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An innovative approach to addressing gender-based violence and adverse childhood experiences: An evaluation of the Alliance against Violence and Adversity (AVA) community agency internship program

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ABSTRACT

Background: Gender-based violence (GBV) and Adverse Childhood Experiences (ACEs) are associated with numerous detrimental health, social and economic impacts across the life course. Despite overwhelming evidence of GBV and ACEs as global health concerns, current approaches to prevent and respond to GBV and ACEs have been insufficient to address these problems. Drawing on evaluation and implementation research, innovations in GBV and ACEs training may help solve this problem. This study evaluated the Community Agency Internship Program (CAIP) of the Alliance against Violence and Adversity (AVA), a health research training platform that funds graduate student interns in community agencies focused on GBV and ACEs interventions in Canada. This evaluation focused on interns' and community agency leaders' self-reported perspectives of: the interns' tasks and activities conducted during the internship, barriers and challenges, benefits and impacts, and satisfaction with CAIP.

Methods: A pilot evaluation employed survey data collected between 2022 and 2024. Nine interns and four community agency leaders completed surveys at the conclusion of the CAIP placement. Quantitative and qualitative data were analyzed using descriptive statistics and deductive thematic analysis, respectively.

Results: The CAIP positively impacted interns' and leaders' professional practice, goals, and personal growth, with most reporting high satisfaction with the program. Interns became comfortable with the pace of community-based work and engaging with diverse community members. Community agency leaders reported readiness to integrate research within their organizations and emphasized how the CAIP provided them with resources to engage in research and evaluation of their practice and implementation of services.

Conclusions: The AVA CAIP promoted community agencies' engagement in evaluation activities, and increased reciprocal learning about uptake, dosage, and maintenance of innovative programs to optimize service delivery to address the crisis of GBV and ACEs in Canada.

1. Introduction

Gender-based violence (GBV) encapsulates how women, girls, and gender-diverse people (WGGDP) experience different social vulnerabilities due to their gender, perceived gender, and/or, at times, sexuality, predisposing them to experience greater levels of violence (Government of Canada, 2024a). In the last decade, GBV has been rising alarmingly across the globe, especially in low-to-moderate income

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countries (Sardinha et al., 2022) but also in high-income countries such as Canada (Dawson et al., 2023; Statistics Canada, 2023). In fact, GBV is now considered an epidemic in Canada (RESOLVE NETWORK, 2024), with 44% of all Canadian women reporting experiencing some form of violence from their partners in 2018. Women who were disabled (55%), experiencing poverty (57%), Indigenous (61%), or a sexual minority (67%; e.g., bisexual, trans, Two-Spirit, non-binary, lesbian) experienced even greater rates of GBV (Jaffray, 2021a, 2021b), attributable to the cumulative intersecting white patriarchal oppressions that these individuals must navigate (World Health, 2021). More specifically, a society which privileges white, cis-heterosexual, able-bodied men results in inequitable opportunities for women, which can be intensified for women who are further marginalized due to various myths, stigmas, and oppressions (Crenshaw, 2017; Herek, 2007; Kurbatfinski et al., 2024). Considering these vulnerabilities in the context of GBV and ACEs is critical.

Early life adversity, including exposure to GBV during childhood, is considered an adverse childhood experience (ACE). ACEs are traumatic events or conditions that an individual experiences during childhood that are associated with poor outcomes in childhood and adulthood (Bellis et al., 2019; Madigan et al., 2023; Struck et al., 2021). ACEs are typically categorized as child abuse and neglect (physical, sexual and emotional abuse, physical and emotional neglect) and household challenges such as witnessing intimate partner violence, living with a family member with mental illness or substance use disorder, experiencing parental separation/divorce, incarceration of a household member, or living in poverty (Centers for Disease Control and Prevention, 2023; Felitti et al., 1998). Recent worldwide estimates suggest that over 60% of adults have experienced one or more ACEs (Madigan et al., 2023). This aligns with Canadian estimates indicating that 61% of Canadian adults between the ages of 45 and 85 report exposure to at least one ACE, of which 20% report exposure to intimate partner violence (Joshi et al., 2021), and 75% of adolescents from a community sample reported experiencing at least one ACE before the age of 18 (Afifi et al., 2020).

Exposure to GBV and ACEs are linked to numerous detrimental health and social outcomes. GBV increases the risk of mental health problems such as depression, anxiety, and suicidal ideation, as well as physical health problems, including gynecological issues and chronic pain (Dillon et al., 2013). ACEs are associated with chronic conditions such as cardiovascular disease, diabetes, and obesity, alongside mental health problems such as PTSD, depression, and substance use disorders (Anda et al., 2010; Bellis et al., 2014; Felitti et al., 1998; Hughes et al., 2017; Kalmakis & Chandler, 2015). ACEs are also associated with poor educational outcomes (Stewart-Tufescu et al., 2022) and intergenerational persistence of violence (Hughes et al., 2017). The economic burden of GBV and ACEs is staggering, with global costs exceeding $1.3 trillion annually (Bellis et al., 2019), and the U.S. lifetime economic burden of intimate partner violence (IPV) surpassing $3.6 trillion (Peterson et al., 2018). In Canada, the costs of healthcare and legal responses to GBV are estimated at $7 billion for spousal violence (Zhang et al., 2009) and $20 billion for child abuse and neglect (Dow-Fleisner, 2020). While a national health concern, GBV and ACEs are contributing to a global health crisis (Heidinger, 2022; Jaffray, 2021a, 2021b; Tonmyr et al., 2020) and current prevention and response strategies appear insufficient to address these problems.

1.1. The research-practice gap paradox

Innovative efforts to prevent, reduce, and respond to GBV and ACEs in Canada need to be identified, implemented, and evaluated. One promising area involves addressing the disconnect between what we know (knowledge) and what happens (practice) in health care and social services, termed the “research-practice gap paradox” (Westerlund et al., 2019). Historically, the divide between researchers and service providers has hindered meaningful and timely application of research evidence into practice (e.g., interventions, programs, service provision) (Jull et al., 2017). Consequently, service providers may inadvertently provide suboptimal and/or outdated care, as they are unaware of current best practices (e.g., evidence-based interventions) (Buchan, 2004). To bridge this knowledge-to-practice gap, service providers must draw from research evidence that underlies best practices (Jull et al., 2017); however, research evidence (e.g., robust program evaluations) can be inaccessible, difficult to interpret and integrate, or misaligned with the reality of practice contexts (Miranda da Silva et al., 2024; Riera et al., 2023). Moreover, researchers and service providers may not have adequate training and resources to undertake the necessary engagement to bridge the research to practice gap (Barrimore et al., 2020; Lynch et al., 2018), undermining their capacity to identify, implement and evaluate effective solutions to address GBV and ACEs (Grigaitė et al., 2024; House of Commons, 2015).

Uniting researchers, service providers, and individuals with lived experience through community-engaged research can improve the utilization of evidence-informed practices (e.g., integration of tested interventions and programs) to address GBV and ACEs (Graham & Tetroe, 2010; Health Innovation Network; O’Brien & Whitaker, 2011). This approach considers diverse needs, addresses stigmas, and challenges system-level barriers (O’Brien & Whitaker, 2011). Building upon a foundation of community-based research (Banner et al., 2019; Graham et al., 2022), implementation science involves assessing methods that can enhance research understandings and the utilization of evidence-based practices into services so that provision of care is optimized (Eccles & Mittman, 2006). Implementation science has been received with considerable enthusiasm for the potential to address public health problems (Banner et al., 2019; Graham et al., 2022; Harrison & Graham, 2021). Recently, large granting agencies, including the Canadian Institutes of Health Research (CIHR) emphasize funding support for implementation science and evaluation research to build capacity to bridge the GBV and ACEs research-to-practice gap (Government of Canada, 2024b). While many interventions exist, a lack of evidence regarding their processes (e.g., facilitators and barriers to implementation) as well as outcomes and impacts (e.g., successes, efficacy, effectiveness) undermines effective service delivery within health and social services (Edleson et al., 2015).

1.2. The Alliance against Violence and Adversity (AVA)

AVA is a pan-Canadian research initiative funded by CIHR designed to improve GBV and ACEs prevention and response by addressing the research-to-practice gap. AVA includes three core elements: (1) AVA Health Research Training Platform (AVA HRTP), (2) AVA’s Knowledge Mobilization Hubs (including two autonomous Indigenous Health Hubs), and (3) AVA’s Community-Engaged Research Program. Focusing specifically on AVA’s HRTP, this initiative brings together academics and researchers, service providers, student-trainees, and individuals with lived experience (including exposure to GBV and ACEs) to break down silos between academia and community services, and enhance capacity and comfort for community engaged research, evaluation, and implementation science. AVA’s current membership includes over 250 participants representing all provinces and territories across Canada.

AVA’s HRTP (Fig. 1) encompasses six core components, briefly described below. AVA’s Online Training Modules are a free, virtual, asynchronous series of foundational, intermediate, and advanced modules that address a wide range of GBV and ACEs topics, as well as equity, diversity, inclusion, and accessibility principles, and community-engaged research and implementation science methods. The Early Career Researcher (ECR) Support program provides funding for teaching releases and mentoring to ECR scholars to engage in AVA training activities. Strategy Development Management and Evaluation is a program within AVA that provides training on strategic planning and program evaluation for all AVA members. The Implementation Science Training component provides opportunities for AVA members to engage in research readiness training. Another component of the AVA HRTP is the

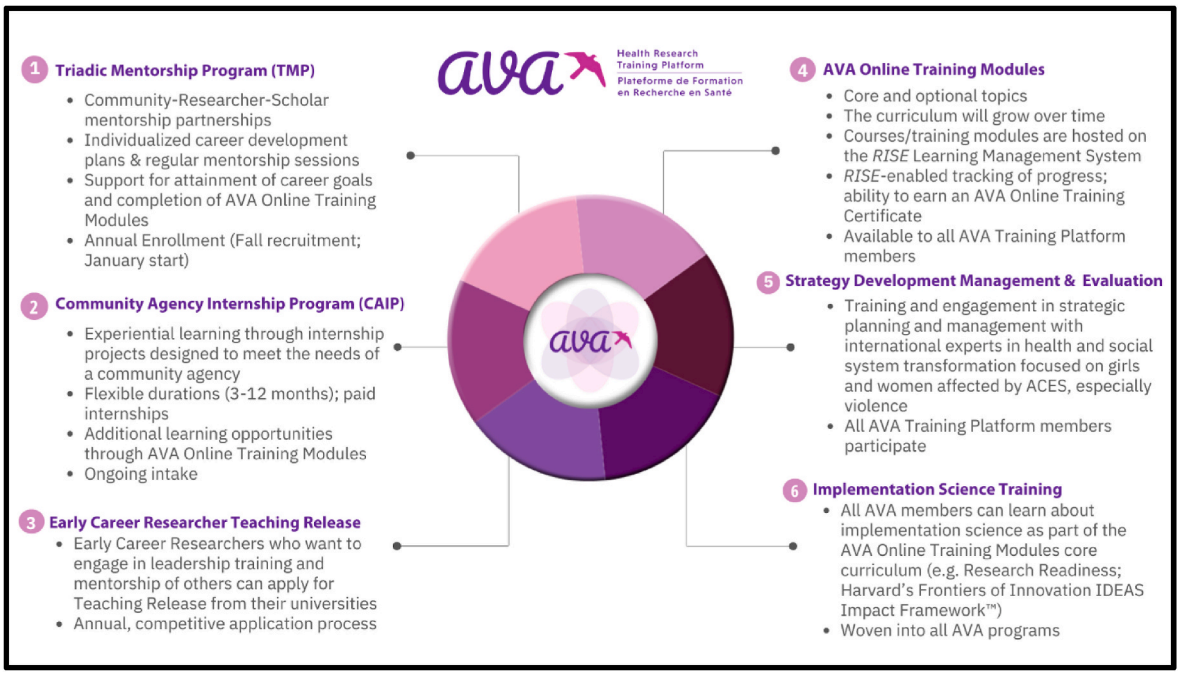

Fig. 1. Illustration of the six core components of the AVA training platform.

Triadic Mentorship Program (TMP). The TMP strategically matches a graduate student trainee with an academic mentor and a community agency leader to support the scholar in achieving their individualized career development goals related to GBV and ACEs.

Another key component of the AVA HRTP is the Community Agency Internship Program (CAIP). The aim of CAIP is to provide practical, hands-on and funded opportunities for interns (scholars/trainees from graduate programs) to work in a community agency alongside a Community Agency Internship Leader (herein referred to as Agency Leader; e.g. staff on an agency's management team). The goal of CAIP is for the intern to increase their confidence, competence, and skills in working with community partners to address GBV and ACEs by working on projects that meet the agency's needs to deliver relevant evidence-informed programming (e.g., program evaluation, assessment of barriers and facilitators for uptake of programs). AVA interns are selected through a competitive process and come from diverse disciplines (e.g., nursing, social work, psychology, criminology, medicine, community health) focused on GBV and ACEs. Depending on the agency's needs and the identified project, interns can work virtually and/or in-person at the community agency for a duration of 3–12 months. Internship activities are wide-ranging and include supporting service delivery (e.g. client-facing services), program development/innovation, evaluation, or other related activities. Various internships have already been completed or are in progress (Table 1). Additional information about the AVA HRTP is available at (www.avatraining.ca).

1.3. Purpose of the study

Given the substantial research-to-practice gap and the promise of implementation science and community-engaged research training to address GBV and ACEs in Canada, the evaluation of an innovative solution is warranted. Thus, the purpose of this evaluation was to assess interns' and agency leaders' perspectives on their experiences and engagement with the pilot CAIP, including: (1) the tasks and activities completed, (2) barriers and challenges experienced, (3) benefits and impacts, and (4) satisfaction. Findings from this evaluation may be used to improve the quality of future iterations of AVA's CAIP and to provide an implementation framework with lessons learned for future similar initiatives.

2. Methods

2.1. Evaluation design

This pilot evaluation utilized surveys to examine the preliminary processes and outcomes of AVA's CAIP pilot (2023–2024). Data were collected from the participants via surveys upon completion of the internship utilizing closed-ended and open-ended questions. Prior to engaging in this quality improvement program evaluation, this pilot project underwent the A pRoject Ethics Community Consensus Initiative (ARECCI) screening process (Innovates, n.d.). Scores between zero to seven indicate minimal risk, 8 to 46 indicate somewhat more than minimal risk, which requires a second opinion review, and scores of 47 or greater indicate definitely greater than minimal risk, which requires a more formal institutional ethics review (Innovates, n.d.). Upon completion of the screening process, a score of zero was obtained, indicating that this program evaluation has minimal to no risk to participants.

2.2. Sample, process, and measures

The pilot CAIP included 14 interns and 10 agency leaders, who were all invited to complete a survey after completion of the program. CAIP participants were recruited starting in June 2023 via the AVA website, social media posts, and emailed recruitment notices on an ongoing basis (dependent on capacity), and were required to complete application forms. In their applications, agency leaders completed questions about the agency project they required an intern for, and the criteria they were looking for from a suitable candidate. Sometimes, agency leaders referred a graduate student they wanted to work with to AVA, and other times, AVA recruited suitable interns for the agency. All intern candidates were required to submit their resumes along with their online applications. Recruited interns proceeded through a competition and interview process. Participation in the CAIP concluded when the agency had met the objectives of their agency project and exhausted the funding AVA provided for the project.

Survey respondents included nine interns and four agency leaders who also provided demographic information at enrolment, reported below. The survey assessed tasks and activities completed, barriers and

Table 1
Examples of internships being achieved through AVA's CAIP.

Community Agency & Location	Agency Mission	Project description
LOFT Community Services Toronto, Ontario	LOFT Community Services is a non-profit agency focused on supporting individuals facing mental health problems, homelessness, substance use, and other adversities. Their mission is to empower people to live more independent and fulfilling lives through housing support, mental health care, and rehabilitation services.	The intern contributed to the development of LOFT's service delivery model project and theory of change process for addressing Complex Health Needs (CHN) to improve client quality of life. This project involved a literature review, a document of best practices to address CHN highlighting where LOFT is succeeding, or needs to adjust, and a related theory of change process to update the model of impact.
Mosaic Newcomer Family Resource Network Winnipeg, Manitoba	The Mosaic Newcomer Family Resource Network is a rights-based organization that empowers newcomers by offering language instruction, settlement services, and parenting programs. Their mission is to build confidence and independence, enabling newcomers to actively participate in and contribute to their communities.	The intern helped prepare, implement, and evaluate *Positive Discipline in Everyday Parenting (PDEP)*, a violence prevention parenting program, delivered to newcomer families in Winnipeg. The project focused on facilitators and barriers to improving the uptake of the PDEP program for Mosaic's diverse client population.
Network to Eliminate Violence in Relationships (NEVR) Surrey, British Columbia	The Network to Eliminate Violence in Relationships (NEVR) aims to reduce and eliminate relationship violence in Surrey, BC, through awareness, prevention, zero-tolerance advocacy, and coordinated support for victims and offenders.	The intern created the interactive GBV screening toolkit for healthcare professionals to identify and respond to GBV with enhanced sensitivity and effectiveness. They also developed a policy brief aimed at addressing the health impacts resulting from ACEs.
Rural Development Network (RDN) Edmonton, Alberta and **Tahiuqtiit Women's Society (TWS)** Ulukhaktok, **Northwest Territories**	The Rural Development Network (RDN) is a non-profit organization dedicated to supporting rural communities in Alberta. Their mission is to foster sustainable rural development by providing resources, advocacy, and support for community-driven initiatives that enhance the economic, social, and environmental well-being of rural areas. The Tahiuqtiit Women's Society (TWS) is dedicated to advocating for Inuit women and their families in the Nunakput region. Their mission encompasses developing cultural and social programs, establishing shelters for women experiencing violence, and advancing gender equality.	The intern developed an evaluation framework for incorporating Inuit/ Indigenous perspectives and ways of being into ongoing programming, and to measure outcomes that stay true to Inuit/Indigenous ways of being. This framework was for the TWS, but (in partnership with the RDN. It will also support RDN to better understand ways to Indigenize their evaluation practices that support those working in the GBV sector.
Ruth's House Calgary, Alberta	Ruth's House supports individuals of African descent facing family crises and violence. Their mission is to empower families and communities to combat family abuse through emergency shelters, cultural programs, and community engagement, fostering a vision of abuse-free communities.	The intern conducted a community-engaged needs assessment and prepared a report that explored the needs of the African American community in the context of GBV. Findings from the assessment include actionable recommendations specific to the needs of the community.
Sagesse Calgary, Alberta	Sagesse empowers individuals, organizations, and communities to disrupt systems and behaviors leading to abuse. They provide peer support, education, capacity building, and collective impact initiatives to prevent and address domestic abuse. Their mission is to create environments for healing and safe, healthy lives, driven by values of compassion, empowerment, equity, and collaboration.	The intern supported Sagesse to update and increase their innovation culture and models to include research (formal and informal) and build Sagesse staff members' research capacity.

challenges experienced, benefits and impacts, and satisfaction.

2.2.1. Tasks and activities

Interns selected the tasks and activities they engaged in or completed during their internship from a predetermined list of 23 tasks and activities (e.g., data collection, preparing research instruments). Similarly, agency leaders selected the activities their interns completed or engaged in throughout the internship. Participants could also provide responses to open-ended questions about the tasks and activities completed during the internship.

2.2.2. Barriers and challenges

Both agency leaders and interns were asked to identify barriers or challenges experienced during the internship by selecting from a predetermined list of seven options. Barriers included unclear expectations or goals of the anticipated work, inadequate resources or tools to complete the assigned tasks, difficulty completing priorities or managing workload, misalignment of the scope of the project with your skills and abilities, conflict among staff, supervisors or stakeholders, and challenges with time management, project planning, and implementation. Respondents could also select the options 'I did not encounter any challenges or barriers', and 'Other', and were prompted to provide an open-ended text response.

2.2.3. Benefits and impacts

Both interns and agency leaders reported on the CAIP 's impact on professional practice, professional goals, and personal growth. Both agency leaders and interns were asked to identify any specific new skills, abilities, knowledge, or areas of growth developed because of participation in the CAIP. Respondents were to select from a predetermined list of nine response options relevant to research and implementation science that included literature reviews, data collection, data analysis, preparing research instruments, drafting reports, presentations, and/or deliverables, assisting with grant proposals, collaboration and communication, supporting service delivery, and project management tasks. Respondents could also select the option 'Other' and provide an open-ended text response. Interns were also asked if they had gained any key takeaways or skills during their internship, and what the strengths of

the CAIP were; all questions prompted to provide open-ended text responses.

Both community agency leaders and interns reported on how participating in the CAIP affected their: (1) professional practice, (2) professional goals, and (3) personal growth. The five response options for the three questions were 'significant positive impact,' 'moderate positive impact', 'no impact', 'moderate negative impact', and 'significant negative impact'.

Agency leaders were also asked to report any change in their comfort and capacity to engage in research and program evaluation due to participating in the CAIP. Response options included 'increased a great deal', 'somewhat increased', and 'did not change'. Leaders also reported on the degree to which participation in CAIP contributed to improved implementation of services at the agency with response options of 'contributed greatly', 'contributed somewhat', and 'did not contribute'. Agency leaders also indicated if the goals (deliverables) of CAIP were achieved (yes/no), followed by an option to provide an open-ended response to elaborate on the goals achieved.

2.2.4. Satisfaction

Both agency leaders and interns were asked to report on their degree of satisfaction with the CAIP. Agency leaders reported whether their expectations with the internship had been met (yes/no), and the goodness of fit between the intern and the agency project (yes/no/unsure). Interns reported: (1) whether the goals of the internship were met (yes/no), (2) overall satisfaction with the CAIP experience (5-point Likert scale ranging from 'very satisfied' to 'very dissatisfied'), and (3) likelihood of recommending the CAIP to others (five-point Likert scale ranging from 'extremely likely' to 'not at all likely').

These data were collected using slightly different versions and approaches as the AVA HRTP matured. In iteration 1, data for CAIP evaluations were collected via a Microsoft Word document. In iteration 2, data for CAIP evaluations were collected using SurveyMonkey, a web application that facilitates easy development of surveys and questionnaires to collect data in various fields (SurveyMonkey Inc., n.d.), which resulted in minor changes to a few survey questions. Whenever possible, participants' response options from iteration 1 and 2 surveys were aligned and reported together. In cases where response options could not be combined, the data were reported separately based on the version of the survey completed by the respondent (i.e., Iteration 1 or 2). Surveys are available upon request.

2.3. Data analysis

Demographic data and closed-ended survey response options that included Likert-type questions were analyzed descriptively in SPSS Version 27 to identify trends in participant responses. One author (SK) manually analyzed the open-ended survey responses by employing general deductive qualitative analysis. More specifically, the author synthesized the text responses by using the structured survey questions to identify similarities or differences between specific responses categorized under four predetermined themes. These four predetermined themes aligned with the structured questions and included (1) tasks and activities completed, (2) barriers and challenges, (3) benefits and impacts, and (4) satisfaction. For each theme, findings were grouped based on responses that reflected similar concepts (e.g., for Theme 1, discussing tasks completed versus skills acquired), similar to the function of subthemes. Findings were organized and presented separately for interns and agency leaders. Direct quotes from respondents are represented in the findings below with a letter and a number. For example, Intern 2 is 'I2', and Leader 2 is 'L2'.

3. Results

This sample included nine interns and four agency leaders. All interns identified as women. Five interns were in master's programs whereas four were in doctoral programs. The interns' disciplines of study were diverse and included law (n = 1), gender studies (n = 2), epidemiology (n = 1), public policy and global affairs (n = 1), nursing (n = 1), philosophy and health sciences (n = 1), clinical child psychology (n = 1), and anthropology (n = 1). Of the internships represented in this sample, five were conducted virtually (e.g. email communication and online meetings), three were hybrid (combination in-person and virtual), and one was in-person.

3.1. Tasks and activities

Interns completed various tasks and developed and practiced skills throughout their internships, including research and data analysis (e.g., conducting literature reviews and preparing research instruments), writing and reporting (e.g., grant writing, knowledge translation and mobilization tasks), communication and collaboration (e.g., relationship building, active listening, engaging in teamwork), technical and administrative skills (e.g., developing databases, time-management skills), and critical thinking and problem-solving (e.g., utilizing critical thinking and analytical skills, adapting to changing priorities, proactiveness). Table 2 summarizes the number of interns who reported completing various tasks and activities, as well as the number of leaders who indicated the tasks and activities completed by the interns.

Leaders reported on completed activities. For example, one leader stated that their team completed "several focus groups within the community," which "provided valuable insights and perspectives from various stakeholders, allowing us to gather a rich array of qualitative data" for the development of a "comprehensive report … [that] also included actionable recommendations tailored to the specific needs of the community" (L2). Another leader discussed how their "immediate goal/deliverable was to build and launch data management systems for four non-profits," and though "those deliverables were achieved," they were achieved "after the intern left" (L16).

Interns described practicing skills throughout their internship. For example, one intern "learned to conduct in-depth policy literature reviews, write policy briefs, and present to various member organizations and government officials" (I5). Another identified completion of the development of a clinical implementation protocol, an evaluation of a measure, drafting of a manuscript, project proposal, and the development of an internal report during their internship (I12). Similarly, another intern also "co-created an advocacy report for the City of [name withheld for confidentiality]", "developed a successful grant application for multi-generational recreation program funding", and "supported children-, youth-, and women-only recreation programming in [the] community, including a mixed-methods evaluation component using a community-based participatory action research approach" (I14). Another intern developed various knowledge mobilization and translation resources, including brochures, social media posts, infographics, posters, and presentations for their community agency's work (I11). Finally, an intern described being "able to gather inputs on programs from 35 organizations across the province … [thereby supporting] programming across the province and [identifying] which areas need critical programming intervention" (I13).

3.2. Barriers and challenges

Two interns from iteration 2 data collection stated they encountered no challenges throughout their internship and five interns stated they had experienced barriers and challenges. These included unclear expectations or goals of the anticipated work, and conflict between staff, supervisors, or other interested parties that impacted the project's progress; however, this intern also elaborated on the expected nature of these challenges when engaging in collaborative work including implementation practice:

Table 2
Tasks and activities that interns engaged in during their internship.

Task or Activity	Tasks that Interns Engaged in from their Perspective (N = 7)	Agency Leaders' Perspectives of Tasks that Interns Engaged in (N = 4)
Research and Data Analysis		
Literature review and database searching	4	3
Preparing research instruments	2	4
Data collection and analysis	3	2
Embracing ethical considerations such as consent and confidentiality in research and practice	1	3
Project design and methodology	4	4
Engaging in trauma-informed research activities and practice	3	3
Writing and Reporting		
Writing/preparing reports	5	3
Grant writing/preparing funding applications	2	0
Preparing presentation materials or deliverables	5	3
Other: Knowledge translation and knowledge mobilization tasks	1 (I11)	N/A
Communication and Collaboration		
Utilizing active listening and verbal and written communication effectively	1	0
Engaging in effective communication to build relationships with clients, staff, and other professionals	5	3
Utilizing active listening and verbal and written communication effectively	4	4
Engaging in teamwork and collaboration	4	4
Technical and Administrative Skills		
Project management	4	1
Engaging in detail-oriented tasks	4	4
Engaging with databases, software, and other technical tools	2	1
Administrative tasks	1	3
Utilizing time management skills	3	3
Critical Thinking and Problem-Solving		
Utilizing critical thinking and analytical skills	3	4
Adapting to multiple or changing priorities	5	4
Embracing initiative and proactiveness to address tasks	4	3

NOTE: Only interns (n = 7) from iteration 2 were directly asked this question.

> "I want to reiterate that these barriers were by no means insurmountable but an expected, and necessary, part of the implementation science process. For example, while yes various stakeholders' diverging views on assessment tools/approaches may have "slowed down" stages of the project–I believe this was an invaluable aspect of 'getting it right' and blending various stakeholders' rich areas of expertise and perspectives. Similarly, while the goals of the project shifted, I feel it was a necessary step to be flexible with the fast-pace and changing needs of the organization" (I1).

Another intern expressed that the scope of the project was misaligned with their skills and abilities: "it wasn't clear at the beginning what tasks I would be doing for the [agency team] as priorities were still being set. It took a while for them to decide how to utilize my time … However, my tasks ended up being focused on social media and knowledge mobilization, which I had no previous skills or background in, but I appreciated the support the team provided me during this learning curve" (I11). Competing priorities or difficulty managing workload, challenges with time management, and challenges to project planning and implementation were identified as additional barriers to successful internship progress.

Half of the agency leaders did not report any challenges or barriers throughout the internship. However, one leader encountered challenges related to project planning and implementation, along with unclear expectations or goals of the anticipated work: "This is just my assumption of issues the intern may have encountered during her internship. Our project partner's priorities would change quickly, so the scope of work would sometimes be impacted by this" (L6). Another identified competing priorities or difficulty managing workload, communication, and challenges with time management as barriers to internship completion: "The intern was asked several times if they had the bandwidth to do the tasks and we were told 'yes,' even after deadlines were missed and concerns were expressed. As a result, it was not clear that a time management issue was developing or to be proactive in solving it" (L16).

3.3. Benefits and impacts

When agency leaders were asked to rate how the CAIP impacted their professional practice, 100% (n = 4) stated it had a significant positive impact. For example, one leader reported: "having internal research support allowed us to see the value and importance of formal and informal research within all our innovation and design projects and to be less scared or overwhelmed by the research process" (L4). When asked to rate the impacts of CAIP on their professional goals, 75% (n = 3) of leaders stated it had a significant positive impact. One leader reported a moderately positive impact, stating that the CAIP helped emphasize "the importance of flexibility in my work with various communities as a whole and the importance in being open to re-shaping goals to remain responsive to community needs and project shifts" (L6). Similarly, 75% (n = 3) of leaders rated the CAIP as having a significant positive impact on their personal growth, while one rated it as having a moderate positive impact and elaborated by saying "I have enjoyed working with a like-minded researcher, and it has helped to support and drive my love of research and desire to engage in more opportunities" (L4). Half of the leaders (n = 2) reported that their capacity to engage in research increased a great deal, as one stated, for example, "working with like-minded researchers has allowed us to see the opportunities to engage in research in a way that feels authentic to our organization and values" (L4). These same leaders also rated the CAIP as having contributed greatly to the implementation of services. The other half rated their capacity to engage in research as having increased somewhat, with one leader stating, "I did learn a lot more about challenges faced by community partners" (L16). These same leaders rated the CAIP as having contributed somewhat to the implementation of services, for example as one stated, "the project has the potential to contribute to implementation of services by making client information easier and more ethical to collect, making it easier for frontline staff to access in decision making, and providing an adaptable tool for program evaluation and impact assessment" (L16).

Leaders summarized the impacts of the CAIP. One leader reported that the CAIP "increased internal capacity around research and engaging in research" and provided "access to research support within an organization that otherwise wouldn't be able to afford it" (L4). Another leader shared similar thoughts, but also offered evidence of the high caliber of AVA interns, indicating that they:

"were particularly impressed by the intern's exceptional skills and dedication. Their ability to contribute effectively to our projects played a crucial role in helping us achieve our objectives. The intern not only brought fresh perspectives and innovative ideas to the table but also demonstrated a strong work ethic and a willingness to learn. This combination of support and talent has undoubtedly propelled us forward, allowing us to accomplish our goals more efficiently and effectively than we could have anticipated" (L2),

When asked to rate how the CAIP impacted their professional practice and professional goals, 67% (n = 6) of interns stated it had a significant positive impact on both, while 33% (n = 3) rated the impact as moderately positive. When asked to rate how the CAIP impacted their personal growth, 56% (n = 5) interns stated it had a significant positive impact, while 44% (n = 4) rated the impact as moderately positive. One intern elaborated, stating "of the many things I've learned from the AVA internship experience, I believe that co-creation of services across stakeholders has been my biggest area of growth. Bringing in empirical evidence from research into a community service setting to support delivery is important for effective care. However, the process in which you do this is crucial to the success and feasibility of the service" (I1). Another also reported: "I desired to further my learning through community engagements, but I understand that it may fall outside the scope of the role" (I5). Lastly, one intern identified research project design and methodology and adaptability as two major impacts that they will carry forward in their professional practice (I14).

When asked to rate how the CAIP contributed to the implementation of services, 44% (n = 4) of interns stated it contributed greatly, 44% (n = 4) stated it contributed somewhat, and 12% (n = 1) said that it did not contribute at all. One expanded on this, noting that the "work contributed to the agency's efforts in implementing services to combat gender-based violence … the project aimed to inform interventions that effectively support those affected by adverse childhood experiences" (I5). Another stated that the project contributed greatly to the implementation of services, such that the book they developed "now provides current and helpful plain language information to readers to contribute to knowledge sharing" (I7). This shows real-life implementation of evidence-based practice realized through the AVA CAIP.

Via open-ended responses, interns described developing greater insight into working collaboratively. For example, one intern highlighted the importance of persistence and patience, describing how real-life practice taught them: "that policy advocacy is not an easy task; it requires persistence and determination. Slowly building connections and collectively moving forward toward the same goal is the key to bringing about positive changes" (I5). This was echoed among those who did not complete all outcomes: "as the project progressed, I learned that the pace of community work often involves waiting periods. During these times, I regularly sought additional tasks" (I12) and "due to changing circumstances my tasks changed" (I6). Focusing more on the importance of diverse perspectives and collaboration in terms of writing, another intern shared that "I learned through this process the value of having a collaborative approach to writing, editing, and reviewing. Having diverse perspectives is essential … This was an area of growth for me because I frequently work individually" (I17), which was echoed by other interns. These interns also emphasized the importance of collaboration as a new perspective. More relevant to conducting qualitative evaluations, one intern who worked with Indigenous groups stated "I practiced self-reflexivity while developing this overview, which will help practitioners with different backgrounds to express their positionality" (I6).

While community-based organizations and research institutions may have similar goals, one intern also differentiated between the structures between community-based organizations and research institutions as an important learning:

"In academia, where I spent much of my time as a student, the level of proactiveness I demonstrated in project management was considered a strength. There is often a clear hierarchy for reporting needs and progress to supervisors, making communication more straightforward. However, in the community agency setting, I found that due to workload and complexity, this hierarchical structure wasn't always as effective. Initially, I believed notifying one team leader of my progress would be sufficient, assuming the information would be passed along, but that was often not the case. This experience taught me the importance of more direct communication and taking initiative independently, which has broadened my approach to collaboration and project management" (112).

Overall, interns identified several strengths of the AVA internship program. One intern stated that the internship provided "'real, on the ground' experiences, learning about the facilitators and barriers of implementation science, learning from rich and experienced multidisciplinary teams, and being able to enact my values of promoting mental health and wellbeing in the context of adversity in my community and supporting community services" (I1), which other interns echoed (I4, I12, I14). Another intern also touched on the financial aspect of the internship, such that skills were developed "all while being funded. It allowed me to take this on instead of external/unrelated work to my professional development!" (I14). All these impacts, learnings, and strengths demonstrate the diversity in outcomes and skills developed throughout the internships and the extent of impact that the CAIP can have in Canada to reduce GBV.

3.4. Satisfaction

All four leaders stated that the intern they were matched with was a good fit by the end of the internship. Further, all four leaders also believed that the intern met the expectations that were set out at the start of the internship. Nearly 80% (n = 7) of the interns rated that they were "very satisfied" with the AVA internship, while 22% (n = 2) rated that they were "somewhat satisfied". Only interns in iteration 2 were asked if they believed the goals of the internship were met; of the seven interns, 86% (n = 6) answered "yes" while 14% (n = 1) answered no. Similarly, only interns responding to iteration 2 were asked if they would recommend the internship to others; 71% (n = 5) reported they were "extremely" likely, and 29% (n = 2) reported "very" likely to recommend it.

4. Discussion

This preliminary process and outcome evaluation of AVA's CAIP pilot examined survey responses to characterize participants' perspectives of an innovative training program to promote community-engaged research, program evaluation and implementation science to address GBV and ACEs in Canada. Findings were categorized under four predetermined themes, including tasks and activities, barriers and challenges, benefits and impact, and overall satisfaction. Interns engaged in numerous tasks and activities, which ranged from research-specific tasks to interpersonal skills such as communication and trauma-informed care. Interns perceived the need to collaborate with diverse important parties as an obstacle, while community agency leaders perceived interns' time management to be a barrier to the successful completion of the internship. Generally, interns and agency leaders reported positive impacts of the CAIP on their professional practice, professional goals, and personal growth, where interns developed a greater understanding of what collaboration entails, and leaders felt more comfortable engaging in evaluation of implementation projects. Leaders generally reported being satisfied with the CAIP, leveraging their interns' academic skills and knowledge effectively. Interns were also satisfied, describing acquisition of versatile skills and knowledge, achieving diverse goals, and attaining greater capacity to engage in community-engaged research, and research-based practice. Overall, the CAIP promoted capacities that could help to reduce the research-to-practice gaps

in health and social service provision to optimize care for those experiencing GBV and ACEs.

4.1. Engaging in the CAIP: Tasks and activities

Interns engaged in program evaluation, service delivery and various research-related tasks and activities, with a particular emphasis on effective communication, building connections with the agency, and project management. Given that multi-disciplinary work requires sensitivity and consideration of various backgrounds, diverse perspectives and experiences, interpersonal and effective communication skills that interns developed throughout the internship may help to ensure that research is both rigorous and collaborative by collectively engaging with experts, policymakers, collaborators, and persons with lived experience (Graham et al., 2018). The emphasis on developing relational, communications, and management tasks and activities in the context of community-engaged research for graduate students and emerging scholars is rare. A recent study from Australia examined graduates' perceptions of the skills developed throughout their academic journey. It revealed poor ratings in adaptive and collaborative skills (Jackson & Li, 2024), which are integral to effective community-engaged research, including evaluation and implementation science. It has been hypothesized that these outcomes may explain why the Organization for Economic Co-operation and Development rated Australia's performance in innovation poorly (Jackson & Li, 2024; OECD, 2017), reflecting how skills derived from graduate studies focused primarily on traditional research training, may not necessarily translate into meaningful change in real-world settings (e.g., community agencies) outside of the academy. Given the prevalence of Canadian master's and doctoral program graduates assuming traditional tenure-track positions can be as low as 30%, the majority of graduates may apply their training and specific research skills outside academia, emphasizing the need for well-developed interpersonal, adaptive and collaborative skills, necessary to successfully engaging in community-based research that may include program evaluation and implementation science (Graham et al., 2022; Rose, 2012). AVA's CAIP funds students to develop these important skills by offering a unique opportunity for students to gain relevant experience and help train the next generation of scholars to engage in collaborative, inter-sectoral practice to address the public health crisis of GVB and ACEs. While CAIP interns focused on gaining knowledge and skills, CAIP agency leaders focused on leveraging the opportunity of having a funded, competent intern supporting the implementation of services and program evaluation. Community agencies typically intend to evaluate their programming and services. However, they are often under-resourced both with time, experience, and the skills to do so (Han et al., 2021; McKleroy et al., 2006; Ramanadhan et al., 2012). Furthermore, there is a plethora of specialized research and evaluation approaches which require specialized training to engage in and successfully accomplish dosage, uptake, and maintenance of intervention evaluations (Jaccard, 2016; Proctor, 2017). Thus, it is not surprising that agencies welcomed trained interns to support the evaluation of evidence-based practices within their agencies (Proctor, 2017). Training platforms such as AVA can serve as an opportunity for community-based agencies to acquire needed resources to implement and evaluate evidence-based interventions, while offering an outstanding training opportunity for graduates of master's and doctoral programs.

The tasks and activities that interns stated they completed compared to agency leaders suggests that certain skills may be interpreted and understood differently. Ensuring that all participants share similar definitions and understandings of tasks and activities is important when engaging in evaluations. This will ensure that the work is completed effectively and that individuals within the partnerships gain the experience and skills they were expecting.

4.2. Barriers and challenges: Lessons learned and recommendations

While there were many positive impacts derived from AVA's CAIP, certain factors served as barriers to optimal engagement. One barrier noted was time management and competing priorities and demands, as the interns worked to balance their existing academic and life responsibilities with the internship expectations. Ensuring student interns and agency leaders have shared understanding of the expectations about the time commitment required for meaningful engagement with the agency is an important recommendation to address this challenge (Hora et al., 2020). Another challenge was aligning expectations between agency leaders and interns, particularly regarding roles and responsibilities which in few instances led to confusion or unmet expectations. Moving forward, we will establish a detailed engagement process that centers on the establishment of the relationship between the agency leader and the intern first, followed by the creation of an individualized and collaboratively developed set of intern-agency guidelines with clearly defined roles and responsibilities, timelines and mutually agreed upon due dates. This process is routinely done between academic advisors and graduate students, which has been found to improve accountability, goal attainment, enhanced satisfaction for the student and their advisor, and better adherence to timelines (Abiddin et al., 2009).

Additionally, interns need to remain flexible and adaptable to the unique ways in which community agencies operate, as these organizations may have different workflows, priorities, and capacities. Likewise, it would be beneficial for agencies to be aware of students' schedules and that this program is an addition to their existing academic commitments. This requires flexibility and collaboration to ensure a balanced and effective experience for all parties involved. Previous research on the academic paradigm of engaged scholarship – defined as a collaborative approach between academics and practitioners to generate useful organizational knowledge by bridging the gap between theory and practice (Beaulieu et al., 2018) and community-engaged research (Butcher et al., 2008; Schwartz, 2012), have identified core values and principles of successful academic-student-community partnerships that may help to address some of the challenges experienced with AVA's CAIP. These include positioning high-quality scholarship, prioritizing reciprocity, focusing on identified community needs, boundary-crossing, and democratizing knowledge creation and mobilization. While AVA's CAIP program already embraces these guiding principles to varying degrees, there is an opportunity for shared learning to better operationalize these values and principles at the onset and throughout the duration of the internships. For example, in future, it may be possible for student interns to receive academic recognition or credit for their time and involvement with AVA CAIP internship, given previous research has found these types of internship opportunities beneficial to students' intellectual, affective, and behavioral development, empowering them to become active contributors to community change (Saylor et al., 2013). Another recommendation, informed by the work of Littlepage et al., 2012 examination of nonprofit organizations' characteristics of partner agencies and the scope and nature of college student community involvement, is to conduct a capacity and needs assessment of the agency as a whole, as well as the agency leader at the outset of engaging in CAIP; this can ensure clear alignment of goals, priorities and resources to support the intern and to ensure a successful experience for all those involved. By proactively addressing these recommendations, AVA can improve future iterations of CAIP that enhance the overall experience and strengthen collaboration between interns and community agencies.

4.3. Benefits, impacts, and satisfaction of CAIP: An emphasis on reciprocal collaboration

The importance of collaboration between community providers, researchers, and other important collaborators was identified by many

interns, representing a perspective shift of what effective community-based research entails. Though interns described the associated challenges of including diverse perspectives in their work (e.g., slowing down the internship work), many interns came to appreciate the value of taking the time to engage in such collaboration as a necessary component of inter-sectoral community-engaged research. In studies focused on academics' perceptions of research culture, academics repeatedly describe research culture as a siloed sector with imposed and inflexible deadlines (Moran et al., 2020; Müller, 2019). Conversely, leaders' lack of mention of diverse perspectives and needs that may slow down community-engaged research and related work demonstrates an already existing preconception of what interdisciplinary collaboration entails. This contrast might be a result of the siloed and competitive nature of the academic world, in which researchers often work independently or in small groups to achieve pre-set research objectives within laboratory or observational controlled style conditions, limiting engagement with individuals who are best positioned to provide important real-world knowledge, experiences, and/or skills (Tikhonova et al., 2023). Insight on the importance of collaboration will help nurture the next generation of scholars to engage in inter-sectoral work more effectively and authentically that aligns with the needs of communities.

A major success of AVA's CAIP was agency leaders sharing that participating in CAIP has increased their capacity to integrate research into their work. This promising finding suggests that community agencies may continue to engage in program evaluation and implementation science independently. This is a significant prospect, given that maintenance and quality monitoring are fundamental to ensure ongoing, effective, evidence-informed service delivery within the social sciences sector (Proctor, 2017). Building research capacity for service providers to conduct their own evaluations of evidence-based interventions can provide agencies with the 'in-house' skills to conduct quality control and monitoring via robust data collection and analysis while also identifying facilitators and barriers to effective implementation of interventions to optimize service delivery (Queensland, 2024).

Community-based agencies' rapid change in comfort and capacity to engage in research may be the artifact of a window of opportunity wherein only organizations wanting to engage in the CAIP applied for the program; however, all agency leaders indicated that they were matched with an appropriate intern who met the expectations outlined at the start of the internship, and similarly, all interns expressed highly levels of satisfaction with the CAIP. This is an important finding, as organizational cultural change can often be slow and difficult to overcome (Orleans, 2007; Ramanadhan et al., 2012), demonstrating how AVA's CAIP may serve to enhance service providers' confidence and competence to engage in research and evaluation.

4.4. Limitations

This evaluation may be limited by sample size; however, the smaller sample size reflects the novelty of the AVA CAIP. An additional limitation is the absence of pre-program assessments, which precluded measuring the change from the program over time, as well as the lack of follow-up assessment to examine the sustainability of noted benefits and utilization of skills over time. Future CAIP evaluations will include more robust assessment methods to better illuminate the benefits of the CAIP for both interns and community agencies committed to addressing GBV and ACEs.

5. Conclusion: Next steps and future directions

AVA's CAIP offers a unique opportunity to pair graduate student interns with community agency leaders, uniting them around a shared goal of reducing and eliminating GBV and early life adversity. This collaboration exposes interns to diverse community-based practices and provides agency leaders with access to interns, promoting mutual capacity and comfort to engage in research, program evaluation and implementation practice. The evaluation of the AVA CAIP yielded preliminary data on completed tasks, barriers encountered, benefits realized, and satisfaction. The AVA CAIP was instrumental in providing essential resources to address challenges in conducting evaluation-based activities within the often-under-resourced health and social services sector. It enabled community agencies to understand better how implementation practice and evaluation approaches can be adapted to optimize evidence-based service delivery. Interns developed an appreciation for the importance of collaboration—a key factor in engaging the next generation of scholars focused on addressing the GBV and ACEs crisis in Canada. Ultimately, the data from this evaluation highlight how AVA's CAIP can bridge the gap between research and practice for those supporting GBV and ACE-affected individuals. Lessons learned from this program, particularly the emphasis on relational learning and collaboration between academia and civil society, demonstrate a promising model of engagement that may be beneficial for addressing ACEs and GBV in health, education, justice and social service sectors. Data from this study will be used to improve future iterations of CAIP and offer an innovative strategy for preventing and reducing GBV and ACEs, contributing to the advancement of health equity in Canada.

CRediT authorship contribution statement

Ashley Stewart-Tufescu: Writing – original draft, Visualization, Validation, Supervision, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Stefan Kurbatfinski:** Writing – original draft, Visualization, Validation, Methodology, Formal analysis, Data curation, Conceptualization. **Kharah Ross:** Writing – review & editing, Funding acquisition, Data curation, Conceptualization. **Carrie Pohl:** Writing – original draft, Project administration, Data curation. **Ian D. Graham:** Writing – original draft, Validation, Methodology, Funding acquisition. **Nicole Letourneau:** Writing – original draft, Supervision, Project administration, Methodology, Funding acquisition, Data curation, Conceptualization.

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The authors declare that there is no conflict of interest.

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