

# CONNECTED PARENTS

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THE PROJECT TO END  
DOMESTIC VIOLENCE



Supporting parents and caregivers of children aged 6 to 20 to foster their children's healthy relationship skills and prevent adolescent dating violence (ADV)

- Parents receive ~70 interactive, research-based texts over 6 months
- Topics: Relationships spectrum, assertive communication, boundary-setting, conflict-resolution, warning signs of ADV, and others
- Texts automated through texting platform
- Integrating AI for personalization and customization



Text messages to build parents' skills to support healthy youth relationships



Build capacity of parent leaders to offer support

Work with community leaders in the places where parents naturally go to build healthy environments

- Facebook group on parenting
- Led by Shift staff
- ~2 ConnectED Parents posts per week: Parent-child scenarios, articles, videos, resources
- Exploring use of XR/VR to enhance training

- Exploring use of XR/VR to enhance training for parent leaders



# Why Use Tech to Support Parents in Preventing Adolescent Dating Violence?

Meeting parents where they are



Improving skill practice



Immediate, just-in-time support



Different opportunities for peer support and community building



Additional ways to collect data



Potentially cost-effective scalability



# Leveraging digital interventions for support of women experiencing intimate partner violence and substance use

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Knowledge Network Learning Hub



centre of excellence  
for women's health

# Individual & Group Benefits of Virtual Services for IPV and SU

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## Individual Benefits

- Ability to participate from a familiar environment
- Ability to use a pseudonym, change names, or blur background, providing anonymity and choice to how women present themselves
- Stigma reduction
- Reduced transportation barriers
- Ability to join from anywhere there is internet and/or data access



## Group Benefits

- Options for communication (e.g., chat vs. unmuted)



# Organizational Benefits of Virtual Services for IPV/SU

- Platform for trauma informed approaches- choice, connection, safety, skill building
- Build capacity and knowledge in staff to increase learning and information sharing
- Ability to reach women beyond geographic bounds, and those who have graduated from the organization
- Reduced costs (printing, space, rental, travel, refreshments)



Strong Women

## Finding Trauma-Informed Support

This resource is designed to assist you to find, and advocate for, health and social care that is trauma-informed, to help you build safety in your healthcare experiences.

Trauma-informed services do not require you to disclose traumatic experiences. Instead, in trauma-informed services, it is understood that women seeking support for chronic pain may have experienced trauma; so they create safe and trustworthy services, encourage collaboration and connection, and build on women's skills and strengths.

It is as important for you to have the confidence to advocate for trauma informed support, as it is for service providers to offer it. To support you in doing so, the following are key principles of trauma informed practice that you can advocate for in your care:

### Connection

- Know that a respectful and positive connection with your provider is important to your care. It is in this way that trauma informed support can be reparative of prior unsafe and overwhelming experiences.
- Notice how the health/social care team models respectful relationships among themselves, with other professionals, and with you. This relational and emotionally intelligent approach is key to trauma-informed care.

### Choice & Collaboration

- Ensure your health/social care provider listens to you, and involves your preferences as much as possible, at each stage of your pain management journey.
- Ask for options and discuss your choices – about diagnostic processes, pain management options, and who to add to your care team – so you feel empowered when accessing care.



### Safety & Trustworthiness

- Tell your health care provider what safety means for you, including any options that the health or social care team could offer to help address your safety concerns.
- Discuss what the signs of feeling overwhelmed are for you (for example, do you get agitated, or become numb during some care interactions?); and what you find helpful to re-centre (e.g. mindfulness exercises, walking, saying affirmations, breathing exercises, having an Elder present). Ask for support in noticing these signs and using centering strategies.
- Ensure your health care provider explains all procedures beforehand with continuous consent as you go along, so the process is predictable for you.

### Strengths & Skill Building

- Know that opportunities to learn and practice self calming skills can be important to your wellness.
- Connect with community services that offer walking groups, mindfulness practice, yoga, drumming, and other wellness-oriented practices to support your wellness, growth, recovery, and healing.
- Connect with local anti-violence services and support groups as needed.
- Know that you are strong and resilient, that you already possess survival skills. You can continue to develop further skills to support your wellness, growth, recovery and healing.



# Online Family Violence Groups for Men who Use Violence in Atlantic Canada in Remote and Rural Areas

DR. CATRINA BROWN

2025

# Benefits Online Gender Based Violence Compared to in Person

- ▶ In person services are limited and primarily urban with long wait lists.
- ▶ Reduces geographic barriers and improves access- Programs not available, limited time of day offered; limited program options offered; financial/time barriers and stigma; addresses wait lists; reduces sense of isolation
- ▶ The results support offering online services, especially in rural and isolated areas with extreme financial/geographic barriers and a lack of services, especially in poorer provinces.
- ▶ Costs/time of day/scheduling re family, work and travel to cities.
- ▶ Result that family violence is more common in rural areas which also has few to no resources.
- ▶ 85% of 123 service providers reported that family violence online programming would improve access in underserved areas (situational needs assessment).
- ▶ Fill gaps in services and increase choices/options, help to reduce violence and danger; provide more privacy/confidentiality than in person service in small communities.

# Benefits Online Gender Based Violence Compared to in Person

- ▶ Better geographic access overall (re barriers, resources, access to services & professionals).
- ▶ More cost effective (provision of services; cost of travel; lost employment time; childcare)
- ▶ It is a way of providing services with the need for less infrastructure and ability to draw on an existing developed program and available trained service providers throughout the provinces.
- ▶ Feels safer and less vulnerable than in person for some men and service providers.
- ▶ Service providers indicate strong support for online services.
- ▶ People can be from various communities increasing the likelihood of confidentiality in rural areas.
- ▶ Existing safety and repair model can be adapted to online provision
- ▶ Addressing the rural/isolated population needs with more single income household, un/under employment, and overall violence.

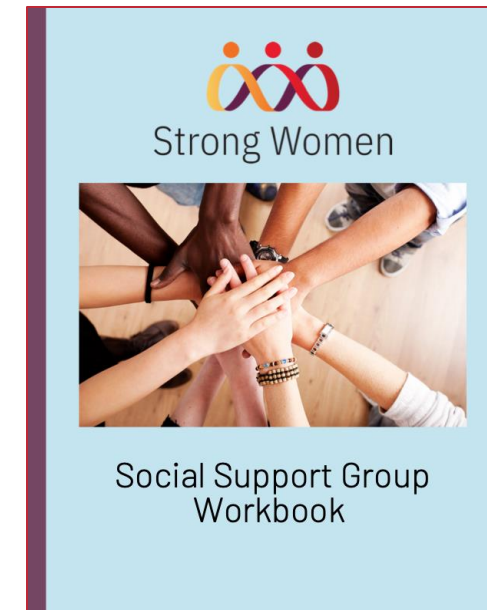
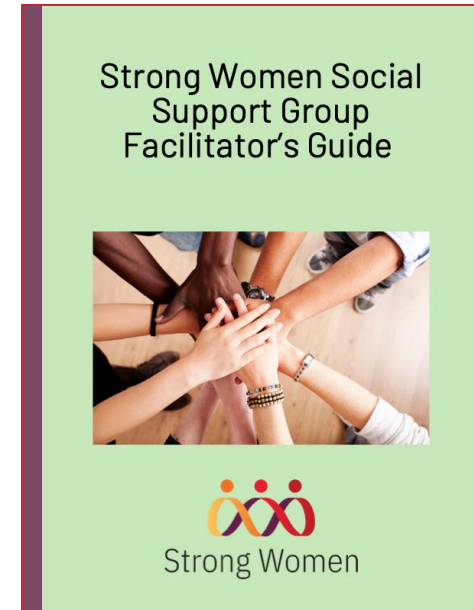


## How Rural Men Who Have Used Violence Engage with Online Interventions and Adaptations Needed

- ▶ Men report it being more available/accessible/affordable/valuable peer support, privacy/confidentiality.
- ▶ This is especially true for the men in our study –rural and isolated in the 4 Atlantic provinces which have few to no services in person to begin with.
- ▶ Need to set ground rules/contract as do all groups but specific to confidentiality/having people come in the room or leaving suddenly and group worries. Children may be home etc. which needs to be managed.
- ▶ Addressing *access to technology* - May not have or afford to have service or a device.
- ▶ Providers note *technical capacity* can be a problem, especially with men in the 50's/60's who may be less familiar. Social demographics may influence technological exposure/comfort and capacity. Embarrassed to ask for help.
- ▶ *Reception/internet services* may be poor. Schedules can conflict. Still wait times.
- ▶ In our study we provide tablets and data card for those who need it (phones can be used).
- ▶ As it is a study, we interview the men before the groups start at the end and in 6 months post. This is likely wise for all service provision.
- ▶ Men noted they would like to be able to follow up with the other men after the group ends.
- ▶ Training of service providers including safety training, working with men as both survivors of and users of violence.

# Engaging Diverse Populations

- Gives women options for how they engage in virtual setting to reflect a range of fears, anxieties, concerns
- Inclusion of broader groups of women, such as those with dis/abilities, with multiple issues, remote or rural locations, low literacy, or TBIs
- Provides support and reduces barriers for women who might be met with abstinence-only services
- Allows women to manage caregiving and parenting responsibilities



# How do diverse populations engage with tech interventions? What should we consider when adapting for them?

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## Considerations:

- Is tech the best approach?
- Which technology or tool is most appropriate?
- No-code platforms put us in the driver's seat
- Diverse development teams & work with diverse groups to “break” prototypes to reveal hidden risks
- Consider lower-tech versions
- Trauma-informed algorithmic assessment:  
<https://apo.org.au/node/326724>

## Broader Tensions:

- Scalability <-> Cultural and Local Specificity
- Tech-Mediated <-> Human Connections
- Prevention <-> Response
- AI “Solutions” <-> Structural Realities

