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A Qualitative Examination of Mothers' Experiences in an Interpersonal Violence Intervention Initiative

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Abstract

Purpose Interventions focused on women – and mothers, in particular – who have experienced violence in relationships are critical to supporting both mothers and their children. Existing evaluation research on such interventions focuses almost exclusively on outcome evaluation. Yet, these interventions are often multifaceted, requiring strong theoretical foundations, systemic changes, and capacity building for stakeholders at multiple levels. The goal of the current study was to describe critical intervention and implementation factors associated with an interpersonal violence intervention for mothers in communities across Canada, by understanding mothers' experiences in the intervention.

Method Participants ($N=43$, $M=30.14$ years) were mothers in 11 different community-based projects. Participants completed interviews or focus groups following participation in a 6–8 week intervention, wherein they were asked open-ended questions about their experiences in the intervention.

Results Using a phenomenological approach, five key themes emerged as being particularly impactful to mothers' experiences in the intervention: readiness, group content, group structure, group characteristics, and the broader structure of the community-based projects.

Conclusion Themes mapped onto the overarching theoretical frameworks from which the intervention is based: supporting relationships, building safety, and leveraging the existing capacities of community-based organizations that serve vulnerable families. Results highlight aspects of the intervention and experience that emerged as important to those experiencing violence in relationships.

Keywords Interpersonal violence · Family violence · Intimate partner violence · Intervention · Implementation

Interpersonal violence (IPV) is a significant public health concern (Breiding et al., 2014). IPV is of particular concern for families, given links between IPV with child maltreatment and parenting challenges (Taylor et al., 2009). Existing IPV interventions for mothers often focus on safety planning, empowerment, supporting self-esteem, and positive mental health (Anderson & van Ee, 2018; McWhirter, 2011; Ragavan et al., 2018b). Some also include parenting components, such as positive parenting and child development (Graham-Bermann & Miller, 2013; Jouriles et al., 2010; Keeshin et al., 2015; Peled et al., 2010; Sullivan et al., 2004). Yet, the field of violence against women is limited by few rigorous evaluations of IPV interventions, thus restricting the potential for effective approaches to be used to guide policy and programs (Broll et al., 2012; UNIFEM, 2011). Beyond that, existing evaluation research focuses almost exclusively on outcome evaluation (i.e., assessing changes for mothers and/or children after participating in an intervention; e.g., Peled et al., 2010; Sullivan et al., 2004).

IPV interventions are, at times, complex and multifaceted. Many women attending IPV interventions require additional and ongoing supports and services following the completion of an intervention (e.g., individual counseling, mental health support, parenting support; Espinet et al., 2016; Letourneau et al., 2013). Thus, in addition to evaluating outcomes related to curriculum content, adequate support for families

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requires attention to specific intervention and implementation factors (Damschroder et al., 2009, 2022). To understand the implementation and impact of an IPV intervention, it is necessary not only to consider the intervention content, but also the structure, process, and guiding frameworks that support delivery of the intervention. The main goal of this study was to enhance our understanding of the positive evaluation outcomes of a national IPV initiative, called Building Connections: SupportingCommunity-Based Programs to Address Interpersonal Violenceand Child Maltreatment, by using a qualitative approach to explore and describe the experiences of mothers who attended an IPV intervention.

The Building Connections initiative was delivered by Mothercraft's Breaking the Cycle, an early intervention and prevention program that provides services to pregnant and parenting women with substance use issues and their young children (0–6 years) (Motz et al., 2006). Through the Building Connections initiative, Breaking the Cycle's IPV group intervention (*Connections: A Group Intervention for Mothers and ChildrenExperiencing Violence in Relationships*; Breaking the Cycle, 2014) was disseminated to communities across Canada. By exploring the experiences of women who attended *Connections*, we aimed to gain a deeper understanding of the intervention and implementation factors that women identified as central to the successful and safe delivery of the intervention.

Theoretical Foundations

The Building Connections initiative was guided by several theoretical foundations, based on the premise that IPV interventions require approaches that are trauma-informed, relational, and can be effectively delivered through community-based organizations. From a trauma-informed approach, an IPV intervention should be predicated on an understanding and awareness of trauma (and an integration of this understanding across policies, practices, and procedures), layering safety to support potentially traumatized individuals and actively resisting re-traumatization, focusing on connection, and adopting a strengths-based approach (Leslie et al., 2016; Ninomiya et al., 2023; Poole, 2014).

A relational approach emphasizes the critical role of relationships as a mechanism through which people, institutions, and systems change and develop (Walker & Rosen, 2004). From a relational approach, intentionally and carefully forming positive relationships is key to the success of an IPV intervention. A group-based intervention lends itself to this approach, wherein women experiencing violence can build a supportive network and create a community (Howell et al., 2015; Ragavan et al., 2018a, b). In this model, relationships among women attending the intervention and between women and facilitators of the intervention are of primary importance. More broadly, a relational approach supports consideration of relationships between and among community organizations, as well as between community organizations and researchers (see Andrews et al., 2019).

Finally, family-serving community organizations (herein referred to as community-based projects) may be uniquely suited to integrating and implementing an IPV intervention. Families already access these spaces for other programming, thus decreasing barriers to attendance and engagement (Hackett et al., 2015; Ragavan et al., 2018a). This may be particularly important for women who live in the context of IPV and do not want to alert abusive partners that they are engaging in intervention services related to their relationships. Second, many community-based projects are connected to other community services and can act as an entry point for families with complex needs (e.g., women's shelters, legal advocacy, instrumental support, counseling services; Galano et al., 2017; Macy et al., 2012).

The *Connections* Intervention and the Building Connections Initiative

In partnering with community-based organizations across Canada related to the training, delivery, and evaluation of an IPV intervention, extreme care was given to promoting safety and building positive relationships at every stage. Previous work describes the components of this initiative in detail, including the process of forming community partnerships across Canada, the content of the intervention itself, and evaluation outcomes (Andrews et al., 2019, 2020, 2021a; Zuberi et al., 2018). Briefly, however, the intervention is designed to allow women to explore past and present experiences of violence in relationships and aims to increase their capacity for and positive feeling of themselves, their relationships, and their parenting. The intervention comprises 6 main topics that are delivered across 6–8 weeks in 1–2 h group sessions. Topics include: awareness and understanding of healthy and unhealthy relationships; the intergenerational effects of unhealthy relationships; the impact of unhealthy relationships on child development and behavior; and strategies for building self-esteem and self-compassion for mothers and children.

Previous evaluations of the quantitative outcomes of the *Connections* intervention indicate that women reported significant positive changes in the main areas of interest (self-esteem, self-efficacy, relationship capacity, parenting stress, connection to community supports, and knowledge of intervention constructs) after participating in the intervention, with continuing positive trends at follow-up (approx. 3 months later) (Andrews et al., 2021a, b). Further, the intentional use of trauma-informed and relational frameworks was associated with high facilitator satisfaction with the training components of the initiative; facilitators also reported changes in their own work, in their organizations, and across their communities as a result of their enhanced skills (Andrews et al., 2021b; Singh et al., 2020). In the current study, we focus on intervention

and implementation factors that contributed to women's experience of the intervention.

Readiness for an IPV Intervention

Prior to a woman participating in the *Connections* intervention, we considered readiness. From a transtheoretical stages of change model, readiness can be viewed as a continuum within which individuals might be prepared to make life changes (Prochaska & DiClemente, 1983). Readiness is often considered and recognized as an important component in the context of IPV interventions (Cluss et al., 2006; Jack et al., 2012). In addition to a consideration of readiness in terms of whether or how a woman might *change* from an IPV intervention, considering readiness for appropriate and safe participation in a group intervention was also necessary (see Motz et al., 2019). This included a list of screening questions, designed to be discussed between facilitator and participant (created in consultation with Breaking the Cycle clinical staff who had delivered *Connections* for many years), including whether an individual could maintain others' confidentiality, whether an individual could share appropriately, and whether an individual could reliably attend the intervention (see Andrews et al., 2021a for the full list). Facilitators were encouraged to engage in discussions with potential participants to ensure readiness and to create a slow and careful intake process that could also support relationship building and trust between facilitator and participant. In cases where women were not ready, facilitators could provide support or offer referrals to meet women's immediate needs (e.g., housing, food security, counseling services). Facilitators could also remain in contact and encourage these women to access *Connections* once they were more stable and ready (Andrews et al., 2021a).

Intervention Group Structure and Planning

In the development of *Connections*, with subsequent clinical practice and evaluation research, Breaking the Cycle has highlighted the importance of the structure of the group itself. This includes recommending that the intervention be implemented as a closed group (i.e., with the same participants week after week to promote feelings of familiarity, safety and comfort), limiting the number of participants in a group (i.e., having a small and intimate group), and having the intervention co-facilitated, so that a second person would be available to provide individual support if needed (Motz et al., 2009). Other structural considerations to reduce participation barriers included having childcare available; specifically by staff who were already known to the mothers and children (Chang et al., 2005; Motz et al., 2009).

Even the decision to run *Connections* as a group-based intervention was intentional. The group setting provides a space for individuals to share and engage in discussion with others who had been through similar experiences (Motz et al., 2009). This space was designed so that participants felt safe and not judged. Participants needed to feel that they could trust others, could share openly, and would be valued and respected (Motz et al., 2009; Niccols et al., 2010; Rivas et al., 2015). At the same time, facilitators would have to carefully manage sharing and encourage regulated interactions (i.e., not have participants overshare and risk retraumatizing others; Leslie et al., 2016; Motz et al., 2019; Poole, 2014). Indeed, the physical space itself, including organization and ambiance, needed to feel welcoming and safe (Macy et al., 2012; Motz et al., 2019; Suchman et al., 2010).

Broader Supporting Frameworks

In shifting focus from the structure and process of the intervention to the broader overarching initiative, there were several important considerations. *Connections* was designed to be delivered concurrently with and to complement other interventions and/or services within a community-based, early intervention program (Motz et al., 2009). Families experiencing IPV are often burdened with a range of challenges and may require a number of supports, including: housing advocacy; food, clothing, and transportation supplements; substance use treatment; mental health counseling; early intervention services; and parenting supports (Chang et al., 2005; Espinet et al., 2016; Letourneau et al., 2013; Motz et al., 2009). Thus, it was crucial for intervention facilitators to be aware of and able to refer participants to these services.

Specific to this initiative, broader dissemination of *Connections* involved forming partnerships with specific community-based organizations across Canada, as well as training facilitators (who may not have had prior experience dealing with IPV) to implement *Connections* within women's own communities. As such, a tool was developed for the application process to assess readiness at facilitator, organization, and community levels (see Andrews et al., 2020). Facilitator readiness included prior knowledge, training, and experience (Daire et al., 2014; Lee et al., 2019); organizational readiness included existing access to families in need of support, as well as physical space considerations (e.g., Broll et al., 2012; Mussell et al., 2004); and community readiness included critical partnerships, such as with a women's shelter, counseling services, and child welfare services (Daire et al., 2014; Whiting et al., 2009).

Current Study

The main goal of this study was to learn from women about their experiences in the intervention. Specifically, guiding research questions were to understand what were the critical intervention and implementation factors that women described as playing a role in their integration of knowledge,

capacities, and strategies? The overarching initiative was designed using the principles of trauma-informed and relational approaches as frameworks (Savage et al., 2007; Walker & Rosen, 2004), and thus we anticipated that the aforementioned intervention and implementation factors would carry through to women's own experiences. We followed a hybrid phenomenological qualitative approach, incorporating aspects of descriptive and interpretative phenomenology (Alhazmi & Kaufmann, 2022), but used predominately an interpretive phenomenological analysis (Smith & Osborn, 2003). We utilized semi-structured interviews and focus groups with women, encouraging open responses to explore and understand women's subjective experiences in the *Connections* intervention and the factors that they found most meaningful.

Methods

Procedures

All procedures were approved by the university ethics review board. As part of the larger Building Connections initiative, women were invited by facilitators to attend *Connections* and participate in the accompanying research (it was made clear to women that they could still attend the intervention even if they chose not to participate in the research). Facilitators received a list of screening questions to consider in recruiting participants (e.g., did the woman have a history of unhealthy relationships, could she share appropriately in a group setting). See Andrews et al., 2021a for the full list of screening questions and further details regarding participant selection. Following *Connections*, women were asked if they were interested in participating in follow-up research. Approximately one month after *Connections* ended, women who had provided email addresses were contacted and asked to participate in a focus group or interview. Focus groups/interviews were conducted via telephone, online video call, or in-person (when possible); the format (e.g., focus group vs. interview; online vs. in-person) was chosen based on women's comfort, geographic location, and internet availability. Focus groups/interviews took approximately one hour, and were audio-recorded to facilitate transcription. Women received a gift card in recognition of their contribution.

Participants

Of the total 224 women who completed the *Connections* intervention, 94 provided email addresses. In some instances, facilitators reached out to women and connected them directly to Building Connections researchers if they were interested. Forty-three women (19% of total) participated in an interview/focus group. This included 18 individual interviews with 14 women (4 women were interviewed twice, having participated in the intervention on more than one occasion), and 6 focus groups with 29 women (between 2 and 8 participants in each). The rest of the invitations received no response or were declined due to scheduling difficulties. Participants were compared to women who completed the intervention but did not participate in an interview/focus group on sociodemographic variables and key quantitative variables used previously to evaluate the intervention (see Andrews et al., 2021a for more details on these measures). Participants were also compared on their level of satisfaction following the intervention, as well as on their intervention attendance. No differences were found between women who did or did not participate.

Participants ($N = 43$, 18–48 years old, $M_{age} = 30.14$ years, $SD = 6.31$) attended *Connections* in 11 community-based projects, in 6 Canadian provinces. Almost all (95%) were born in Canada and reported their ethnic heritage as North American (81%), Indigenous (21%), European (19%), and/or a range of other ethnicities (12%) (they could select as many options as they would like). Most had completed high school (88%) and some post-secondary education (67%). Most were not currently employed (81%), with a gross income of less than $18,000/year (63%), with common sources of income being social assistance (37%) or disability benefits (16%). Most women were single (51%) or married/common law (23%), and women had 1 to 7 children ($M = 2.16$ children, $SD = 1.38$).

Data Collection

Women were asked broad, open-ended questions and were encouraged to reflect candidly on their experiences in *Connections*. Questions were as follows: Do you have any suggestions to improve the group (e.g., likes, dislikes)? Do you have any feedback on the facilitators and their ease and comfort in delivering the group? Do you have any feedback on the handouts and resource materials provided during the group? This open-ended questioning allowed women to share any aspects of their personal experience in the intervention that they deemed as important, while also allowing the researcher to ask for follow-up, clarification, or probe further into interesting areas (Alhazmi & Kaufmann, 2022; Smith & Osborn, 2003).

Data Analysis

Audio-recorded interviews and focus groups were transcribed verbatim using an online transcription software to ensure meaning was not lost (Smith & Osborn, 2003). Following the steps outlined by Alhazmi and Kaufmann (2022), two members of the research team (SZ and CS) first identified individual meaning units and created initial

coding categories: topics and information, group environment, logistics, and group structure. Meaning units were further clustered into subcategories within these broader categories, and were cross-coded with sentiment (was the meaning unit stating something positive regarding *Connections* or making a suggested change). After coding passages together and discussing any areas of difference, two full interviews were coded by SZ and CS (Coding Comparison Kappa > 0.70 for all meaning units coded). SZ and CS then coded the remaining transcripts individually.

Following initial coding, another member of the research team (NA) reviewed codes and subcodes, read coded meaning units within larger passages where necessary to understand women's meaning, and worked to make sense of connections that were emerging (see Smith & Osborn, 2003). After developing initial themes, NA clustered and re-ordered themes based on two main axes: relational and trauma-informed frameworks (e.g., statements indicative of a relational approach, statements indicative of a trauma-informed approach, or statements did not fit into these approaches), and content, wherein emerging themes were represented by and categorized into areas including group content, group structure, and group characteristics. This thematic structure was then reviewed and discussed with an additional researcher, MM, which included re-reading transcripts to aid interpretation and ensure meaning was not obscured, as well as to ensure any divergent or unique views were adequately represented (Smith & Osborn, 2003). Following these discussions and minimal amendments, the final thematic structure (including descriptions and representative quotes) was reviewed by three additional team members to check for consistency and ensure validity (see Alhazmi & Kaufmann, 2022), including a senior researcher (DP), a director of the hosting Breaking the Cycle program (ML), and a Breaking the Cycle clinician who has been delivering *Connections* for many years (GD).

Results

The goal of this study was to understand women's experiences in *Connections* and to describe the intervention and implementation factors women identified as important. Using a hybrid phenomenological approach (Alhazmi & Kaufmann, 2022), we identified five main areas of importance: readiness, group content, group structure, group characteristics, and broader structure of community-based projects. Within each of these areas, themes were identified that highlighted what aspects women felt were important, both from a relational and trauma-informed approach. See Table 1 for a summary of main themes.

Readiness

Women expressed the importance of considering readiness for the intervention, which they noted should be considered by both the woman and the facilitator(s). From a trauma-informed perspective and a focus on safety, women emphasized that readiness was important both for the individual, to ensure her ability to take in and manage the content, as well as for others in the group, to ensure what might be shared is safe and appropriate.

> I think one [woman in the group] just wasn't ready for the content so it made it that much harder. I just know for me it was hard to watch because I'd been there.

Within the group itself, women commented on facilitators' ability to assess readiness, and meet women 'where you are at,' focusing on what each person needed at that time.

> You can kind of say as much or little as you want to.

In line with the concept of being 'met where you are at,' women noted the need for ongoing support and continuing to consider readiness. Some suggested offering a yearly 'refresher' or other type of continued or enhanced support.

> Yeah, see what progress we've made personally and how we can further ourselves, right? Here's your step forward, now let's maybe take another 2 steps.

Others had or hoped to attend the intervention more than once. They expressed that more and different information could be retained the second time through, and that their ability to take in the information depended on their current life circumstances.

> I would definitely be open to taking it again because… it's so heavy on some of the weeks, you're feeling the surface emotion, you're digging a little deeper, but then if you were able to take it again, you dealt with that stuff. Now you can dig a little deeper. So you're able to address and discuss, talk about things that not necessarily you were able to the first time because of the instant emotion that was tied to the topics of conversation.

Group Content

Themes related to group content comprised the order of content presented (both across sessions and within sessions), physical materials, and having meaningful activities and content. Women noted that the order of topics presented each week tied together in a meaningful way, such that each week built on the last and the content felt balanced. The order of topics was particularly important with regard to promoting safety (e.g.,

Table 1 Main themes organized by their applicability to relational and trauma-informed approaches

	General	Relational approach	Trauma-informed approach
Readiness	Importance of readiness, which should be considered both by woman and facilitator(s) Need for ongoing support and consideration of ongoing 'readiness'	Facilitators' ability to assess readiness, meet women "where you are at" Consider offering yearly 'refresher'	Importance for the individual (her ability to take in and manage content) and for the group (ensure what is shared is safe and appropriate)Attending group more than once to retain more or different information, depending on current life circumstances
Group Content			
Order of content (across sessions)		Each week built on the other Topics tied together in meaningful order	Topics ordered to promote safety Not overloaded with information
Order of content (within sessions)		Check ins facilitated relationship building	Check outs, grounding, meditation ensured people feel safe before leaving group
Physical materials	Take home materials fostered continued learning Extra take-home materials to supplement	Shared materials and learnings with others	Providing a safe option for materials to *not* be taken home
Meaningful activities and content	Positive activities resulting in physical reminders	Personally meaningful content that came from women's own experiences	Multiple formats to support different learning styles
Group Structure			
Timing/logistics	Timing of group during day/week to avoid challenges		Importance of running the group often to ensure availability/choice
Physical space/experience		Childcare available from trusted childcare workers decreased barriers to attendance and increased comfort	Warm, welcoming, comfortable, non-clinical space allowed women to feel safe
Physical group structure and importance of discussion	Discussion-based group allowed for open sharing of experiences More time was needed to share, unpack difficult topics, process	Balance between space for open sharing but not oversharing Facilitators' important role in managing group dynamics	Physical structure promoted trust and safety (closed group, all women, small group size)
Group Characteristics			
Women in the group	Group format increased comfort, allowed for open sharing	Similarity to other women (experiences, stories) helped women feel like they were not alone	Confidence that confidentiality would not be breached, women were patient, warm, non-judgemental
Facilitators	Provided both knowledge and support, acted as role models Co-facilitation allowed for different perspectives	Facilitators connected to women, were open, genuine, 'real' Calm, gentle, empathetic, supportive, compassionate	Non-judgemental, could maintain group structure (sharing, boundaries) to ensure safety Available to support beyond the group
Broader Structure of the Community-Based Projects	Central to the community, easy to access Centralized services that worked together	Importance of having familiarity with the project/facilitators Trusted within the community	Other groups and services available, other service providers to offer support
Applicability of the Intervention for Other Groups of People	Need for others to experience the group and learn these concepts Male partners/fathers, their own mothers, younger girls/women (high school)		

self-care was talked about before delving into past experiences that might be difficult to manage; facilitators provided advance warning with a 'heavy' topic was coming up). Within each session, women noted that having check-ins at the beginning promoted relationship building, and check-outs/grounding activities at the end were effective to ensure women felt safe before leaving the group.

> I liked whenever we ended the session with a meditation because sometimes there was a lot of really bad memories that popped up. So having that meditation at the end and clear your mind and just remember that you're safe now. To know that you're ok and this is going to help other people, it really made a difference for me.

Many women commented on the physical materials provided. They appreciated having the information available to take home with them, facilitating their continued learning and ability to refresh and remind themselves of certain learnings. Some women reported sharing these materials with others, including partners, children, siblings, and other family members.

> To this day, when we start to argue, I'll go back to my binder and we'll sit down and go through it together. Which I think is something huge for us because that's not something my husband would have done before.

Women also requested having additional information to supplement their learnings and made suggestions including book lists, handouts, or online resources. Though most women reported taking materials home with them, some commented on the importance of being able to leave their materials at the program, in situations where having materials at home would not feel safe.

Finally, women discussed the importance of positive and uplifting activities; particularly those that resulted in physical reminders that could be taken home and kept for the future (e.g., dream boards, preparing a box with positive affirmations). Some women noted the importance of having materials in different formats (e.g., discussion, videos, reading, handouts), to help people who learn in different ways. Further, women commented on the importance of having content that was personally meaningful and reflected women's own experiences.

> …because our examples that [the facilitator] would write, it came from us… it would have come from all of our experience, like specific experiences, not just in a book. (Woman 1) Yeah, it wasn't clinical. It was real (Woman 2).

Group Structure

Women commented on the timing and logistics of offering the group, the physical space/experience, and the overall structure of the group (including physical structure and the importance of discussion). Women noted the importance of considering the time of day and day of the week that the group was being offered. Some women noted challenges, such has attending an evening group after work, or avoiding times when children needed to be picked up from school. Women noted the importance of running the group often, to ensure availability.

> I was like, this is my situation, do you guys have anything for me? And they're like, actually here's this intervention starting now, I think you would fit in it really well…Perfect timing.

Many women commented on the physical space and its contribution to a safe and relational experience. Women noted the importance of having on site childcare, specifically with childcare workers that women already knew and trusted. Knowing that their children would be safe and cared for not only gave women the ability to attend the group, but also increased their comfort.

> [Childcare] was so important. I wouldn't have been able to come without it. It was great that the same childcare workers that we have been with in the [other group] are with our kids.

The physical spaces themselves were described as warm, welcoming, comfortable, easy-going, and 'non-clinical.' Women spoke about how these physical attributes contributed to feelings of safety, allowing women to open up about difficult topics.

Women also discussed aspects of the physical group structure. A frequent theme noted as being particularly helpful was that groups were discussion-based. Having open discussion allowed women to share their experiences, hear others' experiences, and build from those.

> We did a lot of talking and sharing. I felt that was kind of nice because, it's kind of like when you go to most groups and someone is just talking and you're kind of just listening. So having that open, it felt very open, you could share if you wanted or not.

The most common feedback around suggested changes was that women wanted more time: several suggested more sessions, or longer sessions, to allow for more time to share. Women noted that time was needed to unpack particularly difficult topics, and sometimes more time was needed to process and have space to give everyone the opportunity to share.

> I think that [thinking back to childhood experiences] takes a lot of thought, a lot of energy because…I'm analyzing it and then I'm connecting what has happened and what's happening now and kind of relating

> and going back and forth. So my brain is very busy and I think that it would have just been better if [length of each session] was longer.
> Yeah, if it were to split it like maybe a couple more weeks on to it, it would have been more beneficial and a lot more to process and take in.

From a relational perspective, women talked about the difficult balance between having an open, non-judgemental space wherein everyone can feel comfortable sharing, but also considering group dynamics and not oversharing or taking up too much space in the group. One woman highlighted the important role of facilitators in managing this balance.

> We would sometimes only have like 45 minutes in a group…if someone takes 10 minutes talking about themselves, that's too much……I think that the facilitators of the group are really good at bringing it back.

Finally, there were several specific structural aspects that women highlighted as promoting feelings of safety. This included that *Connections* was a closed group (having the same people there each week feel safer), that it was all women (which reduced some women's triggers), and that it was a small group (which allowed more space to share, and increased feelings of safety and confidentiality).

> It felt really safe. Like knowing that it's the same people every time and not somebody new that's going to find out your whole story and they're going to know everything about you and you only see them one day in your life. So having it be a closed group made it more comfortable for you to talk.

Group Characteristics

In terms of important group characteristics, women discussed other participants as well as facilitators. Many felt that the group format enhanced their experience, particularly by increasing their level of comfort and allowing them to share openly.

> You hear them sharing, and then it allows you to kind of open up yourself because it's like, 'Well if they're sharing that, I can share this.' And then somebody hears what you're saying and they're like, 'Well she's saying that, I can share this.' So it's kind of like group effort… I found it a lot more inviting than sitting in a room with somebody I didn't know that probably never went through the same thing.

Some women noted that similarity to other women (e.g., age, life history) helped them feel less alone. Some also noted that even when women were different ages or from different backgrounds, they shared similar stories and experiences.

> It made me feel like I wasn't alone in what I had gone through and I really got a lot out of when we did share our experiences.
> It's nice to be around other mothers that went through the same thing.

Feelings of safety also stemmed from the other women in the group. Women reported having confidence that confidentiality would not be breached. They found others in the group to be patient, warm, welcoming, and non-judgemental.

> I feel more comfortable in this group, like with open discussion. It's a good group of women. I'm not afraid that anything I say is going to be taken out [of the group].

There was a great deal said about the importance of facilitators. Women highlighted that facilitators provided both knowledge and support. They acted as role models, which was particularly important for some women who had few other healthy supports.

> [The facilitators] are strong women, they're supportive women, they're advocates for us. (Woman 1) And they're successful. They're very successful women in their fields. So it's nice to have them, to me, as a role model. Someone to guide me. (Woman 2)

Some also noted that having two co-facilitators was helpful, in that they offered different perspectives and could feed off of one another. It was noted that facilitators also contributed to discussions which allowed women to connect with them. They were open, genuine, and 'real,' and were also calm, gentle, empathetic, supportive, compassionate, and non-judgemental.

> They talked. They were real with us. They talked their lives, they talked their feelings, and it helped us connect with them.

Rules were created by the group but maintained by the facilitators, ensuring everyone felt safe and supported. Women also emphasized facilitators' ability to maintain group structure, such as keeping people on task, managing sharing versus oversharing, and maintaining boundaries. Finally, women also commented on the importance for facilitators to be available beyond the group itself. This included simply making time for a private conversation following the session, checking in with women between sessions, and supporting women in getting connected to other services and helping with other life challenges.

> They gave me the support after the sessions, like after the group finished, I was able to talk if I needed to talk…[The facilitator] was the one who gave me the advice to…get [my son] into daycare faster.

Broader Structure of Community-Based Projects

There were aspects of the community-based projects that women highlighted as being particularly important. In many cases, the projects themselves were central to the community and easy to access. The fact that the community-based projects offered centralized services was highlighted. Women compared this experience to prior experiences of having different groups or services that were disjointed. They appreciated not having to go to multiple places, not having to retell their story over and over, and having services that worked together.

The community-based projects also provide a strong relational foundation. Women spoke about the importance of already having familiarity with the community-based project and the facilitators. Some had been attending the project for many years, and the projects and people working there were well known and trusted within the community.

> I've been coming to [the community-based project] since I was 5. My mom started me as a little girl, she was in the parent programs so then I just kind of got into them as I was growing up. It's always been a part of my life.

The community-based projects were also a trusted source of safety for women. There were other groups and services available within these organizations, and other service providers to offer support.

> You need additional support beyond that. Because it's one thing to do the group, but then stuff comes up when you go. That's where I'm lucky to have [the community-based project]. Because I get to come here, I have a parent infant therapist and I have [an addictions counsellor] here.

Applicability of *Connections* for Other Groups of People

A relatively unexpected theme was the applicability of the Connections intervention for others. Some commented on people in their own lives, suggesting that their own mothers or partners would benefit. Others commented more broadly, suggesting the potential to expand the age range and discuss these concepts in high school, before girls and women enter into relationships.

> And I believe if it were to be put in high schools, I feel like the violence levels would go way down because they would learn the tools that they need to actually talk an issue out. (Woman 1) And have a healthy relationship. Learn about healthy relationships before you get into it. (Woman 2) And how to get through [rough] patches with people and actually communicating your emotions. If you were to put that with younger people, I believe it would change so much with our next generation. (Woman 1)
>
> I think it should be kind of a group like this for dads too. I took all the handouts that we got home for dad to do them too and he learned a lot, just from those. But even having a group like this, that's like meant for dads, I think would really help. Especially first-time ones because a lot of them are just as scared as us when they first start out.

Discussion

Previous *Connections* evaluations indicated positive changes for both women (related to themselves, their relationships, their parenting, and their connections to community supports) and facilitators (related to their enhanced skills and its impact on their work, their organization, and their community) (Andrews et al., 2021a, b; Singh et al., 2020). In the current study, we sought to understand what intervention and implementation factors were identified by women as important components of their experiences and the changes they made as a result of their participation in *Connections*. Results supported our expectations, in that the themes identified through interpretative phenomenological analysis mapped onto the overarching theoretical frameworks: supporting relationships, operating from a trauma-informed approach, and leveraging the existing capacities of community-based organizations that serve vulnerable families.

Building Relationships

Relationship-building started before the intervention began, wherein women noted the importance of working with facilitators to understand and assess their readiness. Readiness for personal change is central to one's ability to make use of interventions (Cluss et al., 2006; Jack et al., 2012). In a group setting, readiness to participate appropriately is additionally important (see section below on safety; see also Motz et al., 2019). Through the content and structure of the intervention, as well as the broader context of being embedded within a community-based project, women felt as though they were cared for and supported. Past research has identified many barriers that are particularly relevant to mothers who need support related to IPV; these can include socio-structural barriers (e.g., lack of transportation, geographic location), instrumental support (e.g., childcare), and stigma and shame (Letourneau et al., 2013). In *Connections*, women noted that barriers to attendance were decreased and they felt comfortable attending the intervention, through an intentional focus on relationship building. For instance, facilitators would check-in on women outside

of the intervention sessions, including reminders to attend, which strengthened women's relationships with facilitators and made women feel seen and cared for. Being in a familiar setting with trusted staff decreased the barrier around stigma and shame, instead encouraging women to attend an intervention where they knew they would not be judged. Further, having childcare available allowed women with young children to attend while promoting and validating the importance of mother-child relationships.

Characteristics of both other women and facilitators emerged as important. Women built relationships with others in the group and noted the importance of the group setting in "feeling like they were not alone." Isolation can be both a risk factor for and an outcome of IPV (Capaldi et al., 2012; Hardesty & Ogolsky, 2020; Sullivan et al., 2004). Women who participated in *Connections* felt the importance of reducing isolation, by bringing together women who had similar experiences and similar stories. This connection made women feel less isolated in their experiences and provided the foundation for building new interpersonal relationships. Given the ways in which relationships play a key role in development (including development of individuals, institutions, and systems; Walker & Rosen, 2004), increasing opportunities for women to build positive and healthy relationships is critical. *Connections* also supported relationship building beyond the intervention, wherein several women discussed bringing materials home to share with partners, parents, and children. As such, the structure and process of the intervention itself allowed women to build stronger family relationships.

A Trauma-Informed Approach to Intervention and Implementation

In *Connections*, women noted that group content was ordered in such a way as to promote safety, and check-outs and grounding activities helped women feel safe leaving the group after each session. Flexibility was built into several aspects of the intervention, including allowing women to attend the group more than once, presenting information in multiple formats to support different types of learning, and providing physical take-home materials while also offering an option for materials to remain securely with facilitators. Flexibility, or adaptation, is sometimes seen to run counter to the idea of rigorous evaluation and high standards. Indeed, balancing adaptation and fidelity can be difficult for interventions implemented in real-world contexts (Allen et al., 2012; Castro et al., 2004). In balancing adaptation with fidelity in *Connections*, we saw that facilitators were able to maintain a focus on key concepts (see Andrews et al., 2021a for a *Connections* outcome evaluation), while also providing flexibility, particularly in some of the structural intervention aspects. Flexibility and choice is central to the intervention process, particularly when intervention is based upon trauma-informed approaches (Castro et al., 2004; Ninomiya et al., 2023). Our results indicate that allowing for adaptation and flexibility not only enhanced women's experience in the group, but also ensured their safety.

Physical aspects of the intervention space and physical group structure (including a warm, comfortable, non-clinical space, as well as a small, closed group with all women) were frequently mentioned. Characteristics of the facilitators and the other women in the group also contributed to safety. Specifically, women noted the importance of confidentiality and trusting that others would not break confidentiality. Again, this was critical, considering safety around potentially ongoing abusive relationships. Women highlighted the importance of non-judgemental, caring facilitators and participants in the group (see also Motz et al., 2009; Niccols et al., 2010; Rivas et al., 2015). Women touched upon the importance of boundaries, given that oversharing does not promote safety (Leslie et al., 2016; Poole, 2014), and that facilitators need to play a pivotal role in managing group dynamics. From a trauma-informed approach, these considerations (e.g., not having men present, not having to 're-tell' one's story each week, maintaining boundaries) can contribute to avoiding re-traumatization and ensuring safety.

Community Programming as an Access Point

The *Connections* intervention was designed to be delivered within community-based projects that were already offering services to local families with young children, and women in this study confirmed how important this was. Existing relationships, feelings of trust, and comfort based on having already attended programming in these community spaces decreased barriers to engagement and allowed women to feel more comfortable attending the intervention (see Hackett et al., 2015; Ragavan et al., 2018a, b). In fact, particularly for an IPV intervention, a neutral, community location that provides some anonymity may be preferred over other locations (e.g., a women's center or shelter; Chang et al., 2005). Additionally, women were able to access other services and supports through their ongoing involvement with the community-based project. This occurred both during the intervention (e.g., women could speak to facilitators in-between intervention sessions if they needed support) and afterwards (e.g., women attended other interventions offered by the community-based project). Further, referrals could be made to additional community services and supports (see also Galano et al., 2017; Macy et al., 2012).

Limitations and Future Directions

Only women who completed the intervention participated in this study. It is possible that participants were particularly

highly motivated. Indeed, in prior work, we found that women who did not complete *Connections* (26%) were more likely than those who completed (74%) to have only a 9th grade education, have income less than $400/month, and have no stable housing (Andrews et al., 2021a). These differences suggest that some base level of support is needed (e.g., housing, food security) to stabilize women in a manner that enhances their ability to engage in an intervention. Although challenging, future research might involve soliciting feedback from non-completers regarding how to enhance their engagement and retention.

This study is based on a specific and unique initiative. Building Connections was a multi-year, multi-phase initiative that included: engagement and outreach to over 800 community-based projects across Canada; an in-depth assessment of community, organization, and service provider readiness; in-person site visits to all communities; week-long intensive training sessions; and weekly ongoing support through an online community of practice, led by experienced Breaking the Cycle clinicians (see also Andrews et al., 2019; Zuberi et al., 2018). All of these foundational activities contributed to the experiences of the women who participated in *Connections*. Thus, we must consider limitations on generalizability of these findings. Indeed, the focus of this study was women in a parenting role, but it must be noted that interventions for men/fathers are equally critical. Women's insights, however, mapped on to the theoretical foundations upon which the initiative was based, as well as to factors included in implementation research frameworks (Damschroder et al., 2009, 2022). For instance, the Consolidated Framework for Implementation Research includes constructs such as innovation design, implementation deliverers, and partnerships/connections (Damschroder et al., 2009, 2022), which map onto themes emerging in the current study (physical materials/meaningful content, facilitator characteristics, and broader structure of the community-based projects, respectively). As such, we see the factors identified by women as being potentially relevant to others attempting to implement group-based interventions, as well as those working with vulnerable populations more broadly (including, importantly, men/fathers). More work is needed to continue exploring trauma-informed, relational approaches in community-based settings.

Implications and Conclusion

Women identified intervention and implementation factors that they deemed important to their positive experience in an IPV intervention. The broader Building Connections initiative was carefully designed based on relational and trauma-informed approaches; thus, consideration of these intervention and implementation factors were included as part of the deliberate planning and training that occurred throughout prior phases of this broader initiative (see Singh et al., 2020; Zuberi et al., 2018). Nonetheless, through questions assessing women's experiences, women were able to identify many of these factors that they considered personally important. In prior work, we have outlined specific strategies and key considerations that went into the planning and execution of the broader initiative (Andrews et al., 2019), and the current study provides empirical evidence in support of these strategies. For example, given the importance of readiness, we urged researchers and interventionists to integrate formal and informal readiness considerations into intervention and evaluation with vulnerable populations (Andrews et al., 2019). In the current study, women themselves spoke to the importance of readiness and the impact that their own readiness had on their experience in *Connections*, supporting our contention that readiness is a critical component for intervention scale-up and implementation. As such, this study supports implementation science frameworks (e.g., Damschroder et al., 2009, 2022) and offers insight for clinicians, interventionists, and researchers, into critical factors that should be considered and addressed in intervention implementation (e.g., group content, group structure, group characteristics), from women's own perspective. This study also has important implications for evaluation research broadly. In addition to assessing outcomes of IPV interventions (which is, of course, important; see Broll et al., 2012), results from this study support the importance of process evaluation and a focus on structural and implementation factors that are critical to a safe and successful intervention (Damschroder et al., 2009, 2022; Pinch, 2009).

Results support our prior work evaluating the Building Connections initiative and the *Connections* intervention (Andrews et al., 2020, 2021a, Motz et al., 2009, Singh et al., 2020), and expand upon those studies to understand the impact of specific implementation factors on women's experiences. Results highlighted the importance of allowing for flexibility and adaptation of interventions to maintain safety, while also upholding fidelity. Women described components of the intervention that helped support relationship-building (with participants and facilitators), which contributed to feeling safe and supported. Finally, results supported community-based projects as access points for engaging women in intervention and facilitating their access to other services within the community, suggesting that community-based projects may be uniquely suited to integrating and implementing IPV interventions that can support vulnerable families across Canada.

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Declarations

Transparency and Openness All procedures were approved by the university ethics review board. This study was not preregistered. Data are not available due to privacy/ethnical restrictions.

Conflict of Interest The author(s) declared no potential conflicts of interest.

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