Survivors Helping Survivors

A Study of the Benefits, Risks, & Challenges of Peer-Support with Survivors of Sexual Violence in the Province of Ontario

Prepared for the Cornwall Public Inquiry

by

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Preface

We are all social beings by nature – connectedness and community are necessary, if not vital to our well-being. Through their very existence, social relationships can be a source of healing for many psychological wounds. Because sexual abuse and assault occur in relative secrecy – in a state of disconnection between people – it is not surprising to hear from trauma theorists that “re-connection” is part of the healing process. ¹

From these same wounds, many survivors face patterns of problematic interpersonal behaviours that are not only a consequence of trauma, but can also be an ongoing source of interpersonal conflict, boundary violation, and potential abuse. This vulnerability is worrisome. What then can be done to ensure survivors’ relative safety when they meet in a process of mutual support?²

*Survivors Helping Survivors* acknowledges the important role that peer-support services can play in the lives of many survivors of sexual violence³. How these services can be best organized and how potential risks can be minimized – these are some of the issues we sought to explore in this study.

Indeed, in the early days, our male survivor services at The Men’s Project were rooted in a peer-support model. As co-founder of this agency, I have observed that despite our many shifts in intervention strategies with this population, “re-connection” has been always been a key objective.

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¹ For example, see Herman, J. L. (1992). *Trauma and Recovery*. New York: Basic Books.

² The word “survivor” is used to describe the person who has experienced sexual abuse and/or sexual assault. This term is generally preferred to the term “victim” because it recognizes the strength of the person who has been violated and the individual’s ability to survive the experience. At times, however, the word “victim” will be used in the document as it may be more appropriate within a given context.

³ This document uses the term “sexual violence” to include both issues of child sexual abuse and sexual assault of adults, and is inclusive of the experiences of both males and females.
As a survivor, this topic is particularly meaningful to me. When I first identified myself as a survivor of childhood sexual abuse, I was drawn to peer-support initiatives, as there were no focused professional services for male survivors in Ottawa – despite it being the Canada’s fourth largest city. Thirsty for direction, guidance and support, I carried my vulnerability with me as I sought out any resources that I could access. While I never joined a peer-support initiative, I do credit the support from other survivors as being invaluable in my own healing journey.

Yet, when survivors help survivors, problems can develop:

*In the late 1980’s, an Ottawa survivor and activist organized self-help groups for both male and female survivors. Joe’s ideas quickly caught fire, and a network of groups spread under his guidance. As more and more individuals sought support in this network, the organizer struggled in his leadership, seemingly unable to attend to his own needs as he focused so much on the needs of others. He eventually committed suicide. The groups floundered and eventually they disbanded.*

Problems can also occur with survivors taking on a public role:

*In February 1997 Martin Kruze told the country that he had been sexually abused as a youth at Maple Leaf Gardens. The media response was unprecedented. Soon hundreds of others came forward, many directly to Kruze, to tell the secrets that they had pledged never to tell. Many lives were profoundly touched in ways that Kruze would never know. Kruze wanted to help others deal with the pain they had suffered and he wanted to raise awareness about abuse. “If I can help just one person” he said, “then I’ll have done my job.” Like Joe, Kruze also took his own life.*

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4 A pseudonym.
These stories remind us that there are concerns and risks associated with survivors’ efforts to reach out to others. These efforts, at times, cause additional harm – not only to the individuals themselves (often referred to as the “primary victims”), but to their loved ones and their community as well (the “secondary” victims). The challenge then rests with all of us who work with survivors is to ensure safe engagement, regardless of the structure of intervention being peer-support or professional psychotherapy.

*Survivors Helping Survivors*, a report funded by the Cornwall Public Inquiry, explores the concept of “safe practice” among survivors of sexual violence. With this study of the benefits, risks and challenges, we hope to better understand peer-support among survivors of sexual violence.

I am deeply appreciative of the Inquiry’s support and resourcing of this study. I am equally appreciative of Mark Patton, who conducted the research and most of the writing of this document. This work required a solid understanding of both formal and informal healing strategies, mutual-aid/self-help literature, and community organization and services. Mark has excelled in all of these areas of knowledge, and this publication is a testament to his efforts.

I also would like to acknowledge the dedicated work of Lucinda Thum, who managed this initiative for The Men’s Project, and to Andy Fisher who provided invaluable feedback on the document. Wendy Ryan, Ilse Turnsen, Pamela Johnson, Roy Salole, and Jennifer Hopton also provided us with support and assistance. We also would like to thank those individuals who agreed to participate in this research. Without their participation, this research would not have been possible. Your enthusiastic support of this research provided clear reminders about the importance of this subject.

Sexual violence cannot be addressed solely through formal psycho-therapy. For some, peer-support initiatives may supplement the counselling process. For other survivors, especially those in smaller or rural communities, peer-support initiatives may be the only opportunity for growth and recovery. For others still, peer-support is the preferred mode of engagement.
For recovery to take place, regardless of the avenue of change, one’s physical and emotional safety must be uncompromised – whether in therapy or peer-support; in an individual setting or a group process. Developing an understanding of how safety can be created and sustained within peer-support initiatives is the goal of Survivors Helping Survivors. We trust this document will help survivors and service providers alike towards this end.

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Introduction

Sexual violence is a widespread problem that leads many victims into lives of isolation\(^5\). Shame and stigma resulting from the violence can shake the foundations of a person’s world, damaging trust and severing relationships. Reconnecting with others and rebuilding trust are fundamental aspects of healing from sexual violence. Some survivors turn to peer-support initiatives to build connection and heal.

The intention of this study is to illuminate – through a literature review and research project – the benefits, challenges and risks of peer-support among survivors of sexual violence in Ontario, Canada. The topic of peer-support initiatives raises some practical questions. What works? What doesn’t work? How can survivors support one another in a way that helps without harming? This topic also generates questions regarding values and vision. What kind of a society do we wish to live in? How do we create communities of support that are sustainable and effective in meeting the needs of survivors of sexual violence? In the process of conducting this research, we have talked with people who are philosophically opposed to peer-support on the grounds that it is dangerous or inferior to psychotherapy under the care of a professional. We have also met people who are strong believers in peer-support and are fundamentally opposed to the professionalization of services for survivors, offering examples of survivors being stigmatized, labelled, and given inappropriate or harmful services from medical and mental health professionals.

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\(^5\) Finding accurate statistics on prevalence rates is difficult; however, sexual violence is clearly widespread. Sexual crimes often go unreported, and little consensus exists with respect to definitions of sexual abuse and sexual assault (Babcock and Tomicic, 2006). One extensive study that defined sexual abuse broadly (Badgley, 1984) found that in a large sample of Canadians, ranging in age from 18 to 85, 54% of females and 31% of males had been victims of sexual violence. A follow-up study (Bagley, 1988) found that 8.2% of boys and 17.6% of girls had experienced “severe” sexual abuse. However, the author of this study asserted that these numbers under-represent prevalence rates due to barriers to disclosure.
In light of this range of viewpoints, it is helpful to consider what Tomasina Borkman states in the introduction to her 1999 book *Understanding Self-Help/Mutual Aid: Experiential Learning in the Commons*:

*Not too long ago I was criticizing religion to a philosopher. He responded: what part of religion do you mean – are you talking about the best that religion can be, the worst that religion can be, or the middle? I am trying to show the best that self-help/mutual aid can be. Critics and self-help bashers emphasize the worst that it can be, but often without reference to facts or first-hand knowledge (p. x).*

In undertaking this research, it is our belief that peer-support has many potential benefits. There is tremendous potential for healing when individuals who share a common issue, condition, or experience gather in solidarity and fellowship. At the same time, peer-support also poses potential risks and challenges. Just as professional services have benefitted from scrutiny, scepticism, and curiosity, we believe that good research will be helpful for improving the quality of peer-support among survivors of sexual violence.

**Chapter I** is based largely upon a review of literature. It examines what knowledge currently exists with respect to peer-support initiatives among survivors of sexual violence, and explores and compares peer-support initiatives in other areas, particularly medical conditions, addictions, and mental health. Literature pertaining to the benefits, challenges and risks of peer-support are considered.

**Chapter II** presents the research that we have conducted with peer-support initiatives for survivors of sexual violence in Ontario.

**Chapter III** builds on the literature and first-hand research of Chapters I and II. We consider factors in the creation of new peer-support initiatives; variations within peer-support including on-line peer-support, gender differences, and rural settings.
Chapter IV contains concrete recommendations regarding peer-support initiatives in Ontario, based on our study findings.

Finally, in response to the diversity of people who have a connection with, or a stake in peer-support initiatives, we have created two products. The present study that you are reading includes a review of academic literature and the findings of our research project. A companion guide has also been created and it is attached to this document as Appendix E. Entitled Survivors Helping Survivors: A Practical Guide to Peer-Support Among Survivors of Sexual Violence, the guide offers a more accessible understanding of peer-support for a general audience.
Survivors Helping Survivors in Ontario

Chapter I
Understanding Peer-Support

Peer-support\(^6\) is a common way in which people attempt to give and receive support or create change. One U.S. study (Humphreys et al., 2004b) suggests that as much as 18% of the population participates in self-help initiatives, and states that “Americans make more visits to self-help groups for substance abuse and psychiatric problems than they do to all mental health professionals combined.” The Ontario Self-help Network (2006, 15) claims that one million Canadians are members of some form of self-help/mutual-aid group. This suggests that the level of Canadian participation in peer-support networks is comparable, but somewhat lower, than the U.S. estimates.

Peer-support among survivors of sexual violence\(^7\) is not well understood and has received little attention in academic and self-help literature. In Section 1.1 of this chapter we examine the origins and nature of peer-support in other contexts, including that of medical conditions, addictions and mental health. This provides a valuable reference point for understanding peer-support for survivors of sexual violence. We then explore the scant literature that pertains directly to survivors of sexual violence in Section 1.2. In Sections 1.3 and 1.4 we use the

\(^6\) See Appendix A for a discussion of the term “peer-support”, including its relationship to other similar terms such as “self-help”, “mutual support”, and “support group”.

\(^7\) This term “survivors of sexual violence” refers to people who have been sexually abused (sexual transgressed as a child) and/or sexually assaulted (sexually transgressed as an adult), and have survived. Not all incidents of sexual abuse and sexual assault involve physical contact or the perception of a negative experience. We nonetheless chose the term sexual violence in keeping with the definition of violence as “injury by or as if by distortion, infringement, or profanation” (Merriam-Webster, 2005).
research literature in order to step back and consider the benefits, challenges and risks of peer-support in general. The material presented in this chapter provides a background to the research on peer-support initiatives for survivors of sexual violence presented in Chapter II.

1.1. How and Why Peer-Support Initiatives Came into Existence

Organized peer-support networks are a relatively recent phenomenon. In fact, some of the oldest peer-support initiatives such as Alcoholics Anonymous only came into being in the 1930s, and have seen their greatest growth in the past three decades. While these initiatives are relatively new, seeking and receiving support from people with whom we have much in common is not new and appears to be a very human inclination.

To understand peer-support initiatives with survivors of sexual violence it is important to be aware of the conditions that bring them into being. Many initiatives are started because of a perceived lack of existing support and services. Peer-support groups for people who are HIV+, for instance, developed within a pervading milieu of experimental medical treatments that, by and large, failed to meet the emotional and social needs of terrified, grieving and stigmatized patients (Shilts, 1987). Professional services owe a tremendous debt to the hard work of dedicated groups of individuals coming together to address common issues or problems, inspiring the development or improvement of social or medical services.

In what follows, we discuss categories of peer-support initiatives that exist for populations other than survivors of sexual violence.

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8 The term “initiative” has been used instead of group because most instances of peer-support among survivors of sexual violence offer more than group support alone. Some initiatives have mentoring, political activism, one-on-one support, and recreational aspects. While peer-provider, peer-specialist and informal peer-support are legitimate forms of peer-support, we have focused on group peer-support and to a lesser extent, mentoring.
Medical Conditions & Peer-Support Initiatives

When I got cancer they thought I was going to die so nobody discussed it. I had nobody to talk about it with (cancer peer-support group member, cited in Ussher et al., 2006).

Many “peer-support” initiatives that are formed around specific medical issues, problems or conditions are professionally-led and are more appropriately described as mutual support or therapy groups. People who attend groups related to medical conditions are often seeking concrete treatment-related information or answers. However, many other initiatives such as the Candlelighters Childhood Cancer Foundation and the Alzheimer’s Disease and Related Disorders Association are examples of initiatives that are peer-driven and have relatively little or no leadership or control by professionals (Kurtz, 1997).

In the past decade, the use of internet sites and chat groups for medically-related peer-support has grown exponentially in popularity. The internet provides easy access to many of the key aspects of peer-support including information and support.

The inability of medical services to address psycho-social concerns of patients has contributed to the rise of support groups. Medical professionals are often unable to adequately discuss or respond to topics such as emotions, death, stigma, isolation, and adapting to changes in one’s social and occupational life. While the existence of peer-support groups may suggest failure of medical and other professionals in responding to the psycho-social needs of people, it also raises the question of whether professionals are the most appropriate people to respond to these needs.

One study (Ussher et al., 2005) that compared professionally-led support groups for people with medical conditions to similar peer-support groups found no significant difference in the resulting benefits. The authors found that what appears most important is “whether the group provides a supportive environment, mutuality, and a sense of belonging, and whether it meets
the perceived needs of those attending” (p. 2565).

Within condition-specific populations, peer-support benefits are not uniform. A study that involved peer-led psycho-educational interventions for men with prostate cancer (Hegelson, Lepore, and Eton, 2006) found that men with lower self-esteem, lower prostate-specific self-efficacy (perceived agency in controlling the side-effects of the cancer) and higher depressive symptoms benefitted more from the support than other men with prostate cancer. The authors of this study suggest that it is incorrect to assume that all patients are in need of support and education, as some people are more likely to benefit from such interventions than others.

One curious finding in examining medical peer-support initiatives is the tremendous variance in the number of groups depending on the condition or problem. Kathryn Davidson and colleagues (2000) found in their research of support groups for medical conditions that even after adjusting for prevalence rates of conditions, an underlying construct of support seeking does exist by diagnosis:

_AIDS patients, for instance, are 250 times more likely to participate in a support group than hypertension patients. Breast cancer patients have formed over 40 times as many support groups as heart disease patients, whose conditions undeniably benefit from psychosocial and behavioural changes._

Nowhere is this clearer than on the internet and in on-line newsgroups and message boards:

...chronic fatigue syndrome, which did not emerge as a diagnostic category until 1988, had the highest activity level of all of the Internet groups. In view of high rates of use by multiple sclerosis sufferers as well, the on-line domain may be particularly useful in bringing together those who suffer from rare and debilitating conditions, in which getting together physically would present a number of practical barriers. Virtual support can be very attractive to those whose disability impairs mobility, and more striking, the on-line community allows for anonymity (Davidson, Pennebaker, and Dickerson, 2000, 211).
This study also found that low levels of support-seeking occur with ulcer, emphysema, chronic pain, and migraine (Davidson, Pennebaker, and Dickerson, 2000, 212). The authors hypothesize that medical conditions that are debilitating, poorly understood, and less responsive to medical treatment typically generate greater support-seeking from on-line forums, whereas those confronted with serious or life-threatening concerns are more likely to seek face-to-face peer-support.

Addictions & Peer-Support Initiatives

What I found in AA that I did not get from any psychiatrist – and the thing that was most important to me about AA – was the feeling that I was not unique, and above and beyond anything the psychiatrist ever told me – that I was really okay. I got this feeling of being okay in AA because all I had to do was look around me and see other people who looked pretty normal, who were functioning, who had done what I’d done, or even more. That more than anything else, made me feel okay, because I could observe (former Alcoholics Anonymous member cited in Borkman, 1999, 148).

In a comprehensive study of peer-support groups in large American cities, Davidson, Pennebaker and Dickerson (2000) discovered that 87% of all peer-support groups were Alcoholics Anonymous (AA) groups. Other studies have found that most peer-support initiatives for addictions are based on twelve-step⁹ models (Moos and Moos, 2004) and well

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⁹ Twelve-Step is a particular philosophy of recovery that stresses “accepting addiction as a disease that can be arrested but never eliminated, enhancing individual maturity and spiritual growth, minimizing self-centredness, and providing help to other addicted individuals.” (Humphreys et al., 2004b, 152) Group meetings and sponsorship are key activities of Twelve-Step programs. Alcoholics Anonymous and Narcotics Anonymous are the most well-known examples of Twelve-Step programs; however, many other variations such as Overeaters Anonymous and Emotions Anonymous exist internationally. There is one peer-support initiative for survivors in Ontario that follows a Twelve-Step framework (Survivors of Incest Anonymous), however, several other initiatives have adopted some Twelve-Step elements while rejecting others.
over 50% of all people who have received treatment in the U.S. for alcohol addiction have attended AA (Chinman et al., 2002, 352\textsuperscript{10}). Twelve-step programs thus warrant exploration.

While both medical and addiction oriented peer-support initiatives typically value information, the type of information shared differs considerably. While cancer survivors typically seek information about medications and treatments, members of, say, NA (Narcotics Anonymous) are more inclined to seek information on how to maintain abstinence and cope with cravings. Other elements that set twelve-step addiction-oriented peer-support initiatives apart are the inclusion of a spiritual or religious component and a philosophy that recovery is lifelong.

**Mental Health Peer-Support Initiatives**

*Apparently, relative increases in social marginalization result in a desire to compare notes with similar others, despite the experience of embarrassment. As such, it may be possible to draw on the cohesive power that stigma apparently generates [...] Support groups are particularly valued by people whose lives and social identities have been placed at risk* (Davidson, Pennebaker, and Dickerson, 2000, 216).

Marginalization appears to be an important explanation for the prevalence of peer-support initiatives among people living with psychiatric disabilities. Davidson et al. (2006, 443) note that peer-support and mentoring initiatives among people living with mental illness took root in the early 1990s. Examples of mental health specific peer-support initiatives include international organizations such as Recovery Inc., N.A.M.I. (National Alliance on Mental Illness), GROW\textsuperscript{11}, and Emotions Anonymous. They also exist on the local level with many peer-support initiatives developing out of anti-psychiatry movements or professionally-led groups (Chinman et al., 2002).

\textsuperscript{10} Given the difficulty in decoupling twelve-step peer-support from addiction-focused peer-support we might question whether there are reasons why twelve-step models are so closely linked to addiction recovery.

\textsuperscript{11} This is an international Twelve-Step recovery-focused mental health peer-support initiative.
Reasons cited for development of peer-support in mental health circles include social network enhancement, service dissatisfaction, the high cost of mental health services and issues of power and control. Peer-support among people who live with mental health issues has developed as a strategy for increasing social support where there is limited social support from traditional social networks such as family and social acquaintances (Coatsworth-Puspoky et al., 2006, 490). Unlike peer-support initiatives regarding medical issues, mental health peer-support initiatives often specifically involve opportunities to talk with or socialize in environments where a person is less likely to experience judgement or stigmatization (Chinman, et. al., 2002).

Coatsworth-Puspoky et al. (2006, 492) indicate that many individuals involved in mental health peer-support initiatives were dissatisfied with mainstream mental health services and frequently participated in consumer-driven organizations. Peer-support social action initiatives have developed in response to deinstitutionalization, and the wish to protest institutional treatment. Mental health peer-support initiatives have also developed because of limited support provided by institutions such as hospitals.

Three main forms of mental health peer-support are: naturally occurring peer-support networks, consumer-run services, and peer-providers (Davidson et al., 1999). The former two are not particularly unique to mental health peer-support. The increase of the peer-provider¹² role, however (hiring mental health consumer/survivors into paid positions based on their experiential knowledge), seems particularly unique to mental health peer-support.

One Ontario-based study (Goering et. al., 2006) found significant differences between people who accessed intensive mental health services versus mental health self-help initiatives. These differences were identified in the areas of demographics, functioning, “illness profile,” service utilization, and various self-assessments. For example, those who accessed the self-help initiatives tended to be assessed as “higher functioning,” were more likely to have a mood

¹² See Appendix A for a discussion of the term “peer-provider.”
disorder, and were less likely to have a psychotic disorder diagnosis than those who accessed intensive mental health services. The authors of this study concluded that: “There is little overlap in the use of these modes of service delivery, which suggests that maintaining options within systems of care may be critical to ensuring coverage and access for the broader population” (Ibid., 2006).

A study by Shahar et al. (2006) indicates that not all participants in mental health-based peer-support initiatives benefit equally. In fact the study concluded that participants who entered the peer-support initiative at the beginning of the study with relatively “high morale” (self-esteem, functioning, etc.) were in general adversely affected by being paired with a consumer partner with relatively “low morale.”

**Peer-Support Initiatives for Other Issues**

Peer-support is also a popular format for bereavement, parents and caregivers, school programs with youth, and weight loss. In all of these areas, there is a valuing of support and experiential knowledge.

- **Bereavement**: Compassionate Friends is a group for parents coping with the death of a child. This initiative has over 600 chapters in the U.S. (The Compassionate Friends, 2008).

- **Parents**: Parents Anonymous is a Twelve-step initiative focused on abuse prevention, and is unique in being co-facilitated by a parent and a professional.

- **School Programs with Youth**: In schools, peer-support is often used to help kids deal with bullying and substance use peer-pressure. The belief here is that students often value the opinions of their peers over those of the teachers who “don’t know what it is to be a kid.”
• **Weight Loss**: Weight Watchers is a peer-support initiative that started in the 1960s when one woman, founder Jean Nidetch began inviting friends into her home once a week, to discuss weight loss (Weight Watchers International, 2008). Today an estimated one million women and men participate in Weight Watchers internationally. In order to become a facilitator with Weight Watchers, a person must have participated in the program and successfully reached his or her desired goal.

1.2. **Peer-Support Initiatives with Survivors of Sexual Violence**

Given the amount of literature pertaining to peer-support, the relative absence of literature on the subject of peer-support with survivors of sexual violence is noteworthy. In their extensive review of research on peer-support groups, Kyrouz, Humphreys, and Loomis (2002) do not once mention peer-support groups for survivors of sexual violence. Most of the foundational books on peer-support, self-help and mutual-aid (e.g. Borkman, 1999; Borkman, 1994; Kurtz, 1997) make no reference to sexual violence, sexual abuse, sexual assault, or incest.\(^{13}\)

There are two main ways of understanding why this is so:

• People are not researching or writing about peer-support with respect to sexual violence.

• Very few peer-support initiatives exist that address this issue.

  o **Sexual violence is a topic that carries a lot of stigma.** In discussing peer-support among people living with mental illness, Davidson, Pennebaker and Dickerson

\(^{13}\) On a related note, we encountered very few peer-support studies on mental health that specifically mentioned Post-Traumatic Stress Disorder (PTSD) or sexual abuse. Mental health peer-support usually refers to peer-support among people living with schizophrenia, bipolar affective disorder, depression, anxiety, etc.
(2006, 443) indicate that the low number of peer-support initiatives relative to professional services may reflect the power of stigma and stereotypes. This factor may also be relevant for survivors of sexual violence. Stigma is often a barrier for survivors talking about abuse and seeking help. Sarnof and Zimbardo (cited in Kathryn Davidson et al., 2000, 206) found that humiliation and embarrassment decrease affiliative motivation.

- **Sexual violence is an issue that carries many risks and challenges for a peer-support group format.** Survivors of sexual violence have some unique challenges with respect to trust, boundaries and safety. This may inhibit the creation of peer-support initiatives for sexual violence.

While there is not much literature on this subject, there are two studies specific to peer-support and sexual violence that are worth mentioning in some depth. There were other studies that did not draw conclusions or produce meaningful findings; these studies were not included.

**Renck & Rahm (2005)**

Renck and Rahm (2005) researched the sense of coherence of 81 participants in peer-support initiatives for female survivors of childhood sexual abuse\(^{14}\). The groups had exclusion criteria including ongoing alcohol and drug abuse or depressive and psychotic symptoms. The key reasons why women joined the group included: wanting to talk with other women in the same situation, and wanting to receive help from each other. Feeling different, lonely, shame and guilt were given as less frequent reasons for participating (Ibid., 2005, 129). One of the findings of this research was that female survivors who volunteered for the peer-support groups studied

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\(^{14}\) Sense of Coherence is defined by Renck and Rahm (2005) as comprehensibility, manageability, and meaningfulness. People with a strong sense of coherence tend to cope better with stressors according to Renck and Rahm (2005, 128).
had limited supportive networks of friends, family and co-workers (Ibid., 132). This study concluded that duration of sexual abuse and the quality of relationship to co-workers were the greatest predictors of scores on a scale measuring sense of coherence\textsuperscript{15}.

While this study measured the sense of coherence in group members rather than the effectiveness or impact of the group, the authors did conclude that peer-support groups for “highly traumatized” women are probably not advisable (Ibid, 131). The authors argue that some survivors of sexual violence become involved in peer-support initiatives because they believe that their needs are not met by existing social services (Ibid., 128).

**Orchard Park Study (Botschner, Anastasopoulos, and Roth, 2003)**

This study, which takes a participatory action research approach, is unique in its mandate of exploring self-help initiatives in Ontario for male survivors of sexual abuse. The researchers self-identified problems with the generalizability of their finding due to the small sample size and the approach to sampling (Botschner, Anastasopoulos, and Roth, 2003, 7). This study is nonetheless worth considering for the findings that it does offer. The authors of this study advocate for the creation of a framework for the development of self-help initiatives for male survivors, and suggest that the main objectives of such initiatives include the following:

- Debunking stereotypes and myths associated with the sexual abuse of males.
- Establishing a safe environment.
- Normalizing experiences and consequences of abuse.
- Eliminating feelings of shame.
- Reducing isolation.

\textsuperscript{15} Longer duration of sexual abuse typically resulted in lower sense of coherence relative to shorter durations of sexual abuse.
Perhaps most telling among the broad findings discussed is the dearth and isolation of peer-support initiatives among male survivors in Ontario and also the lack of adequate and appropriate professional services for male survivors. The researchers included several female survivor groups in their study to compensate for the small sample size of male peer-support groups. The researchers advocate for structured and deliberate approach to peer-support among male survivors.

While few studies exist on this topic, peer-support among survivors occurs more frequently than the literature suggests. For instance a significant number of survivors work with survivors but in a professional capacity (i.e. as peer-providers or survivor-therapists). While this is not “true” peer-support, in that the support is generally unidirectional; such professionals no doubt draw on personal experience in order to inform the interventions provided. Peer-support also takes many forms on-line such as chat groups and blogs. Unique issues pertaining to peer-support on-line will be discussed in Chapter III. The variability and frequent informality of peer-support for sexual violence make research more difficult and complex.

1.3. Benefits of Peer-Support

The therapeutic action of professionally-facilitated groups has been thoroughly analysed, most notably by Irvin Yalom (2005). There has been less attention, discussion, and analysis of the benefits of peer-support groups. It is important to understand that the benefits of peer-support are different in some respects than the benefits of professional services, the latter often linked to therapeutic change:

*The process of comparing self-help groups with the human service delivery system or its components highlights some aspects of self-help groups, such as the helping relationship; however, it ignores other aspects, especially informal relationships and community, the voluntary components, the ways that problems are defined and resolved, and the broader context* (Borkman, 1999, 91).
In this section, we will first consider relevant drawbacks to professional support services for survivors of sexual violence. We will then explore general considerations of the benefits of peer-support, followed by a discussion of ten beneficial aspects of peer-support initiatives.

**Drawbacks of Professional Support Services**

In order to understand the benefits of peer-support it is valuable to consider drawbacks of professional services. Professionally-led groups can face many of the same challenges as peer-support groups, including low membership, high drop-out, and challenging group members. They also face risks, particularly when managed poorly, including re-victimization and boundary violations. Finding an appropriate therapist can be every bit as challenging as finding an effective peer-support initiative.

Professionally-led groups also have limitations. They are typically time-limited and tied to a narrow mandate (e.g. a specific issue or therapy). Such groups often have limited potential for social networking, discouraging out of group contact and sub-grouping. Whereas many peer-support initiatives strive for enhanced social network or community, professionally-led groups often focus on creating insight and change.

**Ten Beneficial Factors of Peer-Support Initiatives**

The fact that peer-support initiatives continue to exist and grow suggests that people who participate believe they are receiving some benefit. If group members are receiving no benefit, then initiatives would be likely to fold. There are several meta-analyses of worth that document extensive evidence and research supporting the beneficial use of peer-support and peer-delivered services (e.g. Kyrouz, Humphreys, and Loomis, 2002; Bottomley, 1997; Davidson et al., 2006; Davidson et al., 1999). While none of these studies consider peer-support among survivors of sexual violence, their broad analyses do shed light on beneficial factors of peer-
support in general.

Because of the lack of information about the benefits of peer-support among survivors of sexual violence, it is important to familiarize ourselves with the benefits of peer-support in other contexts. Linda Kurtz (1997) has provided one of the most comprehensive compilations of helping factors of peers supporting peers. The following outline of beneficial factors is based on Kurtz’s book *Self-Help and Support Groups* and other literature that attest to the benefits of peer-support. These beneficial factors inform the questions in the interviews discussed in Chapter II.

1. *Emotional support*

Kurtz indicates that support is the foundational purpose of support groups and also the benefit most often identified when individuals are asked what they received from a group (Kurtz, 1997, 21). Copeland and Mead (2004, 17) conceptualize peer-support as people working together to promote wellness:

*Those of us who have had difficult feelings and behaviours learn various recovery options from each other and support each other as we work toward recovery.*

Salzer and Shear (2002, 287) contend that analyses of benefits may be incomplete if the benefits of being a helper are not factored in with benefits of being a helpee. Peer-support has the potential to benefit helpers and not just helpees. Salzer and Shear (2002, 286) conjecture that peer-delivered services:

*...not only provide opportunities for “generic” benefits such as building skills, experience and knowledge, but also ample opportunity to facilitate the recovery of others that allow PSS [peer-support specialists] to give back to others the support they received. Consistent with the helper-therapy principle, PSS reported that giving back to others was particularly rewarding and facilitated their own recovery as a result of the increased sense of interpersonal competence associated with having an impact on another’s life.*
and gaining new personally relevant knowledge while helping.

Emotional support is also important for on-line peer-support. In discussing the benefits of on-line support, Finn (1999) points to the following “socio-emotional” helping mechanisms: expressing feelings or catharsis, providing support or empathy, chit-chat, universality, friendship, and being able to discuss taboo topics.

Emotional support rather than criticism and intrusiveness is a crucial, positive aspect of most peer-support initiatives.

2. Sharing information, advice and experiential knowledge

Imparting and receiving information is frequently noted as a core benefit of peer-support groups particularly with respect to medical conditions. In a peer-support group for gay men living with HIV, information sharing about symptoms and treatments were identified as a key benefit of the group (Sandstrom, 1996). Similarly, Bottomley (1997, 12) contends that “sharing and distributing information” is a core element of medical condition-focused groups.

Information sharing is also particularly relevant with on-line peer-support and has been identified as an initial motivator for internet use with respect to peer-support (Finn, 1999). In describing the benefits of on-line means of support for medical conditions, Davidson et al. (2000, 212) indicate that the main benefits appear to be telling stories to sympathetic audiences who are similar, and exchanging tips about the management of a condition. Ussher and colleagues (2006, 2570) concluded in their research of cancer peer-support groups:

All of the participants positioned the support group as an invaluable source of information, providing education about the course of cancer, about new developments in medical and self-help treatments and about ways of coping with side effects of the illness.
While “imparting information” is identified by Yalom (2005) as a therapeutic factor of group psychotherapy, it does not fully capture some of the nuances of what occurs in peer-support groups. First-hand or experiential knowledge, as distinct from professional knowledge, can be invaluable. Being encouraged by somebody who can say “I tried it and it worked” has a different impact than advice from a medical or counselling professional. Borkman (1999, 36) describes experiential knowledge as follows:

*Experiential knowledge is more of an “awareness” than it is information that can be captured and contained in a book, library, or computer file. Most experiential knowledge is transmitted through stories, often orally, and it is either difficult or undesirable to codify much of it in written form. Much of it is local or transitory – for example, how do I, Joe Jones, get through my first sober Christmas without drinking in Bethesda, Maryland, when I have two parties and three family gatherings to attend, where all the alcohol will be flowing?*

3. **A sense of belonging and mutuality**

Peer-support initiatives can generate strong affiliation. They often promote belonging and commonality through opportunities for being heard and understood, identification with others, feeling valued and cared for, valuing commonality over individuality and also through the development of friendships (Kurtz, 1997, 22; Coatsworth-Puspoky et. al., 2006). In discussing a peer-support group for traumatized women, Fearday and Cape (2004) contend:

*By sharing experiences of recovery and survival with each other, women enter into reciprocal relationships that can have a prolonged power to heal [...] The human connection referred to as mutual support, friendship, or fellowship plays a critical role in renewing hope that it is possible to regain control over one’s life.*

Mutuality stands in contrast to most professional services where support and treatment is typically one-directional.

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16 This benefit bares resemblance to Yalom’s therapeutic factor of “universality.”
4. **Learning coping skills**

Developing coping skills in peer-support groups is based on shared experience and expertise – “this is how I coped” (Kurtz, 1997, 23). Coping generally involves practical strategies for managing symptoms or situations. Many peer-support initiatives emphasize coping skills rather than transformation (Borkman, 1999, 9).

5. **Transforming identities**

The 12th Step of Alcoholics Anonymous is very much about transforming identity:

> Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs (Alcoholics Anonymous World Service, 1983, 31).

The very fact that many peer-support initiatives are for “survivors” (e.g. survivors of sexual violence or breast cancer survivors), speaks to the important role of language in identity transformation. Kurtz (1997, 25) identifies rewriting one’s life story and finding a causal interpretation of the condition or behaviour as a key beneficial element of peer-support initiatives. This matches the goal in some trauma work of creating a comprehensive narrative that makes sense of the trauma.

6. **Becoming empowered or improved self-efficacy**

Being diagnosed with a serious illness or having an addiction can result in a sense of being disempowered or having no control over one’s life.

> In the past others have tried to take away our control over our lives. Now we have to take back that control, doing what we want to do the way we want to do it, and move forward (Copeland and Mead, 2004, 16).
Kurtz (1997, 26) says that the capacity to stand up for oneself and/or others is integral to self-help and mutual-aid. Empowerment is about developing one’s ability to connect with one’s strengths and resources. For survivors, peer-support has the potential to transform the powerlessness resulting from trauma, through helping others, taking on meaningful group roles, and being encouraged to see one’s strengths and resources.

7. Achieving insight

Yalom (2005) indicates that insight occurs when “one discovers something important about oneself – about one’s behaviour, one’s motivational system, or one’s unconscious.” According to Kurtz (1997) insight is a valued element of peer-support initiatives that are change-oriented or geared towards personal transformation. One might expect that insight carries less value in peer-support initiatives that focus on social networking or emotional support and more value in initiatives concerned with healing, recovery, or change.

8. Increased social network, friendship and camaraderie

Borkman (1999, 75) asserts that self-help/mutual aid arenas “generate a less stigmatized social identity, a place in which to consider one’s personhood, and for many a new quasi-family and community.” The expansion of one’s social network is seen as a key benefit in many studies of mental health peer-support initiatives (for examples see Davidson et al., 1999). With addiction peer-support initiatives in particular, participation can benefit individuals through the development of social networks based upon healthy lifestyle choices rather than those involving substance use/abuse. Davidson and colleagues (2000, 205) indicate that “for some, the condition itself constitutes a dangerous secret that erects a barrier between themselves and their support network.” Thus, peer-support initiatives have the potential to create a sense of increased social connection and reduce isolation. This is particularly important for sexual abuse survivors who typically have limited networks of support (Renck and Rahm, 2005, 132).
9. **Reduced symptoms**

The successes of peer-support initiatives related to medical conditions are often measured in terms of symptom relief, recovery time, life expectancy, functioning, and psychological well-being. In one study of peer-support with arthritis sufferers (Lorig et al., 1993 – cited in Davidson, 2000, 206), groups reported a mean pain reduction of 20%. Another controversial study concluded that female breast cancer survivors who participated in a support group lived considerably longer than those in the control group who did not (cited in Bottomley, 1997, Kyrouz, Humphreys and Loomis, 2002). This study was the subject of some controversy because the results have not been reproduced despite numerous attempts (Spiegel, Kraemer, and Bloom, 1998).

With mental health, peer-support efficacy is often measured in terms of changes in psychological symptoms (whether reduced or better managed), hospitalization rates and community tenure (Chinman et. al., 2002; Galanter, 1988; Rappaport, 1993) and service utilization (Salzer and Shear, 2002). With respect to addiction-based initiatives, symptom reduction is often measured in terms of abstinence, reduced substance abuse, increased functioning, etc.

Davidson et al., 1999 posit that measuring success in terms of an “asymptomatic end state” may not capture the benefits that peer-support initiatives seek, such as an increased sense of purpose, improved sense of self and increased meaning in life. Given the different mandates and differential access to resources, these authors suggest it is unfair to compare peer-support initiatives with professional services or to evaluate them based upon medical benchmarks. However, many people do appear to access peer-support initiatives to gain symptom relief or help with managing distressing symptoms.

10. **Finding hope or positive role models**
Hope is the spark of life. A commonly held belief has been that those of us who experience certain kinds of “symptoms” can never get well, and will probably worsen over time. We have learned that this is not true – that we can and do get well and go on to do the things we want to do with our lives (Copeland and Mead, 2004, 16).

“Installation of hope,” a therapeutic factor of group therapy identified by Yalom, emphasizes the role of therapists in generating hope. With peer-support, hope is something that develops within the group, rather than generated for the group. Peer-support initiatives may provide opportunities for the adoption of socially valued roles where peers serve as role models or mentors for other group members. It can be very powerful in therapy groups when one member shares her or his journey of healing or recovery with group members who feel hopeless or discouraged about positive change. In peer-support initiatives where experiential knowledge is particularly valued, this type of sharing can likewise be very powerful.

Other Benefits

There are other benefits not fully captured within the above categories. For example, peer-support offers potentially radical alternatives for connecting and healing in a world that seems to pathologically value individualism, passivity and, what Borkman (1999, xi) refers to as the “overinstitutionalization of contemporary life” and the “withering of community.” As Davidson, et al. (2000, 206) observe:

...a collective wisdom is born through the shared experience of participants rather than through the professional training or style of the leader. The kinds of help requested and offered in this context are largely free of professional structures or assumptions.

Cost savings and reduced service utilization are also often discussed in the literature as a rationale for peer-support services in the mental health field, and is sometimes seen as a download from, or an adjunct to, professional services (Davidson, et al., 2006; Coatsworth-Puspoky, et al., 2006; Min, et al., 2007). It can be similarly argued that peer-support groups create more informed and savvy medical and social service users.
1.4. The Risks and Challenges of Peer-Support

Most peer-support initiatives experience challenges, whether they are professionally led or peer-led. This raises the question of whether there are unique challenges that face peer-support initiatives for survivors of sexual violence in particular. Challenges can overlap with risks, but they are different. For the purposes of this discussion, risks involve the potential for harm, whereas challenges pertain to factors which may interfere with the benefits of the initiative. The difference between risks and challenges is largely a matter of degree. Leadership “burnout” for instance, can present organizational difficulties; however, it also can lead to addiction relapse or suicidal thoughts for the member in question.

The following eleven risks and challenges have been identified in the peer-support literature:

1. **Leadership burnout**

Leadership burnout is one of the more common challenges cited in the peer-support, self-help, and mutual-aid literature. It can result from excessive workload, vicarious traumatization, compassion fatigue, and other overlapping factors. It can occur from the high demands of coordinating, recruiting, and maintaining the vision and mandate (Kurtz, 1997, 106), and, in some cases, from being a public figure. Leadership burnout can be caused by, and lead to, groups straying from their mandate or vision. Leaders seem prone to becoming traumatized in part as a result of their exposure to traumatized people and their great sense of responsibility.

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17 There is much less information available about the challenges and risks of peer-support than there is about the benefits. Some sources that are particularly of value on the subject of challenges and risks include: Kurtz (1997), Sandstrom (1996), Coatsworth-Puspoky et al. (2006), and Ussher et al. (2006), and the Ontario Self-Help Network (2006).

18 Vicarious trauma generally refers to the state of being traumatized through being in a helping relationship with traumatized people.
2. **Dominating or controlling members**

Yalom (2005) identifies the presence of dominating or controlling members of groups as one of the important challenges facing groups, whether professionally-led or otherwise. Behaviours of such members can be particularly challenging for groups that lack a facilitator, chairperson, or leadership structure. Among survivors, dominating or controlling members raise the risk of re-victimization of group members.

3. **Under-representation of sub-population members**

Given that mutuality and bonding are key benefits of peer-support, when a particular sub-population is underrepresented, some individuals may experience alienation or not have their needs met adequately. The lack of non-white group members and women has been written about as a drawback of 12-step groups (Humphreys, Mavis, Stoffelmayr, 1994; Humphreys et al., 2004a; Kurtz, 1997, 108). The existence of sexism, racism, homophobia, heterosexism, and ableism, leading to an unwelcoming or hostile climate for members has also been identified as a concern.

4. **Keeping the group safe or comfortable for members**

In a study of people who had experienced sexual boundary violations by their therapist, a high proportion of the victims were sexual abuse survivors (Somers and Saadon, 1999). This tells us that sexual abuse survivors are more at risk for boundary violations, which suggest a need for attention to boundaries in all forms of support or treatment with survivors. Some of the factors contributing to such boundary violations in psychotherapy in the study by Somers and Saadon (1999, 508) involve the therapist offering physical consolation, making inappropriate self-disclosure, working in social isolation, and lacking participation in consultation or supervision.

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We are not aware of any studies on boundary violations with survivors in peer-support programs.
In discussing a professionally-led group for survivors of sexual abuse, Friedman (1994, 228) indicates that the priority of establishing safe boundaries is more problematic with survivors, and complex boundary issues such as contact outside of the group can become challenging if not discussed and addressed with explicit ground rules.

5. **Sharing of misguided information or misinformation among members**

While many research findings indicate the importance of the giving, receiving or sharing of information in peer-support initiatives, this factor can also be problematic. In a study by Culver, Gerr and Frumkin (1997) that examined internet peer-support among people with painful hand and arm conditions, over 89% of messages providing medical information were authored by people without professional medical training. Thus, while sharing information appears to be positive, some information may be inaccurate or possibly harmful. Medications may or may not be helpful for individuals, and what has worked for one person may or may not work for others. Common misconceptions about sexual abuse (e.g. “all men who sexually abuse boys are gay”) can be harmful if not addressed and clarified. Presumably, the sharing of information based on personal experience presents less of a risk than “factual” information.

6. **Expression of intense emotions or negativity that become unmanageable for group members**

The expression of intense emotions or negativity can be both beneficial and problematic. Sandstrom (1996, 56) says that members of a peer-support group for HIV+ males “stressed how their involvement had helped them to express and alleviate painful or threatening self-feelings.” Kurtz on the other hand cautions that the expression of intense emotions often results in people leaving the group or causing inordinate strain on the group’s capacity to provide support.

*While expression of deep feelings may be necessary in therapy group, it is common for support groups to remain more superficial. If a group’s leader thinks that feelings of a*
member must be addressed, this can be done in a one-to-one session or by referring that person to a therapist. On the other hand, groups can be quite tolerant of occasional intense feelings of sadness during crises experienced by members [...] support groups work best when positive solutions and reframing cognitions are the focus (Kurtz, 1997, 108).

In short, appropriate management or facilitation of intense emotions and negativity is crucial within peer-support groups.

7. Irregular attendance or low membership

Kurtz (1997, 105) contends that this is the most common complaint with support groups and notes that “low attendance can have many sources and until you discover the chief factor, it is difficult to solve.” Irregular attendance and low membership can threaten the existence of the initiative and also has the potential to leave remaining group members feeling further isolated or stigmatized.

8. Group members at too many different stages of recovery

In describing an upsetting group, a member of a cancer support group said:

... she came right up until a couple of days before she died. I wasn’t here at the last meeting she came to, but yes, that can be quite draining (cited in Ussher et al., 2006, 2571).

If having group members at different stages of recovery can be challenging for facilitators and group members in professionally facilitated groups, it is to be expected that the same would hold true, if not more so, in peer-support initiatives. Peer-support group members who have worked extensively on their recovery may experience frustration with new group members who seem very unaware or raw. Furthermore, group members who are relatively new in their recovery may be triggered by group members who can talk with much greater ease about the details of their victimization. Such differences between group members could interfere with
connection and mutuality, with support occurring predominantly in one direction. This could present either a challenge for groups (i.e. it is difficult to meet diverging needs in the group) or a risk for individuals (i.e. some group members may be re-traumatized or have negative beliefs about themselves reinforced – e.g., “I don’t belong” or “my needs are insignificant” – rather than disconfirmed). Deep emotional sharing might even invoke suicidal thoughts or exacerbate substance use problems in members who are not ready for such intense sharing or connection.

9. **Group members attempting therapy in a group that is unequipped for it**

Many Twelve-Step groups warn against “going too deep.” Many peer-support initiatives discourage talking about sexual abuse. When the topic does arise, members are directed to talk with a professional about this or else there is a refocusing of the topic – back to alcoholism, mental health, etc (Kurtz, 1997, 109). Thus, sexual abuse and sexual assault can be either implicitly or explicitly a taboo subject in many peer-support groups. If therapy becomes the focus, the group may not be able to maintain its peer-support mandate.

10. **Group culture encourages social isolation**

Kurtz (1997, 31) cautions that some peer-support initiatives may pressure new members to accept “stigmatized identities” and “the group’s way of thinking.” One of the prominent criticisms of Twelve-Step programs is that it is a “cult.” Implied in this is that social isolation from family and non-program friends is encouraged.

11. **Group culture encourages identification with “victim” role**

_Social support outside the group was positioned as ‘normalizing’, because illness and death weren’t the major focus and individuals with cancer were treated like a ‘normal person’_ (member of cancer support group, cited in Ussher et al., 2006, 2571).

While peer-support can be empowering and increase self-efficacy, focusing on one’s
victimization can give rise to hopelessness and powerlessness. Initiatives that reinforce labels and painful beliefs, risk heightening shame and the sense of brokenness that many survivors carry with them.

This chapter attempts to create an informed understanding of unique characteristics, benefits, challenges and risks of peer-support. The benefits, risks, and challenges of peer-support bare resemblance but are different from those of therapeutic groups. Furthermore, there is tremendous diversity within the sphere of peer-support itself. These are important considerations as we consider the benefits, challenges, and risks of peer-support among survivors of sexual violence in Ontario.
This chapter presents our research on ten peer-support initiatives for survivors of sexual violence in Ontario. Due to the limited scope of this project and the lack of prior research in this area, our research is exploratory and focused on a pragmatic outcome. This chapter discusses our objectives, methodology, and five key research questions, followed by our findings and conclusions.

2.1. Research Objectives & Methodology

As discussed in Chapter I, literature and research pertaining to peer-support among survivors of sexual violence is scant. Moreover, researching informal networks and issues carrying substantial stigma present special challenges. In this section we present the research program we designed to address these limitations and challenges.

Objectives

Support groups constitute a category with fuzzy boundaries, and as such they make scientists uneasy (Davidson et al., 2000, 216).

We believe that just as research has improved professional social services, research also has the potential to strengthen and improve peer-support networks.

As this is primarily a descriptive study, there has been no random assignment with control
populations. Outcome evaluations are notoriously difficult to conduct in the arena of peer-support (Kurtz, 1997), and we have not attempted such an evaluation. This research has instead employed a pragmatic approach, meaning that we sought information of greatest relevance to our subject matter.

We decided to limit the scope of our research primarily to group-based peer-support. Informal peer-support networks, mentoring programs, peer-provider services, and on-line initiatives are also important modalities of peer-support. Mentoring and on-line peer-support are discussed in Chapter III.

This project seeks to delineate benefits of peer-support initiatives among survivors of sexual violence and identify strategies for improving effectiveness and reducing risks. The limited studies that do exist with respect to peer-support initiatives with survivors were discussed in Section 1.2. Despite a search of on-line sites and journal article databases, we were unable to find similar studies in other provinces and territories of Canada.

Based largely upon the literature review in Chapter I, we assume that peer-support initiatives for survivors of sexual violence differ in terms of the benefits, challenges, and risks vis-à-vis other peer-support initiatives. Furthermore, there may be significant differences between male and female survivors in this regard. Perhaps female survivors seek out services for different reasons than male survivors and experience different benefits, risks, and challenges from peer-support initiatives.

**Selection of Participants and Scope of Study**

The research participants were selected based on their knowledge of and affiliation with ten peer-support initiatives. Because this research is exploratory in nature, selection of the participants was not random; rather, we sought out people who we, as a team, believed had important knowledge about peer-support initiatives in Ontario pertaining to survivors of sexual
violence. Initially, respondents were identified from prior contact with The Men’s Project and through extensive searches of on-line databases. All known initiatives in Ontario that met the criteria of the research were contacted and snowball sampling was also employed with the intention of discovering unknown initiatives. This sampling technique led to the discovery of several initiatives.

The ten initiatives were selected based upon three criteria:

- **The initiatives had to be specifically intended for survivors of sexual violence.** We recognize that survivors attend peer-support initiatives such as Psychiatric Survivors of Ottawa and Narcotics Anonymous; however, if the initiative was not specifically formed for survivors of sexual violence, it was not included.

- **Initiatives that are professionally led were not included.** We did not, however, exclude peer-led initiatives that have some professional involvement.

- **Initiatives had to be located in the province of Ontario.** Ontario represented the scope of our study. This also means that Ontario residents who participate in on-line forums for survivors were not included in the research. We do, however, provide some discussion in Chapter III about unique issues with respect to on-line peer-support.

Twelve initiatives in ten Ontario cities were contacted based upon word of mouth and extensive on-line searches. Many initiatives have short tenure, and so no longer existed when we attempted to contact them; others lack visibility and publicity and were therefore difficult or impossible to contact. No initiatives refused to participate. However, two peer-support initiative contacts did not participate in the study. Of these two, one did not respond to the request, and the other was willing to participate but had no availability to be interviewed.

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20 This is a technique of sampling for gathering a research sample where existing research participants recruit new participants from among their community. This technique is particularly useful with hard to reach populations.
In terms of gender, the initiatives that agreed to participate break down as follows:

- 3 initiatives restricted to female survivors;
- 3 initiatives restricted to male survivors;
- 2 initiatives that consist of one mixed group for male and female survivors;
- 2 initiatives that have peer-support programs for both males and females that are gender-specific.

Of the 13 peer-support initiatives that exist in Ontario for survivors of sexual violence²¹, 10 had at least one person complete our telephone questionnaire. Two initiatives had more than one respondent, which provided more complete data. There were, thus, a total of 12 respondents across the 10 initiatives. These contacts of the research are by and large people who play a leadership role as co-ordinator, spokesperson, facilitator, founder, etc. in the creation of the initiative. Two professionals affiliated with peer-support initiatives also participated in the telephone questionnaire.

These twelve contacts who responded to the interviews indicate a diverse range of roles and over half identified three or more roles (see Table 2.1). For example, one person identified filling roles of co-founder, chairperson, and participant; this was typical. Eight identified as participants. The two people who identified as professionals said they had a distant role but tried to stay informed. There were two respondents who identified as neither professional nor participant. These two respondents work with larger initiatives and serve in the capacity of coordinating and supervisory roles but see themselves as performing peer-support roles rather than “professional” ones.

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²¹ One additional initiative was identified through a focus group following the completion of the research and, therefore, was not able to be included in the research.
Table 2.1  The Roles of Respondents

<table>
<thead>
<tr>
<th>Role</th>
<th># of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant/Member</td>
<td>8</td>
</tr>
<tr>
<td>Spokesperson</td>
<td>8</td>
</tr>
<tr>
<td>Founder or Co-Founder</td>
<td>7</td>
</tr>
<tr>
<td>Co-ordinator</td>
<td>6</td>
</tr>
<tr>
<td>Individual or Crisis Counsellor</td>
<td>5</td>
</tr>
<tr>
<td>Chairperson or Facilitator</td>
<td>4</td>
</tr>
<tr>
<td>Providing/coordinating space</td>
<td>2</td>
</tr>
<tr>
<td>Professional with distant but informed contact</td>
<td>2</td>
</tr>
<tr>
<td>Supervisor</td>
<td>2</td>
</tr>
<tr>
<td>Administrator</td>
<td>1</td>
</tr>
<tr>
<td>Support Worker</td>
<td>1</td>
</tr>
<tr>
<td>Director</td>
<td>1</td>
</tr>
<tr>
<td>Curriculum Developer</td>
<td>1</td>
</tr>
</tbody>
</table>

Methodological Design

Our research involved conducting semi-structured telephone interviews with representatives of 10 peer-support initiatives for survivors of sexual violence in Ontario. Interviews were conducted by telephone with three face-to-face follow-up meetings with key contacts. We employed both qualitative and quantitative methods in the questionnaire.

The qualitative approach involved the use of semi-structured interviews. This was selected as the primary methodological tool for gathering exploratory information quickly. Using a semi-
structured interview format allows for information gained to inform further questions in order to increase relevance and specificity. The research questions for this study are important in informing the methodological framework and design. Semi-structured interviews seem to be the most effective tool for gathering data responsive to the divergent research questions. The second foundational question is focussed on understanding the subjective benefits of peer-support groups. This question requires a methodology that privileges the participants’ perspectives whereas the third and fourth require greater objectivity.

The broad questions suggest the initial aims or intentions of this research; however, it is important that the questions remain flexible to allow patterns to emerge without being restricted by initial assumptions. This also allows for adaptation of questions to context and interviewees. Semi-structured interviewing was also selected as the most appropriate methodology because of time constraints. Participant observation, in-person interviewing, and focus groups are significantly more time consuming, costly, and intrusive. Comments from research participants have been recorded verbatim where possible.

The method of semi-structured interviews was chosen, finally, because it allows the interviewer to examine what is not being said and to explore deeper. As Stein and Mankowski (2004, 21) indicate, there are problematic assumptions in the idea that the role of qualitative research is simply to “amplify voices of participants.” These authors argue that there is a role for critical analysis and transformation in qualitative research (Ibid., 2004, 21). Given our goal of exploring risks and challenges, we believed semi-structured interviews would be the most effective tool for gathering data responsive to these concerns, as well as to our other lines of inquiry.

Quantitative questions in the semi-structured interview employed four-point Likert scaling. Quantitative methodology allowed for not simply naming the various benefits, challenges and risks, but also the potential relative value of these factors to the research respondents.
**Ethics**

Following an ethical process was very important to us as researchers. To this end we required that all participants provide informed consent. The informed consent form which outlines the benefits and risks of participating is included as Appendix B. We determined that an ethical review board was not required as the research is exploratory in nature. Also, this project does not meet the challenge of minimum harm, defined by the Tri-Council Research Ethics Board as more than presented by any activity in daily life. We were guided by consultations with survivors, service providers, our clinical supervisor, lawyer and researcher to guide decision-making with respect to ethics. Any information or quotes specific to a particular participant was reviewed by him or her in order to ensure accuracy and appropriate representation. Finally, four focus groups were conducted where preliminary findings were presented to survivors and other stakeholders of peer-support initiatives. Feedback from these focus groups was incorporated into our findings.

We have not provided the names and locations of the initiatives that we researched given that some operate out of a group member’s house with the use of a personal phone line. We do, however, provide the names of two larger initiatives in Chapter IV that consented to have the name of their initiative disclosed in order to provide concrete examples of successful peer-support initiatives.

**Key Questions**

Questions posed in the interviews fall into five broad categories\(^{22}\):

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\(^{22}\) The survey questionnaire is contained in Appendix C.
Question 1:

What are the characteristics of existing peer-support initiatives for survivors of sexual violence in Ontario? This foundational question covers issues to do with background, intake and assessment, and external links of the peer-support initiatives. Specific background questions ask about the history, raison d’être, structure, composition, finances, and activities of the initiative. Questions about intake and assessment concern how new members are attracted, upon what basis prospective new members are screened in or out, and how success is evaluated. Questions about external links explore ties to organizations, professionals, and other peer-support initiatives. The use of training, supervision, advice, and self-care are also incorporated into interview questions.

It is important to ask background questions because little information is known about the composition, structure, and activities, etc. of peer-support initiatives in literature and in common knowledge. Questions in this category were designed to gather information that differentiates various models and styles of peer-support in order to develop some initial ways to think about what works and what does not.

Question 2:

What are the key benefits of peer-support with survivors of sexual violence in Ontario? The questions in this category were designed to clarify what benefits those involved in peer-support initiatives for survivors experience. Are the benefits for survivors of sexual violence similar to or different than those for members of peer-support initiatives for cancer, arthritis, mental health, HIV or addictions?

The questions in this category help give voice to what is working and why survivors access peer-support initiatives. With these questions, we are largely concerned with the subjective experience of survivors who participate in peer-support initiatives.
Question 3:

What risks are there for participants of peer-support initiatives for survivors of sexual violence in Ontario? The questions in this category are based on a number of assumptions. We assume, first of all, that putting peer-support initiatives “under the microscope,” so to speak, will help improve them and give them greater credibility. Professional supports and services for survivors of sexual violence have grown and changed over time. An important catalyst has been research that has highlighted helpful psychotherapy practices and raised concerns about unhelpful and dangerous practices. Our belief in the importance of research is echoed in commentary by Larry Davidson and his colleagues on the subject of researching mental health peer-support initiatives:

Despite the fact that “peer-support” appears to be sweeping the country, the unique ways in which persons with histories of mental illness and recovery can be useful in facilitating the engagement and recovery of others are just beginning to be explored and developed. This should not be taken as a discouraging comment to advocates of peer-support, however, as much as a cautionary note about making claims that go beyond existing data. Our hope is that the current enthusiasm for peer-support – which we share – will be joined with an equal degree of commitment and resources to establishing an evidence base for what precisely is involved in the process and what outcomes can be expected from a person’s receipt of such services and supports (Davidson et al., 2006, 448 – 449).

A second assumption is that peer-support initiatives for survivors of sexual violence have a unique potential to be harmful. We have heard anecdotal accounts of people experiencing harm from such peer-support initiatives, including re-victimization, vicarious traumatization, and suicide. We believe that peer-support for sexual violence may be unique with respect to the level and/or nature of the risks and challenges. This may explain why peer-support initiatives in this area are less common than those with respect to other issues. We believe that clarifying the risks, and challenges and discussing lessons learned, is critical in the creation of safer and more effective peer-support initiatives for survivors of sexual violence.
Another assumption is that peer-support participants may be reluctant to discuss challenges and risks, or may under-report them. There are two main reasons for this:

- When studying peer-support initiatives, the easiest route is to talk with people who are current participants in initiatives. People who are involved in peer-support initiatives are likely to believe they are gaining some benefit from this participation or else they would drop out. It is more difficult to speak with people who have dropped out or chosen not to participate, particularly if they are not accessing professional services.

- There is a certain “sacredness” about informal networks, coordinated by volunteers, that can make academic scrutiny seem inappropriate or out of place.

To gain useful information, we formulated questions that explored the “lessons learned” and asked about advice for those starting new peer-support initiatives in Ontario. This type of questioning provides people the opportunity to speak in more general ways and also speak to strengthening or improving peer-support initiatives. We also asked about threats to group continuation, and checks and balances such as supervision and training opportunities. Our questioning, however, was not completely able to overcome the possibility of under detected risks and challenges.

**Question 4:**

*What challenges do such initiatives face and more specifically what challenges occur in facilitating or leading a peer-support group for survivors of sexual violence in Ontario?* With this question, we sought information about the challenges in maintaining a peer-support initiative and more specifically, difficulties faced by those in leadership roles.
Question 5:

How can peer-support initiatives for survivors of sexual violence in Ontario be improved? In many respects, this is the overall guiding question of our research: how can peer-support initiatives best help survivors and minimize risks and challenges, and what lessons can we learn about peer-support with survivors?

2.2. Key Findings

In this section we discuss findings related to the five foundational questions that guided our research. In the first part of this section, we present findings related to our first question regarding characteristics of Ontario initiatives for survivors of sexual violence. In the second part, we present findings that correspond with our second question regarding benefits. In the third part of this section, we present findings from Questions 3 through 5. These three questions have considerable overlap and are, therefore, presented together.

Characteristics of Ontario Initiatives for Survivors of Sexual Violence

General Information

Duration: The peer-support initiatives we researched have been in existence from 2 months to 26 years with a median length of 10.2 years. Six of the initiatives have been in existence for 10 years or more with three that have been active for less than one year.

Membership: When asked about number of members, many of the respondents gave two numbers: the number of people who are considered members and the regular attendees. One initiative has 75 – 80 members but only about eight who attend regularly. This pattern was particularly true of smaller, more isolated initiatives. The initiatives researched have a median
number of members of 22.5 and a median number of attendees of 9. Attendees ranged from 4 to 75 people.

**Origins:** The broad themes that respondents brought up about why initiatives were started are as follows:

- **Shared common experience:** Before entering a peer-support initiative, many respondents had little opportunity to connect with other survivors. Some discussed limits to individual counselling and the belief that meeting with other survivors presented whole new opportunities to connect and share experiences.

- **Professional group ended:** Several respondents indicated that the ending of a professionally-led group gave rise to their initiative. Some identified the lack of other opportunities to connect with survivors, while others said that the initiative was started to help maintain the benefits of the prior group. “*When our group ended, we wanted to continue the bond, to feel close.*”

- **Wanting to break isolation:** Another theme regarding the origins of initiatives was the intense isolation of struggling with the aftermath of abuse alone. Several survivors talked about having few social connections before becoming affiliated with the initiative.

- **Lack of effective services:** A number of respondents indicated that their initiative started as an alternative to mental health services. As one respondent put it, “*professional services were not working, women were not recovering.*” Another discussed concerns about survivors being mislabelled and ending up in jail or psychiatric facilities rather than receiving caring support. Others discussed the absence of service for survivors in the community when their initiative first began; survivors were not getting the necessary support. One professional talked about the lack of consistent
services in her region.

**Funding:** Eight out of ten initiatives do not charge a fee. Half relied largely on donations while four of the ten receive government funding. Three relied upon donated space; one from a Sexual Assault Centre and two from organizations that support people who are HIV+. Two other initiatives meet in group members’ homes. Three initiatives engage in fundraising as a way of maintaining financially viability.

**Rules:** Nine out of the ten groups indicated that they have rules. Most initiatives have rules about taking turns, respect, and sobriety. Some have rules about gossip, the conditions under which a non-survivor might be allowed to attend, and the content of discussions. One group made political discussions off limits while another limited graphic discussions of abuse, and yet another deemed “no topic is off topic.” There was thus a great deal of variability in the rules.

**Evaluation:** Only three of the ten peer-support initiatives have formal evaluation processes. Most of the initiatives in the study assessed success based upon informal discussions, drop-out rates, and informal assessments of whether participants are benefiting or experiencing healing change.

**Leadership:** Within the initiatives, leadership took the following various forms:

- Groups facilitated by trained volunteers, with high value place on experiential knowledge of participants (three initiatives).
- Initiatives that have a small core leadership group amongst the membership (one initiative).
- Initiatives that are almost single-handedly being run by one or two individuals (usually the founder[s]) (three initiatives).
- Initiatives that claim no leadership (three initiatives).

**Contact with professionals and organizations:** Four out of the ten initiatives indicated that
they have no direct contact with professionals. Of the six that do have contact with professionals, several indicated receiving consultation or supervision, but in all cases, the connection with professionals was loose. Respondents from five of the initiatives expressed fears about professionals trying to control their initiatives. Three in fact had a history that reportedly involved professionals intruding or trying to change the group into a psychotherapy type group. One survivor said of the group members “they don’t want somebody coming in and telling them how to heal.” This respondent went on to say, however, that when there are problems within the group, he sometimes consults with psychiatrists or psychologists who provide referrals to the group. Several initiatives consult internally or have a hired professional who can be consulted. In a group for Aboriginal men, elders are looked to for help with problems that develop.

One initiative that receives supervision from a social worker indicated that the supervision of the volunteer facilitators focuses on personal reactions – general well-being, triggers, need for training, etc. Several initiatives advertise through or use space provided by organizations.

**Attracting, Screening, and Retaining Members**

**Attracting Members:** Almost half (4 out of the 10) of the initiatives do not publicize themselves and most rely heavily upon word of mouth. This finding is not terribly surprising considering the difficulty that we had identifying and contacting initiatives. Very few of the initiatives were listed on self-help or peer-support databases. Six out of the ten initiatives, however, did use additional means of attracting new members. Four initiatives identified public activism or education as a primary means of advertizing. One participant noted that “attracting new members often involves the re-education of referral sources.” Three initiatives stressed the importance of partnerships with organizations for attracting new members. Five initiatives identified media such as newspapers, on-line social network, posters, websites, and fax as an important means for attracting new members.
Screening potential group members: All ten initiatives screen out some potential members. While some have largely informal screening procedures, others were quite rigorous. A surprising finding was that seven initiatives have professionals screen potential members for appropriateness and/or readiness. Three initiatives developed out of professionally-led groups. Only survivors who successfully completed a professionally-led group join these initiatives, thus, the intake for the professionally-led group has served as an intake screening where inappropriate members have either been screened out or have dropped out. As mentioned earlier, most have a specific mandate (e.g. gender, culture, those abused by priests or religious authority figures) and most mentioned a minimum age for membership\(^{23}\). Typical exclusions criteria include:

- Survivors who have been sexually abusive as adults
- Survivors who cannot attend sober
- Survivors who cannot follow group rules or abide by structure
- Those who are not survivors

Regarding the last point, most groups are not open to helping professionals who wish to attend in a professional capacity, although many do allow professionals as guest speakers. Most groups are not open to family members or friends. Many groups are open to survivors of sexual assault (sexually abused as adults); however, some are limited to survivors of childhood sexual abuse.

Retaining members: One respondent said she believed it was likely that her agency would fold in the next 12 months. Respondents representing three initiatives were neutral about whether their initiative would still be running in twelve months. Two indicated that it was unlikely, and four said very unlikely, that their initiative would fold within the next twelve months.

\(^{23}\) Minimum age is 16 and over for some groups and 18 and over for others.


**Activities**

**Public activism:** All respondents claim that their initiative engages in some public activism. However, there seemed to be an important divide between the six initiatives that engage in public activism rarely or sometimes and the four that engage in it very often. Two initiatives participate in *Take Back the Night* marches as a group. Two of the larger initiatives have developed a roster of individuals who engage in public speaking about their experiences and healing process. One member of an initiative said that sometimes it is difficult to distinguish between his personal activism and group activism: “when I talk to the media I often don’t know if I am speaking for me or for the whole group. It can get pretty fuzzy, but the group pretty much gives me free reign.”

**Mentoring:** Seven of the ten indicated that their initiative engages in mentoring either often or very often. All respondents saw mentoring as something they do. While one initiative had a large well developed mentoring program with training, others considered informal connections between seasoned and newer group members as mentoring. In some of the smaller, more isolated initiatives, the mentoring seemed to be largely carried out by one leader or core group member and not necessarily embraced by the initiative itself. Four initiatives actively engaged survivors who had “graduated” from a peer-support group in mentoring other survivors or engaging in public activism.

**Training:** With training, there was a significant divide amongst initiatives. While respondents representing four initiatives indicated that training is an activity that they rarely engage in, three indicated that their initiative engages in it “very often.” Three of the larger initiatives offer extensive training (26 to 90 hour training programs). Among smaller peer-support initiatives, training varied considerably. Of the remaining seven initiatives, only one had received peer-support training specific to survivors of sexual violence.

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24 In fact The Gatehouse, one of the initiatives that participated in our research, offers training to other peer-support initiatives in Ontario. The Gatehouse is discussed in greater depth in Chapter IV.
Self-care: Most of the initiatives indicated strong engagement in self-care. Eight said that their initiative engaged in self-care activities or discussion on the topic often or very often.

The Benefits of Peer-Support Initiatives for Survivors of Sexual Violence

The respondents clearly saw the initiatives that they are involved in as being beneficial. This is not surprising as it is to be expected that people would not participate in these initiatives if they did not believe that they were beneficial. The following is a discussion of the findings on benefits from the interviews, as depicted in Figure 2.1

1. Emotional Support

Eight out of ten respondents indicated that emotional support described the benefits of their peer-support initiative “extremely well.” This element of peer-support was the most strongly identified benefit among research participants.

Figure 2.1: The Benefits of Peer-Support Initiatives For Survivors of Sexual Violence
The following three factors were identified by more than half of the respondents as describing the benefits of their initiative extremely well.

2. **Transforming identities**

In talking about the benefits of his initiative to its members, one survivor said “it gives them the chance to get their own voice back and reclaim the self. It helps overcome grief – mourning for the person [part of self] left behind.” Several survivors talked about group members accepting that the abuse was not their fault.

3. **Sharing information advice, or experiential knowledge**

One survivor said: “Group provides a safe place to express what we are experiencing and feeling. We share our abuse experience.” Another survivor identified “honouring an individual’s right to express herself without advice” as a crucial benefit of her initiative.

4. **Increased social network**

A lot of respondents talked about peer-support reducing or removing isolation. One survivor put it this way: “Because of the group, people are not alone. They are part of a group; part of a family.” A professional commented that “peer-support breaks down the stigma and isolation that goes with sexual abuse. The group provides a social network of understanding individuals.”

Others talked about having a place to connect. One survivor said “our group gives guys a place to go without being judged; to be around people who are understanding and develop good friendships.” A professional worded it this way “the group provides a regular connection to a core support system that reflects back to them who they are.”
All of the respondents indicated that the ten possible benefits listed in the questionnaire were true for their initiative to some degree. Reduced symptoms, achieving insight and learning coping skills were the lowest scored of the ten.

5. Other benefits identified through open-ended questions

- One respondent talked about a member who could barely speak in group. Despite his silence, he attended group for two years. The group allowed him to work at his own pace and to gradually find his own voice. Now he has a public education role with the initiative.

- One survivor said that the greatest benefit of his initiative is “being able to laugh.”

- Another word that came up a lot in the interviews was “healing.” Many respondents talked about peer-support groups as healing environments and providing opportunities to heal. Although we did not probe what “healing” meant to respondents, it is important to acknowledge given the frequency with which it came up.

Challenges & Risks

There were some risks and challenges that seemed to present relatively major problems for initiatives and some that presented relatively minor problems (see Figure 2.2). On the positive side, all ten initiatives indicated that the groups do not have cultures that encourage social isolation or identification with the “victim” role. With some other factors, however, the picture was quite different.

- Leadership burnout: Three out of the ten initiatives identified leadership burnout as a moderate or significant problem; only two initiatives indicated that it is not a problem. This seems to be one of the biggest challenges facing the initiatives in this study. One
initiative founder commented “…coping with the stories that you hear. A few want to send you to the wall – having to wrap your mind around what actually happened to these men.”

- **Irregular attendance or low membership:** Four initiatives identified that this was a moderate to major problem, while only three indicated that it is not a problem at all.

**Figure 2.2: Challenges & Risks of Peer-Support with Survivors of Sexual Violence**

- **Dominating or controlling members:** Only three initiatives said that dominating or controlling members do not present a problem. Some respondents talked about how this issue caused a drop in attendance or group members’ being “triggered.”

- **Sharing of misguided information or misinformation:** Respondents for half of the
initiatives indicated that the sharing of misguided information and misinformation is not a problem, while four indicated it as somewhat of a problem, and one indicated it as a moderate problem.

- **Group members attempting therapy in a group that is unequipped for that type of work:** This was seen as somewhat of a problem by respondents for half of the initiatives and not a problem by the other five.

- **Underrepresentation of subpopulation members:** Five initiatives indicated that this was not a problem, while three identified it as a moderate (2) or significant (1) problem. The initiatives that had made a concerted effort to attract minority members were the ones that typically said that it was at least somewhat of a problem. Thus, we need to be careful about accepting this data at face value, as some initiatives seemed to lack awareness about minority issues and the need for inclusion, while the ones that seemed to have this awareness were the ones that recognized inclusion and the avoidance of discrimination as an ongoing struggle.

- **Keeping the group safe and comfortable for members:** The findings were fairly split on this one. Respondents for six initiatives indicated that it is not a problem while four indicated that it is somewhat of a problem. Nobody described it as a moderate to major problem; however, several respondents talked about difficulty keeping meetings structured and others talked about “boundary problems.” One respondent explained that the group at one time was used by gay male survivors as a “dating service”, while other boundary problems centred on members becoming aggressive in group.\(^{25}\)

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\(^{25}\) This bears some resemblance to the pejorative concept of “13\(^{th}\)-Stepping” in Twelve-Step programs where members use the program to start intimate or sexual relationships with other members of their group (Bogart and Pearce, 2003).
• **Expression of intense emotions or negativity that becomes unmanageable for the group:** Most – respondents for seven out of the ten initiatives – said that this is not a problem. One respondent poignantly clarified that although intense emotion is expressed in the group, this is not a problem for the group members, but rather part of the healing process: “*Survivors need to have permission to have an emotional reaction to sexual abuse.*” Some respondents initially said that intense emotionality was not a problem, but later in the interview discussed group members’ being “triggered” in group as being problematic. One respondent also talked about how the vulnerability developed in peer-support groups places survivors at risk. This respondent did not elaborate on how emotional vulnerability might increase risk.

• **Group members at too many different stages of recovery:** Respondents for seven groups indicated that this is not a problem, while two indicated it as somewhat of a problem, and one indicated it as a significant problem.

*Other Challenges & Risks Identified:*

Some challenges and risks that were not inquired about directly were named when open-ended questions were asked:

• **Approaching peer-support initiatives as a complete alternative to professional treatment:** Numerous respondents raised concerns over group members who opt for peer-support groups and never seek professional treatment. One survivor commented: “*Some survivors assume that just by going to peer-support it will heal them. The attitude is ‘I don’t need to see a professional or work on anything on my own. Everything’s going to happen in group.’*”

• **Lack of resources:** This was discussed as both a challenge and a risk. Lack of funds impacts meeting space and an initiatives’ ability to attract new members. Lack of
Community support was mentioned by several respondents. One identified problems with transportation and being geographically spread out, which made attendance difficult for many members. This has lead to low attendance problems at times. Many respondents talked about the challenge of finding safe meeting spaces. For some groups this is a chronic issue.

- **Survivors with a history of being sexually abusive wanting to attend:** This problem was mentioned by several respondents and seemed to be an infrequent but highly distressing problem for initiatives. The smaller initiatives in particular seemed unequipped to deal with this type of issue, whereas larger initiatives and ones with professional screening and intake did not seem to struggle with this.

- **Group increasing a sense of isolation:** One respondent talked about the initiative actually increasing or reinforcing negative self-perceptions or negative feelings for some survivors: “Some people feel let down. They don’t feel like they fit in. It can create more isolation.”

- **Managing different needs and expectations:** Many respondents talked about having difficulty “keeping everyone together” or meeting people’s different needs and expectations.

- **Isolation of initiative:** One peer-support specialist talked about how other peer-support initiatives seemed very isolated and that this isolation from other initiatives and community resources presented challenges and risks that she was aware of.

- **Lack of Research:** Four respondents mentioned that lack of research was a problem. Many respondents saw their initiative in a pioneering role with little in the way of empirical guidance to fall back on.
2.3. Discussion & Conclusions

What Conclusions Can We Draw Based on the Findings?

There is considerable variability among the Ontario initiatives in terms of size, structure, funding, leadership, and mandate. This variability suggests that we are not comparing “apples to apples.” Some initiatives seem to be thriving while others are struggling. While benefits seem to be fairly similar across the ten initiatives, larger initiatives seem to experience fewer risks and challenges. It is not size itself that seems to be the key factor, but rather, what larger initiatives can do. Larger initiatives typically are much less isolated, have shared leadership, mechanisms for accountability, clear mandates, and extensive training for facilitators and/or mentors.

One variation of note is that three of the peer-support initiatives for survivors include facilitators or mentors who are neither survivors nor professionals. These three initiatives appear to be thriving. This suggests that successful peer-support does not have to be exclusively between survivors. This is in line with a study (Shahar et al., 2006) that found that people who participated in a mental health peer-support initiative often benefited more from being partnered with a mentor who did not have mental health struggles than mentors who did.

The findings of our research suggest that joining a peer-support initiative is a very uncommon way for survivors of sexual violence in Ontario to seek or give support. There are only a small number of peer-support initiatives in Ontario for survivors of sexual violence. While there are many possible explanations for this, we speculate that this may in part be because of the stigma and isolation that accompanies sexual trauma. It may also be because of fears about the potential risks and challenges discussed in this paper. Many initiatives were hard to locate. The lack of visibility of many initiatives may also be a factor in their relative obscurity.
Many of the initiatives that do exist are isolated. The smaller initiatives and the ones with few ties or partnerships with other organizations seemed to be at greatest risk of folding. Initiatives that are relatively isolated had greater struggles with leadership issues. Isolation seems to place those in leadership roles at greater risk of vicarious trauma, burnout, and overwork.

As suggested by our findings, most benefits of peer-support with survivors of sexual violence are similar to the benefits identified in the literature for medical, addictions and mental health peer-support. Mental health peer-support is similar to peer-support with survivors of sexual violence in the sense that isolation, stigma and limited social networks of participants appear to be key factors in the creation of both. Like mental health peer-support, peer-support with survivors of sexual violence is a response to a lack of meaningful social connections for many individuals. Reducing isolation and creating social connections is a key benefit of peer-support initiatives among survivors.

The benefits, challenges and risks appear to be somewhat different from professional counselling and group psychotherapy. In particular, with the initiatives studied there is a greater focus on support than on change as evidenced by the relatively high reporting of emotional support and the relatively low reporting of insight and symptom reduction as key benefits. This does suggest that professional and peer-support modes have the potential to be complementary.

Many challenges and risks were identified beyond those named in the interview questionnaire. Respondents seemed on the whole to want to convey to us that their initiative is not a cause for concern, but also that it does experience numerous challenges and some risks. Again, the three larger initiatives seemed to experience fewer risks and challenges than the smaller, more isolated initiatives.

As discussed in Chapter I, numerous peer-support initiatives that are not focused on the issue of surviving sexual violence have many survivors as group members. Many survivors of sexual
violence develop dependencies on alcohol and narcotics, and are known to attend AA and NA. Many people who have been diagnosed with mental health problems are also survivors. Thus, it is safe to assume that peer-support initiatives for people who have experienced mental health problems would have a relatively high proportion of survivors of sexual violence. Given the relatively large numbers of peer-support initiatives for addictions and mental health compared to those for survivors of sexual violence, it is likely that many survivors are accessing peer-support initiatives for issues other than their sexual abuse or sexual assault. Even if a greater number of peer-support initiatives existed for survivors, there may be some reluctance to use these supports, for the following speculative reasons:

- Survivors perceive less shame in discussing addictions and mental health than sexual violence or trauma.
- Many survivors view sexual violence as an issue that is too “heavy” for a peer-support setting.
- Attending a peer-support group for survivors requires a higher level of readiness than other peer-support groups.

More research is warranted to further explore the topic of survivors’ attitudes toward peer-support initiatives.

**Limitations and Future Directions**

Our ability to draw conclusions from this research is limited due to the small sample size. To compensate in part for this shortcoming, we conducted our face-to-face interviews with people selected based on their extensive contact with peer-support initiatives. In-depth participant-observation or broadening the sample size beyond the province of Ontario could generate more reliable conclusions. Given the rapid growth of internet-based peer-support, research of on-line peer-support for survivors of sexual violence would be of value.
If research participants accessed peer-support initiatives because of a perceived lack of effective or available treatment/support from other organizations there may be a bias in the findings that over-represent the benefits of peer-support and under-represent the challenges and risks involved (Coatsworth-Puspoky et al., 2006, 496). It is difficult to involve individuals in research who either have chosen not to access peer-support or have had a negative experience. In researching peer-support groups themselves, we are connecting with a select population of people who are likely to have positive things to say about peer-support. Thus, researching peer-support groups is not entirely representative of all survivors of sexual violence in Ontario.

Some people who attend peer-support groups have chosen peer-support as an alternative to (or rejection of) professional services or help. This research problem “stacks the deck” of evidence supporting the benefits of peer-support (see Babcock, Green, and Robie, 2002, 1031). Conducting research with survivors in Ontario who have left peer-support initiatives or chosen not to access them would likely provide insight into more of the risks and challenges.

Perhaps peer-support initiatives attract people at a similar stage of recovery. People who have not talked about their trauma may self-select out of peer-support initiatives. This is not a factor that we studied.

One belief we had entering this research is that participants in peer-support initiatives might be quite reluctant to discuss the challenges and risks of peer-support particularly with a professional. Similarly, professionals are often reluctant to discuss their shortcomings, mistakes, or weaknesses with clients; conveying hope and confidence is often the route selected. This perhaps was borne out in that respondents generally reported that challenges and risks were minimal, yet many challenges and risks were identified.

It is possible that the bias of the researchers and research literature led us to overlook certain aspects of peer-support. There may be benefits, challenges, and risks that we did not inquire about or make room for, and therefore did not find. There are also some aspects of peer-
support not included in this study simply due to its limited scope. We did not, for example, study cost effectiveness, hospitalization prevention and impacts on family.

In our research, we were conscious that our professional training and experience had the potential to bias our assessment of peer-support negatively. Also, as male researchers, our gender may have precluded access to some female peer-support initiatives. That is, not working inside the women’s movement may have precluded us from information about or access to peer-support initiatives among female survivors of sexual violence.

A related limitation is that we made no effort to distinguish benefits, challenges, and risks by gender. Given the way that gender socialization intersects with sexual victimization, we would be surprised if gender had no significance regarding the topic of peer-support initiatives. The topic of gender is discussed further in the next chapter.

Finally, rather than make judgements about whether peer-support with survivors of sexual violence is “good” or “bad” we chose to attempt to delineate the benefits, challenges and risks. While this is different than providing an evaluation of outcomes, the highly variable nature of peer-support initiatives makes it virtually impossible to conduct such outcome studies.
Survivors Helping Survivors in Ontario

Chapter III

Special Topics

In this chapter we discuss some special topics that bring together findings from our literature review and first-hand research. First, we explore factors related to the creation of peer-support initiatives for survivors of sexual violence. Second, we consider variations in the arena of survivors supporting survivors, focusing specifically on: gender and peer-support; peer-support in rural or small communities; and variations in forms of peer-support, such as mentoring and on-line peer-support modalities. Finally, links with professionals and organizations are examined with respect to the formulation of the initiative and the roles played by professionals.

3.1. Creating Peer-Support Initiatives

As part of our research, we asked participants to discuss lessons that they had learned from their affiliations with peer-support initiatives. The responses provide a good overview of factors to consider in creating a new peer-support initiative for survivors of sexual violence.

Plan It Well: One survivor suggested that expectations for the activities, objectives and roles be written down before beginning. Similarly, another respondent encouraged the use of an evaluation procedure and a plan for how the initiative will be sustained. Yet another survivor discussed the importance of planning: “Figure out what you really want the group to be about. Figure out your mandate and stick to it.”

Boundaries, Safety, and Structure: These three terms came up numerous times as being vital
to successful peer-support with survivors of sexual violence. Some respondents elaborated on the importance of group rules and a clear mandate. Comments implied the importance of having a screening procedure for new members in order to ensure readiness and appropriateness. One respondent, for example, said: “Make sure that people are seeing a counsellor or have done [recovery] work before they join.” Another respondent said that honouring the privacy of individuals was important.

Create an atmosphere of sharing and non-judging: A number of respondents discussed the importance of creating peer-support spaces where there is equal and reciprocal sharing (“everyone gets a turn”). Some respondents talked about the importance of creating a non-judging space, one asserting the need to “honour the individual’s right to express herself without advice.”

Get advice: Multiple respondents encouraged those wishing to establish a new initiative to seek advice. However, there were some differences as to whom best to seek advice from. One professional encouraged those wishing to start new initiatives to “contact people who have experienced successful peer-support.” Others encouraged new initiatives to seek advice from professionals or “people you respect.” Yet another survivor stressed the importance of seeking advice that is local:

Consult with people in the area who have dealt with this issue. Some psychiatrists say they understand the issue but they don’t have enough experience to know.

Some respondents stressed the need to be linked to professionals for support and consultation, while others encourage linkages with other peer-support initiatives, elders, or peer-support consultants. It seems most important to be linked to a larger entity from which to draw on experience and wisdom and to have a mechanism of accountability; the type or tradition seems less important.
Training: Three respondents stressed the importance of having some kind of training before starting a peer-support initiative. Two specified that the training should be specifically about peer-support. One survivor commented: “Take some form of training before hand. Take mentorship training or training to be a facilitator. Don’t go in blindly.”

Share leadership: This was encouraged by several respondents as key for success and for reducing burnout. The idea is to enlist others to work with you and share leadership. Knowing that leadership burnout is a significant challenge, and that those who seem most at risk are the people who start initiatives, it is important to have members who are committed to sharing the tasks of organizing, telephoning, recruiting and facilitating.

Don’t let lack of money stop you: One respondent from a longstanding peer-support initiative that has had struggles at different times in its history asserted that lack of money should not be allowed stop the benefits of peer-support.

In addition to the advice provided by the respondents, we suggest using available resources. There are many great resources at the disposal for people who wish to create a peer-support initiative. The Ontario Self-Help Network (2006) has a resource kit that is available for a reasonable price. It offers practical advice for those who wish to start a group. There are also many books, articles and websites available that provide sage advice about starting a group. Perhaps the best advice given on this topic comes from the Ontario Self-Help Network Resource kit: “Don’t reinvent the wheel.”

We suggest considering not only paper and electronic resources, but also people resources. This may involve reaching out to others who are running peer-support initiatives for survivors, and asking for their wisdom and support. Self-Help Resource Centres can often help make these connections. It may be helpful to talk with people at a local community centre, sexual assault centre, or other social services centre. Several respondents stressed the importance of reaching out, not just for advice, but also to reduce isolation and have “checks and balances.”
3.2. Variations of Survivors Helping Survivors

In this section we discuss variations in peer-support based on different sub-populations of survivors and the different forms that peer-support initiatives can take.

Sub-Populations

Understanding the unique needs and issues of sub-populations of survivors of sexual violence is presumably valuable in creating peer-support initiatives that are responsive and do not alienate survivors. The prevalence of sexual violence is higher for some segments of society than the general population. Some survivors may also benefit more than others from peer-support versus professional services, just as participants in other kinds of peer-support initiatives do not all benefit equally (as discussed in Chapter I). In Sandstrom’s (1996) exploration of peer-support with gay men living with HIV/AIDS, benefits for participants varied depending on the length of time spent in group. Men who attended on a long-term basis sought greater friendship, camaraderie and mutuality due to a perceived lack of social support, whereas short-term group members tended to seek information.

Given that research on peer-support initiatives for survivors is so limited, little is known about specific sub-populations and who benefits most from what type of supports or service. In this section, general considerations related to gender and rural populations will, however, be discussed as these topics did come up in our research, and have received some minor treatment in the research literature.

26 In particular those who are disabled, Aboriginal, lesbian, gay, bisexual, or transgendered, or who have been incarcerated, are believed to be at greater risk of experiencing sexual violence. Yet most of these high risk sub-populations appear to be underrepresented in peer-support initiatives for survivors of sexual violence.
Gender

There is little research regarding gender in peer-support initiatives; however, men tend to have slightly higher participation rates than women in peer-support initiatives in general (Davidson, 2000)27.

There is some evidence that suggests that men and women benefit differently from and seek out different types of support. Bottomley (1997, 15), for instance, cites two studies that suggest that females generally prefer “psychological interventions” while males prefer more “educational support interventions.” A study by Blank and Adams-Blodnieks (2007) examined discussions on internet-based bulletin boards with respect to two forms of cancer: breast cancer (which is almost exclusively diagnosed in females) and prostate cancer (which is exclusively diagnosed in males). The researchers found that men and women sought and communicated about similar themes such as support, medical/treatment, intimacy/sexuality, and emotional expression. However, men were much more likely than women to communicate about medical treatment issues, and women were much more likely than men to communicate about support and emotional expression.

Responses to our research provide some tentative hypotheses about this. One female service provider who participated in our research said: “Men are trained to be independent. Peer-support groups challenge men to be together in a different way.” When we indicated that, in fact, there are as many peer-support initiatives for male survivors as for female survivors in Ontario, she quickly responded: “Yes, that’s because women have funded services. Female survivors don’t have to go to such an extreme extent as men to access service.”

One female respondent said that it is easier for women to reach out for this type of support because men feel more judged and more emotionally inhibited. A male survivor echoed this, saying: “a lot of men haven’t talked about their abuse because of embarrassment. When we do

27 This may be skewed in part by the perceived under-representation of women in Alcoholics Anonymous.
come forward, we get negative reactions from CAS [child protection services] and police. Some don’t believe that we can be abused or they say that that was the past.”

One respondent from an initiative that has groups for men and women said: “the delivery of service and what goes on in group is shockingly similar for male and female survivors. The only real difference is how men and women get to us.” This respondent went on to say that men are assumed into perpetrator roles and are “unable to be victims.” Male survivors seem more reluctant to seek support and often contend with societal myths about male sexual victimization. Another respondent said that “the difference between male and female survivors is that there is more demand for male survivor groups. There is nothing out there for men who have been abused.”

Another female professional indicated that “female survivors come together and help each other with concrete issues like childcare and food, whereas men tend to be less cooperative and have more difficulty supporting one another.” While there do appear to be key differences between male and female peer-support, our research found that both male-only and female-only peer-support initiatives highly valued emotional support and the reduction of isolation.

**Survivors in Small/Rural Communities**

Noting that people who live in rural settings see relatives on a more regular basis than urban residents, Iacovelli (2006) comments:

... the essence of self-help groups is to share a lived experience with those who have been going through similar situations. While the support from family is of utmost importance, there may also be a feeling that the sharing in self-help groups goes beyond the support from relatives (Charles & Barrow, 2002). In other words, the need for self-help groups in rural areas is most likely the same as in urban areas, despite the idea of the tight-knit rural community.
Peer-support initiatives in rural areas often contend with greater barriers to accessibility and confidentiality (Iacovelli, 2006). Two respondents in our study linked low attendance to geographic distance between members. Technology such as videoconferencing, telephone, and internet peer-support may be an important means for rural or geographically isolated survivors.

**Forms of Peer-Support Initiatives**

Peer-support can take many forms, including group and one-to-one support, mentoring, activism and on-line forums or chat groups. One of the initiatives researched also engaged in artwork as a healing and social activity. We will explore two forms in greater depth here: on-line peer-support and mentoring. Both have unique benefits, challenges, and risks and, therefore, deserve special consideration.

**On-line Peer-Support**

The internet is a growing avenue for peer-support, one that allows quick and easy access to information and emotional support. Although this area of peer-support is growing at a fast pace, it has received little study and little is known about the benefits, challenges and risks (Finn, 1999, 220). There are a number of on-line peer-support initiatives for survivors, many of which are off limits to researchers and professionals. One of the challenges in researching on-line initiatives is that they cross geographic boundaries and therefore could not be studied strictly as Ontario initiatives, though there is at least one (at the time of this research) which originates in Ontario.

On the benefits side, on-line peer-support allows for anonymity and easy access. As mentioned earlier in this chapter, this is a particular benefit for survivors in rural or geographically isolated locations. It may also be beneficial for survivors living with disabilities or conditions that affect mobility.
As for challenges and risks, Kathryn Davidson et al. (2000, 215) suggest that internet peer-support involvement may be a substitute for “actual emotional support,” in that people may be engaging in “shallow forms of exchange when more substantial ties could be built face-to-face.” The anonymous nature of most internet participation means that screening is impossible; therefore, this may not be a very safe option for many survivors. Recall, also, the finding mentioned in Chapter I that 89% of medical information on an on-line medical discussion group was authored by people without medical training. This suggests that misinformation could be a significant problem with on-line peer-support. On-line peer-support also creates dilemmas for professionals regarding ethics and role clarity (Humphreys, Winzelberg, and Klaw, 2000). A founder of an on-line peer-support initiative for survivors (who is also one of the research respondents) indicated that problems have been few and this resource has enabled him to connect with other survivors in distant communities. It has also provided opportunities to share information, poems and more.

We can conclude, then, that on-line peer-support presents unique benefits, risks, and challenges for survivors of sexual violence that have yet to be thoroughly mapped.

**Mentoring**

Although our research focused on peer-support groups, three of the initiatives also have a mentoring program as part of their initiative. While this is a very small sample, many of the same benefits, challenges and risks were identified as those identified with respect to the groups. In particular, all three mentoring programs offer extensive training to mentors that emphasizes boundaries and peer-support principles such as personal expertise and resiliency.

Perhaps the best known form of mentoring peer-support is sponsoring, as found in Twelve-Step programs. While mentoring as an avenue of peer-support is more developed in the arena of addictions recovery, there is growing interest in mentoring in the arena of mental health. While some studies indicate that participants experience benefits from peer mentoring or peer-
support specialist programs (e.g. Salzer and Shear, 2002), one study found that peer-support pairing as an adjunct to professional services had an adverse effect upon the satisfaction with services for people who entered treatment with relatively high self-esteem (Shahar, et. al., 2006).

3.3. Linking with Organizations and Professionals

“Professionals find it difficult to believe that a leaderless, nonprofessional group has something more to offer than availability and less expense” (Frayn, 2005, 365).

Few professionals refer their clients to peer-support initiatives (Chinman, et. al., 2002, 352). With mental health peer-support, there is little overlap in the use of professional mental health services and peer-support (Goering et al., 2006).

Only 14% of self-help users are accessing case management services and even fewer ACT [Assertive Community Treatment] clients contact self-help groups. These very different modes of service delivery are available for populations that share many characteristics, but clients are seldom seeking help from the same source. Perhaps this lack of overlapping service use reflects a process of self-selection with some clients being drawn to a more informal model that emphasizes empowered decision-making (Segal & Silverman, 2002) and others requiring or preferring a more structured, professionally led approach (Goering et al., 2006, 372).

Professional groups are typically time-limited and rarely have mandates of recreation and the creation of friendships; they are typically change focused. Peer-support groups are typically open to longer-term involvement and encourage friendship and community-building and often (but not always) focus on support more than change. Maintaining choice in modality of support is important given the lack of overlap between professional services and peer-support. The relationship between peer-support initiatives and professionals has the potential to be symbiotic; their potential intersection therefore warrants some further exploration.
While peer-support and self-help initiatives are often characterized as being different from professional services and are utilized differently; in reality there is some overlap between the two. Many professionally-led groups encourage mutual support among group members. In fact, most group therapy literature encourages the involvement of professionals in facilitating or assisting in the development of “mutual support” within groups. Most peer-support initiatives have professionals involved in the capacity of consultant, referral source, screener of new members, founder, or facilitator. The two founders of AA had substantial support from professionals and one (Dr. Bob) was a professional himself (a proctologist).

In our opinion, peer-support initiatives are best not seen as an alternative to effective professional service and vice versa.

In their discussion of professional versus peer-support modalities of help for addictions, Moos and Moos (2004, 168) suggest that the modality of help that individuals seek first can exert a strong influence on the subsequent pattern of help-seeking. Compared with individuals who first seek help from professionals, those who attend AA first are likely to show more consistent and stable participation in AA and less consistent and stable participation in professional treatment. While participation in professional treatment programs for addictions lead to more sustained use of AA (Moos & Moos, 2004), AA attendance lead to less dependence on professional treatment programs to maintain sobriety (Humphreys et al., 2004b). In discussing Twelve-Step addiction programs, Humphreys et al. (2004b, 154) indicate that “self-help groups are best viewed as a form of continuing care rather than a substitute for acute treatment services.”

Peer-support involvement has the potential to make social and psychological service utilization more effective and to create more informed consumers of services. Peer-support can increase awareness about effective therapies and about resources. It also has the potential to help survivors become aware of ineffective services. This has been suggested as a benefit of peer-support for other issues (Borkman, 1999, 74) and can only be speculated as a benefit for
survivors of sexual violence.

This difference can be positive or negative:

_The fact that these groups are neither fish nor fowl can generate a significant amount of tension, confusion, and concern among both group members and clinical staff, as well as for the leader him or herself_ (Davidson, et al., 2006, 446).

There is a “creative tension” between peer-support and professional services that can lend added value to both:

_In collaborative efforts between self-helpers and professionals, however, there is a need to recognize and deal with two distinct ways of providing help. The power of self-help is both subjective and experiential – it comes from personal encounters with the problem at hand. The professional approach is based on learned rather than experiential understanding and is rooted in research, controlled observations, and the analysis of other people’s experience_ (Gartner, 1997, 47).

This author seems to overstate differences, as helping professionals do not renounce experiential knowledge and self-helper do not generally dispense with research and the analysis of the experience of others.

Developing a symbiotic relationship between professional and peer-support involves valuing the benefits and differences of each. This is also true at an organizational level. Just as peer-support initiatives can often provide longer term support than professional services and professional services often have greater access to resources such as funding, publicity and space than peer-support initiatives.
Survivors Helping Survivors in Ontario

Chapter IV
Putting it Together

4.1. Recommendations Regarding Peer-Support Initiatives in Ontario

In this chapter, we consolidate the findings from both the first-hand research and literature research into practical recommendations. This chapter is likely to be most pertinent for people who lead, facilitate, participate in, or wish to create a peer-support initiative for survivors of sexual violence. However, it may also be informative for other readers.

While all of the initiatives we researched appear to be beneficial, there are two that illustrate successful peer-support with survivors of sexual violence. We begin with a brief description of these two initiatives: The Gatehouse (Toronto) and Community Justice Initiatives (Kitchener). We follow this with general recommendations.

**The Gatehouse**

One day, Arthur Lockhart was sitting in his car in the rain, providing emotional support to another survivor, when he looked out his window and saw a building that had once served as the gatehouse to a psychiatric institution but now sat abandoned and falling apart. This was the beginning moment for The Gatehouse. With much hard work and the care of countless volunteers, The Gatehouse has flourished into a centre of healing for male and female child abuse survivors. By adhering to a peer-support mandate, it has been able to exist on a very limited budget.
The Gatehouse offers four peer-support groups for survivors (two men’s and two women’s groups). This centre also offers a mentoring program, social group (drop-in), and social action group. Intake sessions, conducted by a professional social worker, are typically four sessions in length, over a 6 week period.

People who volunteer as mentors and/or facilitators do not have to be survivors; however, many are. Volunteers who facilitate survivor groups must take a break from volunteering following two 15-week cycles. This is to help reduce burnout, vicarious trauma, and compassion fatigue.

The Gatehouse opened its doors in 1998, and remains stable as an organization, and currently engages 80-90 survivors in peer-support each year.

**Community Justice Initiatives - Revive Program (CJI)**

Community Justice Initiatives (CJI), a community agency located in Kitchener, Ontario, provides a number of programs based on restorative justice principles. Community Justice Initiatives’ Revive program has been in existence since 1982, initially bringing together female survivors to talk about their experiences. CJI gave them a place to meet and together they started a program that provided group support for women who had survived sexual trauma. This program was started because people wanted a place to talk without being directed; where there is an assumption that professionals do not have all the answers.

At the time of this research, CJI has two groups for women and two groups for men who are survivors of sexual violence. In addition to groups, CJI also engages in public activism and education through a Speaker’s Bureau where survivors speak at conferences, workshops and schools.\(^28\)

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\(^{28}\) In addition to peer-support groups for survivors of sexual violence, CJI offers groups for partners of survivors (as needed), people who have offended, and partners of offenders (as needed). CJI staff also support people affected
Groups are facilitated by volunteers, some of whom are survivors and some of whom are not. Volunteers receive ten weeks of training on topics such as: restorative justice, trauma, stages of groups, and symptoms. Intake and assessment for groups are conducted by professional workers from various backgrounds. Short term individual support is also available with staff. Referrals for therapists within the community are provided for long term counselling needs.

**General Recommendations**

We offer the following general recommendations for consideration:

**Avoid Isolation**

Peer-support initiatives for survivors should be connected to *something* in order to increase accountability and avoid isolation. What that “something” is, can vary. Some initiatives in our study have close ties to feminist organisations in terms of consultation, space and referrals. One group is grounded in aboriginal traditions with consultation and oversight by elders, and is housed in an organization that provides services to First Nations’ people. Others are connected to, or part of, organizations steeped in peer-support principles, and are therefore connected to bodies of knowledge, consultation and resources about effective peer-support. Still others are grounded by their connections to psychotherapy or social work professionals. In a nutshell, being connected to people and frameworks that provide guidance and accountability is very important for making peer-support initiatives with survivors work. Operating in isolation greatly increases the chances that the initiatives will fold, revictimize members, become non-functional or dysfunctional, or experience high leadership burnout.

The peer-support literature overwhelmingly discourages an either/or approach to professional services versus peer-support. Effective professional services and peer-support initiatives should

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by sexual trauma who would like assistance in having difficult conversations (e.g. with the person who has offended against him or her) within a safe environment.
be seen as mutually beneficial and capable of integration, as is illustrated by the Gatehouse and CJI examples.

Peer-support initiatives would likely benefit from linking not only with organizations (professional or otherwise), but also with each other. While this study will hopefully benefit peer-support initiatives by consolidating benefits and lessons-learned from the few pioneering initiatives that currently exist, ongoing dialogue between initiatives would likely be beneficial, particularly for initiatives that are more isolated or at an earlier stage of development. An association for peer-support initiatives might be helpful in this respect.

**Boundaries**

Borkman (1999, 88) asserts that to develop mutuality in self-help/mutual-aid groups, the norms and atmosphere should encourage members to help and support one another “as they wish both inside scheduled meetings and other activities and outside of them in the rest of their life.” While this may work well in a peer-support group for cancer survivors or people with scoliosis, boundaries have particular import for survivors of sexual trauma. This is reinforced by the numerous references among respondents in the research, both among professionals and survivors, to the vital role of good boundaries in creating successful peer-support among survivors. Key in understanding sexual violence is that, at the core, sexual trauma is a boundary violation. More important than the particular configuration of boundaries within groups (specific rules, agreements, or boundaries) is the care and effort that go into discussing, setting, and maintaining boundaries.

Rules or group agreements pertaining to sexual relationships and aggressive and domineering behaviour are particularly important for keeping a group safe and functioning.
Training & Resource Use

The groups in our research that seemed to function best (as discussed in Chapter II) had group members or facilitator who have undergone extensive training. This does not mean that members or facilitators need to become lay psychotherapists or trauma experts. Those affiliated with initiatives that participated in the research indicated diverse training including peer-support training, traditional healing, group facilitation, and trauma recovery training. All indicated that their training had been beneficial. In fact, peer-support or self-help training given by organizations such as the Ontario Self-Help Network, Community Justice Initiatives and The Gatehouse specifically train people not to adopt psychotherapist or expert roles, but rather to value experiential wisdom and mutuality within a clear framework or structure. Group leadership and the skills and knowledge of group dynamics are particularly important in being able to maintain a peer-support framework and keep the group safe.

There are many resources that exist to assist peer-support initiatives with getting started and staying on track. The Ontario Self-Help Network Resource Guide is particularly helpful in this regard, and has a guide for evaluating the success of initiatives that is non-bureaucratic. There are, moreover, numerous international resources on-line that are free or available to be purchased.

Consultation

Members in leadership roles or positions need to make consultation an integral part of their initiative. The specific qualifications of the person who serves in this consulting role will depend upon the needs and nuances of the initiative. It is recommended that the consultant have knowledge of peer-support and sexual trauma. Without knowledge of peer-support, there is some danger that the consultant (if a psychotherapy professional) may attempt to assume control of the group or transform it into a therapy group. If the consultant lacks knowledge or understanding of sexual trauma, she or he would likely not understand the ways
in which peer-support for survivors can be unique vis-à-vis other forms of peer-support.

**Intake & Screening**

The peer-support initiatives in this study that seemed to be functioning well typically require that prospective new members go through some type of intake and screening process to determine if they will be a good fit in the group, their readiness for group, motivation, commitment and goals. In at least two groups, this screening was conducted by social workers. Extensive knowledge of peer-support, the critical elements of groups, and sexual violence and trauma recovery are key factors for effective screening.

**The Role of Professionals**

Given the limitations of professional services (discussed in Chapter I) and the unique benefits of peer-support initiatives in relation to professionally-led groups, it is important to consider the unique role of professionals in peer-support initiatives. The role of professionals is best conceptualized as limited but valuable.

In our opinion, it is best that professionals hold consultant rather than supervisory roles with peer-support initiatives. Supervising suggests oversight, control, and the expectation that recommendations will be carried out. Such roles do not respect the autonomy of peer-support initiatives. With these cautions on limiting involvement, we provide some suggestions below on the role of professionals with peer-support initiatives for survivors of sexual violence.

Many peer-support groups use professionals in an advisory or assistance capacity (Kyrouz, Humphreys, Loomis, 2002, 1). Professionals have power to encourage attendance at peer-support initiatives. One study (Timko and DeBenedetti, 2007) found that intensive referrals increased attendance at peer-support initiatives. With peer-support among survivors of sexual violence, it is particularly important that the professional have knowledge about the initiative in
order to reduce the risks of the survivor experiencing re-victimization. Each initiative must be evaluated independently to assess risks and benefits.

Borkman (1999, 89) suggests that professional help with organizing or maintaining an initiative may be required where energy and motivation are lacking, specifically with groups that are “psychologically damaged or physically weak, vulnerable or fragile.” While the language here seems patronizing, it does suggest one explanation for why no discussion is given to peer-support with survivors in the key peer-support literature: there may be an assumption that survivors of sexual violence are too “low functioning” to create or maintain a peer-support initiative. Borkman, however, does qualify her comments by saying that:

_Whether some categories of people with physical illnesses or disabilities need professional assistance with a support group is problematic, however, since each case needs to be evaluated on its own terms. Closed-minded professionals, for example, are likely to assume that clients need help, which is not always the case_ (Borkman, 1999, 89).

Borkman elaborates that professionals are most likely to be needed in the early acute phase of treatment (1999, 90).

One promising practice with the initiatives we researched involves professionals undertaking intake and screening roles. There are two initiatives in our research that had professionals conduct extensive intake interviews with prospective group members. This appeared to help screen out members who might present problems for the group because they were not ready, were not appropriate, or did not appear willing to adapt to group structures. Group members who were deemed not appropriate were typically referred elsewhere or seen individually to increase group readiness. Another group has a professional who also attends the group as a survivor. This individual screens prospective group members. Two other groups developed out of professionally-led groups and screening occurred by professionals at intake for the group. The professional group process also presumably screens out survivors who are not ready or appropriate for group work.
Final Thoughts

Peer-support initiatives can serve as important avenues through which survivors of sexual violence can reduce isolation, rebuild trust, and gain emotional support. We have considered benefits, challenges and risks of peer-support initiatives among survivors of sexual violence in the province of Ontario. We hope that this study gives voice to the successes of existing initiatives and also helps to further develop safe peer-support practices.
Appendices

Appendix A: Discussion of Terms Related to “Peer-Support”

Type “peer-support” into an internet search-engine and you will find information pertaining to configurations ranging from formal professionally-led groups to informal peer-led affiliations. Terms such as “peer-support,” “self-help,” “mutual support,” and “support group” can at times all be used to describe the same phenomenon. Each one of these can, moreover, mean widely divergent things to different people or in different contexts. In this appendix, terminology pertaining to peer-support and sexual trauma are therefore discussed, in an attempt to provide some clarity about the way terms are used in this document.

The confusion of terms about peer-support, which Borkman (1999) refers to as “a tower of Babel,” is in part due to the “grass-roots” foundation of many initiatives that employ the labels of peer-support, self-help, and so forth. Grass-roots groups seem more intent on forming initiatives that meet individual or collective needs than on fitting into a definition or category.

Discussions about terminology seem more of interest to writers and researchers than to the people involved in such initiatives. Given the nature of the present document, we do want to alert readers to the confusion, contradiction and lack of clarity that plague definitions with respect to peer-support. As Kurtz (1997, 3) observes:

*Any definition of either a self-help group or a support group describes an “ideal type” – a pure form that rarely represents reality adequately; actual groups have some, but not all, of the characteristics found in the ideal type.*
We have ourselves used the term “peer-support” mostly in a generic, overarching sense. However, we have used other terms at times to maintain consistency with the original sources.

**Mutual Support / Mutual-Aid**

Chinman, et al. (2002) define mutual support as a group created and controlled by people who share a common problem, whereas Gitterman (2005) uses the term mutual support exclusively to describe a peer-to-peer dynamic within the context of a professionally facilitated group. Thus the term is used in one case to refer to the peers themselves, while in the other it is used to describe an interpersonal group dynamic in a professional setting.

**Support Group**

Kurtz (1997, 4) describes support groups in the following way:

*Support groups meet for the purpose of giving emotional support and information to persons with a common problem. They are often facilitated by professionals and linked to a social agency or a larger, formal organization. Membership criteria often exclude individuals not served by the sponsoring organization. Behavioural and societal changes are subordinate to the goals of emotional support and education. Meetings are relatively unstructured, and the group’s program is unlikely to espouse an ideology.*

Typical support groups include diagnosis-based groups or collectivities such as cancer, diabetes, or HIV support groups, but are not limited solely to medical conditions. Bottomley (1997, 11) indicates that “some [support] groups can have only limited facilitation by a fellow patient, whereas others have stronger focuses such as facilitation by a trained health care professional.” Borkman (1999, 85) indicates that while researchers typically define “support groups” as professionally owned groups, the general public generally perceives them in a much more generic way.
Self-Help

Self-help is one of the most frequently used terms in the literature on peers helping or supporting one another. Kurtz (1997, 4) defines groups as self-help based on the following criteria:

- Supportive, educational and usually change focused
- Address a single commonly shared condition or life problem
- Encourage the use of ideologies for dealing with issues
- Groups are largely autonomous
- Leadership comes from within the group and groups are not professionally-led
- No fees are charged to participate

Twelve-Step groups are generally classified as self-help.

The inconsistent usage of the term self-help is revealed, however, by one study (Davidson, 1999), in which over 60% of observed groups characterized as “self-help” were in fact professionally facilitated.

Peer-Provider/ Peer-Specialist

Survivor-providers or peer-specialists are survivors who provide support to other survivors but in a professional capacity. This seems most common in mental health settings where consumer/survivors of the mental health system are hired based on experiential knowledge rather than other qualifications.

Peer-provider and peer-specialist modalities clearly are examples of peer-support and present some of the same issues that other forms of peer-support present, particularly vicarious trauma and burnout. Boundaries can also be an issue particularly with respect to how much the provider discusses her or his background.
Peer-Counselling

Peer-counselling is a type of peer-support where two or more people, possibly with similar issues, counsel one another within a defined structure. Different models have been developed to make such practice relatively safe. One popular model is that of Re-evaluation Counselling, also known as Co-Counselling (Scheff, 1972). Peer-counselling was popular in the late 1960s and early 1970s and has made something of a revival in recent times. Particularly noteworthy is the work of Copeland (1994) with respect to co-counselling among people living with depression or bipolar affective disorder. Peer-counselling is beyond the scope of this study and has not been researched adequately with survivors to be able to draw conclusions on the benefits, risks, and challenges.

Mentoring

With mentoring, a peer who is relatively far along in his/her recovery is paired up with someone who is less far along. Perhaps the most familiar manifestation of mentoring is sponsorship in Twelve-Step programs. Mentoring can provide the new member with a role model and support and the mentor with an opportunity to give back and consolidate gains. In some instances, mentoring programs accept volunteers as mentors who may or may not share the focal issue. This is the case with the mentoring program at the Gatehouse. In the more generic sense, mentoring can occur within peer-support groups and informal peer-support where advanced survivors serve as role models and/or support to younger and less advanced survivors.

Peer-Support

Some definitions of peer-support limit the term to trained volunteers who help people, with whom they may or may not share a problem or condition, through facilitation, counselling, mentoring or listening (e.g. Peer Resources, 2008). The facilitator is not necessarily a peer in
the sense of being a “fellow sufferer” but rather in the sense of not being a paid professional. However, most usages of the term are much broader:

“Peer-support is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations.” (Davidson, et al., 2006, 443)

This definition is remarkably similar to definitions for self-help, mutual support, and support groups. For the purposes of this study, we define peer-support in this more generic sense, as it captures the phenomenon we are explaining: namely, survivors helping survivors. While some writers and researchers have adopted the term “self-help/mutual aid” to include a wide spectrum of group structures, this term seems cumbersome.

For the purposes of this research, we adhered to the following parameters for defining peer-support:

- Not professionally-led, though may have professional involvement in some capacity.
- People gather for support based on a shared issue or experience.
- May include self-help, mutual support, mutual-aid, support groups, and mentoring.
- May be change-oriented, social-oriented, support-oriented, or focussed on social action.
Appendix B: Informed Consent Form

An Inquiry into Peer-support Initiatives in Ontario for Survivors of Sexual Violence

Purpose of the Research:
This study aims to explore the benefits and lessons learned from peer-support initiatives in Ontario for survivors of sexual violence. In our research we will look at four questions:
• What peer-support initiatives for survivors exist in Ontario?
• What are the key benefits of peer-support for survivors in Ontario?
• What challenges do peer-support groups for survivors face?
• What, if any, risks are there in peer-support with survivors of trauma in Ontario?

This research is funded by the Cornwall Public Inquiry.

Description of the Research:
This research involves a questionnaire that takes approximately 40 minutes to complete. Our investigator will follow-up with a telephone conversation that should take approximately 30 minutes. If preferred, the entire questionnaire can be completed by phone. The questionnaire which contains 43 questions is attached to this form.

Potential Harm, Injuries, Discomforts or Inconvenience:
There is no known harm associated with participation in this study. If you anticipate any potential harm or discomfort in participating in this study, you should decline participation and seek support.

Potential Benefits:
A guidebook with results from the research and recommendations for peer-support initiatives in Ontario will be provided to you for your participation in this research.

It is anticipated that this research will benefit peer-support initiatives for survivors of sexual violence in Ontario as this study will disseminate information about peer-support initiatives and will also make recommendations for improving such peer-support initiatives in Ontario. Your participation will help us to bring attention to best practices and strengths and may also provide guidance for newer initiatives.

Confidentiality:
Confidentiality will be respected and no information that discloses the identity of the subject will be released or published without consent unless required by law. This legal obligation includes a number of circumstances including suspected child abuse and infectious disease, expression of suicidal ideas, and situations where research documents are ordered to be produced by a court of law and where researchers are obliged to report to the appropriate authorities.
Voluntary Participation and Acceptance:

I understand the purpose of the study and what is required of me, and I agree to participate. I understand that by accepting to participate I am in no way waiving my right to withdraw from the study. I understand that my participation is voluntary. I may refuse to answer any questions without adverse effects on me, and I am also aware that I am free to withdraw from the study at any time without any negative consequence.

I will be given a copy of the consent form to keep.

If I have any questions about this study, I may contact: Mark Patton (Researcher) at 613-230-6179 or Rick Goodwin (Executive Director) at 1-877-677-6532.

I hereby consent to participate:
Signature: __________________________ Date: __________________

Name of Participant: ________________ Age: 18 or over / under 18 years old (please print)
Name of person who obtained consent: _____________________________ (please print)
Signature: ___________________________ Date: __________________

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www.themensproject.ca
Appendix C: Semi-Structured Interview Questions

Peer-Support Questionnaire

Background
1. How long has your peer-support initiative been in existence for?

2. Approximately, how many survivors belong to your initiative?

3. What is your role with the initiative?

4. Why was your peer-support initiative (or the one that you were affiliated with) started?

5. How does your group survive financially? (Do you receive any funding? If so, from where? Is there a fee to be part of your group?)

6. What is the mandate of your initiative?

7. Describe a typical meeting.

8. Are there other aspects to your initiative other than group peer-support (one-to-one support, mentoring, public activism)?

9. Describe the structure of your group?

   a. Do you have rules?
b. Is your group formal or informal?

10. Describe the leadership of your group (Does somebody run your group?)?

11. What is unique about your initiative (group composition, group members, type of support, structure, geographic location)?

**Intake and Assessment**

12. How do you and your group attract new members? How do you publicize your group?

13. Does your group screen out or turn people away?  
   YES  NO  
   If yes, for what reasons?

14. How do you evaluate the success of your initiative?

**Links with Professionals, Organizations and other Peer-support Initiatives**

15. Does your group have links to organizations, community agencies, or other peer-support initiatives?  
   YES  NO  
   If yes, please lists these links.

16. Does your group have ties with any professionals?  
   YES  NO  
   a. What is the nature of these ties (supervision, consultation, referrals, facilitation, etc.)?

17. Have you or any member of your initiative received formal training related to trauma recovery, peer-support, etc.?  
   YES  NO  
   a. If so, what type?
   b. Has this training been helpful in making your initiative work?  
   YES  NO  
   Please explain:
18. Have you or any member of your initiative received supervision or advice?  YES  NO

a. If so, what type/ from who?

b. Has this supervision been helpful in making your initiative work?  YES  NO
   Please explain:

19. Is self-care encouraged for those who participate in your initiative?  YES  NO

b. If so, how?
Background Questions:

Please circle the answers that best describe your peer-support initiative.

<table>
<thead>
<tr>
<th>How large of a role do professionals play in your support group</th>
<th>Our initiative is run by one or more professionals</th>
<th>Our initiative is run by survivors but is facilitated by one or more professionals</th>
<th>Our initiative is run by survivors but we are supervised or trained by one or more professionals</th>
<th>Our initiative has only limited contact with professionals and we are not supervised or trained by professionals</th>
<th>Our initiative has no direct contact with professionals</th>
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<tbody>
<tr>
<td>How often does your group engage in:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>public activism (Example: Political activities, letter writing, public speaking, etc...)</td>
<td>Very often</td>
<td>often</td>
<td>sometimes</td>
<td>rarely</td>
<td>never</td>
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<tr>
<td>mentoring</td>
<td>Very often</td>
<td>often</td>
<td>sometimes</td>
<td>rarely</td>
<td>never</td>
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<tr>
<td>training</td>
<td>Very often</td>
<td>often</td>
<td>sometimes</td>
<td>rarely</td>
<td>never</td>
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<tr>
<td>self-care activities or discussions about self-care</td>
<td>Very often</td>
<td>often</td>
<td>sometimes</td>
<td>rarely</td>
<td>never</td>
</tr>
<tr>
<td>What is the likelihood that your group might fold in the next 12 months</td>
<td>Very likely</td>
<td>Likely</td>
<td>Neutral</td>
<td>Unlikely</td>
<td>Very unlikely</td>
</tr>
</tbody>
</table>
## Benefits of Peer-Support

How well do the following factors describe the benefits of your initiative:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Well</th>
<th>Extremely well</th>
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</thead>
<tbody>
<tr>
<td>Emotional support</td>
<td></td>
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<tr>
<td>Sharing information, advice, or experiential (first-hand) knowledge</td>
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<td></td>
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<tr>
<td>A sense of belonging &amp; mutuality</td>
<td></td>
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<tr>
<td>Learning coping skills</td>
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<tr>
<td>Transforming identities (example: “victim” to “survivor”)</td>
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<tr>
<td>Becoming empowered/ Improved self-efficacy</td>
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<tr>
<td>Achieving insight</td>
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<tr>
<td>Increased social network (friendship, camaraderie)</td>
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<tr>
<td>Reduced symptoms</td>
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<tr>
<td>Finding hope or positive role models</td>
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</table>
Lessons Learned about Peer-Support

The following are challenges encountered by some peer-support initiatives. Please indicate to what extent these have been issues for your initiative.

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Not a problem</th>
<th>Somewhat of a problem</th>
<th>A moderate problem</th>
<th>A significant problem</th>
<th>A major Problem</th>
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</thead>
<tbody>
<tr>
<td>Leadership burnout</td>
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<tr>
<td>Dominating or controlling members</td>
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<tr>
<td>Too few minority members</td>
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<tr>
<td>Keeping the group safe or comfortable for members</td>
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<tr>
<td>Sharing of misguided or misinformed information among members</td>
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<tr>
<td>Expression of intense emotions or negativity that become unmanageable for group members</td>
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<tr>
<td>Irregular attendance or low membership</td>
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<tr>
<td>Group members at too many different stages of recovery</td>
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<tr>
<td>Groups members attempting therapy in the group although the group is unequipped for that type of work</td>
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<tr>
<td>Group culture encourages social isolation</td>
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<tr>
<td>Group culture encourages identification with “victim” role</td>
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</tbody>
</table>
Semi-Structured Interview Questions:

Benefits

20. What are the greatest benefits that people experience from participation in your initiative?

21. What are the important elements of successful peer-support with survivors of sexual violence?

Lessons Learned

22. If you or someone you know was going to set up a new peer-support group for survivors of sexual violence, what advice would you give her/him?

23. In considering peer-support experiences that you have participated in or had some connection to, what do you see as the greatest risks of peer-support for survivors?

24. In considering peer-support experiences that you have participated in or had some connection to, what do you see as the greatest challenges of leading a peer-support initiative for survivors?

25. Have there been any incidences or challenges that have threatened the existence of your initiative?

Closing

26. Is there anything else you would like to add?

Thank you for taking part in our survey. Your support of our research project is much appreciated.
Appendix D: Literature References


Introduction

We are all social beings by nature – connectedness and community are necessary, if not vital to our well-being. Through their very existence, social relationships can be a source of healing for many psychological wounds. Because sexual abuse and sexual assault occur in relative secrecy – in a state of disconnection between people – reconnecting and rebuilding trust are often at the core of healing from sexual violence. Some survivors turn to peer-support initiatives to build connection and to heal.

For some, peer-support initiatives (groups, mentoring programs, etc.) may supplement the formal counselling process. For other survivors, especially those in smaller or rural communities, peer-support initiatives may be the only opportunity for growth and recovery. For others still, peer-support is the preferred mode of connection.

From the wounds of sexual violence, many survivors face problems in relationships with friends, at home and at work. These challenges in relationships are not only a consequence of abuse, but can also place survivors at greater risk of isolation, re-victimization and abuse. This vulnerability is worrisome. For recovery to take place, physical and emotional safety is essential. Developing an understanding of how safety can be created and sustained within peer-support initiatives is the goal of Survivors Helping Survivors. We trust this document will be helpful to survivors and service providers alike.

Survivors Helping Survivors, a guide funded by the Cornwall Public Inquiry, explores the benefits, risks and challenges of peer-support for survivors of sexual violence. We also provide practical ideas for creating and maintaining peer-support initiatives for survivors of sexual violence. With this guide, we hope to provide a better understanding of peer-support among survivors of sexual abuse.

Organized peer-support networks have only been around for a relatively short period of time. In fact, some of the oldest peer-support initiatives such as Alcoholics Anonymous only came into being in the 1930s.

Peer-support is most often in response to issues related to medical conditions, addictions, and mental health. Peer-support is also a popular format for school programs with youth. Peer-support groups are also helpful in coping with issues such as grief and weight loss. In all of these areas, support and first-hand experience is tremendously important.
What is Peer-Support?

In our understanding:

Peer-support is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations.

- Davidson, Chinman, Sells, & Rowe, 2006, p.443

Some key characteristics of peer-support initiatives usually include the following:

- Not professionally-led, though may have professional involvement in some capacity.
- People gather for support based on a shared issue or experience.
- May include self-help, mutual support, mutual-aid, support groups, and mentoring.
- May be change-oriented, social-oriented, support-oriented, or focussed on social action.

The benefits of peer-support among survivors

People involved in peer-support groups often state that their involvement allowed them to “find their voice” or helped them to heal. Some key benefits are:

- **Emotional Support:** This is the benefit most often identified when individuals are asked what they received from a group. Peer-support has the potential to benefit helpers and not just helpees. Peers who help others, talk about how rewarding it is to “give back”, how it is helpful in their own recovery, and how it increases their sense of confidence and competence in connecting with others.

- **Sharing information and advice:** One survivor said: “Group provides a safe place to express what we are experiencing and feeling. We share our abuse experience.” Being encouraged by somebody who can say “I tried it and it worked” has a different impact than advice from a counselling professional.
• **Increased social network and friendship:** While sexual violence can drive a wedge between survivors and their support networks, peer-support initiatives can give people a sense of being part of a community. This often happens through opportunities for being heard and understood, identification with others, having the experience of being valued and cared for, and also making friends. Peer-support initiatives have the potential to create a sense of increased social connection and reduced isolation. One survivor put it this way: “Because of the group, people are not alone. They are part of a group; part of a family.”

• **Becoming empowered:** The capacity to stand up for oneself and/or others is at the core of most self-help and peer-support groups. For survivors of sexual violence, peer-support has the potential to transform the powerlessness resulting from trauma, through helping others, taking on meaningful group roles, and being encouraged to see one’s strengths and resources.

• **Finding hope or positive role models:** With peer-support, hope is something that develops within the group, rather than created for the group. Peer-support initiatives provide chances for members to serve as role models or mentors for other group members. It can be very powerful when group members share their journey of healing or recovery with others who are feeling hopeless or discouraged.

• **Achieving insight:** Insight occurs when group members discover something important about themselves – about their actions, what motivates them, and things kept hidden inside.

• **Learning coping skills:** Developing coping skills in peer-support groups is based on shared experience and expertise – “this is how I coped.” Coping generally involves practical strategies for managing situations.

• **Reduced symptoms:** The successes of other types of peer-support initiatives can be measured in terms of symptom relief, recovery time, life expectancy, functioning, and psychological well-being. Survivors of sexual violence may benefit from reduced symptoms as well.

**The risks and challenges of peer-support among survivors**

Most groups experience problems at times and peer-support groups are no different. The following are risks and challenges of greatest concern for peer-support initiatives for survivors.

• **Leadership burnout:** Leadership burnout can be caused by trying to do too much and by being overloaded by painful stories. It can occur from the high demands of coordinating, recruiting, and maintaining the vision and, in some cases, from being a public figure.
- **Irregular attendance or low membership:** Irregular attendance and low membership are some of the most common complaints with support groups. Irregular attendance and low membership can threaten the existence of a group and also has the potential to leave remaining group members feeling further isolated.

- **Dominating or controlling members:** Dominating or controlling members may talk more than their share, talk over people, yell or talk loudly, put others down, or try to tell others what to do, think, or say. Behaviours of such members can be particularly challenging for groups that lack an identified group leader. Among survivors, dominating or controlling members raise the risk of re-victimization of group members.

- **Keeping the group safe or comfortable for members:** Sexual abuse survivors are more at risk for having personal boundaries violated or not respected. Establishing safe boundaries is more problematic with survivors and issues such as sexual relationships and financial dealings can become challenging if not discussed and addressed with clear ground rules.

- **Sharing of misguided or inaccurate information among members:** While sharing information appears to be positive, information passed between group members may be inaccurate or possibly harmful. Medications, for instance, may or may not be helpful for individuals, and what has worked for one person may or may not work for others.

- **Expression of intense emotions or negativity that becomes unmanageable for group members:** The expression of intense emotions or negativity can be both helpful and problematic for survivors. Being a part of a peer-support group can help people talk about and soothe painful or scary feelings. On the other hand, the expression of intense emotions can result in people leaving the group or causing a lot of strain on the group’s ability to provide support. It is important to have a plan for how strong emotions and negativity will be handled in group.

- **Group members attempting therapy in a group that is unequipped for it:** Many peer-support groups warn against “going too deep” and some discourage talking about sexual abuse altogether.

- **Not welcoming to others:** Given that connectedness is a key benefit of peer-support, some individuals who are new or are from a minority group may feel left out or may not have their needs met adequately.

- **Group members at too many different stages of recovery:** While there are benefits to having groups with members at different stages of recovery, peer-support group members who have worked a lot on their healing may experience frustration with others who may seem “unaware” or “raw.” Furthermore, group members who are relatively new in their recovery may be triggered by group members who can talk with ease about the details of
their victimization. This can be a challenge for groups as well as a risk for individuals themselves - e.g., “I don’t belong” or “my needs are insignificant.”

- **Approaching peer-support initiatives as “the answer” to healing from sexual violence:** Concerns have been raised that group members may opt for peer-support groups and never seek professional treatment. One survivor commented: “Some survivors assume that just by going to peer-support it will heal them. The attitude is ‘I don’t need to see a professional or work on anything on my own. Everything’s going to happen in group.’”

- **Isolation:** One respondent talked about the initiative actually increasing or reinforcing a negative view of themselves or negative feelings for some survivors: “Some people feel let down. They don’t feel like they fit in. It can create more isolation.”

**Lessons Learned**

Creating a new group can be both exciting and difficult. Putting care and thought into creating new groups is important in ensuring that the group works well, stays afloat, and doesn’t put survivors at risk. The following is advice from people who are connected with peer-support initiatives about how to create effective peer-support groups for survivors of sexual violence.

**Plan It Well:** One survivor suggested that people who wish to start a new group think about and write down what they hope and expect, including what they want the group to do, what they want to achieve, and what roles people will play in the group. Similarly, another respondent talked about how it is important to evaluate and plan for how the initiative will be able to keep going. Yet another survivor said: “figure out what you really want the group to be about. Figure out your mandate and stick to it.”

**Boundaries, Safety, and Structure:** These three terms came up numerous times as being vital to successful peer-support with survivors of sexual violence. Some respondents went further and talked about the importance of group rules and having a clear mandate. People talked about the importance of having a screening process for new members in order to ensure that the person is ready for a group and a “good fit.”

**Create an atmosphere of sharing and non-judging:** It is important to create peer-support spaces where there is equal sharing (“everyone gets a turn”). Some respondents talked about the importance of creating a non-judging space, one asserting the need to “honour the individual’s right to express herself without advice.”

**Get direction, support and advice:** Most existing peer-support groups encourage those wishing to establish a new group initiative to seek advice. Some encouraged new initiatives to seek advice from professionals or “people you respect.” Other survivors stressed the importance of seeking advice that is rooted in peer-support. It seems most important to be
linked to something from which to draw on experience and wisdom; the type or tradition seems less important.

Training: It is important to have some kind of training before starting a peer-support initiative. While the training should be specifically about peer-support, applicable topics should include group facilitation and abuse issues as well. One survivor commented: "Take some form of training beforehand. Take mentorship training or training to be a facilitator."

Share leadership: Enlisting others to work with you and share leadership can help reduce burnout. Knowing that leadership burnout is a significant challenge, and that those who seem most at risk are the people who start initiatives, it is important to have members who are committed to sharing the tasks of organizing, telephoning, recruiting and group leadership.

Don’t let lack of money stop you: One person from a longstanding peer-support initiative that has had struggles at different times in its history asserted that lack of money should not be allowed stop the benefits of peer-support.

Attracting Members

Many peer-support groups in Ontario find it difficult to attract new members. Almost half of the peer-support initiatives for survivors in Ontario do not publicize themselves and most rely heavily upon word of mouth. Also, very few such initiatives are listed on self-help or peer-support databases. Without new members, most groups can’t survive. Small groups can sometimes provide greater closeness, but can also feed a sense of isolation – “almost nobody else has been through what I’ve been through.”

There are some other ways besides word of mouth to attract new members:

Public education: One participant noted that “attracting new members often involves the re-education of referral sources.” All participants in our research claimed that their initiative engages in some form of public education. Some initiatives have developed a roster of individuals who engage in public speaking about their experiences and healing process.

Partnering: Many stressed the importance of partnerships with organizations for attracting new members as many attract new members through referrals from helping professionals.

About half of the initiatives we contacted in Ontario identified media such as newspapers, online social network, posters, websites, and fax as an important means for attracting new members.
Screening Potential Group Members

Many peer-support initiatives require that new members go through some type of screening process to determine if they will be a good fit in the group. Some peer-support groups have professionals such as social workers to do this screening. Screening is important for keeping groups safe. Here are some reasons why potential group members might not be accepted into a group:

- **Victims who have been abusive as adults:** Many abusive people have a history of being abused and it is important that these victims get help too. While it appears that these people rarely seek support through peer-support groups, this situation can be extremely distressing and challenging for groups to handle. It also makes it very difficult for groups to build trust and safety. Many recommend that victims who have been sexually abusive as adults not be allowed to join peer-support initiatives for survivors.

- **Survivors who cannot attend sober:** Some survivors turn to various coping strategies like alcohol and drug use in order to cope with emotional pain and loss. Peer-support groups may not be able to or want to provide the level or type of support required to actively “using” survivors. It may be best to refer survivors with alcohol or substance use problems to professional services or Alcoholics Anonymous.

- **Survivors who cannot follow group rules or abide by structure:** Usually with group therapy, professionals make sure that rules are followed in order to keep the group emotionally and physically safe. Having members in a peer-support group who frequently challenge rules can be particularly hard. It is important that some groups be prepared to exclude some potential group members who seem domineering, disrespectful or unable to commit.

- **Those who are not survivors:** Most groups do not let service providers attend in a professional capacity, although many peer-support groups do invite professionals as guest speakers. Most groups are also not open to family members or friends. Many groups are open to survivors of sexual assault (sexually victimized as adults); however, some groups limit themselves to survivors of childhood sexual abuse only.

**Keeping It Safe: Ground Rules**

Having ground rules is important for keeping groups safe. Most initiatives have rules about taking turns, respect, and sobriety. Some have rules about gossip, the conditions under which a non-member might be allowed to attend, and the content of discussions. One group made political discussions off limits while another limited graphic discussions of abuse, and yet another deemed “no topic is off topic.”
There is a great deal of variability in the ground rules for peer-support groups.

Key in understanding sexual violence is that, at the core, sexual violence is a boundary violation. It is essential that care and effort go into discussing, setting, and maintaining the boundaries of the group. Rules or group agreements pertaining to confidentiality are particularly important for keeping a group safe and functioning. See the box called “Sample Group Agreement” for common ground rules for peer-support groups.

**SAMPLE GROUP AGREEMENT**

1. **Confidentiality:** What is said in this group stays in this group.
2. **We start and end on time.**
3. **Don’t come to group intoxicated or you will be asked to leave.**
4. **Group members respect one another’s pace of learning and use talk time responsibly.**
5. **Always ask for permission before touching someone.**
6. **Sexual and financial relationships between group members are not allowed.**
7. **Group members have the right to pass.**
8. **No gossip or talk about politics.**
9. **Don’t give advice unless somebody asks for it.**
Seek Direction

Being connected to people who provide guidance is very important for making peer-support initiatives with survivors work. Operating in isolation greatly increases the chances that the initiatives will fold, re-victimize members, become non-functional or dysfunctional, or experience high leadership burnout. Self-Help Resource Centres can often help make these connections. It may be helpful to talk with people at a local community centre, sexual assault service, or other counselling organizations.

The specific qualifications of the person who serves as this “outside person” will depend upon the needs and characteristics of the initiative. It is recommended that the consultant have knowledge of peer-support as well as sexual violence. Without knowledge of peer-support, there is some danger that the consultant (if he or she is a counsellor) may attempt to shift it into a therapy group. If the consultant lacks knowledge or understanding of sexual violence, he or she would likely not understand the ways in which peer-support for survivors can be unique in relation to other forms of self-help.

Evaluating Your Group

Part of keeping a group going is staying on track and part is about creating changes that make it more responsive to the needs of its members. Getting feedback from the group members is really important in this regard. If a group isn’t meeting a person’s needs, he or she is more likely to leave than to let people know that there is a problem.

Taking time periodically to check-in with group members can reduce member drop-out and increase the beneficial aspects of the group. An evaluation tool can be helpful in this regard.
Self-Care

When survivors take time to care for and nurture themselves, risks and challenges appear to be lessened. Some groups find it helpful to do relaxation, meditation, or grounding exercises in the group meetings. Self-care may also involve making some or all political discussions off limits, sharing leadership and discussing as a group what people do to take care of themselves or what people plan to do to take care of themselves after they leave a meeting.

Mentoring

Mentoring is another form of peer-support. Mentoring involves matching a peer who is relatively far along in his/her recovery with someone who is less far along. Perhaps the most familiar form of mentoring is sponsorship in Alcoholics Anonymous. Mentoring can provide the new member with a role model and support and also gives the mentor opportunities to give back. In some instances, programs accept volunteers as mentors who may or may not personally share the focal issue. Mentoring can also occur within peer-support groups and informal peer-support where advanced survivors serve as role models and/or support to younger and less advanced survivors.

Sample Group Evaluation Questions

- What aspects of the group work well?
- What makes you want to attend meetings?
- Are we sticking to our purpose or mandate?
- What should we change about our group?
- What makes you not want to attend the group?
Survivors Helping Survivors On-Line

In the past decade, the use of internet sites and chat groups for peer-support has quickly grown in popularity. The internet allows quick and easy access to information and emotional support. Although this area of peer-support is growing at a fast pace, it has received little study and little is known about the benefits, challenges and risks.

On-line peer-support allows for anonymity and easy access. This is a particular benefit for survivors in rural or geographically isolated locations. It may also be beneficial for survivors living with disabilities or conditions that affect mobility.

In terms of challenges, some people believe that internet peer-support offers only shallow paths for emotional support. The anonymous nature of most internet participation means that screening is impossible and people may misrepresent themselves. Misinformation can also be more of a problem with on-line peer-support.

Final Thoughts

Peer-support initiatives can serve as important avenues through which survivors of sexual violence can reduce isolation, rebuild trust, and gain emotional support. Organizers need to consider strategies to ensure that these services can be both successful and safe for all concerned. We hope that this guide gives voice to the successes of existing initiatives and also help to further develop safer peer-support practices.