

# Practicalities and Benefits of Participatory Community-based Research

CrimSL Qualitative Research  
November 20<sup>th</sup> 2025

---

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

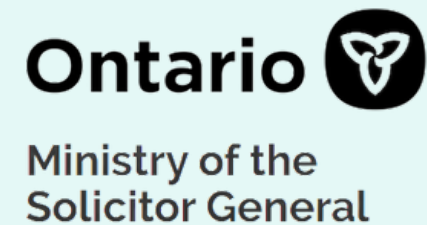
## JUSTICE AND EQUITY RESEARCH LAB



## PEOPLE WITH LIVED EXPERIENCE



## JUSTICE SYSTEM PARTNERS



Toronto Bail Program



## COMMUNITY JUSTICE & RE-ENTRY SERVICE AGENCIES



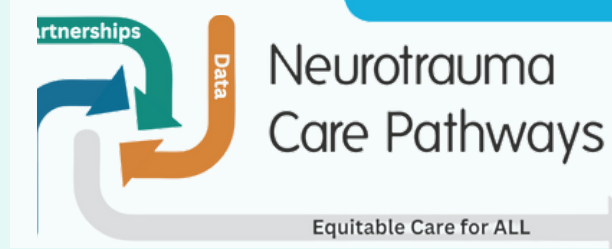
Canadian Mental Health Association



## 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.



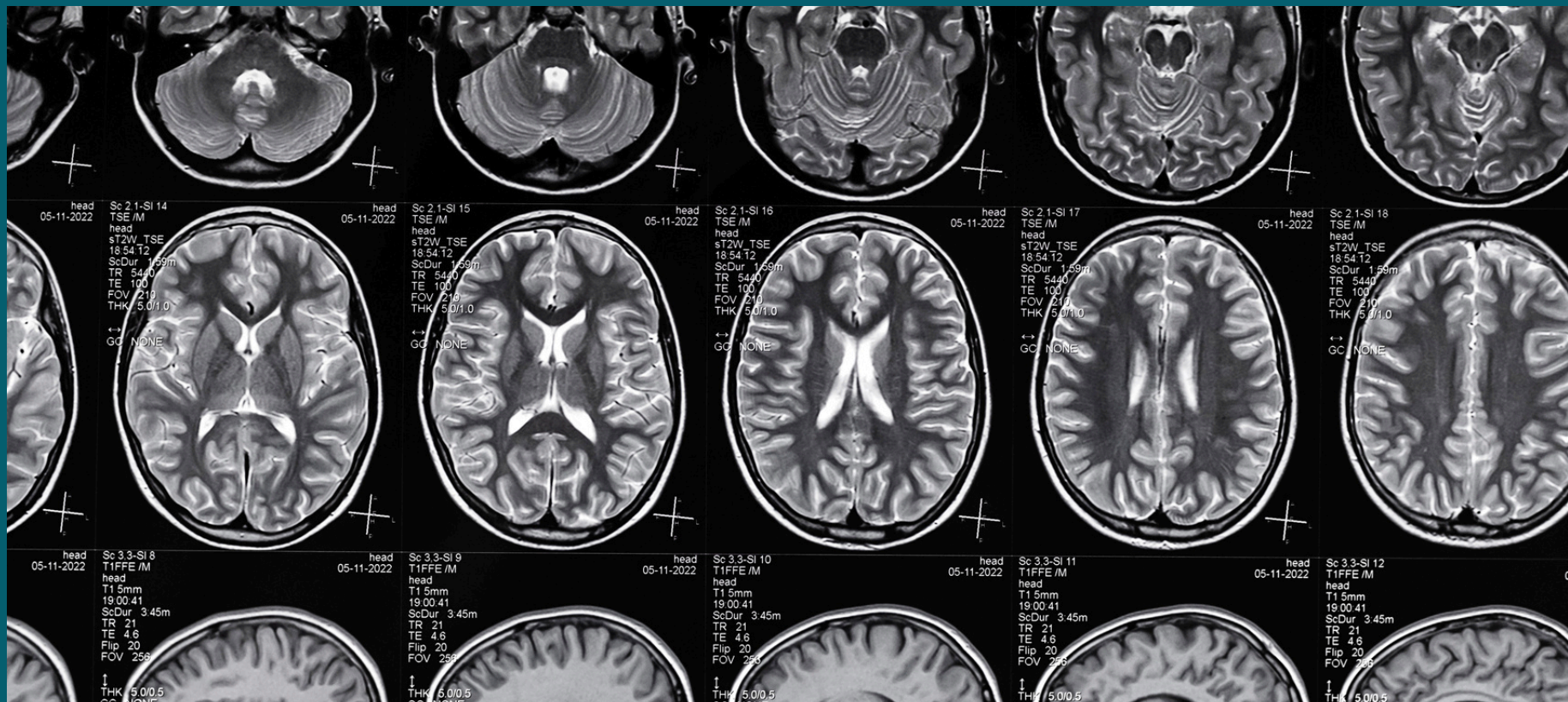
## **ADVOCACY**

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%



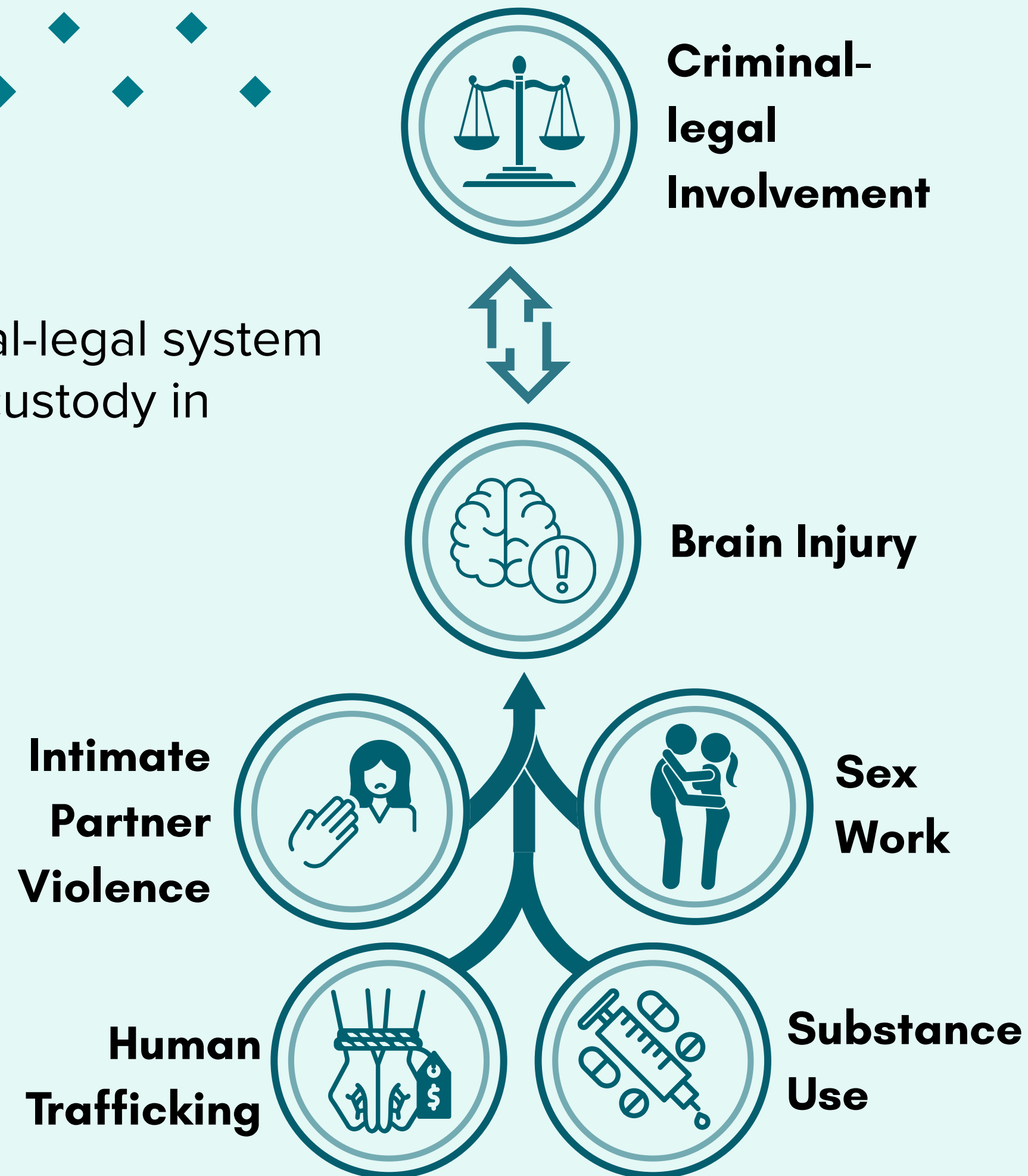
of people in the criminal-legal system are on bail or pre-trial custody in Ontario

(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

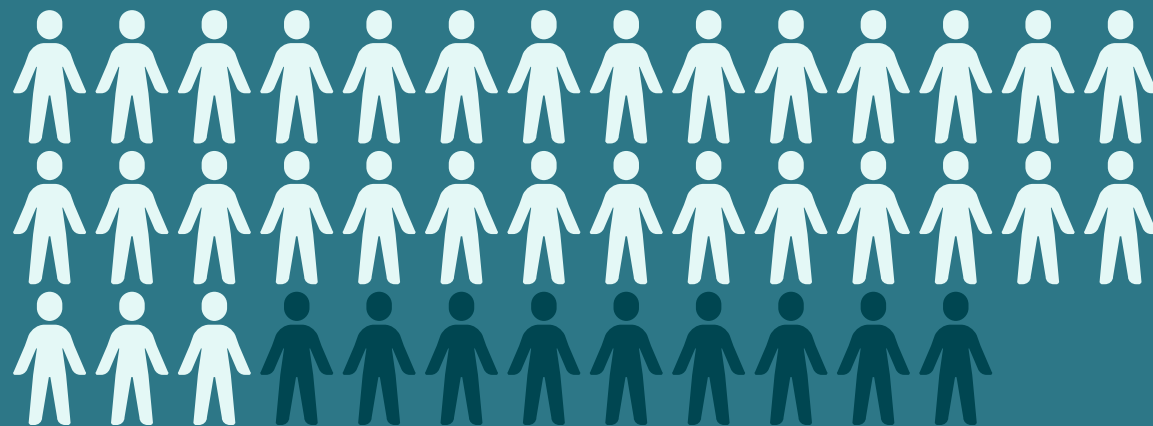
(McGinley, 2019)





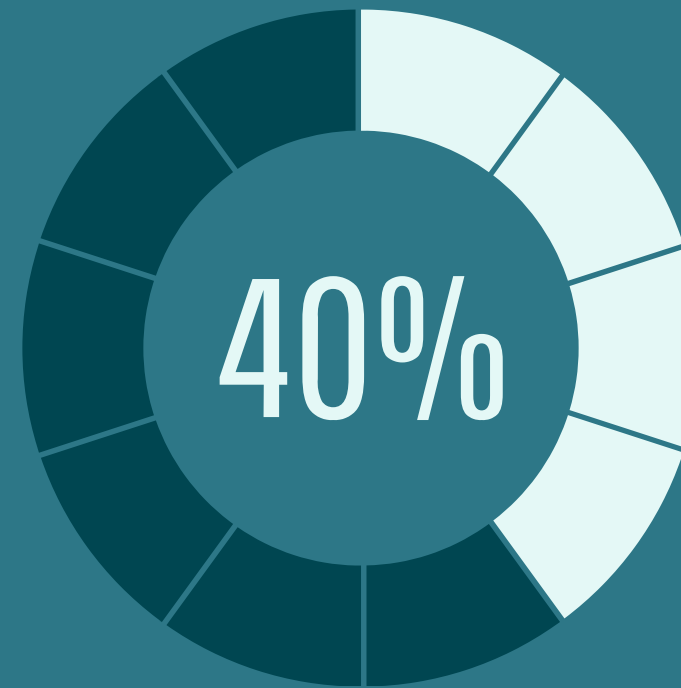
# THE CONTEXT

**78%** of women in 4 Scottish prisons have history of significant head injury



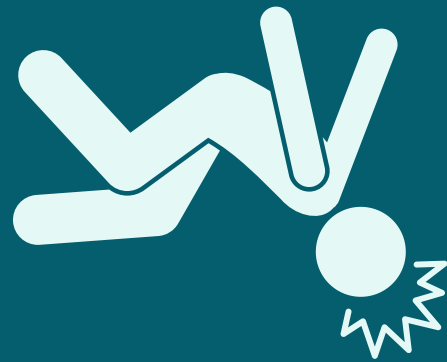
**40%**

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. (Kl 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 (Kl 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)

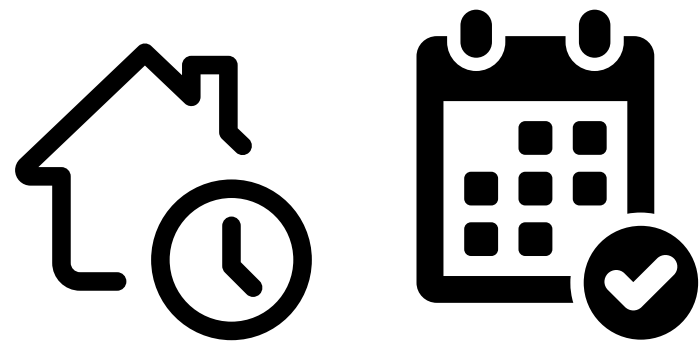




# BRAIN INJURY AND BAIL

**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



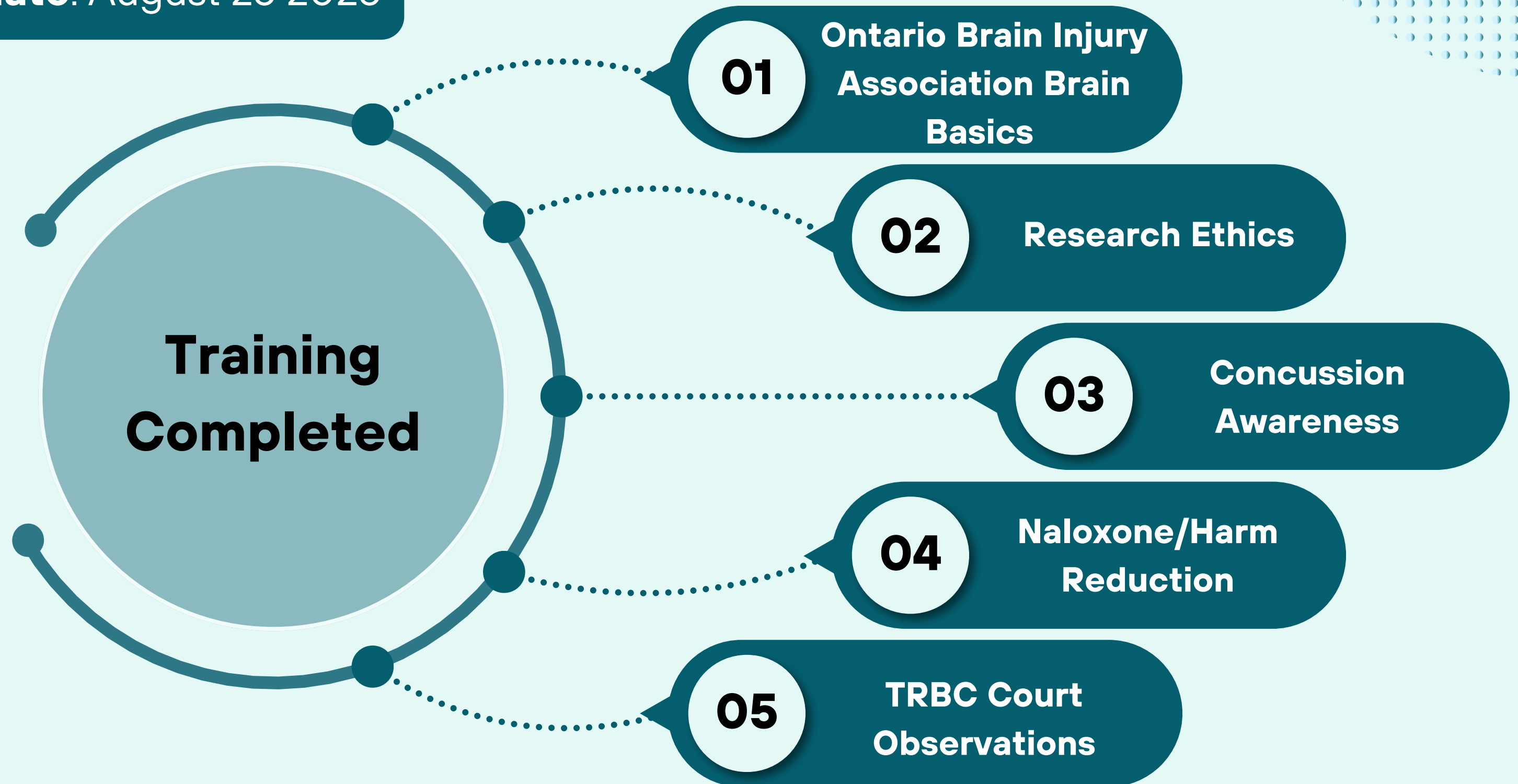
Know what you are agreeing to in court orders



# HIRED/TRAINED 2 NAVIGATORS



**Start date:** August 25 2025





# 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



Downtown East  
Justice Centre

Toronto Bail  
Program



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 <sup>3</sup>HELPS 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.

92%

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**





# GEOGRAPHIC BARRIERS TO BAIL NAVIGATION

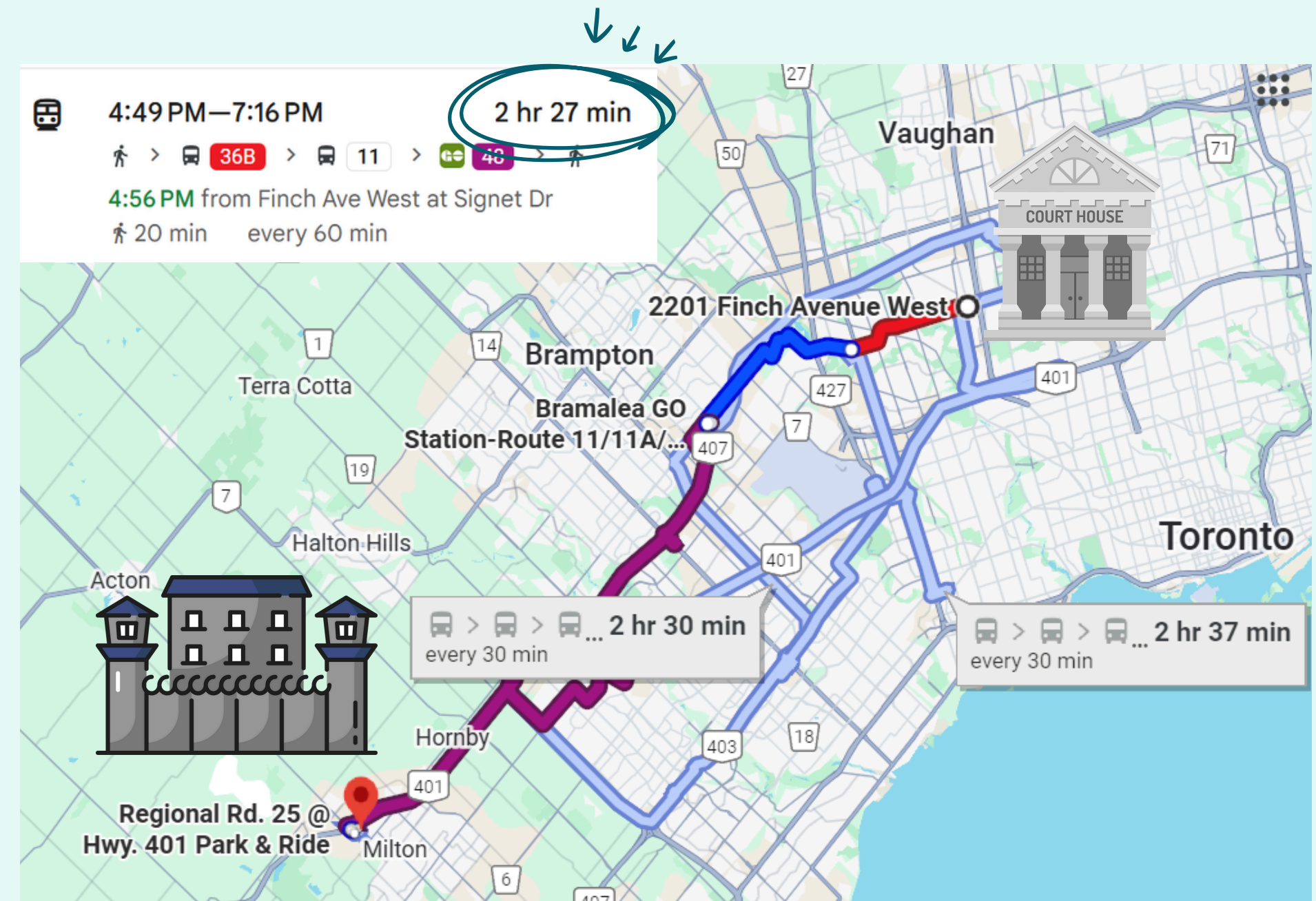
## Toronto Bail Court

- Bail hearings are held at a specialized court in the north west quadrant of the city 20 kms north of downtown

## Vanier Centre for Women

- Located in Milton 60 km west of bail court
- Travel time 2 hours each way depending on traffic

Distance limits access to family support, legal counsel, and community services, retrieving property on release



# 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.



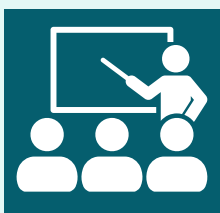
## SUPPORTED SUPERVISION & RELEASE PLANNING

- 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



**Funded by: Law Foundation of Ontario**

## 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



# THANKS TO OUR GENEROUS FUNDERS



**Meighen Family  
Foundation**

SSHRC  CRSH

Social Sciences and Humanities Research Council of Canada  
Conseil de recherches en sciences humaines du Canada

**St. Michael's  
Hospital Foundation**

# REFERENCES

- Diamond PM, Harzke AJ, Magaletta PR, Cummins AG, Frankowski R. Screening for traumatic brain injury in an offender sample: a first look at the reliability and validity of the Traumatic Brain Injury Questionnaire. *J Head Trauma Rehabil.* 2007;22(6):330-338.
- Matheson, F. I., McLuhan, A., Riccardi, J. S., Kirby, A., & McMillan, T. M. (2024). Implementing Interventions for Women and Youth with Traumatic Brain Injury at Transition from Custodial Settings: A Call to Action. *Neuropsychiatric Disease and Treatment*, 20, 1169-1177.  
<https://doi.org/10.2147/NDT.S409794>
- McGinley A, McMillan T. The prevalence, characteristics, and impact of head injury in female prisoners: a systematic PRISMA review. *Brain Inj.* 2019;33(13-14):1581-1591.
- McMillan TM, Aslam H, Crowe E, Seddon E, Barry SJE. Associations between significant head injury and persisting disability and violent crime in women in prison in Scotland, UK: a cross-sectional study. *Lancet Psychiatry.* 2021 Jun;8(6):512-520. doi: 10.1016/S2215-0366(21)00082-1. Epub 2021 May 13. PMID: 33992149; PMCID: PMC8139871.