1</sup>, Debra J. Pepler<sup>1</sup>, Mary Motz<sup>2</sup>, Naomi C.Z. Andrews<sup>3</sup>. <sup>1</sup> York University, Department of Psychology, <sup>2</sup> Mothercraft, Early Intervention Department, <sup>3</sup> Brock University, Department of Child and Youth Studies. Presenting Author’s email: [bbondi@yorku.ca](mailto:bbondi@yorku.ca)

**Background:** Prenatal substance exposure is associated with neurodevelopmental deficits. Deficits are exacerbated by cumulative risks yet attenuated by cumulative protective factors. Cross-domain relative to intra-domain risk exposure presents more neurodevelopmental challenges. Cumulative risk and protection scores must be clinically and theoretically grounded, with a cross-domain consideration.

**Objectives:** 1) Create clinically and theoretically grounded, cross-domain cumulative risk and protection scores; 2) Outline the benefits of our methodological approach.

**Methods:** This study occurred at Breaking the Cycle, an early intervention program for substance using mothers and their children. Clinically and theoretically grounded, cross-domain cumulative risk and protective factor scores were identified for three sibling groups (n=8) of substance-exposed children accessing early intervention.

**Results:** Total cumulative risk and protection percentages varied between and within sibling groups. Cross-domain profiles of cumulative risk and protection, and the number of significant domains of risk relative to protection, aligned more accurately with clinical profiles relative to total percentages given the nuanced balance depicted between domains of risk and protection. The cross-domain description facilitated consideration of inter- and intra-domain risk and protection between and within sibling groups and indicated salient domains of risk and protection in this population.

**Discussion and Conclusion:** Emerging patterns indicated the importance of establishing cumulative risk and protection scores that are: 1) Clinically and theoretically grounded; 2) cross domain; and 3) encompass cumulative protection and risk. In understanding profiles of risk and protection, we can inform evidence-based early interventions that target: 1) High-risk children, 2) the full range of risks, 3) vulnerable domains, and 4) protective factors.

**Poster presented previously:** No.

**Acknowledgements:** Funded by the Canadian Institute of Health Research and Lillian Meighen Wright Foundation.

#### **POSTER 4: A Vision for Justice: Accountability for SEA and Children Fathered by UN Peacekeepers in the DR Congo**

**Authors & Affiliations:** Annie Bunting<sup>1</sup>, Munzungu Nzeyedio<sup>1</sup>, & Heather Tasker<sup>1</sup>, <sup>1</sup>York University. Presenting Author's email: mumzi@my.yorku.ca.

**Background:** The purpose of this research is to examine issues of legal accountability for sexual exploitation/abuse (SEA) and children born to peacekeeper fathers in the Democratic Republic of the Congo (DRC). Since 1999, the DRC hosts the world's largest UN peacekeeping mission (MONUSCO) and in 2004, the BBC broke the scandal of SEA by UN peacekeepers.

**Objectives:** The goals of this research are to investigate the context of SEA in the DRC; the legal accountability mechanisms in place; and most importantly, the Congolese community's awareness of and engagement with these policies.

**Methods:** Sense Maker, Tableau and Excel were used to collect and interpret 2868 surveys conducted in 6 areas of the DRC: Kisangani, Bunia, Beni, Goma, Lubumbashi and Bukavu. Phenomenology is the qualitative research method of choice focusing on the lived experiences of Congolese mothers and children born to UN peacekeepers. This method informed our research with data collection tools amplifying the multilayered stories of women.

**Results:** This research study incorporates both QUAL and QUAN methods of analysis. With respect to our quantitative findings, survey research determined our results on the inadequate UN procedures for Congolese women to access justice and receive financial support for their children. From the surveys, key themes of consideration are illustrated as follows: gender-based violence, economic insecurity, access to justice, MONUSCO's contradictory mandate and the nature of SEA.

**Discussion and Conclusion:** Our research finding addresses the serious gap between official UN policies and their implementation in the DRC. With little academic attention to the lived experiences of women raising peacekeeper children, our approach adopts a survivor-centered lens to determine the inherent flaws in UN legal mechanisms for justice.

**Poster presented previously:** This poster is the product of a 2019 DARE award and will be presented on October 2nd, 2019 by the presenting author.

**Acknowledgements:** SSHRC-funded; Principal Investigator, Dr. Susan Bartels, Queen's University.

#### **POSTER 5: Geographical Mapping of Services Available in Peel Region for Survivors of Human Trafficking.**

**Authors & Affiliations:** Chandra Coomaraswamy, Peel Institute on Violence Prevention (PIVP), Family Services of Peel.

**Background:** The research findings of the Peel Institute on Violence Prevention study for the project "A survivor-centered Approach to Build Capacity to Address Human Trafficking in Peel" revealed the difficulty in finding the locations of available services. Mothers of trafficked children, who are under the age of 18, we are unable to find services for their children in Peel Region. Mothers faced many difficulties searching for services that can help their children exit the sex trade, and they had to travel outside the Region to seek help for their daughters. Young girls have trouble locating the services they need because they live in shame and fear and afraid of being identified as working in the sex trade. They tend to rely on internet searches to find services. Therefore, mapping of available services for survivors is important. So that they can find all the services in one place.

**Objective:** To map the geographic location of available services in Peel Region, to help survivors find the locations where programs and services are offered, and to identify what services are available for them. Survivors can look at the map and locate the help they need in one place.

**Methods:** Survey results provided the service provider locations, and the digital mapping tool was applied to map the geographic locations of existing services. PIVP Survey results provided information about service providers and their available programs and services (social, justice, health, and housing) in Peel Region for trafficked survivors and victims. “My Maps” on Google Maps was utilized to map locations of available services. Colour codes were assigned for each sector to identify services on the map quickly.

**Results:** A Resource Map will be available for the Peel Region at Family Services of Peel website that shows the geographical locations of various programs and services. Survivors can find services that can meet their needs in one place. The map will be available on the Family Services of Peel website in the future.

**Discussion:** The Map is a public document. Anyone who needs support can access this map and learn what services and programs are available, who offers them, where they are offered, and the distance getting there. This map can help survivors locate services that are close to where they live, or that can be accessed quickly.

**Conclusion:** This map can be utilized to share far more information by adding other variables, such as the locations where sex trafficking activities take place, where survivors live and work, what attracts this trade in these places and identify the co-relations of these variables. For example, is there any relationship between entertainment places and sex trade? Is there a co-relation between entertainment and sex trafficking? Why most of these places are located close to the major highways and the Airport in Peel. Are these variable co-related? We need to conduct more research to find facts.

#### **POSTER 6: Using Trauma-Informed Cognitive Behavioral Therapy with Females Survivors of IPV and/or Assault – A Manual for Clinical Practice**

**Authors & Affiliations:** Syjetlana Delic, Manager Clinical Services Family Services of Peel.

**Background:** In this presentation, we will be discussing the creation of a Trauma-Informed CBT manual for clinical practice and how this will benefit female survivors of IPV/assault in Peel Region. It is important that clinicians have access to a readily-available manual that will help them assess and treat the needs of trauma survivors using step-by-step CBT-based guidelines. The manual will focus on Trauma-Specific Services (TSS) which provide survivors with a voice in their recovery as well as CBT which is the most recommended therapy in decreasing the occurrence of trauma-related symptoms.

**Objective:** We will be examining eight components of Trauma-Informed CBT and the benefits of each when practiced with female survivors of IPV/and or assault. The eight components of Trauma-Informed CBT that we will be focusing on are: Psychoeducation, Stress Management, Expression and Modulation, Cognitive Coping, Trauma Narrative, Exposure Therapy, Conjoint-Trauma Narrative, and Enhancing Safety.

**Methods:** We have completed an annotated bibliography as well as a literature review. Each researcher was given one component of Trauma-Informed CBT to focus on. The three components that have been researched so far are psychoeducation, stress management and exposure therapy.

**Discussion:** The results of our research indicate the ways in which utilizing Trauma-Informed CBT is helpful for our clients. Through research, we were able to determine the evidence-based IPV trauma-specific interventions that are available in the literature.

**Conclusion:** As clinicians, it is important that we help our clients view their trauma as something that has happened to them and not something that defines them. Also, to help them recognize the value and importance of individual agency in their recovery. By using a female-focused trauma manual we will be able to reduce trauma symptomology and increase the quality of life for those we service.

#### **POSTER 7: Emotion-Focused Family Therapy (EFFT): Empowering Parents to Break-Away from the Intergenerational Cycle of Intrafamilial Trauma**

**Authors & Affiliations:** Mirisse Forouge<sup>1</sup>, Aliaksei Urusov<sup>1</sup>, Scarlett Lavan<sup>2</sup>, Kristina Cordeiro<sup>1</sup>, Eric Goodcase<sup>1</sup>, Robert T. Muller<sup>1</sup>, <sup>1</sup>York University, <sup>2</sup> Ryerson University. Presenting Author’s email: [aurusov@my.yorku.ca](mailto:aurusov@my.yorku.ca) & [scarlett.lavan@ryerson.ca](mailto:scarlett.lavan@ryerson.ca).

**Background:** Individuals with childhood histories of intrafamilial trauma often experience difficulties within the parent-child relationship and may struggle to support children who are recovering from mental illness. Emotion-Focused Family Therapy (EFFT) is a trans-diagnostic intervention that empowers parents with the skills needed to support their child’s recovery. Unique and central to EFFT is the processing of parent “emotion blocks” (e.g., fear, anger, shame) that diminish parents’ self-efficacy and impede strategy implementation.

**Objective:** To examine the process and outcomes of EFFT in a large clinical sample.

**Methods:** This longitudinal study included 345 parents who attended an intensive 2-day EFFT workshop between May 2016 and September 2018 at the Family Psychology Centre, a pediatric clinic in Toronto, Canada. Parents of children of any age, presenting with a wide-range of mental health concerns, were included. Parents completed questionnaires about child psychological symptoms and emotion regulation, as well as parental self-efficacy, parental emotion blocks, and parental mentalization. Data were collected pre- and post-therapy, and again 4, 8, and 12-months later.

**Results:** A series of growth curve models were run, including an analysis of how certain client factors (e.g., parent gender, pre-treatment symptom severity) influenced treatment response. Results showed overall significant improvements in parent blocks and self-efficacy, as well as significant improvements in child symptomatology and emotion regulation. Mothers reported significantly more emotion blocks than father's pre-treatment; however, they also experienced greater improvements in emotion blocks following EFFT.

**Discussion and Conclusion:** Multi-caregiver EFFT is an effective and cost-efficient option for families. By integrating parents' past trauma into the therapy process, EFFT helps parents overcome their "emotion blocks", which would otherwise interrupt parents' abilities to follow-through with health promoting behavior. This may be especially important for mothers, who reported more emotion blocks than fathers in our study.

**Poster presented previously:** No.

**Acknowledgements:** We would like to acknowledge Dr. Robert T. Muller and Dr. Mirisse Foroughe for their contributions and primary investigators and supervisors.

### **POSTER 8: Nonverbal and Paralinguistic Behaviors During the Adult Attachment Interview: The Construction of a Novel Coding System**

**Authors and Affiliations:** Laura Goldstein<sup>1</sup>, Bianca Ugucioni<sup>1</sup>, Kristina Cordeiro<sup>1</sup>, Cassandra Wyers<sup>1</sup>, Mirisse Foroughe<sup>1</sup>, Robert T. Muller<sup>1</sup>, <sup>1</sup> York University. Presenting Author's email: [laural16@my.yorku.ca](mailto:laural16@my.yorku.ca).

**Background:** This study addresses a perceived deficit in both research and clinical practice by designing a nonverbal coding tool for the Adult Attachment Interview (AAI). At present, there does not exist a reliable taxonomy of nonverbal behaviors associated with unresolved trauma and attachment difficulties. As these factors are highly implicated within psychopathology, it is necessary to establish such a classification.

**Objectives:** This research focuses on establishing a reliable coding tool for nonverbal and paralinguistic behavior during the AAI. The objectives for this current study include the development of the coding manual, outline for coding process, and establishing inter-rater reliability for the tool.

**Methods:** The coding process and manual development were guided by Floyd et al. (1998). Participants included 5 parents who were recruited for the AAI in a pediatric mental-health clinic between 2016-2018. Sessions were coded for nonverbal and paralinguistic behavior. The nonverbal factors investigated are based on an extensive literature review, consultation with attachment- and trauma-focused clinicians and researchers, and input from nonverbal experts.

**Results:** Presentation will outline the three phases which were implemented in the development of this tool and results include reliability estimates for 12 aggregate nonverbal behavioral categories, derived based on observation and coding protocol. Of these categories, five were found to be robust across all subjects and four additional categories demonstrated improvement by the final subject. The three final categories require further remediation and analysis.

**Discussion and Conclusion:** Reliability estimates using intraclass correlation were found to be quite promising and additional observations regarding coding process and behavioral patterns are discussed. As the first step in a larger research program, this coding protocol will be implemented on a wider array of AAI videos in order to elucidate additional behavioral clusters and temporal patterns and will be validated against the original coding protocol of the AAI. Results from this study may subsequently serve to enhance informed treatment for adults, and prevention and early intervention for children.

**Poster presented Previously:** International Society for the Study of Trauma and Dissociation Annual Conference (2019).

**Acknowledgements:** We would like to acknowledge Dr. Robert T. Muller and Dr. Mirisse Foroughe for their contributions and primary investigators and supervisors.

## POSTER 9: Fluoride Exposure from Infant Formula and Child IQ in a Canadian Birth Cohort

**Authors & Affiliations:** Rivka Green, MA<sup>1</sup> & Christine Till, PhD<sup>1</sup>, <sup>1</sup>Department of Psychology, Faculty of Health, York University  
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**Background:** Consumption of infant formula reconstituted with fluoridated water can lead to excessive intake of fluoride in infants. The potential neurotoxic features of excessive fluoride intake in infancy has not been examined.

**Objectives:** We examined the association between water fluoride concentration and intellectual ability (IQ) among preschool-aged children who lived in fluoridated or non-fluoridated cities in Canada and were either formula-fed or breastfed during the first six months after birth.

**Methods:** We measured water fluoride concentration using municipal water reports matched to the child's birthdate to six-months of age. We restricted our analyses to 398 mother-child dyads enrolled in the Maternal-Infant Research on Environmental Chemicals (MIREC) cohort who reported drinking tap water. We evaluated Full Scale IQ (FSIQ) using the Wechsler Primary and Preschool Scale of Intelligence-III at 3 to 4 years. We used multiple linear regression analyses with an interaction to examine how the covariate-adjusted association between water fluoride concentration and FSIQ scores differs according to feeding status. In secondary analyses, we controlled for prenatal fluoride exposure.

**Results:** Thirty-eight percent of mother-child dyads lived in fluoridated communities. Among formula-fed children, an increase of 0.5 mg/L in water fluoride concentration (difference between fluoridated and non-fluoridated regions) corresponded to a 4.4- and 9.3-point decrement in Full-Scale IQ (95% CI: -8.34, -0.46) and Performance IQ (95% CI: -13.77, -4.76), respectively. In contrast, water fluoride concentration was not significantly associated with Full-Scale IQ among breastfed children, but it did predict Performance IQ (B = -6.19, 95% CI: -10.45, -1.94). The association between water fluoride concentration and Performance IQ remained significant after controlling for fetal fluoride exposure among formula-fed (B = -7.93, 95% CI: -12.84, -3.01) and breastfed children (B = -6.30, 95% CI: -10.92, -1.68).

**Discussion and Conclusion:** Increasing levels of fluoride in tap water was associated with diminished intellectual abilities, particularly for non-verbal abilities; the effect was more pronounced among formula-fed children.

**Poster presented previously:** Preliminary findings were orally presented at International Society for Children's Health and the Environment (ISCHE) in January 2019 by Rivka Green, and findings, as outlined in this abstract, will be presented orally at the International Society for Environmental Epidemiology in August 2019 by Christine Till.

## POSTER 10: The Creative Genius of Mental Illness

**Authors & Affiliation:** Salisha Khan, Social Worker, Family Services of Peel. Contact email: [SJeshani@cfspd.com](mailto:SJeshani@cfspd.com)

**Background:** This writer believes that current approaches to treating trauma victims are limiting and often unsuccessful. From this perspective, the onus of failure could potentially rest on clinicians rather than on the shoulders of so-called "resistant clients."

**Objective:** This treatment perspective will attempt to achieve: Present the lens of creativity as a tool for treatment purposes, and honor past coping; without which survivors may succumb to their "disease" as evidenced by a complete and permanent mental break, life of addiction and death by suicide.

**Method:** The landscape of symptomology (combination of symptoms) can be observed in treating survivors is examined and understood through the creative lens which take us beyond the naked eye. Specifically, the practice of fragmentation, dissociation and psychosis, observed in trauma survivors, are offered as examples of "creative coping responses."

**Results:** Not unlike a "dream state" survivors escape their painful reality to enter into "altered reality," thus creating an opportunity to experience possibly a reprieve or alternate and preferred outcomes, which may be evidenced through a reduction in stress and anxiety levels from previously observed heightened emotional states.

**Discussion:** Psychiatric intervention is often equated (by survivors) as missed treatment opportunities in the recovery journey, particularly during times of fragmentation, dissociation and psychoses. The rationale being that many Psychiatrists are of the opinion that people have little or no recall of their psychotic episodes. This writer's work with trauma victims have discovered a different truth; that many in fact have vivid recall of their fall into psychosis and want to share these frightening memories, to feel less alone and less isolated. Words in quotations are writer's emphasis.

**Conclusion:** In my experience as a counsellor, the shell of a person who enters treatment has the potential to teach her helpers about

her strengths, her resiliency and her journey from the abyss. In recovery, she will learn to discriminate between what is real and what is an illness. She will learn to recognize her paranoid or catastrophizing thoughts early. She will learn to honor her past coping. She will learn to reconnect to her emotions, to herself safely. She will re-discover her own power and sense of control, born in reality, not fueled by her illness. She will become a light in a world of darkness, whole at times, having persevered, having soldiered on. She will learn about the Creative Genius of her Mental Illness and perhaps even how to channel that same creativity to enhance her well-being.

#### **POSTER 11: Addressing Gender-Based Violence in Refugee Youth: A Scoping Review of Approaches and Interventions**

**Authors & Affiliation:** Nazilla Khanlou, Yvonne Bohr, Attia Khan, & Luz Maria Vazquez. York University.

**Background:** Gender-Based Violence (GBV) has serious consequences on women's health and wellbeing, particularly in female youth who are refugees. These include emotional, physical and sexual suffering. Settlement experiences can exacerbate refugee's exposure to repeated victimization and interlocking oppression. In contemporary global refugee crisis interventions that target GBV in refugee youth need to be closely studied.

**Objective:** The objective was to review the literature on gender-transformative interventions and approaches that promote the well-being of refugee youth who have experienced GBV.

**Methods:** We applied Arskey & O'Malley's (2005) five-stage scoping review framework. Seven electronic databases were searched for studies published between January 2000 to October 2018. An intersectionality and trauma-informed approach was applied to emerging themes.

**Results:** Nine studies met the eligibility criteria. Few studies addressed interventions on GBV for refugee youth. In addition, most articles did not exclusively focus on the youth population. Of the interventions identified, recurring themes included implementing a multisectoral approach to GBV interventions, empowering women, reducing gender disparities and capacity building within communities. Interventions need to be context driven, whether the setting is in a refugee camp or a post-migration community.

**Conclusion:** This review offers insight into the social, political and economic factors that intersect to influence interventions that target GBV for refugee youth. Further research is needed to understand the facilitators and barriers to effective implementation of interventions that target refugee youth.

**Poster presented previously:** Oral presentation in 2019 at (1) the 14th Annual Refugee and Migration Studies Student Conference, York University; (2) 45th Annual Harvey Stancer Research Day, University of Toronto; and (3) the North American Refugee Health Conference. University of Toronto.

**Acknowledgements:** Gender-Based Violence Project Funded by LaMarsh Centre for Child and Youth Research & Canadian Crime Victims Foundation (CCVF).

#### **POSTER 12: A comparison of maternity care providers' attitudes and motivational factors regarding counselling of eligible women about a trial of labour after Caesarean and elective repeat Caesarean section**

**Authors & Affiliations:** Christine Kurtz Landy (York University - Presenting Author's email: kurtzlc@yorku.ca); Wendy Sword and the Birth Methods Research Team\*(McMaster University).

**Background:** Elective repeat Caesarean section (ERCS) contributes to high Canadian CS rates. Although maternity care providers are well situated to counsel eligible women to consider a Trial of Labour after Caesarean (TOLAC), little is known about provider attitudes or motivational factors that influence patient counselling.

**Objective:** We compared obstetricians, family physicians and midwives' attitudes about TOLAC versus ERCS. Additionally, motivational factors that likely influence providers' counsel of women were examined.

**Methods:** 298 obstetricians, 114 midwives and 84 family physicians completed the Theory of Planned Behavior Scale questionnaire. This 34 item Likert scale, with demonstrated internal consistency, measured the Benefits of TOLAC, Barriers to TOLAC, social influences on the decision to counsel women regarding TOLAC (Subjective Norms), Self-Efficacy (ability to counsel regarding TOLAC), and Intent to Counsel women regarding TOLAC. Attitudes were measured using 8 bidirectional items. Data were analyzed using one-way ANOVA and posthoc testing with Dunnett's C.

**Results:** All provider groups had a positive attitude and were motivated to counsel eligible women about TOLAC. There were however significant differences in provider views. Midwives had significantly more positive attitudes toward TOLAC ( $M=10.59$ ,  $SD=6.01$ ), than obstetricians ( $M=4.48$ ,  $SD=5.6$ ) and family physicians ( $M=5.65$ ,  $SD=5.97$ ) ( $p<.05$ ). No difference in attitudes were

found between obstetricians and family physicians. Obstetricians/family physicians reported fewer benefits of TOLAC and more barriers to TOLAC than midwives ( $p < 0.05$ ). Family physicians and midwives were more likely than obstetricians to be influenced by social-organizational norms ( $p < 0.05$ ). Midwives reported the highest intent to counsel about TOLAC ( $M = 5.71$ ,  $SD = 0.67$ ), followed by family physicians ( $M = 5.27$ ,  $SD = 0.69$ ) and then obstetricians ( $M = 4.83$ ,  $SD = 0.83$ ) ( $p < 0.05$ ).

**Conclusion:** Knowledge about providers' attitudes and motivation to counsel about TOLAC provides needed information to develop strategies to decrease non-medically indicated CS.

**Acknowledgements:** This study was funded by CIHR.

\*The Birth Methods Research Team includes Drs Charles Cunningham, Anne Biringer, Sarah MacDonald, Maureen Heaman, Margaret Morris, Pamela Angle, and research coordinators Heather Rimus, Bailey Stewart and Jackie Kathnelson.

### **POSTER 13: Engaging Mothers with Borderline Personality Disorder in Attachment-Based Therapies: Results of a Mixed-Methods Study**

**Authors & Affiliations:** Janet Lee-Evoy (University of Toronto); Kristina Cordeiro (York University); Jennifer Ip (Ryerson University); Carla Rumeo (York University — Presenting Author's email: carlar@my.yorku.ca); Robert T. Muller (York University); Diane A. Philipp (SickKids CCMH).

**Background:** The relationship between mothers with BPD and their children tends to be characterized by early attachment trauma and maladaptive parent-child interactions. The distressing nature of these dynamics may represent underlying mechanisms of the intergenerational transmission of intrafamilial trauma as well as children's attachment insecurity and BPD traits. It is critical for researchers to investigate the efficacy of family-based interventions aimed at improving outcomes for both mothers and their children.

**Objectives:** (1) Explore how mothers with BPD play and interact with their children in therapy, and (2) expand our understanding of how mothers with BPD engage in attachment-based therapies.

**Methods:** We conducted a mixed-methods qualitative study. First, semi-structured interviews were conducted with eight clinicians utilizing attachment informed, play-based interventions with mothers presenting with BPD traits and their children. Clinicians were asked about their experiences working with these high-risk families and to comment on their observations of the quality of mother-child play observed during therapy sessions. Second, a retrospective chart review of 27 families who participated in an attachment-based intervention at a community mental health clinic in Toronto was conducted. Families were classified as "at-risk" when the mother presented with BPD traits and complex trauma and as "low-risk" when BPD traits were not present. These families were compared across several variables relating to their engagement in therapy (e.g., treatment length, resistance to therapy etc.) and the quality of parent-child play observed, based on the clinical notes available in their charts. All data were examined using qualitative analysis software.

**Results:** Although parents with BPD traits and their children appear to benefit from relational and attachment-based approaches to treatment, they face unique challenges when engaging in play and in therapy. Chart review data revealed more difficulties with mentalization and aggression in the high-risk families and indicated that these families needed more direct guidance and a greater number of therapy sessions. These observations were confirmed by clinician interviews.

**Discussion and Conclusion:** Recommendations regarding modifications to treatment include supplementing family therapy with individual support for mothers and increasing the length of treatment. Treatments for this population need to be delivered with a sensitivity towards parental trauma history.

**Poster presented previously:** Presented at the International Society for the Study of Trauma and Dissociation Annual Conference in 2019 (New York).

**Acknowledgements:** PIs: Drs. Robert T. Muller and Diane A. Philipp.

### **POSTER 14: A qualitative analysis of psychological strengths in parents of children with autism using the five-minute speech sample**

**Authors & Affiliations:** Andrea L. Maughan (Psychology, York University) & Jonathan A. Weiss (Psychology, York University).

**Background:** Despite growing recognition of the importance of taking a strengths-based approach to understanding families of children with autism, research continues to focus on identifying, quantifying, and remediating deficits (Burnham Riosa et al., 2017). This negative focus extends to understanding parent-child relationships and parent functioning. In contrast, the psychological processes of acceptance, mindful awareness and psychological flexibility, core concepts in the framework of Acceptance and Commitment Therapy (ACT; Hayes, Luoma, Bond, Masuda, & Lillis 2006), have been shown to be useful for understanding



perspectives of parents of children with other conditions (McCracken & Gauntlett-Gilbert, 2011). These strengths-based concepts may be relevant to observing change in parents of children with autism following intervention.

**Objectives:** The aim of this study was to assess parents' perceptions of their children with autism before and after participation in therapy, using strengths-based themes related to ACT processes.

**Methods:** Sixty parents of children with autism participated in cognitive behavior therapy with their children. The Five-Minute Speech Sample procedure (Magaña et al., 1986), in which a parent speaks about their child and their parent-child relationship for five minutes, was completed at pre- and post-intervention. Speech samples were qualitatively analyzed using the interpretive phenomenological analysis approach (IPA; Smith, Jarman & Osborn, 1999), in which narrative data is coded for insights into participants' experiences and perspectives, and codes are catalogued by theme.

**Results:** Fourteen strengths-based codes were identified and were catalogued into the following ACT-related themes: awareness, acceptance, cognitive flexibility, and values-guided action. Codes related to change following the intervention were also identified.

**Discussion & Conclusion:** The ACT model appears to be well-aligned with the strengths reported by parents of children with autism. Results highlight the relevance of using a strengths-based understanding of change in a population whose experiences are typically only considered from a deficits perspective.

**Poster presented previously:** Poster previously presented at the International Society for Autism Research (INSAR) 2018 Annual Meeting, Rotterdam, Netherlands.

**Acknowledgements:** This research was supported by the Chair in Autism Spectrum Disorders Treatment and Care Research (#RN284208; Canadian Institutes of Health Research in partnership with Kids Brain Health Network, Sinneave Family Foundation, CASDA, Autism Speaks Canada and Health Canada). This research was also supported by the Meighen Wright Maternal-Child Health Graduate Scholarship.

#### POSTER 15: Observed Emotion Dysregulation and Frustration Task Success in Youth with Autism

**Author(s):** Mills, A.S.<sup>1</sup>, Tablon Modica, P.<sup>1</sup>, Weiss, J.A.<sup>1</sup>, <sup>1</sup> Department of Psychology, York University. Presenting Author's email: millsas@yorku.ca.

**Background:** Emotion dysregulation (ED) is a significant reason for behavioral difficulties experienced by children with autism (Mazefsky & White, 2014). However, few studies have examined how observed ED relates to persistence and success in the context of frustration in this population. The objectives of the current study were to: 1) Evaluate the reliability of the *Emotion Dysregulation – Short Form Inventory* (Mazefsky et al., 2018) as an observational measure of ED, and 2) Investigate associations between children's behavioral ED and success during a frustration task.

**Methods:** Findings are based on 38 children with autism aged 8-13 years (Mage = 9.74 years, 95% Male). Children completed a frustration task involving practice and test phases (Mirror Tracing Persistence Task, Strong et al., 2003), where they attempted to trace a star with an irritating sound occurring with each error. The EDI was adapted as an observational coding scheme (1 item omitted for coding purposes), and observed ED was measured via standardized observer coding of reactivity and dysphoria. Videos of the frustration task were coded by two observers, with 20% overlap between videos for reliability purposes. Task success was measured by the length of time children persisted, and the percentage of the star traced.

**Results:** Preliminary findings suggest that coding the EDI from an observer perspective demonstrates excellent interrater reliability ( $ICC = .92$  for reactivity,  $ICC = .91$  for dysphoria). Simple linear regressions revealed that mean emotion regulation ratings (reactivity and dysphoria) during practice negatively predicted children's persistence in seconds ( $B = -38.20, p = .02, R^2 = .13$ ) and the percentage of the star traced during the test phase ( $B = -.10, p = .01, R^2 = .20$ ).

**Discussion:** The EDI is a reliable observational measure of ED for children with autism during a frustrating task. Results highlight the importance of considering observed negative affect and emotional lability when aiming to understand children's ability to successfully persist during frustrating situations. The current sample was predominantly male, which aligns with research indicating that males are approximately 4 times more likely to receive an autism diagnosis than females (Fombonne, 2009). Future research should evaluate the reliability of the EDI with a sample including more female participants.

**Poster presented previously:** Poster was presented previously at the International Association for the Scientific Study of Intellectual and Developmental Disabilities (IASSIDD) World Congress, Glasgow, UK, August.

## POSTER 16: Parental Trauma History and Treatment Response in Emotion-Focused Family Therapy.

**Authors:** Meghan Oliver<sup>1</sup>, Kristina Cordeiro<sup>1</sup>, Mirisse Foroughe<sup>2</sup>, Robert T. Muller<sup>1</sup>. <sup>1</sup> York University, <sup>2</sup> Family Psychology Center. Presenting Author's email: mcoliver@my.yorku.ca.

**Background:** Experiencing early relational trauma can have a profound negative impact on one's parenting later in life, and parent trauma history has consistently been found to be a strong predictor of child psychopathology. When it comes to treating children's mental health, the literature provides strong evidence that involving caregivers in the treatment process is beneficial to outcomes; however, this can be particularly challenging for parents with histories of childhood relational trauma.

**Objective:** To investigate how parental trauma impacts one's ability to support their child's mental health recoveries within an Emotion-Focused Family Therapy (EFFT) framework.

**Methods:** Longitudinal data were collected as part of a large collaborative study between the Family Psychology Centre and the Trauma & Attachment Lab at York University. Participants included 243 parents who self-referred to an EFFT caregiver workshop being run at a family mental health center in Toronto, ON. Questionnaires were administered pre- and post-treatment, and again 4, 8, and 12 months later. Parents' self-efficacy, mentalization, and emotion blocks, as well as child psychological symptoms and emotion regulation were measured. Parents were also asked to report on their trauma history.

**Results:** A series of linear mixed effects models showed that parent trauma history did not predict treatment response; participants reported significant improvements in all outcome variables, regardless of the severity or nature of their trauma histories.

**Discussion and Conclusion:** Parents with histories of relational trauma can sometimes struggle with the closeness, intimacy, and vulnerability inherent within the parent-child relationship. EFFT is considered a trauma informed intervention — it directly addresses the intense emotional responses and fears parents have about their child's mental illness and treatment ("emotion blocks"), which can get in the way of parents implementing treatment recommendations. EFFT recognizes that these emotion blocks often stem from parents' own painful early experiences. To the best of our knowledge, this is the first study to show that parents with histories of complex relational trauma responded just as well to EFFT as those parents without significant trauma. EFFT appears to be an effective treatment for high-risk families and holds the potential to break the intergenerational cycle of relational trauma.

**Poster presented previously:** No.

**Acknowledgements:** Principal Investigator: Dr. Robert T. Muller.

## POSTER 17: Trauma Screening Training in the Region of Peel

**Authors & Affiliations:** Shereen Rampersad<sup>1</sup> & Elisabeth Jensen<sup>2</sup>. <sup>1</sup>Short Stay Crisis Support Program Manager, <sup>2</sup>School of Nursing, York University. Presenting Author's email: Shereen.Rampersad@shipshey.ca.

**Background:** In October 2012, following a presentation facilitated by Sandra-Lynn Coulter from the Ontario Woman Abuse Screening Project, managers and stakeholders from numerous sectors joined to coordinate and improve mental health, addictions and trauma services within the Region of Peel.

**Objectives:** i) To assess current screening practices in trauma, mental health, addictions and trauma; ii) to provide recommendations to partners that will allow for more comprehensive screening; iii) to identify gaps in Region of network of services (which include referrals, screening, and counselling) in order to create a plan for achieving a seamless continuum of services; and iv) to keep the perspectives of survivors who have experienced mental health, addictions and trauma integral to the process of enhancing services.

**Method:** This poster is presenting a trauma screening training model which was offered free of cost to four organizations in the Region of Peel. A consultant was hired to do a literature review to identify trauma screening tools developed and applied in Canada and United States. Ten tools used in Ontario were identified and reviewed. Face-to-Face interviews were done with key stakeholders in the Region of Peel. A trauma screening tool was developed including evaluation (Kirkpatrick Model). A train of trainer teaching methodology was also developed including a manual for training.

**Results:** The Jean Tweed Trauma Screening Tool was integrated into a Trauma Screening Training and a Trauma Screening Train of Training which include three modules: a) Trauma and the determinants of Health; b) Trauma Screening Tool; and c) stewardship. Four organizations were trained in Trauma Screening and 12 organizations received training of trainers.

**Discussion & Conclusion:** The outcome of the evaluation of the trauma screening demonstrated that the trainees gained an improved awareness and knowledge of best practices for trauma screening using the Social Determinants of Health and trauma screening tools with a solid focus on race, gender and inter-sectorial lens. The knowledge enhancement about SDOH and proper consideration of

these determinants will certainly improve case management and bring positive changes and sense of wellbeing to the lives of the victims and promote their health. Although the trainees belonged to different age groups, and had different qualifications and professional experience, they felt that the training would not only help them to understand and deal with problems of victims of trauma, but also with co-workers, friends and family, by helping to maintain a good work-life balance.

#### **POSTER 18: PIVP Global Conference on HT & Trauma: A Public Health Response Needs Assessment of the Survivors of Human Trafficking in the Region of Peel**

**Authors & Affiliations:** Monica Riutort, Manager, Peel Institute on Violence Prevention –Family Services of Peel.

**Rationale:** Human sex trafficking in Canada has always existed, but its increasing prevalence in recent years has brought forth major concern for many anti-trafficking organizations. Nationally, rates of sex trafficking have risen for various profiles of women, with the highest percentage of victims residing in the Peel Region. Peel Police stated that, as of 2012, over half of sex trafficking cases in Canada have occurred within Peel, specifically within Mississauga and Brampton. Local, national, and global organizations have been consolidating for years to address this public health threat, and this report aims to assist in the united fight against human sex trafficking.

**Objective:** Within this Needs Assessment, the Peel Institute on Violence Prevention (within the Family Services of Peel) seeks to uncover existing services for victims and survivors of sex trafficking in Peel Region. The Peel Institute aims to explore why some services fail to address the needs of survivors and provide suggestions on methods of improving current services and legislation, with direct input from survivors and their families. This Needs Assessment makes a special note to adopt a survivor-centered approach, ensuring that survivors and their families' voices are central to human sex trafficking discussions.

**Methods:** Methods used to conduct this research are as follows: (1) Peel demographics analysis; (2) literature review; and (3) three in depth interviews with survivors using a narrative approach and one focus group with mothers of survivors.

**Discussion:** The results from the literature review, overall qualitative analysis, and the interview/focus group research, all outline one central point: Rates of human trafficking is increasing in Ontario, but the resources to assist with survivor healing remain scarce. This Needs Assessment was initially concerned with understanding why more and more young women are lured into the sex trade and why leaving has become so complicated. PIVP findings have uncovered that services available lack evidence-based research, service providers' lack proper human trafficking training, and survivors feel that services and treatments are unsatisfactory and unsuccessful. The voices and experience of survivors need to be better included in the development of the support they need.

**Conclusion:** Services, programs, training models, policies, and other resources are still in the process of including survivor resilience into the development and implementation of resources. Proper trauma screening practices, survivor-focused healthcare services, and awareness programs implemented in the education system are some of the initiatives that need to be emphasized and funded by the Government of Canada, in order to reverse increasing rates of human trafficking.

#### **POSTER 19: What Helps Families Improve in Trauma Therapy? A Mixed-Methods Analysis**

**Authors and Affiliations:** Sara Rependa<sup>1</sup>, Laura Goldstein<sup>1</sup>, Chelsea Coyle<sup>1</sup>, Erica Watson<sup>2</sup>, Janine Lawford<sup>2</sup>, Robert T. Muller<sup>2</sup>,  
<sup>1</sup>York University, <sup>2</sup>Sick Kids CCMH. Presenting Authors' emails: sara.rependa@gmail.com & chelseacoyle1@gmail.com.

**Background:** Previous research has shown that actively involving parents in their child's trauma therapy improves child outcomes following treatment; however, our understanding of the specific factors of parental involvement that facilitate better child outcomes is limited. Currently there is no clear or comprehensive definition of parental involvement when it comes to their child's treatment. Previous research on the impact of parental conflict and resolution has not been completed in the context of child trauma therapy and thus, further research is required in order to understand the dynamics and the impact of these conflicts on a child who has experienced a trauma.

**Objectives:** This study sought to evaluate the domain-specific relational aspects of engagement in therapy using a task analysis method to predict the impact of parental involvement in the therapeutic process and describe the ways in which various forms of involvement can contribute to both positive and negative therapeutic outcomes for the child.

**Methods:** This mixed-methods study examines the outcome cases of 30 patients who presented at a community mental health trauma clinic. Data was gathered through a careful chart review transcription process and participants ranged from 10-15 years of age from ethnically diverse backgrounds. All cases involved individuals who underwent trauma-focused treatment in this community mental health setting. Factors were first grouped thematically using a qualitative analysis on a subset of cases using a task analytic model. Subsequently, all cases were coded and quantitatively analysed based on significant factors found in Phase 1. A path analysis was used to increase the robustness of the previous findings and to determine additional patterns of relational and domain specific engagement

as they relate to therapeutic process and outcomes.

**Results:** Resolved parent-parent conflict during therapy was significantly correlated with post-therapy internal trauma symptoms, post therapy mood, and post therapy emotion regulation. Unresolved parent-child conflict was significantly correlated with post therapy counts of abnormal home functioning symptoms, and parental engagement was also found to significantly correlate with post-therapy externalized behavioral symptoms. Finally, a lack of parental engagement was also found to be correlated with increases in abnormal home functioning symptoms post therapy.

**Discussion and Conclusion:** Development of secure attachment to primary caregivers, or the lack thereof, serve as explanations for the findings. When the parents promote feelings of safety, it tends to encourage children to express their true feelings and emotions, as the child can trust that their caregiver will help relieve the distress. On the other hand, if the parents are not actively engaging in therapy or promoting a secure relationship with the child, then the child may disengage and remain in feelings of insecurity and turmoil, thus affecting the recovery process. The dynamics of these correlations can continue to be studied in further detail with the aim of creating improvements in the available support for the affected families.

**Poster presented Previously:** No.

**Acknowledgements:** The SickKids Centre for Community Mental Health.

## **POSTER 20: Male Childhood Sexual Abuse and Human Trafficking: A Continuum.**

**Author's affiliation:** Anna Worifah, Registered member of the Ontario College of Social Workers and Social Service Workers, Member of the Peel Committee Against Woman Abuse (Systems Integration Work Group) for the Prevention of Violence Against Women. Contact email: anna.worifah@gmail .com.

**Background:** More than 1 in 4 victims of human trafficking in Canada is under the age of 18. Though there is an overflow of evidence showing that women and girls are disproportionately represented in human trafficking, there is little information to indicate that men and boys too are victims of trafficking.

**Objective:** In this presentation, I will argue that the significant lack of research on male trafficking constitutes a remarkable gap in understanding the trajectory and impact of this crime in relation to the male gender. This presentation will highlight the link between male childhood sexual abuse and human trafficking.

**Methods:** Using a case study, it will demonstrate how the traumatic experiences of childhood sexual abuse creates vulnerabilities in boys and renders them susceptible and easy targets for sex traffickers. The case study was used as both a descriptive and exploratory tool to shed light on the prevalence of male sexual abuse and emphasize the need for further examination of the correlation between male childhood sexual abuse and sex trafficking. Taking into consideration the lack of extensive research in this area, the case helped to establish a clear understanding of the unique psychological needs of male survivors of sexual abuse, describing unique factors which make them vulnerable to traffickers. More so, the case is one of many that support the theory that trauma from sexual abuse, being outside the domain of usual human experience, can render the survivor to feel reduced to a commodity that the proposition of selling his or her body becomes acceptable.

**Results:** At Family Services of Peel, we engage clients from the most vulnerable sector. The counselling sessions include participants experiences in relation to emotional and/psychological support; living in silence; feeling of shame, fear or guilt; coping mechanism; positive and negative experiences dealing with services. Referrals are done when needed.

**Discussion:** The concepts of toxic masculinity, the urge to conform to traditional definitions of being a “man” and the quest to regain lost power and control are interconnected to understanding reluctance to report as well as societal attitudes on the discourse around male childhood sexual abuse and trafficking.

**Conclusion:** The presentation concludes by calling for concerted efforts to raise awareness of this issue. It suggests that there needs to be a very comprehensive approach to solve problems of human trafficking, giving attention to understanding particular risk factors for men and boys. Childhood sexual abuse is a strong predictive factor for human trafficking. Although more research continues to focus on female survivors of sexual abuse and human trafficking, there is information, albeit little, indicating that men and boys too are victims of childhood sexual assault and human trafficking. This case study reflects the need for action. The study indicates a serious and largely unaddressed problem that requires a global response. The findings suggest that there needs to be a total paradigm shift from society's denial and passive attitude to recognizing that males are victims of sexual assault which puts them at risk of being trafficked, understanding their unique needs and putting in place support systems to meet the specific needs of men. Findings also established that a collaborative approach to this issue will work best. One that draws upon core capabilities and expertise of different sectors in the community with the overriding goal to increase awareness, provide education and understanding of risk factors and effective provision of support services.

# Thank You!

## Advisory Committee – 5<sup>th</sup> LMW Learning Institute & Volunteers

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We would like to acknowledge the members of Advisory Committee for their time, work and insightful ideas in planning the 5<sup>th</sup> Learning Institute. Thank you!

Members of Advisory Committee are: Nazilla Khanlou, Negar Alamdar, Elsie Amoaka, Julie Castle, Victoria Chan, Mahdiah Dasterjerdi, Attia Khan, Michael Johnny, Andrea Maughan, and Luz Maria Vazquez.



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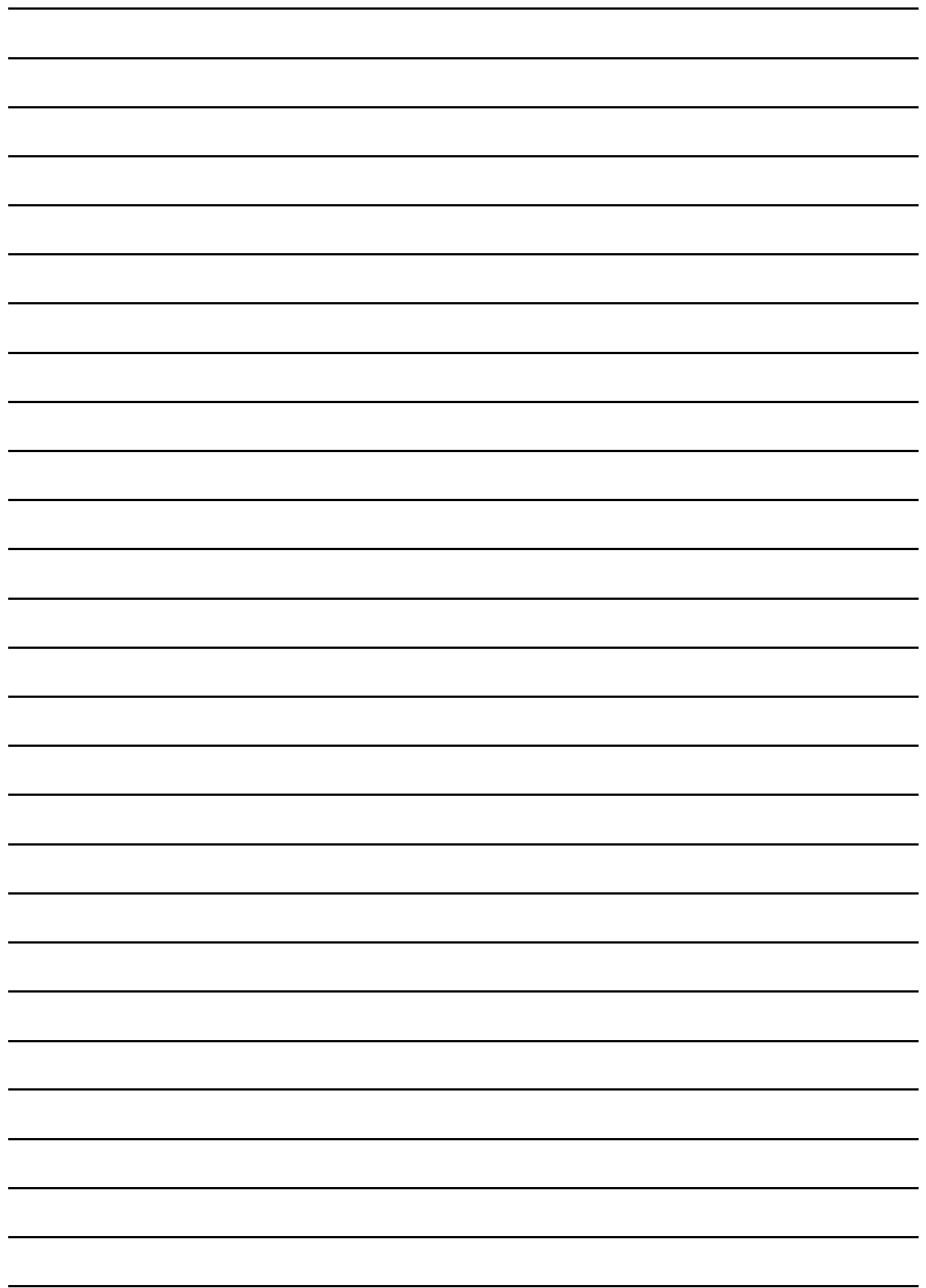


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