

Peel Institute On Violence Prevention:

The Development Of A Community-Academia Research Organization

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PEEL INSTITUTE ON VIOLENCE PREVENTION: THE DEVELOPMENT OF A COMMUNITY- ACADEMIA RESEARCH ORGANIZATION

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INTRODUCTION

Margaret Mitchell, member of Canadian Parliament encountered the spotlight in 1982 when she unintentionally prompted a ruckus in the House of Commons that sparked national awareness of domestic violence. She told the House of Commons that one in ten Canadian husbands regularly beat their wives. At this the male Members of Parliament (MPs) erupted in laughter, and began heckling, to which she angrily replied: “This is no laughing matter”. When the incident was aired on television TV, hundreds of people, men and women, got in touch with their MPs, objecting to this attitude toward battered women.¹ The issue of domestic violence was brought into the open and the awareness of domestic violence immediately became a nationwide matter. The resulting public pressure and media coverage prompted a House of Commons report on domestic violence from the Standing Committee on Health.²

It has been thirty-three years since this incident in the House of Commons, and under pressure of an active women’s movement, the

¹ Available: <http://www.thestar.com/life/2008/06/13/mps_laughed_when_she_spoke_on_battered_women.html>. Accessed: Aug, 2015

² *Canadian communities as partner: theory and multidisciplinary practice*, 2008.

government of Canada has spent millions of dollars to pursue a whole range of strategies to deal with violence against women in Canada. However the issue of violence continues indicating that government, without meaningful community participation cannot stop violence against women on its own. In fact, 70% of women who experience violence never seek out any assistance. According to the 2009 General Social Survey (GSS), which is conducted every five years by Statistics Canada, 6.4% of women with a current or former spouse or common-law partner reported being physically or sexually assaulted by their partner at least once during the previous five years. This proportion has not changed since 2004. Spousal violence represented more than half (53%) of all police-reported incidents of family violence in 2007, representing 12% of all violent crime in Canada.³

To address meaningful community and academia participation on the issue of violence against women the Institute on Violence Prevention (IVP) was established. The home of IVP is the Region of Peel a Region in the province of Ontario in Canada. This Region is the ancestral home of many Aboriginal peoples (e.g. the Mississaugas of the New Credit River First Nations) and there are about 5500 First Nation, Inuit and Métis people living in the Region. 49% of the population of Peel are immigrants from over 100 ethnic groups and immigration is the key driver of population growth in the region. At least 10% of our community identifies as LGBTTTQQI (lesbian, gay, bi-sexual, trans-sexual, transgender, two-spirited, questioning, and queer). Children, youth (0-24) and seniors (65+) account for 44.2% of the population of Peel. About 12.4% of Canadians have a disability which impacts their everyday lives. 45 in 100 people in the region have a mother tongue other than English or French. Residents of Peel practice a variety of religions, Christianity, Islam, Hindu, Sikhism, Buddhism and Judaism are just a few.⁴

HISTORICAL ORIGINS OF THE INSTITUTE

In this region of Canada, the Peel Committee on Sexual Assault (PCSA) a group of service providers working together started a dialogue

³ Available: <<http://www.victimweek.gc.ca/res/r52.html>>. Accessed: Aug. 2015.

⁴ Census Aboriginal Population Bulletin - Region of Peel, Social Planning Council of Peel, 2006 Census, Region of Peel, Accessibility Plan 2007. Peel Diversity Round Table.

among racialized women in the Region to identify the ways we can, and how we can do better to eradicate violence against women.

In March 2013, PCSA, through funding from the Canadian Institutes of Health Research (CIHR), hosted '*Café Scientifique: An Open Discussion of the Experiences of Immigrant and Racialized Women Survivors of Sexual Assault in Accessing Primary Health Care Services.*' The purpose of this event was to uncover the barriers to access of primary health care services for immigrant and racialized female survivors of sexual assault. A group of empowering panelists, with expertise in the area of sexual assault, openly discussed their own personal experiences. Among the panelists were Women Survivors of Violence, Service Providers from both social and health sectors, and Researchers in the field of Violence against Women. The Café created opportunities for meaningful dialogues and the informal non-threatening setting set the tone for connections among the panelists and the participants which ultimately allowed for an open discourse

The discourse brought to the forefront women's experience dealing with existing government services, which were identified as paternalistic, with a culturally incompetent approach. Services and programs are focused more on immediate crisis; are short term and does not include the application of social determinants to the unique experience of each survivor when accessing services. The system as it exists today seems to provide little opportunity for women to have a thorough discourse, critical reflection and analysis, and engagement in collective action.

One important outcome of the Café was that violence against women is a human rights issue. There is a need to create an understanding of the causes of political, social, and economic structures of domination that keep women in a state of oppression. These were identified as social processes that can be challenged and overcome through collective action.

Café Scientifique 2013 marked the beginning of the Institute, as it exemplified a gathering where academics, service providers, and survivors came together to discuss the current services, identify issues of concern, and share ideas about moving forward in a more seamless way. Following the Café, a proposal to establish the Peel Institute on Violence Prevention was put together. This proposal was approved for funding by

Ontario Trillium Foundation. The administration of the Institute is under Family Services of Peel.⁵

THE PEEL INSTITUTE ON VIOLENCE PREVENTION (IVP)

Peel Institute on Violence Prevention was established as an interdisciplinary and inter-sectorial collaborative initiative among agencies in the Region of Peel working in the area of violence. Operating within an equity lens and an anti-oppressive, anti-racist framework, the Institute is a focal point for data-driven, evidence-informed practice, which will improve the organization of services, combining the perspectives of the diverse population served, academia, and community service providers. The Institute focuses on all types of violence for the following at risk groups: youth, seniors, women, aboriginal population, people with disabilities, and male victims of violence. The data collected by the Institute will enable agencies to: (a) be more effective in their evaluation of the impact and effectiveness of their services; (b) support the re-structuring and adapting of their services and programs to be more focussed on survivors' needs; and (c) enable agencies to provide a more seamless and person-centered response.

The Institute has successfully brought together survivors of violence, service providers, policy makers and academia to examine the substantial scientific data gathered, in order to examine ways we can transform the culture of how services and programs for survivors of violence are thought, provided, and evaluated in Peel. The robust evidence being collected and analyzed will benefit decision-making at the community, policy, and service levels in Peel.

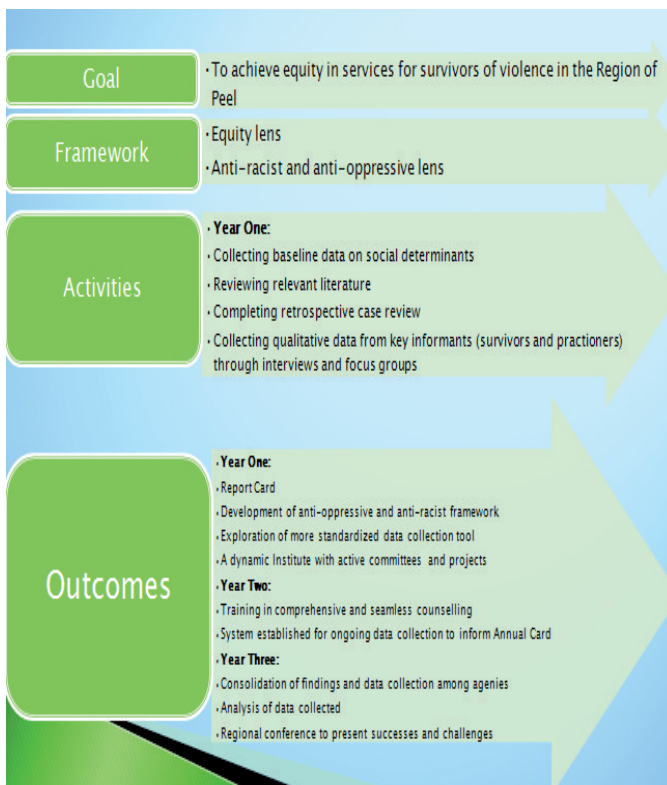
INSTITUTE OBJECTIVES

- Establish a permanent institute for the eradication of all forms of violence in the Region of Peel that will be a focal point for accessible research dissemination, facilitating knowledge transfer to a wider audience.

⁵ An Open Discussion of the Experience of Immigrant and Racialized Women Survivors of Sexual Assault in Accessing Primary Health Care. PCSA March 2013.

- Engage in policy analysis and participatory action research on current responses to violence and conduct studies on best-practices for the treatment and prevention of violence.
- Achieve equity in services for survivors of violence in the Region of Peel through human resources development, innovative programs and services, participatory community development, policy analysis and evaluation methodologies.
- Enhance the capacities of community-based agencies by developing program evaluation tools to ensure that survivors of violence have access to seamless, interdisciplinary services and support.

INSTITUTE WORK-PLAN



The preceding diagram is a simplified version of the Institute's three-year work plan. It outlines the overriding goal of the Institute, our dual framework, the activities by year and our expected outcomes.

HIGHLIGHTS OF THE FIRST TWO YEARS

Over a period of two years Institute's infrastructure was established and the committees listed below were formed as part of the organizational structure and necessary in the ongoing work of the Institute.

Governance Committee – This committee consists of senior/executive representation from academia, government, police, private sector and health. Members are appointed by the Executive Committee (Executive Committee is – the Executive Director and Director of Client Services of Family Services of Peel and the Manager of the Institute) for a two-year term, which may be extended for an additional two-year term up to a maximum of four years. The Executive Committee will ensure that there is continuity and systematic rotation of membership in the appointment of members.

The Scientific Advisory Committee (SAC) - is an inter-sectorial and inter disciplinary team from diverse backgrounds including academia, health, social work, community and user of services. The eight member committee provides advice, guidance, and support through scientific, technical, and clinical recommendations on priority areas of research, data requirements for new research projects, and advice and support in the development of a research agenda. The Committee brings together representation from three major universities in Ontario – University of Toronto, York University and Ryerson University. The scientific advisor of the Institute is Dr. Peter Jaffe Director - Centre for Research & Education on Violence against Women & Children; Professor of Psychology and the University of Western Ontario.

The Community Partnership Committee (PIVCPC) – is a partnership committee consisting of a broad representation of agencies serving survivors of violence in Peel. Members of the PIVCPC provide crucial input on service delivery through surveys, files reviews and service mapping.

Seamless Continuum of Service for Mental Health, Addiction and Trauma committee (SSMAT) – is specifically looking at abuse trauma and mental health and its membership consists of different sectors drawn from over twelve organizations such as, health, hospital, social service, mental health, housing, shelters and academia. This Committee is actively involved in the development of a Trauma Training Workshop in Peel.

Diversity Committee – brings together the social services sector interested in the development of the anti-racism and anti-oppression framework. The committee analysed the definition of aboriginal health and the proximal, intermediate and distal determinants of health and their influence on violence with a particular initial focus on intra-personal violence (domestic violence and sexual assault)

FINANCE COMMITTEE - TO BE ESTABLISHED BY NOVEMBER 2015

Survivors Committee – A consultant was hired to bring together a group of survivors to assist the Institute in strengthening its priorities and potentially engaging survivors in a committee. We found this activity challenging and we are working on a report of the focus group that took place in November 2014. We are revising our approach.

AREAS OF WORK

Working toward its primary goal of eradicating violence in the Region of Peel and to accomplish the objectives of the Institute the work is divided into four areas:

- I Ongoing community collaboration and partnership with organizations serving victims of violence in the Region of Peel.
- II Develop and implement a research agenda which focusses on the data collection and organization of services for survivors of violence.
- III Ensure a client-centered approach to all the Institute activities.
- IV Implement a knowledge transfer strategy to reach the inter-sectorial and cross-professional sector serving victims of violence.

BELOW IS A SUMMARY OF WHAT HAS BEEN HAPPENING IN EACH AREA.

AREA # I - ONGOING COMMUNITY COLLABORATION AND PARTNERSHIP WITH ORGANIZATIONS SERVING VICTIMS OF VIOLENCE IN THE REGION OF PEEL

The diversity committee brings together the social services sector interested in the development of the anti-racism and anti-oppression framework. The committee analysed the definition of aboriginal health and the proximal, intermediate and distal determinants of health and their influence on violence with a particular initial focus on intra-personal violence (domestic violence and sexual assault)

The Community partnership committee brings under a formal agreement of collaboration, over 10 organizations in Peel serving Survivors of Violence. The committee is engaging in a mapping exercise to identify all the existing services for survivors of violence in Peel and places them geographically on a map of the Region. This exercise will assist the committee in pinpointing geographic gaps in services.

AREA # II- DEVELOP AND IMPLEMENT A RESEARCH AGENDA WHICH FOCUSES ON THE DATA COLLECTION AND ORGANIZATION OF SERVICES FOR SURVIVORS OF VIOLENCE

The Institute has completed four (4) Literature reviews and two (2) Research Studies in this area

II. A - LITERATURE REVIEWS

- *II. A. a - Strengthening Violence Prevention through Increased Service Collaboration and Coordination.* Inter-agency collaboration and service coordination have been identified by cross-sectoral service-providers and researchers as crucial for future policy and service development given their positive implications for violence prevention, service access, and program effectiveness for those affected by violence. As such, the Institute conducted a comprehensive literature review, to explore inter-agency collaboration and service coordination in relation to Peel's diverse population to underscore the necessity of increased re-

gional collaborative efforts to work towards total violence elimination. Available: <www.fspeel.org>. Accessed: May 2015.

- *II. A. b Persisting Inequities at the Intersection of Multiple Identities of Victims of Violence Due to Inequities in Social Determinants of Health and Well-being: Literature Review. May 2015.* The literature search entailed looking at articles that explored the issues of social determinants of health and well-being, primarily concentrating on race, gender, and violence. Intersectionality theory, equity and equal access in health and social service agencies were also topics that were searched. Available: <www.fspeel.org>. Accessed: May 2015.
- *II. A. c-Literature Review: Male Survivors of Sexual Assault.* The literature review confirmed some of the Institute's hypotheses. Namely, that research and the understanding of male survivors of sexual assault is about 40 years behind that of female survivors. Furthermore, the lack of peer-reviewed articles on the topic is made worse by the fact that there does not seem to be any real consensus in academia as to what constitutes sexual assault against men. The lack of a standardized definition in academia is made evident by the conflicting findings from one region to another, which has resulted in the variability of data. Available: <www.fspeel.org>. Accessed: Mar. 2015.
- *II. A. d-Health Consequences of Interpersonal Violence and Organization of Primary Health Care Services for Survivors in the Region of Peel. Literature Review.* This literature review was undertaken in an effort to support our ongoing work in testing our hypothesis that the current organization and delivery of primary health care services in Ontario do not adequately meet the needs of survivors of interpersonal violence. This hypothesis is currently driven by the following two assumptions, which are currently supported by existing anecdotal evidence: (a) primary health care services are not effectively coordinated with social services to ensure a seamless flow of information and resources, and this lack of service coordination diminishes not only service-providers' response to and treatment of survivors, but it also negatively impacts survivors' long-term health; and (b) while the Government of Ontario is working towards improving social services for survivors of interpersonal violence, by not exploring and making the connection between violence and chronic illness, the

government is hindering their goal of reducing the rates of chronic illness within the province. This literature review is meant to complement three pieces of work by IVP. The first of which is a retrospective, pilot fact-finding study, the second is a catalogue of population-level domestic violence statistics, and the third is a preliminary literature review of how increased collaboration and coordination throughout the social services sector can strengthen the overall response to violence and reduce its prevalence in society. Available: <www.fspeel.org>. Accessed: May 2015.

II. B. RESEARCH STUDIES

- II.B. a - Retrospective Study

As part of the development process for IVP a retrospective study file was undertaken. This involved a case review of 117 case files from five community programs at Family Services of Peel (FSP). The file review was conducted to create a snapshot of cases to understand who is using the services and how the services are being provided. This process involved providing a picture of the demographics of those using the services with a particular focus on social determinants such as race, language, ethnicity, and culture and looking at the provision of services through an equity lens that includes: coordination, integration and comprehensiveness of services. The vast majority of case files reviewed were of clients who have either experienced violence or have perpetrated violence. The case reviews provided an overview of who is accessing services, what kinds of services are being provided, and to what extent case coordination and collaboration is being carried out through active referrals and inter-agency communication. This case review also provided invaluable information about how front line staff are tracking, monitoring and describing the work that they are doing. The studies generated questions for further exploration with relation to Documentation and Referral process.

For Documentation

- How can we ensure that we consistently gather information about the language, ethnicity and culture of service users?

- How can we track the comfort level of those using a service that is offered in a language other than their first language?
- Is there some need for a greater standardization of documentation?
- Is there need for greater clarity regarding definition of terms?

For Referral

- Is there a need for more attention and exploration to ensuring a feedback loop?
 - To what extent are any other kinds of community referrals being made?
- II.B. b - Identification of Gaps in Data Collection Practices of Health, Justice and Social Services Agencies Serving Survivors of Interpersonal Violence in Peel

The Institute conducted this multi-phase pilot study with the objective to generate empirical evidence on some of the priority issues pertaining to data collection and service navigation, connectivity and effectiveness for survivors of Inter-personal violence in Peel. For the study, the Institute used the WHO definition of inter-personal violence, which includes domestic violence and sexual assault.

The objectives were:

- Understand the scope of services available for survivors of interpersonal violence in the Region of Peel.
- Survey data collection practice of a cohort of agencies providing services for survivors in the Region of Peel.
- To promote community engagement and service-level transformation through inter-agency dialogue and collaboration.

The two main questions of this study were:

- What is the state of current data collection practice of Peel agencies serving survivors of Interpersonal Violence?
- What are the perceived deficiencies, barriers and required improvement in the current data collection practices according to Peel agencies serving Survivors of Interpersonal Violence?

The Findings indicated that there is an under-representation of Socio economic status, most agencies offer similar services, organizations can offer up to forty three services, but collect data for only 7 to 17.2 % of the services offered. The most common services offered included: safety planning, crisis intervention, crisis counselling, emotional support and general information. Less commonly offered services included: conflict resolution, counselling couples &/or families, court orientation and/or information, self-help or peer support group and shelter and housing, short and long term. Some of the comments made during the interviews were: “We are not collecting enough or the ‘right’ data needed to plan care. For example: sexual orientation, where client comes from in the community, information related to cycle of violence”. “Funders want to know for instance how many clients. How many hours were spent in individual counseling sessions, how many hours were spent in group counselling sessions, how many participants were in the group, is there a huge spreadsheet?” “We do not get to spend a lot of time on evaluation, so that would be great if there were resources allocated to that”.

Based on the subsequent discussion it would seem that the predominant focus of data collection is to satisfy funder requirements, that there is inconsistencies in data collection practices amongst agencies. There is an absence of key demographic variables in the data collection practices of agencies. Service provision is predominantly episodic incident-based with the absence of critical person-focused assessments and there is a collective desire to improve data collection practices and move towards standardization.

AREA # III. ENSURE A CLIENT-CENTERED APPROACH TO ALL THE INSTITUTE ACTIVITIES

Following a presentation facilitated by Sandra-Lynn Coulter from the Ontario Woman Abuse Screening Project, managers and stakeholders from numerous sectors joined to begin an effort to coordinate and improve mental health, addictions and trauma services within the Region of Peel. It was identified that there was a strong need within the Region of Peel to improve services for women who had experienced trauma and to have a seamless continuum of services for mental health addiction and trauma.

- III. A- Seamless Services for Mental Health, Addiction and Trauma - SSMHAT

This committee started as joint venture between the Peel Committee on Sexual Assault and the Peel Committee against Woman Abuse. This SSMHAT was established with the intention of coordinating the sectors of mental health, addictions, and trauma to create a seamless continuum of service for individuals in need, while still being sensitive towards the needs of the diverse population of Peel. SSMHAT is a committee of IVP and IVP provides leadership, resources and direction to SSMHAT .

- III. B - Working with Male Survivors of Violence. The literature review and the subsequent “Fathering Conference”, organized in partnership with Family Services of Peel, was driven by the Institute’s desire to explore four central questions:
 - I How prevalent is male sexual assault and what are the barriers survivors face in disclosing their experience?
 - II What services are offered to male survivors of sexual assault?
 - III Do victims suffer any long-term health consequences?
 - IV Does a man’s experience with sexual assault impact his decision to become a father? For fathers, has the experience influenced their parenting?

The literature review confirmed that research and the understanding of male survivors of sexual assault is about 40 years behind that of female survivors, that the lack of peer-reviewed articles on the topic is made worse by the fact that there does not seem to be any real consensus in academia as to what constitutes sexual assault against men. The lack of a standardized definition in academia is made evident by the conflicting findings from one region to another, which has resulted in the variability of data.

The prevalence of Male Sexual Assault is hard to gauge due to the fact that many victims will remain silent due to the immense shame they

experience. Research suggests that 90% of victims are under the age of 19. Moreover, male survivors are far less likely to report their victimization than women. Forcible fondling and sodomy were the most prevalent forms of sexual assault perpetrated against men. Amongst those who disclosed rape, a disproportionately high number were members of the military, prison inmates, and those belonging to the gay and bisexual community. We found that there are two main barriers to disclosure. The first barrier, shame, comes about when survivors believe that such an experience should never, under any circumstances, occur to males, and when victims feel insecure about their sexuality. The second barrier to disclosure identified was a lack of services targeting specifically males. The Institute's research also found that myths, stigma, and shame hampered the utilization of services. Those who did use services, however, tended to be older males, aged 45-55, who accessed them non-linearly. Additionally, those who did utilize services had long histories of sexual assault being perpetrated against them. Studies suggest, however, that if services are offered, they will be used. One study found that at 29 sexual assault treatment centres in Canada, almost all survivors accepted at least one service and 86% utilized five or more (Du MOUNT et al., 2013).

The literature found that male sexual assault is more likely to occur in conjunction with one form or another of physical violence. One Ontario hospital found that 25-45% of victims of sexual assault suffered from other physical consequences. Two thirds of patients suffered from general body trauma, while 1/3 suffered from genital or rectal trauma. The consequences of sexual assault on a victim's mental health are just as burdensome. 59% of participants, in one study, had suffered from Post-Traumatic Stress Disorder, feelings of depression that victims felt came about from the shame experienced and the shame was directly related to feelings of self-blame, which impeded victims from seeking medical attention.

The last major theme of research on MSA surrounds fatherhood. The decision to become a father is one of the most significant decisions in a man's life. Yet, this decision can be impacted by a history of sexual assault. The Institute's literature review found that the topic of fatherhood and MSA could be broken down into three sub-categories: the victim-to-abuser fear, moral choice, and fathering as healing. The fear that a victim will

grow up to perpetrate sexual abuse on their children is common amongst survivors. This fear can lead fathers to a) display less affection and shy away from physical contact with their children and b) an outright decision not to have children at all. With regard to moral choice, some fathers make a conscious decision that they will treat their children much better. However, research suggests that this leads to fathers being overprotective. Finally, the last category, fathering as healing, sees many studies assert that fatherhood could act as a transformative event – one which has the potential to heal.

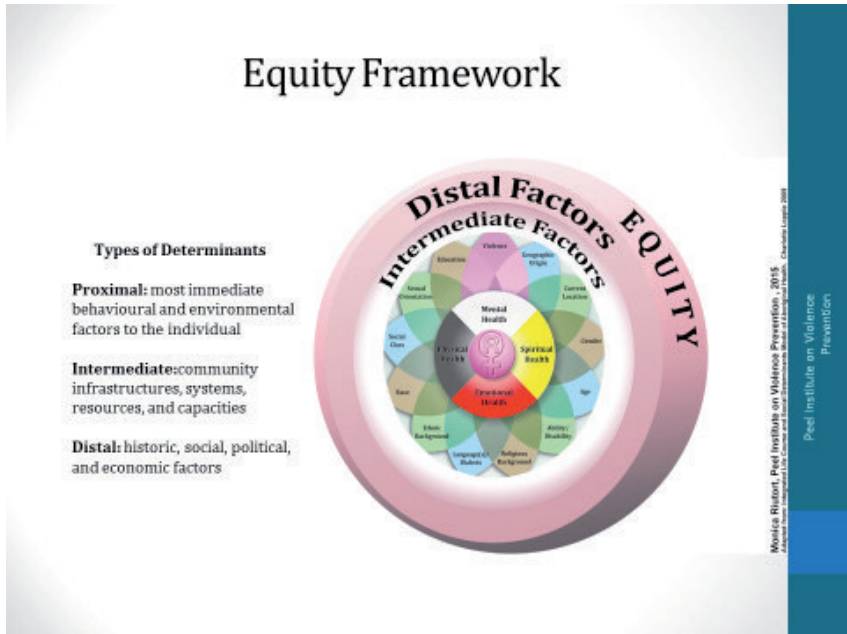
Moving forward, the notion that certain gendered behaviours are natural must be questioned. Likewise, more opportunities must be created for men not only to come together, but also to encourage them to speak openly about their experiences in order to begin the process of healing.

AREA # IV - IMPLEMENT A KNOWLEDGE TRANSFER STRATEGY TO REACH THE INTER-SECTORIAL AND CROSS-PROFESSIONAL SECTOR SERVING VICTIMS OF VIOLENCE

SYMPOSIUMS

The Institute hosted two Symposiums in 2014 and 2015. The dual purpose of the symposiums was to share the results of the work that the Institute had conducted, explore new partnership strategies and opportunities through a fulsome discussion with key players in Peel. Apart from all the other findings listed in the other three areas that was presented the highlight presentation of the Symposium was the Equity Framework

The Anti-Racism, Anti-Oppression Equity Framework



The Equity Framework was shared as the Institute’s prototype to use in the discourses of racism, oppression, equity, and determinants of health and well-being as it prioritizes gender and race as key determinants of health that together play a central role in the experiences of everyday life of an individual. Gender and race often cannot be ignored at the intersection of other social determinants of health and well-being. Additionally, the intersection of any proximal, intermediate, and distal determinants should result in optimal health in all of its aspects—physically, emotionally, spiritually, and mentally. The intersection of social determinants in this model goes to further indicate an array of experiences that can result from various life experiences. Thus, all life experiences are equally valuable and must be equally addressed in the community. This framework has also been designed as an eye to reflect the outlook of the service provider, which is based on the provider’s own life experiences. The challenge for the service provider is to understand an experience different from their own, and when that is achieved, there is a vision for a more unified community that eliminates unjust differences among the populations. The unfortunate

experience of domestic violence is also primarily rooted in gender and rooted in racialization of other determinants of health and well-being such as, socio-economic status.

According to World Health Organization's *World Report on Violence and Health* violence by an intimate male partner or husband is the most common form of violence against women; although men may also be impacted by such forms of violence, women continue to be the primary victims of abuse, such as stalking, sexual harassment, and trafficking, thus, making gender a key health determinant of violence. For instance, an important factor in health and well-being disparities is the racialized inequities in socio-economic status. Racialized groups have greater chances of experiencing socio-economic disadvantages relative to non-racialized groups. Inequities in socio-economic status are a manifestation of systemic, institutional racism in sectors of education and employment especially. For instance, throughout Canada, members of racialized groups appear to have worse circumstances than members of non-racialized groups. While data shows that the two groups have comparable levels of education, the historic income analysis shows increasing income inequalities between racialized and non-racialized groups. Therefore, victimization is associated more so with populations which are socially and economically isolated.

CONCLUSION

Peel Institute on Violence Prevention is an innovative collaborative model that embodies the spirit of the community, with the science of academia, becoming established as a community- academia research organization. The Peel Institute will continue providing a safe place where survivors, providers of services, policy makers and academia can develop critical improvements to paternalistic and short term government initiatives. It will continue encouraging mobility on the part of the survivors and unravelling the problems that they have been experiencing. In its mandate to combat the ongoing cycle of violence the Institute will continue to engage an adequate representation of survivors, academia, policy makers and community with the ultimate aim to promote understanding among survivors of the cultural, socio-economic and psychological reasons for their oppression and to move

them form a paralyzed position to a position of consciousness, so they do not fall back victimization. A fulsome community engagement backed by academia and research.

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IDENTIFYING gaps in data collection practices of Peel Agencies that serve survivors of interpersonal violence: a pilot study. Presented by medical students at the Faculty of Medicine- Mississauga campus. May 2015.

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WORKING with male survivors of sexual assault.