



Peer education and Connection through Empowerment Project (P.E.A.C.E. Project)

Covenant House Toronto



October 2015
March 2021

Financial contribution from the Public Health Agency of Canada
Supporting the Health of Survivors of Family Violence

SUPPORTING THE HEALTH OF SURVIVORS OF FAMILY VIOLENCE

A Narrative Report

Peer Education and Connection through Empowerment Project (P.E.A.C.E. Project)

PHAC Funding Period: October 2015 - March 31, 2021

Organization: Covenant House Toronto



Financial contribution from



Public Health
Agency of Canada

Agence de la santé
publique du Canada

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Acknowledgement of Funding:

We thank the Public Health Agency of Canada for their financial contribution through the Supporting the Health of Survivors of Family Violence investment, Grant # 1516-HQ-00046. The views expressed herein do not necessarily represent the views of Public Health Agency of Canada.

INTRODUCTION

We would like to thank the staff and participants of our external groups at; Massey Centre for Young Mothers, Pape Adolescent Resource Centre, the Ambassador School Program, Sojourn House and Yorktown Child and Family Services for welcoming the P.E.A.C.E. Project as a part of their community and programming.

We are grateful to our Advisory Committee Members for their time and expertise; the anti-Human Trafficking Department at Covenant House Toronto, Native Child and Family Services, Pape Adolescent Resource Centre (CAS), East Metro Youth Services and Boost Children & Youth Advocacy Group, Turning Point Youth Services, Native Women's Resource Centre of Toronto for providing direction, promotion and guidance.

We thank the Knowledge Hub at Western University for consistent support, opportunities for learning, sharing and creating places of meeting with projects across the country.

A huge thank you goes out to our research partner, the Centre for Addiction and Mental Health for listening to the needs of youth who informed promising practices.

PURPOSE OF PROJECT

Launched in 2017, the P.E.A.C.E. project was developed to promote the health and resilience of women- identifying youth (16-24) who have experienced gender-based violence including homelessness and sexual exploitation. The approach consisted of a peer-led model, using trauma-informed practice, psychoeducation and arts-based activities. The groups ran once weekly for two hours for a duration of 12- 16 weeks. To understand the acceptability and impact of the program, the intervention was evaluated at the Centre for Addiction and Mental Health (CAMH), affiliated with the University of Toronto, using mixed methods. Participants in the program (n=70) were recruited among successive service users of the PEACE to participate in the evaluation (Bani-Fatemi, Reid, Stergiopoulos, 2020).

PROJECT OBJECTIVES

1. To develop strong networks and partnerships with community organizations to ensure long term collaboration and a healthy environment.
2. To develop and implement a survivor peer mentor program as a way to empower, support and facilitate learning among survivors/victims of gender-based violence.
3. To create trauma-informed groups to improve resilience, support and encourage the development of community based, health promotion focused activities.
4. To identify the barriers to physical, psychological, social health and wellness.
5. To work with girls and women who have experienced GBV and engage with community partners to identify and develop community-based, health promotion activities.
6. To inform promising practices and contribute to the current body of knowledge about this population.

BACKGROUND

Gender-Based Violence (GBV) against women and girls, particularly those experiencing homelessness, is an unfortunately common experience, with few interventions to support survivors. It is suggested that 30% of Canadian youth experiencing homelessness have been sexually exploited. In a study conducted by Covenant House New York (2013), 11% of homeless youth meet the definition of a sexually exploited person. Considering that Covenant House Toronto alone sees 3,000 youth

and young adults annually, this equates to a significant portion of our clientele, and of the vulnerable youth who live on Canadian streets. Research pertaining to best practice and appropriate interventions related to this population is limited. Also lacking are provincial and national frameworks and best practice guidelines to address the issue of sexual exploitation in girls and women.

Our program model was informed by on-site visits to existing programs and the several themes emerged as consistent among all interventions: 1) the need for formalized networks and partnerships with community groups and agencies, 2) the importance of supporting victims of sexual exploitation who are transitioning towards independence, 3) the need for comprehensive, multidisciplinary teams to address the specific needs of this population, 4) success is dependent on the promotion of health outcomes using a strength-based, empowerment-focused and resiliency approach to care. One of the transitional programs we evaluated, Gems New York, has developed a survivor leadership model as an approach to their programming. This transformational leadership model focuses on empowering victims by using peer mentors with lived experience guiding and support to recent victims.

Peer support is focused on 'mutual empowerment' (Miller and Striver, 1997); it seeks to champion an individual through mutual respect, communal experience, and shared understanding (Mead, Hilton, and Curtis, 2001). As a result, peer support is commonly utilized within trauma-informed programming as a means of providing support and building healthy relationships (Atkinson, 2013).

KEY ACTIVITIES AND OUTPUTS

The primary audience of the project were girls and women-identifying youth, ages 16-24 who have come to Covenant House Toronto for support and services as a result of experiencing homelessness and/or sexual exploitation. As the project expanded its reach through external groups at below stated, community organizations, the participants included young mothers, refugees, youth transitioning out of Children's Aid care and young men. The project reached a total of 189 youth.

The secondary audience included health care practitioners, community partners, non-for-profit organizations, policy makers, legal professionals and educators. The project shared learned insight about participants' barriers to health and how to best support the health and wellbeing of women-identifying youth who have experienced gender-based violence.

Geographic locations; Downtown core at Covenant House Toronto. North/West: the Jane Hub at Yorktown Child & Family Services. South/East: Sojourn House. East: Massey Centre for Young Mothers, the Ambassador School Program, Pape Adolescent Resource Centre.

THE FOLLOWING KEY KNOWLEDGE DISSEMINATION AND EXCHANGE ACTIVITIES WERE COMPLETED:

- Trauma and Violence-Informed training was delivered to volunteers and peer mentors
- The P.E.A.C.E. Project Framework developed and shared with community partners
- A survivor-led Sex Trafficking Awareness and Resiliency Training and Facilitator's Manual <http://kh-cdc.ca/en/project-profiles/peace.html>

Manuscripts and Journal Articles

- PEACE: Trauma-Informed Psychoeducation for Female-Identified Survivors of GBV
- Implementing a trauma-informed intervention for homeless female survivors of gender-based violence: Lessons learned in a large Canadian urban centre
- Promoting Wellness and Recovery of Young Women Experiencing GBV and Homelessness: The Role of Trauma-Informed Health Promotion Intervention
- Supporting Female Survivors of Gender-Based Violence Experiencing Homelessness: Outcomes of a Health Promotion Psychoeducation Group Intervention

Presentations:

- The Canadian Psychiatric Association's annual conference September 2019;
- The Recovery and refocus conference in 2019 in Nottingham UK
- The Canadian Public Health Association (CPHA) Conference 2020 (Virtual), Promoting Wellness and Recovery of Young Women Experiencing Sex-Based Violence and Homelessness: The Role of Trauma-Informed Health Promotion Interventions
- The Canadian Physiotherapy Association (CPA) Congress 2020 (Virtual), Supporting Female Survivors of Gender-Based Violence Experiencing Homelessness: Outcomes of a Health Promotion Psychoeducation Group Intervention
- The American Public Health Association (APHA) conference 2020 (Virtual) Research Briefing hosted by the Knowledge Hub, Western University

Videos :

- About P.E.A.C.E. Project: <http://kh-cdc.ca/en/project-profiles/peace.html>
- Peer Mentors' Art Show <https://www.youtube.com/watch?v=k1WLJoLDT3U>
- P.E.A.C.E. Project Research Briefing: <https://www.youtube.com/watch?v=LhXBZBU0SJY>

KEY EARLY FINDINGS OF ENABLING STRATEGIES TO SUPPORT ENGAGEMENT

In reach and outreach across shelters and partner agencies - Reaching to and engaging participants from a number of agencies serving youth experiencing homelessness was an early program success, according to program staff, administrators and peer mentors: *"Sometimes ..., having existing relationships within the agency has helped me, to connect with different parts of the agency. So, I did a lot of in-house outreach in the beginning to get participants to the program"*.

An inviting space - Both staff and service users commented on the importance of an inviting, respectful space as key to engagement. To maintain engagement, barriers to participation were addressed through the provision of public transport tokens, evening scheduling and phone availability of the group coordinator after group hours, and text reminders through a group chat.

Co-production, empowerment and choice - Both service users and providers highlighted co-production, empowerment and choice as key components of the intervention. To increase relevance and promote participant empowerment and choice, the intervention was developed with service user input. *"...past relationships I've been in, I've never really had a say in them. I used to stay quiet in the relationships. But, now I'm just like, you know what? I got to do this for myself. Not just for myself, I'm having a baby. I need to do it for the baby too. They really helped me ... like really standing up for myself."*

Maintaining safety and enhancing learning - To maximize emotional safety, attention was given to both individual and group processes. Participants who self-disclosed their own trauma history revealed a generally positive experience, including feelings of validation in the recognition of shared experiences, as well as cognitive and affective processing of trauma. However, some service users described how other participants' disclosures or certain group content caused distress.

Making the most of lived experiences - A key ingredient of the intervention was peer mentorship, fostered by building group cohesion and by group co-facilitation from trained peer mentors. Group cohesion was demonstrated through the sharing and appreciation of common experiences, as well as the instillation of hope, and altruism from being able to help others. *"...we are able to encourage each other because there are some caring [people]; maybe having lost hope thinking that they're going through is like the worst. And, when you get to hear of other people's experience, you're like 'I am not mad. I have to go on.'"*

PROGRAM EXPERIENCES

Participants valued several program characteristics:

- *A safe, inviting, and respectful space - Most valued by program participants was the safe and respectful space the intervention offered, including attention to physical and emotional safety, as well as nourishment, which enabled participation. "Honesty, having food there helped so much . . . because. . . I'm anorexic so I don't like eating, but eating in a comfortable setting with other people, you know, it was always pretty healthy food too, so . . . I didn't feel awful about myself eating. I felt like I could eat in front of these other people and they wouldn't judge me or any-thing".*
- *Tailored information and psychoeducation – Participants emphasized the importance of information and psychoeducation offered by the program, and its gendered lens. "It just made me more aware. Like, now I know what's not acceptable and what's acceptable when it comes to gender-based violence. I think that's a positive. That's a good thing".*
- *Shared lived experiences - Half of the participants discussed the importance of sharing multiple lived experiences, including the experiences of being women, victims of GBV, and recent homelessness. "These aren't stories, a lot of the time . . . that you could talk to your friends about. So, it was nice to sit and be able to talk about really crazy things with people that have been through it too".*

RECOVERY TRAJECTORIES

Participants reported the following changes, as a result of program participation:

7. Self-image and confidence - Most prominently, participants described improvements in their self-image and sense of empowerment and confidence. "like I believe in myself more than I did before . . . I think I can do things again".
8. Health and self-care - Participants frequently described a new commitment to and improvements in their self-care and subsequent mental, physical, and emotional health and sense of wellbeing. "part of going through the struggle is helping yourself, too".
9. Interpersonal skills and relationships - Most participants reported a better understanding of and improved interpersonal skills and dynamics. In particular, they described increased awareness and respect for both their own perspectives and those of others, and how to navigate differences.
10. Hopefulness and goals for the future - Participants generally expressed positive hopes for their future. "I have a more positive outlook on the future than I did before".

OUTCOMES 12 MONTHS AFTER PROGRAM ENROLMENT

The primary outcome of the research component examined quality of life. Secondary outcomes included experiences of victimization, resiliency, psychological distress, substance use, level of mastery, and traumatic stress symptoms. The overall quality of life score increased significantly over 12 months among participants. Similarly, the experience of victimization decreased significantly over 12 months among participants, compared to baseline. There were no significant changes in anxiety, or depression scores at 12 months, relative to baseline. Similarly, there were no significant changes in substance use problem scores, resiliency scores, or traumatic symptoms at 12 months (Bani-Fatemi, Reid, Stergiopoulos, 2020).

IMPLICATIONS FOR POLICY AND PRACTICE

1. Given the prevalence of GBV among youth experiencing homelessness, interventions to prevent and ameliorate the physical, mental health and social sequelae of GBV are urgently needed.
2. A brief, low-barrier, trauma informed group-based psychoeducation intervention is acceptable to service users and positive impacts their quality of life, self-esteem and confidence, and their interpersonal skills and relationships, decreasing their experiences of victimization.

3. The intervention is scalable and adaptable to the needs of other vulnerable populations that can benefit from low barrier access to trauma informed, peer co-led health promotion interventions.
4. Peers have the power to establish trust due to similarities in age, culture and lived experiences that make their relatability incomparable to service professionals. The development of authentic connections between peers also served as a gateway to formal services such as individual counseling, work with advocates.

NEXT STEPS

The project intends to be scaled up in the new phase by expanding to work with all genders and prioritizing working with LGBTQ2S young people and Black young people by developing additional partnerships with organizations who specialize in supporting these groups of young people. We will support our partners in capacity building activities that will help them to offer similar programming. Building on the research from the first phase of the project to move from an evidence-informed program to an evidence-based project. We believe that the P.E.A.C.E. Project can be adapted to support other communities. In particular rural and remote communities. Through our anti-human trafficking network to support other communities to develop their own

P.E.A.C.E. Projects. Our plan is to prototype convening a group virtually with an organization in another community

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This project was possible due to the Public Health Agency of Canada's support of \$1,268,129 from October 2015 to September 2020 through the Supporting the Health of Survivors of Family violence investment. Sincere thanks to our volunteers and community partners for sharing their time and resources to support our program activities through the in-kind contribution of \$42,920 that further supported our program activities.