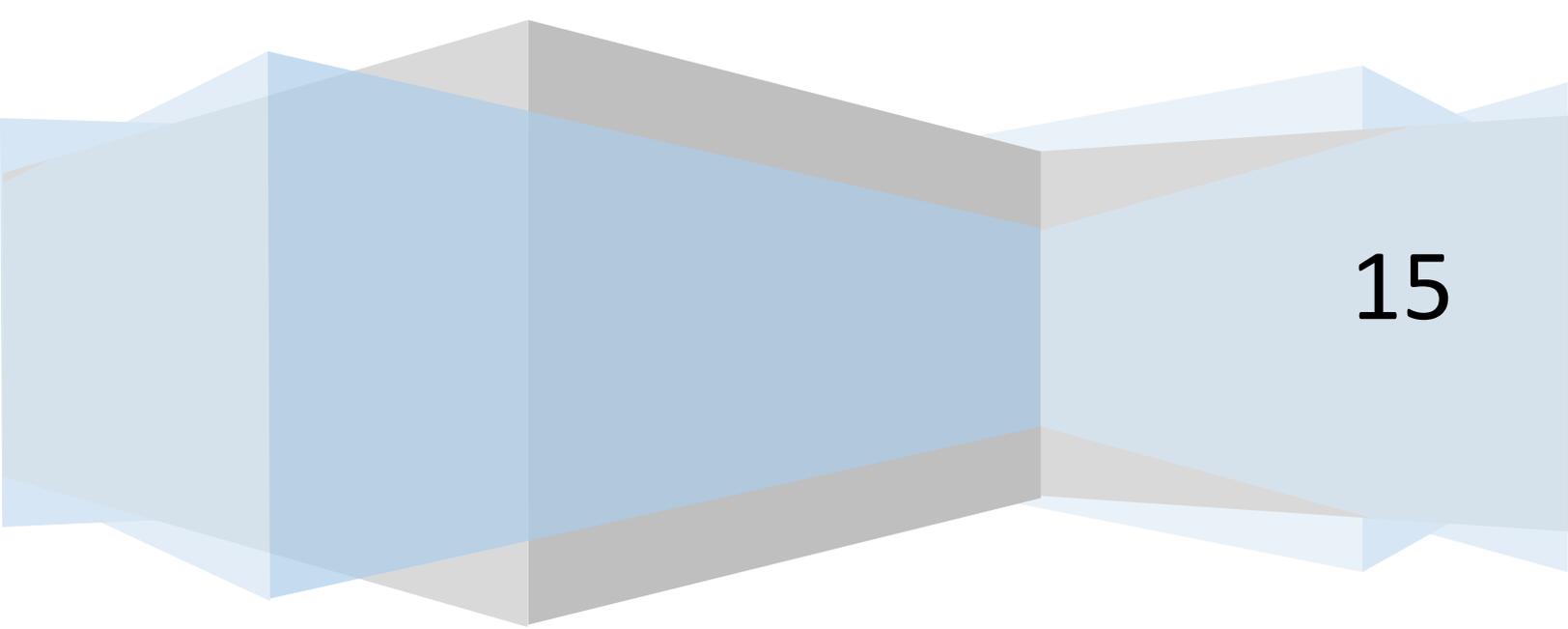


Community Leadership: Building Human, Social and Community Capacity



15

TABLE OF CONTENTS

Introduction	3
About the Peel Institute on Violence Prevention	4-5
Goals/Objectives	5-6
Methodology	6
Literature Review	6-13
Results	14-20
Discussion	21-23
Limitations	23
APPENDICES	24-37
Appendix A – Community Outreach Flyer	24
Appendix B - Invitation letter to Key Stakeholders	25
Appendix C - Questions for Key Stakeholders	26
Appendix D – Agenda	27
Appendix E - Group Guidelines	28
Appendix F - Consent Form	29-31
Appendix G - Participant Questions	32
Appendix H - Evaluation Survey	33
Appendix I – References	34-37

INTRODUCTION

Interpersonal violence is a deeply rooted, pervasive social issue with detrimental consequences for women (survivors or female victims). According to the World Health Organization (WHO), interpersonal violence is referred to as "the violence between individuals, and is subdivided into family and intimate partner violence and community violence" (Who.int, 2015). The "former category includes child maltreatment; intimate partner violence; and elder abuse" while the latter category is broken down into "acquaintance and stranger violence and includes youth violence, assault by strangers, violence related to property crimes, and violence in workplaces and other institutions" (Who.int, 2015). Interpersonal violence is an infringement of individuals' fundamental human rights, subjecting them to dangerous health complications as well as negatively affecting their emotional, spiritual, and psychological well-being. It is imperative to recognize the needs of Survivors of Interpersonal Violence (SOIV) and to provide them a platform where their voices can be heard, ultimately being enabled to exercise their agency and emerge as leaders in their communities (in the public as well as private spheres of society).

SCOPE OF THE PROBLEM

Interpersonal violence, with its ability to transcend physical, social, cultural and racial/ethnic boundaries, continues to be a pervasive and serious problem in Canada with devastating consequences on the victims. The following statistics are helpful in assessing the magnitude and prevalence of this issue:

- "On average, every six days a woman in Canada is killed by her intimate partner. In 2009, 67 women were murdered by a current or former spouse or boyfriend" (Canadianwomen.org, 2015).
- "Emotional and economic abuse reinforces physical and sexual violence. 1 in 5 Canadian women experience some form of emotional or economic abuse in their intimate relationship" (Canadianwomen.org, 2015).
- "40,200 incidents of spousal violence, which represents about 12% of all police-reported violent crime in Canada, were reported to police" (Canadianwomen.org, 2015).
- In the year 2009, the Peel Regional Police "responded to 13,319 domestic disturbances compared to 9,600 disturbances in 2005, an almost 40% increase" (Portraits of Peel, 2011)
- Approximately "one out of every 10 seniors (about 12,000) in Peel has experienced abuse; and 3 out of 4 cases are never reported" (Portraits of Peel, 2011).
- Also, it is crucial to address the fact that a large amount of women do not report their experiences of interpersonal violence. Therefore, occurrences of interpersonal violence may be under-reported in statistics (Portraits of Peel, 2011).

PEEL INSTITUTE ON VIOLENCE PREVENTION

Peel Institute on Violence Prevention (PIVP) is an interdisciplinary and inter-sectoral collaborative initiative among agencies in the Region of Peel working toward the eradication of all forms of violence. Operating within an equity lens and an anti-oppressive, anti-racist framework, the PIVP is a focal point for data-driven, evidence-informed practice, which will improve the organization of services, combining the perspectives of the diverse population served, academia, and community service providers. Through funding by the Ontario Trillium Foundation and administered by Family Services of Peel, the work of PIVP was initiated in June 2013.

PIVP is bringing under one roof, survivors of violence, service providers, policy makers, and substantial scientific evidence to transform the culture of how services and programs for survivors of violence are created, provided, and evaluated in Peel. The robust evidence being collected and analyzing will benefit decision-making at the community, policy, and service levels in Peel.

The research conducted by the PIVP focuses on all types of violence for the following at risk groups: youth, seniors, women, aboriginal population, people with disabilities, and male victims of violence. The data collected by PIVP will enable agencies to: (a) be more effective in their evaluation of the impact and effectiveness of their services; (b) support the re-structuring and adapting of their services and programs to be more focused on survivors' needs; and (c) enable agencies to provide a more seamless and person-centered response.

BACKGROUND – NEED FOR THE PROJECT

Violence against women is a complex social issue that continues to pervade countries the world over and evidently, Canada is no exception. This issue hinders women's ability to sustain a, healthy lifestyle, ultimately impeding their progress and preventing them from achieving equal status in society. While significant efforts have been made in recent decades, much work still needs to be done in order to effectively prevent and respond to the violence that persists in both the public and private domains of women's lives.

As a new initiative in the Peel Region, one of the goals of PIVP is to establish itself as a primary platform upon which survivors of interpersonal violence (SOIV), community members and service providers are able to access relevant research on treatment and prevention of violence. Importantly, PIVP aims to enhance the quality of current services and programs for female SOIV, namely intimate partner violence and sexual violence. As a population who utilizes violence treatment, prevention and counselling services on an on-going basis in the community, it is extremely important to study and work alongside SOIV. Results from the study conducted will aid the PIVP in disseminating crucial information to service providers in Peel Region.

Moreover, this research will facilitate PIVP in developing a framework and program evaluation tools that can be utilized by community-based agencies to effectively and successfully deliver tailored services and programs for SOIV.

Survivor leadership is vital for SOIV. Importantly, survivors are “in no way defined by their experiences, but are to be valued for their skills, abilities, and will to create their own life path” (Gems-girls.org, 2015). Adopting a leadership role has the positive effect of altering a survivor’s life course for the better. With renewed knowledge, skills and confidence, survivors can develop their coping skills, leave behind their traumatic experiences and apply themselves into practical, real-world settings with the aim of generating positive change to those around them as well as the larger community. PIVP recognizes this potential in SOIV and therefore, the primary goal of PIVP is to create a leadership group of SOIV that will assist and influence the work of PIVP with issues revolving around violence. Fundamentally, this leadership group, comprised of SOIV, will form an integral part of ~~the~~ PIVP. Ultimately, this will lead to an augmentation of support and treatment services and more importantly, leadership initiatives that are survivor-centred.

Furthermore, PIVP expects that participation in this initiative will motivate survivors to (a) unite with other female survivors, (b) educate their loved ones as well as community members on the magnitude and severity of the issue, and (c) become actively involved in the development and implementation of violence prevention services. Ultimately, ~~the~~ PIVP aims to recognize ways in which survivors can be fostered into leaders by listening to their distinct experiences and receiving their feedback on the various violence prevention and counselling services in the community.

GOALS

The main goals of the project were:

- To identify key leadership areas in which female SOIV could be trained, enabling them to become advocates for improved social and health services.
- To determine how survivors can transition from a stage of crisis and dependency to a stage of self-sufficiency and leadership.
- To create a survivor-centred leadership group, thereby assisting SOIV to become meaningfully engaged in the initiatives of the PIVP, as well as in the larger community.

OBJECTIVES

The objectives of the project were:

- To determine the type and level of training required for women SOIV, ultimately helping them develop their knowledge base, practical skills and leadership abilities.
- To determine how SOIV can influence the work of the PIVP.

METHODOLOGY

The first step in our project was to conduct a literature review on: (i) the attributes of an effective leader, (ii) some of the challenges in working with SOIV, and (iii) some of the previously conducted and on-going survivor engagement and leadership initiatives by different service providers. The second step in this research project was to interview key stakeholders/service providers from the Peel Region. Along with a carefully developed set of interview questions, a general interview guide approach was used to collect information from each service provider. This interview approach was effective in collecting guided yet detailed responses from service providers on the state of current violence prevention and counselling programs. Thirdly, a focus group was conducted with a diverse group of female SOIV. This focus group allowed the female survivors to express their opinions and feedback on leadership training. This type of study helped us gain a deeper understanding of the specific needs of SOIV and more specifically, what survivors need to become leaders in the community.

SECTION ONE: LITERATURE REVIEW

Effective leadership is imperative for a community's success and prosperity. Unquestionably, leaders are a vital component of groups and/or communities as they mobilize change through various measures. Leaders are especially necessary where groups and/or communities have been systematically marginalized and suppressed by patriarchal society. Female SOIV's are one such group, hence the need women from among them to champion the issue and rise as recognised, influential democratic leaders who can participate in effective mentorship, to catalyze collective action and to ultimately push for policy changes against interpersonal violence on a local as well as national level. As women who have experienced interpersonal violence and survived traumatic experiences, they show remarkable courage, perseverance and experience which ultimately provides a solid foundation for them to emerge as transformational, grass-roots leaders within the community. Accordingly, non-profit organizations and service providers who address violence against women should provide potential female leaders with increased opportunities to have an integral part in the implementation and execution of survivor engagement and leadership programs and initiatives. However, before this occurs, it is crucial to determine the characteristics of what constitutes

effective leader so to identify and recruit SOIV who would be most suitable and capable of guiding successful initiatives to prevent violence against women.

Accordingly, the literature review consist of two parts. Part One - discusses the traits and characteristics of effective leaders. Part Two - discusses some of the challenges experienced when working with SOIV; and followed by an examination of some of the on-going survivor leadership programs led by service providers, their organization and the effectiveness of such initiatives. This examination will be useful in guiding the PIVP in its creation of survivor leadership programs in the near future.

SECTION ONE (A)

After review of leadership studies, it was found that scholars discuss leadership characteristics under five main categories:

- 1) Cognitive Abilities
- 2) Personality
- 3) Motivation
- 4) Social Judgment and Interpersonal Skills
- 5) Specialized Knowledge and Expertise

1. Cognitive Abilities

General cognitive proficiency has been given a lot of attention by several studies on leadership attributes. Cognitive capabilities include factors such as general intelligence and innovative thinking (Zaccaro, Kemp and Bader, 2004; Haq, 2011). With regards to general intelligence, scholars assert that general intelligence continues to have a strong association with individuals in leadership roles and their leadership performance (Zaccaro et al., 2004). Essentially, a majority of studies reiterates the finding that leaders, when compared to non-leaders, are endowed with a greater level of intelligence (Zaccaro et al., 2004; Schlaerth, Ensari and Christian, 2013). The cognitive ability to think critically, to resolve complications and to make decisions on behalf of others is crucial to achieving success in prescribed goals (Haq, 2011; Denehy, 2008). Leaders' knowledge of issues and relevant information enables them to achieve their objectives with greater success. Additionally, the ability to think from a creative perspective has been consistently identified as a significant trait in leaders (Zaccaro et al., 2004). Scholars such as Bolin (1997), Mouly and Sankaran (1999), upon conducting studies, have all suggested that creative thinking abilities are an important attribute in highly successful leaders. Creative thinking is an important leadership trait as it determines the extent to which leaders can employ their abilities to solve complex issues effectively. All in all, cognitive abilities are necessary for efficiency in constructing goals, organizing and problem solving.

2. Personality

The literature on leadership traits consistently links attributes such as extroversion, openness to experience and amiability to exemplary leaders (Zaccaro et al., 2004; Zekan, Peronja and Russo, 2012). Personality traits such as extroversion are important for effective leaders so they can influence others to become active participants in their ventures, ultimately mobilizing collective action that helps bolster their campaigns and/or endeavours. Furthermore, leaders demonstrate openness to experience and exercise greater flexibility. Literature contends that successful leaders are more accommodating of change and are willing to experiment. Concerning amiability, scholarly studies claim that possessing a friendly, easygoing, compassionate and sociable personality enables leaders to attract more followers willing to support their ventures and causes (Peterson et al., 2009). Alternative research conducted on leadership traits has identified other personality traits such as optimism, pro-activity, adaptability and nurturance (Zaccaro et al., 2004). Researchers assert that optimistic leaders confront challenges fervently and also, such leaders with their positive visions for the future, inspire and motivate others to catalyze change (Denehy, 2008; Peterson et al., 2009). Scholars further claim that optimistic leaders are more inclined to use innovative approaches to resolve problems, thereby inspiring their followers to implement their own creative perceptions (Peterson et al., 2009). Overall, personality characteristics, such as the ones discussed above, facilitate effective leadership performance.

3. Motivation

Motivation is important in emerging leaders as it determines the likelihood of meeting and sometimes, even surpassing their ventures' goals. Motivated leaders, in turn, inspire and motivate their followers and colleagues to stay on task and work actively towards meeting their targets and securing relevant achievements. Notably, the Achievement Motivation Theory contends that individuals have certain needs that motivate their behaviour (Zaccaro et al., 2004). In particular, the following 'motive-states' or needs have been outlined: (i) the need for achievement, (ii) the need for power, and (iii) the need for affiliation (Zaccaro et al., 2004). While all individuals possess these needs, it is noted that one or a combination of these needs tend to be more preeminent in leaders (Zaccaro et al., 2004). Accordingly, researchers argue that the need for achievement is the "unconscious concern for excellence" in achievements through hard-work (Lussier and Achua, 2012). Leaders are goal-oriented and set practical, feasible goals while persevering and working hard to accomplish tasks and ventures. Additionally, the need for power is the "unconscious concern for influencing others" (Lussier and Achua, 2012). Leaders persistently seek positions where they can exert authority and often possess self-confidence. Efficacious leaders are able to control situations with relative ease, often enjoy competition and if the need arises, are willing to accost others. Lastly, the need for affiliation is the "unconscious

concern for developing, maintaining, and restoring close personal relationships" (Lussier and Achua, 2012). Effective leaders often enjoy interacting and developing relationships and are often sensitive to the needs of other people. Also, they revel in helping and teaching others. All in all, the presence of these 'motive-states' or needs have been linked to leadership emergence across various sectors.

4. Social Judgment and Interpersonal Skills

A majority of research contends that social judgment or appraisal skills are an important element of effectual leadership. Also referred to as social intelligence, it consists of the individual's capacity to understand the "feelings, thoughts, and behaviours of persons, including oneself, in interpersonal situations and to act appropriately upon that understanding" (Marlowe, 1986; Zaccaro et al., 2004). Scholars assert that social intelligence often reflects the following abilities - social awareness, social intuition and response selection (Zaccaro et al., 2004; Toegel and Barsoux, 2012). Compelling leaders are able to perceive others' feelings, reactions, and opinions, demonstrating the ability to choose appropriate responses in their interactions with others (Schlaerth et al., 2014). Furthermore, interpersonal skills are crucial so leaders can coordinate and influence others to accomplish their goals in a productive and efficient manner. Social intelligence and interpersonal skills are important attributes that leaders possess which enable them to form and maintain strong relationships with their followers, as well as colleagues, while working towards a common goal.

5. Specialized Knowledge and Expertise

Scholarly studies repeatedly argue that leaders possess a great degree of specialized knowledge and relevant expertise that is utilized to advance their interests, irrespective of whether they are of a social, economic or political nature (Stronge, 1998; Zaccaro et al., 2004; Al-Omari et al., 2008). Leaders' knowledge of issues at hand allows them to take control, creatively plan their ventures alongside others and ultimately resolve any obstacles that arise in the process of achieving their goals. Specialized knowledge and expertise can involve problem-solving skills, creative thinking abilities and 'solution generation' (Connelly et al., 2000; Zaccaro et al., 2004). Research has strongly attributed these skills to leadership emergence and has proposed that these skills strongly facilitate the success of a leader in his/her ventures.

All in all, the five categories of leadership attributes discussed above have extensive research support and are deemed as essential qualities that work in combination to generate successful, effective leadership

SECTION ONE (B)

This section will commence with a brief discussion of some of the challenges that arise when working with SOIV, followed by an examination of some of the current survivor led initiatives. Specifically, the brief discussion will allow the PIVP to keep in mind the possibility of barriers and consequently devise appropriate strategies to tackle them when working with SOIV in the implementation of survivor led initiatives.

Importantly, research suggests that SOIV often lack effective decision-making skills (Treatment, 1997). At the beginning stages of working with survivors, treatment providers and counselors often find that their clients are afraid of making autonomous decisions - a result of their lives being previously controlled by their batterers (Treatment, 1997). While it may be a challenging and lengthy process, it is crucial for service providers to help survivors develop and enhance decision-making skills so they can make independent decisions that will facilitate psychological, emotional and social progress in their lives. Additionally, studies report that female SOIV can also experience post-traumatic stress disorder (PTSD) (Treatment, 1997). Service providers and counselors who lack the appropriate training to deal with mental disorders face significant challenges when working with their survivor clients. Therefore, service providers, when working with or alongside SOIV, must consider the possibility of PTSD and must be prepared to respond with appropriate trauma-informed care. Although survivors may have moved past a crisis stage and have maintained distance with their perpetrators, they may continue to perceive themselves as unsafe and may tend to be 'hypervigilant' (Treatment, 1997). Building survivors' trust and increasing their perceptions of safety is also another challenging yet viable task that service providers and counselors can potentially face in the course of their work. Schauben and Frazier's (1995) research also examined some of the challenges of working with SOIV. This included counselors' difficulty in managing the emotional affliction of their clients as well as grappling and dealing with their own feelings of resentment towards the perpetrators (Iliffe and Steed, 2000). Some others also reported that their perceptions of trust were altered through their interactions with survivors and that they "often experienced their clients' pain" (Iliffe and Steed, 2000). In short, this scholarly research informs us of some of the challenges that service providers and counselors may experience when working with SOIV. Ultimately, this knowledge will help the PIVP become proactive so they can deal with any issues through an appropriate, survivor-centred approach.

Given these factors, the next step is to examine some of the on-going survivor leadership programs. This will allow us to gain an understanding of the ways in which these initiatives have been organized and implemented. While the current literature demonstrates a dearth in the number of survivor leadership initiatives for SOIV, there have been a few initiatives that we can examine that will be beneficial in guiding the PIVP's work in the future.

Firstly, the Women's Centre for Social Justice, also known as WomenattheCentrE, is a Toronto-based, non-profit organization that works to eliminate violence against women through "personal, political and social advocacy" (Womenatthecentre.com, 2015). It is the only organization that was established by survivors for survivors where they use "shared experiences to help change public perceptions and policy" (Womenatthecentre.com, 2015). Womenatthecentre has created the "Silent No More" initiative, a training program that continues to "help women survivors understand the intricacies of abuse" (Womenatthecentre.com, 2015). It is a free, accessible, twelve-week interactive training program where female survivors of abuse are trained to become agents of change and leaders by learning more about themselves and their community. The "Silent No More" training program is an online training course that participants can complete at the centre or by downloading the printable workbooks at their convenience (Womenatthecentre.com, 2015). It is divided into four modules, consisting of three sessions each.

Module One- introduces the participants to the organization and educates them on important information such as feminist movements and the history of the women's rights movement (Womenatthecentre.com, 2015).

Module Two - educates the participants on the ways in which patriarchy is institutionalized and culturally promulgated in our Western society, along with an examination of the differential and dynamic ways in which women and men possess power in society (Womenatthecentre.com, 2015). It also informs participants of some of the myths surrounding domestic violence and the ways in which survivors can respond to the stigmatizing attitudes of their communities (Womenatthecentre.com, 2015).

Module Three- participants learn about community responses to violence against women. Particularly, Session Two in Module Three "helps participants develop an understanding of their roles in responding to, and intervening in, cases of woman abuse" (Womenatthecentre.com, 2015). Also, Session Three in Module Three is crucial as it first informs participants on some of the inspiring campaigns and initiatives that female survivors have launched in the past to confront the issue of violence against women. This session is significant as this is where survivor participants learn that they have a "central role to play and have agency, have expertise and by coming together, can transform their communities" (Womenatthecentre.com, 2015). By learning about previously developed survivor-led programs, survivor participants in "Silent No More" become inspired to brainstorm, create and implement their own initiatives in the community as emerging leaders. "Silent No More" is effectively implemented in such a way that each session in each module provides survivor participants opportunities to: (i) develop innovative thinking abilities, (ii) become actively involved in discussions with other survivor participants, (iii) enhance

their critical reading and comprehension skills, (iv) self-reflect on their personal progress and the lessons taught in the session by utilizing their journals.

Module Four- educates survivor participants on the knowledge and skills needed to raise awareness on violence against women and galvanize change in the community as leaders (Womenatthecentre.com, 2015). Module Four also provides survivor participants information on the myriad ways of becoming actively involved in the community (Womenatthecentre.com, 2015). By providing such important information and educating survivor participants on the various benefits of getting involved in the community, the “Silent No More” initiative allows survivors to gain a clearer and deeper understanding of the need for their leadership in the community. All in all, the “Silent No More” initiative is a creatively implemented, interactive program that provides survivor participants the opportunity to enhance their knowledge and skills, ultimately helping them perceive themselves as emerging leaders with the potential to stimulate action and effective change in the community.

Secondly, the Líderes (Leaders) program was established in 2003 by Casa de Esperanza, a Latina organization based in the United States (Serrata, 2013). Notably, the Líderes program was created in response to “Latinas in the Twin Cities of MN asking for leadership opportunities in their communities” (Serrata, 2013). In 2011, it was adapted by Caminar Latino and modified for women survivors of domestic violence (Serrata, 2013). Caminar Latino is the one and only comprehensive domestic violence intervention program for Latino families in Atlanta, Georgia (Caminar Latino). By adapting and implementing the Líderes Comunitarias (Community Leaders) program, Caminar Latino’s goal was to help Latina survivors of domestic violence become “actively involved in creating change in their community” by drawing on “women’s natural strengths” and providing them with adequate opportunities (Caminar Latino). The Caminar Latino staff recruited nine women from different Latin American backgrounds who identified themselves as SOIV (Serrata, 2013). For the Líderes Comunitarias program, the staff recruited women who showed consistent attendance for Caminar Latino’s support groups and those who had “an interest in doing community work” (Serrata, 2013). It was also important to recruit those survivors who had moved past crisis situations in their lives. Subsequently, the Líderes Comunitarias training was conducted by an appropriately trained, culturally sensitive, Spanish speaking facilitator over a period of five weeks at a location deemed convenient by all of the survivor participants (Serrata, 2013). The Líderes met weekly for approximately four hours where they gained knowledge on SOIV as well as learned and enhanced their presentation, public speaking skills by practicing them regularly (Serrata, 2013). Survivor participants were also given opportunities to self-reflect and record their feelings, opinions about the program in the journals provided by Caminar Latino (Serrata, 2013).

While specific information on the components and organization of the program was difficult to obtain, we had an opportunity to examine some of the results of the program. Accordingly, at the end of the Líderes Comunitarias (Community Leaders) program, survivor participants reported that their sense of self as a leader/presenter had undergone a transformational process by the end of the training (Serrata, 2013). At the beginning of the program, a majority of survivor participants reported feelings of incompetency, nervousness and being unable to identify themselves as leaders (Serrata, 2013). However, as the training progressed, their perspectives of themselves as leaders had changed in a positive direction. As the training continued, survivor participants also expressed an increase in motivation to stimulate change in the community (Serrata, 2013). The survivor participants also revealed a heightened interest in acquiring relevant skills and utilizing them to positively help others in the community (Serrata, 2013). All in all, the Líderes Comunitarias (Community Leaders) program allowed female SOIV to become engaged in a transformational process wherein they positively developed their skills and were able to become empowered and develop their sense of self as leaders.

Additionally, organizations such as Family Services of Peel, Catholic Family Services, Supportive Housing in Peel and Interim Place (to name a few services in Peel) provide various programs and services for SOIV such as Women Supporting Women and High Support Program, just to name a few. While these programs are able to provide support and counselling to SOIV, the need for survivor-centred leadership initiatives within these organizations still remains.

Overall, the initiatives implemented by WomenattheCentrE, as well as Caminar Latino, allow women SOIV to take a central role in their survivor leadership programs, helping them identify, acquire and develop effective leadership capabilities. By adopting a survivor-centred approach, these organizations and initiatives help women SOIV identify themselves as important agents of change, ultimately facilitating them to progress from a survivor mode to a leadership mode.

SECTION TWO: INTERVIEWS WITH KEY STAKEHOLDERS/SERVICE PROVIDERS

The second part of this project included one-on-one interviews with key stakeholders in the Region of Peel. The purpose of the interviews was to gain insight into the needs of social service and health care providers, and to ensure that survivors have access to seamless, interdisciplinary services and support. Another key component of this process was to obtain important input from service providers in the social service and health sector, and tapping into their experience and expertise of working with SOIV.

An invitation letter requesting participation in a one-on-one interview was distributed via e-mail to thirty social service and health care organizations that offer programs and services for

women SOIV in the Peel Region. As a result, ten service providers responded and were subsequently interviewed through three telephone interviews and seven in-person interviews. The duration of the interviews with each of the service providers lasted an average of two hours. During the interviews, we asked a series of questions regarding their experience working with survivors of violence. Please refer to appendix c for the interview questionnaire used for key stakeholders.

RESULTS

We interviewed 10 service providers from organizations who work directly with SOIV in the Region of Peel and asked them to describe the services they provide, how they do their work, and their guiding philosophy for working with people impacted by violence. Respondents also offered their opinions about the existing gaps in services and shared their expertise about the most impactful ways of approaching the work.

Questions/Responses

1. How long have you been working with female survivors of violence?

Each service provider who was interviewed had a minimum of five years of experience working with SOIV.

2. What are some of the major challenges that you have experienced when working with women survivors?

A common concern expressed by the majority of the interviewees was regarding the low retention rate of clients/participants for counselling sessions and/or support groups. One service provider stated that “many women are unable to keep their appointments for counselling. It seems that it is difficult for them (women) to balance their work and personal life...”

Other challenges encountered by service providers when working with women survivors included: gaining trust of participants and difficulty in working with survivors who are experiencing trauma. A service provider expressed that “in my experience, working with clients that have experienced domestic violence, the major challenge is gaining their trust. If the client cannot trust me as a counselor, then we cannot work through her experience and guide her through the healing process.” Furthermore, many of the service providers expressed their concern towards a lack of survivor leadership initiatives in the community.

3. (Follow-up question) What were some of the messages to take away from these challenges?

Majority of the service providers articulated that increasing accessibility of services, developing rapport and a comfortable, transparent relationship with their clients were some of the elements that needed to be improved in their services. More specifically, in explaining their agency's efforts to increase the client retention rate, one of the interviewees expressed that "we try to make it accessible, we offer counselling in different languages, provide transportation (on a case by case basis)."

Another service provider believed that "it is also important to offer the groups (services) in different locations (Caledon, Brampton, and Mississauga) that are accessible by both car and bus and at different times/days." Some service providers also believed that letting survivors decide the program that best meets their needs and subsequently helping them access appropriate resources (medical or social) is crucial to providing an effective model of care to female survivors. It was also expressed that assumptions should not be made about survivors' experiences and that "service providers need to be capable of providing 'trauma-informed' therapy." Importantly, many of the interviewees suggested that service agencies in the region should implement survivor-centred leadership initiatives which will empower SOIV and enhance their participation in the community.

4. Overall, how many survivors continue with counselling and/or support groups?

In many cases, the retention rate varied from session to session, week to week. One interviewee assessed that if the female clients are in crisis, they are more likely to attend counselling on a regular basis. Another service provider also identified that "attendance is also dependent on whether or not the services are offered at a cost to the client. Usually, if there is a cost associated with counselling sessions or group support, women tend to discontinue with the services."

5. What retention strategies are utilized to engage the survivors?

Some of the strategies used to encourage women survivors to continue with their sessions and/or support groups are as follows:

- Making programs/services more accessible to clients/participants.
 - This includes offering child minding programs, reimbursing transportation costs, providing services in different languages and with program facilitators and/or counselors who are culturally sensitive and accommodating.

- Ensuring that program facilitators and/or counselors have the expertise and relevant skills to work with survivors of violence.

- Encouraging staff to develop rapport with their clients/participants, gain their trust so their clients are comfortable enough to keep attending their sessions.
- Periodically checking up on their clients (via telephone, e-mail) to let them know that someone cares and will be awaiting their attendance at the next session.

6. What is your agency's inclusion criteria for individuals to participate in counselling and/or support groups?

While each agency or service provider has their own specific intake process, the following criteria was a recurring theme amongst all of them:

- Individuals aged 18 or older
- Survivors who have experienced some form of violence/trauma in their lives
- Individuals should not be in immediate crisis and must be mentally prepared to partake in counselling sessions at first. Subsequently, when they have concluded their counselling, their counsellor will assess their readiness and determine their participation in group sessions.
- Individuals should be committed and motivated to actively participate in groups.

7. What is offered to the women (survivors) in terms of compensation?

All of the interviewees expressed that their organizations provided compensation in the form of bus tickets, and/or refreshments, honorariums and in some cases, child minding programs.

8. How are the programs evaluated?

Most counselors expressed that they use a weekly survey or more specifically, a pre and post survey tailored to the specific survivor groups. These pre and post surveys help the service providers receive feedback from the survivor participants on the effectiveness of the group activities or counselling sessions. Participant F, an employee from The Heal Network, further expressed that once the surveys are completed and collected, an expert from the service agency reviews the results to determine the effectiveness of the group sessions and if they should be continued.

SECTION THREE: FOCUS GROUP

Focus Group

Purpose: The focus group was conducted as part of the research initiative, which asked women to speak about the meaning and value of engagement, as well as the ways in which the PIVP can support survivors of violence in being involved in taking a leadership role in their communities.

Outreach and Recruitment: Participants were recruited through two primary mechanisms: (i) recruitment of survivors who have or are currently receiving services from non-profit organizations within the Region of Peel as well as (ii) a community based recruitment of survivors. In order to recruit survivors, the team systematically posted flyers and brochures advertising the Survivor informed collaboration across Peel where survivors may go during their day-to-day lives. We also sent out recruitment mailings and/or emails to community residences, and posted flyers and brochures at social service agencies, including Rape crisis centres and domestic violence shelters. The advertisements included information about the program, outlined the eligibility criteria and encouraged eligible persons to contact the Program Coordinator via email or telephone.

Process: The Project Coordinator identified and recruited 10 participants for the focus group, with the expectation that 6-8 participants would attend the focus group. The focus group was conducted at Family Services of Peel, a central location accessible by public transportation as well as by car. It was held at a time convenient for both working and non-working participants. Following the conclusion of the focus group, participants completed a short demographic survey and received a \$10 honorarium for participation.

Confidentiality: As service providers and researchers, working with and on behalf of survivors who have experienced domestic and/or sexual violence, we are acutely aware of the need for confidentiality and in some cases, anonymity. Before the start of the focus group, each participant reviewed and signed a written consent form. This form outlined the purpose of the larger project of community engagement and the focus group process. It clearly stated that each participant should engage voluntarily in the focus group and explained that the session would be audio recorded (**which was declined**). Also, the form outlined that there would be two note takers to record the discussion; and explained that all responses would be reported in aggregate form and lastly, that no personally identifying information would be made public or connected to individual responses.

Participant Profile: The target population of PIVP was women SOIV, specifically intimate partner violence and/or sexual assault, who currently reside in the Region of Peel. Survivors who participated included women of colour, immigrant women, women with disabilities, women of different ages, mothers and single women. Although the invitation to the focus group was open ended, particular efforts were made to encourage participation by marginalized women, especially Aboriginal women, women with disabilities, and immigrant women.

Group Guidelines: Agreement to abide by the group guidelines included a verbal commitment not to share participants' personal stories or comments outside of the focus group discussion. As the scribe (note taker) took notes, she did not use participants' names when recording individual comments.

Group Introductions and Ice Breakers: The facilitators as well as all participants were given the opportunity to introduce themselves to the group. Once the introductions were completed, we moved into the ice breaker activities. This was an important component of the introduction during the focus group as the majority of the participants were unfamiliar with each other. The ice breaker activities allowed the participants to get to know each other better, thereby helping to create a comfortable, supportive environment.

Focus Group Questions/Responses

Part One: Leadership

1. What does leadership mean to you?

Many of the survivor participants expressed that leadership meant “respecting others”, “taking charge in projects” and having the ability to motivate others to pursue a shared goal. Another participant also articulated that “leaders need to be able to inspire others” and resolve issues in an efficient manner.

2. What qualities do you think are important in a leader?

In addition to reiterating the answers from the previous question, some respondents such as Participant #1 said that “leaders need to be outspoken” and “good listeners.” Another participant also expressed that “leaders should have the ability to communicate with a variety of audiences (people).”

Other participants articulated that leaders need to possess “good management skills and self-confidence.” Survivor participant #2 further expressed that management skills are important so leaders can organize their team members and oversee the progress of the whole team in working towards their goals.

Another participant said that leaders “need to be educated, experienced and should have the skills and expertise required to resolve difficult situations and problems.” Most of the participants expressed that leaders need to be open and honest with their colleagues and any others with whom they work.

3. What leadership skills do you currently have?

Survivor participants expressed that they possess leadership skills such as “problem solving skills,” and “the ability to be empathetic.” Survivor participant #4 stated that she is “approachable,” and “flexible.” Other participants articulated that they also have other leadership capabilities such as “financial skills (such as budgeting, planning),” and the “ability to compromise with others.”

4. What type of training would you need to be a leader in your community?

Many participants stated that increased education about interpersonal violence (such as definitions, causes, etc.) would be beneficial in helping them gain more insight and knowledge. Survivor participant #3 expressed that learning “community engagement skills as well as social work skills (i.e. counselling)” would enable them to take a more active role in the community as leaders.

Another participant articulated that potential leaders need to be provided with “formal education” as well as “knowledge about available resources” in the community that can be utilized by the survivors in their future leadership ventures. Other participants emphasized that in order to become leaders, SOIV need to be trained on cultural sensitivity and awareness since different issues are approached with different cultural perspectives. According to the participants, this could include teaching survivors about the myriad communities, the barriers they experience, their culturally specific needs, etc.

Part Two: Community Engagement

1. What are the barriers that prevent women SOIV from participating in community activities?

All of the participants claimed that language and transportation barriers hindered them from becoming actively involved in the community. Survivor participant #6 felt that her lack of fluency in English deterred her from engaging meaningfully in community projects/initiatives. With regards to transportation, participants expressed that reaching community activities at their various, designated locations is at times, very difficult, because the Peel region is so large and the survivor participants do not have frequent access to transportation.

Participants were also concerned with their lack of awareness on issues such as SOIV and the resources available in the community. Factors such as financial issues, low self-esteem, feelings of embarrassment and shame were also cited as impediments to community engagement by the survivor participants. Other participants expressed that their domestic responsibilities, such as child minding and housework, also act as barriers which prevent them

from meaningful community involvement. A few participants also voiced concerns relating to community members and leaders not valuing their opinions. Some participants articulated that they simply do not know where their efforts are needed and how they can help in the community.

2. How can we overcome these barriers?

The focus group participants expressed that the provision of programs, services and activities at various times of the day and at multiple locations in the region will be helpful in increasing their community engagement. Furthermore, survivor participants identified the need for increased education and knowledge on interpersonal violence and the various resources of which they can avail within the community. The need for appropriate, effective training of professionals such as workshop facilitators, counsellors and any other intermediary staff was also cited as a tool that could enhance survivor participants' leadership in the community. Some of the participants were also cognizant of their various roles as mother, wife, daughter, etc., ultimately articulating that programs and activities need to take into consideration their responsibilities and duties. Subsequently, survivor participants articulated that the provision of child-minding programs will facilitate women's increased participation in the community. All in all, augmenting the accessibility to the various programs and services was regarded as a primary mechanism that would boost survivor participants' community engagement and leadership.

3. What are the benefits of being involved as an active participant in community activities?

The following benefits were identified by the survivor participants:

- More effective and increased support and mentoring of other individuals who are in crisis.
- A sense of satisfaction from helping other SOIV and people from their own cultures/religions.
- Feelings of contentment that they would receive from contributing positively to the community.
- Increased awareness and knowledge on the issue of interpersonal violence
- Changing public perceptions around SOIV.
- A perceived sense of empowerment.

4. What do you need in terms of support to become actively involved in the Peel Institute on Violence Prevention?

Common themes emerged during this discussion such as increased accessibility (transportation, child-minding), effective training (to work with other SOIV), education, employment and support from counsellors to help them become more involved in PIVP's work.

DISCUSSION

The literature review provided us with important information on leadership characteristics and skills that individuals need to possess as leaders. By examining the literature, however, we can surmise that SOIV generally lack the skills that are usually attributed to good leadership. Although SOIV may have transitioned out of a crisis stage, it has been well documented that interpersonal violence leaves a long-lasting impact, negatively affecting survivors' mental and emotional health and well-being in various ways. With regards to the development of leadership capabilities, counsellors and practitioners may find it challenging to foster leadership values such as extroversion, optimism and openness in SOIV. This is largely a result of survivors' exposure to interpersonal violence. Along with keeping their victims in a perpetual environment of fear, the perpetrators of interpersonal violence inflict serious physical, mental and psychological damage on their victims. This physical and psychological abuse plays a crucial role in lowering the victim's sense of confidence and self-esteem, ultimately propelling the victims to perceive themselves as powerless and weak in relation to the perpetrator.

While service providers and counsellors will work with survivors once they have moved past the crisis stage, they will find that SOIV will take time to restore their trust in others and rebuild their social relationships. Evidently, survivors will have difficulty exhibiting leadership qualities such as extroversion, positivism and openness. This may be a result of the survivors' isolation from their social networking circle of family, friends, and/or colleagues during their stage of crisis. Also, it is imperative to recognize that survivors often experience interpersonal violence at the hands of their loved ones such as their partner, their spouse or their father which ultimately paves the way for increased feelings of distrust in the survivor. Experiences of interpersonal violence can certainly induce trauma, anxiety, feelings of hopelessness and despair in SOIV, along with negatively affecting their ability to cope with their low self-esteem and to maintain their social relationships. Although survivors may possess leadership attributes such as cognitive intelligence and a broad range of specialized skills and knowledge, it will be challenging for them to develop, revitalize and refine their other leadership capabilities such as interpersonal skills, adaptability, openness to experience, optimism and their motivation to effect positive change around them. The PIVP, as well as other service providers, must take these challenges into consideration when planning and implementing survivor-centred leadership initiatives. It may be a difficult and lengthy process, but SOIV, with their intelligence, courage, resilience and myriad other skills do have the potential to emerge as transformational leaders within the community.

Additionally, it is salient to address some of the key themes that emerged from the interviews with key service providers and the survivor focus groups. This will act as important information for the planning and implementation of the PIVP survivor leadership and

engagement initiatives. Some distinct, prominent themes that emerged consistently were: (i) education and skill development, (ii) accessibility, (iii) safety, (iv) employment, (v) support, and (vi) awareness.

Education and Skill Development

Education and skill development were crucial areas of concern to both the service providers as well as the survivor participants. Survivors wanted to be educated on the dimensions of violence that organizations deal with including the lexicon that depicts how violence is treated by community and legislative agencies. This would give women survivors a greater sense of empowerment and broader knowledge base that they would be able to utilize and engage with other survivors in the community. They also expressed the need for skills development. Organizations emphasized their promotion of skill building workshops at the interpersonal level that will encourage and empower survivors personally and socially. Focus group participants, while recognizing the importance of interpersonal skills development, also reflected on the need for counseling skills to appropriately support individuals in crisis.

Accessibility

Both groups stated that accessibility was very important to participating in programs run by organizations or in the community. Accessibility was described in several dimensions that affected the ability of women to initially engage and stay engaged in organizational activities and services. Key stakeholders, as well as survivor participants, expressed that support in getting to and from the program (financial support for transportation), the provision of child minding services and culturally sensitive services were all examples of how organizations can provide easier and more frequent access to survivors wishing to become more involved in the community.

Safety

Safety was identified as an issue of crucial significance at all levels of survivor engagement and participation. Both service providers and survivors wanted to avoid the possibility of re-victimization. Both groups agreed on the necessity for safe spaces that promote acceptance, tolerance, non-judgmental attitudes and validation to increase survivor participation and prolonged engagement in leadership and community engagement initiatives.

Employment

Survivors expressed a need for employment as the primary way to support themselves and their families. The leadership program can be seen as a precursor to establishing different skill sets that could be transferable to other labour markets for economic power, freedom and independence. Organizations also advocated for the provision of employment skills training programs to help survivors acquire relevant and in-demand labour market skills.

Support

In order for survivors to become involved in community engagement activities, they must feel that their ideas, input, and expertise are taken seriously. Key stakeholders must be committed to listening to women and acting on their suggestions wherever possible. Survivor participants in the focus group also expressed the need to challenge the shame and stigma associated with being a SOIV. They felt that with the support and validation from peers and service providers, they would be able to advocate and raise awareness about the impact of violence.

Awareness

Participants communicated that there was a dearth of information on available opportunities that allow survivors to get involved and spread awareness on interpersonal violence and related issues. Both groups articulated the increased need for readily available and easily accessible information on ways to get actively involved in the community.

LIMITATIONS

While examining the results from the focus groups, it was found that the size of the focus group was small and an inclusion of more survivor participants in the focus group could have yielded more potential results. Also, administering more than one focus group would have been beneficial, providing the PIVP with a myriad, diverse range of opinions and perspectives on survivor leadership programs and initiatives.

APPENDIX A

COMMUNITY OUTREACH FLYER

COMMUNITY

Building Human, Social and Community Capacity



FAMILY SERVICES of PEEL
Since 1971



An agency of the Government of Ontario
Branche du gouvernement de l'Ontario

Family Services of Peel and Peel Institute on Violence Prevention are conducting a series of focus group sessions, which will include participants from the social service and health sectors, as well as women survivors of violence.

The two-hour focus group will include ten participants, and will help guide our assessment for a future leadership training initiative.

The group will be audiotaped but any personal information shared will be kept completely confidential. Participants will not be publicly identified in the focus group report. If the discussion should evoke emotions related to your experience then counsellors will be available for the duration of the discussion. The information provided during the discussion will guide the development and implementation of training programs to ensure that they are responsive and effective in meeting the needs of women survivors of violence.

Participation is limited to women survivors of violence, 18 and up, who reside in Peel Region.

*Participants Wanted.
Let Your Voice Be Heard!*

Date:
Friday, November 28th,
2014

Time:
5:00pm to 8:00pm

Location:
151 City Centre Drive
Suite 501, Mississauga

*A light supper will be provided

If you are interested in participating in the group discussion then please contact **Trisha Wilson-Singer** at 647-204-5976 or twilson@fspeel.org.

If you have any questions or require additional information regarding this project then please contact **Monica Riutort** at 905-270-2250 Ext. 227 or mriutort@fspeel.org.



APPENDIX B

Invitation Letter to Key Stakeholders

Family Services of Peel
151 City Centre Drive
Suite 501
Mississauga, Ontario
L5M 1M7

Peel Institute on Violence Prevention is an interdisciplinary and inter-sectoral collaborative initiative among agencies in the Region of Peel working toward the eradication of all forms of violence. Operating within an equity lens and an anti-oppressive, anti-racist framework, the Peel Institute on Violence Prevention is a focal point for data-driven, evidence-informed practice, which will improve the organization of services, combining the perspectives of the diverse population served, academia, and community service providers. The Peel Institute on Violence Prevention is bringing under one roof survivors of violence, service providers, policy makers, and substantial scientific evidence to transform the culture of how services and programs for survivors of violence are thought, provided, and evaluated in Peel.

The Peel Institute on Violence Prevention is conducting a series of focus group sessions, which will include participants from the social service and health sector as well as women survivors of violence. The first step in this project will be to have an informal one-on-one conversation with key informants to talk about individual experiences regarding services and programming for survivors of violence. The purpose of this conversation is to gain insight into the needs of social service and health care providers, and survivors of violence, as well as to ensure that survivors of violence have access to seamless, interdisciplinary services and support. Participation in the interview is limited to 45-60 minutes, during which you will be asked a series of questions regarding your experience working with survivors of violence.

If you or any of your staff are interested in participating in the interview, please contact Trisha Wilson-Singer at XXX-XXX-XXXX or via email at twilson@fspeel.org. If you have any questions or require additional information regarding this project, please contact Monica Riutort at 905-270-2250 ext. 227 or via email at mriutort@fspeel.org.

Sincerely,

Trisha Wilson-Singer
Consultant
Peel Institute on Violence Prevention

APPENDIX C

Questions for Key Stakeholders

1. How long have you been working with women survivors of violence?
2. What are some of the major challenges that you have experienced?
3. What have you learned as a service provider from these challenges?
4. How many women continue to attend throughout the entire program?
(This would include both one-on-one counselling sessions and support groups)
5. What are the retention strategies for keeping women engaged? Any particular methods that your agency uses?
6. What is your inclusion criterion? How do you assess whether women with experiences of violence are ready to participate in group sessions?
7. What is offered to the participants in terms of compensation?
8. How do you make the programs/services accessible?
9. How are the programs/services evaluated?

APPENDIX D
FOCUS GROUP AGENDA

5:00-5:20 -Welcome and Registration

5:20-5:45- Manager makes introductions and provides history of PIVP
Welcome from Director of Client Services

5:45-5:50- Introductions and welcome from Facilitators

5:50-6:15 -Establishing group guidelines/ sign consent form/ collect forms

6:15-6:30 - Introductions and ice breaker

6:30-7:45- Question and discussion period

7:45-8:00- Questions/comment period (from participants)/ Thank you and sign up if interested
in joining committee

****Please note****: Although the facilitators attempted to stay within these timelines, some sections took longer or shorter than anticipated.

APPENDIX E
GROUP GUIDELINES

1. Listen respectfully
2. Respect each other's opinion, even if you do not share them
3. Everyone has an opportunity to speak
4. Participants will ask for clarification if questions are unclear
5. There are no right or wrong answers
6. Please turn cell phones to silent or vibrate for the duration of the session
7. Participants will inform facilitators when they need a break
8. Others from the participants?



APPENDIX F

Consent Form

FAMILY SERVICES of PEEL

Community Leadership:

Building Human, Social and Community Capacity

Focus Group Consent Form

As a participant of a focus group on Community Leadership, it is necessary for you to understand the purpose of this focus group and what your agreement entails. Take some time to familiarize yourself with the consent form before participating. If you have any questions and/or concerns, please discuss them with the group facilitator.

Purpose:

Family Services of Peel and the Peel Institute on Violence Prevention is conducting this study in order to gain information on how we can incorporate the needs of women survivors of violence into the work of PIVP. Your individual and collective stories of abuse and violence provides deeper insights into this issue that makes your participation more relevant and meaningful, as it will increase our understanding of the needs of survivors. Consequently, this will help shape the development and implementation of training programs to ensure that they are responsive and effective in meeting the needs of women survivors of violence. It will also provide the opportunity for survivors of violence to become part of a community advisory committee.

Procedure:

The focus group consists of approximately 10-12 women and is two hours in duration. Two facilitators will guide the group discussion and two note-takers will document the discussion. Group discussions are audio recorded for accuracy and the recordings will be transcribed so that the information can be collected verbatim to allow for a more accurate analysis of data. All recordings will be erased once the transcript is completed. The success of the study depends on active participation and sharing, however, if you prefer to pass on a question or limit participation on any part of the discussion please feel free to do so.

Questionnaires:

At the start of the study, you are required to complete a short standardized questionnaire with questions regarding your age, ethnicity, occupation and level of education completed. There will be an evaluation at the end regarding your experience of the study.

What are the risks of the study?

Due to the nature of the study, you might be triggered. If that happens, and you need to stop participating, please let us know. There will be counsellors on site if you require immediate support.

All participants are required to keep personal information about other participants confidential; however, we cannot guarantee that the discussions you have will remain private. It is possible that other women in your focus group will talk to people they know about your responses. It is also possible that you may know one of the women in the group, facilitating the group, or taking notes. If you feel uncomfortable about this, you may stop participating at any time.

Are there benefits to taking part in this study?

This is an opportunity to ensure your voice is heard, influence the work of the Peel Institute on Violence Prevention, and become part of a network that continues to impact the work done for women survivors of abuse and violence in an ongoing fashion.

Confidentiality:

Your confidentiality will be respected, and no information that identifies you will be published. The notes taken during the focus group will not have your name appearing on them. All of the notes and the information sheets will be stored in a secure place. The researchers will be the only people who will have access to this information. Please be aware that it is possible that the other women in your focus group will repeat what you have said when the session is over.

What are my rights as a participant?

Your participation in this study is voluntary and your privacy is protected. You may stop participating at any time. This is your right and we will respect it. You will not be penalized for withdrawing from the project. Whether you participate or not, it will not impact you accessing services. You will be given a copy of this signed and dated consent form.

Who do I call if I have questions or concerns?

If you have any questions about taking part in this research, you can speak to Trisha Wilson-Singer, Consultant at twilson@fspeel.org or 647-204-5976, or Monica Riutort, Manager at mriutort@fspeel.org or 905-270-2250 Ext 227.

Signatures:

My signature on this consent form means the following:

- I have read the information on this form (or the information has been read to me) and I have had a chance to ask any questions about the study. I agree to participate in the study and have been told that I can change my mind and withdraw from the study at any time, even after the focus group is over, by calling the number on this form.

- The requirements and the risks of the study have been explained to me.
- I have been given a copy of this form.
- By signing this consent form, I am in no way giving up my legal rights or releasing the researchers or sponsors from their legal and professional responsibilities.

Audiotape Permission:

I know that the discussion will be recorded only if all participants agree. I know that I can request the recorder be turned off during the discussion if I do not want something I am saying to be recorded.

I agree to be audiotaped Yes No

Name of Participant (Please Print)

Signature

Date

APPENDIX G

Questions for Participants

Part One: Leadership

1. What does leadership mean to you?
2. What qualities do you think are important in a leader?
3. What leadership skills do you currently have?
4. What type of training would you need to be a leader in your community?

Part Two: Community Engagement

1. What are the barriers that prevent women survivors from participating in community activities?
2. How can we overcome these barriers?
3. How do you see yourself becoming involved in your community? What activities interest you? Please explain.
4. What are the benefits of being involved as an active participant in community engagement?
5. What do you need in terms of support to become an active participant in the Peel Institute on Violence Prevention?

APPENDIX H

Evaluation Survey

**The following information comprises the comments from each participant; they are not listed in any particular order. **

Were you able to identify key leadership skills? If yes, please explain. If not, why?

- Yes
- Yes, Leadership skills. Involve, organization, training, showing empathy, be humble, able to communicate effectively most of these qualities I know I have, just needed the chance to exercise them.
- Yes, I have a strong empathetic learning which people respond to. I have excellent organizational skills
- Yes, if hired by a community agency I would be a great fit since I have a multicultural background. I would be able to leave a legacy in my community and people would benefit by my skills
- Yes

Was there something you think we should have discussed but didn't?

- More information
- Yes, how could I be helped economically to attend college or university in order to be better prepared for my role in the community
- We discussed a lot of things and I'm not sure there would have been enough time to cover more material
- Financial Assistance

Any other comments?

- I felt safe here
- I like the fact that everyone was comfortable and able to discuss their own personal abuse experience
- Through more information about abuse, kind of abuse, how to avoid being involved in an abusive situation, more strategies, more skills to learn how to avoid the abuse
- More information would be useful to increase the number of participants, social media impact should be considered to spread out the word about domestic violence and its consequences both short and long term in individuals

APPENDIX I

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Organizations/Individual - Interviewed

1. Supportive Housing in Peel (SHIP)
2. Safe Centre of Peel
3. Helping End Abuse for Life (HEAL)
4. Catholic Family Services of Peel-Dufferin (CFSPD)
5. MIAG
6. Women at the Centre
7. Private Practice - Donald Brenson