

Perspectives of Young Mothers on Trauma-Informed Strategies Proposed by their Community Organization: A Qualitative Case Study

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Abstract

Objectives: This case study aimed to explore young mothers' perspectives of trauma-informed care (TIC) strategies developed by the employees of a community organization they frequent.

Methods: Young mothers (≤ 25 years old; $n = 12$), who were already using the organization's services, were invited to participate in group or individual semi-structured interviews. They were asked to share their opinions on TIC strategies proposed by the employees. This qualitative case study, grounded in pragmatism, used a directed content analysis approach.

Results: The results showed that several TIC strategies were seen as helpful, particularly those offering structured guidance, improved communication, and support from both the organization and peer programs. Perspectives on strategies aiming to increase autonomy were mixed, with mothers valuing opportunities for increased agency over their service participation while emphasizing the importance of continued organizational support. Some strategies initially developed by the employees to address cultural, historical and gender considerations generated limited insights and discussions amongst service participants.

Conclusion: This study contributes to the limited literature on service participants' perspectives of TIC. While mothers valued most strategies proposed, misalignments with employees' ideas for TIC strategies demonstrated the relevance of including their voices during TIC implementation. The limited insights on topics related to cultural and gender considerations illustrates the importance of including participants from various social locations.

Implications: This study highlights the relevance for future studies to include service participants in the design and implementation of TIC strategies, and to adopt a collaborative approach that values trauma survivors' experiential knowledge.

Keywords: Trauma-informed care; young mothers; community organization; case study; integrated knowledge translation.

Introduction

While rates of teenage pregnancy have decreased in Canada over the past century (Provencher & Galbraith, 2024), it remains primordial to support adolescent and emerging adult mothers, as they are at increased risk of experiencing difficulties pre- and post-pregnancy (Easterbrook et al., 2019). For example, before pregnancy and during the perinatal period, young mothers report high rates of interpersonal trauma, including intimate partner violence (Killian-Farrell et al., 2020) and sexual abuse (Noll et al., 2019). They are also at higher risk of experiencing socioeconomic difficulties, compared to older mothers (Wong et al., 2020). These adverse experiences can impact young mothers in various ways, as they can experience poorer mental health (Killian-Farrell et al., 2020), including heightened anxiety, depression, and somatization (Abdul Rahim et al., 2024; Henretta et al., 2008; Pottinger et al., 2023; Tung et al., 2023). Younger mothers can also be impacted in their parenting practices (Cabecinha-Alati et al., 2020; Medina et al., 2022), which may compromise their infant's well-being (Stargel & Easterbrooks, 2020; Yoon et al., 2024). It is thus essential for young mothers to have access to specialized services which can provide emotional, informational, and instrumental support while fostering positive adaptation and resilience (Easterbrook et al., 2019).

Unfortunately, young mothers tend to be reluctant to seek support from formal support systems (e.g., hospitals, clinics). For instance, they tend to have low attendance rates to health services (e.g., prenatal care; Ashby et al., 2019). Young mothers also rarely use mental health services (Sarri & Phillips, 2004), especially in hospital-based settings (Norris et al., 2016). Reported barriers to service participation include inadequacy with their needs (e.g., services not specifically designed for young mothers) and difficulty of access (e.g., siloed services that remain largely unknown to young mothers¹; Muzik et al., 2016; Sarri & Phillips, 2004). Community-based programs could be an interesting avenue to address these barriers and increase service participation (Norris et al., 2016). Indeed, community organizations, as they typically operate in Quebec (Canada), can represent an important resource for vulnerable populations. They provide wrap-around prevention and supportive services (Gouvernement du Québec, 2024) generally tailored to the needs of specific populations, such as young mothers. As such, they offer essential support outside of traditional health service settings that many are reluctant to consult (Berkes & Ross, 2013). While community organizations have the potential to support young mothers, they must adopt a framework of care that is sensitive to the adverse life experiences that many have endured (SmithBattle & Freed, 2016).

Trauma-Informed Care

Given that young mothers are at high risk of experiencing trauma, offering trauma-informed care (TIC) is recommended (e.g., Millar et al., 2021). TIC aims to help all actors within an organization understand the impacts of trauma and modify their approach accordingly (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023). This requires recognition of the signs and symptoms associated with trauma and the systematic integration of this knowledge in interventions and organizational decisions. It also involves actively resisting re-traumatization: minimizing practices that can trigger painful memories amongst individuals with trauma histories (e.g., practices of restraint, seclusion). SAMHSA's (2023) TIC framework, developed collaboratively with research communities, clinical settings, and trauma survivors, can be flexibly applied to various contexts and populations. It proposes six key principles: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical, and gender considerations.

Young Mothers' Perspectives of TIC

There is limited literature on young mothers' perspectives of TIC and its effectiveness in improving their outcomes. Nonetheless, the few studies that have looked at TIC implementation within support systems catering to young mothers are promising. One study showed that TIC implementation in a prenatal care service had a positive impact on young mothers' attendance rates at follow-up appointments, and was associated with positive impacts on their newborn's health (Ashby et al., 2019). Additionally, a study highlighted that young trauma-impacted mothers participating in a perinatal care program perceived TIC as an approach that could benefit them and the organization they frequented (Muzik et al., 2013). Another study found that a trauma-informed intervention in a family-planning clinic increased young mothers' awareness of interpersonal violence cycles and reduced their sense of isolation in the experience of violence (Miller et al., 2017). Finally, recommendations gathered through interviews with young mothers led to recommendations aimed to improve services of an adolescent pregnancy medical program which, interestingly,

¹ We used the term "service participant" instead of "service user" in this paper to align with the preferred terminology of our partnering community organization.

aligned with TIC principles (e.g., prioritizing choice and control in care; Millar et al., 2021). While TIC appears to be a valuable avenue to improve services for young mothers, more research is needed to better delineate their perspectives on TIC strategies. Therefore, this case study will illuminate young mothers' perspectives on proposed trauma-informed strategies developed by the employees and practitioners of a community organization they frequent.

Current Study

Partnership Context

This case study was conducted as part of a larger collaborative effort with the partnering organization. An integrated knowledge translation (IKT) approach was adopted, which is a research framework that involves producing research collaboratively with knowledge users from inception to dissemination to maximize its impact. IKT aims to reduce the gap between “knowledge” and “action” (Wathen & MacMillan, 2018). As such, all steps of this study have been designed in collaboration with the partnering organization. In IKT projects, understanding the implementation context is of utmost importance.

*Entraide*² is a community organization located in an urban area of Quebec (Canada) that offers a wide array of services (e.g., social pediatrics center, schooling program, psycho-social support) to young mothers (aged 12–25) and their children. An internal audit conducted by *Entraide* in 2023 shows that most of the young mothers they serve have precarious life conditions as 96% of them live under the poverty line, 79% do not have a high school diploma. Additionally, 40% are part of a visible minority group. Collaboration between Dr. Langevin and *Entraide* began in 2019 after a noticeable decline in young mothers' service participation. Findings from our initial project (Langevin et al., 2023), demonstrated that several barriers to participation could be understood as potential trauma responses in service participants (e.g., mistrust in others, difficulties identifying one's needs). Organizational barriers were also hindering participation, such as lack of continuity between services and practices that reduced the participants' sense of safety and autonomy. Based on these results, the current research team along with administrators, and practitioners from *Entraide* collaboratively determined that the adaptation and implementation of a TIC approach would be beneficial and could improve young mothers' experiences. Thus, several implementation strategies were put in place including the establishment of a TIC committee, the distribution of educational videos on trauma and TIC to all employees, and the organization of a TIC workshop encouraging employees to identify TIC strategies that should be implemented in the organization (see Langevin et al., 2023 for more information). The research objectives and methods were collaboratively elaborated with the TIC committee who was also consulted during the data analysis process (see the section on rigor) and during manuscript writing.

This case study represents the latest research effort to understand the relevance of TIC within *Entraide*. It qualitatively explores young mothers' perspectives on the strategies that were identified by employees during the TIC workshop. In line with IKT, this study strives to collaboratively find ways to implement TIC at the partner organization to best cater to the realities of all knowledge users (e.g., young mothers, employees, management). This study therefore aims to answer the following question: What are the young mothers' perspectives on the TIC strategies proposed by the employees of the organization?

Method

Participants

Young mothers (≤ 25 years old) who were already using at least one service from *Entraide* (e.g., social pediatrics, schooling program, daycare, housing) were informed of the research opportunity during group and individual activities and via an advertisement distributed on *Entraide's* social media. Young mothers could either contact the researchers directly or ask practitioners to be put in contact with the researchers. The length of service participation varied between 2 months and 10 years amongst participants. Several participants were first time mothers, while others had two or more children. Twelve mothers agreed to participate in the study, eight decided to take part in a focus group and four preferred an individual interview.

² To protect the confidentiality of the research participants, certain characteristics of the partnering organization, including its name, have been modified.

Procedures

Ethics approval was obtained prior to data collection. Recruitment took place from January to May 2022. The semi-structured interviews (in person or via videoconferencing), developed by the researchers in collaboration with the partnering organization, were approximately 45 to 90 minutes. Participants were asked to share their perspectives on TIC strategies developed by *Entraide* employees, which were considered for implementation to better support young mothers throughout all phases of service participation (see Table 1 for full list). They were asked to share their perspective of the impact of these strategies for themselves and other mothers through questions such as: "What do you think of the strategies presented?". Participants were also invited to share any additional TIC strategies they believed would be helpful to implement: "In your opinion, are there any additional strategies that could help new participants adjust during their first few weeks at *Entraide*?"; "Why do you think this strategy would be helpful?". Individual interviews were conducted by a researcher and were audio-recorded and transcribed verbatim. Unfortunately, a technical problem during the focus group resulted in a failure to record the discussion, preventing verbatim transcription. Thankfully, while one researcher conducted the focus group, another researcher took detailed descriptive notes throughout and wrote down direct quotes when time permitted. These detailed notes were used for analytic purposes.

Table 1. TIC strategies developed by employees, organized by TIC principles

<p>Strategies pertaining primarily to safety</p> <p>Try to offer support to participants who hesitate to come or have stopped coming.</p> <p>Have a dedicated practitioner to welcome new participants and support them during the registration process.</p>
<p>Strategies pertaining primarily to trustworthiness and/or transparency</p> <p>Keep the same rules across services.</p> <p>Create a transition plan for participants leaving the services.</p>
<p>Strategies pertaining primarily to collaboration and/or mutuality</p> <p>Improve communication with participants.</p> <p>Develop a strategy for information exchange between services so that everyone is aware of important information about the participants.</p> <p>Organize meetings between the different teams to determine the best way to help participants through major transitions.</p> <p>Invite practitioners from partner organizations to come meet with participants and discuss their services.</p> <p>Refer participants to appropriate resources based on their needs.</p>
<p>Strategies pertaining primarily to empowerment, voice and choice</p> <p>Ask participants for feedback after workshops.</p> <p>Allow participants to choose the level of support they prefer to receive.</p> <p>Practitioners should avoid doing things on behalf of participants. Instead, they should show them how to do things to support their autonomy.</p>
<p>Strategies pertaining primarily to cultural, historical and gender considerations</p> <p>Pay attention to cultural biases and be mindful of quick judgments during interventions (e.g., assuming someone is heterosexual; making a quick judgment about an individual based on their ethnicity or religious customs).</p> <p>When possible, pair employees who speak the same language with families.</p> <p>Create a collection of resources that can help immigrant participants.</p>
<p>Strategies pertaining primarily to peer support</p> <p>Designate an experienced participant to support new participants.</p> <p>Invite former participants to share their "post-<i>Entraide</i>" experience if they continued to attend other organizations.</p>

Qualitative Approach and Analysis

This study adopts a case study design (Creswell & Poth, 2018; Hyett et al., 2014), and the epistemological paradigm that guided this study is grounded in pragmatism (Johnson & Onwuegbuzie 2004; Morgan 2014). Pragmatism is primarily concerned with the procedures used and the purposes pursued (Creswell & Poth, 2018; Morgan, 2014), and sees them as essential points of focus in understanding how knowledge is created. The freedom of inquiry that is encouraged in pragmatism allows communities to define the issues that matter most to them and to pursue those in the ways that are most meaningful to them (Morgan, 2014), hence representing a fitting paradigm for studies aiming to foster collaboration and empowerment with the partnering community actors.

Directed content analysis aims to validate or extend prior research, or existing theory (Hsieh & Shannon, 2005). This analysis strategy was fitting in the context of this study, which strives to further extend our understanding of the relevance of implementing previously developed TIC strategies. Data analysis was inspired from the 16-step method developed by Assaroudi and colleagues (2018). SAMHSA's (2023) TIC approach served as the theoretical framework. The transcripts were analyzed using a hybrid approach. First, a coding grid was developed with the TIC strategies that had been presented to the young mothers, each strategy representing a code. The interview transcripts and detailed notes from the focus group were analyzed with this coding grid. The grid was modified by adding, merging, and deleting codes based on the content of the transcripts and notes (e.g., deleting codes that were not assigned to any raw data units; merging codes whose meaning was closely aligned). One researcher primarily conducted analyses while consulting closely with the senior researchers at all steps to reflect on analytical decisions. The codes were then grouped into meaningful categories for data reporting. The analysis followed an iterative approach, which involved repeatedly revisiting the raw data, codes, and categories to refine analyses. The interviews were conducted in French, transcribed and analyzed in their original language. The research team translated the quotes included in the result sections.

Rigor

To ensure the credibility, trustworthiness, and transferability, descriptions of the analytic decisions were kept as an audit trail (Braun & Clarke, 2022). Key informants from *Entraide* verified the data to ensure the analyses accurately reflected observations on the ground (Creswell, 2007). The researchers engaged in ongoing consultation during data analysis to make decisions about the coding strategy and to reflect on their beliefs and assumptions regarding the research topic (Shenton, 2004). While verbatim transcription was not feasible for the focus group, the same rigor was applied to the analysis of the collected detailed notes and direct quotes (Graneheim & Lundham, 2003).

Results

The data was categorized under the following four categories. Table 2 presents the categorization matrix, and a detailed description of the results follows.

Table 2. Categorization matrix

Categories	Subcategories
1. "Just knowing is already reassuring": Young mothers are seeking clear and structured guidance.	1.1 Opinions on keeping the same rules across services 1.2 Opinions on dedicating a practitioners to signing up and welcoming new mothers 1.3 Opinions on developing a transition plan with participants
2. "Let them know what's available and they'll know what's good for them": Young mothers want agency over their service participation and increased communication	2.1 Opinions on allowing mothers to choose the level of support they want 2.2 Opinions on asking participants for their opinions on the workshops 2.3 Opinions on improving communication with participants and between services
3. "Sometimes you can't navigate on your own": Young mothers want increased support	3.1 Opinions on offering support to participants who are reluctant to come or who have stopped coming 3.2 Opinions on whether practitioners should avoid doing things for participants 3.3 Opinions on creating a collection of resources for immigrant mothers and refer them when needed
4. It could be more welcoming... or comforting": Young mothers are open to receiving support from peers	4.1 Opinions on designating an experienced participant for peer support 4.2 Opinions on inviting past participants to share their experience

1. "Just knowing is already reassuring": Young mothers are seeking clear and structured guidance

Young mothers endorsed several strategies highlighting a need for structured guidance across service participation. For instance, participants explained that *Entraide* should clarify the rules and the roles of each practitioner to avoid confusion: "Well, I don't really know what the rules are, actually" (Danielle³); "You'll start wondering... you'll get a bit confused if they don't explain how it works over there and if you also hesitate to ask questions" (Malika).

³ All participants' names have been changed to preserve their confidentiality.

Participants were also enthusiastic about having a practitioner dedicated to new mothers, who could introduce them to the services: "If it's the same person too, not just for, the registration but also so that they can show us what is offered at *Entraide* and basically show us pretty much everything. Because sometimes seeing multiple people becomes confusing" (Danielle). Indeed, one focus group participant explained that her first days at *Entraide* were "unsettling", as she was advised to consult various practitioners to obtain answers to her questions. On several occasions, upon meeting with a practitioner, she was redirected to another one. "It never ends", commented another participant, illustrating the multi-referral phenomenon. A participant divulged that the lack of clear guidance during registration generated a lot of anxiety. Based on their experiences, mothers explained that they would feel more comfortable having one designated practitioner to go to, especially when they first arrive at *Entraide*.

Participants also believed a transition plan with *Entraide* would help when they reach the 25 years old age limit, as this transition may come before the mothers are ready: "We feel rushed" explained a mother from the focus group. Thus, having the opportunity to sit down and plan this transition with a trusted practitioner and discussing services available elsewhere would be helpful: "It might help participants to know, if well, when I leave, at least I'll know... I will not find myself all alone... all alone with nowhere to go" (Élise).

2. "Let them know what's available and they'll know what's good for them": Young mothers want agency over their service participation

Participants were enthusiastic about a strategy allowing new participating mothers to choose the level of support they wish to receive from *Entraide*. Some participants explained that they felt forced to use services (in the context of child protective services involvement) and that this obligation tainted their experience: "It's hard to come. When you feel forced, it's not easy to come. You don't feel comfortable" (a focus group participant). Another mother explained she had mandatory monthly meetings at *Entraide* (housing service) and would appreciate more flexibility: "If I came last month and nothing's changed in the month, I don't see the point of meeting again next month" (Tahila). Others explained it was difficult to choose the level of support early on, as they felt not all services were presented to them immediately, making informed decision-making difficult. Focus group participants explained that knowing about all available services right away would alleviate stress when problems arise, as they would already be aware of where to seek support.

While participants were enthusiastic about choosing which services to participate in, little was said about the potential relevance of providing feedback on said services. Someone explained that *Entraide* was already putting this strategy in place. She added that when asked, she would give her opinion but found it only moderately important: "Well, it's like I didn't think it was too important, but if it helped them improve, I gave it. But if I didn't want to, I didn't give it. I didn't really know what to say" (Élise).

Young mothers were hopeful that TIC strategies aiming to improve communication and increase collaboration between employees would be beneficial, especially as they noticed a lack of cohesion since the COVID-19 pandemic brought on a wave of staff departures: "Since the change in staff, everything has changed: things are less organized" (a focus group participant). A young mother explained that she felt little support from *Entraide* as she was going through a difficult familial situation. She explained that the staff were unaware of her situation at the time, as *Entraide* was going through a wave of staff turnover. Other participants explained that this lack of cohesion also impacted *Entraide's* ability to communicate with them, and provided examples of situations pertaining to their children:

I can ask the educator how the day went, but sometimes there are several of them, they're different, and sometimes it's not them who spent the day with my kid. So I don't know... Sometimes I can't really know how it went at daycare, basically (Danielle).

Given this context, young mothers were enthusiastic about putting in place a shared folder allowing staff to view important participant information within and between services: "It's going to be a big help in communicating with everyone. Every time a practitioner comes in, she'll just have to go into the database to know what's going on" (Malika). However, there were disagreements on the sensitivity level of the information that should be included in this folder. Some were open to have the file contain information about difficult situations they experienced, as "it saves you from having to re-explain and relive the emotion and stories that are difficult to tell" (a focus group participant). Others added that participants may not feel comfortable having sensitive information uploaded in this file, and wondered if it would really prevent them from having to re-tell their story. A participant added that this strategy would bring a sense

of safety in case of an emergency: “If there’s something with your baby and the person doesn’t have your number, he knows he can call someone else” (Tahila).

3. “Sometimes you can’t navigate on your own”: Young mothers want support and increased collaboration within the organization

Young mothers believed that participants reluctant to seek services would benefit from *Entraide’s* support. Several mothers reported they had temporarily stopped service participation at some point (e.g., one mother following a separation and a move). She explained that a mother in a similar situation could appreciate a practitioner reaching out to them: “If [the mothers] feel uncomfortable or if they’re going through difficult things, the practitioners could give them support” (Danielle). Others added that this support would make them feel important; like their participation mattered and was appreciated: “Well, it would mean that you’re still kind of... you’re still important even if you’re not there all the time” (Élise).

One strategy pertaining to autonomy development was less endorsed. Some had little opinions, while others raised caveats. Indeed, for the TIC strategy pertaining to practitioners avoiding doing things for participants to help build their autonomy, some focus group participants explained that while they did not experience this problem, they were satisfied with the level of support they were receiving and particularly appreciated when they were offered close support with different tasks (e.g., booking appointments over the phone). Additionally, a recently immigrated participant explained that it was important for practitioners to recognize that certain participants may need extra support: “Sometimes there are new immigrants who can’t navigate on their own. It’s not always easy” (Malika).

Several young mothers were enthusiastic about having a collection of resources for newly immigrated mothers, as illustrated by this mother: “Because when you arrive, you don’t know... uh... you don’t know what you’re supposed to do, you don’t know where to go, you don’t know... you’re new in the country, and it’s not easy at all: I’ve been through it myself” (Malika). Participants suggested that this collection of resources could include information, such as how to: navigate the schooling system in Quebec; register for French classes; and find organizations providing basic care (e.g., food, clothing) to families.

4. “It could be more welcoming... or comforting”: Young mothers are open to receiving support from peers

Having an experienced participant welcoming new participants and providing guidance and support during service participation was perceived positively. One mother explained it would be comforting: “To show the new mothers what is offered and how we experience it” (Danielle). She reflected on an experience of peer-support:

Well, I know that at one point, I was worried because things weren’t going well in my romantic relationship, and I was thinking of separating from Elio’s dad, and then I was worried about custody and all that. And in the end, it was another mom who helped me and informed me (Danielle).

She further suggested that being able to keep that source of support after service participation could be helpful, as young mothers do not necessarily have a network of mothers around them. “Being able to discuss among moms, because... I’m young, and my friends [outside of the organization] aren’t really at the same stage of life as I am. And talking to other moms, well, they understand more what I’m going through” (Danielle). Another participant explained that this resource could help shy mothers like her who have difficulty reaching out first to others. She reflected on a time when she joined a new group and no participant reached out to welcome her. She explained how having a designated participant could have helped her in this situation: “Um, well maybe... it’s certain that I wouldn’t have been the one to go toward others, but maybe if the other participants had come to talk to me, maybe I would have been less shy” (Élise).

The opportunity to have past participants sharing their experience was also received positively. One participant explained that this opportunity could bring hope: “To show [new mothers] that we came here, followed our game plan, succeeded, and that when we were done, we still had other resources to help us” (Tahila).

Discussion

This case study was conducted in collaboration with a community organization and aimed to consult young participating mothers on proposed trauma-informed strategies elaborated by the employees. Very few studies have documented young mothers’ perspectives on TIC implementation strategies, so this offers valuable insight through

their lens. The results indicate that several proposed TIC strategies were perceived as helpful, notably strategies aiming to offer structured guidance, increased communication and support from the organization and from peer programs. Preferred strategies included offering clear guidance and support throughout the registration process, ensuring consistency in rules and procedures across services, improving communication with all actors, and designating an experienced participant to support new mothers. Many of the preferred strategies were initially elaborated to address TIC principles of safety, trustworthiness, transparency, collaboration, mutuality, and peer support. Strategies developed to address principles of empowerment, voice and choice received mixed feedback from the mothers, who were enthusiastic about having additional agency over their service participation, but explained that fostering their autonomy should not hinder their capacity to receive support when needed. Some of the proposed strategies pertaining to cultural, historical, and gender considerations, such as the proposed strategy of avoiding cultural biases and assumptions, did not generate enough discussion or insights to be included in the analyses.

Our results resonate with other studies that investigated the relevance of TIC principles and strategies from the perspective of service participants. For instance, a study by Isobel and colleagues (2021) reported that participants in mental health services recognized the importance of collaboration, transparency, and peer support by endorsing TIC strategies, such as increased collaboration in care planning, provision of clear explanations during service participation, and access to peer workers. Safety and trustworthiness were also noted by young trauma-impacted mothers to be essential principles to address their mistrust and ambivalence towards service participation. They notably highlighted the importance of being paired with a practitioner for one-on-one consultations, to foster trust and safety (Muzik et al., 2013). This echoes this study's participants' enthusiasm about receiving support during registration from a designated practitioner. Additionally, Stokes and colleagues (2024) interviewed young patients of a mental health unit who were enthusiastic about integrating TIC principles within services. Similar to the young mothers in this study, they emphasized the importance of consistently communicating patients' needs and histories within teams and connecting patients to other community services. Overall, this case study's results align with emerging literature on service participants' perspectives of TIC in demonstrating the perceived benefits of this approach to enhance their experiences.

As the results demonstrate, young mothers' perspectives were mostly, but not fully aligned with the employees' vision of what needs to be prioritized in terms of TIC implementation. Strategies originally designed to address principles of empowerment, voice and choice (i.e., asking for opinions on the workshops provided and avoiding doing tasks for the mothers) and to prioritize cultural, historical, and gender considerations (i.e., limiting biases and assumptions during interventions and providing services in the mother tongue when possible) did not seem to resonate with or did not generate many insights from the young mothers. This points to the importance of consulting with participants when adjusting services, as their experiential knowledge provides unique insights that cannot be addressed solely based on employees' perspective (Faulkner, 2017). However, it is also important to highlight that the study sample was composed mainly of white women, which could have limited the depth of the exchanges on cultural considerations. This reinforces the importance of recruiting participants from various social locations, who will be able to provide insights and nuances on the proposed strategies, notably on strategies pertaining to cultural, historical, and gender considerations (Khubchandani et al., 2016).

Strengths and limitations

Using an IKT framework represents an important strength. Ongoing collaboration with our partner organization throughout design and implementation phases ensured that the knowledge generated was both relevant and directly beneficial to the primary knowledge users of *Entraide* and similar community organizations (Gagliardi et al., 2016). Additionally, including young mothers' voices in the elaboration of this TIC framework brings essential nuances to the TIC strategies initially generated by the employees.

The loss of the recording of the focus group limited the depth of the analyses. It was still important to include the data from the focus groups, to honour the young mothers who took the time to participate in the research activity. Additionally, collecting sociodemographic data on study participants is recommended in future research to allow for a better contextualization of findings, especially those pertaining to TIC cultural, historical and gender considerations. Based on the information power analysis (i.e., a tool to help qualitative researchers appraise their sample size; Malterud et al., 2016), while several factors were conducive to the use of a smaller sample size (i.e., narrow study aim, availability of established theory), additional participants would have enhanced the information power. Indeed, given the diversity of their experiences within *Entraide* and since participants had little to share on several of the TIC strategies, recruiting additional participants with various sociodemographic profiles could have provided more insight into the young

mothers' perspective. The limited depth of information generated by mothers in certain categories may also indicate that interview questions were not optimally formulated to generate thick data. While the strategy to ask questions about specific strategies proposed by employees aimed to encourage participants' engagement with the topic and to provide them with content to spark discussions, it is possible that the young mothers felt limited in expressing their opinions. Even though participants were encouraged to disagree with the strategies and to propose their own, they may have felt uncomfortable doing so given the perceived power dynamics with the research team and employees. Thus, the research methods may not have been sufficient to dismantle professional and academic power dynamics (Boxall & Beresford, 2013). Nonetheless, this strategy was chosen in collaboration with *Entraide* as it was considered the most efficient method to effectively gather knowledge that could support their implementation efforts (Jull et al., 2017).

Implications

The limited literature focusing on young mothers' perspectives of TIC highlights the need for future research involving individuals directly impacted by TIC implementation efforts. This study demonstrates that practitioners and employees alone cannot fully anticipate service participants' implementation needs, underscoring the importance of service participant involvement in future research. Furthermore, the study's methodology and design should be carefully curated to maximize the opportunities for them to express themselves freely, and reduce the impact of power dynamics between researchers, practitioners/employees, and service participants (e.g., active inclusion of service participants in all steps of a project; Schneider, 2012; use of unstructured, open-ended methods of data collection; Faulkner, 2017). Additionally, larger sample sizes could provide further insight on how young mothers from various social locations perceive TIC. For practitioners, this study contributes to the growing understanding of the value of applying TIC principles in all spheres of interventions. The results also reinforce the importance of adopting a collaborative approach when working with trauma survivors (Beresford & Boxall, 2013). This collaborative stance allows practitioners to acknowledge that the service participants' experiential knowledge should inform interventions. Finally, policy-makers should encourage TIC research initiatives that actively include service participants (e.g., IKT, participatory action research), as their participation is invaluable in informing best practices to implement within organizations serving trauma-impacted individuals (Faulkner, 2017).

Conclusion

This study provides insights on the implementation of TIC strategies within a community organization serving young mothers. Young mothers participating in services were enthusiastic about the implementation of most TIC strategies previously developed by the employees. However, not all strategies were endorsed. Young mothers' invaluable insights support the importance of including the voices of service participants during TIC implementation.

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Conflict of interest

The authors have no conflict of interest to disclose.

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