

# Addressing the Gaps

A new intervention research project at IRCOM to address youth relationship violence

**The Public Health Agency of Canada (PHAC) announces IRCOM as one of eleven across Canada to receive funding aimed at reducing youth relationship violence.**

At the end of 2024, the Immigrant and Refugee Community Organization of Manitoba (IRCOM) was excited to be selected as one of eleven non-profits, community associations, and universities across Canada to receive Public Health Agency of Canada (PHAC) funding focused on reducing youth relationship violence. This funding, lasting until 2028, aims to enable organizations like IRCOM to test, implement, and adapt already-existing youth relationship violence prevention programs to better meet the needs of the youth we work with, and to support them to maintain healthy, violence-free relationships throughout their lives. See the funding announcement and learn about the other projects [here](#)!

## Adapting teen relationship violence programs

While there are a number of promising programs that already exist to prevent youth relationship violence, these are not always effective for all youth. Most of these programs usually have two things in common:

1

They are designed to be implemented *universally*;

This means that all youth who participate in the program receive the same information in the same way; and

2

They focus on addressing individual- or interpersonal-level factors.

Most programs focus on addressing individual- (ex. help-seeking skills, alcohol consumption) or interpersonal-level (ex. parent-child relationships) that can put youth at risk or protect them from experiencing or perpetuating violence.

Financial contribution:  
Contribution financière :



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

While many of these programs have shown promising results, they are often not culturally-responsive, and fail to address systemic or “macro-level” factors like racism, sexism, poverty, and xenophobia that impact youths’ experiences of relationship violence, and their access or barriers to resources and supports.

## Incorporating Intersectionality

Over the next four years, IRCOM, in collaboration with racialized, refugee, newcomer youth and their parents, subject matter experts, partner organizations, and external research partners Dr. Aynslie Hinds and Dr. Javier Mignone, aims to adapt an existing program ([The Healthy Relationships Program Plus - Enhanced](#)) to incorporate intersectional understandings of youth relationship violence and increase its cultural-relevance for racialized, refugee, newcomer youth.

First, it is important to echo a few statements by the [National Gender-Based Violence Settlement Strategy Project](#):

“Gender-based violence (GBV) is **not unique to any community but rather effects all communities**;

Diverse newcomer, immigrant, and refugee communities in Canada **represent an underserved population** when it comes to GBV awareness and supports; and

While GBV survivors, who are newcomers, immigrants, and refugees may face certain structural barriers, we recognize the highly diverse and intersectional experiences of this group. Meaningful action on GBV **must account for the complexities of violence, particularly for communities that are disproportionately impacted across gender, gender identity, race, ethnicity, class, sexuality, age, ability, religion, and immigration status, among other intersections**”.

Financial contribution:  
Contribution financière :



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

Recent research, grounded in theories of intersectionality, tells us that in order to effectively address gender-based violence (including teen relationship violence), it is important to look beyond individual- or interpersonal-level characteristics. Intersectionality, a term first introduced by Kimberle W. Crenshaw, and grounded in a history of work by Black, Indigenous, Queer, and Latina scholars and activists, offers us a lens to examine how youths' multiple social identities (ex. Ethnicity, gender, immigration status, country of origin) intersect with systems of oppression (ex. Racism, sexism, xenophobia) to shape their experiences of relationship violence, access to resources or supports, and wellbeing.

For further explanation about how intersectionality can help us understand and prevent gender-based violence, please see [Intersectionality and Adolescent Dating Violence \(video\)](#) or [Intersectionality](#).

## What have we done so far?

### 1 Community Consultation

IRCOM has met with 30 youth and 20 youth living at IRCOM, several subject matter experts, and multiple community organizations to discuss the various needs, goals, and priorities for a teen relationship violence prevention program for racialized, refugee, newcomer youth;

### 2 Research

IRCOM's Research and Evaluation Team, in partnership with external research partners, have been conducting a literature review on risk and protective factors related to teen relationship violence, the impacts of systemic factors on youth relationship violence, and the importance of incorporating intersectional and culturally-responsive lenses.

### 3 Expert Consultation

Early on, IRCOM recruited a diverse Advisory Council composed of subject matter experts, youth, partner organizations, and researchers to guide the project;

*Financial contribution:  
Contribution financière :*



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

## 4 Community of Practice

Project staff have participated in several meetings with a Community of Practice, led by PrevNet, aimed at connecting PHAC-funded projects focused on gender-based violence prevention;

## 5 Facilitator Training

The Project Team, facilitators, and staff from partner organizations participated in a training led by the creators of the HRPP-E curriculum (the Fourth R), and were certified as HRPP-E Facilitators;

## 6 Curriculum Review and Adaptation

The Project Team, along with facilitators and youth leaders, have been reviewing the HRPP-E curriculum in depth. Based on learnings from community consultations and research, they have been preparing an initial report outlining recommended adaptations for facilitators to incorporate intersectional understandings of youth relationship violence, and increase the program's cultural-relevance;

## 7 Metropolis Conference

Recently, IRCOM's Research and Evaluation Coordinator and one of IRCOM's Research and Evaluation Assistants partnered with Elmwood Community Resource Center's Inspiring Boys and Men Coordinator to deliver a presentation titled: *Teen Dating Violence: Accounting for Systems of Oppression, Centering Youth Voices, and Engaging Boys and Men*;

## 8 Ethics Application

The Project Team has been intensively working on an ethics application to ensure that this project meets research ethics standards.

Financial contribution:  
Contribution financière :



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

## What's next?

Soon, IRCOM will be recruiting youth between the ages of 16-18, living at IRCOM, to participate in a piloting of the adapted version of the Healthy Relationships Plus Program - Enhanced. This program will take place once a week for 16 weeks, and focus on topics like setting boundaries, discussing influences that shape our views and values, and the importance of taking responsibility for our own emotions. Throughout the pilot, youth and facilitators' feedback will be documented to inform future adaptations and delivery of the program.

In upcoming years, IRCOM will partner with other community organizations to act as host-sites for adaptations of the HRPP-E program, host parent forums, and create youth-led videos and resources to prevent teen relationship violence.

**For questions, please contact IRCOM's Research and Evaluation Coordinator Megan Marques, at [meganm@ircom.ca](mailto:meganm@ircom.ca) or IRCOM's general email at [info@ircom.ca](mailto:info@ircom.ca).**

*Financial contribution:  
Contribution financière :*



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada