

# PEER-TO-PEER SUPPORT TOOLKIT DEVELOPMENT FOR SURVIVORS OF HUMAN TRAFFICKING: A WORK IN PROGRESS

FAMILY SERVICES OF PEEL
PEEL INSTITUTE ON VIOLENCE PREVENTION
June 2020



### **Table of Contents**

			i
		GROUND	
Literature Review on Peer-to-Peer Support Toolkit for Survivors of HT			
	INTRO	DDUCTION	3
	METH	IODOLOGY	3
	RESULTS		4
	What is Peer Support?		5
	Thematic Analysis		7
	1.	Peer-to-Peer Support Groups to be used in Conjunction with Professional Support	7
	2.	Peer-to-Peer Support Offers Greater Benefit for People Living in Rural/Inaccessible Areas	8
	3.	The Emotional Impact of Peer-to-Peer Support Groups on Participants and Facilitators	9
	GAPS	IN THE LITERATURE	9
	CONC	USION	
Consultation with Rising Angels and Survivors on Peer Support Toolkit development		ultation with Rising Angels and Survivors on Peer Support Toolkit development	10
	RIRI IC	JGRAPHY	12

### **BACKGROUND**

Family Services of Peel - Peel Institute on Violence Prevention (FSP-PIVP) was awarded a three-year project in 2017, named "A Survivor Centered Approach to Build Capacity to Address Human Trafficking in Peel Region" by the Ontario Ministry of Community and Social Services. One of the deliverables of this project was to develop a peer-to-peer support toolkit for survivors of human trafficking with survivor participation. This initiative had several steps in place in order to complete a peer support toolkit for survivors of human trafficking (HT). The steps are as follows:

- 1. Prepare an Annotated Bibliography on a Peer-to-Peer Support Toolkit.
- 2. Prepare a literature review from the Annotated Bibliography.
- 3. Present the findings to the HT Project Advisory Committee and Partners/Survivors.
- 4. Consult with survivors and Rising Angels, an FSP-PIVP Partner.
- 5. Prepare a Peer-to-Peer Support Resource Toolkit with the participation of survivors.

Accordingly, an annotated bibliography was completed on peer-to-peer support toolkits. Then, a literature review was prepared to study the evidence on peer support toolkits for survivors of human trafficking. The findings from the Literature Review were presented to the HT Project Advisory Committee. Survivors and survivor mentors were consulted, as the Project's approach is survivor centered, and engaging survivors of HT in developing the activities is vital to achieve the project results. Consulting with survivors is key to developing the peer-to-peer support toolkit that will help survivors obtain support and guidance from peers who have similar lived experience. Of particular significance was the consultation with "Rising Angels," an FSP project partner.

Rising Angels (RA) is a survivor-led organization that works to bring sex trade education to professionals and the public, and to provide supportive services and safe environments to women exploited by the sex trade, allowing them to experience physical, mental, social and spiritual restoration in their lives. It also provides support services for survivors' families. Based in the Greater Toronto Area, Rising Angels provides training, programs and support across Ontario to help survivors and victims of human trafficking.

The partnership between Rising Angels and FSP-PIVP is a collaborative effort, with both organizations overseeing all the activities developed and implemented in this project. Rising Angels is a member of the Project Advisory Committee that meets quarterly to oversee the implementation of all activities and to provide guidance, participation and support to the project. RA has provided training on how to work with survivors of HT to FSP employees and participates regularly in HT educational awareness training and promotion activities. RA was engaged in developing the survivor Needs Assessment through its outreach to survivors. Knowledge and expertise were provided through in-depth interviews and focus groups. Their participation helped to develop new models and enhance existing peer led initiatives, creating opportunities for leadership among survivors. Rising Angels is also part of the team to develop a peer-to-peer resource toolkit for survivors and a knowledge transfer plan.

A summary of our literature review and the consultation with FSP Partner Rising Angels and survivors is presented below.

Literature Review on Peer-to-Peer Support Toolkit for Survivors of HT

**INTRODUCTION** 

The purpose of this literature review was to convey information and ideas for peer-to-peer support toolkit development for survivors of human trafficking (HT). A literature review is a concise summary of the research that exists on a particular subject. The literature review provides the audience with relevant information about a topic, as well as synthesis and evaluation of the articles (PIVP guide). This review was based on research published by

accredited scholars, completed over the past ten years.

Its focus was to identify existing evidence of the benefits and challenges of peer-to-peer support for people with lived experience of human trafficking (HT). A toolkit is a guide that includes a set of tools and resources to be used together or individually for learning. Peer support is the practical, social, and emotional support between people in a community of common interest. Peer support is unique, offering the kind of support and practical help that one can only gain from those who share similar experiences. There is no "one-size fits all" approach to peer support around the world, but it can be done one-to-one or in groups, in person, by telephone or online. (Kyte, A., Pereira, J., 2018). While there are several types of peer support available, this paper focused on in-person peer-to-peer support groups for survivors of HT. The review informed on the strengths and gaps found in the literature related to in-person peer-to-peer support groups.

**METHODOLOGY** 

The literature review included peer-reviewed scholarly journal articles, case studies, grey literature and toolkits that emphasized the significance of peer-to-peer support groups in general. It focused on survivors of human trafficking and included domestic violence and sexual assault. The review explored peer support toolkits, and studies from global, and mostly North American and Canadian contexts. Selected articles were obtained through databases such as ProQuest, PUB MED, Google Scholar, George Brown College, University of Toronto, and Trent University libraries.

#### Inclusion:

 All study types, from Peer-reviewed articles, grey literature, case studies and toolkit models

• Studies written in the English language and published globally between 2009 and 2020.

#### **Exclusion:**

Literature published in other languages.

### RESULTS

We researched articles related to our subject of interest. Initially, 43 articles were selected as relevant to our literature search. However, only 20 percent of the articles focused, to some extent, on either peer support, and/or care for survivors of human trafficking. A secondary effort was initiated to find articles relating to peer support for survivors of domestic violence and sexual assault, as the experiences are parallel to the suffering of survivors of human trafficking. This search also found a lack of substantial literature to study peer-to-peer support toolkits in general and almost no evidence-based information about their evaluations. Despite the articles' abstracts and keywords, such as "peer-to-peer support groups, peer-support toolkits for survivors, meeting the inclusion criteria, the studies were not absolutely related to women survivors of human trafficking, sexual abuse or domestic violence. A total of fifty-five (55) articles were reviewed for this literature search.

Ample research was found on peer-to-peer support for people with certain chronic medical conditions like cancer, diabetes, asthma, mental health issues, and substance abuse. Peer-to-Peer support toolkits were found to be successful for healing and recovery of people with specific clinical conditions. Finding sufficient evidence that peer-to-peer support toolkits are useful and achieve positive outcomes for survivors of human trafficking was challenging. High-level trauma and re-victimization in these groups were cited as reasons for the non-existence of peer-to-peer support for these populations (Patton, M., Goodwin, R., 2008). There was insufficient evidence in the literature to prove that peer-to-peer support group toolkits help survivors of human trafficking in their journey.

### What is Peer Support?

Peer support is a unique form of social support in the sense that a peer provides it, a person who has a similar lived experience as the person receiving the support (Mason, 2018). A peer supporter offers knowledge, experience, and emotional, social or practical help to other peers who are undergoing a life experience that is similar to their own (Mason, 2018).

Peers have intervened to promote health since ancient times, yet few attempts have been made to describe theoretically their role and their interventions. (Simoni J., Franks C., Lehavot K., Yard S. 2011) After a brief overview of the history and variety of peer-based health interventions, Simoni and other authors developed a 4-part definition of peer interveners with a consideration of the dimensions of their involvement in health promotion. Then, a 2-step process was proposed as a means of conceptualizing peer interventions to promote health. Step 1 involves establishing a theoretical framework for the intervention's main focus (i.e., education, social support, social norms, self-efficacy, and patient advocacy). Step 2 involves identifying a theory that justifies the use of peers and might explain their impact. As examples, the following might be referred to: Theoretical perspectives from the mutual support group and self-help literature, social cognitive and social learning theories, the social support literature, social comparison theory, social network approaches, and empowerment models. (Simoni J., Franks C., Lehavot K., Yard S. 2011). So far, this academic work has not had an impact on the development and implementation of peer-to-peer support for survivors of human sex trafficking.

Support groups described as "health promotion strategies" are with a goal of helping members achieve a state of mental well-being (Williams, A., 2016). Peer-to-peer support groups are led by a peer who has similar lived experiences to participants of the support group they are leading. Peer support groups are unique because they do not include professionals, such as psychologists or counsellors. Instead, facilitators must be trained by professionals in order to provide sufficient assistance to participants (Blanch, Filson, & Penny, 2012). The principles of peer support practice are an individualized recovery plan, empowerment, health promotion, self-care, and open, honest communication (Mental Health Commission of Canada, 2016). Peer support groups are intended to provide a space for healing for all, and when done correctly, they can provide meaningful connections with others, moving towards

overcoming their trauma (Tutty et al., 2017). An issue that has been highlighted in several articles is that peer-to-peer support groups can cause all involved to be re-victimized or re-traumatized due to safe boundaries issues, different stages of recovery, members faith and cultural values. (Patton, M., Goodwin, R., 2008), (Blanch, Filson, & Penny, 2012). Peer support groups provide participants with positive influences from their facilitators who have been able to cope with their traumatic experiences successfully and provide the facilitators further healing by being able to help others who need assistance moving forward (Schultz, 2019; Abraham & Perez, 2017). According to the Mental Health Commission of Canada (2016), the guiding values of peer support are hope and recovery, self-determination, empathetic and equal relationships, dignity, respect and social inclusion, integrity, authenticity and trust, health and wellness, and lifelong learning and personal growth. There is less structure to these groups, and peer facilitators are not as qualified to assist participants when they speak about their experiences (Tutty, Ogden, & Wyllie, 2006). The issue of re-victimization is one that may affect facilitators more than participants, because facilitators are expected to listen and help all who come to them, which can cause them to feel desensitized to the trauma of others (Guthrie, 2013).

On the other hand, for war veterans who have survived intense trauma, similar to the intensity experienced by survivors of human sex trafficking, it is indicated that many veterans become panicked by their flashbacks, and the dread persists after the peer-to-peer sessions. In this study, led by Roger Pitman, Vietnam veterans were asked to repeatedly talk about their wartime experiences. However, Pitman had to stop the study prematurely:

"Because many veterans became panicked by their flashbacks, and the dread often persisted after the sessions. Some never returned, while many of those who stayed with the study became more depressed, violent, and fearful; some coped with their increased symptoms by increasing their alcohol consumption, which led to further violence and humiliation, as some of their families called the police to take them to the hospital." (Kerr 2015)

On the other hand, there is a wealth of literature which seems to indicate that people with lived experience of mental health problems or illnesses can offer huge benefits to each

other. Studies have found that the development of personal resourcefulness and self-belief, which is the foundation of peer support, can not only improve people's lives but can also reduce the use of formal mental health, medical and social services. By doing so, peer support can save money. Canadian research has contributed significantly to our knowledge base. Several experimental and quasi-experimental studies have demonstrated not only the benefits to individuals involved, but also to the mental health system and communities as a whole, by saving millions of tax-payers dollars through reducing the use of the most expensive types of services. (Cyr C., Mckee H., O'Hagan M., Priest R. 2016)

### **Thematic Analysis**

## 1. Peer-to-Peer Support Groups to be used in Conjunction with Professional Support

It is important to know that peer-to-peer support alone cannot help survivors of domestic violence and sexual abuse recover from their trauma. (Blanch A., Filson B., Penney D., Cave K. 2012) Another theme that is emphasized is the importance of including other "traditional" forms of professional support, such as therapy or counselling, in combination with peer support groups (Schultz, 2019; Williams, 2016). Peer-to-Peer support groups are facilitated by other survivors of trauma who do not have a formal background in trauma support. It may prevent survivors from healing, if facilitators are not adequately trained to prevent discussions from being too triggering for participants (Tutty et al., 2017). These support groups aim to tackle deep-rooted trauma that requires a lengthy process of recovery. It would therefore be of greater benefit if peer-to-peer support groups are used as a supplement to professionally-led or traditional forms of support. What makes a peer support group successful is ensuring that these groups are a safe space for participants, allowing them to speak openly and comfortably about their lives and what they face.

Moreover, peer-to-peer support provides participants with a sense of community, especially for survivors of domestic violence and sexual assault (Fearday and Cape, 2004; Tutty et al., 2017). Experiencing trauma can make a person feel isolated from society, especially when

it comes to domestic violence and human trafficking, as perpetrators rely on physical and emotional isolation in order to control their victims. (Murphy C. 2002)

By creating a space for trauma survivors of similar experiences to confide in each other and create meaningful bonds, the survivors become better prepared to confide in each other and create meaningful bonds, the survivors become better prepared to reconnect with society. (Patton, M, & Goodwin, R. (2008).

## 2. Peer-to-Peer Support Offers Greater Benefit for People Living in Rural/Inaccessible Areas

A recurring observation is that peer support groups are used as an alternative for people living in rural areas or areas deemed "inaccessible." Specifically, rural areas are often out of reach for those who do not live in the area; thus, it may be difficult for such areas to have access to professionally-led support groups or counselling services (Patton, 2008). Support services are primarily funded by the government, making them more commonly found in cities or densely populated areas because there is more demand in larger cities. Accordingly, peer support groups move away from the need to hire professionals, reducing barriers around cost. However, with support services in rural areas receiving little financial support, peer-to-peer remains sparse. Although, even in cities, funding for peer-to-peer support groups can be an issue as it may not be seen as an essential service compared to counselling (Abraham & Perez, 2017).

Furthermore, in instances where survivors cannot access in-person support services, either because there are no services where they reside or because it is unsafe to do so, online support groups offer an alternative. Online support groups not only allow those from rural or inaccessible areas to receive support, but they also provide participants with more comfort, because they allow for anonymity (Burrows, 2011). Online peer-to-peer support also accommodates participants who suffer from social anxiety or from physical disabilities that may make it challenging to show up in person. Although, there is little evidence that shows that online peer support displays a similar capability as in-person peer support groups, particularly when it comes to providing community support (Burrows, 2011).

### 3. The Emotional Impact of Peer-to-Peer Support Groups on Participants and Facilitators

A defining characteristic of peer-to-peer support groups is that they are led by other trauma survivors. It is important to consider how impactful this form of support is for both participants and facilitators. Peer support groups are intended to provide a space for healing for all, and when done correctly, they can provide meaningful connections with others, moving towards overcoming their traumas (Tutty et al., 2017). Peer support groups provide participants with positive influences from their facilitators who have been able to cope with their traumatic experiences successfully and provide facilitators with further healing by being able to help others who need assistance moving forward (Schultz, 2019; Abraham & Perez, 2017). Participants may be uncomfortable speaking with professionals and may find that there is a lack of empathy or understanding. Participants of peer-to-peer support have noted that peer support groups offer a more trusting and confidential environment where they can be free to open up and share with others who are understanding of their experiences (Tutty et al., 2017).

### **GAPS IN THE LITERATURE**

Throughout this review process, it has become evident that there is a lack of literature surrounding the topic of peer-to-peer support for survivors of human trafficking, domestic violence and sexual assault. This does not mean that peer-to-peer support itself is ineffective; the benefits of peer support have been established, such as the increase in trust, confidentiality, comfort, and empathy in peer-led support groups for survivors of domestic violence and sexual assault. As previously mentioned, since there is such a high risk of re-victimization, an issue that comes up is that as time progresses, participants leave their peer support groups. This emphasizes the need for consultation by professionals. The role of a professional consultant includes, but is not limited, to training facilitators and providing resources that facilitators can learn from (Tutty et al., 2006). Another point that has arisen is that peer-to-peer support groups often have a low turnout, preventing support groups from progressing and moving forward due to safety issues and emotional drain by other stories. Not only does a low

turnout mean that there are not enough participants to begin with, but it also means that even after attending sessions in the beginning, numbers start to dwindle over time (Tutty et al., 2006).

### CONCLUSION

Considering the gaps that have been identified, this literature review proposes conducting more research, by running peer support groups specifically for survivors of human trafficking, domestic violence, and sexual assault. Most successful peer-led support groups are for substance abuse, mental illnesses, or to aid in the recovery of people facing chronic illnesses/diseases (ex. cancer, diabetes, etc.). These groups provide participants with a space to open up about their experiences. Similarly, more peer-to-peer support groups for survivors of domestic violence and sexual assault could provide survivors with space to build relationships with other survivors. Building relationships with others who understand the experiences a person has faced, allows one to better heal from trauma. Peer support groups address the disconnect between professionals and survivors, which becomes evident in counselling sessions. Most importantly, this literature review points out that peer-to-peer support groups for survivors of domestic violence and sexual assault do exist, but need further study to promote peer support groups for healing highly traumatized survivors. Peer-to-Peer support groups could be advantageous for individuals who have become isolated from society, such as the survivors of human trafficking.

# Consultation with Rising Angels and Survivors on Peer Support Toolkit development

When the literature review was completed, the findings were presented to the HT Project Advisory Committee, of which Rising Angels is a member. Since RA is our key partner, dedicated to HT survivors' wellbeing, we initiated a dialogue, inviting them to be part of the working group to discuss the findings from the literature review, to produce the peer-to-peer support toolkit. The project required survivors' participation and the input they provided, to prepare the toolkit. A couple of attempts were made to bring survivors to the table to initiate discussion on the

toolkit, but it did not happen fast. By the time they were ready to meet with us in March of 2020, the COVID -19 lockdown forced a halt to the meeting.

However, since FSP-PIVP has a very good working relationship with Rising Angels, we shared the literature review and its findings to review and consult with survivors, regarding producing the Peer-to-peer support toolkit. We requested RA, as survivor leaders, and as an organization working with HT survivors for 11 years, to share their ideas of developing a peer-to-peer support toolkit with survivors. RA consulted with young girls who have escaped trafficking and who were receiving support services from Rising Angels. Some of them participated in the FSP-PIVP interviews and focus group for the Needs Assessment in 2018.

Following our request, and after reading the findings from the literature review, along with consultations with survivors, Rising Angels informed FSP-PIVP that peer-to-peer support does not work well for HT survivors for several reasons. Firstly, they found that many survivors did not want to attend a peer-to-peer support group. Their unwillingness to attend was based on fear that the participants would know each other, or that they would know each other's traffickers. They were afraid that their traffickers would find out they were there from another girl. And they would have to face the consequences. Secondly, dealing with this high level of trauma causes PTSD, dissociation, triggering re-traumatization and revictimization. Also, when they are talking about trauma in groups, it causes flaring up of triggers and addictions. Survivors are more reluctant to open up in a group than in a one-on-one mentoring or counselling session. Rising Angels requested that some of the women they mentor attend a different group. Afterwards, the women would call Rising Angels crying, saying that they were triggered by women in the other group.

Katarina of Rising Angels has mentored women and girls for 11 years. She has learned from them about the process of healing, and in the process, has helped to heal herself. Rising Angels' work with survivors over the last eleven years indicated that peer-to-peer support failed to bring HT survivors together as a group. It is very difficult for these young women to build trusting relationships with one another in peer-to-peer support groups. Even running a life skills or self-esteem peer group for HT survivors is difficult; stand-alone programs focusing on these young women do not work. For example, Katarina spoke about an open group for women

and girls that was supposed to be specifically for those who had been sexually exploited. Women

failed to attend for fear of knowing each other or due to stigma, or not wanting to have labels

put on them. As a result, in order for the group to work, they were forced to have an open group

for all women. Katarina further stated that her organization has a better understanding of these

young women. They have a better idea of what works for survivors and how to help them heal

in their journey to recovery.

Therefore, survivors and Rising Angels have suggested to Family Services of Peel - Peel

Institute on Violence Prevention that developing a self-help workbook focused on survivors'

recovery will be helpful, rather than developing a Peer-to-Peer support toolkit. A self-help

workbook is any book written with the explicit intention of helping its readers change or improve

some aspect of their personal or professional lives (University of Calgary, 2012). A self-help

workbook would allow them to work on their own and, if necessary, and when they feel

comfortable to speak about their trauma, they could seek one-on-one help from a mentor.

Family Services of Peel - Peel Institute on Violence Prevention has decided not to move

forward with developing a peer-to-peer support toolkit for survivors of human trafficking. This

decision was taken out of respect for the opinions, ideas and suggestions of survivors and of our

partner "Rising Angels". The lack of substantial literature on peer support for HT survivors was

also a factor in the decision.

At the same time, Family Services of Peel - Peel Institute on Violence Prevention would

be happy to work with Rising Angels and with survivors of human trafficking in the creation of a

self-help workbook. This workbook would help survivors in their journey to heal, learn and

recover. The workbook would help not only the survivors in Peel Region, but any survivor of HT

who is willing to work independently until such time that they feel comfortable enough to reach

out to a professional to help them with the healing process.

### **BIBLIOGRAPHY**

- Abendroth, M., Greenblum, C. A., & Gray, J. A. (2014). The value of peer-led support groups among caregivers of persons with Parkinson's disease. *Holistic nursing practice, 28(1),* 48–54. https://doi-org.gbcprx01.georgebrown.ca/10.1097/HNP.0000000000000004
- Abraham, S., & Perez, P. (2017). Bridging the Gap with Peer Support: Patricia's Recovery Story [PDF file]. Retrieved from <a href="https://www-healio-com.myaccess.library.utoronto.ca/psychiatry/journals/jpn/2018-3-56-3/%7B61174e7f-e2bd-414f-bc28-26dfd29ff54e%7D/bridging-the-gap-with-peer-support-patricias-recovery-story.">https://www-healio-com.myaccess.library.utoronto.ca/psychiatry/journals/jpn/2018-3-56-3/%7B61174e7f-e2bd-414f-bc28-26dfd29ff54e%7D/bridging-the-gap-with-peer-support-patricias-recovery-story.</a>
- Kerr L. (2015) We can do better than desensitization as the goal of trauma treatment.

  <a href="https://www.acesconnection.com/blog/we-can-do-better-than-desensitization-as-the-goal-of-trauma-treatment?reply=415210805235562349">https://www.acesconnection.com/blog/we-can-do-better-than-desensitization-as-the-goal-of-trauma-treatment?reply=415210805235562349</a> Aces= Adverse Childhood Experience
- Baron, N. M., Riley, K., & Arellano, K. (2018). Adding a parent to the brain tumour team:

  Evaluating a peer support intervention for parents of children with brain tumours.

  Journal of pediatric oncology nursing, 35(3), 218–228. <a href="https://doi-org.gbcprx01.georgebrown.ca/10.1177/1043454218762797">https://doi-org.gbcprx01.georgebrown.ca/10.1177/1043454218762797</a>
- Bennett, P. N., St Clair Russell, J., Atwal, J., Brown, L., & Schiller, B. (2018). Patient-to-Patient peer mentor support in dialysis: Improving the patient experience. *Seminars in dialysis*, *31*(5), 455–461. https://doi-org.gbcprx01.georgebrown.ca/10.1111/sdi.12703
- Blanch, A, Filson, B, & Penny, D. (2012). Engaging Women in Trauma-Informed Peer Support: A

  Guidebook. Retrieved from

  <a href="https://www.nasmhpd.org/sites/default/files/PeerEngagementGuide Color REVISED 1">https://www.nasmhpd.org/sites/default/files/PeerEngagementGuide Color REVISED 1</a>

  0 2012.pdf.
- Brady, B., Dolan, P., & Canavan, J. (2014). What added value does peer support bring? Insights

from principals and teachers on the utility and challenges of a school-based mentoring programme. *Pastoral care in education*, *32*(4), 241–250. <a href="https://doi-org.gbcprx01.georgebrown.ca/10.1080/02643944.2014.960532">https://doi-org.gbcprx01.georgebrown.ca/10.1080/02643944.2014.960532</a>

- Brooks, A.C., Diguiseppi, G., Laudet, A., Rosenwasser, B., Knoblach, D., Carpenedo, C.M., Kirby, K.C. (2012). Developing an evidence-based, multimedia group counselling curriculum toolkit. *Journal of substance abuse treatment*, *43*(2), 178–189. <a href="https://doiorg.gbcprx01.georgebrown.ca/10.1016/j.jsat.2011.12.007">https://doiorg.gbcprx01.georgebrown.ca/10.1016/j.jsat.2011.12.007</a>
- Burrows, A. (2011). Online Peer Support for Survivors of Sexual Assault [PDF file]. Retrieved from https://www.secasa.com.au/assets/Documents/online-peer-support-for-survivors-of-sexual-assault.pdf.
- Cabral, H. J., Davis-Plourde, K., Sarango, M., Fox, J., Palmisano, J., & Rajabiun, S. (2018). Peer support and the HIV continuum of care: Results from a multi-site randomized clinical trial in three urban clinics in the United States. *AIDS and behavior*, (8), 2627. <a href="https://doiorg.gbcprx01.georgebrown.ca/10.1007/s10461-017-1999-8">https://doiorg.gbcprx01.georgebrown.ca/10.1007/s10461-017-1999-8</a>
- Collings, S., Strnadová, Loblinzk, J., & Danker, J. (2019). Benefits and Limits of Peer Support for Mothers with Intellectual Disability Affected by Domestic Violence and Child Protection.

  \*Disability and Society, 1-22. https://doiorg.myaccess.library.utoronto.ca/10.1080/09687599.2019.1647150.
- Cook, F. J., Langford, L., & Ruocco, K. (2017). Evidence- and practice-informed approach to implementing peer grief support after suicide systematically in the USA. *Death Studies,* 41(10), 648–658. <a href="https://doi.org.gbcprx01.georgebrown.ca/10.1080/07481187.2017.1335552">https://doi.org.gbcprx01.georgebrown.ca/10.1080/07481187.2017.1335552</a>
- Cyr C., McKee H., O'Hagan M., Priest R., (2016) Making the Case for Peer Support. Mental Health Commission of Canada.
- Department of Justice Canada. (2016). From the ground up Working with survivors for

survivors. FCJ Refugee centre. East metro youth services: Toronto, Canada.

<a href="http://www.fcjrefugeecentre.org/wp-content/uploads/2016/02/Human-Trafficking-Survivors-Led-Iniciative.pdf">http://www.fcjrefugeecentre.org/wp-content/uploads/2016/02/Human-Trafficking-Survivors-Led-Iniciative.pdf</a>

- Duppong, H. K. L., January, S. A. A., & Lambert, M. C. (2017). Using caregiver strain to predict participation in a peer-support intervention for parents of children with emotional or behavioral needs. *Journal of emotional & behavioral disorders*, *25*(3), 170–177. https://doi-org.cat1.lib.trentu.ca/10.1177/1063426616649163
- Elafros, M. A., Mulenga, J., Mbewe, E., Haworth, A., Chomba, E., Atadzhanov, M., Birbeck, G. L. (2013). Peer support groups as an intervention to decrease epilepsy-associated stigma. *Epilepsy & behaviour, 27,* 188-192.
- Family Services of Peel. (2019). Human Trafficking Survivors' Needs Assessment.

  <a href="https://fspeel.org/wp-content/uploads/2019/05/Human-Trafficking-Needs-Assessment-May-2019.pdf">https://fspeel.org/wp-content/uploads/2019/05/Human-Trafficking-Needs-Assessment-May-2019.pdf</a>
- Fearday, F. L., & Cape, A. L. (2004). A Voice for Traumatized Women: Inclusion and Mutual Support [PDF file]. *Psychiatric Rehabilitation Journal* 27(3), 258-265. <a href="https://doi.org/10.2975/27.2004.258.265">https://doi.org/10.2975/27.2004.258.265</a>
- Feoh, F. T., Hariyanti, T., & Utami, Y. W. (2019). The support system and hope of Women inmate of human trafficking perpetrators (A phenomenology study at Women Correctional Institution Class III of Kupang). *International journal of nursing education*, 11(3), 69–73. <a href="https://doi-org.gbcprx01.georgebrown.ca/10.5958/0974-9357.2019.00067.9">https://doi-org.gbcprx01.georgebrown.ca/10.5958/0974-9357.2019.00067.9</a>
- Guthrie, J. (2013). Safety, Health, and Wellness: Assessing the Goals, Messages, and Dilemmas of Domestic Violence Support Groups for Women in Substance Abuse Treatment [PDF file]. Retrieved from ProQuest Dissertations & Theses Global. (3592568).
- Haas, B. M., Price, L., & Freeman, J. A. (2013). Qualitative evaluation of a community peer support service for people with spinal cord injury. *Spinal cord*, *51*(4), 295–299. <a href="https://doi-org.gbcprx01.georgebrown.ca/10.1038/sc.2012.143">https://doi-org.gbcprx01.georgebrown.ca/10.1038/sc.2012.143</a>

Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L. M., Stanley, N., Oram, S.

(2016). Responding to the health needs of survivors of human trafficking: A systematic review. *BMC health services research*, *16*, 1–9.

- Jansen, A. M. (2018). Psychosocial Services for Individuals with Serious Mental Illness/Severe Emotional Disturbance: Clinical Practice Guideline Toolkit, *Psychiatry*, *81*(1). 3-21. https://doi.org/10.1080/00332747.2018.1440116.
- Hildebrand, J., Lobo, R., Hallett, G., Brown, G., Maycock, B. (2012). My peer toolkit [1.0].

  Developing an online resource for planning and evaluating peer-based youth programs.

  Youth studies Australia. 31(2).
- Johnson, M. & Miralles, C. (2012). The SHE programme: A European initiative to improve the care of women living with HIV. *Journal of the International AIDS Society.* 15(S4). https://doi.org/10.7448/IAS.15.6.18369
- Kaye, J., Winterdyk, J., & Quarterman, L. (2014). Beyond Criminal Justice: A Case Study of Responding to Human Trafficking in Canada. *Canadian Journal of Criminology and Justice*, 56(1), 23-48. https://doi.org/10.3138/cjccj.2012.E33
- Kumar, A., Azevedo, K. J., Factor, A., Hailu, E., Ramirez, J., Lindley, S. E., & Jain, S. (2019). Peer support in an outpatient program for veterans with posttraumatic stress disorder:
   Translating participant experiences into a recovery model. *Psychological services*, *16*(3), 415–424. <a href="https://doi-org.gbcprx01.georgebrown.ca/10.1037/ser0000269">https://doi-org.gbcprx01.georgebrown.ca/10.1037/ser0000269</a>
- Kyegombe, N., Namakula, S., Mulindwa, J., Lwanyaaga, J., Naker, D., Namy, S., Devries, K.M. (2017). How did the good school toolkit reduce the risk of past week physical violence from teachers to students? Qualitative findings on pathways of change in schools in Luwero, Uganda. *Social science & medicine*, 10. <a href="https://doi.org/10.1016/j.socscimed.2017.03.008">https://doi.org/10.1016/j.socscimed.2017.03.008</a>
- Kyte, A., Pereira, J. (2018). Peer support toolkit for people living with HIV and/or hepatitis C:

  part 1 getting started: a guide to develop and deliver peer support services. Kelowna,

  British Columbia: Canadian Mental Health Association Kelowna & District Branch

Lambert, J. S., McHugh, T., Perry, N., Murphy, L., Walsh, J., Mantoy-Meade, P., Cullen, W.

(2018). Development of hepfriend; A Dublin community hepatitis c peer support model.

International journal of integrated care (IJIC), 18, 1–2. <a href="https://doi-org.gbcprx01.georgebrown.ca/10.5334/ijic.s2368">https://doi-org.gbcprx01.georgebrown.ca/10.5334/ijic.s2368</a>

- Leger, J., & Letourneau, N. (2015). New mothers and postpartum depression: A narrative review of peer support intervention studies. *Health & social care in the community*, 23(4), 337–348. https://doi-org.gbcprx01.georgebrown.ca/10.1111/hsc.12125
- Levy, B. B., Luong, D., Perrier, L., Bayley, M. T., & Munce, S. E. P. (2019). Peer support interventions for individuals with acquired brain injury, cerebral palsy, and spina bifida:

  A systematic review. *BMC health services research*, 19(1). <a href="https://doiorg.gbcprx01.georgebrown.ca/10.1186/s12913-019-4110-5">https://doiorg.gbcprx01.georgebrown.ca/10.1186/s12913-019-4110-5</a>
- Li, Q., Liu, Q., Qi, X., Wu, N., Tang, W., & Xiong, H. (2015). Effectiveness of peer support for improving glycaemic control in patients with type 2 diabetes: A meta-analysis of randomized controlled trials. *BMC public health*, 15(1), 1–11. <a href="https://doiorg.gbcprx01.georgebrown.ca/10.1186/s12889-015-1798-y">https://doiorg.gbcprx01.georgebrown.ca/10.1186/s12889-015-1798-y</a>
- Lobban, F., Glentworth, D., Haddock, G., Wainwright, L., Clancy, A., & Bentley, R. (2011). The views of relatives of young people with psychosis on how to design a relatives' education and coping toolkit (REACT). *Journal of mental health*, *20*(6), 567–579. https://doi-org.gbcprx01.georgebrown.ca/10.3109/09638237.2011.593592
- Luck, J., Bowman, C., York, L., Midboe, A., Taylor, T., Gale, R., & Asch, S. (2014). Multimethod evaluation of the VA's peer-to-peer toolkit for patient-centred medical home implementation. *JGIM: Journal of general internal medicine*, *29*(2), 572–578. <a href="https://doiorg.gbcprx01.georgebrown.ca/10.1007/s11606-013-2738-0">https://doiorg.gbcprx01.georgebrown.ca/10.1007/s11606-013-2738-0</a>
- Mason, M. R. (2018). Peer support: Staff supporting staff. *American jails*, 32(3), 23–26. <a href="https://search-ebscohost-com.gbcprx01.georgebrown.ca/login.aspx?direct=true&db=a9h&AN=130640822&site=ehost-live&scope=site">host-live&scope=site</a>

McCurdy, E., & Cole, C. (2014). Use of a peer support intervention for promoting academic engagement of students with autism in general education settings. *Journal of autism & developmental disorders*, *44*(4), 883–893. <a href="https://doi-org.gbcprx01.georgebrown.ca/10.1007/s10803-013-1941-5">https://doi-org.gbcprx01.georgebrown.ca/10.1007/s10803-013-1941-5</a>

- Mental Health Commission of Canada. (2016). Guidelines for the practice and training of peer support. <a href="https://peersupportcanada.ca/wp-content/uploads/2019/06/MHCC">https://peersupportcanada.ca/wp-content/uploads/2019/06/MHCC</a> Peer Support Guidelines 2016-ENG.pdf
- Mirrielees, J.A., Breckheimer, K.R., White, T.A., Denure, D.A., Schroeder, M.M., Gaines, M.E., Tevaarwerk, A.J., (2017). Breast cancer survivor advocacy at a university hospital: Development of a peer support program with evaluation by patients, advocates and clinicians. *Journal of cancer education*, 32(1). 97-104. <a href="https://do.org/10.1007/s13187-015-0932-y">https://do.org/10.1007/s13187-015-0932-y</a>
- Murphy C. (2002) Women Coping with Psychological Abuse Surviving in the Secret World of Male Partners Power and Control. <a href="https://speakoutloud.net/intimate-partner-abuse/isolation-tactic-of-control">https://speakoutloud.net/intimate-partner-abuse/isolation-tactic-of-control</a>
- Oram, S., Stoöckl, H., Busza, J., Howard, L. M., & Zimmerman, C. (2012). Prevalence and risk of violence and the physical, mental, and sexual health problems associated with human trafficking: Systematic review. *PLoS medicine*, *9*(5), 1–13. <a href="https://doiorg.gbcprx01.georgebrown.ca/10.1371/journal.pmed.1001224">https://doiorg.gbcprx01.georgebrown.ca/10.1371/journal.pmed.1001224</a>
- Pandey, A., Littlewood, K., Carter, S., Randecker, T., Davis, P., & Cooper, L. (2019).

  Integrating healthy sleep into a self-compassion and care toolkit for caregivers with integral feedback from peer navigators. *Sleep*, *42*, A77. <a href="https://doiorg.gbcprx01.georgebrown.ca/10.1093/sleep/zsz067.188">https://doiorg.gbcprx01.georgebrown.ca/10.1093/sleep/zsz067.188</a>
- Patton, M, & Goodwin, R. (2008). Survivors Helping Survivors: A Study of the Benefits, Risks, & Challenges of Peer-Support with Survivors of Sexual Violence in the Province of Ontario [PDF file]. Retrieved from

https://www.attorneygeneral.jus.gov.on.ca/inquiries/cornwall/en/report/research\_papers/Party\_RP/2\_Peer-Support-Study\_en.pdf.

- Peck, J. L., & Meadows-Oliver, M. (2019). Human Trafficking of Children: Nurse Practitioner

  Knowledge, Beliefs, and Experience Supporting the Development of a Practice Guideline:

  Part One. *Journal of Pediatric Healthcare*, *33*(5), 603–611.

  https://doi.org/10.1016/j.pedhc.2019.05.006
- Rothman, E. F., Preis, S. R., Bright, K., Paruk, J., Bair-Merritt, M., & Farrell, A. (2019). A longitudinal evaluation of a survivor-mentor program for child survivors of sex trafficking in the United States. Child abuse & neglect, 104083. <a href="https://doiorg.gbcprx01.georgebrown.ca/10.1016/j.chiabu.2019.104083">https://doiorg.gbcprx01.georgebrown.ca/10.1016/j.chiabu.2019.104083</a>
- Schipperke, J., Provvidenza, C., Townley, A., & Kingsnorth, S. (2015). *Peer support best*practice toolkit: Section 1.0 background and models of peer support. Toronto, Ontario:

  Evidence to care, Holland Bloor view kids rehabilitation hospital.

  http://www.hollandbloorview.ca/peertoolkit
- Schultz, J. W. (2019). Supporting Transmasculine Survivors of Sexual Assault and Intimate Partner Violence: Reflections from Peer Support Facilitation [PDF file]. *Sociological Inquiry* 20(10), 1-23. DOI: 10.1111/soin.12340.
- Side by Side Research Consortium. (2017). Developing peer support in the community:

  A toolkit. London: Mind.
- Simoni J., Franks C., Lehavot K., Yard S. (2011) Peer Interventions to Promote Health:

  Conceptual Considerations. American Journal of Orthopsychiatry
- Sokol, R., & Fisher, E. (2016). Peer support for the hardly reached: A systematic review.

  \*\*American journal of public health, 106(7), e1–e8. <a href="https://doi-org.cat1.lib.trentu.ca/10.2105/AJPH.2016.303180">https://doi-org.cat1.lib.trentu.ca/10.2105/AJPH.2016.303180</a>
- Sullivan, C. (2012). Support Groups for Women with Abusive Partners: A Review of the Empirical Evidence [PDF file]. *Domestic Violence Evidence Project*. Retrieved from https://www.dvevidenceproject.org/wp-

<u>content/themes/DVEProject/files/research/DVSupportGroupResearchSummary10-</u>2012.pdf.

- Thompson, C., Russell-Mayhew, S., & Saraceni, R. (2012). Evaluating the effects of a peer-support model: Reducing negative body esteem and disordered eating attitudes and behaviours in grade eight girls. *Eating Disorders*, 20(2), 113–126. <a href="https://doiorg.gbcprx01.georgebrown.ca/10.1080/10640266.2012.653946">https://doiorg.gbcprx01.georgebrown.ca/10.1080/10640266.2012.653946</a>
- Truong, C., Gallo, J., Roter, D., & Joo, J. (2019). The role of self-disclosure by peer mentors:

  Using personal narratives in depression care. *Patient education & counselling*, 102(7),

  1273–1279. https://doi-org.gbcprx01.georgebrown.ca/10.1016/j.pec.2019.02.006
- Tutty, L., Ogden, C., Wyllie, K., & Silverstone, A. (2017). "When I'd Dealt with My Issues, I Was Ready to Give Back": Peer Leader's Perspectives of Support Groups for Women Abused by Intimate Partners [PDF file]. *Journal of Aggression, Maltreatment & Trauma* 27(2), 155-174. http://dx.doi.org/10.1080/10926771.2016.1241332
- Tutty, L., Ogden, C., & Wyllie, K. (2006). An Evaluation of Peer Support Services for Abused Women's Peer Support Model: Final Report [PDF file]. Retrieved from https://www.ucalgary.ca/resolve-static/reports/2006/2006-02.pdf.
- Twigg, N. M. (2017). Comprehensive care model for sex trafficking survivors. *Journal of nursing scholarship, 49*(3), 259–266. <a href="https://doi-org.gbcprx01.georgebrown.ca/10.1111/jnu.12285">https://doi-org.gbcprx01.georgebrown.ca/10.1111/jnu.12285</a>
- University of Calgary, (2012) https://www.ucalgary.ca/selfhelp/
- White, V.M., Young, M., Farrelly, A., Meiser, B., Jefford, M., Williamson, E., Winship, I. (2014).
  Randomized Controlled Trial of a Telephone-Based Peer Support Program for Women
  Carrying a BRCA1 or BRCA2 Mutation: Impact on Psychological Distress. American
  Society of Clinical Oncology. 32(36), 4073-4080.
- Williams, A. (2016). Adult Males Healing from Childhood Sexual Abuse through Peer Support Group Participation [PDF file]. Retrieved from ProQuest Dissertations & Theses Global. (1775532611).

Wilson, M. E., Flanagan, S., & Rynders, C. (1999). The FRIENDS program: A peer support group model for individuals with a psychiatric disability. *Psychiatric rehabilitation journal*, 22(3), 239–247. http://dx.doi.org.gbcprx01.georgebrown.ca/10.1037/h0095238

- Women's Fund of Omaha. (n.d.). Domestic/Sexual Violence and the Workplace. An Employee

  Toolkit. HRAM. Retrieved from <a href="https://www.omahawomensfund.org">www.omahawomensfund.org</a>
- Young, S. D., & Heinzerling, K. (2017). The harnessing online peer education (HOPE) intervention for reducing prescription drug abuse: A qualitative study. *Journal of substance use*, 22(6), 592–596. <a href="https://doi-org.gbcprx01.georgebrown.ca/10.1080/14659891.2016.1271039">https://doi-org.gbcprx01.georgebrown.ca/10.1080/14659891.2016.1271039</a>