

Collaborative Development of a Protocol for Trauma- and Violence-Informed Knowledge Mobilization (TVI-KMb)

Project Summary

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Dr. Uwizeye's work explores the impacts of prenatal exposure to genocide or genocidal rape on the well-being of Rwandans conceived during the 1994 Genocide, finding that Rwandan adults prenatally exposed to genocide had less optimal well-being compared to age- and sex-matched Rwandans who were not prenatally exposed. Those conceived via genocidal rape had even poorer health outcomes. The desire of many study participants to know the effects of this prenatal adverse experience on their adult health has put us in an ethical quandary: *what are our professional responsibilities toward our research population, and how do we convey adverse health conditions to the study community in a manner that supports individual and community resilience and promotes community-based interventions?*

Mobilizing such knowledge requires a trauma- and violence-informed (TVI) approach to knowledge mobilization (KMb) practices. TVI comprises four principles: understanding structural and interpersonal trauma and violence, and their impacts on peoples' lives and behaviours; creating emotional, cultural, and physical safety; fostering opportunities for choice, collaboration, and connection; and using strengths-based and capacity-building approaches. This approach is urgently needed to equip scholars across disciplines to mobilize knowledge in ways that lead to minimizing harm while building individual and community-based interventions. Harm in this context can be both individual – i.e., knowledge that re-traumatizes and/or causes stress, anxiety, or other immediate impacts; and collective – i.e., knowledge that stigmatizes or reinforces stereotypes about groups, perpetuating inequities in access to services and in health and social outcomes. This project proposes co-developing a TVI-KMb protocol with our participant community: Rwandan young adults conceived during the Genocide including those conceived via genocidal rape, their families, and local organizations that work directly with them. We will then bring this protocol to London for consultation, via Western's Centre for Research on Health Equity and Social Inclusion (CRHESI), with community partners and researchers to adapt and evaluate the protocol for local needs, creating a tool and approach that will be useful in any research context where the knowledge to be mobilized has the potential for benefit, but also the potential for harm among traumatized and structurally marginalized individuals and groups. This presents a significant advance in the field of knowledge mobilization.