



Annotated Bibliographies on Peer Support Toolkits for Human Trafficking Survivors

Family Services of Peel – Peel Institute on Violence Prevention

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Annotated Bibliographies

1. 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>

This article emphasized the importance of peer-led support groups for family caregivers of people with Parkinson's disease. The research problem was that there was a gap in the research regarding the caregivers of people who have Parkinson's disease. The argument of this article was that peer-led support groups are essential in promoting the health and well being of caregivers of people with Parkinson's disease. The methodology used in this study was a qualitative, grounded theory approach. The types of sources used in this article were, a larger qualitative study that revealed family caregiver's experiences in caring for a relative with Parkinson's disease, and face-to-face interviews with family caregivers of those with Parkinson's disease. The caregivers that were interviewed expressed how much they valued peer support. Meeting every few weeks to share their experiences, receive advice and socialize helped them to cope with their situations. The article was organized into different sections with headings that are based on the several themes that emerged from the research study. This article was relevant to the research topic because it stated that peer-led support was significant for caregivers, as it allowed them to have a safe and restful space where they could discuss the challenges of caring for their loved ones with Parkinson's disease.

2. Baron, N. M., Riley, K., & Arellano, K. (2018). Adding a parent to the brain tumor team: Evaluating a peer support intervention for parents of children with brain tumors. *Journal of pediatric oncology nursing, 35*(3), 218–228. <https://doi-org.gbcprx01.georgebrown.ca/10.1177/1043454218762797>

The purpose of this study was to examine the impact of a peer support intervention for parents of children with brain tumours. In this study, parents that had children with brain tumours were specially trained to provide one-on-one support for other parents undergoing a similar experience. The focus of the peer support intervention was to empower parents and help them build resilience to create future goals. The methodology used by the authors in this article was a mixed-method, cross-sectional study. Tests were administered to participants; scores were compared, and focus groups were held. For this peer support intervention, physicians, social workers or advanced practice nurses provided referrals for the parents to meet with a peer support worker (a veteran parent) after

they received permission from the family. The peer support worker met with parents one-on-one and offered them the opportunity to express their feelings, share their fears and concerns, and ask questions of someone experienced in caring for a child with a brain tumour. The Veteran parent (VP) offered knowledgeable advice to aid parents in coping emotionally, improve their quality of life for themselves and their child. The VP provided parents with community resources, access to support meetings, educational seminars, social events and family camps tailored to the needs of parents, siblings and children with brain tumours. This study was relevant to the research topic because it found that parents of children with brain tumours benefited from a peer support intervention. Peer support empowered the parents, helped them to change their outlook, knowledge, and behaviour and find meaning in life.

3. 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.gbcpvx01.georgebrown.ca/10.1111/sdi.12703>

This article examined the use of peer mentor support among adult patients in dialysis. This research used randomized controlled trials and exploratory descriptive methods to determine the effectiveness of peer mentoring. The authors recommended that a combination of face-to-face and telephone one-to-one peer support format was best in developing strong personal relationships in dialysis patients. Besides, patient peer support groups, which run as chat forums, shared blogs, and social media pages, also benefited in the decreased progression of the kidney disease. The findings suggested the peer mentor programs improved patients' goal setting, decision-making, and increased self-management. Nevertheless, the peer mentor programs would require the support of dialysis professionals. This research appeared to be relevant to the toolkit development because it provided different types of models of patient-to-patient peer support models, as well as proposed that the support from peer mentoring and health care professionals provided positive impacts on the disease fighters.

4. 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. <https://doi-org.gbcpvx01.georgebrown.ca/10.1080/02643944.2014.960532>

This article discussed the value of peer support programs in comparison to adult-led forms of support, for young people that are transitioning into secondary school. The argument of this article

was that peer support can add value to the supports that already exist in schools. The methodology of this article was a qualitative research design where a purposive sample of 26 different secondary schools that had implemented peer support programs was used. The researchers collected data about the participant's experiences of running the peer support programs and both the benefits and challenges involved with implementing these programs. The study involved focus groups with mentors and mentees, and interviews with principals and teachers. This article was organized into different sections such as the introduction, methodology, the benefits and challenges of peer support programs, and the conclusion. This source was relevant to the research topic and beneficial to the research analysis because it stated how peer mentors have a better understanding of the challenges faced by their peer mentees, and could effectively tailor the support they provide to the needs of their peers because they had once had a similar life experience. It was also argued in this article that advice was more likely to be applicable and followed through on if received by one's peer.

5. Brooks, A. C., Diguseppi, G., Laudet, A., Rosenwasser, B., Knoblach, D., Carpenedo, C. M., Kirby, K. C. (2012). Developing an evidence-based, multimedia group counseling curriculum toolkit. *Journal of substance abuse treatment*, 43(2), 178–189. <https://doi-org.gbcp01.georgebrown.ca/10.1016/j.jsat.2011.12.007>

This article intended to describe the process of integrating Relapse Prevention (RP) strategies to a curriculum toolkit and to test its effectiveness on drug addiction prevention counsellors' adherence and skilfulness in delivering the content in group therapy sessions. Researchers identified that a successful Toolkit should include an introductory video to deliver key information, a colourful interactive poster to reinforce video content, worksheets to encourage interacting with the content, and recovery cards to remind participants of key points of the strategies. Although the use of this multimedia Toolkit did not shown significance in improving the counsellor skilfulness, it demonstrated large positive effect in adherence. While the GCCT (as well as the example of RoadMAP Toolkit) mentioned in the study focused on relapse prevention of drug addiction, this knowledge was relevant to the research and could be transformed and considered when developing the peer support toolkit.

6. 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. <https://doi-org.gbcp01.georgebrown.ca/10.1007/s10461-017-1999-8>

The purpose of this randomized clinical trial (RCT) was to examine the impact of a peer support intervention for people receiving care and treatment for HIV. This peer support intervention involved 7, one-on-one sessions that were 60 minutes each, every 1 to 3 weeks. The topics covered in each session were helpful to those receiving HIV care and treatment. The peer supporter also performed weekly check-ins either over the phone or in person for 30 to 60 minutes, every two weeks. Peer supporters were also trained to remind their peer mentees of any upcoming medical appointments that have been scheduled. Peer mentors provided informational support about how to live a healthy life with a diagnosis of HIV and emotional support through active listening and sharing personal experiences. The mentors also provided their peers with the necessary knowledge to access the available community resources and social networks that may help them throughout their treatment. This article was relevant to the research topic because it stated that peer support interventions had been proven to be effective for other health conditions and low-income populations and it was likely that survivors of human trafficking came from a low-income background and might experience various health problems (p.2628). The group of people who received the peer support intervention in this RCT showed improvements in their treatment and care.

7. 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. <https://doi-org.gbcprx01.georgebrown.ca/10.1080/07481187.2017.1335552>

This study would be applicable to the development of human trafficking toolkit as this study evaluated the peer grief support after suicide (PGSS) program on suicide-bereaved people (i.e. people who have lost someone in the military). While the peer suicide grief support groups featured “mutual, nonjudgmental emotional support in which survivors can share their stories and receive advice about coping from someone with similar experiences” (p. 651), it promoted the feeling of “strength in numbers” (p. 650). As the PGSS services was one the Tragedy Assistance Program for Survivors (TAPS), this TAPS model also provided services including telephone helpline, crisis assistance, one-on-one mentors and grief support groups, healing seminars, grief camps, volunteer opportunities beyond peer helping, and opportunities and training for survivors to become peer helpers themselves. The TAPS also processed a Survivor Resource Kit, which includes books and other information especially matched to the family to their situation as well as personalized gifts. While the TAPS provided strong sense of community among survivors of military suicide, it is known that the TAPS family both have received help from and have given help to the other members.

8. Department of Justice Canada. (2016). *From the ground up: Working with survivors for survivors*. FCJ Refugee centre. East metro youth services: Toronto, Canada.
<http://www.fcjrefugeecentre.org/wp-content/uploads/2016/02/Human-Trafficking-Survivors-Led-Initiative.pdf>

This article was about a project that was developed by the FCJ Refugee Centre and East Metro Youth Services, which provided a safe environment for survivors of human trafficking to express their opinions on the existing services and protection available or the lack thereof. The purpose of the project was to create a framework for a survivor led and designed toolkit for trafficked persons that service providers can implement into their practices. The argument of this work was that, support programs that were facilitated by survivors might help to bridge the gap that existed in the social supports that were available today. The methodology used by the author was a qualitative research design, using two focus groups. One group consisted of domestic survivors of human trafficking and the other group was made up of international survivors. Both groups were peer-led. This article was organized into different sections that summarize the findings that were uncovered from the focus groups. This article was relevant to the research topic and was helpful to the analysis because it stated numerous times that survivors of human trafficking value peer support over the support of an authority figure such as the police, therapists or counsellors. Peer workers provided a unique sense of trust and security because they have similar lived experiences.

9. 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>

This study argued that parents who experience caregiver strain would be more likely to participate in a peer-to-peer intervention program. The peer-to-peer support model discussed in this article was called the Parent Connectors intervention. This model was developed to increase parental engagement in the educational and mental health services for children that were available in the community. This peer support intervention provided emotional support, strategies to support academic success, food, clothing and shelter assistance. Support was provided through weekly phone calls made by the peer supporters. The peer supporters were also parents that have had similar experiences to those experiencing caregiver strain, which increased the relevance of the intervention. Peer supporters initiated the phone calls with parents to ensure that the opportunity

was not missed if the parents forgot to call themselves. The methodology of this study was a randomized control trial. This source was relevant to the research topic because it provided an example of a peer support model that was useful for increasing the engagement of parents of children with severe emotional and behavioural needs.

10. 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.

This article discussed a peer support group (PSG) that was implemented for men, women and youth living with epilepsy. The purpose of this research study was to determine the effect of a PSG on the amount of stigma that people living with epilepsy feel. In this year long, PSG intervention, PSG facilitators participated in a week-long training program which focused on the principles of facilitating PSGs and understanding disease-related stigma. Training for PSG facilitators also included information about research ethics, patient confidentiality and the administration of study evaluation instruments. There were separate PSGs conducted for men, women and youth with epilepsy. Each of these groups met once a month for a duration of 2 hours. The topics discussed in each session were determined by group members. The participants were encouraged by the facilitators to share their life experiences, coping strategies and problem-solving techniques related to epilepsy. This article was relevant to the research topic and helpful to the analysis because it provided an example of a PSG intervention that effectively decreased the stigma felt by youth living with epilepsy.

11. 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. <https://doi-org.gbcprx01.georgebrown.ca/10.5958/0974-9357.2019.00067.9>

The purpose of the study was to explore the support system and hope of women inmates of human trafficking perpetrators in Indonesia. The research used a qualitative approach and obtained data via in-depth interviews with 5 participants. Findings revealed that most of the participants obtained their (social and moral) support system while in prison, which included the wardens, peer inmates, family and friends. This peer support motivated them to complete their punishment in prison and provided hope for their future life. Despite the small sample size, this article was an interesting read as it added insight to the research topic by viewing from the opposite perspective of how the perpetrators of

human trafficking cope with their lives using peer support after serving the punishment in prison and returning to society.

12. 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. <https://doi-org.gbcprx01.georgebrown.ca/10.1038/sc.2012.143>

This article looked at the effectiveness of a community peer support service for people with spinal cord injuries during their hospital stay. In this qualitative research study, patients with spinal cord injuries (SCI) received support from a Community Peer Support Officer (CPSO). The CPSO were role models for the patients because they were living well with a SCI and were able to provide psychological support for them. This study found that the peer mentor was invaluable in the recovery of patients with a SCI. The CPSO introduced a unique dimension to care which health care professionals could not offer. The CPSO was able to focus on patients' emotional and psychological needs while sharing their own experiences. The participants of this study have stated that peer support empowers patients that are in recovery in general hospitals to engage in rehabilitation. Peer support gives patients hope for the future because they hear the personal life experiences of a person who has had a very similar life experience to them. This article was relevant to the research topic and was helpful to the analysis because it stated that the lack of peer support might have a significant effect on an individual's wellbeing and quality of life.

13. 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. <https://doi-org.gbcprx01.georgebrown.ca/10.1186/s12913-016-1538-8>

This article emphasized the importance of health care professionals being educated about how to identify victims of human trafficking and making the appropriate referrals. The argument of this article was that survivors of human trafficking must receive health care that is trauma-informed and culturally sensitive to their specific needs. The research problem was that there is little evidence available that explains how to assess, plan and implement interventions that are tailored to the needs of human trafficking survivors. The methodology used by the author was a systematic review. Peer-reviewed journal articles and grey literature were included in this review. This article was an overview of the scholarship on the subject. The article was organized into different sections with headings such as, methods, results, discussion and conclusion. This source was relevant to the

research topic because it discusses implications for health care providers when providing care for survivors of human trafficking.

14. 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).

This article focuses on the development of a free online resource called the My Peer Toolkit [1.0], which supported community service providers. This toolkit provided practitioners with theory and practice-based guidelines for planning, implementing and evaluating peer-support services for youth who were at risk for poor mental health. The My Peer Toolkit was developed by consulting community youth service providers and researchers, reviewing organizational policies and literature, and participatory action research (PAR). In addition to interest groups and an interview, a literature review was also completed to identify the existing methods of evaluation that are relevant to peer-based youth programs. According to this article, when evaluating peer-based groups, importance should be placed on creating a safe and supportive environment, positive role modeling, youth participation and engagement, positive peer influences, and group rules/norms. The My Peer Toolkit was created to provide evaluation tools for service providers that offer peer-based programs that promote mental health and social wellbeing. This toolkit offered information about planning a program, youth participation, ethical practice and how to maintain positive relationships among group members. The toolkit included 13 evaluation tools that are considered useful for peer-support programs. This article was relevant to the research topic because it presented an evaluation tool for evaluating the effectiveness of peer-based groups.

15. 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>

This article presented a clinical practice guideline toolkit for individuals with serious mental illnesses or emotional disturbances. Step one of this toolkit was to determine whether the client wanted to receive services or not. If the individual did not want to receive any services, yet they would like more information, they should be given a referral for an early psychosis intervention and a description of each service should be provided without putting any pressure on the individual to take part in the services. Davidson, Roe, Andres-Hyman & Ridgway (2010) stated that the use of stages of change models and intensive assertive outreach could help people to accept the current issues that they

have and the prior experiences that they have faced, and it could possibly help prepare them to deal with these issues (Jansen, 2018, p. 6). The second step of this toolkit involved the client establishing their goals. After the client set goals, a strengths-based assessment was conducted about their functionality ability and the resources available for each goal. Step three of the toolkit involves creating objectives that were SMART (specific, measurable, attainable, realistic, and timely). Step four was where the plan was implemented. Clinicians must demonstrate cultural competence when implementing interventions and ensure that they are delivered in a sensitive, empathetic, genuine and trusting manner (Jansen, 2018, p.11). Step five of the toolkit involved monitoring the client's progression on an ongoing basis and adjusting the plan as needed. In the last step of this toolkit the client had the opportunity to fulfil their long-term goals (move back to step three) or move on with their life and terminate services with the clinician or mental health agency. This article was relevant to the research topic because survivors of human trafficking might also experience mental health or emotional disturbances, and this article offered an example of a toolkit that was used for people with these health issues.

16. 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>

The article introduced the SHE programme to improve the care of women living with HIV and to promote best clinical practice. This programme was run by community and scientific faculties. The scientific faculty identified 5 key topics that should be focused in the programme, including situation of women with HIV in Europe, challenges of testing, antiretroviral treatment, women with HIV of childbearing age, and long term treatment. A peer support toolkit was developed for women living with HIV who wanted to facilitate peer support sessions. The toolkit focused on topics such as diagnosis, accessing healthcare, relationships, and HIV treatment. It was a successful ongoing program developed by both patient and physician perspectives that provide education and support to women living with HIV.

17. 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>

This article was about the patterns and trends of human trafficking in Calgary, Alberta, how front-line workers responded to human trafficking and the counter-trafficking response that existed today.

The argument of this article was that the experiences of human traffickers are ambiguous and are not well defined. The methodology used in this article was a mixed-method, exploratory study. This approach involved a survey, and focus group discussions with workers from agencies that came into contact with trafficked persons. This article was organized into five different sections. The first section was the introduction, the second section was the methodology, the third and fourth sections highlighted the key findings of the study, and the fifth section provided recommendations for future research about human trafficking, and how to respond to human trafficking in Canada. This article was helpful to the research and analysis because it discussed how inter-sectorial collaboration would be necessary to create protocols that effectively address and respond to human trafficking.

18. 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. <https://doi-org.gbcprx01.georgebrown.ca/10.1037/ser0000269>

While existing literature demonstrated the use of peer support benefited patients with PTSD, this study explored on patients' in-depth narrative experience regarding the effectiveness of peer support program (PSP) on their recovery from PTSD. Veterans that were further along in their recovery from PTSD facilitated the PSP in this case. Progressing through the supportive experiences, PSP participation allowed veterans to ultimately gain the knowledge of the recovery journey, to learn and apply essential coping skills, and to connect with peers for support. As a result, this continuum model for PTSD recovery improved functioning and reduced stress of the veterans. This peer-reviewed journal was a qualitative empirical study. Although one limitation to this study was that participants were voluntary, which could lead to a positive bias in the described experiences, the finding was consistent with the generalization that PSP improves participant recovery from PTSD. The model could therefore be taken into consideration for the research.

19. 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*. <https://doi.org/10.1016/j.socscimed.2017.03.008>

Researchers performed a qualitative study on the effectiveness of the Good School Toolkit (GST) on violence against children reduction in schools in Uganda. The study results emphasized that GST effectively improved student-teacher relationship by increasing student voice and reducing fears of

teacher; reduced discipline from teachers by promoting peer-to-peer discipline; and encouraged desired behaviour from students by using positive discipline such as praise and rewards. One of the strengths of this study was that it reflected multiple experiences of the Toolkit by maximizing the heterogeneity of sampled schools. Overall, the article was relevant to our research, where it suggested the use of peer discipline, praise and rewards, mutual respect, and understanding of power relations would be key in generating effective Peer Support Toolkit.

20. 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. <https://doi-org.gbcprx01.georgebrown.ca/10.5334/ijic.s2368>

Researchers used a pilot study to introduce the Hepfriend peer support model specifically to assist individuals with Hep C Virus (HCV) in Ireland to access appropriate care. This study used interventions such as providing peer support and information on the HCV care pathway, as well as peer facilitated referral and attendance at clinical appointment if needed. Results shown that engagement of peer enhanced the clients in accessing and completing treatment course effectively. The article was relevant to the research topic, where it proposed that peer support is an important element in working with vulnerable population to ensure they are supported to access appropriate care and treatment. It could be applied to the human trafficking survivors in our case.

21. 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>

This article was about the use of peer support interventions for new mothers experiencing postpartum depression (PPD). The purpose of this narrative review was to examine different studies about peer support interventions for PPD. In a few studies, support was delivered over the telephone, and in another study a combination of in person and over the phone support was offered. Two studies offered in-home and face-to-face support. This study found that it is important to carefully match peer mentors with the women they are supporting, as it is important for successful intervention. The type of support provided must be tailored to each individual's personal needs. The authors of the article stated that peer support can be rewarding for both the mentor and the mentee. According to the article, new mothers with PPD expressed positive improvements in their education, training, personal learning and skills, as a result of peer support. This source was relevant to the

research topic because it determined that different methods of peer support were beneficial for new mothers with PPD as it typically offered them a trusting relationship, and a safe space to discuss their personal issues which helped improve their depression.

22. 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). <https://doi-org.gbcprx01.georgebrown.ca/10.1186/s12913-019-4110-5>

The purpose of this research study was to examine the impact of peer support interventions for adults with acquired brain injury, cerebral palsy and spina bifida. The research problem was that there was currently no literature that provided information about the key characteristics of peer support interventions for individuals with acquired brain injury, cerebral palsy and spina bifida. The argument of this article was that through examining the impact of peer support interventions and their key characteristics, the quality of existing peer support programs would be enhanced and led to the development of future, peer support groups that would better serve the needs of those involved. The methodology used by the researcher for this study was a quantitative systematic review. Only randomized-control trials were used in this study. In several studies, during scheduled peer support sessions, the participants shared the problems they experienced in their daily lives, and received education about recovery and psychosocial difficulties. This source was relevant to the research topic because it highlighted that previous studies had discovered improvements in community integration and quality of life for patients who received peer support interventions.

23. 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. <https://doi-org.gbcprx01.georgebrown.ca/10.1186/s12889-015-1798-y>

This article discussed the effects of peer support at improving blood glucose control in patients with type 2 diabetes. The authors mentioned that, peer support was successful because of the “non-hierarchical, reciprocal relationship” that was involved in sharing similar life experiences (pp. 1-2). The hypothesis was that peer support could be used as an alternative in the self-management of diabetes, to help individuals overcome the challenges associated with the disease. The research problem was that previous studies completed on the effect of peer support on patients with diabetes have yielded inconsistent results. The researcher used a meta-analysis, which included randomized

control trials and a number of recent studies. A meta-analysis was a quantitative approach to research that provides an overview of the scholarship on the subject. In nine studies, patients attended diabetes education sessions that were facilitated by peer supporters, weekly or biweekly. Each session lasted for 2 or 2.5 hours. The basics of diabetes and complications, diet, exercise, medication and blood glucose monitoring were some of the topics covered in the sessions. In two studies patients received an individual follow-up by peer supporters after attending all of the education sessions, to aid them in setting goals and to support their progress. This study found that individual peer-led interventions might be more effective than peer support in the group setting. This article was relevant to the research topic because it considered how peer support could help to improve an individual's health.

24. Lobban, F., Appleton, V., Appelbe, D., Barraclough, J., Bowland, J., Fisher, N. R., ... Jones, S. H. (2017). IMPLementation of A Relatives' Toolkit (IMPART study): an iterative case study to identify key factors impacting on the implementation of a web-based supported self-management intervention for relatives of people with psychosis or bipolar experiences in a National Health Service: a study protocol. *Implementation Science*, 12, 1–11. <https://doi-org.gbcprx01.georgebrown.ca/10.1186/s13012-017-0687-4>

This journal was a study protocol that aimed to identify key factors affecting the implementation of the Relatives Education And Coping Toolkit (REACT) in order to facilitate widespread use of the digital health interventions for relatives of people with psychosis or bipolar experience. The researchers would collect qualitative data such as in-depth interviews and behavioural observation, and quantitative data such as the levels of Toolkit use by staff and relatives, to identify the factors. Nonetheless, the dual role of the research team as both observers and co-developers could be a challenge for the design. The Hawthorne effect could also influence staff to check out more on the Toolkit by setting up interviews visibly, and skewing the results. This study protocol could be useful for the research, where it advised the possible factors that could impact on a toolkit implementation.

25. 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>

This study demonstrated how relatives of young people with psychosis helped contributed their ideas to the development of the Relatives Education And Coping Toolkit (REACT). It suggested that

the involvement of the relatives in the process reflected valuable themes that should be incorporated into the Toolkit model. Regardless of the limited implementation of peer support from other relatives in the study, this article pointed out that involvement of family and relatives are important considerations in designing the toolkit as they always have clear ideas of what the client was going through. The input and ideas mentioned in REACT could also be referenced in the development of the peer support toolkit.

26. 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-centered medical home implementation. *JGIM: Journal of general internal medicine*, 29(2), 572–578. <https://doi-org.gbcprx01.georgebrown.ca/10.1007/s11606-013-2738-0>

This research introduced an online peer-to-peer toolkit that is developed by Veterans Health Administration (VA). The Toolkit allowed health care providers to share, download, and adopt the Patient-centered Medical home (PCMH) model for effective implementation. Qualitative findings revealed user perspectives from enthusiastic support to lack of sufficient time to browse the Toolkit. The article was relevant to the research, for it was the first to examine the combination of an online toolkit containing concise, actionable tools with in-person training and application. The results of this study also revealed that only a trivial amount of users contributed to the online discussion forum, which should be taken into consideration. Further, this research also suggested that key to successful quality improvement is social interaction. One limitation to this study was the non-response bias that could not be ruled out.

27. Mason, M. R. (2018). Peer support: Staff supporting staff. *American jails*, 32(3), 23–26. <https://search-ebshost-com.gbcprx01.georgebrown.ca/login.aspx?direct=true&db=a9h&AN=130640822&site=ehost-live&scope=site>

This article described a peer support program that was developed by the Riverside Regional Jail Authority (RRJA) to offer correctional officers, law enforcement, fire fighters, and EMS providers' support during challenging periods of their career. The program was created to provide staff with the available resources to cope with the stressors of their jobs and personal lives, in a healthy way. Staff members nominated other staff members to be peer supporters. Peer supporters were then trained and certified by the Virginia Peer Support Association. Peer supporters in this program provided resources and offered emotional support for staffs that were facing difficulties in their

personal and professional lives. This article was relevant to the research topic and helpful in the analysis because this article stated that a peer support program helped staff work through their professional and personal life challenges and connected them to the appropriate community resources. Similarly, a peer support group could help bridge the gap that human trafficking survivors experience when accessing community resources.

28. 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. <https://doi-org.gbcprx01.georgebrown.ca/10.1007/s10803-013-1941-5>

This study evaluated the effects of a peer support intervention on the behaviours of students with autism spectrum disorder (ASD). The peer support intervention in this study led to improvements in academic, social, and abilities for the students. In this experimental design, target students were selected, and teachers were asked to identify three students who could possibly be peer supporters. All peer support sessions took place during the students' class time at times where teachers found there was high levels of off-task behaviour. Peer supporters were trained to identify off-task behaviours that students with ASD may exhibit. They were also trained to prompt desired behaviour and to offer positive, nonverbal feedback. At the beginning of each class the peer supporter would give the student prompts for desired behaviour and provide verbal encouragement. This article was relevant to the research topic because it discussed how peer support was effective in reducing the off-task behaviour that was exhibited by students with ASD.

29. 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. <https://doi.org/10.1007/s13187-015-0932-y>

The purpose of this study was to assess the experiences of patients, peer advocates and clinicians who participated in a peer support program for women with breast cancer, at a university hospital. Peer support advocates were carefully selected; diagnosis, treatment, family and social supports, age, race and ethnicity were taken into consideration. It had to have been at least one year since they completed their treatment for breast cancer. Peer support advocates were specially trained for 2 consecutive days, on how to meet the needs of women who were recently diagnosed with breast cancer. Training involved an orientation, standard hospital volunteer training, and peer advocacy

sessions. These training sessions equipped peer support advocates with the guidance they needed to offer both one-on-one telephone and face-to-face support. This study found that the majority of patients (92.9%) saw the peer support program as beneficial and said that they would recommend the peer support advocate program to another woman with breast cancer. Patients diagnosed with breast cancer stated that interacting with a peer support advocate improved their communication with family, friends and health care professionals. Peer support advocates increased patient's confidence in decision making which allowed them to make informed decisions in their own health care, and provided them with information and available resources for people living with breast cancer. This study was relevant to the research topic because it provided an example of a peer support program that was successful in the care and treatment of women diagnosed with breast cancer. A peer support program similar to this one might be just as beneficial for survivors of human trafficking.

30. 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. <https://doi-org.gbcpvx01.georgebrown.ca/10.1371/journal.pmed.1001224>

The purpose of this article was to examine the prevalence and risk of violence, mental, physical and sexual health problems among human traffickers. The argument of this work was that there is a correlation between sex trafficking, violence and a variety of serious health problems. The methodology used by the authors in this article was a systematic review. 19 peer-reviewed papers were included in this study. The articles included in this review focused on the prevalence or risk of violence and physical, mental or sexual health problems among victims of human trafficking. This article was organized into sections with the headings, introduction, methods, results, discussion, and conclusions. This article was relevant to the research topic because it provides information about the associated violence and health problems that are linked to human trafficking.

31. 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. <https://doi-org.gbcpvx01.georgebrown.ca/10.1093/sleep/zsz067.188>

This study presented the development of a sleep and self-compassion and care toolkit called Time For Me (TFM) for grandparents taking care of their grandchildren (GRG). This study used qualitative

content analysis as well as quantitative surveys to collect data. The inclusion of GRG peers in participating the research allowed the researchers to determine intentional strategies for sleep promotion among the caregivers. Results suggested this approach provide important insight for the TFM Toolkit. This research provided some design insights for the research toolkit. For example, results shown that it is essential to include peers in the toolkit development as they help categorize and incorporate each item or strategies into the model accordingly. Yet, further studies are required to test the impact of the model for these vulnerable populations.

32. 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>
- Researchers identified the needs for paediatric nurses to receive education on human trafficking. They used surveys and awareness campaign to educate health care providers, especially paediatric nurses, on identifying and intervening on children that are at risk for trafficking. The results shown that only a quarter of the participants were confident in identifying potential and actual trafficking victims. Therefore, the need for clinical practice guideline is important to assist health care providers in serving this population. This peer-reviewed article was relevant to the research topic since it recognized the need for clinical practice guideline development to intervene and advocate for vulnerable trafficking victims. Yet, the study was very recent that the actual practice guideline is to be addressed not in the part one but in part two of the series.
33. 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, 104*083. <https://doi-org.gbcprx01.georgebrown.ca/10.1016/j.chiabu.2019.104083>

This article assessed the usefulness of the Commercial Sexual Exploitation (CSE) survivor mentor program, mainly the My Life My Choice (MLMC) program. This program “pairs exploited adolescents, or youth at very high risk, with a trained adult mentor who is a survivor of exploitation” (Ch. 2.2). The mentee received a continuum of supports such as housing programs, educational support, parenting support, and substance use treatment, in which the mentor would accompany the person to these appointments as needed. Besides, the mentee also had the opportunities to participate in leadership development, skills building, and community activities such as summer beach day. Using a

longitudinal approach to collect data from a sample of 41 youth, it was found that the participants who received services from MLMC experienced “overall wellbeing, less drug use, delinquent behaviour, and exploitation” (Ch. 4). Despite the positive impact of the MLMC survivor-mentor program on CSE youth survivors, most data were self-reported and the sample size was small.

34. Schippke, J., Provvidenza, C., & Kingsnorth, S. (2017). Peer support for families of children with complex needs: Development and dissemination of a best practice toolkit. *Child: Care, health & development*, 43(6), 823–830. <https://doi.org/10.1111/cch.12494>

This paper synthesized the key peer support interventions used for families of children with complex needs and developed the Peer Support Best Practice Toolkit. It integrated knowledge from case studies, rapid evidence review, and review of related resources to provide and generate a free peer support toolkit that is available online. The use of events and conferences, social media, and Champions have engaged users and proven the high relevance and usefulness of this Toolkit for stakeholders. The project was developed by a team of allied health professionals that have expertise in paediatric rehabilitation program. One of the strengths of this paper was the inclusion of both published research literature and experiential evidence, whereas one weakness was the limited evaluation of the toolkit. Overall, it was relevant to the research topic as it recommended useful elements that should be included in a peer support model.

35. Schippke, 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 Bloorview Kids Rehabilitation Hospital.

<http://www.hollandbloorview.ca/peertoolkit>

This Toolkit was developed by the Evidence to Care team at Holland Bloorview Kids Rehabilitation Hospital to promote evidence-based care in childhood disability. This peer support best practice toolkit included “practical information for peer support models, research evidence on best practices in peer support, and case studies, templates, and links to helpful resources” (p. 3). It highlighted three popular models of providing peer support: in-person groups, online, and parent matching; all will provide emotional, informational, and appraisal support. In each of the model, it provided an overview and key characteristics, potential challenges, key considerations for program development. While this Toolkit suggested peer connection for families of children with disabilities enhance coping skills, intervention and support for siblings of children with disabilities should also be considered (p. 4). Overall, this toolkit was relevant to the research.

36. Sokol, R., & Fisher, E. (2016). Peer support for the hardly reached: A systematic review.

American journal of public health, 106(7), e1–e8. <https://doi-org.cat1.lib.trentu.ca/10.2105/AJPH.2016.303180>

The purpose of this article was to explore the effects of peer support on populations that are “hardly reached”. Hardly reached individuals experienced health disparities because public health services often failed to engage them. This could be related to psychological factors, their socioeconomic status, or as a result of their social network or lack thereof (p. 1). The argument of this article was that peer support was an effective health promotion strategy for disadvantaged groups. The author stated that peer support should be exercised in programs where the focus was reaching and benefiting hardly reached individuals. The methodology used in this article was a systematic review. A total of 47 articles were included in this study. This article was an overview of scholarship on the subject. This article was relevant to the research topic because human trafficking survivors were considered as a population of people who were hardly reached by health services and experienced health disparities for a number of different reasons. This article would be helpful to the research and analysis because it examined the effect that peer support could have on these disadvantaged groups. Being able to relate and empower people while remaining non-judgemental, offering flexible services that respond to the needs of participants, involving participants in their own care, and building community partnerships to disseminate information were some of the strategies suggested by the authors that could be used to develop peer support programs for individuals that were hardly reached. According to this article some studies stated that participants should have frequent contact with peer supporters (communicating or seeing each other at least once every two weeks), and others reported that peer supporters tailored the intervention content to the needs of the participants.

37. 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. <https://doi-org.gbcprx01.georgebrown.ca/10.1080/10640266.2012.653946>

This research focused on the effectiveness of peer-support model on disordered eating in adolescent female students. The peer support model conducted peer support sessions to 20 grade eight female high-risk students per group and lasted for one month. The intervention established positive group norms, explored factors that influenced self-esteem, supported students in developing strategies to

criticize media literacy, and empowered students to think and plan for life goals. The results indicated small self-selected peer support groups offered greatest utility in reducing internalization of media ideals and increasing in body satisfaction and self-esteem on grade eight girls. One of the weaknesses of this study was that it was an exploratory study with small sample size as well as no comparison to a controlled group. Nevertheless, it was relevant to the research as it defined the usefulness of peer support group in establishing positive influence to participants.

38. 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 & counseling, 102*(7), 1273-1279. <https://doi-org.gbcprx01.georgebrown.ca/10.1016/j.pec.2019.02.006>

This purpose of this qualitative study was to analyze self-disclosure by peer mentors in the treatment of depression. Peer mentors received 20 hours of training with a geriatric psychiatrist, which emphasized active listening, relationship building, provision of emotional support, and encouragement to try something new. They were also trained to provide information, options and positive health messages, and on the use of self-disclosure in the treatment of depression. Peer mentors shared their own personal experiences of depression recovery, which in turn helped others manage their depression. They shared the behaviours and attitudes that they adopted to cope with challenging life events. The peer mentors shared different coping skills they used such as positive affirmations, keeping a journal, exercising and volunteering. The use of self-disclosure helped to inform clients of any available community resources that might be beneficial to their recovery. This study was relevant to the research topic because survivors of human trafficking might experience depression and this article discussed how peer mentors that model emotionally healthy behaviours could aid in the recovery of clients diagnosed with depression.

39. Twigg, N. M. (2017). Comprehensive care model for sex trafficking survivors. *Journal of nursing scholarship, 49*(3), 259–266. <https://doi-org.gbcprx01.georgebrown.ca/10.1111/jnu.12285>

This article identified the aftercare services that were provided by the US treatment centers for domestic sex trafficking survivors. The study used a qualitative approach to collect data of survivors' post-trafficking needs at 5 different residential treatment centers. The participants viewed crisis safety services, crisis shelter services, emergency medical care, basic necessities, and initial case management as immediate needs for DMST survivors; physical health care, mental health care, and safety services such as home security systems are considered as ongoing needs; and life skills training, job skills training, and long-term housing at the residential treatment centers are needed in

a long run. In addition to this context, the author was able to expand survivors' post-trafficking needs to include emergency substance use services, emergency mental health services, and family reunification into the immediate needs category to avoid negative coping mechanisms. Similarly, education re-entry and family reconciliation as addressed for long term needs for survivors' recovery. This research was useful for the topic for it provided information of what services were key in post-trauma care for sex trafficking survivors. As such, these services and needs could be included into the toolkit.

40. 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.

This research study analyzed the impact of a telephone-based peer support intervention for women with breast cancer who carried the BRCA1 or BRCA2 genetic mutation. A randomized control trial was conducted to evaluate whether a peer support program for women with breast cancer carrying the BRCA1 or BRCA2 genetic mutation, would decrease anxiety associated with having breast cancer, and reduce unmet information needs. This peer support program was delivered over the phone, which allowed for a wider geographic area of women to participate in the study. Participants in this study were assigned to a peer mentor and informed that their mentor would be in contact with them. Peers mentors were carefully paired with those receiving support. They were matched based on cancer and risk-reducing surgery history, age, marital status and children. Peer supporters were trained for 3 days, where they had to perform practice calls prior to being accepted into the support program. Peer supporters were supervised and supported by the study manager, and they used a program manual to facilitate each discussion. The training and program manual guaranteed that peer mentors had an understanding of the peer support process and it ensured that they had skills in providing empathy. On average, support recipients received 3.7 calls from their peer mentors, with an average call length of 24.5 minutes. The findings of this study were relevant to the research topic. They demonstrated that peer support programs might be successful in reducing distress and unmet information needs and that peer-based support programs might be most suitable and of greatest interest to younger women.

41. 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>

This article described the peer support model – the FRIENDS program – for psychiatric impaired population. The model utilized both the self-help and group therapy approaches to develop the continuum of care services. They first start with building satisfying long-term relationship with peers, and then the peer friendship group meets for further support and socialization. Further, peers are encouraged to involve in the FRIENDS community that offers opportunity for leadership development and eventually bridge the clients to the wider community. This model was proven to be successful and valuable for replication by interested agencies. Regardless of the article being published in 1999, it would be useful to the research topic where the FRIENDS program provided important curricula of the psychiatric rehabilitative treatment model that could help promote self-help values, endorse recovery principles, and support the development of social skills and healthy interaction among peer group members.

42. Women’s fund of Omaha. (n.d.). Domestic/sexual violence and the workplace. An employee toolkit. HRAM. www.omahawomensfund.org

This toolkit educated employee in the Omaha community on domestic and sexual violence against women. It provided local and national facts on sexual violence, different types of violence behaviors, and ways to seek help. The topics covered sexual violence, stalking, sexual harassment, domestic violence, and trafficking. The toolkit also provided resources to conclude the booklet. It was relevant to the research as it provided a structural design for a toolkit. While it defined each type of violence, it also provided relatable examples for the readers.

43. 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. <https://doi-org.gbcprx01.georgebrown.ca/10.1080/14659891.2016.1271039>

The researchers in this study examined the feasibility of an online peer education program to reduce the risk of addiction and overdose that was associated with prescription drug use, in non-cancer patients who were receiving chronic opioid therapy. The peer support program was called the Harnessing Online Peer Education (HOPE) social media intervention. The HOPE program was an online behavioural intervention that was peer facilitated. For this study, qualitative interviews were conducted with patients who were being treated for prescription opioid dependence. The main themes that emerged from the interviews were that participants highly valued online social support

for reducing pain and improving their health outcomes, that offline support programs were helpful, yet they had several limitations and that an online peer support group tailored to their specific needs would be most appropriate. Patients that used the HOPE social media intervention valued the discussion they had with others online, regarding their pain and opioid treatment. Patients could share their stories and offer support and pain management tips to their peers. Patients stated that the regular, accessible and non-judgemental peer-support that they found online was essential for a successful recovery and to prevent relapse. Patients who had tried both the HOPE intervention and in-person forms of peer support said that a support environment that was tailored to their specific needs is of high importance. For example, the individuals that the support group was comprised of should have similar demographic, socioeconomic, environmental, and medication histories. This study was relevant to the research topic and is helpful in the analysis because it provided evidence that an online form of peer support could be tailored to specific needs in comparison to face-to-face peer support, which was not easily accessible for some individuals. This article stated that online peer support could enhance social support.

Annotated Bibliographies on Peer-to-peer Support for Domestic Violence and Sexual Abuse

1. Abraham, S., & Perez, P. (2017). Bridging the Gap with Peer Support: Patricia's Recovery Story [PDF file]. Retrieved from <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>.
This is a case study of a woman named Patricia Perez, who participated in a peer-led support group. Perez is a survivor of domestic violence, and also faces issues surrounding mental health and addiction. This case study illustrates how beneficial peer support groups are because it caters to a group of a notably vulnerable and marginalized group of people. Perez found an incredible amount of value in peer support groups as a place where she could heal to the extent that she became a peer support specialist so she can help others who have been in a similar situation.
2. Blanch, A, Filson, B, & Penny, D. (2012). *Engaging Women in Trauma-Informed Peer Support: A Guidebook*. Retrieved from

https://www.nasmhpd.org/sites/default/files/PeerEngagementGuide_Color_REVISED_10_2012.pdf

Published by the National Centre for Trauma-Informed Care, this piece was written as textbook for professionals who will work with peer support groups. These groups are led by a professional rather than a peer. It is important to consider that support groups can also retraumatize a person; as such, there is also a counsellor on site to make sure that group members are not overwhelmed or triggered by what is being discussed. However, having a professional lead a support group also demonstrates power imbalances because many counsellors cannot completely comprehend the experiences of their patients, demonstrating the need for peer-led support groups.

- <https://reachcounseling.com/wp-content/uploads/2017/03/The-Role-of-Peer-Support-in-Healing-from-Trauma-Paula-Verett-MSW-CPS.pdf>
 - this presentation is somewhat based off of the guidebook
 - Not quite a scholarly article, but more of an informative piece on what peer support groups do, particularly from those who have been impacted by trauma (which can include domestic violence/sexual assault)
3. 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>.

This research project seeks to compile information about online peer support groups for survivors of sexual assault. Surveys suggest that online support groups are extremely beneficial for survivors, considering the numerous types of online groups such as discussion forums, social media groups, and chat rooms for peer support. The results demonstrate that there is a need for peer-to-peer spaces. What makes these online groups so popular is that there is more anonymity, which means survivors can feel safe coming forward and reaching out to others who have similar experiences. This research project is interesting because it provides an alternative to in-person peer support groups which may make some more willing to seek help when it is through such a means that is quite accessible and may make a person feel less judged (due to the factor of anonymity). Although, there is also a risk in online support groups because there is not the same form of structure that comes from in-person support groups. While peer support does not include a professional, such as a counsellor, facilitators are trained to a certain extent in order to prevent discussions from being too triggering. This cannot be guaranteed with online peer support groups.

4. Campbell, L. (February 2012). Peer Support: Reframing the Journey from Lived Experience of Domestic Violence [PDF file]. Retrieved from https://www.avivafamilies.org.nz/resources/file/peer_support_report_final_.pdf.

This article was created by a women's centre to address the issue of domestic violence by offering a peer support program for survivors of domestic violence. What peer support groups offer is for a chance for those with similar lived experiences to come together and talk about what they have faced?

5. 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://doi-org.myaccess.library.utoronto.ca/10.1080/09687599.2019.1647150>. Focusing specifically on survivors of domestic violence who face intellectual disabilities, particularly mothers, this article emphasizes the importance of creating peer support groups that are inclusive of anyone and everyone who has experienced domestic violence. People who have faced domestic violence and have intellectual disabilities do not open up about their experiences of violence because they do not feel included in peer support groups. The concept of intersectionality is brought up and, similar to the Perez case study, is valued because it allows us to grasp the fact that people with intellectual disabilities actually face a higher risk of being abused physically and/or sexually. Peer support is also important because groups led by professionals may cause issues. For instance, survivors with intellectual disabilities may deal with professionals who look down on them, or don't have empathy for what they experience. Additionally, professionals may only focus to "treat" one's intellectual disability rather than focus on assisting in one's recovery from domestic violence.
6. Edmund, D., & Bland P. (2011). Organizing Support Groups [PDF file]. Retrieved from <https://andvsa.org/wp-content/uploads/2013/02/17a-FULL-CHAPTER-Organizing-Support-Groups.pdf>.
This article focuses on how to organize effective support groups
7. Gürkan, Ö, & Kömürcü, N. (2017). The Effect of a Peer Education Program on Combating Violence Against Women: A Randomized Controlled Study. *Nurse Education Today*, 57, 47-53. <https://doi.org/10.1016/j.nedt.2017.07.003>.

8. 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.
Published by the Attorney General of Ontario, on behalf of The Men's Project, this article addresses the literature gap of peer support for survivors of sexual assault. One possibility could be that there aren't that many groups to write about but could also be because there is such a stigma surrounding sexual assault which is even greater for men who survived sexual assault. What this piece does is demonstrates the benefit of peer support but also points out that there not all peer support groups are beneficial. There should be some sort of structure in these groups in order to minimize any risks that may arise from not having a trained professional lead these support groups. Goodwin (2008) raises the point that peer support groups can be used as a supplement to formal counselling; although, in small rural areas peer support groups may be the only space where survivors can recover (p. 5).
9. Poco, D, & Hernandez-Jozefowicz D. M. (2011). A Gender-Sensitive Peer Education Program for Sexual Assault Prevention in the Schools. *Children & Schools*, 33(3), 146-157. <https://doi-org.myaccess.library.utoronto.ca/10.1093/cs/33.3.146>.
Focusing on educating high school students, this article investigates how effective peer support groups may be for high school students, and how it can be used to prevent sexual assault.
10. Sullivan, C.M. (2012, October). Support Groups for Women with Abusive Partners: A Review of the Empirical Evidence, Harrisburg, PA: National Resource Center on Domestic Violence. Retrieved month/day year, from: <http://www.dvevidenceproject.org>.
<https://www.dvevidenceproject.org/wp-content/themes/DVEProject/files/research/DVSupportGroupResearchSummary10-2012.pdf>
 - this article isn't specifically about peer to peer support groups, but it is about support groups in general including support groups run by professionals for survivors of domestic violence
11. Tracy, K., & Wallace, S. P. (2016). Benefits of peer support groups in the Treatment of Addiction. *Substance Abuse and Rehabilitation*, 7, 143-154. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047716/>.

This article isn't about domestic violence or sexual assault, but it speaks about the benefits of peer support groups for addictions. Although, it is important to note that women who face addictions and other mental health issues can be at an increased risk in facing sexual assault. This article is also relevant because it shows how effective peer-to-peer groups are and explains that because these groups are not "formalized", they are not seen as beneficial as support groups that include the participation of professionals. According to this article, peer support is defined as "The process of giving and receiving nonprofessional, nonclinical assistance from individuals with similar conditions or circumstances to achieve long-term recovery from psychiatric, alcohol, and/or other drug-related problems" (Tracy&Wallace, 2016, *table 1*).