

Practicalities and Benefits of Participatory Community-based Research

CrimSL Qualitative Research
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Flora I Matheson PhD
Scientist and Chair, Homelessness, Housing and Health
Justice and Equity Research Lab
MAP Centre for Urban Health Solutions, St. Michael's Hospital

Community-Based Participatory Research



“systematic inquiry, with the collaboration of those affected by the issue being studied, for the purposes of education and taking action or effecting social change” (p.1927)



Community-Based Research is in the Community and Benefits the Community

Community-based Research (CBR):



Takes place in
community settings



Demonstrates **respect** for the
contributions to success that are
made by community partners



Involves community
members in the **design**
and implementation of
research projects



Respect for the principle of "**doing
no harm**" to the communities
involved

Relationship Development

IDENTIFYING PARTNERS



MUTUAL INTEREST

Partners have mutual interest in the issue being explored



COMMITMENT

Partners are interested in the issue being explored and genuinely committed to the project objectives.



CONTRIBUTION

Partners are able to participate and contribute to achieving project objectives. Contribution type and level may vary by partner based on their capacity.



EQUITY

Project includes adequate representation from your 'community of interest' and you make extra effort to involve important interest holders that have tended to be excluded.



DIVERSITY

Having partners from different sectors, decision making level, and demographics can enrich the quality of your CBR project associated with the benefits of having diverse perspectives, insights and resources.

Relationship Development



IDENTIFY SPECIFIC ROLES AND CONTRIBUTIONS FROM PARTNERS

It is important to have open discussion with each potential partner to clearly identify their roles and contributions to the project.



IDENTIFY EXPECTATIONS OF PARTNERS

It is crucial to discuss what your partners expect from the project. This may include a certain number of copies of the study results, invitation to present findings at the partner's agency, access to data, acknowledgement, etc.



REFLECT AND BUILD ON POSITIVE OUTCOMES OF PARTNERSHIPS

On a regular basis, evaluate and make time to jointly reflect on the positive outcomes and benefits of your partnerships you have and of working collaboratively.

Benefits of Community Engagement

FOR RESEARCHERS:



EXPERTISE

Expertise of each partner enhances quality of research process (e.g. research design and methodology, interpretation and validation of data, and knowledge dissemination)



MORE EFFECTIVE

Policy change and advocacy work is more effective when done in collaboration with partners



CONNECTIONS

Partner connections are useful during recruitment, knowledge exchange and policy change work



PROBLEM SOLVING

Partners help find solutions to unexpected issues in the research process

FOR PARTNERS:



CROSS-SECTORAL PARTNERSHIPS

Community based research enhances cross-sectoral partnerships with potential long term benefits



KNOWLEDGE FOR ADVOCACY EFFORTS

New knowledge is gained from research findings and co-learning opportunities that enable advocacy for policy changes

EXAMPLE



Benefits of Community Engagement



ACCESS TO KNOWLEDGE

Community agencies access the knowledge/experience of highly skilled researchers dedicated to the agency's work and the clients they serve



SERVICE IMPROVEMENT

Community based research leads to new knowledge and innovations that can be used to solve problems and improve quality and delivery of services



CREDIBILITY

Partnerships increase credibility of researchers and community service agencies to develop programs based on sound evidence



CAPACITY BUILDING

Helps community agencies enhance organizational capacity and provides peer researchers with training and capacity building opportunities



Challenges of Community Collaboration



TIME COMMITMENT

Commitment of time and resource is a concern for community based agencies.



CONTINUED FUNDING

Often, even after going through so much research work, the funding may not be there to implement the results of the research or to maintain services established through short-term funding.

Tips for Collaborating with Community Agencies

RESEARCH QUESTION

Formulate the research questions in partnership with the community agency

BE CLEAR

Be clear about what you have to offer (time, money, staff, expertise)

CONFIRM RESOURCES

Make sure you have the resources to make the project happen (interviewers, computers, etc.)

MUTUAL GOALS

Generate mutual research goals

RESULT DISSEMINATION

Consider together how the results will be shared and used appropriately

PARTNER INVOLVEMENT

Ask the agency staff how involved they would like to be in the project

AWARENESS

During the recruitment process, be aware of what else is going on at the agency/space

RESPECT

Respect the expertise and knowledge of your community partners

BE FLEXIBLE

Work with the rhythm of the community agency and the participants



BREAKING THE CYCLE SOLUTIONS NETWORK

COMMUNITY SUPPORT GROUPS



Mothers Offering Mutual Support

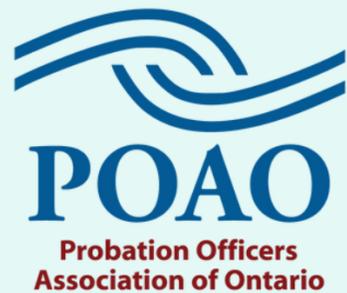
JUSTICE AND EQUITY RESEARCH LAB



PEOPLE WITH LIVED EXPERTISE



JUSTICE SYSTEM PARTNERS



Toronto Bail Program



COMMUNITY JUSTICE & RE-ENTRY SERVICE AGENCIES



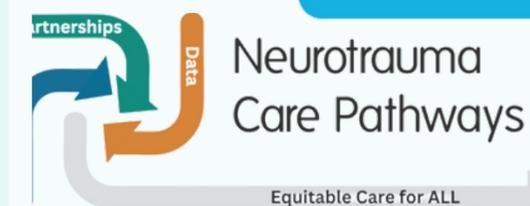
PASAN



TRAUMATIC BRAIN INJURY SUPPORT ORGANIZATIONS



CENTRAL EAST



Equitable Care for ALL

COMMUNITY PARTNERS

Breaking the Cycle Solutions Network

The Breaking the Cycle Solutions Network has one major focus, to reduce criminal-legal involvement among people with a history of brain injury through innovative, low-barrier solutions.



SOLUTIONS

Generate solutions to support people at re-entry to the community from custody.



EDUCATION

Educate the public and professionals about the prevalence and implications of brain injury within correctional populations and settings.

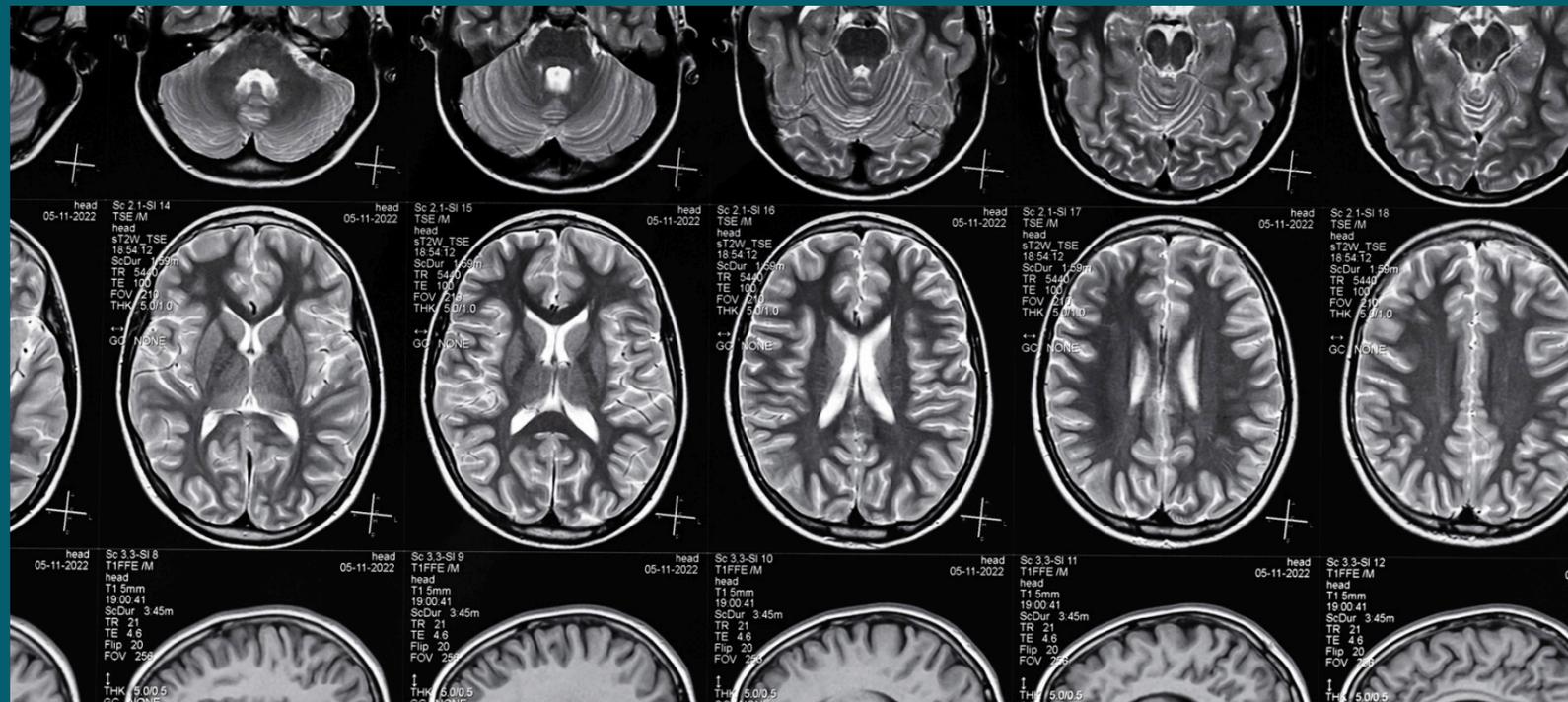


ADVOCACY

Advocate for greater equity, inclusion and support for persons with brain injury and criminal-legal system involvement.

What we are tackling?

The prevalence of brain injury in incarcerated adults is as high as 88%, versus 12% in the general population.



CONDITION CHALLENGES

When individuals are released from custody, they often have a strict set of court-mandated supervision conditions they must follow, such as avoiding particular people or places, attending regular appointments, and maintaining a curfew.

COGNITIVE CHALLENGES

Brain injury related challenges with communication, cognition, emotion, and behavior can make complying with supervision conditions difficult or impossible.

SUPPORT CHALLENGES

Without adequate support, people with brain injuries are at increased risk of returning to custody or having their bail revoked.

KNOWLEDGE TRANSLATION

Education and Advocacy

We regularly conduct various presentations for different audiences for educational and advocacy purposes. Examples include:



CONFERENCE PRESENTATIONS

Ex. The Intersection of Traumatic Brain Injury and the Criminal Legal System



WEBINARS

Ex. The Intersection of Justice and Traumatic Brain Injury: Past, Present & Future

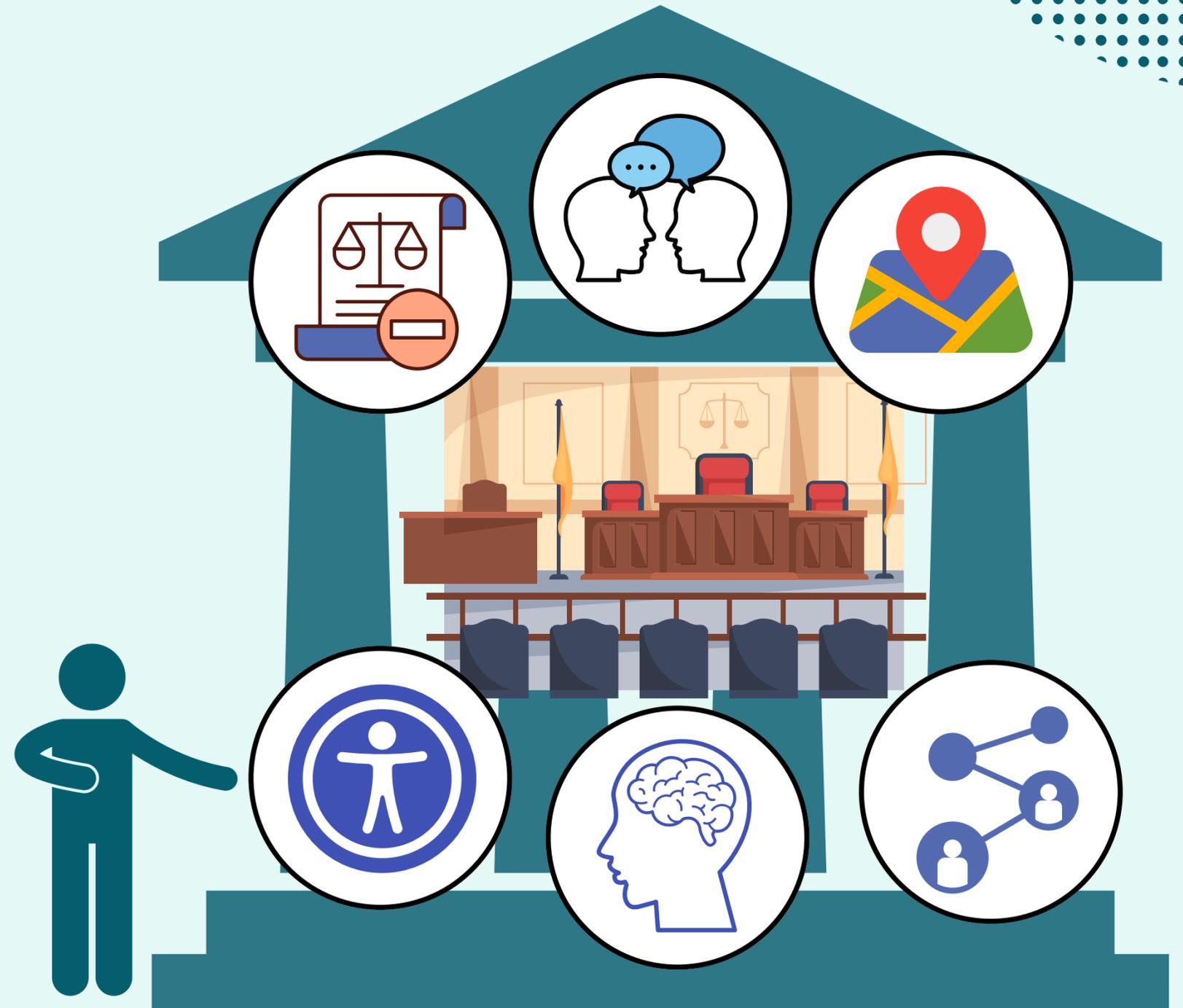


TRAINING FOR JUSTICES AND JUDGES

Ex. TBI Brain Injury: Barriers to Legal Participation amid Social Inequities in the Criminal Justice System

IMPLEMENTATION

Brain Injury Bail Court Navigator Program



THE CONTEXT

88%



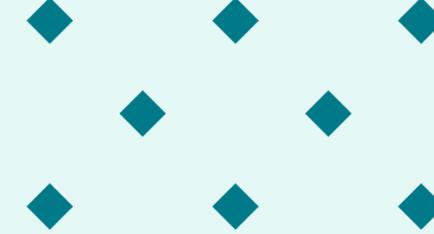
of people in the criminal-legal system are on bail or pre-trial custody in Ontario

(Diamond, 2007)

Up to 95%

of women in prison have history of head injury based on hospital records and self-report data, compared to 8% in the general population

(McGinley, 2019)



Criminal-legal Involvement



Brain Injury

Intimate Partner Violence



Sex Work



Human Trafficking



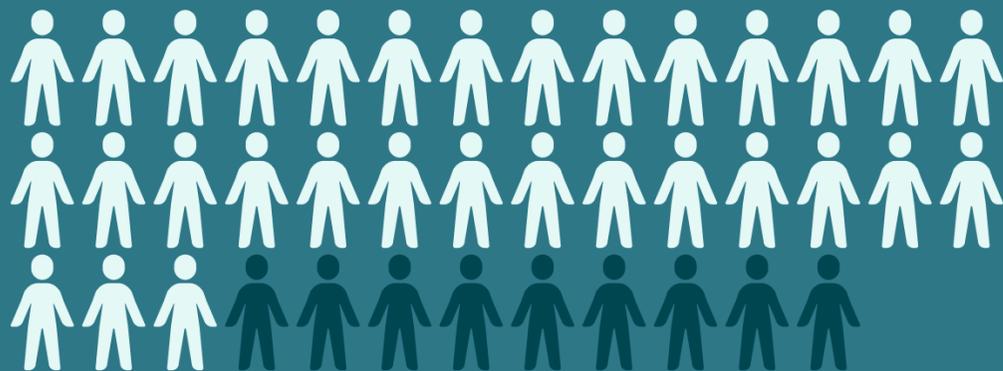
Substance Use



THE CONTEXT

78%

of women in 4 Scottish prisons have history of significant head injury



40%

of the women had a disability associated with their head injury



BRAIN INJURY



TRAUMATIC BRAIN INJURY

An “external injury that disrupts normal brain function”

- Motor Vehicle Accidents
- Falls
- Assaults (think Intimate Partner Violence)
- Sports injuries

(Center for Disease Control, 2015)

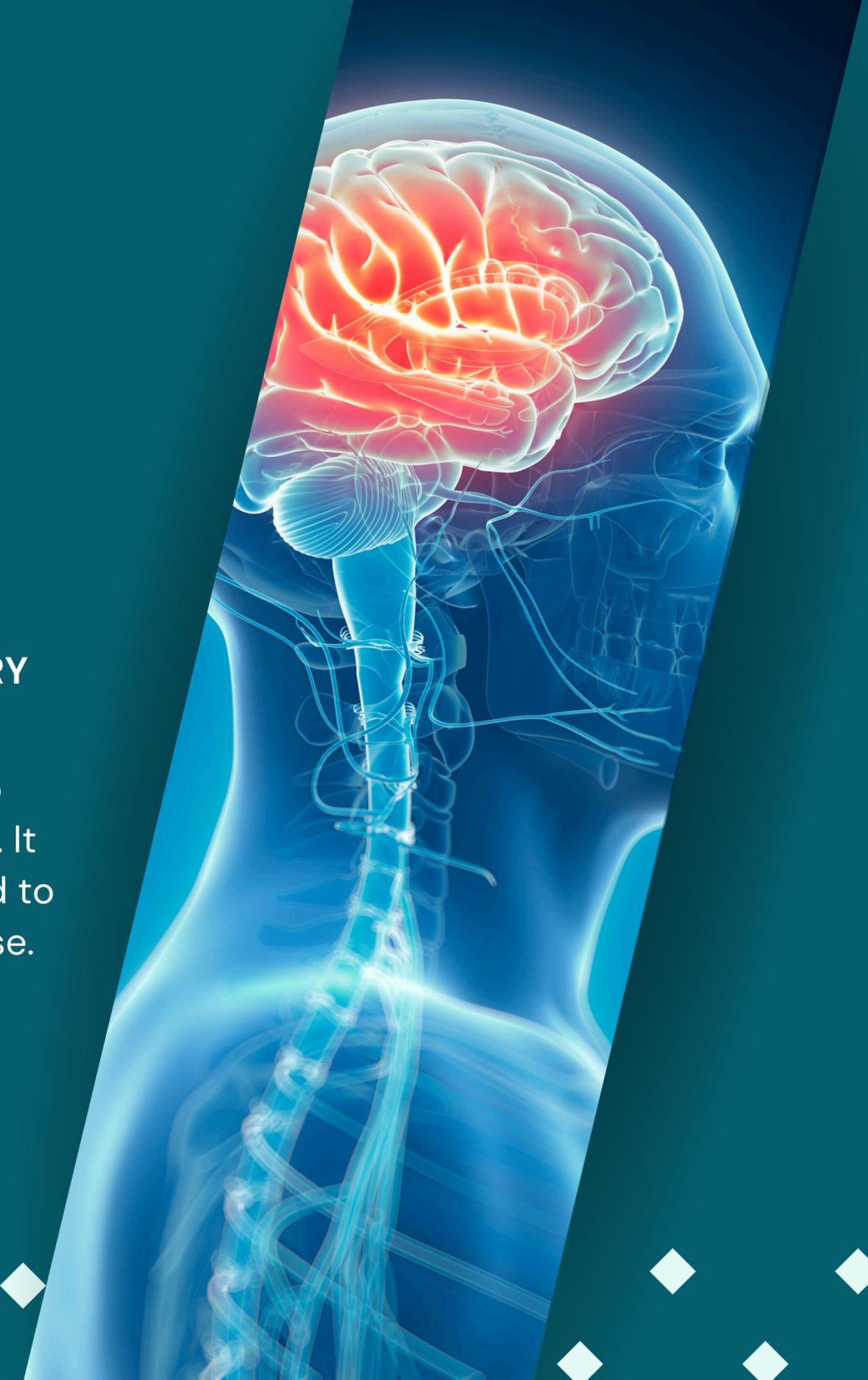


NON TRAUMATIC BRAIN INJURY

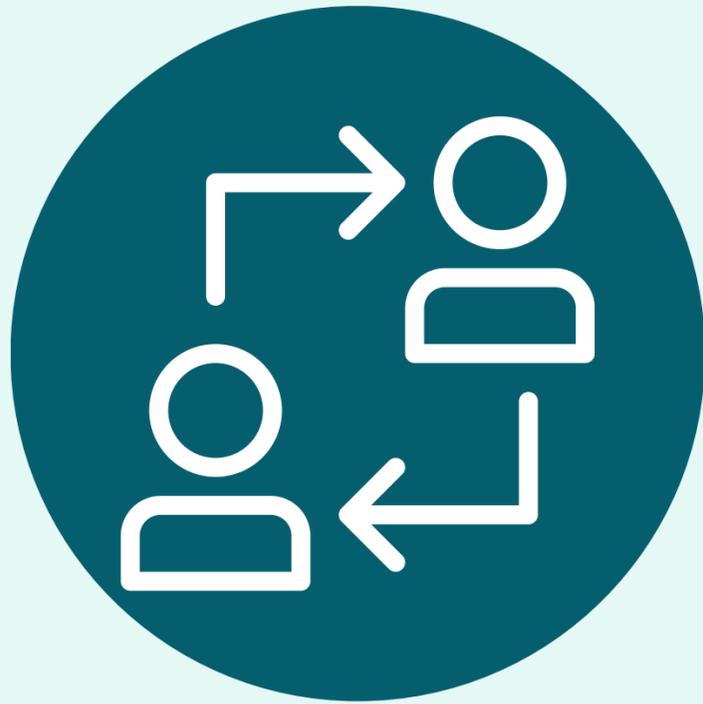
Something that happens inside the body, or a substance introduced into the body that damages brain tissues. It happens after birth and is not related to a congenital or a degenerative disease.

- Anoxia/hypoxia
- Brain tumours
- Stroke
- Opioid overdose

(Brain Injury Canada.ca)



BRAIN INJURY AND THE CLIENT



COMPLEX SOCIAL INTERACTIONS

There's a lot of people out there [with brain injury], and if they... have a temper tantrum and throw their shoe at someone... they're getting arrested for assault with a weapon... [There are] many people who are not... necessarily well cared for by our system ... and they're having a really hard time integrating and adapting to both the rules and also the expectations. It's very hard to conform if you're not able to control your behaviour. Then people think you're bad or you're a criminal or you should be arrested and actually none of that is helping... [Brain injury] doesn't get recognized right away and it may be identified as a mental health issue, but actually it's more complex than that. (KI 12, Criminal Defence Lawyer)



BRAIN INJURY AND THE CLIENT



COGNITIVE IMPAIRMENT

“ [Clients with brain injuries] have such mood swings ... to control their behaviour ... and ... to follow conditions is much more difficult ... They don't have the capacity to make what you and I would do in an executive function ... [Clients with brain injury also] have a harder time remembering, following the conditions. (KI 02, Criminal Defence Lawyer) ”

“ — Clients with ABIs ... they're not necessarily absorbing the information in the same way and maybe there's communication issues or they can't make it to court on time or they can't make it to appointments on time (KI 12, Criminal Defence Lawyer) ”

BRAIN INJURY AND THE CLIENT



COGNITIVE IMPAIRMENT

I cannot tell you how many people lose their bail conditions within the first three hours that they're released (...) I think in court a lot of them just say 'Yes, yes, yes,' just because they know they're getting out and they're not even listening or processing the terms. So that's a big issue--people losing their bail condition, their bail papers and not being aware of what they're actually supposed to be complying with... not even knowing their conditions. (KI 17, Bail Supervision Officer)

BRAIN INJURY AND THE CLIENT



EMOTIONAL DYSREGULATION

“

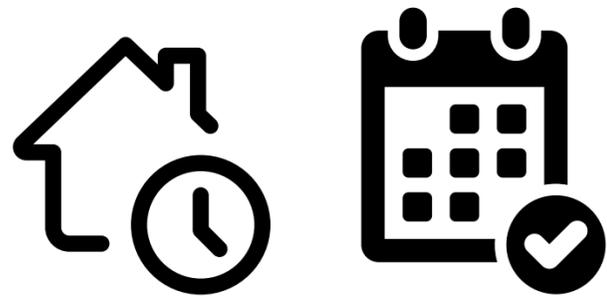
I have an impulse problem. I don't know how to tell myself 'No, I shouldn't do that.' (...) That's the head injury in itself because you say stupid shit, you do stupid shit, you're going to get stupid shit done to you and the system doesn't even care. They just keep putting you back through the revolving door. (UC 26)



BRAIN INJURY AND BAIL

Brain injury can make it difficult for a person to:

Remember important details, such as curfews, court dates or check-ins with a supervision officer



Read and process legal documents, including their bail conditions



Understand and respond during bail hearings, requiring quick thinking and problem-solving



Know what you are agreeing to in court orders

HIRED/TRAINED 2 NAVIGATORS



Start date: August 25 2025

**Training
Completed**

01

**Ontario Brain Injury
Association Brain
Basics**

02

Research Ethics

03

**Concussion
Awareness**

04

**Naloxone/Harm
Reduction**

05

**TRBC Court
Observations**

CREATING AWARENESS OF NAVIGATOR PROGRAM AT TRBC

15

Meetings completed with key interest holders

- Aboriginal Legal Services
- CMHA
- Cota
- Criminal Lawyers Association
- Fred Victor
- Federal Crown Attorney Office
- John Howard Society Toronto
- Judiciary

- Legal Aid Ontario
- Ministry of Health – Forensics and Justice Unit
- Ministry of the Attorney General – Court Services Division
- Provincial Crown Attorney Office
- Salvation Army
- Toronto Bail Program
- Toronto Police Service

ESTABLISHING REFERRAL PATHWAYS

COTA at
TRBC



Toronto Acquired
Brain Injury Network



Canadian Mental Health
Association at TRBC



Toronto Bail
Program



Downtown East
Justice Centre



Inner City
Health
Associates



Legal Aid/
Duty Counsel



PROGRAM ACTIVITIES



Virtual court
access



Surety
information



Emotional
support for
families



Ongoing legal
matters



Bail release
planning



Brain injury
screening with
HELPS



Late release
assistance



Compliance
supports (e.g.
reminder calls and
messages)



Connections to
community-based
brain injury
services



Connections to
community-based
resources



Moving Ahead

Talking about brain injury in intimate partner violence

The ³HELPS Brain Injury Screening Tool can identify survivors who've experienced, or may be at risk for, a brain injury.

The HELPS Tool does not make a diagnosis. It does provide a way to talk about head injury in the context of IPV, and can help survivors identify the source of some of their challenges.



As many as 92% of survivors of intimate partner violence (IPV) may also experience brain injury as part of the abuse.

If a survivor answers "Yes" to H, E, L, or S, and is experiencing at least two of the chronic problems listed under "P," the survivor may have experienced a brain injury. Remember, a positive screen is not a diagnosis. Only a licensed medical professional (such as a physician or nurse practitioner) can provide that.

If you suspect a survivor may have experienced a brain injury, refer to a local brain injury support agency. If the incident was recent, and symptoms are severe, recommend a doctor's visit.

HELPS

ASK:

- 1.** Have you ever **H**it your head, or been hit on the head or shaken roughly? Did your partner strangle or choke you?
- 2.** Were you ever seen in the **E**mergency room, hospital, or by a doctor because of a brain injury? Have you ever felt you needed medical attention but did not seek it?
- 3.** Did you ever **L**ose consciousness or experience a period of being dazed and confused because of an injury to your head?
- 4.** Do you experience any of these **P**roblems since you hurt your head?
- 5.** Have you experienced any significant **S**icknesses or physical symptoms?

Headaches

Dizziness

Anxiety

Depression

Difficulty concentrating

Difficulty remembering

Difficulty reading, writing, calculating

Poor problem solving

Difficulty performing your job/school work

Change in relationships with others

Poor judgement (being fired from job, arrests, fights)

*The HELPS tool above is an adapted version of the original, which was developed by M. Picard, D. Scarisbrick, R. Peluck, 9/91, International Center for the Disabled, TBI-NET, U.S. Department of Education, Rehabilitation Services Administration, Grant #H128A00022. The original version has been adapted for brain injury in the context of intimate partner violence.

CHALLENGES AFTER RELEASE



No Access to Funds or Transportation



Belongings Retained at Vanier



No Fixed Address



Lack of appropriate clothing



No Phone or Reliable Contact Method



Immediate Needs: Mental Health, Food, and Harm Reduction



Late releases

CLIENT SUPPORTS PRIOR TO RELEASE



Screen for BI using HELPS Screening Tool



Support communication between client, counsel, and family



Contact shelters, foodbanks, etc. based on client needs

CLIENT SUPPORTS

IMMEDIATELY AFTER RELEASE



Court debrief



Educate client on
possible TBI



Provide snack and
water



Offer clothing if
needed



Review bail
conditions



Help individuals get
home



CLIENT SUPPORTS

ONGOING SUPPORTS



Connect
clients with
community
resources



Accompany
clients to court
check-ins and
appointments



Remind clients
about court
dates



Answer
questions
relating to court
processes

CLIENT ENGAGEMENT

September 26th – October 30th 2025



198

Total # of conversations had
in TRBC interview room



34

Total # of women being
provided ongoing support

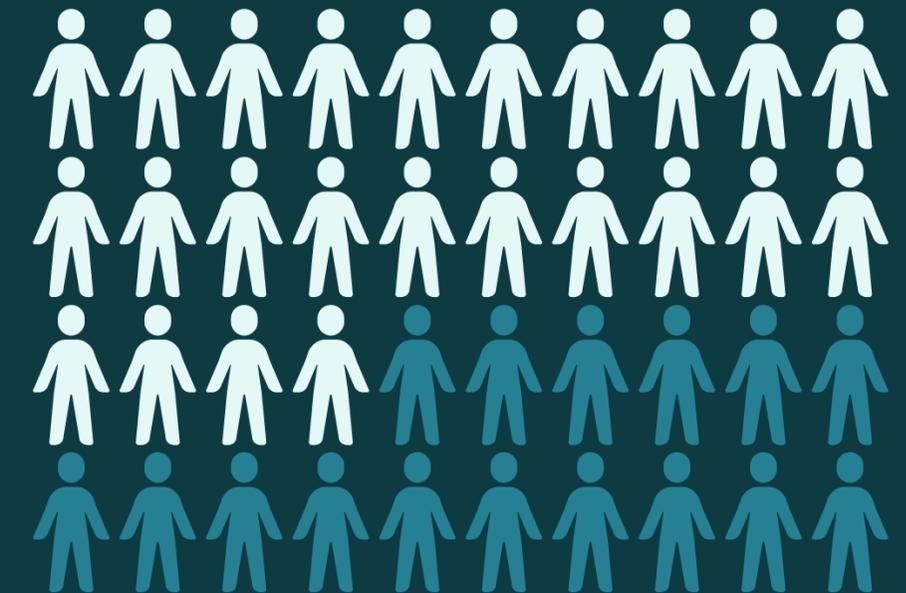


23

Total # of support letters
provided for women

60%

of women screened
positive for brain
injury



A HUMAN RIGHTS APPROACH TO BAIL FOR ACCUSED PERSONS WITH BRAIN INJURY



EARLY IDENTIFICATION

- Screen for brain injury at first contact (police, bail vetting, health intake)



DISABILITY-INFORMED BAIL DECISIONS

- Recognize BI as a factor affecting behaviour and comprehension – not just “risk.”
- Tailor bail conditions to cognitive capacity.



SUPPORTED SUPERVISION & RELEASE PLANNING

- Partner bail programs with community brain injury services.
- Provide structured support, housing, and treatment access.



COMMUNICATION ACCOMMODATIONS

- Use plain language, repetition, written summaries, and visual cues.
- Confirm understanding of conditions.



SYSTEM OVERSIGHT & TRAINING

- Implement neuro-disability and human rights training for bail staff and judiciary.
- Collect data and monitor outcomes for accountability.

Evaluation

Key Metrics



Clients successfully obtaining a brain injury diagnosis



Clients who are successfully referred to community-based health services interventions (e.g., mental health, brain injury)



Clients released



Clients with increased understanding of the court process



Clients successfully obtaining ODSP or other long-term financial supports

Qualitative Interviews



- Client Interviews (n = 15)
- Navigator Interviews (n = 2)



Enhancing Equity, Accessibility, and Inclusion in the Bail Process Among Justice-Involved Individuals with Brain Injury

- Conduct needs assessment
- Design and deliver brain injury and communication training
- Evaluate pilot program and disseminate results



TRBC KEY INTEREST HOLDERS

- Aboriginal Legal Services
- CMHA
- Cota
- Criminal Lawyers Association
- Fred Victor
- Federal Crown Attorney Office
- John Howard Society Toronto
- Judiciary
- Legal Aid Ontario
- Ministry of Health – Forensics and Justice Unit
- Ministry of the Attorney General – Court Services Division
- Provincial Crown Attorney Office
- Salvation Army
- Toronto Bail Program
- Toronto Police Service



BRAIN INJURY SPECIALISTS

- Constance Coburn, Champlain ABI System Navigator
- Cathy Halovanic, Central ABI System Navigator
- Caitlin Buchel, RSLP, Executive Director, Communication Access to Justice
- Julie Osbelt, Referral Coordinator & ABI Navigator for Toronto Central

Contact Information

Elizabeth Fry Society Toronto General Inquires



justiceandequitylab.ca



(416) 924-3708



info@efrytoronto.org



@elizabethfrytoronto



www.facebook.com/elizabethfrytoronto/

FLORA MATHESON

Scientist

flora.matheson@unityhealth.to

LUCY GUDGEON

Director of Programs

lgudgeon@efrytoronto.org

ARTHUR MCLUHAN

Senior Research Associate

arthur.mcluhan@unityhealth.to

MADISON FORD

Research Coordinator

madison.ford@unityhealth.to



MEGAN RODRIGUES

Bail Court Navigator

mrodrigues@efrytoronto.org

HANNAH LI

Bail Court Navigator

hli@efrytoronto.org

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