

Project Research Presentation

Participant Action for Health Promotion through Peer Support



Covenant House Toronto – Peer Mentoring Program

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Provide a Synopsis of the Intervention

The intervention will employ a community development participatory action framework wherein program participants (in this case sexually exploited girls and women) will be active agents of change to address power differentials, intersectional issues, systemic barriers to care and wellbeing and social isolation.

Over the course of five years this project will recruit participants and engage survivors of sexual exploitation as peer educators and mentors to the participants using a trauma informed care framework to work towards - 1) reducing shame and stigmatization, improving comfort, strengthen rapport and trust within participant group processes, 2) offer experiences for recovery and 3) support relapse prevention intervention and recovery strategies.

Using group therapy and psycho-education as a vehicle, these participants, under the mentorship of the Health promotion coordinator and peer educators, will engage in discussions around identifying barriers to care and wellbeing and ways to address those barriers. It is estimated that there will be 6 groups running at any point in time. Each group will have a maximum number of 8 participants to allow safety, comfort and privacy amongst group participants. Each group will also engage in health promotion focused activities, like - trauma informed yoga, health literacy talks, psycho-educational sessions on crisis intervention, trigger management, substance abuse, recovery management, PTSD and workshops on assertiveness communication, developing healthy support system, skill building, empowerment and self-confidence development.

Speaker: Amanda Noble, Covenant House Toronto

At Covenant House Toronto and for this project specifically, we are looking to develop a peer mentoring group for girls who have experienced sexual exploitation; so identifying the need to empower, support and educate sexually exploited girls. We have a five year intervention project that is to develop the peer mentor program, and create trauma-informed therapy groups to improve resilience, support and encourage the development of health promotion focused activities. It will identify the physical, psychological, and social barriers that prevent attainment of health and well-being, and promote and engage sexually exploited girls and women in health promotion activities.

The intervention is looking to employ a participatory action framework, where we are going to get program participants, or in this case sexually exploited girls and women to become active agents of change in their own health and well-being. Over the course of five years, we are hoping to recruit participants and engage survivors of sexual exploitation as peer educators and mentors; to use a trauma-informed care framework to work towards reducing shame and stigmatization, improving comfort, strengthening trust within participant group processes; and to offer experiences for recovery and support relapse prevention/intervention and recovery strategies.

Essentially, it is group therapy and psycho-education. We have a health promotion coordinator who will be working with peer educators to facilitate about 6-8 groups over the five years to develop their own curriculum around what they need to improve in their own health and well-being. For example, there will be trauma-informed yoga, health literacy, psycho-educational sessions on crisis intervention, trigger management, substance abuse, recovery management, PTSD, and workshops on assertiveness communication, developing healthy support system, skill building, empowerment and self-confidence development.

What are your Research Questions

1. What are the barriers to health related (physical, mental and psychological) outcomes among female victims of sexual exploitation?
2. What impact does peer support, group based interventions have on measures of health related (physical, mental, and social) outcomes?
3. What is the process that sexual exploited girls and women take to achieve healthy outcomes?
4. What are the necessary networks and partnerships required to ensure healthy outcomes in victims of sexual exploitation?

Describe your Research Methodology (Qualitative & Quantitative, timing of Data Collection)

This study uses a Longitudinal, mixed methods, exploratory outcome evaluation design

Research staff will be conducting 60 structured interviews using standardized instruments at baseline, 6 months and 12 months to assess participants' mental health, substance use, resilience, empowerment and overall QoL

At least 25 of the participants will be engaged in in-depth semi-structured interviews exploring the key research questions. Program process measures and interviews with key program stakeholders (frontline providers and their managers) will also be conducted.

We are working in partnership with Dr. Vicky Stergiopoulos who works at St. Michael's Hospital and she is the primary investigator for this project. We are going to be looking at the barriers to health related outcomes among victims of sexual exploitation. We will be looking at physical, mental, and psychological barriers. We are looking at the impact of peer support or group-based interventions on measures of health related outcomes. What is the process that sexual exploited girls and women take to achieve healthy outcomes? And what are the necessary networks and partnerships required to ensure healthy outcomes in victims of sexual exploitation?

Research Methodology

This is a longitudinal, mixed methods, exploratory outcome evaluation design. We are at the stage where we have really flushed out the quantitative component of our research and still have to cover the qualitative, but at this point we know that research staff will be conducting around 60 structured interviews using standardized instruments at baseline, 6 months and 12 months. The outcomes that we are looking at are around mental health, substance use, resilience, empowerment and overall quality of life. We are doing at least 25 qualitative interviews to look at the key research questions as well. We are going to interview a combination of participants, peers and staff, as well as other stakeholders in these qualitative interviews. We will also be building in ongoing evaluations as the process goes. For example, peer mentors will be providing feedback after they receive their training and we will be getting feedback from participants after each workshop through surveys. We will look at the ability to retain and maintain mentors and participants, their enjoyment of the group, some of their key learnings, what's working, what's not, and areas for improvement.

What are your Outcome Indicators?

The following standardized instruments will be used to measure the above noted outcome measures:

WHO QoL BREF - This 26 item assessment tool is an abbreviated version of WHO QoL (containing 100 items). The shorter version measures quality of life of participants around four domains - 1) Physical health, 2) Psychological health, 3) Social relationships 4) Environment. It also includes one facet on overall quality of life

Hospital Anxiety and Depression Scale (HADS) - This fourteen item scale will be used to assess psychological distress of research participants.

UCLA- PTSD Reaction Index - DSM V (without the Clinician part) - This will be used to assess presence or absence of traumatic stress symptoms among study participants.

What are your Outcome Indicators?

- Connor-Davidson Resiliency Scale (CD-RISC2) - This two item scale which is a revised version of the original Connor-Davidson Resilience Scale (CDRISC) developed by Connor and Davidson (2003) will be used to measure resiliency among participants. The two items focus on 1) one's ability to adapt and 2) bounce back after any setback (such as illness, hardship etc.)
- Rogers' empowerment scale (shortened version) - This is a 25 item scale designed to measure subjective feelings of empowerment
- Adverse Childhood Experiences (ACE) - This ten item scale will be used to measure the extent and nature of childhood experiences of trauma and abuse
- Selection of questions from 2014 Stats Canada General Social Survey (GSS) victimization module - Selected questions focusing around physical violence and other

What Challenges Do you Foresee?

- Non-experimental, pilot study - difficulties isolating intervention
- Participant tracking
- Participant attrition

Some of the standardized measures that we will be using at three different points include: WHO QoL BREF – there are 26 items so we are going to look at physical health, psychological health, social relationships and the environment. It also includes one facet on overall quality of life. We will be looking at anxiety and depression and the PTSD Reaction Index (so looking at trauma stress symptoms among participants).

We are looking at resiliency using a two item scale, which looks to adapt and bounce back after any setback. We are looking at an empowerment scale, which is a 25 item scale but we might be switching this to a mastery scale, as this might be a stronger indicator of feelings empowered. We are also looking at adverse childhood experiences so that will be done at baseline. We are looking at victimization so selected questions from the General Social Survey (GSS) victimization module.

Foreseen Challenges:

Right now, it is a non-experimental, pilot study. We are going to have difficulties isolating the intervention. Some of these participants are also going to be participating in our broader human trafficking initiative. There will be support from other areas.

Participant tracking, we have built in a research assistant who we are hoping to be a peer so that we can build in a participatory action research module to track the participants across time, but this is going to be difficult considering a lot of these young people are going to be somewhat transient and hard to follow.

Participant attrition, this is a voluntary group based program, so they can come and go as they please.

Questions & Answers

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Questions & Answers

Rene Turner: *I am just wondering about these scales that you are using. We thought about whether or not to use standardized measures or to develop our own. I am just wondering about your rationale for going with standardized measures? Are you planning on doing so at each data point or just at some?*

Amanda Noble: *This is something that we have actually discussed quite extensively and I think that part of it is that we have Vicky as our primary investigator, and it is important to her to have standardized tools that have been validated so that we can use them in terms of publication and dissemination. We have tried to keep them short so that it won't take too long. However, we are going to pilot it to see how long it generally takes and if we need to make modifications, we will for sure because that's a concern of ours.*