

## Strengthening Canadian Child and Youth Advocacy Centres through coordinated research and knowledge sharing: Establishing a Canadian Research and Knowledge Centre

Parker Naomi <sup>a,b,\*</sup> , Elenko Janine <sup>a</sup>, Cullen Olivia <sup>b</sup>, Alaggia Ramona <sup>c</sup>, Bélanger Roxane <sup>d</sup>, Biener Cassidy <sup>e</sup>, Binford Warren <sup>f</sup>, Blake Maggie <sup>g</sup>, Collin-Vezina Delphine <sup>h</sup>, Daignault Isabelle <sup>i</sup>, Hews-Girard Julia <sup>b</sup>, Kimber Melissa <sup>j</sup>, Koshan Jennifer <sup>b</sup>, Madigan Sherri <sup>k</sup>, Ornstein Amy <sup>l,m</sup>, Heather L Price <sup>n</sup>, Shaffer Christina <sup>m</sup>, Zwicker Jennifer <sup>o</sup>, Dimitropoulos Gina <sup>b</sup>

<sup>a</sup> *Luna Child and Youth Advocacy Centre, 400-3820 24 Avenue NW, Calgary, Alberta, T3B 2X9, Canada*

<sup>b</sup> *Faculty of Social Work, University of Calgary, MLT 301, 2500 University Dr NW, Calgary, AB, T2N 1N4, Canada*

<sup>c</sup> *Factor-Inventash Faculty of Social Work, University of Toronto, 246 Bloor Street W, Toronto Ontario, M5S 1V4, Canada*

<sup>d</sup> *Services Intégrés en Abus et Maltraitance (SIAM), 308 boul. Cartier Ouest, Laval, Québec, H7N 2J2, Canada*

<sup>e</sup> *Child and Youth Advocacy Centre of Kelowna, 120-1815 Kirschner Road, Kelowna, BC, V1Y 4N7, Canada*

<sup>f</sup> *Department of Pediatrics, University of Colorado, 13123 E 16 Avenue, Aurora, CO, 80045, USA*

<sup>g</sup> *Boost Child and Youth Advocacy Centre, 245 Eglinton Avenue E, 2nd Floor, Toronto, Ontario, M4P 3B7, Canada*

<sup>h</sup> *Faculty of Social Work, McGill University, 550 Sherbrooke Ouest, Suite 100, Tour Est Montréal, Québec, H3A 1B9, Canada*

<sup>i</sup> *École de criminologie, Université de Montréal, Pavillon Lionel-Groulx, 3150 Rue Jean-Brillant, Bureau C-4107, Montréal, QC, H3C 3J7, Canada*

<sup>j</sup> *Offord Centre, McMaster University, 1280 Main Street West, Hamilton, Ontario, L8S 4L8, Canada*

<sup>k</sup> *Department of Psychology, University of Calgary, MLT 301, 2500 University Dr NW, Calgary, AB, T2N 1N4, Canada*

<sup>l</sup> *Department of Pediatrics, Faculty of Medicine, Dalhousie University, IWK Health Centre, 5850 University Avenue, Halifax, NS, B3K 6R8, Canada*

<sup>m</sup> *SeaStar CYAC, 5850 University Avenue, Halifax, NS, B3K 6R8, Canada*

<sup>n</sup> *Department of Psychology, Thompson Rivers University, 805 TRU Way, Kamloops, BC, V2C 0C8, Canada*

<sup>o</sup> *Department of Public Policy, University of Calgary, MLT 301, 2500 University Dr NW, Calgary, AB, T2N 1N4, Canada*

### ARTICLE INFO

#### Keywords:

Child and youth advocacy centres

Academic-community partnership

Research to practice gap

Child abuse

### ABSTRACT

It is crucial to create a platform for coordinating, building, and sharing knowledge to guide practice and policy development among both established and emerging Child and Youth Advocacy Centres (CYACs). CYACs bring together multidisciplinary professionals from various systems to collectively address child abuse and support the healing of children, youth, and their families from trauma and its impacts. We collaborated with partners from academic, practice, and policy sectors through a co-design process to establish a Canadian Child and Youth Advocacy Research and Knowledge Centre. This discussion paper will start by highlighting the importance of community-academic partnerships. We will then outline the processes used to develop and establish the Research and Knowledge Centre. Finally, we will describe the outcomes of establishing the Research and Knowledge Centre, including the guiding principles, priority action areas and the research agenda, along with considerations for ongoing work and collaboration in this field. The goal of this Research and Knowledge Centre is to equip CYAC leaders, practitioners, and policymakers with contextual and rigorous evidence to inform decisions that will improve support for children, youth, and families impacted by child abuse.

### 1. Introduction

The gap between research and practice is a well-known and long-standing challenge in health and social services (Nyström et al.,

2018), including the fields of child protection, child welfare, and children's health and mental health care (Brewsaugh et al., 2022; McLennan et al., 2006; Schelbe et al., 2020). Researchers, policy makers, and practitioners have highlighted that research has limited applicability

\* Corresponding author. Luna Child and Youth Advocacy Centre, 400-3820 24 Avenue NW, Calgary, Alberta, T3B 2X9, Canada.

E-mail address: [nparker@lunacentre.ca](mailto:nparker@lunacentre.ca) (P. Naomi).

when it is not designed to understand the complex relationship between the intervention, people, organization, and the wider context; equally, the effectiveness of practice and policy is limited without access to leading and emerging evidence (Brownson et al., 2022; Juckett et al., 2022; Nilsen & Bernhardsson, 2019). While effective knowledge translation of new research knowledge to the practitioners who need to use it is paramount for building and sustaining evidence-based or evidence-informed practice, practitioners are rarely involved in the development and conceptualization of research that will directly impact and influence their practice and this exclusion contributes to “research to practice” gaps (Brewsaugh et al., 2022; Steens et al., 2018).

To address the gaps between research and practice, co-production or partnership models are increasingly used to acknowledge the intertwined nature of research and practice and to allow for researchers and practitioners to collectively produce, disseminate, implement, and validate knowledge (Steens et al., 2018). Partnerships between researchers, community partners, and other stakeholders have become an increasingly acceptable, and sometimes mandated, approach to research and implementation (Hoekstra et al., 2020). There is growing awareness that co-design, collaboration, and community engagement supports more equitable implementation of evidence, which in turn enhances the relevance, applicability, and acceptability of interventions (Shelton & Brownson, 2024). Importantly, to ensure research is contextually relevant and useful, and to maximize the impact of research while facilitating effective knowledge translation for policy and practice, it is essential to engage practitioners as partners in all aspects on innovation efforts, including early research design and development.

Child and Youth Advocacy Centres (CYACs) were originally developed in the United States to address a critical need for more coordination across sectors involved in the child abuse investigation and response (Department of Justice, 2018). The hallmark of CYACs is an integrated, and often co-located, multidisciplinary team (MDT). A multidisciplinary approach allows for a collaborative response to the multi-faceted needs of children and youth who have experienced abuse. MDTs can include professionals from law enforcement, child protection services, prosecution, medical and mental health, trauma-informed support services, victim advocacy, as well as CYAC staff.

While the CYAC model was originally developed in the United States, it has since been taken up and adapted across Canada and Australia, as well as in the European Union as the Barnahus Model (St-Amand et al., 2023). At present, in Canada, there are 39 operational and nine developing CYACs (Stumpf, 2024). Given the geographical and cultural diversity of Canada’s lands and residents, CYACs have adopted different organizational structures and service delivery models (i.e., on-site, co-located, coordinated, mobile) to meet the unique needs of the communities served. A recent national operational survey identified that the site-approach of service delivery (i.e., co-located, onsite) is the most common model, with other models demonstrating regional adaptation (Stumpf, 2024). The ability to adapt the CYAC model for rural and remote contexts is crucial. For example, one CYAC adopted a virtual service delivery model to accommodate serving a rural area with widely dispersed population. Other CYACs have adopted mobile approaches alongside a site-approach to facilitate professionals traveling to meet clients closer to their home. This is beneficial when CYACs serve multiple communities, such as CYACs based in urban centres who also serve surrounding rural areas (Stumpf, 2024).

Given the uptake of the CYAC model across Canada paired with varied operational contexts and implementation, there is an opportunity to learn from jurisdictions across the country to generate Canadian specific evidence on effective CYAC processes and practices. There is a need for a coordinated national research approach to simultaneously conduct CYAC research and rapidly translate findings for practice.

The purpose of this discussion paper is to present the process of establishing a national community-academic research partnership for CYAC research in Canada. We start by providing an overview of child abuse and the need for a community-academic partnership. We will then

describe the processes used to develop and establish the Research and Knowledge Centre. Finally, we will end with a description of the priority action areas, the Research and Knowledge Centre’s research agenda and present considerations for ongoing work and collaboration in this area.

## 2. Background on child abuse and the urgency for community-academic partnership

Child abuse is a widespread concern in Canada and across the world. In Canada, 60% of individuals experience some form of physical, sexual, or other type of child abuse and/or neglect (e.g., emotional abuse, witness to intimate partner violence) before they are 15 years old (Afifi et al., 2014; Bader et al., 2023; Heidinger, 2022). There is psychological and physical health, developmental, cognitive, social, and behavioral impacts of child abuse documented. Child abuse has been associated with: decreased emotion regulation and avoidance coping (Gruhn & Compas, 2020); modulations or with effects on the child’s brain development (Perry, 2009); and, an increased risk of adult experiences of violence, including intimate partners violence (Conroy, 2021). Globally, young people who have experienced child abuse are more likely to have self-harmed, to have attempted suicide, to be a current smoker, to be cannabis dependent, or to live with obesity (Mathews, Pacella, et al., 2023). In addition, child abuse is associated with increased risk of physical health conditions in adulthood, including high blood pressure, cancer, and stroke, even after adjusting for salient sociodemographic variables, such as smoking, and obesity (Afifi et al., 2016; Mathews, Thomas, & Scott, 2023).

While child abuse is widespread, there are ethnic and gender inequities in the experience of and response to child abuse (Fix & Nair, 2020). Indigenous and Black children are over-represented in the child welfare sector and are more likely to be placed into foster care (Caldwell & Sinha, 2020; Cénat et al., 2021; Fallon et al., 2022). Furthermore, rates and type of child abuse have been shown to differ by sex and gender: girls experience higher rates of sexual abuse, while boys experience higher rates of physical abuse (Moody et al., 2018). A Statistics Canada profile on Family Violence in Canada found that 48% of individuals aged 15 and older who identified as gay, lesbian, or bisexual reported having experienced childhood physical and/or sexual abuse, compared to 30% of heterosexual people (Conroy, 2021).

Child abuse cases vary in severity and complexity, requiring different types of responses. An analysis of the third cycle of the Canadian Incidence Study of Reported Child Abuse and Neglect found that 85% of all substantiated child abuse reports made to child protection services benefited from an approach that engaged the family to address long-term development and well-being of the child along with parental factors, and ecological factors such as poverty and insecure housing (Fallon et al., 2022). The remaining 15% of incident cases encompassed acute experiences of maltreatment, including child sexual and physical abuse and severe neglect that would benefit from a multidisciplinary, investigative response. The characteristics of the latter cases indicated a need for an investigation by specialized child abuse teams who: 1) are specifically trained and skilled in conducting complex child abuse investigations, and 2) can partner effectively with other involved organizations and systems (e.g., child protection, justice, health care) to address the multidisciplinary needs of the investigation and immediate child safety. These cases supported the rationale for the wave of Child

and Youth Advocacy Centres<sup>1</sup> (CYACs) established in Canada over the past 20 years (Fields, 2020).

Prior to CYAC's, a child who experienced abuse might need to recount their experience multiple times – to a police officer, a child protection worker, a physician, therapist and crown prosecutors - and are left to navigate the complex systems alone. This can re-traumatize a child or exacerbate their trauma symptoms as they are forced to relive their experience. However, within a CYAC model, MDTs collaborate to investigate child abuse reports, conduct forensic interviews, assess for and address injury and medical needs, provide evidence-informed therapy and victim support, assess cases for prosecution, and provide case navigation. This coordinated approach helps minimize system-induced trauma through improved coordination and efficiency, enhanced supports for children and families, higher rates of prosecution and conviction, increased family satisfaction and better access to services (Westphahn et al., 2021).

While the merits of the CYAC approach are clearly recognized by practitioners, children, and families, the evidence-base around process, effectiveness, and impact is emerging. Given the proliferation of CYACs in Canada, there is an important opportunity and need to embed rigorous and contextually sensitive research approaches into the Canadian CYAC infrastructure to ensure evidence-based approaches in the CYAC setting and ultimately, contribute to ongoing improved outcomes for young people impacted by child abuse.

There is urgency to develop a forum in which to coordinate, build and disseminate knowledge to inform practice, and policy development between established and emerging CYACs. Recognizing this need, we undertook work to establish a CYAC-specific community-academic partnership, with the aim of identifying priority action areas to enhance practice and establish a research agenda to further the evidence-base around child abuse and CYAC practices.

### 3. Developing the Canadian Child and Youth Advocacy Research and Knowledge Centre

The intent of the Research and Knowledge Centre was to address the gap in CYAC-specific research and to generate and integrate new evidence and knowledge about child abuse into practice. Rather than conducting one-off research projects as collaborations between researchers and practitioners, our hope was that the Research and Knowledge Centre would promote ongoing collaboration and co-design of not only research projects but of all knowledge mobilization activities within the CYAC setting, including the timely and useful production of practice supports. It was important to the team to ensure that the development process was a collaborative, multidisciplinary endeavor, incorporating key partners across settings, disciplines, and inclusive of researchers, practitioners, Indigenous leaders, and youth advisors. Throughout the process of establishing the Research and Knowledge Centre, the team was guided by principles of co-design, including mutual respect, participation, inclusivity, flexibility, and accountability (Javanparast et al., 2022; Zamenopoulos & Alexiou, 2018). The objective was to identify CYAC research and practice needs, as well as co-design the structure and function of the Research and Knowledge Centre to respond to and meet these needs. The Research and Knowledge Centre's development was operationalized via several strategies including unstructured interviews, rapid literature reviews, advisory

committee development and engagement, national CYAC engagement, a national symposium, and survey. The steps taken in the development of the Research and Knowledge Centre will be detailed in this section (see Fig. 1).

#### 3.1. Initiating the community-academic partnership and scaling collaboration

The Research and Knowledge Centre began as a community-academic partnership between the Faculty of Social Work at the University of Calgary (UCalgary), and Luna Child and Youth Advocacy Centre (Luna; Calgary, Alberta, Canada). As CYACs are designed to be a community of multidisciplinary professionals from the various systems that collectively respond to child abuse, academic partners from Education, Psychology, Public Policy, Law, and Medicine faculties among others were asked to join the partnership and created momentum to expand beyond the initial local focus. Soon, CYACs and aligned academic partners from universities across Canada and the United States called for the Research and Knowledge Centre to be scaled nationally. The shift to a national focus informed the breadth of engagement needed to define the structure and function of the Research and Knowledge Centre.

#### 3.2. Exploratory interviews and rapid literature reviews to identify initial direction and principles

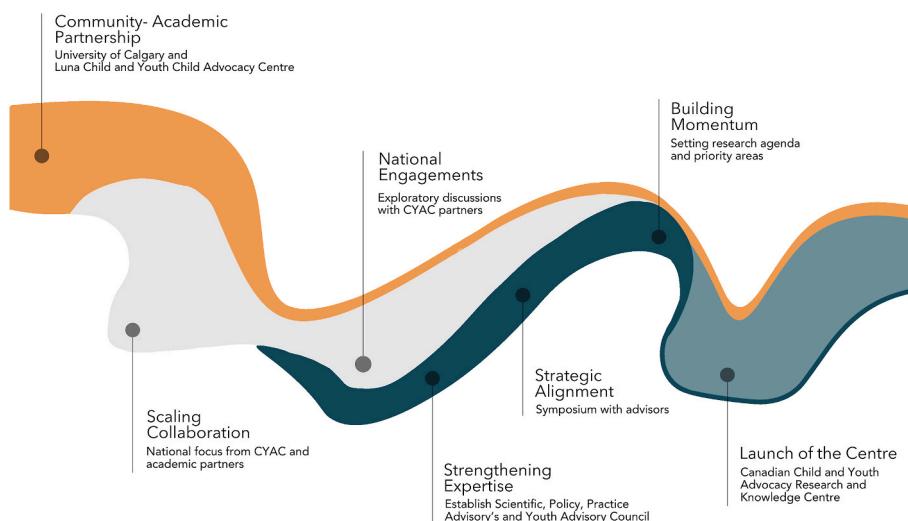
Initially the UCalgary and Luna CYAC leads held unstructured interviews (Creswell & Creswell, 2018) with practice and academic leaders in the field both in Canada and internationally to identify and understand lessons learned in community-academic partnerships, ways of effectively working together, and emerging practice needs and research gaps in the CYAC space. Non-verbatim transcripts of the interviews were generated and the text of these transcripts were coded (Saldaña, 2016) into three categories: purpose and structure, guiding principles and values, and research agenda. Two rapid literature reviews (Booth et al., 2016) supplemented the interview data; the reviews synthesized the available literature on best practices in community-academic partnerships, as well as research gaps in CYACs. The codes and categories from the interviews were then compared and contrasted to the themes from the rapid reviews, as well as the literature our team compiled on co-design and co-development principles; collectively, the triangulation of information assisted the leadership team to identify initial principles of the work, what is needed to succeed, lessons learned through this type of work so far, and what questions still exist.

#### 3.3. Establishing and engaging with advisory committees to contextualize principles and scope

Advisory committees and ad hoc advisors were used to steer the direction and development of the Research and Knowledge Centre. Two advisory committees were established: a scientific advisory group and a policy and practice advisory group. The scientific advisory has nine members representing eight Canadian and one American university. The policy and practice advisory has eight members representing seven Canadian CYACs and one federal policymaker. A pre-existing youth advisory council, through Luna, was also engaged. The youth advisory council's purpose includes providing input on Luna initiatives and are regularly engaged in these types of discussions. These youth receive mentorship from one of Luna's staff to build skills for community leadership and youth engagement, and participation in any youth advisory council activity is voluntary.

Establishing and/or engaging with these committees and youth advisory was vital to ensure understanding of needs, foster reciprocity in the Research and Knowledge Centre development process, and adhere to co-design principles. Triangulated codes and categories generated from

<sup>1</sup> A coordinated, collaborative and a cross-sectoral approach to investigation, assessment, and treatment of child abuse. Services offered at CYACs include coordinated and collaborative forensic investigations, child forensic interviews, forensic medical exams and evaluation, child protection supports, coordinated victim supports, therapeutic treatments, and support through the criminal justice system. Child and Youth Advocacy Centres may also be known as Child Advocacy Centres (CACs) or Children's Advocacy Centres (CACs). In this document, 'CYAC' is used.



**Fig. 1.** Development of the research and knowledge centre.

the unstructured interviews, and rapid literature reviews were shared and discussed with each advisory committee separately to further contextualize and coalesce the Research and Knowledge Centre's principles, possible scope of work and action, as well as possible research questions (Creswell & Creswell, 2018). The advisors also provided input on timing, approach and methods to further national engagement with CYACs about the form and function that the Research and Knowledge Centre would serve.

#### 3.4. Participatory workshops with CYACs across Canada to guide form and function

Throughout the development process, the existing National CYAC Network, hosted by the Government of Canada Department of Justice, was used to update, inform, and recruit CYACs for participation. Five virtual, participatory workshops (Allen et al., 2019) were hosted with participants across Canada representing various CYAC contexts including geographical location (e.g., urban, rural, northern) as well as different operational service delivery models (e.g., co-located or network model). These workshops were designed to promote generative discussion and capture diversity of thought and perspective. The purpose of this engagement was to receive guidance on the form and function of the Research and Knowledge Centre, promote understanding on the needs of the diverse Canadian CYACs, and provide input on opportunities and process for CYAC involvement. Workshops were hosted in both of Canada's official languages (French and English) and offered at various times to encourage broad participation from CYACs across Canada. A virtual platform, Mural, was used to facilitate written and verbal participation, and group and individual reflection. Three questions were presented: 1) What does the Research and Knowledge Centre need to do to meet the needs of practitioners across diverse Canadian contexts? 2) Considering your CYAC's capacity for research and evaluation, what opportunities would you like to see for ongoing engagement with the Research and Knowledge Centre? 3) Reflecting on your experience with research at a CYAC, what has worked well, what was challenging, and what are important principles? Participant responses from Mural were collated and content analysis was conducted (Green & Thorogood, 2018), which can be a useful analysis approach to better understand individuals' real-world experiences, while staying close to the language participants use and having less researcher interpretation present in final themes.

#### 3.5. National symposium and survey to finalize form and function for the research and Knowledge Centre

We then convened the scientific, practice, policy, and Indigenous advisors for a two-day in person symposium in Calgary. The purpose of the symposium was to facilitate a collaborative discussion on harmonizing the specifics of the design form and function of the Research and Knowledge Centre. Indigenous advisors were involved in the planning and implementation of the symposium to ground the discussion in equity and de-colonization. This included providing teachings and participating in the symposium activities. Engagement with Indigenous advisors was facilitated through Luna, as ceremony and protocol had been previously offered. On day one a Participatory Workshop format (Allen et al., 2019) was used. Specifically, advisors worked through a structured format to collaboratively identify next steps for the Research and Knowledge Centre's development, including: discussing opportunities for collaboration, structure of work, as well as supports and resources required, and the identification of Research and Knowledge Centre effectiveness metrics. Advisors worked through three thematic areas: collective advocacy, core data sets and metrics, and practice supports. On day two, breakout discussions were held to generate research needs and priorities for the Centre over the next two years. The outputs of this symposium were a defined scope for the Research and Knowledge Centre and concrete steps for mobilizing research priorities.

Finally, we used a survey to validate the scope and research priorities generated from the symposium with the Canadian CYACs. The survey was circulated, in French and English, using the National Network distribution list and sent directly to those who participated in the first workshops. The survey was used to determine level of agreement with research areas and rank priority activities for the Research and Knowledge Centre. Survey analysis was conducted using a weighted ranking approach (Siegel, 2016).

#### 4. Priorities to strengthen the multidisciplinary response to child abuse

The result of this collaborative, co-design approach to the development of the Research and Knowledge Centre was rooted in rigour and context. The Research and Knowledge Centre will: generate diverse, multidisciplinary evidence to inform policy and practice through research; enhance outcomes for children, youth, and families through quality research, evaluation, advocacy, and policy development; and share evidence and knowledge with practitioners, policymakers, and researchers for improved practice and policy. Collectively, we will equip

CYAC leaders, practitioners, and policymakers to make evidence-informed decisions to support Canadian children, youth, and their families who have experienced abuse.

Three outputs were generated from our collaborative, co-design approach: 1) guiding principles; 2) priority action areas to further multidisciplinary practices in the response to child abuse and 3) a focused research agenda to enhance the child abuse evidence base.

#### 4.1. Guiding principles

These principles guided the work of establishing the Research and Knowledge Centre and will continue to be the foundation of all work going forward. The co-developed principles are:

Guiding principle 1 – Useful and Relevant: Our work has clear developmental and practical value. We share and disseminate findings and knowledge to our policy, practice, and research partners.

Guiding principle 2 – Participatory and Context Specific: Our work genuinely involves CYAC partners in all stages of the research design, implementation, and interpretation. All findings will be interpreted and understood in partnership and turned into actionable steps to guide policy and practice improvement at CYACs.

Guiding principle 3 – Collaborative: We foster reciprocity among partners, learn from one another, and build on our mutual strengths and resources. Our work will be marked by mutual respect; recognition of each others' knowledge, expertise, and resource capacities; and open communication.

Guiding principle 4 – Equity, Diversity, Inclusion, and Decolonization: We create opportunity for all, eliminate barriers, recognize and celebrate differences. We work to foster an environment where all individuals feel valued, respected, and empowered to contribute their perspectives and experiences.

#### 4.2. Priority action areas to further multidisciplinary practices around child abuse

CYAC practitioners and academics identified three priority areas for the Research and Knowledge Centre: establish practices for data collection and evaluation; generate high quality evidence; and advance accessible and relevant practice supports.

Priority 1: Establish practices for data collection and evaluation. The need for outcome-oriented data is well documented in the literature. Recent reviews have found that CYAC effectiveness is being measured by outputs, and therefore not demonstrating impact and change. There are three key domains that have been positioned to be of impact and influence by CYACs: child well-being, caregiver/family functioning, and criminal justice outcomes (Cross et al., 2007; Herbert & Bromfield, 2016; Westphaln et al., 2021). CYACs in Canada are seeking shared outcomes and measures to demonstrate the impact of the model, advocate for systems change, and strengthen evidence-informed practices. To implement shared outcomes and measures across diverse contexts there is a need for practical and adaptable supports such as a minimum dataset, evaluation toolkit with data collection tools, and support from a provincial, territories, and national level such as shared resources (e.g., database, human capacity) and funding. Priority activities for the Research and Knowledge Centre identified by CYACs included: to define an overarching CYAC theory of change and evaluation framework that can be contextualized to different practice contexts, and to establish a national minimum data set.

Priority 2: Generate high quality evidence. Evidence that is generated needs to acknowledge and respond to the diverse geographical, cultural, and resource contexts that Canadian CYACs are situated within. Engagement in research needs to match with CYAC interest, capacity, and skill set/expertise as well as leverage existing relationships (e.g., between the CYAC and children, families/communities they serve, between the CYAC and multidisciplinary team, and between CYACs and academics). Priority activities for the Research and Knowledge Centre

identified by CYACs include building a repository of relevant research articles and to establish a process for CYACs and those with lived experience to engage in research.

Priority 3: Advance accessible and relevant practice supports. CYACs want a place to exchange knowledge and to access research and tools to support advocacy and practice. For research and practice supports to be accessible and relevant, CYACs regardless of location, size, and resources, need opportunities to inform research, guide evaluation approaches and tools, inform best practices, and exchange knowledge. Priority activities for the Research and Knowledge Centre identified by CYACs include to develop practice guidelines, develop frameworks and guidelines for advocacy, develop a web-based repository to host resources and facilitate knowledge exchange.

#### 4.3. Research agenda

Through the Child and Youth Advocacy Research and Knowledge Centre we will facilitate academic-practice partnerships for research, as well as conduct research into the effective practices and strategies for preventing, responding to, and treating child abuse and neglect. All evidence and knowledge generated through these four research pillars will be aimed at CYAC leadership and practitioners, and well as federal and provincial policy makers, to develop a deeper understanding of child abuse in Canada and how the CYAC model works to improve equitable practice and policy.

Throughout our engagement, stakeholders discussed the present state of research and research gaps alongside policy and practice needs. Collectively we decided on four research pillars to focus our research efforts: compelling evidence of the CYAC model; system integration and coordination; trauma-informed justice system; and emerging topics in child sexual abuse.

Pillar 1: Compelling Evidence of the Child and Youth Advocacy Centre Model. The CYAC approach is nationally recognized as an exemplary model to address the needs of children and families experiencing child abuse and neglect in Canadian jurisdictions (Department of Justice, 2018). The merits of this approach are clearly recognized by practitioners and families but there is a need to demonstrate the immediate and long-term outcomes for vulnerable children, youth and their families/caregivers through ongoing evaluation and research (Herbert & Bromfield, 2016; Westphaln et al., 2021). The diverse operating environment of the CYAC model in Canada provides both challenges and unique research opportunities. A coordinated and context-specific approach to research among Canadian CYACs and academics is needed to inform policy and practice improvements that will yield optimal outcomes for children, youth and families who have experienced abuse.

Pillar 2: System Integration and Coordination. A challenge for CYACs is how these different professionals work together amid diverse professional and organizational mandates (Herbert & Bromfield, 2019; Herbert et al., 2018; Newman et al., 2005)). Inherently, each profession working within CYACs has a different approach and, at times, competing professional priorities and ethical obligations. While the diversity of professions in CYACs are considered an active ingredient of their perceived effectiveness, how the professionals merge to provide integrated, inter-professional services can continue to be a challenge (Herbert & Bromfield, 2019). Understanding how system integration and coordination are operationalized and optimized within CYACs and the impact this has on service provision and outcomes for children, youth, and families who have experienced abuse is central to enhancing the understanding and value of the CYAC model.

Pillar 3: Trauma-informed Justice System. It is well-established that many victims who experience abuse have identified the criminal justice system as a place that re-traumatizes and causes further psychological harm and injury (Daignault1 et al., 2017; Lonsway & Archambault, 2012; Temkin & Krahé, 2008). A CYAC is an important step forward in trauma-informed responses. However, there is room for improvement

(Price, 2019). Criminal justice professionals, including prosecutors, law enforcement, judiciary, and victim services, need to apply trauma-informed practices as a case progresses through the justice system (Lonsway & Archambault, 2012; Temkin & Krahé, 2008) (Lonsway & Archambault, 2012; Temkin & Krahé, 2008). Focused effort is needed to increase the availability and delivery of specialized training to all criminal justice professionals, as well as continued support for on-going and/or new partnerships between criminal justice and other system sectors (Haskell et al., 2019; Kristiansson & Whitman-Barr, 2015; Price, 2019).

Pillar 4: Emerging Topics in Child Sexual Abuse. Rates of child sexual abuse are alarmingly high and there is increasing attention regarding the need for primary prevention and intervention efforts for emerging concerns. For example, rapid changes in technology have increased opportunities for the online sexual exploitation of children; the rapid growth in the potential for exposure to online risks has outpaced our understanding of how to (a) prevent and address the adverse impacts of online sexual exploitation for children and youth (Dimitropoulos et al., 2022), (b) best leverage secondary prevention interventions that target risk or protective factors associated with sexual abuse perpetration, and (c) intervene early in the sexual victimization of children and youth, or their perpetration of problematic sexual behaviour (McKibbin & Humphreys, 2023).

## 5. Conclusion and moving forward

While the engagement that led to our priority areas occurred within the Canadian context, these action areas align with work being done in the United States by the National Children's Alliance and in Europe by the Barnahus Network (Devaney et al., 2024; Johansson et al., 2017). At this time, the National Children's Alliance in the United States is leading work to establish shared outcomes and measurement tools for CYACs to track implementation and service delivery metrics. The Barnahus Network in Europe has established a Competence Centre which includes quality control and onsite evaluation components to assess the implementation of the quality standards and services provided. Internationally, we see alignment in priority areas as well as the desire for more comprehensive, evidence-informed practice supports. As we continue to see advances in research, evaluation, and practice supports in Canada, the United States, and Europe, there is an opportunity to work together across jurisdictions and catalyze international impacts in the CYAC sector. This sort of international collaboration is increasingly relevant and crucial for effective prevention efforts; this is especially true given emerging trends that include technology-facilitated child abuse that crosses jurisdictional boundaries. Increasing collaboration and identifying shared research agendas across countries with CYAC-type models would continue to support effective use of research resources and facilitate learning across academics, practitioners, and policy makers.

This paper has described a community-academic partnership, working together to build a national research centre, the Canadian Child and Youth Advocacy Research and Knowledge Centre. Through this partnership, priority areas and a clear research agenda have been collectively identified. The Centre is built on guiding principles to ensure that the work done is useful and relevant, participatory and context-specific, collaborative, equitable and inclusive. To uphold these principles, it will be important to continue and expand meaningful engagement with youth and Indigenous advisors in a way that reflects the Canadian context through the existing partnerships that CYACs have with these communities. Through ongoing partnership and collaboration, we believe this work can have positive impacts for researchers, practitioners, and ultimately and most importantly, for children, youth, and families who have experienced abuse.

## CRediT authorship contribution statement

**Parker Naomi:** Writing – review & editing, Writing – original draft,

Supervision, Methodology, Funding acquisition, Conceptualization. **Elenko Janine:** Writing – review & editing, Validation, Methodology, Formal analysis. **Cullen Olivia:** Writing – review & editing, Methodology, Formal analysis. **Alaggia Ramona:** Writing – review & editing, Methodology. **Bélanger Roxane:** Writing – review & editing. **Biener Cassidy:** Writing – review & editing. **Binford Warren:** Writing – review & editing, Methodology. **Blake Maggie:** Writing – review & editing. **Collin-Vezina Delphine:** Writing – review & editing, Methodology. **Daignault Isabelle:** Writing – review & editing, Methodology. **Hews-Girard Julia:** Writing – review & editing, Methodology. **Kimber Melissa:** Writing – review & editing, Methodology. **Koshan Jennifer:** Writing – review & editing, Methodology. **Madigan Sherri:** Writing – review & editing, Methodology. **Ornstein Amy:** Writing – review & editing, Methodology. **Heather L Price:** Writing – review & editing, Methodology. **Shaffer Christina:** Writing – review & editing. **Zwicker Jennifer:** Writing – review & editing, Methodology. **Dimitropoulos Gina:** Writing – review & editing, Supervision, Methodology, Funding acquisition, Conceptualization.

## Funding

This work was supported by the Alberta Children's Hospital Foundation, the Alberta Children's Hospital Research Institute, and the BMO Financial Group Endowed Research Fund; and through a University of Calgary, Transdisciplinary Connector Grant.

## Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Gina Dimitropoulos reports financial support was provided by Alberta Children's Hospital Research Institute. Naomi J. Parker reports financial support was provided by University of Calgary. If there are other authors, they declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## Acknowledgments

It is with immense gratitude that we thank all those who collaborated together to establish this Research and Knowledge Centre. Thank you: Dr. Cassidy Biener (Kelowna CYAC), Roxane Bélanger (Le SIAM), Elder Keith Chiefmoon (Kainai Nation), Karen Chymy (Toba Centre), Anita Crowshoe (Piikani Nation), Cassandra Galenzoski (Central Alberta CYAC), Dr. Daniel Garfinkel (Treehouse CYAC), the Luna Youth Advisory Council, Karen Orser (Luna CYAC), Bianca Stumpf (Department of Justice, Canada), Kayla Yama (Boost CYAC), Christina Shaffer (SeaStar CYAC).

## References

- Afifi, T. O., Macmillan, H. L., Boyle, M., Cheung, K., Taillieu, T., Turner, S., & Sareen, J. (2016). Health Reports Child abuse and physical health in adulthood. *Health Reports*, 27(3), 10–18. [www.statcan.gc.ca](http://www.statcan.gc.ca).
- Afifi, T. O., MacMillan, H. L., Boyle, M., Taillieu, T., Cheung, K., & Sareen, J. (2014). Child abuse and mental disorders in Canada. *CMAJ. Canadian Medical Association Journal*, 186(9). <https://doi.org/10.1503/cmaj.131792>
- Allen, B. L., Lees, J., Cohen, A. K., & Jean, M. (2019). Collaborative workshops for community meaning-making and data analyses: How focus groups strengthen data by enhancing understanding and promoting use. *International Journal of Environmental Research and Public Health*, 16(18), 3352. <https://doi.org/10.3390/ijerph16183352>
- Bader, D., Frank, K., & Kohen, D. (2023). Taking stock of Canadian population-based data sources to Study child maltreatment: What's available, what should researchers know, and what are the gaps? *Child Indicators Research*, 16(6), 2511–2544. <https://doi.org/10.1007/s12187-023-10062-w>. Springer Science and Business Media B.V.
- Booth, A., Sutton, A., & Papaioannou, D. (2016). *Systematic approaches to a successful literature review* (2nd ed.). SAGE Publications Inc.
- Brewsaugh, K., Holmes, A. K., Richardson, A., Barnard, S., Weaver, C., O'Brien, K., Parker, E., Pecora, P. J., DuMont, K., Munson, S., & Smith, J. (2022). Research and

knowledge gaps in child welfare in the United States: A national survey of agency staff, allied disciplines, tribal leaders, and people who have experienced child welfare. *Children and Youth Services Review*, 138, Article 106496. <https://doi.org/10.1016/j.childyouth.2022.106496>

Brownson, R. C., Shelton, R. C., Geng, E. H., & Glasgow, R. E. (2022). Revisiting concepts of evidence in implementation science. *Implementation Science*, 17(1), 26. <https://doi.org/10.1186/s13012-022-01201-y>

Caldwell, J., & Sinha, V. (2020). (Re) conceptualizing neglect: Considering the overrepresentation of indigenous children in child welfare systems in Canada. *Child Indicators Research*, 13(2), 481–512. <https://doi.org/10.1007/s12187-019-09676-w>

Cénat, J. M., McIntee, S.-E., Mukunzi, J. N., & Noorishad, P.-G. (2021). Overrepresentation of Black children in the child welfare system: A systematic review to understand and better act. *Children and Youth Services Review*, 120, Article 105714. <https://doi.org/10.1016/j.childyouth.2020.105714>

Conroy, S. (2021a). *Family violence in Canada: A statistical profile, 2019*.

Conroy, S. (2021b). *Family violence in Canada: A statistical profile, 2019*.

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications Inc.

Cross, T. P., Jones, L. M., Walsh, W. A., Simone, M., & Kolko, D. (2007). Child forensic interviewing in Children's Advocacy Centers: Empirical data on a practice model. *Child Abuse & Neglect*, 31(10), 1031–1052. <https://doi.org/10.1016/j.chab.2007.04.007>

Daignault, I. V., I. Hébert, M., & Pelletier, M. (2017). L'influence du système de justice sur le rétablissement d'enfants victimes d'agression sexuelle et suivi dans un centre d'appui aux enfants. *Criminologie*, 50(1), 51–75. <https://doi.org/10.7202/1039796ar>

Department of Justice. (2018). *Understanding the development and impact of child advocacy centres (CACs)*.

Devaney, J., Mitchell, M., Alaggia, R., & Gray, C. (2024). *Papering over the Cracks or Rebuilding the System: Opportunities and Challenges for the Barnahus Model in the United Kingdom*, 223–248. [https://doi.org/10.1007/978-3-031-53233-7\\_9](https://doi.org/10.1007/978-3-031-53233-7_9)

Dimitropoulos, G., Lindenbach, D., Devoe, D. J., Gunn, E., Cullen, O., Bhattarai, A., Kuntz, J., Binford, W., Patten, S. B., & Arnold, P. D. (2022). Experiences of Canadian mental health providers in identifying and responding to online and in-person sexual abuse and exploitation of their child and adolescent clients. *Child Abuse & Neglect*, 124, Article 105448. <https://doi.org/10.1016/j.chab.2021.105448>

Fallon, B., Joh-Carnella, N., Trocmé, N., Esposito, T., Hélie, S., & Lefebvre, R. (2022a). Major findings from the Canadian incidence Study of reported child abuse and neglect 2019. *International Journal on Child Maltreatment: Research, Policy and Practice*, 5(1). <https://doi.org/10.1007/s42448-021-00110-9>

Fallon, B., Joh-Carnella, N., Trocmé, N., Esposito, T., Hélie, S., & Lefebvre, R. (2022b). Major findings from the Canadian incidence Study of reported child abuse and neglect 2019. *International Journal on Child Maltreatment: Research, Policy and Practice*, 5(1). <https://doi.org/10.1007/s42448-021-00110-9>

Fields, J. A. (2020). *Exploring the leadership of multidisciplinary collaboration in child maltreatment service organizations: A case study of the southern Alberta children advocacy centre*. University of Calgary.

Fix, R. L., & Nair, R. (2020). Racial/ethnic and gender disparities in substantiation of child physical and sexual abuse: Influences of caregiver and child characteristics. *Children and Youth Services Review*, 116. <https://doi.org/10.1016/j.childyouth.2020.105186>

Gruhn, M. A., & Compas, B. E. (2020). Effects of maltreatment on coping and emotion regulation in childhood and adolescence: A meta-analytic review. *Child Abuse & Neglect*, 103, Article 104446. <https://doi.org/10.1016/j.chab.2020.104446>

Haskell, L., Psych, C., & Randall, M. (2019). The impact of trauma on adult sexual assault victims 2019. [www.justice.gc.ca](http://www.justice.gc.ca).

Heidinger, L. (2022). Profile of Canadians who experienced victimization during childhood, 2018 <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2022001/article/00016-eng.pdf?st=XWbrRaf>.

Herbert, J. L., & Bromfield, L. (2016). Evidence for the efficacy of the child advocacy center model: A systematic review. *Trauma, Violence, & Abuse*, 17(3), 341–357. [https://doi.org/10.1177/1524838015585319/ASSET/IMAGES/LARGE/10.1177\\_1524838015585319-FIG1.JPG](https://doi.org/10.1177/1524838015585319/ASSET/IMAGES/LARGE/10.1177_1524838015585319-FIG1.JPG)

Herbert, J. L., & Bromfield, L. (2019). Multi-disciplinary teams responding to child abuse: Common features and assumptions. *Children and Youth Services Review*, 106, Article 104467. <https://doi.org/10.1016/j.CHILLYOUTH.2019.104467>

Herbert, J. L., Walsh, W., & Bromfield, L. (2018). A national survey of characteristics of child advocacy centers in the United States: Do the flagship models match those in broader practice? *Child Abuse & Neglect*, 76, 583–595. <https://doi.org/10.1016/J.CHIABU.2017.09.030>

Hoekstra, F., Mrklač, K. J., Khan, M., McKay, R. C., Vis-Dunbar, M., Sibley, K. M., Nguyen, T., Graham, I. D., & Gainforth, H. L. (2020). A review of reviews on principles, strategies, outcomes and impacts of research partnerships approaches: A first step in synthesising the research partnership literature. *Health Research Policy and Systems*, 18(1), 51. <https://doi.org/10.1186/s12961-020-0544-9>

Javanparast, S., Robinson, S., Kitson, A., & Arciuli, J. (2022). Embedding research codesign knowledge and practice: Learnings from researchers in a new research institute in Australia. *Research Involvement and Engagement*, 8(1), 71. <https://doi.org/10.1186/s40900-022-00392-4>

Johansson, S., Stefansen, K., Bakkeiteig, E., & Kaldal, A. (Eds.). (2017). *Collaborating against child abuse*. Springer International Publishing. <https://doi.org/10.1007/978-3-319-58388-4>

Juckett, L. A., Bunker, A. C., McNett, M. M., Robinson, M. L., & Tucker, S. J. (2022). Leveraging academic initiatives to advance implementation practice: A scoping review of capacity building interventions. *Implementation Science*, 17(1), 49. <https://doi.org/10.1186/s13012-022-01216-5>

Kristiansson, V., & Whitman-Barr, C. (2015). *Integrating a trauma-informed response in violence against women and human trafficking prosecutions*.

Longsway, K. A., & Archambault, J. (2012). The "Justice Gap" for Sexual Assault Cases, 18(2), 145–168. <https://doi.org/10.1177/1077801212440017>

Mathews, B., Pacella, R., Scott, J. G., Finkelhor, D., Meinck, F., Higgins, D. J., Erskine, H. E., Thomas, H. J., Lawrence, D. M., Haslam, D. M., Malacova, E., & Dunne, M. P. (2023). The prevalence of child maltreatment in Australia: Findings from a national survey. *Medical Journal of Australia*, 218(S6), S13–S18. <https://doi.org/10.5694/mja2.51873>

Mathews, B., Thomas, H. J., & Scott, J. G. (2023). A new era in child maltreatment prevention: Call to action. *Medical Journal of Australia*, 218(S6), S47–S51. <https://doi.org/10.5694/mja2.51872>

McKibbin, G., & Humphreys, C. (2023). Frontline workers' response to harmful sexual behavior: Building blocks for promising practice. *Trauma, Violence, & Abuse*, 24(2), 597–612. <https://doi.org/10.1177/15248380211036077>. SAGE Publications Ltd.

McLennan, J. D., Waathen, C. N., MacMillan, H. L., & Lavis, J. N. (2006). Research-practice gaps in child mental health. *Journal of the American Academy of Child & Adolescent Psychiatry*, 45(6), 658–665. <https://doi.org/10.1097/01.chi.0000215153.99517.80>

Moody, G., Cannings-John, R., Hood, K., Kemp, A., & Robling, M. (2018). Establishing the international prevalence of self-reported child maltreatment: A systematic review by maltreatment type and gender. *BMC Public Health*, 18(Issue 1). <https://doi.org/10.1186/s12889-018-6044-y>. BioMed Central Ltd.

Newman, B. S., Dannenfelser, P. L., & Pendleton, D. (2005). Child abuse investigations: Reasons for using child advocacy centers and suggestions for improvement. *Child and Adolescent Social Work Journal*, 22(2), 165–181. <https://doi.org/10.1007/s10560-005-3416-9>

Nilsen, P., & Bernhardsson, S. (2019). Context matters in implementation science: A scoping review of determinant frameworks that describe contextual determinants for implementation outcomes. *BMC Health Services Research*, 19(1), 189. <https://doi.org/10.1186/s12913-019-4015-3>

Nyström, M. E., Karlstun, J., Keller, C., & Andersson Gäre, B. (2018). Collaborative and partnership research for improvement of health and social services: researcher's experiences from 20 projects. *Health Research Policy and Systems*, 16(1), 46. <https://doi.org/10.1186/s12961-018-0322-0>

Perry, B. D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss & Trauma*, 14(4), 240–255. <https://doi.org/10.1080/15325020903004350>

Price, H. L. (2019). *The role of Crown prosecutors in child advocacy centres in Canada*. Department of Justice Canada – Ministère de la Justice Canada.

Saldana, J. (2016). *The coding manual for qualitative researchers*. Sage Publishing.

Schelbe, L., Wilson, D. L., Fickler, W., Williams-Mbengue, N., & Klika, J. B. (2020). Bridging the gaps among research, policy, and practice in the field of child maltreatment through cross-sector training and innovation. *International Journal on Child Maltreatment: Research, Policy and Practice*, 3(3), 293–305. <https://doi.org/10.1007/s42448-020-00054-6>

Shelton, R. C., & Brownson, R. C. (2024). Enhancing impact: A call to action for equitable implementation science. *Prevention Science*, 25(S1), 174–189. <https://doi.org/10.1007/s11121-023-01589-z>

Siegel, A. F. (2016). Landmark summaries. In *Practical business Statistics* (pp. 71–99). Elsevier. <https://doi.org/10.1016/B978-0-12-804250-2.00004-3>

St-Amand, A., Rimer, P., Nadeau, D., Herbert, J., & Walsh, W. (Eds.). (2023). *Contemporary and innovative practices in child and youth advocacy centre models*. Presses de l'Université du Québec. <https://doi.org/10.2307/jj.4032504>

Steens, R., Van Regenmortel, T., & Hermans, K. (2018). Beyond the research-practice gap: The development of an academic collaborative centre for child and family social work. *British Journal of Social Work*, 48(6), 1611–1626. <https://doi.org/10.1093/bjsw/bcx126>

Stumpf, B. (2024). *Results from the 2022-2023 child advocacy centre/child and youth advocacy centre national operational survey*.

Temkin, J., & Krahé, B. (2008). *Sexual assault and the justice gap: A question of attitude*. Hart Publishing. <https://doi.org/10.5040/9781472564320>

Westphahn, K. K., Regoeczi, W., Masotya, M., Vazquez-Westphahn, B., Lounsbury, K., McDavid, L., Lee, H. N., Johnson, J., Ronis, S., Herbert, J., Cross, T., & Walsh, W. (2021). Outcomes and outputs affiliated with children's advocacy centers in the United States: A scoping review. *Child Abuse & Neglect*, 111. <https://doi.org/10.1016/j.chab.2020.104828>

Zamenopoulos, T., & Alexiou, K. (2018). *Co-design as collaborative research*.