

P.E.A.C.E. Project Framework



"P.E.A.C.E Program offers a safer space for women-identifying and femme youth who have experienced violence to come together, find a voice, be heard, and use shared experience & knowledge to raise awareness and promote change within the group and community."

~ P.E.A.C.E. Project Peer Mentors

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Section 1. Acknowledgements

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Section 2. Using This Framework

For Staff

This is **not** a step by step guide to running a prescribed P.E.A.C.E program. Instead, it serves as a guiding framework as you consider your context and get to know the needs and interests of your participants. P.E.A.C.E programs are shaped by the voices and stories of everyone involved -- Each cohort takes on a special character that is all but impossible to duplicate. We hope you'll use this framework to develop a program that is valuable and unique to your community.

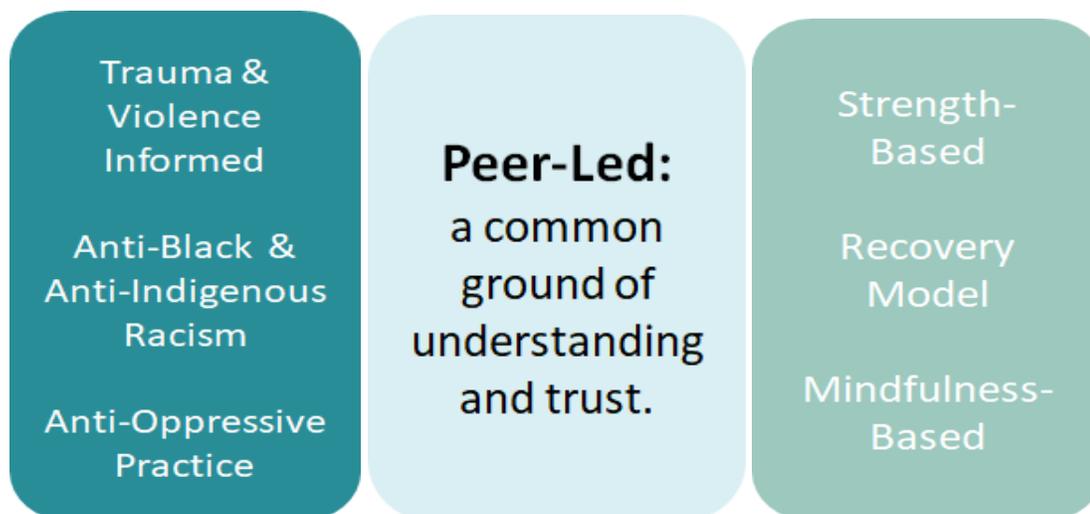
For Peer Mentors

Thank you for lending your time and voice to P.E.A.C.E! The Peer Mentors like yourself are a large part of what makes P.E.A.C.E a successful program for young people. Think of this guide as your program handbook. On a technical level, it will help you develop an understanding of session topics and basic facilitation skills. On a personal level, it will offer insight into self-advocacy (speaking up for yourself and ensuring your ideas are heard) and self-care (balancing your responsibilities at P.E.A.C.E with other areas of your life).

Section 3. What is P.E.A.C.E. Project?

Peer Education and Connection through Empowerment is a peer-led, psychoeducational group for women-identifying and femme youth who empower themselves and each other by sharing knowledge and expanding critical thinking skills around gender norms that perpetuate interpersonal violence and inequities. Through; arts-based activities, discussions, exercise, nutritious food, culture, leadership and stories of hope by guests with shared journeys towards health and wellness, we re-define and amplify all that makes us individuals and a community.

Section 4. Guiding Principles



Trauma & Violence-Informed group members co-create, inform and lead by setting and agreeing on how they want to be treated, what they expect from and want to contribute to their experience in the group.

The Strength-Based Approach enabled us to amplify the skills and strengths that got us to where we are today. Knowing how to meet ourselves where we're at equips us in skills to witness experiences without unintentionally denying or silencing each other.

Mindfulness is our first point of contact with intentionality, self-soothing and curiosity as indicated by the first impressions of and interactions with the fabrics, cumulative art work, warm lights, scent, bubbles, colouring sheets, poetry books, rocks, flavours, sounds.

Harm Reduction we believe recovery is possible without condemning behaviours as good or bad, right or wrong, rather, by understanding current and past coping skills as an effort to minimize effects of trauma and, by promoting health, purpose and community.

Anti-Black and Anti-Indigenous Racism exists. We stand with individuals and communities by recognizing that oppression affects us all differently. We learn about how our identities intersect and what this looks like in everyday life, opportunities and health.

Anti-Oppressive Practice helped us identify how patriarchal gender roles constrain our lives and ways we transcend these constraints by breaking down the binary, understanding the gender spectrum, and learning from all ways of being.

Section 5. Outreach

Referrals occurred during or immediately after appointments at various services in the shelter. Participants often chose to learn about the program in the presence of a familiar staff, while others self-referred directly or indirectly via the worker submitting the *Getting to Know You* sign up sheet.

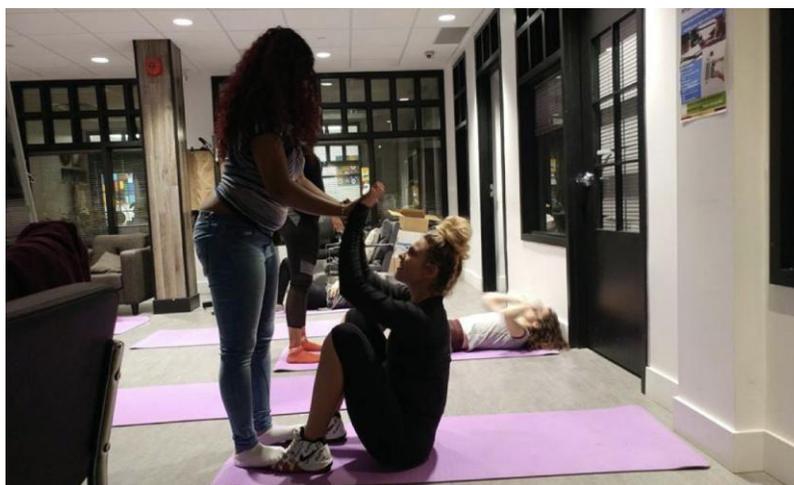
Engagement youth were approached with consent and invited to share interests and past experience with groups prior to learning about the PEACE project. It was explicitly communicated that the program is voluntary, “you can check it out and leave any time”.

Orientations were facilitated by the peer mentors and HPC. Each cohort informed planning of groups to increase relevancy and prevent duplication of familiar activities. Rapport was built via ice-breakers, food of choice, a picture presentation demonstrating examples of past sessions. Youth had the final say in deciding whether they wanted PEACE in their community.

Lesson learned: Male-identifying youth who attended our inclusive events often asked if they could join, and why there wasn’t a group “like this” for them. During orientations women-identifying participants advocated for their male counterparts and friends outside of the age range to be included. As a result, we amended the mandate to include male-identifying youth and to promote the cohesiveness of bonded communities. The all-genders group dynamics enabled us to apply action to our discussions in real time, while monitoring safety through “mid-point” safety check-in surveys, debriefs and relevant, session follow up activities.

Section 6. Peer Mentor Facilitators

“In a peer mentor model, there is greater freedom to simply be human beings, interacting. The safe space created allows everyone to have a more equal voice, experience healthy social interactions, and inspire and learn in both directions from each other” ~ Peace Project Peer Mentor.



Studies show that service providers spend significantly more time establishing rapport whereas peers start from a place of trust (Clawson & Grace, 2007). A peer and survivor led model allowed for mutuality and empowerment as peer mentors' perspectives inherited strengths in recovery. Co-facilitators' strong interpersonal skills promoted a culture of group ownership based on interdependence, autonomy and co-leadership.

Lessons Learned: recruitment and pairing of co-facilitators are significant readiness factors that enable youth to fulfill responsibilities through mutual learning, healthy boundaries and growth with the program.

Recruitment: A call for Peer Mentors was promoted at agencies serving youth survivors of sexual violence including Covenant House Toronto, and at external communities including Ryerson University (CYC) and George Brown College (VAW).

Facilitator Pairing: a commonality of a similar lived experience, age and gender identity was combined with a difference in basic needs stability.

Rationale: flexibility in taking time off was a natural consequence of the pairing that ultimately contributed to a sustainable peer mentor model. Youth who needed to attend appointments or take breaks from the program were encouraged to prioritize their needs. The co-pilot's established routine and stable housing enabled them to facilitate groups independently with minimal help from staff, often inviting participants to co-facilitate.

Peer Mentors: The majority of peer mentors were P.E.A.C.E. Project graduates. Less than a half were eternal youth. There were a total of 27 peer mentors, 6-8 led one or more cohorts each year.

Hiring Process: All interested youth submitted a resume, a short cover letter, attended an interview. Contracts were valid for one year and renewed via a self-appraisal.

A Trauma-Informed Interview: Candidates were informed to share only what they were comfortable with in terms of the eligibility around 'lived experience', such as providing yes or no answers, rather than details of the experience. Purpose of the interview was explained as to determine availability and readiness, such as the degree to which the session topics could be triggering.

Trainings: Trauma-Informed Care (Alberta Health-online), [Trauma-Informed Practice & Facilitation Skills \(CHT-HPC\)](#), Trauma-Informed Exercise & Guided Reflections (Dani Kraftchuk), Consent (CHT-YIT), Nutrition; Body Image & Self-Esteem; Supporting a Friend (Toronto Public Health), Applying Arts-based Activities to Sensitive Topics (CANVAS Arts Action Program), Self-Love & Self-Care (BeYoutyRevolution), [Sex Trafficking Awareness](#) (survivor-created and led).

Lesson Learned: Refresher training on handling group disclosures, facilitating the consent workshop and applying the Trauma-Informed Practice were requested by peer mentors. Additionally, mock facilitation sessions were helpful for peer mentors to determine which topics or specific sections they were comfortable with. In the case where the session was too triggering or uncomfortable to facilitate, a staff or a guest volunteer with relevant expertise would act as a co-facilitator.

Leadership: PEACE graduates and external mentors had an equal opportunity to, and successfully facilitated 2-3 cohorts in the same term, this required travel to various locations, and extra planning such as adapting activities. **Peer Mentor Documents:** [Appendix A](#)

Section 7. Participant Engagement

#1 Getting to know participants' interests, expectations and safety needs

before joining the group we learn about participants' goals [Getting to Know You form](#):

"I would like to learn about self-care, get some volunteer hours and hopefully make new friends"

"I'll find out"

"Get into more healthy ways of coping with trauma and stress, surround myself with positive energy"

"Leadership skills and patience"

"Volunteer hours, different life skills"

"Make new friends"

"I want to be able to share the information that I've acquired through my life and to share it with others. I also want to learn more about what others go through, what benefits them, and learn more about myself"

During the group participants and peer mentors were encouraged to lead various activities on a topic of choice using the [Participant Engagement Form](#) including:
[Social Determinants of Health by A.](#)
[Recognizing signs of violence in family relationships by S.](#)
 Self-Care Booklet by T.

#2 Safety in Groups was established through the following: see [Appendix B](#) for

below:[Group Safety Protocol \(Youth Worker\)](#)
[Rights at PEACE Project](#)
[Confidentiality Agreement](#)
[Disclosure Protocol](#)
[Research Safety Protocol](#) (Participant and Interviewer Safety)

Section 8. Partnerships

In order to deliver activities based on lived experience and expertise, volunteers and external facilitators were curated to meet specific needs of the curriculum. The Peer Mentors were involved in managing volunteer involvement via interviews and feedback. towards health, wellness in spite of challenges. The topics included overcoming addictions, grief, body image, eating disorders, mental health, starting school later in life, working in male-dominated field, navigating physical disability.

Lesson Learned: Volunteers come from many professional backgrounds where they may be used to receiving personal information about a client. Trauma-Informed training helps prevent unintentional harm where a volunteer may seek information about youth’s circumstances. As well, the strength-based lens provides volunteers the skills to meet youth where they’re at and prevent invalidation.

Mental Health	Dept., of Neuropsychology, York University
Healing through Body	CHT staff trained in CAPACITAR
Self-defense, Kickboxing	Girls Who Fight, Shape Your Life, CHT
Community Building	WISE, SEEDS, University of Toronto
Mindfulness, Trauma-Informed Yoga	Planned Parenthood, Dani Kraftchuk, CHT
Nutrition	Toronto Public Health
Self-Love & Boundaries	BeYoutyRevolution, METRAC
Connection to Land, Storytelling, Sacred Crafts	Angela S.
Sexual & Reproductive Health; Self-Esteem	Toronto Public Health
Entrepreneurship; Women in Leadership	Kind Karma, Hatchways
Anti-Black Racism, Marijuana Awareness	Mind Body & Mom
Sex Trafficking Awareness	CHT, East Metro Youth Services
Employment	Youth Outreach Worker, City of Toronto
Goal-Setting Student	Success Guidance Counsellor, TDSB
Sleep Hygiene & Self-Regulation	Occupational Therapist, CHT
Sexual Assault & Consent Law	METRAC
Physical Drama Games	Young People’s Theatre
Strengths in Adverse Experiences	Several dedicated CHT volunteers

Section 9. Sessions

Duration: 2 hours weekly, 12-16 sessions for 12- 16 weeks.

Lesson Learned: Peer Mentors and participants suggested meeting bi-weekly for a longer durationsuch as 4 hours as often the group would get deeper into a topic when it was time to leave.

Outlines

Below is a 'bare bone' (not a detailed outline) example of sessions for the third cohort of year one implementation. The subsequent outlines varied from group to group based on each community. We did not reinvent the wheel. Most of the session content was based on existing, evidence-based activities developed by experts in the field. Peer Mentors co-created activities via organized working groups, as well as independently. Below, you'll also find two sessions and one resource created by the youth group members.

Session: Introduction

1. *Welcome (Pronouns)*
 2. *Opening: Mindfulness (Body Scan)*
 3. *Introductions & Icebreaker*
 4. *Topic Introductions & Needs Assessment (brainstorming health promotion)*
1. *Approach & Values TIP, M, PM, PR*
 2. *Space Agreement, Expectations, Safety*
 3. *Mindfulness: Crystal Meditation*

Outcome

- *Introductions*
- *Needs Assessment*
- *Set Group Norms, Expectations and Safety*

Facilitator: Peer Mentors

Resources/ Materials

- *Video: Potty- Mouthed Princesses (sexual violence, inequality)*
- *Infographics: Statistics on VAW, source: Canadian Women's Foundation*
- *Booklet: Mindful Heart*
- *Instrument: Chimes*
- *Essential Oil (allergy permitting)*
- *Pixie Lights*
- *Mineral rocks*
- *Chart paper, markers, folders*

Session: Social Determinations of Health

1. *Introductions & Icebreaker with volunteer & research partners*
2. *Orientation to Participatory Research*
3. *Re-cap: Group norms & safe space*
4. *Activity: Social Determinants of Health*
5. *Closing Activity: Yoga*

Outcome

- *Raise awareness of internal and external influencing factors that affect; mental, physical, emotional, and economic health*
- *Mind/ body exercises, daily routine*
- *Team building*
- *Learn self-care from youth leaders*
- *Meet new people*
- *Relate to stories*

Facilitator: Peer Mentors and Volunteers

Resources/ Materials

- *Shriel's Case Studies Taking Steps Activity*
- *Yoga Mats*

Announce outings:

*Outing: SkyZone Trampoline Park
T.E.A.R Youth Leaders Presentation at Victim Services*

Session: Self-Esteem

1. *Check-in & introduction to facilitator*
2. *Activity: Identifying strengths & needs using properties of semi-precious stones*
3. *Activity: Designing a bracelet*
4. *Closing*

Outcome

- *Identify strengths & needs*
- *Learn about impact of positive/negative self-talk*

Facilitator: Peer Mentors and Volunteers

Resources/ Materials

- *Paper & pen*
- *Beads, scissors*

Session: Social Determinants of Health Part II

1. *Check-in*
2. *Re-cap last week's group on bead properties and bracelet design*
3. *Activity: Bracelet-making & creative writing*
4. *Closing: Sharing written work*

Outcome

- *Share view of present and future self through creative writing and discussion*
- *Share supportive feedback from group*

Facilitator: Peer Mentors and Volunteers

Resources/ Materials

- *Paper & pen*
- *Beads, scissors*
- *Flower Power chart*

Session: Self-care & Entrepreneurship

1. *Icebreaker & Introduction of facilitator*
2. *Activity: Learning about essential oils, discussion about favourite scent and their effects on mental, emotional, physical, and spiritual health*
3. *Activity: Making a skin balm*
4. *Closing*

Outcome

- *Learn to make natural cosmetics*
- *Learn health benefits and uses of essential oils and natural products*
- *Learn about starting a small business*

Facilitator: Volunteer-led, Peer Mentors

Resources/ Materials

- *Materials supplied by volunteer (beeswax, olive oil, essential oil, vitamin E)*

Session: Coping Skills

- 1. Icebreaker & Introduction to facilitator*
- 2. Song-writing warm up activity*
- 3. Voice, sound, and video recording and editing demonstration*
- 4. Playing and discussion of music that helps cope & inspire*

Outcome

- Learn being present via song-writing*
- Read, record & listen to creative writing piece*
- Play and discuss favourite songs that help cope with loss, grief, sadness, increase motivation*

Facilitator: Peer Mentors, Volunteer

Resources/ Materials

- Laptop, microphone, sound/video editing software*

Session: Body Image & Media Literacy

- 1. Check-in over breakfast*
- 2. Exploratory discussion of intersection between media and body image*
- 3. Activity: Documentary*
- 4. Activity: discussing links between “the less you wear the higher your worth” & who is benefiting from women’s body-image issues.*

Outcome

- Identify hyper-sexualisation of women compared to men in media*
- Make a connection between gender stereotypes, VAW,*
- Identify intersection between media and racism*
- Identify a link between Body image & consumerism*
- Discuss body-shaming & solidarity with women*

Facilitator: Peer Mentors

Resources/ Materials

- Advertisement pictures from 50s & present times*
- Miss Representation*

Session: Empathy & Collective Problem Solving

- 1. Check-in & Music Circle*
- 2. Activity #1: State a problem, take turns sharing different ways of solving the issue*
- 3. Activity #2: Voice recording (statements from activity #1)*
- 4. Activity #3: Music circle and sound recording (for spoken word video)*
- 5. De-brief*

Outcome

- Observe and discuss different approaches to the same issue*
- Discuss what makes people respond and/or react to the same situations differently*

Facilitator: Peer Mentors

Resources/ Materials

- Flip Chart, markers*
- Instruments*
- Microphone*
- Recording device*

Session: Power in Society & Indigenous Culture

- 1. Check-in over breakfast*
- 2. Re-cap: Safe space*
- 3. Activity 1: Flower Power: collectively identifying “who we are and aren’t”*
- 4. Activity 2: Native Arts and Storytelling with Angela S., alternative way of life, VAW in Indigenous context, reconciliation*
- 5. De-brief*

Outcome

- Understand historical context, why it matters, Intersectionality*
- Lear to make two types of medicine bags*
- Gain awareness of/make a connection between intergenerational trauma and missing and murdered Aboriginal women in Canada*

Facilitator: Peer Mentors and Volunteers

Resources/ Materials

- Craft supplies*
- Flower Power Chart from previous session*

Session: Social Construction of Identity

1. *Check-in*
2. *Introduction to social construction of identity*
3. *Activity #1 identifying the difference between sex and gender*
4. *Introduction to facilitator – storyteller (Peace participant’s session)*
5. *Activity #2 making a mask of identity while listening to true stories about culturally diverse women across the world who defied gender stereotypes through perseverance and courage...but also having to pretend they were man in order to get positions, roles and respect*
6. *Closing: Sharing symbolism behind masks*

Outcome

- *Understand limits of social construction of gender on women’s role*
- *Identify difference between sex and gender by providing examples of stereotypes in everyday life*
- *Share narratives of self-perception and how you think you’re perceived by others*

Facilitator: Participant and Peer Mentors

Resources/ Materials

- *Masks, paints, glue, decorative pieces, magazines*
- *Women’s stories provided by facilitator*

Session: Gender-based Violence & Nutrition

1. *Check-in over breakfast*
2. *Introduction to topic & creating a safe space*
3. *Matching Activity: Boards & Definitions*
4. *Film Discussion: watching and discuss Kamlari chapter from Girl Rising*
5. *Activity: Energy Bars*
6. *Closing activity: collectively defining gender-based violence*

Outcome

- *Identify 6 forms of violence (by matching definitions & discussion)*
- *Learn and define internalized oppression and cycle of violence.*
- *Learn to make an energy bar and impact of ‘super foods’ on the brain*

Facilitator: Peer Mentors

Resources/ Materials

- *6 Bristol boards*
- *Definitions*
- *Girl Rising video*
- *Super food ingredients, recipe, bowls, spoons*

Session: Romantic Relationships & Attachment

1. *Introduction to facilitators & topic*
2. *Creating a safe space*
3. *Presentation: learning about secure versus insecure attachment*
4. *Game: identify attachment of celebrity relationships*
5. *Activity: write a definition of healthy versus unhealthy relationship*
6. *Presentation de-brief*
7. *Announcement – green light for Facebook page*

Outcome

- *Learn about protective and risk factors in healthy childhood development*
- *Identify attachment style of various celebrity relationships*
- *Define healthy versus unhealthy romantic relationship*

Facilitator: Peer Mentors & Volunteers (York University)

Resources/ Materials

- *Presentation provided by volunteers (York U)*
- *Pen and paper*

Session: Family Violence & Self-Care: Bath Bombs & Zumba

1. *Check-in*
2. *Mindfulness*
3. *Create safe space*
4. *Activity #1: Scenarios/Role plays emotional violence in family*
5. *Concurrent Activity: Energy bars (mixing and forming ingredients)*
6. *Identifying Healthy Bonding & Cycle of Abuse via micro-aggressions*
7. *Activity #2: Zumba (external facilitator)*

Outcome

- *Identify Healthy Bonding*
- *Identify cycle of abuse, micro-aggressions in family conflict*
- *Define trauma bond as "emotional glue"*

- *Describe the chemicals released that make it a natural and "addictive" connection based on need to survive.*
- *Define cognitive dissonance and how we seek to create a consistent reality and unable to see it because we: 1. Dissociate/ other defense mechanisms 2. Recreate reality to survive 3. Hold out for relief (not get punished, or get rewarded). 4. Brainstorm ways to build trust in our own gut and voices*

Facilitator: Peer Mentors, HPC, Zumba instructor

Resources/ Materials

- *Scenarios of family violence for role plays, prepared by Peer Mentors*
- *Information: counselling and help lines*
- *Resources: handout information on trauma bonding in context of family*
- *Materials and recipe for making Epsom salt bath bombs*
- *Zumba instructor*

Session: Sexual Assault & Consent Law

1. *Mindfulness Check-in*
2. *Introduction to facilitator*
3. *Workshop: Sexual Assault & Consent Law – METRAC*
4. *Debrief*

Outcome

- *Identify self-blame in the context of consent*
- *Learn about legal resources pertaining to sexual assault*

Facilitator: Peer Mentors & Volunteers (METRAC)

Resources/ Materials

- *Booklet: Mindful Heart for guided meditation*
- *Presentation by METRAC*

Session: Sexual & Reproductive Health

1. *Check in*
2. *Final Project Brainstorm*
3. *Workshop: Sexual & Reproductive Health – Public Health Nurse*
4. *Debrief*

Outcome

- *Ask questions relevant to needs and interest in a non-prescriptive, safe and inclusive environment*
- *Learn about contractions of various sexually transmitted infections*
- *Learn about STI prevention strategies and products*

Facilitator: Peer Mentors, Toronto Public Health

Resources/ Materials

- *Resources from Public Health, Sexual Health Nurse*

Session: Access to resources Part i. & Financial Literacy

1. *Check-in*
2. *Amina's group assessment presentation & discussion*
3. *Introduction to facilitator (Sara)*
4. *Activity: Relationship with Money*
5. *Activity: Group closing*

Outcome

- *Guided needs (resources) self-assessment*
- *Learn budgeting and saving accounts*
- *Identify value in non-monetary resources*

Facilitators: Participant, Peer Mentors & Volunteers

Resources/ Materials

- *Resource self-assessment prepared and facilitated by participant*
- *Glass jars for piggy banks*
- *Pen and paper*
- *Budgeting and saving tip sheet provided by volunteer facilitator*

Session: Access to resources part ii. & Transferrable Skills in Adverse Experiences

1. *Check-in*
2. *Amina's presentation on access to "hidden" (health) resources*
3. *Ice-breaker & Introduction to guest speaker*
4. *Story of Jordana's journey*
5. *Activity: Identifying the difference between victim vs survivor vs success*

6. De-brief

Outcome

- *Learn about “hidden”, free or affordable health-related resources and tips to receive them*
- *Learn the choice to view adverse experience through a victim or survivor lens*
- *Share your own voice from an empowered self-narrative*

Facilitator: Peer Mentors & Volunteers & Participants

Resources/ Materials

- *Resource list prepared and facilitated by participant*

Session: Eating & Harm Reduction, SMART Goal Setting

1. *Check-in & Introductions*
2. *Conversation on Healthy Eating Behaviour & Eating Disorders with Kate, dietician*
3. *SMART Goal Setting with Megan*
4. *Closing: What did you find useful in tonight’s session?*

Outcome

- *Identify healthy versus unhealthy eating habits*
- *Learn about harm reduction approach in eating disorders*
- *Learn to set goals by breaking them into smaller goals, steps and time*
- *Map out how you spend time, prioritize tasks based on habits*

Facilitator: Peer Mentors & Volunteers

Resources/ Materials

- *SMART goal design and handouts provided by volunteer*

Session: Housing Workshop

1. *Check-in & Introductions*
2. *Housing workshop with Danny & Matt*
3. *Working on Final Project*
4. *Closing: Body scan meditation*

Outcome

- *Learn about different types of affordable housing, duration, waitlists, requirements*
- *How to apply*
- *What it takes to sustain housing and how to seek support*

Facilitator: Housing Workers (CHT)

Resources/ Materials

- *Presentation prepared by facilitators*

Session: Participant presentation: Women in Uganda

- *Check-in*
- *Participant presentation*
- *Working on Final project*
- *Closing: Guided meditation*

Outcome

- *Learn about role of women in various tribes and customs in Uganda*
- *Learn about difference between women's rights who have received education versus women living in rural Uganda*

Facilitator: Participant's presentation, Peer Mentors

Resources/ Materials

- *Presentation prepared by participant*

Session: Final Project & Celebration: Spoken Word

Outcome

- *Read and record each other's spoken word pieces*
- *Celebrate and reflect on experience in the group*

Facilitator: Peer Mentors & Participants, HPC

Resources/ Materials

- *Recording device*

Three Examples of Sessions Created by Participants and Peer Mentors

Example 1: Social Determinants of Health by A.

Resource Accessibility

As a member of the P.E.A.C.E Project I would like to explore the topic of Resource Accessibility and gain information on your needs and interest. The information provided would assist in designing an information session/presentation that would address the current needs/interest of the group. Information shared in this survey will remain completely confidential.

1. Are you currently residing at the shelter ?

- a) Yes
- b) No

2. How often do you access services/resources provided by the health clinic at the shelter?

- a) Regularly (4 or more times a month)
- b) Sometimes (twice a month)
- c) Rarely (once a month)
- d) Don't know
- e) Never

3. Have previously experienced barriers when accessing health resources/services within my community.

- a) Strongly agree
- b) Agree
- c) Neutral
- d) Strongly disagree
- e) Disagree

Comments:

4. The barriers I have experienced accessing health resources/services within my community include:
(Select all that apply)

- a) Gender and/or sex discrimination

- b) Long wait periods
 - c) Not enough information provided
 - d) Health card requirement
 - e) Other (specify if possible):
-

5. I would like to receive information on accessing the following health resources/services within my community:

- a) Dental
- b) Sexual
- c) Mental
- d) Physio
- e) Other (specify if possible): _____

Thank you for taking your time to complete this survey.

Case Study

Amirah is a 16-year-old female who has come to the Hassle Free Sexual Health Clinic because her period is two weeks late. She immigrated from Bangladesh at the age of 14 with her parents. She shares a 1-bedroom apartment with her parents located in a low-income neighbourhood. Amirah's family practices the Muslim faith and their beliefs are strongly against premarital sex. Amirah is unable to receive support at home in relation to her sexual health because this is not a topic for discussion in her home. Amirah is attempting to transition into high school but suffers from anxiety and depression due to the new environment of a different country. Amirah has no history of birth control use and does not have access to her health card (OHIP). Amirah begins a relationship with an older boy from high school. She opens up to him about her lack of support at home, struggles with changes to her body and feelings of being alone. She is engaging in unprotected sexual activity with him with no contraception. Amirah has been unable to cope with the high levels of stress and due to a slight language barrier, she is having difficulty connecting with resources available within her community.

Assessment

- 16-year old female
- immigrated from Bangladesh at the age of 14
- currently living with parents
- not fluent in English à Bengali is her first language
- Feels stressed and overwhelmed
- Coping = partaking in risky sexual activity
- Religion à Muslim, May not be "religious"
- Stated that she feels alone

- Period is late à possibly pregnant or due to high levels of stress?

Family: Parents: Limited open relationship with her parents; Parents do not discuss sexual health or puberty with her; Strictly religious

Community: Lives in a 1-bedroom apartment;

Subsidized by Toronto Community Housing Corporation;

Shares 1-bedroom apartment with her parents

Friends: No friends; Boyfriend she confides in; Not familiar with resource;

Unable to express her need for resources due to language barrier

What does capacity building mean?

Increase in ability of individuals/communities to identify, interpret, & act on health needs to build active involvement of the affected population

Analyzing priorities and stage of individual/group readiness for change

Critical to enhance and nurture existing strengths of individual/community

Which social determinants of health affects Amirah?

1) Income and social status

- Lives in a low income neighbourhood

2) Social support networks

- o No support from her parents
- o Recent boyfriend

3) Education & literacy

- o Missed her period
- o Language barrier
- o No history of birth control use

4) Social environments

- o Limited social networks
- o Visible minority at high school

5) Personal health practices & coping skills

- o Engages in risky sexual behaviour

6) Health services

- o Needs to go to health services often for her child
- o Not sure if her children have all the immunizations
- o Does she have access to other health services

7) Gender

- o Immigrant female

8) Culture

- o Family is Muslim
- o Her religion is against teen pregnancy/premarital sex

What are Amirah's barriers to accessing sexual health resources?

- Health Card (OHIP) requirement
- Limited social supports
- Unable to discuss sexual health with her parents
- Limited personal space in her home (shares 1-bedroom apartment with parents)

**** A list of relevant and active resources was provided and access explained ****

Example 2: Recognizing signs of violence in family relationships by S.

1) **Healthy Relationships** (peer mentors present scenarios in context of family (emotional) violence via role playing) over **Self-Care** (making bath bombs) 2) **Physical Health** (exercising intentionally to release stress, re-attach mind to body via Zumba)

1. Check-in & creating a safe space

2. Activity #1: Identifying Healthy Bonding & Cycle of Abuse via micro-aggressions:

1. Define trauma bond as "emotional glue", and describe the chemicals released that make it a natural and "addictive" connection based on need to survive.

2. Define cognitive dissonance and how we seek to create a consistent reality...which can be the downside of "beauty is in the eyes of the beholder".

Unable to see it because we:

1. Dissociate/ other defense mechanisms
2. Recreate reality to survive
3. Hold out for relief (not get punished, or get rewarded).

Role Play: For each scenario, the group can figure out what's happening together, is it a trauma bond (why / why not)

Brainstorm ways how we can build trust in our own voices. (E.g. record the bad stuff and how it made us feel, confide in friends for a reality check, trust our emotions in the now, be present with our feelings, self-care etc.)

ROLE PLAY SCENARIOS

Scenario #1: Icy-Hot

Jade has been in a relationship for 5 years and has one small child with her boyfriend Mike. For the past few months Jade has been trying to establish a small art shop, but when she asks for her boyfriend's assistance his says: "I can't believe you're spending so much time on this shop—don't you care about me—don't you care about your kid? You're supposed to be mothering her!"

Jade is shocked, "But I just wanted you to help me with setting up the store! And I haven't been neglecting anyone!"

Mike comes up very close to Jade's face: "You see! Now you're denying it. When I got with you I thought you'd be there for us. I should just take my kid and go already!"

Mike storms off. Later, when Jade sits down to talk with Mike about his threat, Mike says, "Honey, you know you were over reacting, and you know that you've been obsessing over this shop too much. That makes the rest of us feel very ignored and excluded, I hope you understand that. We love you a lot."

Scenario #2: Silent Treatment

Parent: Do you want to go see your aunt with me on Saturday?

Daughter: I already was planning to spend Saturday with my friend, she's having a birthday party.

P: *Shrugs and looks away*

Then you'll just have to tell your aunt you aren't coming. She was really looking forward to it.

D. But she's a really good friend. I already bought her present and everything.

(No response)

They're having a party where all my friends will be there. There's going to be a sleepover and my aunt doesn't even really know me. Last time she just lectured me about different things.

(No response)

Why didn't you tell me earlier? I wouldn't have made plans!

(No response)

Are you even listening?

(No response)

(Loudly) Did you even hear me!!!

P: I heard you. You don't have to shout. I guess you're grown up now, it's your choice. Look. I can't tell you what to do.

Scenario #3: Insults

A parent saying "you are so stupid! I'm so embarrassed. Tommy got really good marks and he didn't even study that hard. You're seriously useless".

Daughter: "I studied so hard for that exam despite having a really stressful week. It hurts so much that you'd say that to me"

Parent: "You're way too sensitive. You have no problems in life stop being dramatic. I love you and do so much for you you're lucky to have a parent who cares so much."

3. Concurrent Activity (along with scenarios): Making bath bombs over role-plays/discussion
4. Activity #2: Zumba!
5. Debrief

Example 3: Self-Care Booklet created by T.

Pg. 1 Exercises

Jumping Jacks

Plank

Squats High

Knees

Calf Raises

Lunges

Crunches Side

Plank

Jump squats

Wall sit

Pg. 2 Yummy Snack

Chocolate Chip Cookie in a Mug Recipe!

<ul style="list-style-type: none">· 1 tablespoon of butter· 1 tablespoon of white sugar· 1 tablespoon dark brown sugar· 3 drops vanilla extract· 1 egg yolk· ¼ cup all-purpose flour· ½ teaspoon baking soda· pinch of salt· 2 tablespoons chocolate chips/chunks	<ol style="list-style-type: none">1. Start by melting your butter in the microwave.2. Add sugars, vanilla and salt. Stir to combine.3. Separate your egg and add the yolk only to your cup. Stir to combine.4. Add flour, then stir again. Measure a scant, slightly less than full, 1/4 cup of all-purpose flour.5. Add the chocolate chips, and give a final stir. Now your mixture will look like cookie dough. Add a few chocolate chips to the top of the cookie dough.6. Cook in microwave 40-60 seconds, start checking for doneness at 40 seconds
---	--

Pg. 3 Healthy Snack

Smoothies!

1. **Banana:** Blend 2 bananas, 1/2 cup each vanilla yogurt and milk, 2 teaspoons honey, a pinch of cinnamon and 1 cup ice.

2. **Raspberry-Orange:** Blend 1 cup each orange juice and raspberries, 1/2 cup plain yogurt, 1 cup ice, and sugar to taste.

3. **Triple-Berry:** Blend 1 1/2 cups mixed blackberries, strawberries and raspberries with 1 cup each milk and ice, and sugar to taste.

Invent your own following this guideline!

Blend 1 Frozen banana, 2 cups of favourite fruits, 1 cup of liquid (milk, coconut water, juice), ½ cup of yogurt

Glowing Banana Face Mask	Cocoa Dream Hydration Mask
<ol style="list-style-type: none"><li data-bbox="191 359 699 390">1. Mash one-half of a banana in a bowl.<li data-bbox="191 428 764 491">2. Mix in a tablespoon of orange juice and a tablespoon of honey.<li data-bbox="191 529 748 627">3. Apply the mask to your face (lumps are totally fine!) and keep the mixture on for 15 minutes.<li data-bbox="191 665 699 728">4. Rinse with lukewarm water and then moisturize.	<ol style="list-style-type: none"><li data-bbox="862 359 1446 422">1. Mash one quarter of an avocado in a small bowl.<li data-bbox="862 459 1487 522">2. Stir in one tablespoon cocoa powder and one tablespoon honey, mashing and mixing well.<li data-bbox="862 560 1471 623">3. Apply the mask to your clean, dry skin for 10 minutes.<li data-bbox="862 661 1308 724">4. Wash off with warm water, then moisturize as per usual.

Make a SMART goal for yourself following this guideline:

Goal: _____

Specific (what exactly do you want to achieve?)

Measurable (why is this important to you?)

Attainable (how will you achieve your goal?)

Realistic (what might be obstacles to achieving your goal? How will you overcome them?)

Timely (by when do you want to achieve this goal?)

Pg. 6 Gratitude

Things I am grateful for...

Pg. 7 Positive Body Affirmations:

My body radiates beautiful kindness

I am thankful for my strength

I love and accept my body just as it is today

My body has overcome physical feats and shows its
beauty I am perfect, whole, and complete just the way I am

My body deserves to be taken care of so I nourish it with good food and
exercise Love fills every inch of my skin and I feel the love inside my body

Pg. 8 Use this space to doodle!

Pg. 9 Colouring page



Pg. 10 List your favourite things:

Movie _____

Tv Show _____

Songs _____

Colour _____

Meal _____

Store _____

Junk food _____

Activity _____

Pg. 11 Journaling Prompts

Top 5 things you love about yourself

Who are your greatest role models?

What do I want my life to look like in 5 years?

What would I do if I wasn't afraid of failing?

What am I proud of myself for?

What brings me genuine joy? What
does my ideal day look like?

Section 10. Forms & Templates

APPENDIX A: Peer Mentor Docs

Peer Mentorship Interview Questions

Participants are informed that they do not need to share details of lived experience.

1. Tell me a little about yourself?
2. How does your previous experience relate to this job?
3. Why do you want to work as a Peer Mentor at P.E.A.C.E. Project?
4. What does youth engagement mean to you?
5. How would you create a safe group environment?
6. Give me an example of a creative way you have introduced a topic to a group of participants?
7. Do you have lived experienced in any form of gender-based violence; emotional/sexual/physical abuse, forced marriage, honour-based violence, family violence, intimate partner, poverty/economic harm or other?
8. Would any of these topics be triggering to you?
9. Do you have any questions?

Contract Template

PEER MENTORSHIP FACILITATION CONTRACT AGREEMENT

This AGREEMENT is made between Peer Mentor/Facilitator and P.E.A.C.E. Project, Health Promotion Coordinator on the ____ day of _____ for one year of start date.

I. Compensation

- Peer Mentor facilitator rate is \$_____/hr, payments are provided bi-weekly
- Peer Mentor is compensated for; training, debriefs, facilitation, preparation, attending events/outings
- Peer Mentors are provided tokens for transportation to group/outings
- Peer Mentors are provided refreshments/food during group/outings

II. Expectations

The Peer Mentor is expected to fulfill facilitation duties to the best of their ability (other than in the event(s) and/or reason(s) beyond Peer Mentor's control) by;

- Arrive on or before start time to facilitate group;
- Lead discussions, activities, introduce guest facilitators
- Role-model positive behavior
- Communicate concerns to the Health Promotion Coordinator such as clarification of materials, safety;
- Adhere to Group Confidentiality Agreement
- Maintain consistent communication with Health Promotion Coordinator
- Understand the role of the Health Promotion Coordinator is to; support the group in the case of crisis; arrange resources and external facilitators; facilitate peer mentor debriefing sessions, assist with space set up and clean up. The Health Promotion Coordinator does not facilitate groups. It is the sole leadership responsibility and role of the Peer Mentor(s).

III. Absence/Lateness

Peer Mentor will provide advanced notice of absence best to their ability in given circumstances. Consistent lateness or cancellations without advance notice grants termination of contract.

I have read, understood and agree to the above P.E.A.C.E. Project contract guidelines.

Peer Mentor Facilitator

Witness

Date

Date

Trainings

1. **Sex Trafficking Awareness and Resiliency Workshop** pdf <http://kh-cdc.ca/en/project-profiles/pdfs/Sex-Trafficking-Awareness-Resiliency-Workshop-Training-Guide.pdf> and a webinar recording <http://kh-cdc.ca/en/project-profiles/peace.html>
2. **Trauma-Informed Practice & Facilitation Training - Peer Mentors**

Slide 1
Welcome

Slide 2
Table of Contents

Slide 3
Guided Reflection & Ice-breaker

Slide 4
Introduction to Peer Mentorship

- What is a Peer Mentor?
- Why do you think peer mentoring works?
- What is the difference between a peer mentor and a participant?

Facilitator's Notes: ASK GROUP TO ANSWER THESE QUESTIONS BEFORE PROVIDING ANSWERS BELOW:

- A peer mentor provides guidance and support for fellow youth. You will facilitate workshop sessions with youth who share similar lived experiences.
- The goal of peer mentoring is to provide supportive healing through new coping skills; you will engage with and learn from participants, particularly on how to build on strengths and capacities for healing.
- You will reduce isolation and foster feelings of belonging that activate positive life changes.

Peer Mentoring Works Because...

- It honours the shared experiences of all participants and allows for a common ground of understanding
- It provides the opportunity for mentors to give back to a specific community
- It promotes sharing and healthy relationship modeling
- It increases social networks and friendships
- It facilitates sharing and promotes self-empowerment
- Participants don't feel judged, monitored, or evaluated

What is the difference between a participant and a peer mentor?

Through peer mentor's participants in all activities, you are also facilitating you are always taking a "bird's eye view" of the group as a whole tracking time, and remaining conscious of the amount of space you are taking up (ensuring everyone's voice is heard)

Participants are not expected to take this same "bird's eye view. They look to peer mentors for guidance, structure, and engagement.

Slide 5

What is Trauma-Informed Practice?

“Trauma informed care is an approach that comes from an understanding that everybody we come into contact with will probably have experienced some level of trauma. We need to approach [our clients] with care and compassion in order to make sure that we reduce any risk of re-traumatization.”

– Tracey Harvey, Clinical Supervisor, Alberta Health Services

Slide 6

Principles of TIC

Facilitator’s Notes: Ask peer mentor trainees how they have seen each principle play out at P.E.A.C.E Project.

Materials: Chart paper, markers

Instructions: Write one principle and its definition on each piece of chart paper... Have trainees go around and write ways P.E.A.C.E Project embodies each of the principles on the appropriate paper, then come together to discuss.

1. Safety

Safety refers to a feeling of psychological and environmental safety and feeling secure in interpersonal interactions.

2. Trustworthiness

Transparency refers to honest and open communication between staff, peer mentors, and participants.

3. Choice

Individuals have choice and control and understand their rights and responsibilities.

4. Collaboration

A core principle of trauma informed practice is ensuring programs are demonstrating “power with” participants (relational and collective power; collaboration and partnership based in respect) rather than “power over” (hierarchical power; valuing participants as “less than” mentors, program coordinators and funders).

5. Empowerment

Trauma has been described as an overwhelming, uncontrollable experience that psychologically impacts its victims. By placing control back in the hands of trauma survivors, they begin to see themselves as resilient and capable of healing.

Slide 7

What Is TIP continued...

Facilitator's notes: Have this slide up as trainees are completing the chart paper activity.



Image credit: <http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>

Slide 8

Basic Facilitation Skills



Being a Peer Mentor Means Being a **Leader** and a **Follower**

Followership contributes to the group (shows up, shares when they feel inspired to), supports leadership through (list middle of venn diagram), and questions leadership when appropriate

Leadership

Commands an audience: "Performs" – There is a level of performance that goes into facilitation. You have to be aware of your body language, your voice, your presence in the room... *Example of coaches/sleeves* – Co-pilots/works together with fellow peer mentor

Sets the tone for the group – Your energy and enthusiasm (or lack thereof) is absorbed by the group. If you are excited about an activity, they are far more likely to be excited and engaged. They take their cues from you... *Example...*

Provides structure and guidance – As a leader, it is your role to provide structure to the group. This includes outlining the day's agenda, keeping track of time, clearly explaining activities, and supporting group members in moving through the different parts of the session.

Builds momentum – This is closely related to maintaining structure, but focuses more on keeping the group engaged and on track... It is your role to engage the group when they are hesitant or stuck, reign them in when they are so absorbed in a topic that they have lost track of time, and ensuring one person is not dominating the conversation... In one case, you are providing momentum for a group who is stalled... In the other cases, you are provided momentum in a different direction than the group is headed... *This can be easier said than done...*

Slide 9

Basic Facilitation Skills continued...

Facilitator's Notes: *How would you go about engaging a quiet group?*

Quiet group:

- § Rephrase the question
- § Be more specific
- § Be more general
- § Share a piece of yourself (your experience, a thought you have, something that stands out to you)
- § Validate their decision not to share at this moment and move on

How would you guide people out of a discussion they are clearly enjoying so you can move on to the next activity?

Absorbed group:

- § Acknowledge what a lively discussion they are having but express how much more there is to do this evening (cultivate excitement)
- § Give a time warning ("We only have a minute or so left for this topic")
- § Summarize the conversation (this involves jumping in) and transition to next topic ("It sounds like we can all agree that x..." or "It sounds like some of us feel x and some of us feel y... Let's move on to the next topic/section...")
- § Let it be... Use your judgement to determine if this discussion is too valuable to interrupt

Be aware of your Primary vs. Secondary emotions: Your primary emotion may be that you do not want to be rude and interrupt (anxious, awkward)... However, as the peer mentor your role is to see the big picture and know when you need to move things along for the greater good of the group, therefore your secondary emotion (i.e your emotion about an emotion), should be along the lines of moving past this initial anxiousness or awkwardness so you the group can benefit from whatever activities are coming next.

What would you do if one person is dominating the conversation?

§ From the outset, it should be made clear that this is a space where all voices are heard/welcome so long as they are not harming others. Ensure the group understands that no one voice is more important than another and that all voices need space to be heard. Remind group members to be conscious of how much space they are taking up.

- § Actively engage a quieter participant by name (giving them the option to speak, not forcing them to speak)
- § Choose a different person to speak before you choose the dominating voice a second time
- § If issue persists, go back to group agreement/rights & responsibilities

Engaging participants – The way you engage people at P.E.A.C.E may be different than most other groups. We want to meet people where they are at rather than pressure them to participate if they are not feeling up for it.

What could engagement look like in this context?

1. Thank participants for their presence at the beginning and closing of session
2. Validate the initiative it took to show up
3. Role model strong engagement (this goes back to "performance"). Even if a participant is unable or unwilling to take part, they are still absorbing what it means to do so.

Slide 10

Creating a culture

A key aspect of your role is determining the culture of P.E.A.C.E Project. You are expected to create a healthy organizational culture and demonstrate emotional maturity.

"Organizational culture is defined as the underlying beliefs, assumptions, values and ways of interacting that contribute to the unique social and psychological environment of an organization." Source: [1] <https://gothamculture.com/what-is-organizational-culture-definition/>

Slide 11

Creating a culture continued...

Behaviours that build a culture...

- How do you navigate between your friendship with participants and your role as peer mentor?
- How do you handle issues with staff? (Ex/ You disagree with something a staff member said or did or you dislike something about the way they are treating you)
- How do you handle issues with a participant? (Ex/ You do not “like” a certain participant)
- How do you show up for yourself and the group?

Facilitator’s Notes:

- How do you navigate between your friendship with participants and your role as peer mentor?
- How do you handle issues with staff? (Ex/ You disagree with something a staff member said or did or you dislike something about the way they are treating you)
- How do you handle issues with a participant? (Ex/ You do not “like” a certain participant)

How are you showing up for yourself and for the group?

Yes, all vibes are welcome at P.E.A.C.E project, but this does not necessarily apply to peer mentors. You have a special responsibility to show up and set the tone for the group. – “putting on your hat”... Using your object to channel your energy. You owe it to yourself to make the best of each and every session. You get out what you put in... Studies show that smiling can actually affect your mood.

Slide 12

Creating a culture continued...

VIDEO: [Should You Smile Even If You Don't Mean It?](#) (3:23)

Slide 13

Behaviours that build culture

On certain occasions, you may be unable to perform as you normally would (you’re human!) in which case, it is best to be transparent with the group about where you are at – If you’ve been modelling strong leadership/followership behaviour, the group will be able to support you

Slide 14

Behaviours that build culture

- Respect the pronouns of participants and staff
- You can't always know what someone's pronouns are by looking at them.
- Asking and using someone's pronouns shows respect for their gender identity
- When someone is referred to with the wrong pronoun, it can make them feel disrespected, invalidated, dismissed, alienated
- It is a privilege to not have to worry about which pronoun someone is going to use for you based on how they perceive your gender. If you have this privilege, yet fail to respect someone else's gender identity, it is disrespectful, hurtful, and oppressive

Facilitator's Notes: What is a pronoun?

It is a word that describes people talking or people being talked about.

Why is it important to respect people's pronouns?

- You can't always know what someone's pronouns are by looking at them.
- Asking and using someone's pronouns shows respect for their gender identity
- When someone is referred to with the wrong pronoun, it can make them feel disrespected, invalidated, dismissed, alienated
- It is a privilege to not have to worry about which pronoun someone is going to use for you based on how they perceive your gender. If you have this privilege, yet fail to respect someone else's gender identity, it is disrespectful, hurtful, and oppressive

Commonly Used Pronouns

- She/her/hers and he/him/his, sometimes called "female/feminine" and "male/masculine" pronouns, but many avoid these labels because not everyone who uses *he* feels like a "male" or "masculine." This is why there are also lots of gender-neutral pronouns in use:
- They/them/theirs (Shea ate their food because they were hungry.) This is a pretty common gender-neutral pronoun and it can be used in the singular. In fact, "they" was voted as the Word of the Year in 2015.
- Ze/hir/hir (Tyler ate hir food because ze was hungry.) Ze is pronounced like "zee" can also be spelled zie or xe, and replaces she/he/they. Hir is pronounced like "here" and replaces her/hers/him/his/they/theirs.
- Some people use their name instead of pronouns (Ash ate Ash's food because Ash was hungry)
- Mx. / "mix" or "schwa" / – *noun* : an honorific (e.g. Mr., Ms., Mrs., etc.) that is gender neutral. It is often the option of choice for folks who do not identify within the gender binary: Mx. Smith is a great teacher.
- Never refer to a person as "it" or "he-she". These are offensive slurs used against trans and gender non-conforming individuals.

What if I make a mistake?

- It's okay! Respond right away saying, "Sorry, I meant (insert pronoun)"
- If you realize your mistake after the fact, apologize in private, move on
- Avoid going on and on about how bad you feel, or how hard/confusing it is for you to get it. It makes the person who was misgendered feel awkward and responsible for comforting you, which is not their job.
- It is ok to gently correct a friend who misgendered another person by saying something like "Alex uses the pronoun she," and then moving on.
- You can also first check in with the person by saying "I noticed that you were getting referred to with the wrong pronoun, and I know that that can be really hurtful. Would you be okay with me reminding them about your pronouns?"

International Pronoun Day is on October 17

Adapted from Lesbian, Gay, Bisexual Resource Centre <https://uwm.edu/lgbtrc/support/gender-pronouns/>

Slide 15

De-escalation and Case Scenarios

Facilitator's notes: See hand out: Addressing challenging behaviour. Ask group to come up with their own scenarios

Slide 16

Structure of a P.E.A.C.E Project

Example of session plan

Facilitator's Notes: BREAKING DOWN EACH SECTION

- o Check in/meditation

Purpose of the check in and meditation: The check in is important as it allows the group to feel **welcomed** and allows you to **assess where they are at** that day/evening. While it is the peer mentor's role is to set the tone for the group, as a leader who also follows, it is also your role to read the room and understand when a group may be experiencing low energy, stress, anxiety, grief, confusion, etc.

The meditation grounds participants in the space and in their bodies. It is a chance for participants to let go of their day, worries, and stress and be fully present for the session. It is also a chance for them to relax, pause, and recharge.

- o Icebreaker activity

Purpose of icebreaker activity: The main purpose of the icebreaker activity is to **introduce the week's topic** to the group and **explore individual relationships** to the topic. It is also a chance for participants to **share** some of their lived experience, first-hand knowledge, and may be the first time they have had the opportunity to critically examine the topic at hand.

- o Break

P.E.A.C.E Project breaks are 15 minutes and occur about half way through the 2-hour session.

- o Core Activity

Purpose of the core activity: The core activity provides a chance to connect to the session topic/theme on a deeper level, either through an arts based activity or a group discussion. Core activities tend to be cathartic in nature and promote a continued level of self-awareness and safety around the topic.

- o Check out/meditation

Purpose of the check out and meditation: Similar to the check in, the check-out is important to gauge where the group is at. How did the session go? How has exploring the session topic affected them? What have they learned? How do they plan on integrating elements of this topic into their daily lives?

The meditation ends the session on a mindful and reflective note, re-grounds participants in their bodies and the space before they head out.

Slide 17
Understanding Session Topics

Session Topics

- *Personal Identity, Introduction, Space Agreement Social Identity / Gender Stereotypes*
- *Identifying Strengths and Needs Nutrition*
- *Gender Identity / Self-Acceptance Consent, Sexual Health, Boundaries Coping with Stress*
- *Perceived vs Real Fear Healthy Relationships*
- *Mental Self-Defence/Sex-Trafficking Awareness Body Image and Physical Health*
- *Grief*
- *Emotional Literacy*
- *Final Session: Celebration!*

Slide 18
Process of understanding each topic

- Peer mentors are sent a session overview and educational resources the week prior to session
- We want your feedback!
- Session planning with Maggie approx. 1 hour before session
- Self-educate if the topic interests you
- Communicate if a topic is triggering for you so another PM can take the lead

Facilitator's Notes:

Peer Mentors are sent an overview of the session and educational resources the week prior to the session. It is the expectation that you will read over the session plan, give us your feedback/questions/concerns if you have any (we will *a/ways* incorporate your feedback into an updated session plan unless we have good reason not to), and study the resources provided so you are well versed on the topic

Prior to the session, you will meet with Maggie to run through the session and answer any questions/concerns you might have. These questions should be minor as major concerns should be addressed prior to this point

We encourage you to dig deeper into topics that interest you (on your own time). The better understand the topic, the better facilitator you will be!

We also encourage you to communicate if you feel a topic is triggering for you. We can always have your co-mentor take the lead on this topic.

Slide 19

Admin: Compensation, Logging Hours, Communication with Staff, etc.

HPC to go over compensation/hours work, expected number of hours per week, how to communicate grievances etc.

Slide 20

Meditation and Check-out

Check Out Activity:

Write down three things you learned in today's session and share with the group

Slide 21

Thank you!

APPENDIX B: Group Forms

New Participant Sign Up Sheet ~ *Getting To Know You* ~

Contact Information

Name	Pronoun	Phone #	E-mail

Would You like text or email reminders about the group? Yes_____ (circle one) No_____

What would you like to get out of P.E.A.C.E. Project?

Example: make new friends, learn about self-care. There is no right or wrong answer

Allergies/dietary restrictions:

You will benefit more from P.E.A.C.E. Project by attending consistently

Do you think you're able to attend sessions regularly?

Yes_____

No _____

Maybe ____

What you would like to learn more about?

Physical

- ___ How to get better sleep
- ___ How to get into an exercise routine
- ___ How to make nutritious meals

Emotional

- ___ How to seek/ask for mental health support
- ___ How to recognize and cope with various stressors in life

Financial

- ___ How to save and budget

Environment

- ___ How to live an eco-friendly lifestyle (reuse, make natural cosmetics)

Spiritual

- ___ How to have a deeper connection to myself
- ___ Deepen my sense of purpose and direction

Career

- ___ Explore and access new academic/career opportunities

Relationships

- ___ Recognize healthy relationships and how to maintain them
- ___ Learn about different cultures, values, beliefs
- ___ Learn about gender identities, sexual orientation, gender expression

Adapted from Wellness Self-Assessment by Craig Coleman & Rebecca Schlegel (1/22/14) Source: <http://www.tritechsc.org/wellness/>

Rights at P.E.A.C.E. Project

At P.E.A.C.E. Project, You have the Right to...

- Treat others and be treated with respect and dignity regardless of; age, gender identity, sex, sexual orientation, religion, ethnicity, race, citizenship, class, education, physical and/or mental abilities;
- Be referred to by the pronoun and name you share with us;
- Confidentiality within limits of the law (breached when you disclose that you or a person 16 years of age or under is at a risk to self or others);
- Learn new information about health and wellness
- Be included in discussions, activities, workshops, outings and events;
- A space that is non-judgmental and as safe and comfortable as possible;
- Self-determination, you choose when you want to share;
- Transportation fare to and from program, healthy meal during program
- Know the names, positions and roles of Peer Mentors and Health Promotion Coordinator
- P.E.A.C.E. Project is not a replacement for therapy, counselling or medical care

Confidentiality Agreement

I, _____ understand that the purpose of this agreement is to protect both the group participants, peer mentors and facilitators of the P.E.A.C.E. Project from a breach of confidentiality during and outside of the group sessions. I agree to keep confidential the specifics of my discussions and what information is shared and observed during groups and meetings. The Health Promotion Coordinator, Peer Mentors and Participants will maintain all persons' privacy unless a breach of confidentiality is required as per Duty to Report law.

Signature of Participant or Peer Mentor:

Date:

Witness:

Date:

Engaging Participants through leadership and group ownership:

To participants: we encourage everyone to take a turn leading a small activity. It can be a question, an exercise, art, a video, a poem, a recipe, anything! This group is not where staff teach and group members listen. Everyone's experience and knowledge is useful! We want each one of you to OWN an activity and lead us through it. Topics and dates are listed on the sheets on the table along with examples and resources. Please choose one date and a topic you would like to lead. If you don't have any ideas now, that's okay. You can brainstorm and get back to us. But please still put your name down so you are slotted in. Session sign up template samples:

P.E.A.C.E. PROJECT Session 7

FEBRUARY 25th: FOOD AND MENTAL HEALTH

How does what we eat impact our mood?

NAME	IDEA/ACTIVITY FORMAT
Ex/ Maggie	Ex/ Check-In Question: Get everyone in the group to go around and share a healthy food or recipe that they love and why it makes them feel good

Topic/Ideas:

- Specific foods and why they are good for your mental health
- How does food affect your mood?
- Favourite healthy foods
- Why do we eat (other than hunger)?

Activity Formats:

- Games
- Sharing

- Discussion questions
- Check in Question
- Recipes
- Activities (art-based, worksheets, games, exercises, meditations)
- Poems/Quotes
- YouTube videos

Resources:

- Google “Super Foods”, “How Foods Impact Your Mood”, “Nutrition Guidelines”, etc.
- Your brain! Get creative with how you share information and learn from one another
- Use info sheets provided

Safety Plan - Youth Worker

Medical Emergency

- Stay with affected youth to support (CPR)
- Call 911
- Ask group to calmly collect their belongings and wait at McGill reception
- Walkie Res (Channel 1) or ROP (Channel 2) for extra support
- Allow group back into space when youth is stabilized or taken to hospital

Mental Health Crisis

- Youth may have trouble breathing and/or be disassociating
- Group to relocate to McGill reception (staff to retrieve belongings), peer mentors to inform security of incident
- Stay with affected youth until staff arrive, youth not to intervene
- Call 911 explain it's a mental health crisis (mobile crisis team)
- Walkie Res (Channel 1) or ROP (Channel 2), "can I get staff support in the Employment Centre"
- Walkie Malfunction: Deploy youth to security at McGill reception to call for extra staff
- No Security at McGill Reception: Peer Mentor to Buzz ROP using the blue button outside McGill reception

Triggered Youth – No Crisis

- Follow youth outside, check in if your support is needed or prefer a break on their own
- Sit and listen, allow youth to talk, guide breathing, sensory box
- Check in at the end of session

Follow Up

- Notify Health Promotion Coordinator of incident
- HPC will contact group members the following day via text/call
- Debrief crisis incident witnessed by group at the beginning of following session
- Document a mental health crisis and notify consistent worker of triggered youth

DISCLOSURE PROTOCOL

Due to the culture and content of P.E.A.C.E. Project programming, Peer Mentors and participants may find themselves recipients of their peers' personal disclosures which can include traumatic experiences, sexual or physical abuse, intimate partner violence, immediate threats to safety, mental health challenges or crisis. With this in mind, the Disclosure Protocol outlines protective measures and supportive practices that peer mentors and youth workers can implement to address youth safety with disclosures during P.E.A.C.E. Project sessions.

Why Youth Disclose and How It Relates to P.E.A.C.E. Project Programming

The Power of Peers:

Peers have an incredible gift when it comes to the power of establishing trust. Their similarities in age, background and lived experiences make their relatability incomparable to service professionals. The P.E.A.C.E. Project establishes an inclusive and predictable environment which can aid in developing authentic connections with peers. When a safe and supportive space is created, youth are more likely to share their voice and lived realities with others in the group.

Relatable Content:

Peer Mentors and Youth Workers must keep in mind that when youth take part in educational activities that provide insight on their personal lives, it is common that they will make connections to their own lived experiences. P.E.A.C.E. project sessions cover material that address mental health as well as real issues surrounding self-identified women, racialized, trans or LGBTQ youth. Topics include themes surrounding social justice, gender equality, relationships, sexuality and gender-based violence. With topics that are relatable and empowering, facilitators must be mindful that the content of some sessions can be both cathartic and triggering for participants.

Trauma-Informed Practice in Managing Disclosures

Empowering Youth Through Education

Educating youth about boundaries such as the when, why and how to disclose empowers participants with their choices of disclosure. They can decide when to disclose, how much they would like to reveal and to whom they feel safe sharing their experience with. Some may decide that their reason to disclose is to break the silence, deepen their relationships or to protect themselves against immediate threats to their safety. The reasons why people disclose vary greatly and choosing the appropriate time, people and place can enhance the outcome of their disclosure.

Understanding Professional Boundaries and Keeping Open Communication

Youth Workers should support youth within their scope of practice and training. Their role is to intervene and provide support to mentors and participants, refer youth in crisis to appropriate services, communicate with the agency's support staff, document incidences (if needed) and insure follow up with the disclosing youth. Peer Mentors are knowledgeable of their professional boundaries and role as a non-judgmental supportive peer. They are responsible for reporting concerning disclosures with the Youth Worker supporting P.E.A.C.E. Project sessions. Peer Mentors are

encouraged to discuss freely with the Youth Worker any ongoing and practical considerations and concerns they encounter when facilitating groups.

Preparation:

It is recommended that Youth Workers refer to their agency's policies and protocols to safely address the unique needs of youth disclosing current human trafficking and gender based violence experiences.

Prior To Session Term

The Disclosure Protocol is reviewed at the beginning of employment and revisited throughout the Peer Mentor's involvement in the program. All Peer Mentors are trained in trauma informed practice and bring this awareness in facilitating activities that are mindful of the experiences of participating youth.

Establishing the Purpose and Function of P.E.A.C.E. Project Group Session

At the beginning and throughout the term, Peer Mentors will communicate that the group meets regularly placing a clear emphasis that sessions are for educational and social purposes only. From the beginning of the term, Peer Mentors will establish their responsibility to report disclosures of harm or abuse to the Youth Worker on staff. Peer Mentors collaborate with participants on ground rules to set confidentiality and respect for others' opinions and experiences.

Insuring Safety and Additional Measures

The Coordinator and/or Youth Worker should keep an up-to-date counselling services and contacts list for youth in the city and the designated agency where the programming takes place. This should be a printed document on hand to share with youth in distress. Should a youth be in crisis or additional support required, the Youth Worker or a staff should establish a method of immediate contact with the designated supervisor or support staff within the agency. For some programs, a walkie talkie or a room buzzer is provided to connect directly with agency staff.

Session Content Considerations

Sessions that touch upon sensitive topics need to take a trauma informed approach prior to facilitation. Participating youth are informed of the topics before (via calendar of sessions and text messages prior to the start of session and choose if they would like to be present for the session or not. It should be communicated to participants that youth who wish to disclose current safety concerns (ex. physical, sexual abuse or trafficking) should speak with the Youth Worker or a caring staff member during a time that respects their privacy. In addition, Peer mentors should also explicitly remind youth about upholding the confidentiality and respect agreement created among participants.

Responses to Disclosure

For many people, disclosing traumatic experiences and/or current challenges is a way to cope, heal and find support, but it can also be anxiety producing and traumatic for both the person disclosing and recipient. How a recipient reacts and responds to a disclosure has a powerful effect for the person disclosing. While Peer Mentors are not mental health professionals, they *can* provide comfort and validation through their role as a non-judgemental and caring peer. Below are five guiding phrases that can help mentors and youth workers support participants who share adverse and traumatic experiences:

You are brave to come forward

I believe you

I am sorry you experienced this

It's not your fault

There are people who can help

Active Listening and Supportive Strategies for Peer Mentors and Youth Workers

Do not ignore, interrupt or stop the participant during disclosure

Validate their feelings about the situation

Normalize their experience. Let them know that they are not alone and that many youth have had similar challenges

Ask the disclosing youth if they are receiving professional support for their situation. (Please note: for some cultures or groups of youth, peer mentors need to be aware of the stigma associated with admitting to receiving help).

If the young person is ok with this, invite thoughts from group *This must be facilitated carefully in regard to appropriate reactions from peers (example: victim blaming)

Encourage the youth to further connect with the Youth Worker in a separate space or after the session, should they wish to discuss their experience further

Diffuse the situation where appropriate, you can relate the participant's experience to the general topic being discussed or call for a break

The Youth Worker's Collaborative Role During Disclosures

During youths' disclosures the Youth Worker plays a crucial role in obtaining information to assess the youth's immediate safety. The Youth Worker may contribute to the group's conversation through asking questions or connecting with the participant one-on-one. They are to consider the following in their assessment:

Is the disclosure about current or past abuse?

Is there immediate risk?

What are the young person's feelings about the experience?

Do they want or need to take any action today? Do they want to report it or tell anyone?

How have they dealt with the situation in the past to keep safe? Did it work?

Do they know anyone who can help?

Additional Active Support Strategies for Youth Workers Managing Disclosures and Discussions

If needed, ensure containment by educating the participant about the safety of over disclosing a traumatic experience. Encourage them to speak with a trained professional and have contacts on hand. Enforce the boundaries of the group should the disclosure become an all encompassing focus of the discussion; this can be through a scheduled break, redirecting the conversation or encouraging the youth to speak to a staff member in private. Ensure that the youth will receive support for their disclosed information through referral or communication with agency staff.

After Disclosures

Youth Workers have a duty to make sure all participants and peer mentors feel safe after heavy hearted disclosures. They can accomplish this through:

Checking in with how group members are feeling after the disclosure or before the close of the session. Encourage participants to connect with the Youth Worker or caring staff if they are triggered by the session's disclosure and conversation. Practice a grounding activity such as meditation or guided breathing.

Reflective Practice Debrief

An ongoing commitment to strengthening group facilitation and ensuring the wellbeing of mentors and youth workers can be enhanced by regular check ins. After disclosures of trauma or crisis, the team should debrief to discuss their feelings, uncertainties, reflections as well as suggestions for strengthening their work and service as a team. Appropriate follow ups should be in place. This can include, hosting a session to further educate youth on the disclosed topic, bringing in a mental health or crisis professional to speak with the youth, or providing further education and training to peer mentors to enhance their practice.

We want to thank authors of the following sources that informed and guided the creation of the P.E.A.C.E. Project Disclosure Protocol:

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- Cash, R., O'Donnell, M., Varker, T., Armstrong, R., Di Censo, L., Zanatta, P., Murnane, A., Brophy, L. & Phelps, A. (2014). *Trauma and homelessness worker guidebook*. Australian Centre for Posttraumatic Mental Health, Sacred Heart Mission, Mind Australia, Inner South Community Health and Vincent Care Victoria. 1-58
https://www.vaada.org.au/wp-content/uploads/2019/03/trauma_and_homelessness_initiative_worker_guidebook.pdf
- Griffing, Z.A. (2016, May). *Managing student disclosures in a classroom: Tips of fostering appropriate personal disclosure in class*. American Psychological Association <https://www.apa.org/ed/precollege/ptn/2016/05/student-disclosures>
- Pana, A. & Stalo, L. (2012). Youth 4 youth: A manual for empowering young people in preventing gender-based violence through peer education. *Mediterranean Institute of Gender Studies*.
https://medinstgenderstudies.org/wp-content/uploads/Y4Y-Manual_digital_v12.pdf

Procedures for Ensuring Participants' Immediate Health and Safety

& Interviewer Security and Safety

Because the questionnaire asks participants questions regarding their personal and health history, it is possible that some participants may experience some mild negative responses, such as sadness or regret, or in some instances identify an unresolved health need. In rare cases, participants may experience emotional upset, and even less frequently, lapse into crisis (i.e. pose a threat to themselves or others). We have a protocol for dealing with such situations and we will train all interviewers who will be interacting with study participants in this protocol.

Protocol for interviewers will be as follows:

- If interviewers identify participants as being at least mildly upset, interviewers will ask participants if they want to skip questions, take a short break, discontinue the interview or continue at a later date, or if more upset, withdraw from the study.
- In cases that participants would like to take a short break or skip the questions, interviewers will comply with the request.
- In cases that participants want to discontinue the interview and continue at a later date, interviewers will schedule another appointment with the participant.
- In cases that participants want to withdraw from the study, interviewers will thank them for their time and provide them the honorarium
- In cases where a participant is experiencing emotional upset, the following procedure will be followed.
- If a participant indicates that they are feeling that they require assistance, interviewers will ask the participant if they would like them to call either a clinician, crisis intervention centre or 911 for assistance.
- If the participant states they would like the interviewer to call for assistance, s/he will stay with them until assistance arrives and will contact the Research Coordinator to inform them of the situation. The Research Coordinator will travel to the respective interviewer's location to assist if needed.
- If the participant states that they do not want anyone to be called, interviewers will ask them if they would like to continue the interview and do so accordingly.
- If at any point the interviewer feels that her/his safety is compromised, s/he is to leave the location immediately, using any exit strategy that s/he feels is necessary.

In case Participant expresses suicidal plan or attempt

- Ask participant to explain what their suicidal plan is and do not let the participant leave.
- Contact Research Coordinator and inform them of the risk. While RA engages in conversation with participant, Research Coordinator to contact psychiatrist, nurse, social worker or appropriate health care professional to conduct a suicide assessment risk.

If participant expresses harm at place of residence

- Ask participant for details of potential harm in her/his place of residence.

- Contact PEACE health promotions coordinator or participant's case worker
- Ask participant if the PEACE health promotions coordinator is aware of the potential harmful situation and if not, if the participant feels comfortable talking to the PEACE health promotions coordinator

Procedures for Ensuring Participants' Confidentiality

Interviews will only be conducted in a private setting. Before beginning an interview, interviewers must remind participants that the interview must be conducted in a private setting. The participant will be free to reschedule (or relocate) the interview to a time that may be more private, convenient and safe. Interviewers will avoid asking participants to answer questions in front of others in order to maintain confidentiality. If participants have visitors, the interviewers will ask participants if it would be preferable for the interviewer to return. Even if the participant says that they are comfortable with another person being around, the interviewer must indicate that some of the questions may be of a personal nature and that privacy is necessary for the completion of the interview. If the participant objects, ask to reschedule (or relocate) the interview to ensure privacy.

Circumstances Involving the Identification of Intimate Partner Violence (IPV)

The act of revealing details of abuse to someone outside the family can expose participants to further risk. For these reasons, it is critical to maintain the confidentiality of information collected during the interview. It is important that interviewers stop the interview immediately when a third party enters the room, the interviewer is to remind the participant that they cannot continue the interview until they are alone. Once the third party has exited the room, the interviewer is to ask the participant if they feel comfortable continuing the section and give them the option to fill out a paper copy of that section. This is given as an option in case the participant fears that their partner may over hear them answering the questions.

If a participant becomes distressed or asks the interviewer for help in overcoming their situation, the interviewer should consult the list of resources on IPV and identify one or more organizations where victims can seek shelter, counselling or any other kind of help which is closest to the neighbourhood in which the participant resides. The interviewer will also offer to speak with the PEACE health promotions coordinator with or on behalf of the participant to flag this issue. If the participant asks for assistance in contacting resources, the interviewer may stay with the participant while they make the appropriate calls. Please note that if the participant asks the interviewer to call the police for them, the interviewer can fulfill this request. If the participant does not ask for help, but intimate partner violence is suspected, the interviewer is to ensure that they explain the relevant resources in the brochure at the end of the survey with the participant. This is to be done very casually and not in a way that leads the participant to believe the interviewer thinks they need to use the resources. In order to do this, when you are explaining the brochure at the end of the interview, make sure you point out relevant resources and inform the participant that they "might find these resources helpful".

Health care professionals/providers and staff affiliated with Center for Addiction and Mental Health are not obligated to report suspected or verified partner violence. Accordingly, interviewers will not report the situation unless the participant asks for assistance.

Circumstances Involving Verified or Suspected Child Abuse

Any suspected incidences of child abuse must be documented in an incident report and passed on to the Research Coordinator immediately. If a participant indicates that a child they know

is being abused by them, a partner/spouse, or any other party, or if you come into contact with a child that you assume is suffering from abuse, interviewers will be instructed to pass this information on to the Research Coordinator right away.

Circumstances Involving Verified or Suspected Elder Abuse

If a participant indicates that an elderly person they know is being abused by them, a partner/spouse, or any other party, interviewers will be instructed to document and pass this information on to the Research Coordinator right away.

Documenting Incidents

If a problem should arise during an interview please document it on the following form and return it to the Research Coordinator as soon as possible. You will be given one of these forms with your interview package for each interview you conduct.

Procedures for Ensuring Interviewers' Safety & Security

Procedures will be in place to ensure the security and safety of all interviewers. Whenever possible, interviews will take place at the Center for Addiction and Mental Health property. For interviews that take place outside of this location, interviewers are required to call the project phone line at the beginning and ending of each interview. Interviewer calls at the beginning of each interview will be made in the presence of the participant in order to maintain transparency. The Research Coordinator will maintain a schedule detailing upcoming interview times, locations, and the names of interviewers assigned to each of the interviews. This mechanism will keep the study team aware of interviewer locations at all times. Though the project cell phone should be used for all study-relevant calls, interviewers can use their personal cell phones to confirm interviews with participants if the project phone is unavailable. When using a personal phone, it is required that they use the Call Blocking feature; this call blocking feature allows you to prevent your name and number from being displayed on the current outgoing call.

Additional protocols will ensure the safety and security of project interviewers for interviews taking place outside of the field office and include the following:

Preparing & Planning the Interviews

The Research Coordinator will discuss with the study service providers any particular concerns or strategies for individual participants.

Each interviewer will be equipped with a project cell phone. This phone will ONLY be used for project purposes. Interviewers should always use the project cell phone for communication with the participants if necessary. This way, the project number can be traced but the interviewers themselves cannot be.

If, after setting up an appointment, interviewers feel uncomfortable conducting the interview alone, they will be directed to speak to the Research Coordinator and arrangements will be made for them to be accompanied.

Once an interview has been set up, the interviewer will be contacted by phone or email with the date, time and location of the interview.

Interviewers should not accept any food, beverages or gifts from participants. To avoid potentially insulting the participant, interviewers are to bring their own bottle of water to drink throughout the interview. However, food should never be consumed during an interview.

Safety & Security While Conducting Face-to-Face Interviews: Tips for Interviewers

Beware of dogs or other animals at the door. Do not enter the premises until the participant has removed a barking dog to another room. Placing your foot at the bottom of a screen door will often prevent a dog from lunging at a door and pushing it open.

When entering an apartment or other multi-residential building, make note of the location of the building superintendent. Similarly, when entering a shelter, note where reception and/or security staff are located. Also make a note of the locations of fire exits.

Observe how the front door lock operates, so that you could let yourself out if necessary.

Sit so you are closer to the door than the participant.

Always keep a cell phone next to you during an interview. You must answer your phone if CAMH is calling you, even if you are in the middle of the interview.

Email the PEACE health promotions coordinator to inquire about any known safety concerns when conducting an offsite visit. If there are known safety concerns, bring a second REB approved research personnel to the offsite visit. Do not schedule offsite visits with safety concerns in the evening. If participant is female and second REB approved personnel is unavailable, follow the check-in/check-out protocol.

If the interviewer feels uncomfortable anytime during the interview and feels that their safety is being compromised, they are to inform the participant that they ***forgot the paper and pencil part of the survey*** and cannot continue with the interview.

Use extreme caution if faced with violent or intoxicated participants. Leave immediately, fill-out an incident report and report the case to the Research Coordinator. If a participant becomes belligerent during the course of the interview, end the interview early by stating that you ***forgot the paper survey***, do everything to avoid provoking the participant and leave the premises. Then call the Research Coordinator and the police if appropriate.

Participants should be paid once the interview is completed. If an interview is terminated before completion the participant should be fully compensated, especially if the participant is agitated or aggressive. If an interview is terminated in this fashion it is often best to feign interview completion rather than to disclose premature termination.

Interview times will vary in length at different points in the study. If the Research Coordinator has not received a telephone call from you indicating the completion of the interview within thirty minutes of the expected completion time at the point you are interviewing, s/he will set in motion the emergency procedures as listed below.

The study team will be on-call during all hours that interviewers are in the field conducting interviews.

STANDARD EMERGENCY PROTOCOL

Incident Report

General information	
Interviewer Name:	
Participant ID:	
Description of the event	
Date of Event (MM/DD/YYYY)	Time of Event:
Date Reported	Time Reported
Location of Event:	

What happened? (Description of the event and how it occurred)

Were you injured? (Description of injury, including parts of the body)

What factors contributed to the event?

How could the event have been avoided?

Peer Mentor Program Experience Interview Summary

Intention and Structure:

In wrapping up the 2020 winter to spring term, six peer mentors completed exit interviews with their youth worker regarding their experiences and involvement in the P.E.A.C.E. Project. Each interview took place via Zoom and was a series of open ended questions surrounding the mentors' personal experiences and perspectives on their participation, growth and leadership within the program. Peer mentors were also invited to share opinions on youth engagement and program content. They were given the option to have their interview recorded for note taking purposes and to opt out of questions based on their level of comfort.

Peer Mentor Involvement:

"Out of every program I have ever been to, I tried to attend the P.E.A.C.E. Project the most because they would always talk about relationships and things that were actually going on in your life. It's very personal to be in an environment like that and to have conversations that I have never had before"

Out of the six peer mentors interviewed, five were directly recruited from the community agencies the P.E.A.C.E. Project served with one mentor's involvement through Ryerson University's community and social service program. Four of the six mentors were originally participants who took on their mentorship role as their involvement in the project progressed. Time of service of being a peer mentor ranged from five months to five years.

Peer mentors disclosed that their reasons for becoming a mentor included a passion for women supporting women, contributing to and experiencing a safe space and sense of community, the novelty and importance of topics surrounding healthy relationships, and wanting to take on a mentorship role for youth going through similar challenges. Three mentors highlighted that they began participating in P.E.A.C.E. Project meetings as a method to combat a personal struggle with a mental health or life circumstance.

Learning Outcomes:

In measuring learning outcomes, all peer mentors were asked the following three-part question. *What have you learned about leadership, mental health and healthy relationships?*

Leadership:

"I'm one person but my voice matters"

On reflecting on their leadership experience within the P.E.A.C.E. Project, peer mentors reported unique learning outcomes that impacted their personal development. Three mentors mentioned that taking on their leadership role helped them face anxieties and emotions that they once experienced in social settings. They were able to reflect on their growth through their current abilities to facilitate activities for diverse groups of youths. Others felt that their years of mentoring within the P.E.A.C.E. Project enhanced their ability to support people going through difficult life experiences. One mentor highlighted the valuable work experience she was acquiring as a recent graduate of child and youth care.

Mentors who were once participants noted a slight challenge in taking on their role as a mentor and navigating the new dynamic with fellow peers. One mentor stated that she believed her prior service contributed to the program not being as successful at one of the locations as she had fellow peers who shared a common history. On the other hand, another mentor noted that her personal experiences within the population she served made her more relatable and able to build a trusted rapport.

Some mentors noted that navigating facilitation was a personal and ongoing learning experience that involved creativity and teamwork. This included adapting programming to different personalities, balancing participant sharing while maintaining a timeframe and managing relationship dynamics amongst participants. A common theme that was reported amongst mentors was that leadership is a group experience and the role of their mentorship within the P.E.A.C.E. Project was to take a step back to let their peers have the opportunity to share their voice.

Mental Health:

“It’s ok to not be ok”

“When someone has mental health issues, it’s not something that that person should be ashamed of.”

Peer mentors highlighted the underlying theme of mental health throughout their growth within the program. The most notable lesson was the importance of self-care and maintenance of wellbeing. Half of the peer mentors highlighted that the content of programming and the diversity of youth and facilitators who attended sessions helped them develop a greater understanding and acceptance of people struggling with mental health and addiction. With this in mind, they felt a shift in their perceptions about their own mental health and that taking care of their mind was something not to be ashamed of but instead a life skill to enhance their overall health.

Healthy Relationships:

“No means no”

“It’s ok to let go. Forget and forgive bad relationships.”

“When you live with any type of abusive person you get to a point when you start thinking that some things they do are normal. While I knew that the abusive relationship was wrong and I knew a lot of things that they were doing were wrong, there would still be small things where I would think ‘this is a normal experience and that these things happen in everyday life and in every relationship’. But then the more I did these workshops and explained to people about healthy relationships~~ I realized myself that a lot of these little things that I thought were normal and common were not as common”

The topic of healthy relationships was the main reason for some of our mentors’ involvement with the P.E.A.C.E. Project. All mentors agreed that the activities and discussions in the P.E.A.C.E. Project around relationships inspired them to take ownership of their past and current experiences and examine areas that they felt they should work on. Amongst lessons that stood out, the neurological ties to relationship patterns were noted as insightful information that could be applied to their own lives. Forgiveness, consent and the idea of relationships as learning and growing opportunities were also key themes that stood out for the mentors. The “Stay, Talk or Go” activity was a specific activity that mentors enjoyed facilitating as it evoked natural conversation amongst peers and mentors.

Teachable Moments and Memorable Experiences:

“The power of sharing with groups of people creates new hope”

There were several notable experiences that the peer mentors felt stood out for them. Overall, the sense of community that the project created amongst mentors and peers was memorable within itself. Attention to detail and the ability to create and adapt activities to the unique identities of the participants was the driving force for one of the mentor’s longevity with the program. Witnessing a peer grow into a mentorship role and move from being anxious to a confident leader stood out for another peer mentor.

Half of the mentors noted that guest speakers were a highlight to their learning experience. They were particularly fond of a personal trainer that shared her past history of an eating disorder and a service provider who overcame a life of addiction and sexual exploitation. The guest speakers brought on a sense of hope and personal empowerment for peer mentors to overcome their own life circumstances.

Program Reflection:

Peer mentors were asked questions to illicit critical feedback and suggestions on program content, youth engagement, peer mentorship training as well as 2020’s term and COVID 19.

Program Content:

All peer mentors agreed that the current content within the P.E.A.C.E. Project is crucial in reflecting the program’s mission. When asked what they would like to see more of, half emphasized that there should be more workshops and activities that focus on healthy relationships. Examples included repeating activities on setting boundaries, red flags, codependency as well as going into the scientific explanations for relationship patterns. Education on trauma and healing was another suggestion from one of the mentors who suggested that learning about ways to manage or make peace with difficult life experiences would be beneficial for the youth populations we serve. Another mentor suggested that creating empowerment should take the form of developing life skills that promote independence such as budgeting and cooking. One peer mentor highlighted that they would like more participant feedback to make a suggestion on content.

Program Attendance and Engagement:

A few mentors noted that attendance and the transience of participants were challenges to programming. After planning an activity or workshop, the ability to run the specific activity on another day would sometimes be forfeited due to the busy schedule planned for the term. With this being said, while attendance was a challenge, the peer mentors agreed that participants who showed up were fully committed and “all in” adding to the sense of community and predictability. In addition, the peer mentors felt that their support for one another as a team was one of their strengths in handling such challenges.

Two of the mentors with histories of lived experience within service agencies mentioned that having P.E.A.C.E. Project meetings in a neutral community space such as a library or community centre would possibly enhance youth engagement and increase the volume of participants. They pointed out that youth who are consumers of shelter services often desire experiences that are removed from the shelter label. They also suggested that a neutral space may promote the program to a wider spectrum of youth thus enhancing program participation.

Another suggestion for youth engagement was to emphasize “peer-led” and “safe space” by lessening the staff presence at some of the locations. This idea supports that natural conversations between youth and the confidentiality of the program is often muted through having agency staff members present.

In addition, experiential activities were also suggested as a possible way to draw participant attendance and engagement. Outings, arts based workshops and sports based activities would appeal to the diverse youth population the program serves by providing opportunities to engage different strengths, learning styles and personalities of potential participants.

Mentorship Training:

Out of the six mentors who facilitated sessions for the term, five of the six had received some form of training provided by the P.E.A.C.E. Project. Half of the mentors reported that their training on mindfulness helped them with their facilitation practice but also in their personal self-care. The activities they experienced within the training were applicable in the leading of mindful activities and community building within the P.E.A.C.E. Project. Of the three who experienced this training, all reported that they would like to have a refresher. In addition, understanding trauma informed care helped mentors apply effective communication skills while navigating their leadership roles within their peers.

While all six mentors reviewed how to manage disclosures with the P.E.A.C.E. Project youth worker, having a formal training on how to assist peers with mental health crisis or difficult disclosures was an area that they would like to focus more on for up-coming terms. Some of the suggestions included suicide prevention, mental health first aid and supporting those experiencing intimate partner violence.

COVID-19 and Youth Voice

The emergence of the COVID 19 pandemic posed challenges and advantages to programming. Participants and mentors did not have the opportunity for closure and programming was forced to move to an online platform. With this in mind, the mentors felt that COVID provided the opportunity to start creating their own content through an Instagram account. A few of the mentors felt that this enhanced some of their planning and presentation skills as they were able to have more control of the topics they chose. In addition, the shift to social media and zoom meetings connected peer mentors from different locations to share their ideas, learn from one another and work collaboratively. One mentor suggested that moving forward, having the opportunity to co-create and plan activities was something that she would like to experience more of when the service returns to in-person.

The Big Picture: Personal Journeys and Plans

Each peer mentor reported actively striving to build opportunities for growth and independence. Two mentors have recently graduated university programs and are working towards developing their craft in their field; child and youth care and business. Another two are currently studying post-secondary certificates; one in apprenticeship and the other in yoga teacher training. Two mentors are currently in life transitions with one planning on moving back home to be with family while another is a new mother with plans on studying to become a plumber. With this being said, almost all of the program’s peer mentors would like to carry on their future in the helping field.

Conclusion

The peer mentorship experience within the P.E.A.C.E. Project was intended to educate and inspire young women to build a strong foundation for their body, mind and spirit through learning about wellbeing and healthy social relationships. From day to day interactions with the peer mentors and through the exit interview process, the hidden curriculum made apparent was each young woman's personal sense of empowerment and connection. Themes included rising from challenge to hope, the power of voice and the transformative power of community and friendships.

Interview Questions:

What inspired you to join the P.E.A.C.E. Project? Were you a participant?

How long have you been a peer mentor?

What is one of your most memorable experiences? As a facilitator and/or participant.

What were some of the challenges you experienced as a peer mentor?

What would you like to see different for the terms to come?

What have you learned about healthy relationships/ mental health/ leadership?

What topics should we emphasize more?

What were some of the advantages and disadvantages that COVID-19 brought to the project?

Do you have any suggestions for participant engagement?

What were some of the trainings that you experienced in becoming a peer mentor? Do you have any suggestions for future trainings that you would like to experience?

What are your personal goals for the future?

To **Growing On** with health, purpose and a community.



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