PEER SUPPORT:REFRAMING THE JOURNEY FROM LIVED EXPERIENCE OF DOMESTIC VIOLENCE

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ACKNOWLEDGMENTS

We would like to especially acknowledge those who participated in this project, either through participating in a focus group or an interview. Their willingness and incredible generosity in sharing their well-considered views, their experiences and their stories was paramount to the assembly of the rich source of data that contributed to this report. Your voices brought depth, authenticity and realism to the *Peer Support: Reframing the Journey From Lived Experience of Domestic Violence* report.

We would also like to extend a special thank you to those individuals who helped us organise the focus groups and contact the men and women who participated in the discussions. Thanks also to Liz Hau, whose tireless efforts to gather the research, evaluation and 'grey' literature is much appreciated.

Finally we would like to thank the Christchurch Women's Refuge who provided us with the opportunity to be involved in this Family Violence Peer Support Specialist Project.

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EXECUTIVE SUMMARY

The Christchurch Women's Refuge commissioned the Te Awatea Violence Research Centre, University of Canterbury, to assemble an evidence-base to inform the design, development and implementation of systematic models of specialist peer support respectively for men and women with 'lived experience' of family/whanau violence. Multiple and varied experiences and perspectives were sought during the preparation of the *'Peer Support: Reframing the Journey from Lived Experience of Domestic Violence'* report, including contributions from individuals with 'lived experience' of family violence, individuals working within New Zealand's Domestic Violence sector and individuals with expertise in delivering peer support projects.

Some thirty individuals participated in focus groups and interviews and shared their experiences, views and opinions about peer support within the domestic violence context. Together with those consulted, a review of the New Zealand and international research, government policy, evaluation reports and the 'grey' literature was undertaken. The purpose of this report is to describe the lessons learnt from the various secondary data sources and people and to aid the creation of a systematic model of peer support and a peer support specialist training programme appropriate to a domestic violence setting in Canterbury, New Zealand.

Benefits and Challenges of Peer Support

Both the literature and those consulted report positive experiences and outcomes from peer support and there is a whole-hearted and optimistic view about the promise and potential for this intervention to make a significant and positive impact on ameliorating family violence in New Zealand. While formalised family violence peer support services for men, women and children operate across a number of international jurisdictions with beneficial results, the systematic application of this model of service within the domestic violence sector would be innovative in New Zealand. Yet despite this observation, those consulted related past and current instances of its application in a less structured manner across a range of domestic violence contexts, for example the women's refuge volunteering movement and within the Family-Court mandated and accredited programmes respectively for men and women. The people consulted witnessed and reported first-hand experiences of men and women with 'lived experience' working from a zero-tolerance-for-violence perspective and the powerful influence they leveraged to assist peers engage with and maintain transformational change in their lives. Such reports provide a promising foundation upon which to launch a more systematic family violence peer support specialist service.

The findings collated from experimental, quasi-experimental and qualitative studies and from those consulted show that people with 'lived experience' of domestic violence can offer huge benefits to their peers, to their families and communities and to the organisations and sector within which they operate.

For clients, their engagement with peer support services led to:

- enhanced personal resilience and resourcefulness through their development of a range of coping and life skills
- motivation, ownership and self-belief to engage in and maintain behavioural and attitudinal changes
- enhanced social connection that reduces the incidence of psychologically negative outcomes from domestic violence, including mental health issues, and reduces the incidence of violence
- healthier future relationships through exposure to and integration of alternative and non-abusive ways of relating to others

For peer support specialists benefits, included:

- heightened self-esteem, inter-personal competence and further progress on their personal life journey
- professional growth and enhanced employability

For families/whanau and communities, benefits included:

- peer support specialists providing a catalyst for change as they attract and influence others within their families/whanau and communities to take a stand against domestic violence – a collective attitudinal change that results in a reduction of social tolerance for violence

For organisations and the sector, benefits included:

- enhanced organisational resilience – an injection of hope and optimism as non-peers interact with colleagues with 'lived experience' who are the evidence of positive and maintained change
- enhanced access to hard-to-reach societal groups
- professionals delivering more responsive client services through their greater understanding of the 'lived experience' and the acquisition of knowledge about 'what works' to deliver desired outcomes
- enhanced diversity in the workforce that reflects the diversity of societal groups in the community and thereby enhances the accessibility and responsivity of the service for clients

- a cost-effective way to achieve desired client outcomes with increased adherence to mainstream programmes and effective maintenance of post-programme behavioural and attitudinal changes as well as cost savings through a reduction in clients' use of high-cost crisis and specialist services within the domestic violence, health, mental health and social care sectors

- peer leadership within the sector that introduces a different kaupapa – one that offers a longer-term, more holistic and strengths perspective, including the use of instrumental, informational, emotional and social support to complement the more singular and immediate focus of many currently-delivered domestic violence services

While the academic and experiential evidence clearly articulates the benefits of peer support, there are also challenges to be surmounted. Securing the mandate of stakeholders, securing financial and other resources to ensure the sustainability of the service, maintaining the integrity of the design during implementation, ensuring the values and unique qualities of peer support are not submerged by the dominant perspectives of other professional groups in integrated and mainstream settings and concerns about the ability of those with 'lived experience' to deliver professional and ethically sound services, are but a few of the challenges noted in the literature and by those consulted. By in large the evidence suggests that such challenges can be managed by clearly articulating the vision, purpose, values, philosophy and business processes of peer support, delivering a comprehensive stakeholder engagement and communication strategy, implementing robust recruitment, training and performance management processes for the peer support specialists, and employing peer support standards and a results-based accountability and performance information system.

Family Violence Specialist Peer Support Model of Service

A robust and growing research evidence base shows, whatever shape peer support takes, it is beneficial. The consultations suggest that the preferred structure and form of the proposed family violence specialist peer support model of service includes:

- peer support specialists working from within singularly disciplined or multi-disciplined teams from within an existing non-peer governed and managed organisation delivering other specialist family violence services

- a mix of paid and voluntary peer support specialists

- a mix of group and case management service delivery mechanisms for men with 'lived experience' of domestic violence, and a mix of one-to-one, group and case management service delivery mechanisms for women with 'lived experience' of domestic violence

- a mix of instrumental, informational, emotional and social support activities, but with predominant emphasis on the provision of emotional support, for example motivational, relapse prevention and modelling interventions.

Peer Support Specialists and Peer Support Specialist Training Programme

The development and implementation of robust processes for recruitment and training of the peer support specialists are critical success factors for peer support. Key attributes required of candidates for the peer support specialist role include 'lived experience' of domestic violence and a range of capabilities linked to the concepts of resilience and social and emotional intelligence. For the most part, the suggested curricula for the peer support specialist training programme mirrors the required competencies for the role. Those selected to participate in the training are expected to perform to a high standard and their performance in this context provides another opportunity to assess candidates' readiness and suitability for the role.

PART ONE

INTRODUCTION AND METHODS

1. INTRODUCTION AND METHODS

1.1 Introduction

The Christchurch Women's Refuge commissioned the Te Awatea Violence Research Centre, University of Canterbury to undertake a scoping exercise for the design of a specialised peer support service in Christchurch, New Zealand. This paper reports on two aspects of the project:

- A literature review on existing models of peer support services, peer support roles and peer support training programmes
- Interviews with key 'expert' stakeholders and focus groups with women recovering from family violence and men as family violence perpetrators

1.2 Research Purpose and Objectives

The primary purpose of this research endeavour was to provide information to aid decision-making about the proposed Family Violence Specialist Peer Support Services. Thus, the purpose is essentially instrumental: the research findings will provide the basis for action to design and develop the services (Owen, 1993:72).

The specific objectives for the Family Violence Specialist Peer Support research are:

1. To identify and describe systematic models of specialist peer support service and practice
2. To explore the perceived role and benefits of specialist peer support for a) women experiencing and recovering from family violence and b) men as family violence perpetrators.

1.3 Research Strategy

1.3.1 Research Focus

The focus of this research project is to provide one source of information for the Family Violence Specialist Peer Support Project to make decisions about the desired Project outcomes and the most appropriate means with which those can be accomplished. The research is part of the process leading to the synthesis of this Project.

'Research for Development' focuses on providing information about the context within which the Programme is to be developed and information that assists the designers develop a systematic and coherent Programme (Owen, 1993).

1.3.2 Research Approach

While the context and focus of peer support programmes, both nationally and internationally may vary, certain core principles pervade all. These principles include:

- ***A strengths perspective is at the centre of the effort***: Peer support services are grounded in a strengths perspective that builds on people's resiliencies and capabilities. Emphasis is on uncovering the abilities, interests, knowledge, resources, aspirations and hopes of individuals and families

- ***Diversity and inclusion***: Peer support services honour each individual's journey and include stakeholders from different levels and groups within the community of interest

- ***Participatory process***: Those involved in the peer support community are actively involved in the design, implementation and evaluation processes so that they can identify and build on their own strengths and identify and address their own needs through peer support services that are appropriate and responsive.

- ***Authenticity of peers helping peers***: Embracing the notion that the relationships within peer support services are based on mutuality whereby all parties can be helped and empowered; that all gain hope and motivation through modelling and example; and, that the process provides the opportunity to give back to the community of interest

- ***Leadership development***: building leadership abilities among the peer support community so that they are able to guide and direct the support services programme and deliver such services to their peers (Campbell and Leaver, 2003; U.S. Department of Health and Human Services, 2009)

Participatory Research Approach

Within the context of these principles and because this research study is but one element of the larger effort to design and implement Specialist Peer Support Services, the study adopted a participatory approach to the research endeavour: an approach that is support by methods that incorporate the notion of appreciative inquiry.

Participatory research involves and partners with all key parties involved in designing and implementing the Specialist Peer Support Services. This includes the ultimate beneficiaries of the services; the implementers; those with experience and knowledge of the domestic violence sector; those with experience and knowledge of peer support best practices; and, those policy and funding interests.

A participatory research approach was adopted for a number of reasons. These included:

- Providing an 'inside' perspective on the requirements of the research study and the ways in which the findings will be used: a perspective that ensures the research takes the right direction and that the product has utility
- Involving people with experience of domestic violence in the various stages of the research has the potential to generate information that otherwise might not be so forthcoming
- Those implementing the Specialist Peer Support Services and those who may be directly affected by it are most capable of sorting out effective from ineffective service elements and explain why particular techniques or approaches are likely or unlikely to be appropriate and responsive

- It empowers stakeholders to work collaboratively to determine the direction of the Specialist Peer Support Services project and take ownership of the services once designed and implemented

- It provides a voice for those who may not always be heard. Being provided with the opportunity to influence events, demonstrates ways in which they can take control of their lives.

1.3.3 Research Design

The research study adopted a multiple methods approach in order to maximise the comprehensiveness of the information collected to answer the research questions. The principle research methods used included the synthesis of the pertinent international and national literature (secondary data) and the operationalisation of a survey design through interview and focus group methods (primary data).

Secondary Data: Research Synthesis

Data on specialist peer support services came from many academic, government and non-government agencies. These data sources were designed for different purposes and different processes were used to collect, collate and disseminate the information. In this context, the research team endeavoured to harness them together as usefully as possible.

The work has involved a systematic search for and review of published and unpublished research conducted internationally and in New Zealand. Because peer support is wide-ranging, the literature search covered a range of databases that accessed multi-disciplinary journals and other sources.

Research articles were sourced through the 'Multi-search Database Link' from the University database search engine. Combinations of relevant search terms were used to source data for the literature review, these include: "peer support programmes," "effectiveness of peer support," "evidence-base peer support," "specialist systematic peer support," "peer support recovery specialists," "best practice peer support," "recovery and peer support," "peer support violence," "intimate partner violence peer support," domestic violence peer support," "peer support women," "peer support men," "peer support New Zealand," "perpetrators of

violence treatment," "domestic violence recovery trauma," "mental health recovery peer support," "criminal justice peer support," "what works peer support," and "evaluation peer support."

In addition to the databases, the internet was searched using the Google search engine for additional 'grey' literature. The search terms included all of those listed above, and additionally specific terms related to programmes that were known to be effective as well as other related topics including: "family to family," "men's sheds," "peer support training," "peer support manuals," "peer support code of ethics," "peer support accreditation," "peer support qualifications," and "advantages peer support."

The literature examined included research and evaluation studies and policy and programme documents. In addition, the review encompassed administrative and service-based data collected by government and non-government agencies.

The review was not an exhaustive review of all available data sources, as this could not be achieved in the project time frame. The review describes common or divergent findings across information sources and this information is presented in thematic form around the following categories in order to be useful for decision makers:

- Understanding the concept of Peer Support
- Outcomes from Peer Support Services (both positive/negative and intended/unintended effects)
- Service elements and processes contributing to desired outcomes from the implementation of Peer Support Services and Training Programme
- Contextual factors within and outside the host organisations that impact of the implementation of Peer Support Services: success factors and risks and challenges
- Elements of a performance management information system

Primary Data: Survey Design, Pluralistic Orientation and Qualitative Techniques

Primary data was sourced using a survey design. This was juxtaposed with a pluralistic orientation, together with the use of qualitative data collection and data analysis techniques.

Pluralistic Orientation: The pluralistic orientation involved identifying and interviewing the key parties associated with the proposed Specialist Peer Support Service and comparing them with each other in terms of their ideological and operational perspectives (Smith and Cantley, 1985; Cheetham et al., 1992). The parties' differing notions of success and their views about the means to achieve that success were recorded and analysised.

This orientation, which accepts diversity is the norm for any aspects of social organisation and that there may be a multitude of means to a particular end, fits well with the overall approach adopted for this research study. Not only does it align with some of the key principles underpinning peer support programmes – diversity and inclusion – but it also allowed the research study to explore the different perspectives and beliefs of the key stakeholders of the proposed Specialist Peer Support Service. In addition, multiple data sources enhanced the validity and credibility of the findings (Denzin, 1978; Patton, 1987:60-61).

Qualitative Data Collection and Analysis: Qualitative data collection and data analysis techniques were used in this research project. The potency of such techniques is that they are naturalistic, inductive and holistic.

- They are naturalistic, in that they explore the diversity of perceptions amongst the informant groups about the role, benefits and design features of Specialist Peer Support Services without having to manipulate any variables for the purpose of the research (Locke et al., 1987; Merriam, 1988; Fraenkel and Warren, 1990).

- They are inductive in that they explore and describe important variables about Specialist Peer Support Services from the perspective of informant groups and then use such variables to build patterns (Glaser and Strauss, 1967).

- They are holistic in that they explore Specialist Peer Support Service processes as well as outcomes; and, the approach takes into account settings and context (Patton, 1986:201).

1.4 Data Collection Techniques

Face-to-face interviews and focus groups were the primary data collection techniques used to collect the empirical data that informed this research project.

Face-to- Face Interviews

Five structured face-to-face interviews were undertaken during December 2011 and January 2012. The interview questions were developed to illicit information about topics that pertain to the various elements associated with design and implementation of the Specialist Peer Support Services. Each informant interviewed was asked the same questions and in the same order. This procedure ensured that each informant responded to the same stimulus and provided comparable responses. The responses were coded in thematically -orientated categories.

Face-to-face interviews were selected as the preferred method of collecting data as they have a higher potential for facilitating communication and therefore the quality of the data is likely to be better (Groves, 1977; Fleishman, 1979). Moreover, Denscombe (1998) advises that the validity of the responses obtained and the reliability of the data are as good if not better than other data collection techniques.

Focus Group Interviews

Focus group interviews were employed as this technique is designed to collect a range of information and views about Specialist Peer Support Services from a small group of selected people through group discussion. The advantages of using focus groups include:

- Obtaining the views of a number of people in one place in the same amount of time it would have taken to interview one or two
- The views of each person are bounced off the views of the others, so there is argument, defence, justification and learning over the course of the session. Through this process it is possible to gauge the strength of people's commitment to their views, the resistance of their views to other's positions, and the changes that occur when different people's views are aired.

Informal Discussions

On two occasions during the data collection phase informal discussions were undertaken with some of the project's key stakeholders. These discussions occurred via a conference call and at a hui and focused on questioning two informants who had experience of designing and delivering peer support projects.

1.5 Data Collection Instruments

Two data collection instruments were developed respectively for the focus groups and individual interviews.

A structured data collection instrument was used to guide the focus group interviews. The instrument included topics of interest and associated questions. Each topic was described to the focus group members followed by the questions in each section. The participants drew on their experiences to tell their individual 'stories' and described their views and opinions. Each lead offered by the participants was followed up with neutral probes such as 'Can you say more about that?' or 'Can you give an example?' until complete data on a topic was gathered. The focus group data collection instrument is located in the Appendix.

A structured data collection instrument was used to guide the individual interviews. The interview schedule included mostly open-ended questions. This form of questioning was adopted in order to gain an understanding of the full range of perspectives and experiences held by the informants about the elements and processes associated with designing and implementing Peer Support Services. The interview schedule is located in the Appendix.

Both the focus groups and the interviews began by introducing the purpose of gathering the data and how the information would be used. The participants' consent for audio-taping the interview was confirmed. Questioning began with inquiries that were easy to answer, concerned experiences that were easy to recall and were non-threatening. Questions on similar topics were grouped together and statements were used to lead the participants from one topic to another. The focus groups and interviews concluded by inviting participants to add any additional information that they thought had been overlooked.

1.6 Primary Data Sources

Informant Populations and Sampling

Informant Populations included three groups:

- Potential Participants in Specialist Support Programmes for women recovering from family violence: Two focus groups were conducted comprising in total fourteen participants.
- Potential Participants in Specialist Support Programmes for men as family violence perpetrators: One focus group was conducted comprising nine participants.
- Five interviews were conducted with informants well-positioned to represent the views of the various roles within the Domestic Violence sector: policy and quality assurance, Police, providers of mandated and accredited Family-Court programmes for men and women

A purposive sampling technique was used to select informants to participate in the interviews and focus groups.

In relation to those invited to participate in the interviews, people were selected on the basis that they represented different roles across the spectrum of communities of interest in Specialist Peer Support Services. The aim was to maximise variability so as to discover multiple perspectives on the design and implementation of Specialist Peer Support Services.

In relation to those invited to participate in the focus groups, people were respectively drawn from existing clients of the Christchurch Women's Refuge and He Waka Tapu.

1.7 The Procedure

Pre-testing the Interview Schedules: Draft interview schedules were pre-tested to check the cultural appropriateness of the questions; identify and remove any ambiguities within questions to maximise the way informants understood the questions; omit redundant questions and add others to ensure all information sought was covered; and, rearrange some questions to facilitate the logical progression of themes within each interview schedule.

Letter of Introduction: Introductory letters were sent to prospective informants. The introductory letters were sent to enhance response rates, informant cooperation and the quality of the information received. The letter of introduction is located in the Appendix.

The introductory letter described the purpose and subject matter of the research project; identified the Christchurch Women's Refuge as the commissioning agent, including an invitation to contact that organisation for verification and clarification; outlined expected benefits; and, explained the ethical issues associated with the research. Letters and accompanying information sheets were distributed by the Christchurch Women's Refuge. The information sheet is located in the Appendix.

Initial Telephone Contact: Shortly after the introductory letters were mailed to potential informants, initial telephone contact was made with them. The purpose of the telephone contact was to answer any outstanding questions posed by potential informants and to ascertain their willingness and consent to participate. Once consent was given, focus group participants were advised of the date, time and place of the focus groups and suitable times were arranged to undertake the individual interviews.

Focus Groups: Focus groups were conducted during early December 2011. The focus groups with women recovering from family violence were co-facilitated by a member of the research team and a Christchurch Women's Refuge staff member. The focus group with men who are perpetrators of family violence was co-facilitated by a member of the research team and a member of staff from He Waka Tapu. The duration of the focus groups was between two-and-a-half and three hours.

Koha for Focus Group Participants: Participants in the focus groups were all given a koha in recognition for the expenses incurred in attending the focus groups and the generous amount of time they gave to the study.

Individual Interviews: Individual interviews were conducted during late December 2011 and during January 2012. The duration of these interviews was between two and three hours.

All the focus groups and all but one of the individual interviews gave permission to use a digital recorder. This enabled full attention to be given to each informant's

responses; ensured the precise recording of participants' experiences and opinions; and, complemented the note taking during the interviews and focus groups.

Letters of Thanks: All those who participated as informants in the research study received letters of thanks. A copy of this letter can be found in the Appendix.

Data Analysis: Information from the focus groups and individual interviews was coded. Each type of response within each response category was tabulated and grouped. The organised data was interpreted and synthesised into general conclusions and understandings. These results were complemented with examples that describe each different response grouping, including the use of quotes.

1.8 Ethical Considerations

To counter some of the ethical issues that may have arisen as a result of this research study a number of preventative measures were put in place.

Informed Consent: All potential informants were advised in the introductory letter of the purpose, nature and possible benefits of the research so they could exercise choice about whether to be involved or not. Informed consent was sought from all potential informants. The research was conducted within the premise that it is each individual's right to decide whether and how to contribute information. Their judgement on these matters was respected. In addition, informants were invited to ask questions at any time.

Freedom to Withdraw: Participation in this research was voluntary and any informant was free to withdraw at any time and/or refuse to answer any questions without negative consequence.

Confidentiality: The anonymity of the participants was maintained. Notes from interviews and focus groups do not have any names attached. Rather names were replaced by a code number. The key that links names or any other identifiers and codes is kept in a locked file. Information collected from particular individuals has been collated and presented in aggregate form. There is no reference to the names of particular individuals, organisations or places which might be used as identifiers.

Conflicting Interests: Research that is conducted within a contestable environment is often confronted with conflicting interests. For example, there may be subtle

pressure to ignore evidence or suppress negative results. To counter this ethical issue, the research was conducted without bias and the results are disseminated in a sensitive manner.

Storage and Use of Data: Data collected during the course of the research is securely stored to ensure the material is only used for the purpose for which it was gathered. Informants were advised that the data is to be used for the purpose of designing and implementing Specialist Peer Support Services and a Peer Support Specialist training package.

Promises to Supply Information Fulfilled: Any requests for interview notes will be met.

Wellbeing of Informants: The research may expose the vulnerabilities of some of the informants invited to participate. To counter this ethical issue, the research was conducted in a sensitive manner and in a way that respected human dignity and worth. In addition, the focus groups were co-facilitated with an experienced member of staff respectively working at the Christchurch Women's Refuge and He Waka Tapu to ensure that if any 'sensitivities' were raised during the discussion, they were handled in a professional manner to negate any potential threat or harm to the participants.

Approval of the Human Ethics Committee of the University of Canterbury: The research proposal was presented to the Social Science Human Ethics Committee of the University of Canterbury and approval gained to contact informants and collect the data that informed this study.

PART TWO

LITERATURE REVIEW TO INFORM THE DESIGN AND IMPLEMENTATION OF PEER SUPPORT SERVICES

2. INTIMATE PARTNER VIOLENCE: BACKGROUND AND CONTEXT

2.1 Women Who Experience Intimate Partner Violence

Intimate partner violence (IPV) has been shown through clinic-based (Freund et al., 1996; Coker et al., 2000), and population-based (Coker et al., 2000; Hale-Carlsson et al., 1996) studies to be linked to poor mental health (Campbell & Lewandowski, 1997), suicide ideation and suicidal behaviour (Coker et al., 2002), physical injuries (Abbott et al., 1995; Cascardi et al., 1992), and adverse physical health outcomes (Campbell & Lewandowski, 1997; Koss & Heslet, 1992; Bergman et al., 1992; Plichta, 1996; Plichta & Abraham, 1992). In addition, Romans-Clarkson et al. (1990) discovered that IPV and a lack of social supports were linked to psychiatric morbidity.

Okun (1986) discovered that women experiencing abuse separated from their abusive partners on average five times before they separated permanently, and Horton and Johnson (1993) found that it took women who experienced intimate partner violence approximately eight years to permanently separate from their partners. Bell, Goodman and Dutton (2007) state that the concern with these patterns is that while women who leave straight away and remain away and those that stay and do not leave experience lower rates of IPV and better long term outcomes, those that remain fluid in their relationships over time and go 'in' and 'out' of such relationships experience higher rates of IPV and heightened levels of detrimental outcomes.

Over the past twenty years service providers and researchers have sought practical solutions to moderate against the negative outcomes for women who experience IPV (Goodkind et al., 2003). Research has now established that social support has favourable effects on women's psychological well-being across population groups (Collins et al., 1993; Hobfoll & Lilly, 1993; Sarason et al., 1990). Kaniasty & Norris (1992) discovered that perceived social support by women experiencing IPV relates

more strongly than enacted social support in terms of overall quality of life. In addition, it has been discovered that women seek out family and friends not only for emotional support to cope with the abuse, but also protection for themselves and their children (Thompson et al, 2000; Krishnan et al., 2001; Tan et al., 1995; Bowker, 1984). Riger et al. (2002) have documented problematically, that friends and family members are not only threatened by perpetrators of violence but that they sometimes actually experience violence and the destruction of property from these perpetrators. Rigor et al. (2002) argue that family and friends distance themselves from providing social support for survivors because of fear for their own safety.

Past research indicates that most women disclose their IPV to close family and friends (Goodkind et al., 2003; Thompson et al., 2000; Tan et al., 1995; Krishnan et al., 2001; Bowker, 1984). Mitchell and Hodson's (1983) study found that women who had greater numbers of social supports and more empathic family and friends experienced greater levels of psychological well-being. Donato and Bowker (1984) and Bowker (1984) discovered that women who received tangible support from family and friends identified that this was very important in relation to their decision to leave their abusive partners.

Mitchell and Hodson (1983) and Sullivan et al. (1992) argue that those women who do not seek out social support or disclose their incidences of intimate partner violence view their abuse as a private matter. In this study, the women's concerns about stigmatisation and fear of retaliation were less strongly linked to their failure to seek support.

Thompson et al (2000) found that the group of women, who experience chronic intimate partner violence and do seek help, deplete the material and emotional resources of professional service providers.

2.2 Men Who Perpetrate Intimate Partner Violence

Robertson (1999) argues from his review of international programme evaluations and research literature that "*changing the behaviour of batterers is difficult*" (Robertson, 1999:68). These findings are consistent with the findings of the American Psychological Association Presidential Task Force on Domestic Violence

and the Family (1996), which found that batterers are seldom self-motivated to change their abusive behaviours. Myers (1995) argues that this is due to the fact that the perpetrators receive instantaneous positive-reinforcement for their violence from such actions as chores done, compliance and increased sexual availability. Myers (1995) argues that negative consequences for perpetrators are rare, and if they do occur, they usually occur well after the violent incident. Therefore, there is a clear immediate pay-off for the perpetrator. Over the longer term Lerman (1992) purports that these violent actions combine to create success at controlling their partner, without any incentive that would require them to stop. Currie (1988) and Pence & Paymar (1993) agree and have discovered that if the perpetrators do acknowledge that there is a problem, they are liable to view the problem as their partner's behaviour, not their own.

In the United States of America (USA), Dekeseredy, Alvi & Schwartz (2006) argue that peer support is a powerful tool for men who have been economically disenfranchised and who do not marry, but rather cohabitate with women. They argue that these men are under stress to become 'good bread winners', and to cope with this they turn to their peers for support. DeKeseredy and Schwartz (2002) discovered that the involvement with these male peers is *one of the most powerful determinants of intimate partner violence*. Conway (2001) and Sernau (2001) have discovered that cohabiting men have more leisure time to spend with their male peers (due to their unemployed status), and they spend most of this time together in public places or bars. Raphael (2001), Dekeseredy & Schwartz (2002) and DeKeseredy et al., (2003) discovered that the advice and guidance that these peers give about relationships often promotes various types of abuse of women, including the acceptance of rape and wife beating as legitimate means to reclaim patriarchal authority. Dekeseredy et al., 2003 also discovered that not only do male peers explicitly endorse these behaviours to 'keep women in their place,' but they also serve as role models as they perpetrate violence against women themselves.

2.3 The New Zealand Context

In July 2011, United Nations Women (New Zealand) released a report in Wellington comparing New Zealand women to the other 22 Organization for Economic Development and Co-operation (OECD) countries. The findings indicated that a third of New Zealand's women between 2000 and 2010 had reported experiencing

physical violence from a partner (United Nations Women, 2011; New Zealand Press Association, 2011). The report ranked New Zealand as the worst of the countries for violence against women from partners, and confirmed the findings of a New Zealand Ministry of Social Development report released a month earlier. This report indicated that 27 percent of New Zealand children (over a quarter) witnessed family violence against an adult in the home (Carroll-Lind, Chapman & Raskaukas, 2011).

2.4 The Canterbury Context

The Christchurch Women's Refuge Chief Executive, Nicola Woodward, stated that the incidence and severity of domestic violence has increased as a result of the Christchurch earthquakes (The Christchurch Star, 2011). In addition, domestic violence has risen in the Timaru district by 50 percent since the February 2011 earthquake and the Timaru Police Domestic Violence Co-ordinator, Steve Wills, attributed this figure to people moving out of Christchurch to Timaru and living in cramped and difficult living conditions (The Timaru Herald, 2011).

3. DEFINING PEER SUPPORT: A COMPONENT OF THE PROPOSED SOLUTION

3.1 Definitions of Peer Support

O'Hagan et al. (2010:14) describe peer support "*as support provided by peers, for peers; or any organised support provided by and for people."*

Solomon (2004:393) usefully summarises a range of definitions of peer support offered by a number of authors.

"Peer support is social emotional support, frequently coupled with instrumental support, which is mutually offered or provided by persons having a mental health condition to others sharing a similar mental health condition to bring about a desired social or personal change (Gartner & Riessman, 1982). Mead, Hilton and Curtis (2001) have further elaborated that peer support is "a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful… it is about understanding another's situation empathically through the shared experience of emotional and psychological pain… and this relationship presents an excellent framework to explore personal and relational change" (Mead, 2003:1). *Through the process of offering "support, companionship, empathy, sharing and assistance," "feelings of loneliness, rejection, discrimination, and frustration" frequently encountered by persons who have a severe psychiatric disorder are countered (Stroul, 1993:53). Peer support may be either financially compensated or voluntary.*

In the Domestic Violence context, Witness Justice (2008) describes peer support as follows:

"People can recover from abuse and trauma but first they must feel safe. One of the ways to obtain safety is with the support of peers, friends who have been through similar experiences. Peer support can help you realise you are not alone. Peer support can help you realise that it is not your fault. Peer support can help you find and obtain the help that will keep you safe and allow the opportunity to recover.

Peers who have been through similar experiences can help heal in many ways. Healing is a process, a transformation. People transform from living a life of abuse in secrecy to a life of hope. Overcoming the secrecy by sharing those secrets with others is part of the healing process. Peer support can help overcome a closed life and find a way to more positive outcomes.

Knowing others have gone through similar experiences and emerged to live fulfilling lives, can provide the hope necessary for healing. Hearing how others have managed can provide guidelines for a path to our own healing. We may learn healing skills as we listen to how others have overcome their situation.

People who have survived abuse and trauma can recover. Domestic violence, like other forms of abuse, is about power and control. With the help of peer support, people can progress from safely surviving through stabilisation to endurance to understanding and

eventually transcending the trauma. [1]

Key features often associated with definitions of peer support include:

- The connecting point is a shared experience, often a negative experience or one that is challenging to the individual
- Social support and social networks
- The notion of change, including movement towards improved conditions or at least coping with the present state
- The idea of reciprocity, of beneficial exchange between participants (O'Hagan et al., 2010:15)

In different settings, different terms are used to describe peer support activities, including peer education, peer helping, consumer or user providers, peer counselling, peer modelling, peer training and peer facilitation (Parkin & McKeganey, 2000). In this paper, and for the sake of clarity, peer support workers will be referred to as 'Peer Support Specialists' (PSS) and peer activities will be referred to as 'peer support'.

3.2 Evolution and Context of Peer Support

Dennis (2003) argues that peer support evolves and is organised around the 'rationale' underpinning the circumstances for its formation. First, peer support occurs in response to experiences of 'chronic and acute situational stressors' where people respond to identified needs in others such as those adjusting to a long-term or chronic disability. Second, peer support networks develop to assist in dealing with the 'transitional stressors' that occur periodically over the life span, for example, in situations when people encounter post natal depression, teen pregnancy or bereavement. Third, peer support emerges to 'promote health and wellbeing,' for example, when people want to desist from substance abuse or smoking.

While the concept of peer support exists across a range of life situations, it also exists in many contexts. For example:

[1] See http://www.trainingforums.org/forums/viewtopiv.php?f=20&t=277

- In the health sector, peer support services have been developed for those experiencing enduring medical conditions such as epilepsy, Crohn's/colitis, and ME/chronic fatigue syndrome
- In the disability sector, peer support services, such as the cerebral palsy support network, are available for those with disabilities and family members
- In the mental health sector, peer support offers assistance to those with serious mental illnesses such as schizophrenia and bipolar affective disorder as well as for those experiencing alcohol and/or drug conditions, such as Alcoholics Anonymous and Narcotics Anonymous
- In the defence and veterans' sectors, peer support programmes offer services to ameliorate the effects of operational stress injuries – the psychological illnesses resulting from traumatic events experienced by soldiers during operational duties
- In the family and community contexts peer support networks offer support during life's transitions, such as childbirth, breastfeeding, transition from youth to adulthood and bereavement
- In the transport sector, peer support services are available for those who have been impacted by road trauma
- In the domestic violence sector, peer support services are available for men, women and children with lived experience of domestic violence [2]

3.3 Principles and Values

The Philosophical Basis of Peer Support

Peer support has emerged from the concept of the 'wounded helper,' which has deep historical roots and underlies the modern mutual-aid movements including arguably that of the Women's Refuge movement (Tunajek, 2007). Clay (2005) argues that the core foundational principles of peer support across the different peer

[2] Examples of peer support groups for those with lived experience of domestic violence can be found via the following websites: (http://www.abuseintervention.org/help-services.html; http://www.kernalliance.org/domesticviolence; http://www.connections.org.au/pages/?p=77).

approaches are the 'peer principle' and the 'helper principle.' The 'peer principle' embodies the concepts of reciprocity and equality within the peer relationship with both parties learning from one another through a process of shared experiences. The 'helper principle' suggests that 'working for the recovery of others facilitates personal recovery.' In addition, Tunajek (2007) argues that the principle of empowerment is also a foundational principle of peer support because it incorporates the notions of finding hope and the belief that one can recover.

In summary, the *peer principle,* the *helper principle and* the *empowerment principle* are foundational elements of peer support and therefore should be reflected in the design and implementation of any peer support service.

Values in Peer Support

Hardiman et al. (2005) and others (Tracy in Nelson et al., 2008:194) note that values are critical to peer support because "values suggest both the processes and goals towards which policy and practice should be directed."

There are a number of papers in the literature that describe the unique values of peer support (Tosh & del Vecchio, 2000; Campbell, 2005; Solomon, 2004). Those most commonly found in the literature in relation to peer support are 'empowerment and participation;' 'choice, voluntariness and self-determination;' 'peer support;' 'recovery and hope;' and, 'valuing experiential knowledge, mutual learning and the process of re-naming.' These core values can be defined as follows:

***Empowerment and Participation*:** a sense of control and independence in all aspects of one's life; the ability to influence one's environment; as well as reciprocity between people in the helping process (Tosh & del Vecchio, 2000; Campbell & Leaver, 2003).

***Choice, Voluntariness and Self-Determination*:** having choice about what services and supports to use, including voluntary use of peer support; and, changing power imbalances within personal and professional spheres (Holter et al., 2004; Segal & Silverman in Brown et al., 2007).

***Peer Support*:** Peer support is described as a fundamental value (although it is also used to refer to the process of peer-run activities) (the Herrington Group, 2005).

***Recovery and Hope*:** recovery is purposefully defined in a fluid way in the literature because it recognises that the recovery experience is unique for each individual. It incorporates concepts of self-determination, empowering relationships, meaningful roles in society and eliminating stigma and discrimination (Campbell & Leaver,

2003). Hope is about building psychological resilience; is a key protective factor in the face of life's adversities; and, concerns a person's ability to grow in the face of violence, trauma and neglect. Mead and Copeland (2000) state that hope is fostered by the reciprocal relationships within peer support "as we feel valued for the help we offer as well as receive, our self-definitions are expanded." Storey et al. (2008) believe the value of hope can be contrasted with the unidirectional nature of the professional/client relationships that are "haunted by guarded hope."

***Valuing Experiential Knowledge, Mutual Learning and the Process of Re-Naming*:** Mead and MacNeil (2004; 2005) state that peer support promotes critical learning and re-naming experiences based on peer learning and experiential knowledge. It involves "sharing our own process (but) ... we aren't telling the other person what to do but offering our own critical learning." What is valued here is experiential knowledge, focusing on strengths, respecting each person's individuality, a collaborative approach, the right to make mistakes and diversity.

3.4 Types of Peer Support Models: An Overview of Various Categorisations in the Literature

Peer support takes place within many structures and forms and the academic literature has been challenged to find a uniformly-recognised categorisation. Despite this, peer support has been classified in several different ways.

In the mental health sector, some authors classify peer support on the basis of the ideological positions groups adopt towards treatment and beliefs about mental illness. For example, Chamberlin and Emerick (2000) classified three types of consumer/survivor groups:

- exclusively anti-psychiatric
- 'moderate' (willing to work with the mental health system but from a critical perspective), and
- 'partnership' in which self-help is regarded as an adjunct to psychiatric treatment.

O'Hagan et al., (2010) observe that understanding the ideological stance of any peer support activity is critical since it has an impact on the type of peer support service designed and implemented.

Mowbray et al. (1997; 2005) categorised peer support programmes using a two by two matrix built on two concepts: who has control of the organisation (consumers or service providers) and what is the aim (mutual support or formal service provision). This framework is based on process and structural criteria and includes the following types:

- Consumers running mutual support
- Consumers running formal service provision
- Service providers offering mutual support for consumers
- Service providers running services

While there is agreement across the literature that a critical defining element of organisations delivering peer support services is that ownership and control rests with those with service-user experience, the meaning of concepts such as 'control' and 'mutual help and service' remain unclear.

The literature also categorises peer support on the basis of the organisational structure that provides or facilitates peer support. Examples of this method of classification include:

- Solomon's (2004:393) six-way categorisation that includes self-help groups; internet support groups; peer delivered services, peer run or operated services; peer partnerships; and, peer employees
- Davidson et al.'s peer support categorisation is based on the activities involved and includes mutual support; participation in peer run programmes; and the use of consumers as providers of services and supports (Davidson, Chinman, Kloos, Weingarten, Stayner et al., 1999 in Davidson et al., 2006:444)
- Golstrom et al defined three categories including mental health mutual support group; mental health self help organisation; mental health consumer operated service (Goldstrom, Campbell, Rogers, Lambert and Blacklow 2006:95)

In this paper nine categories of peer support are described:

- Self help groups run by volunteers
- Internet online support groups
- Peers offering support via the telephone
- Service user Drop-in Centres
- Independent peer run organisations/initiatives staffed and governed by peers
- Peer support within mainstream agencies
- Peer support workers employed or contracted by mainstream services
- Peer Support Specialist Training programmes

- Peer education

Self Help Groups Run by Volunteers

Katz and Bender (1976) define self-help groups as "voluntary small group structures for mutual aid in the accomplishment of a specific purpose ... usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life disrupting problem, and bringing about desired social and/or personal change." They are the oldest and pervasive type of peer support, many of which are associated with various aspects of life experience.

Solomon (2004) notes that self-help groups are frequently sponsored by mental health, social service and community agencies and that they may be facilitated by a peer who has been mentored or formally trained in group work skills or by a clinician.

Internet Online Support Groups

Perron (2002) notes that communication in Internet support groups is frequently conducted through email or bulletin boards, although with specific software live interface with other group members is possible. These Internet support groups can be either, public and open, where anyone can join, or closed and private requiring an individual to make an application to the owner of the group. They offer a high degree of anonymity, where confiding in others occurs without any social repercussions, given the lack of in-person contact among members (Davidson et al., 2000).

An example of a domestic abuse website run by a survivor that provides information and support is Hidden Hurt (www.hiddenhurt.co.uk).

Peers Offering Support Via the Telephone

In comparison to the group format of self-help groups, peer support over the telephone is conducted on a one-to-one basis. Solomon (2004) warns that peer support delivered in this manner may lack continuity with the same individual, therefore, limiting the ability to establish a relationship between peer and peer provider.

Service User Drop-in Centres

There are many types of drop-in centres run by service-users who support one another through shared activities and support groups. These services are often run by those with a lived experience of one sort or another, for example substance

abuse or mental illness; while others are set up to provide information and education, for example sexual health. Peers contribute to the running of drop-in centres in a range of ways, including as trained peer support specialists, as administrators and managers, and in maintenance roles.

Because drop-in centres are often initiated and managed by those with lived experience, they promote accessibility appropriateness and the ability to self refer. However, Woodhouse and Vincent (2006) report that these networks have frequently emerged as a result of dissatisfaction with mainstream providers (especially in mental health) and, therefore, can be reluctant to refer to, or work in partnership with, these providers.

Some examples of peer run service-user drop-in services include:

- The Californian Mental Health Client Action Network, which is a drop-in centre staffed and managed by those with lived experience of a major mental illness. The centre also runs training programmes for peer counsellors and Schell (2005) reports that graduates are either employed at the centre or elsewhere.
- The Saint Louis Empowerment Centre runs a range of self-help groups, a friendship line and one-to one support. Minth (2005) writes that the centre offers a range of paid employment opportunities for service users at different levels of responsibility, including those delivering training and support services, those staffing the Friendship line and support roles such as receptionist and cleaners.

Independent Peer Run Organisations/Initiatives Staffed and Governed by Peers

Hutchinson et al. (2007) and others (Goldstrom et al., 2005; Shimrat, 1997) note that peer run organisations often develop from grassroots self-help groups into more formalised structures. In this case peers control both the operational and governance aspects of the organisation and the peer support is embedded within a formal organisation that is a free-standing legal entity. Examples of peer operated services include drop-in centres, crisis services and vocational and employment services.

Within this category the literature notes that two distinct activities are undertaken – support and advocacy (Nelson et al., 2008). [3]

Within the context of these two broad activities, Dennis (2003:325), in her review of peer support delivered in health and social sectors, provides further detail about what the peer support service might offer. Within the support activity, workers might offer emotional (motivational) and appraisal (optimism) support, while information sharing might be included in both support and advocacy functions. Other authors note that peer-run organisations also provide instrumental support – the provision of practical help, such as assistance with access to housing, food and transportation.

Peer Support within Mainstream Agencies

Mainstream organisations usually adopt a peer partnership model where control of the operation of the peer support service is shared between peers and those without lived experience (Solomon and Draine, 2001 in Solomon, 2004:394). Therefore, the sponsoring organisation has fiduciary responsibility for the peer support programme and the administration and governance of the service are shared mutually between peers and non-peers.

The literature describes two recurrent themes associated with this model of peer support. First, this model provides a mechanism with which to increase client access to peer support. Second, there is a need to "create new peer support positions to reduce the gap between the professionals' definition of the clients' needs and needs perceived by users" (Daumerie et al., 2008:32).

An example of this type of peer support is the Peer Support Team programme where offenders were trained as peer support workers to work with peers within the Edmonton Institute for Women, Correctional Service of Canada (Blanchette and Eljdupovic-Guzina, 1998).

Peer Support Workers Employed or Contracted by Mainstream Services

[3] Other authors use various terms to refer to the support and advocacy activities undertaken by peer run organisations. For example, Campbell (2005) refers to them respectively as "emancipatory" and "caring" activities; and Brown et al (2008) refers to them as "social supportive" and "empowering" activities.

The literature uses a range of titles for the role of peer support workers: Peer Support Workers, Peer Companion, Peer Advocate, Consumer Case Manager, Prosumers, Peer Counsellor, Certified Peer Specialists, and Consumer Providers (Gates and Akbas, 2007; Mancini and Lawson, 2009; Salzer, 1997; Solomon, 2004).

Solomon (2004) defines peer support workers as those who may fill designated peer positions as well as peers employed in a traditional position. Whether the peer is employed in a specifically designated or traditional position, for them to be considered a peer employee they must be willing to publicly self identify as a person with lived experience. Frequently, designated peer roles serve in capacities adjunct to traditional services, such as case manager aid positions.

In some cases, a structured approach is taken to those recruited to designated peer support specialist roles. The recruits undergo specialized training within the designated area they have expertise in. This training defines their parameters and is a requirement for their involvement with clients. Some examples where specialised peer support workers have been recruited include:

- META Services Inc originated in Arizona as a crisis response service employing peer support specialists to provide support to their clients. The organisation has since developed a peer specialist training programme which has been rolled out across the US and New Zealand.
- Assertive Community Treatment Team in Maryland recruits peers to act as paid Consumer Advocates within the team. The team works with people who are homeless and have a mental illness, operates a 24/7 service and provides psychiatric and nursing services as well as support and peer counselling from consumers (Dixen et al., 1997).
- Project WINS in Michigan recruits Peer Support Specialists to provide services that meet the vocational needs of the client group. Mowbray et al. (1994) report that the Peer Support Specialists were paid and worked from a few hours to thirty hours each week depending on availability, desire and financial need.
- The WISE Group, in partnership with the Scottish Prison Service, have recruited ex-offenders to act as Life Coaches in the Routes Out of Prison

Project. They provide peer support to at-risk prisoners upon their release from prison. The aims of the Project are to reduce incidences of suicidal behaviours, increase motivation, self esteem and employability of former inmates, and reduce recidivism rates.

- Forensic Peer Specialists: Forensic peer support involves trained peer support specialists with histories of mental illness and criminal justice involvement helping those with similar histories. The purpose of these roles is to instil hope and serve as credible role models of the possibility of recovery. They also help peers to engage in treatment and support services and to anticipate and address the psychological, social and financial challenges. Forensic Peer Specialists work alongside staff from other professions and provide training to them on ways of engaging those with a criminal justice history (Davidson and Rowe, 2008).

Chinman' et al.'s (2006:184) qualitative review to identify key activities for peer support specialists included responsibilities such as support, role modelling and providing hope for recovery, helping individuals to connect with their communities and acting as a bridge between clients and services.

Peer Support Specialist Training Programmes

Most peer support services offer training for their peer support specialists prior to their being recruited into their roles. With the advent of more formalised peer support specialist roles the requirement for accredited training schemes has increased. As a result of this demand, a number of specialised training agencies have emerged. Some of these are run by service users. The training programmes are designed to teach the peer support specialists the necessary skills to facilitate their own recovery and that of others they will mentor in the future. Employers refer individuals they have employed as peer support specialists to undertake both the initial training and follow-up training as part of ongoing professional development.

Examples of peer support specialist training programmes include:

- The Georgia Peer Specialist Certification Project has been delivering certified training since 2001. Graduates work as paid employees in both the public and private sectors.

- The Leadership Empowerment Advocacy Project (LEAP) offers college courses for mental health consumers to enable them to take up positions in the human services. Ratzlaf (2006) notes that individuals are required to complete the college course and undertake an internship at a relevant organisation.

Peer Education

Peer education programmes are usually run in groups. Peer education is based on the assumption that peers communicate with like peers better than professionals as they are assumed to relate more closely with them (Woodhouse & Vincent, 2006). Moreover, peers are often seen as providing more credible and up-to-date information. The benefits for peer educators include increased self esteem and confidence, however there is little documented information on its effectiveness, and in some cases, it has been found to be counterproductive in changing behaviours it has been put in place to address (Webster et al., 2002).

Examples of peer education programmes include:

- The Peer Support for Mental Health Project (Australia) combines mental health prevention and promotion and aims to work with youth affected by mental illness. Higgs (2001) states that the project uses young peer consultants to undertake community peer education and hospital visiting.
- The Scottish Peer Education Network (SPEN) provides a coordination and support function for groups involved in peer education, particularly those working with children and youth.

4. EVIDENCE-BASE FOR PEER SUPPORT

4.1 Theoretical Frameworks Underpinning Peer Support

Theoretically-based psychosocial processes help to explain the reasons why peer support is beneficial to individuals. Salzer et al. (2002) identified a range of theories underpinning peer support including social support, experiential knowledge, help-therapy principle, social learning theory (Bandura, 1986) and social comparison theory. Other theoretical frameworks associated with peer support and described in

the literature include differential association theory (Sutherland and Cressey, 1960) and social inoculation theory (Duryea, 1983; McGuire, 1968). Kingree and Ruback (1994) note that these theories are largely inferred rather than empirically tested within peer support because the culture of self-help groups makes traditional research methodologies difficult to employ. Devilly et al, (2005) add that there is little empirical evidence to refute or support the effectiveness of these theoretical frameworks.

Sarason et al. (1983) describe *social support* as the "availability of people on whom we can rely: people who let us know that they care about, value, and love us." A considerable body of research has demonstrated that these supportive relationships assist with positive adjustment and buffer against stressors and adversities (George et al., 1989; Gottlieb, 1981; Ell, 1996; Walsh & Connelly, 1996). Peer support offers a range of types of support, including emotional support that provides esteem, attachment and reassurance; instrumental support that provides material goods and services; and, information support that provides advice, guidance and feedback. Peer support enhances the number of people that an individual can access for support and assistance, offers a sense of belonging, and provides an avenue for people to receive feedback about their self-worth.

Borkman (1990) describes *experiential knowledge* as the specialised information and perspectives that individuals gain through lived experience. Shubert and Borkman (1994) note that while experiential knowledge tends to be specific to one's own personal circumstances, when it is combined with others who share similar problems, the common elements regarding both problems encountered and their resolution emerge. This experiential process is a more active approach to coping and tends to promote "choice and self-determination that enhance empowerment," compared to that passively received by "participation in services with a hierarchical structure" (Salzer et al., 2002). Through relating to others with 'like' lived experience, individuals may obtain validation of their approaches to problem solving and gain increased confidence in their working relationships with providers of peer support services.

Experiential theory links with *social learning theory* because peers with 'like' lived experiences are more credible role models for others and interactions with peers

who are coping successfully are more likely to result in positive behaviour change on the part of other peers. Peer support programmes that provide participants with opportunities to observe, practice and rehearse modelled behaviour until they can successfully perform the role effectively, are most successful if the participants can closely identify with the peer tutor (Bandura, 1986; Turner & Shepherd, 1999; Mathie & Ford, 1999; Milburn, 1995). Indeed, Turner & Shepherd (1999) and Mathie & Ford (1998) argue that participants who work with peer tutors who have similar experiences and backgrounds are more effective at teaching and changing the participants' behaviours than professionals. Moreover, peer support specialists whose interaction with peers results in positive outcomes, enhance their own sense of self-efficacy in dealing with their own recovery; and, peers who have confidence in their ability to cope are more likely to be hopeful and optimistic about their future (Salzer et al., 2002).

Social comparison (Festinger, 1954) theory proposes that individuals are attracted to "others with similar (experiences) in order to help them maintain a sense of normalcy and understanding of the world" (Salzer, 2004:4). Peer support as described by Mead, Hillton and Curtis (2001: 135) "is about understanding another's situation empathetically through the shared experience of emotional and psychological pain." Thus, a significant benefit of peer support services is the common understanding between provider and recipient.

Moreover, by interacting with others who are perceived as better than them, peers are given a sense of optimism and something to strive towards. This upward comparison provides peers with the incentive to develop their skills and offers them hope. In comparison, downward comparison to those who seem much worse off than themselves puts in perspective how bad things could be for themselves (Salzer et al., 2002).

Peer support provides people with the opportunity to gain personal benefits from helping others. The personal benefits gained through the *helper principle* include:

- The helper feels an enhanced sense of interpersonal competence from making an impact on another's life
- The helper feels they have gained as much as they have given to others
- The helper receives personalised learning from working with others

- The helper gains an enhanced sense of self from the social approval received from those helped. With this positive feedback and affirmation for themselves, the helper is in a better position to help others (Riessman, 1965; Skovholt, 1974).

Differential Association Theory emphasises that criminogenic behaviours are learned in social situations by associating with peers who teach techniques, skills, attitudes, rationales and motivations (Turner & Shepherd, 1999). This theory is based on both social learning theories and social inoculation theories (Sutherland & Cressey, 1960). Turner and Shepherd (1999) argue that individuals in a peer helping role can also teach desirable pro-social skills that promote lifestyle changes and adaptive behaviours, just as they were able to teach criminogenic behaviours.

4.2 Benefits of Peer Support Services for Clients, for Peer Support Specialists and for the Peer Support Delivery Context

The literature identifies that peer provided services benefit the recipients of service, the peer support specialists, and the service delivery context in which this occurs.

Benefits for the Clients

The literature identifies numerous benefits for clients from working with peer support specialists. Davidson et al., (2006) in their review of various peer support services among individuals with severe mental illness suggested that such services have the potential to offer users exposure to "hope, information and coping and problem-solving skills in a supportive, accepting and empathetic milieu." Particular benefits include:

Acceptance, Empathy and Respect: Campbell & Leaver (2003) explain that one of the key benefits for clients is that the peer support specialist has greater perceived empathy for them and their situation. Clay (2005) describes this empathy as a deep compassion which in turn builds a trusting relationship where the client is not pathologized, but rather accepted. This acceptance creates a positive environment for the client to share their innermost thoughts and feelings. This in turn provides the peer support specialist with the opportunity to highlight the client's strengths,

capabilities, skills and abilities, rather than focussing on their pathological weaknesses.

Sharing Effective Strategies for Recovery and Fostering Hope: Mead et al. (2003) suggest that when the peer support specialist and the client interact they identify a 'like' lived experience and this in turn enables a strong connection to be made. This connection, it is suggested, is what enables the worker to offer suggestions and recovery tips in a credible manner that is more readily accepted by the client. Moreover, this connection also makes it possible for the client to try out different strategies in a safe and controlled manner with the support of their fellow peer (Mead et al., 2003).

Clay (2005) states that by sharing their own experiences the peer support specialist provides a credible role model for the client to show recovery is possible. This sharing of experiences offers the client encouragement and an avenue for picking up practical assistance to aide their own recovery.

Empowerment: A foundation principle of peer support is that clients will take responsibility for their own recovery. Campbell and Leaver (2003) maintain that peer support specialists demonstrate this principle by encouraging clients to define their own needs, consider the choices offered to them and support clients to use innovative strategies that have the potential to aid recovery.

Holistic Approach: Mead et al. (2001) state that peer support promotes a culture wellbeing and ability rather than defectiveness and deficiency. In this light, Clay (2005) writes "peer support providers treat consumers/survivors as full human beings rather than disease entities."

Enhanced Connectedness and Social Support: Forchuk et al. (2005) suggest that the peer support specialist can enhance the consumer's social skills and reduce their isolation. It is suggested that this may be particularly helpful for those who have been out of their community for a period of time and need support to reintegrate.

Humphreys (1997) writes that peer support groups "are also small communities in which members make friends and gain a sense of connectedness to others." For example, Humphreys and Noke (1997) showed that substance abuse clients who were involved with peer support services experienced a 16 percent increase in their number of friends by 1-year follow-up, compared to no change in friendship networks for non-attenders. Moreover, the majority of these friendships were with non-substance users.

Simmons' (1992) study demonstrated that the East Asian diabetics peer support was well integrated with the immigrant culture of the region in which it was operating. For example, group members ran a forum in which they communicated cultural values and language to their community's youth.

Lieberman and Videka-Sherman (1986) also established the link between peer support service attendance, the development of strong social ties, and improved mental health.

Enriched Spirituality: Regardless of whether peer support services address spirituality directly or not, studies indicate that service users experience spiritual realisation: participation brings meaning to users' lives (Kennedy and Humphreys, 1994; Humphreys, 1996:, Fowler, 1993). Of the supportive settings created by peer support services, Humphreys (1997:4) writes that such settings provide an "... experience of learning that we need not suffer life burdens alone, that we have a place in the human community, and that we have something both to offer and to receive from other human beings..."

Potential for Enhanced Access to Diverse Groups: Studies focusing on consumer-run services identified that there seemed to be a strong minority representation in the target group served (Kaufmann, 1995; Mowbray & Tan, 1993; Segal et al., 1995). Davidson et al., (2006) hypothesise that since both those with experience of mental health conditions and those from ethnic minorities share experiences of discrimination, the former are more sensitive to these issues, and design services that are responsive to these groups.

Benefits for Peer Support Specialists

Salzer & Shear (2002) discovered in their qualitative research on peer support specialists that they received many benefits from facilitating others' recovery. These benefits included gaining interpersonal competence, gaining professional growth, enhanced community integration, enhanced social approval and acquiring personally relevant knowledge which facilitated their own personal recovery. Peer employees also have been found to have an improved quality of life (Armstrong, Korba & Emard, 1995; Mowbray et al., 1998)

Salzer (1997) noted that peer support specialists gained enhanced self-efficacy and power to combat feelings of stigma often associated with challenging lived experiences.

Ratzlaff et al. (2006) discovered that the people who trained and worked as peer support specialists increased their individual skill base and potential future employability due to the training and work experience. Mowbray et al. (1998) reported the importance of financial rewards for giving the peer support specialist independence and the benefit of the work context for helping the workers establish routines.

Ratzlaff et al. (2006) using the Snyder Hope Scale and Rosenberg Self-Esteem Scale, found that the peer support specialists had heightened levels of hope and self-esteem. Hutchinson et al. (2006) argue that a possible explanation for this is the shift from consumer / client to that of contributing citizen and valued employee.

Benefits for the Peer Support Service Delivery Context

Peer support has many benefits for the wider context of social service organizations, as peer support specialists bring with them an intimate knowledge of the social issue being addressed, and their experiential knowledge of how best to address it. Campbell (2005) discovered that this was the case in the mental health context where the peer support specialists "re-educated" the professionals about living with a mental illness on a day-to-day basis. In addition, Dixon et al. (1997) found that staff who had worked with peer support specialist colleagues had more favourable attitudes about people with mental illness and mental illness itself. Dixon et al. (1997) suggest that this is due to the colleagues working in collaboration with, and learning from, one another about mental illness and the lived experience of mental illness.

Solomon (2004) writes that these types of opportunities help to combat the societal stigma often experienced by those with mental illness.

There is also evidence in the literature to suggest that peer support has the potential to have a broader influence across a sector. In his review of programmes that recruit peer support specialists with lived experience of mental illnesses, Davidson et al., (2006) and others suggest that because this approach naturally enables staff to work in a range of places across the system, it has the potential to bring about changes in the way all mental health services are designed and delivered (Davidson et al., 1997; Bevilacqua, Getts and Cousins, 1997).

Woodhouse & Vincent (2006) argue that the inclusion of peer support specialists in multi-disciplinary teams working with clients strengthens the consumer movement by facilitating the development of informed and confident clients. However, as Mowbray et al. (1998) point out, the extent to which this is possible by employing peer support specialists alone, is questionable.

Peer support has the potential to reach and engage hard to reach population groups. This was demonstrated by Campbell & Leaver (2003) and Clay (2005) where they discovered the potential to engage overlooked population groups and people who were resistant to engage in mainstream mental health services in the past. Woodhouse & Vincent (2006) and others (Hodges et al., 2003) argue that this engagement can cause these people to be more willing to engage with other services in the future.

Campbell & Leaver (2003) suggest that peer support services have the ability not only to increase service provision quantitatively through engaging more previously un-reached clients, but also qualitatively as peer support specialists help people to become more interdependent and independent. Moreover, research has found that when peers are added to teams, or when peer services are coupled with traditional services, the outcomes for clients are enhanced (Felton et al., 1995; Edmundson et al., 1982; Klein et al., 1998; Kaufman, 1995).

Minth (2005) suggests there are benefits for the social context that peer support specialists work in as they remove some pressure off overstretched professional staff to provide for the recreational, support, social and companionship needs of their clients. In addition, Christensen and Jacobson (1994) state that peer support "might be a useful adjunct to professionally administered approaches" in providing an additional resource and thereby enhancing the ability of a sector to address the unmet need for service in the community.

Solomon (2004) reports that peer support has the potential for cost-savings across the sector. Research in the mental health sector has demonstrated that such cost savings occur as a result of less use of higher-tariff services by clients who also attend peer support services (Segal et al., 1998). There are a number of longitudinal studies and those focused on calculating the dollar cost savings for more formal services within the addictions and mental health sectors which have demonstrated the link between participation in peer support services and a reduction in reliance on costly professional services traditionally associated with these sectors (Kennedy, 1989; Humphreys and Moos, 1996). For example, Edmunson, Bedell, Archer and Gordon (1982) carried out a controlled study of a professionally organised but 'patient-led' peer service for recently discharged psychiatric patients. This study showed that this service reduced the frequency and duration of hospitalisation by more than 50 per cent over a ten-month period.

Hutchinson et al. (2006) point out that there is also potential cost-effectiveness of employing peers. They state: "by increasing their trained peer personnel, an agency can increase the number of people served and their own cost-effectiveness due to the flexibility in scheduling and organisational commitment that is often inherent in the employment of peers." Within the criminal justice system, the WISE Group have illustrated the cost effectiveness of peer support life coaches through reducing recidivism rates in comparison to the cost of keeping people in prison (WISE Group, 2011).

From a community-wide perspective, studies also show that by promoting diversity peer support services not only assist in invigorating community life, but they also

promote civil society. They do this by making the concerns of women, minorities and other diverse groups a central concern and offer individuals a myriad of ways to address their concerns (Kessler, Mickelson and Zhao, 1997).

4.3 Effectiveness and Outcomes from Peer Support

Of the effectiveness and outcomes from peer support, Rogers et al. (2007:786) note that until recent years there was "little systematic research or empirical evidence ... available about the effects of such programs or their intended outcomes." Currently, there is a body of literature that can demonstrate positive outcomes for peer support in the context of self help groups, consumer-run organisations and services and peer support specialists in mainstream services.

Results from Studies on Mutual Support Self-Help Groups

There is a well-established body of research that shows that self-help groups are useful in assisting people cope across a variety of health and social circumstances. For example, Campbell and Leaver (2003) and others (Humphreys et al., 2004; Solomon, 2004) have found that self help groups reduce symptoms and the use of formal health care services and increase individuals' sense of self-efficacy, social support, ability to cope with stress, and quality of life.

Research studies focusing on mutual support groups provide data that are helpful in developing the basis for a theory about the ways in which this peer support model might assist participants. For example, studies undertaken by Markowitz et al. (1996) and Carpinello et al. (1991) found that mutual support groups have the potential to enhance quality of life and reduce symptomatology and rates of hospitalisation.

According to Reidy (1992) mutual support groups could also provide a potential resource to assist with social integration – the opportunity to participate in all aspects of community life.

However, Davidson et al. (2006) note the low utilisation rates and high drop-out rates in mutual support services – an observation that suggests more is required to ensure people have the opportunity to access the peer support and effective role models offered within the context of mutual support groups. In comparison, these authors argue that other peer support models, such as consumer-run services and

consumers as providers, offer more potential for broader access to the potential benefits of peer support.

Results from Studies on Consumer-Run Services

Independent consumer-run peer support services, such as drop-in centres and residential, outreach and vocational programmes, are described as those delivered by paid employees in which clients can take advantage of the instrumental and emotional support offered by peers (Davidson et al., 2006). The more recent developments of such services demonstrate a shift from their original position of independence from the formal system, to one that is based on partnership and collaborative arrangements. Davidson et al. (2007) note that consumer-run services generally have a more formalised infra-structure and more structured activities and interactions. This in turn provides a supportive setting for the cultivation of consistency and regularity in peer support interactions that is not always present in more informal mutual support groups.

The results from the majority of earlier effectiveness studies on consumer-run services appear promising, however these tended to be descriptive, exploratory or qualitative in nature with small samples and limited generalisability (Davidson et al., 2006). Campbell (2005) reviewed twenty studies published from 1995 to 2002 and found that participants in peer support organisations were satisfied with their involvement, had a decreased involvement in hospital services and experienced improvements in their psychiatric symptoms, social networks, quality of life, self esteem and social functioning. Only one study reviewed included an analysis of client outcomes from these services. This study examined the differences between a consumer-run employment centre and traditional vocational services and found few differences on several employment variables (Kaufmann, 1995).

Key themes from these earlier effectiveness studies include:

- Services provide meaningful roles for people with experience of mental illness
- Services provide a viable route of access to peer role models for those not as far along their recovery journey

Since 2004 the findings from a small number of studies using experimental, quasi-experimental or longitudinal methodologies have been published. For example, one study on the Consumer Operated Services Programme, involved three main types of peer support: drop-in centres, mutual support and education/advocacy. Using an experimental design, the participants were assigned to formal treatment alone or a combination of formal treatment and a consumer operated service. Across all three peer support service types there was greater improvement in a composite wellbeing scale (quality of life, empowerment, hope, social justice, recovery, social acceptance) among participants who also attended peer support services. Campbell (2005a) noted certain values of the organisation had the highest association with improvements. These values were "inclusion" (sense of community; no hierarchy; no coercion) and "self expression" (sharing life's experiences; formal peer support activities).

Results from Studies on Consumers as Staff

Woodhouse and Vincent (2006) state that the evidence-base for specialised peer support is small. Other authors agree noting that there are few empirical outcome studies focused on consumers as service providers (Sherman & Porter, 1991; Stoneking & Greenfield, 1991; Lyons, Cook, Ruth, Karver & Slagg, 1996; Thrasher, Bybee, McCrohan, Harris & Clover, 1996); Felton et al., 1995; Solomon & Draine, 1996).

Much of the research that was first conducted on peer support specialists in mainstream mental health organisations focused on whether there was a risk to clients in doing so. This research mostly focused on peers with lived experience working in traditional roles. For example, Sherman and Porter (1991) describe the Colorado Division of Mental Health's innovative approach to employing consumers as providers of case management services to peers. These authors and others (Sherman and Porter, 1991; Stoneking and Greenfield, 1991; Mowbray et al., 1996; Lyons, Karver and Slagg, 1996) explored the feasibility of this approach in their studies and all concluded that although peer support specialists provide services differently from non-consumers, they performed this role adequately. Overall, therefore, the findings show that there was no detrimental effect and that outcomes

for clients were equivalent for people receiving services from peer or non-peer workers (Chinman et al., 2006; Davidson et al., 2006; Simpson & House, 2002).

Felton et al. (1995) also conducted an outcome evaluation of peer support specialists working on intensive case management teams in the mental health context. This study found that clients who had input from peer support specialists demonstrated greater gains in quality of life indicators and had reduced experience of major life problems compared to other psychiatric clients.

A few studies have examined the impact of employing peer support specialists in clinical and rehabilitative settings. For example, Bledsoe Boykin (1997) and Mowbray et al., (1997) note that recruiting consumers into staff roles within such settings, may provide a more expedient way to provide visible role models and peer support on a broader basis and for larger numbers of those making their way along their journey of recovery.

Moreover, by infusing the workforce with people who are coping successfully with their own psychiatric conditions there is not only the potential to provide direct effects on individual client outcomes, but this approach may also counter the lingering stigma that pervades the mental health system and the broader culture (Bevilacqua et al., 1997; Davidson et al., 1997; Reidy, 1994).

4.4 Women with Lived Experience of Domestic Violence and Peer Support

Women Recovering from Domestic Violence and Receiving Support

The literature shows that the prevalence of domestic violence experienced by women varies according to the amount of support they receive. As the degree of support increases, the likelihood of partners using violence against them diminishes (Baumgartner, 1993)

Numerous research studies document that social supports are beneficial and reduce psychological negative outcomes for women who experience intimate partner violence (Collins et al., 1993; Hobfoll & Lilly, 1993; Sarason et al., 1990). Kaslow et al. (1998) discovered through a case-control study with people who experience intimate partner violence and suicidal ideation that social support moderated the impact of intimate partner violence.

Coker et al. (2002) discovered through their clinical study that mental health outcomes in relation to sexual assault, physical assault, psychological battering and emotional abuse were improved when women disclosed the abuse and received support to address it. Of importance, their findings indicated that this support need not be highly structured or from professionals within service provider agencies, but rather informal networks of support such as family, friends and new partners were effective at improving mental health outcomes. Coker et al. (2002) go on to argue that increasing social support may reduce alienation and reduced self worth and enhance physical and psychological well-being. Also, that it may improve the persons coping skills and inform their constructs about alternatives to the abusive relationship.

Goodkind et al. (2003) found in their self-reporting research that contextual and situational factors influenced the tangible and emotional support that women who experience interpersonal violence received. They discovered that women who received a combination of tangible and emotional support without negative reactions and judgement had enhanced well-being, while those without were adversely affected. They discovered that in the contexts where women had more separations and reunions with their partner, the less likely they were to receive emotional support from their friends and family. They also found that if the woman experiencing intimate partner violence was married that she would experience higher levels of emotional support from her family and friends in comparison to unmarried women. Also those women who had a larger number of children in their care would be more unlikely to receive negative reactions. Research undertaken by Goodkind et al. (2003) showed that family and friends negative reactions were strongly predictive and almost explanatory of women's future quality of life.

Goodkind et al. (2003) argue that their research is aligned with documented research of rape survivors where survivors who had unsupportive family and friends had negative effects on their well-being, while supportive environments had no significant impact (Davis, Brickman & Baker, 1991).

Women Recovering from Domestic Violence and Seeking Support

A number of studies show that women with lived experience of domestic violence seek and engage in various types of support both during the immediate post-relationship period and for varying lengths of time during the post-relationship journey (Abrahams, 2007: Evans, 2007). Examples of these types of support include counselling, Domestic Violence and Incest Resource Centre assistance, support/self-help groups, welfare agencies, survivor-run action groups and refuges. Evans (2007) found that of these types of supports those most frequently used by the women in the study were counselling, support/self-help groups and welfare agencies, with the first two remaining dominant types of support sought both during the initial post-relationship period and over the longer term.

Interestingly, in the Evans study (2007), almost a quarter of the women participants did not seek these types of support, largely because they had never been given any information about possible types of assistance.

Activities and Functions of Peer Support for Women Recovering from Domestic Violence

In Abrahams' study she found a number of the women attended weekly peer support groups that served three main functions: "information, having fun and then more therapeutic stuff ... building up confidence and self-esteem." At times these groups focused on particular topics, for example, first aid, information about alcohol, child protection issues and benefits guidance, managing money, assertiveness and developing inter-personal relationship skills (Abrahams, 2007). Laing et al. (2010) found that the informants in their study valued the life skills as it helped counter the damaging effects of abuse, especially lack of confidence.

Abrahams' (2007) study illuminates the support needs of women escaping from abusive relationships and this in turn leads her to conclude that peer support should be provided in a structure manner over the period from when women leave their relationships to the time when they are living independently. Within this structured process Abrahams identifies two functions for peer support services – practical and emotional (Abrahams, 2010). She writes:

> "*Practical support – information, assistance and ... advocacy – will vary with each phase of recovery, from the initial tasks of settling in, ... obtaining access to*

benefits, through the transitional phase where legal issues, housing and education may need to be considered, to the process of ... settling into a new community. Practical support is also concerned with physical safety and secure environment. ... Emotional support was a complementary requirement throughout this process, enabling women to regain their sense of mental safety and trust in those around them, gradually to rebuild their self-respect and grow in confidence in their ability to deal with practical tasks ... and handling situations they might meet in the future (Abrahams, 2007: 121-122).

Batsleer et al. (2002) and others (Butler & Wintram, 1991) argue that such activities outside the home are particularly important for minority community women, who have not been allowed to participate in activities outside the family home and need to develop confidence in their own ability to do this.

While there are a number of examples of peer support services using a group format, Abrahams (2010) describes a one-to-one peer support model. Within the context of this model, she emphasises the need for it to be purposeful, including the development of a support plan that outlines goals and activities to achieve them. These activities might include visits, telephone contact and brokerage to other services. In addition, she advises that peer support specialists adopt a collaborative and reliable approach to counter the risk of further victimisation. The approach also needs to be flexible to take into account the changing needs and capabilities of each client (Abrahams, 2010).

Benefits and Outcomes of Peer Support for Women Recovering from Domestic Violence

Overwhelmingly positive experiences have been reported by women attending peer support services (Barnes with Abrahams, 2008; Abrahams, 2007; Abrahams, 2010; Evans, 2007; CordisBright Consulting Ltd, 2006; McTiernan and Tarragon, 2004; Batsleer et al. 2002; Hester and Westmarland, 2005; Laing et al., 2010)). In fact, Abrahams (2010) found that the women in her study were wary of seeking assistance from professions such as the medical profession and those working in statutory agencies. This wariness stemmed from their perceptions that such professionals failed to understand the impact of their lived experience of domestic violence; that such experiences would be interpreted as mental illness; and, the

consequences of such misunderstandings might impact on the outcome of legal proceedings related to access and custody of their children. Instead, they preferred to draw on less formal supports, such as peer support, to rebuild their lives. Benefits of peer support services noted include:

Believed and Not Blamed: One significant benefit of peer support groups reported by survivors of domestic violence is that peers believed their stories and did not blame them for the abuse. This in turn provided the context survivors needed to leave their abusive relationships and not contemplate reconciliation.

Enhanced Understanding: Survivors of domestic violence were of the view that peers displayed a better understanding of both the dynamics of their abuse and its consequences on their ongoing quality of life.

Verbal, Emotional and Social Contact: A major part of the abuse women experience is being isolated from any social contact, including contact which might have offered an independent perspective on what was happening; information and support. Abrahams (2007:59) states that the "drive to reach out to others was identified by Maslow (1987) as one of the basic needs of human beings; the desire not just to survive, but to seek to make connections to others and belong to a community." Mutual support from peers shows women that they are not alone in what they have experienced; provides an opportunity for conversation and companionship; and, an opportunity to share experiences, exchange ideas and learn about what others have done. Moreover, in the initial post-relationship stage, it assists women who are experiencing emotional distress to feel grounded within the context of everyday conversations as well as the opportunity for 'healing talk' – an opportunity to reflect on their experiences and learn to deal with their feelings in their own way.

Empowerment and Growth: Survivors of domestic violence reported a sense of empowerment, strength and growth from the knowledge shared amongst peers – a situation that appears to have eased their dependence on other support services. For example, of her experience of peer support, one participant in the Abrahams' study (2007:65) stated: "You could spark off each other, work together. It gave me confidence to try practical ways to change things."

Transition from victim to survivor: A number of studies in the literature emphasised the importance of the shift from helped to helper in positively contributing to the journey from victim to survivor (Evans, 2007; Abrahams, 2007). This experience of sharing with peers leads to a greater understanding of self and assists with changing their perception of their rights as individuals.

Many women want the opportunity to offer others the constructive and nurturing assistance they themselves had earlier received from peers. In fact in the Evans' study (2007) nearly 90% of the participants wanted the opportunity to pass on the knowledge and learnings they had acquired to others, and furthermore, they all agreed that this was most usefully provided by those with lived experience.

Outcomes for Clients and the Health and Social Sectors: Some studies suggest that peer support has the potential to enhance the prospects of a new life and quality of life for women with lived experience of domestic violence as well as lessening the demands on health and social care provision and expensive crisis interventions (Abrahams, 2007).

Evaluations of drop-in sessions, self-help and support groups have reported the following outcomes from such services (Hester & Westmarland, 2005; Barnes & Abrahams, 2008; Batsleer et al., 2002; CordisBright Consulting Ltd, 2006; McTiernan & Taragon, 2004):

- Changed women's perceptions of themselves, enabling them to see themselves as individuals who were in control of their lives and as worthy of respect by those around them
- Gained inner strength and confidence in their ability to manage on their own
- Ability to renegotiate the terms of present and future relationships

Length of Peer Support Service for Women Recovering from Domestic Violence

Research findings vary in terms of the length of time women participants experienced needing support from a peer-delivered service. While all noted the benefit of a peer support service during the immediate post-relationship period, some noted a diminishing need over time, while others reported an ongoing need. For this

latter group, peer support services provided an additional avenue for "discussion and encouragement;" eased the strain on their families; and, most importantly the mutual support or camaraderie was regarded as unique since "no one else would appreciate their situations unless they themselves had experienced similar trauma" (Evans, 2007:42; Abrahams, 2007)

Overall, the literature supports an open-ended peer support service, where clients are able to establish timeframes as needed. This advice reflects the longevity and individuality of the journey away from experiences of domestic violence – for some this might be five years, for others it could be twenty years and for yet another group it might mean a lifetime (Abrahams, 2007; Evans, 2007). For example, some authors (Herman, 1992; Shay, 1994; Evans, 2007) are critical of the traditional use of the concept of recovery within the domestic violence sector – a usage that implies a series of stages from diagnosis, treatment and recovery with the ultimate goal being recovered to a prior state of wellbeing. Instead, the impact of the trauma of domestic violence appears to continue to reverberate throughout post-relationship life and it is not possible to erase the abusive experience as though it did not occur and return to a former state and/or former identity. Moreover, Wuest and Merritt-Gray (2001) describe the process as one of learning and discovery; a gradual displacement of the abusive experiences from a central position in life; and, integration into a new identity and sense of self. [4] Once this point is reached Evans (2007) found that the focus for the survivor shifts to one of augmentation, in which the survivor's experiences inform their life choices. It is at this point where women are able to positively reconstruct their abuse by actions such as offering advice to peers and seeking further education in fields relevant to domestic violence – the point of readiness for the specialist peer support role.

Peer Support Roles for Women with Lived Experience of Domestic Violence

The literature supports the notion that support for women with lived experience of domestic violence is more effective if the service is delivered by another with

[4] Note Mead (2001) strongly supports the use of trauma informed peer services that create an environment where social action becomes an integral part of people's healing, helps people find their voice and builds mutually empowering relationships. Without the adoption of this approach, she warns that those with lived experience of domestic violence are unable to usefully integrate the abusive experience into a new identity; are denied "the opportunity to break the cycle of violence (and) we are creating lifelong 'mental patients.'"

personal experience of abuse or in conjunction with other professionally-delivered services. In contrast to the unique qualities offered by a peer, professional service providers reportedly are unable to make the same level of 'connection,' are perceived as viewing their clients as inferior – "they looked down on me" – and are unable to act as a role model or demonstrate the possibility of positive life achievements (Evans, 2007; Laing et al., 2010).

While the research demonstrates that there is great potential in placing those at differing post-relationship stages together, there is some suggestion that active survivor involvement is discouraged by support services. In the Evan's study (2007) for example, a number of women who had applied for positions in paid or voluntary social services had been actively discouraged. This perspective is somewhat contrary to the findings from research on participatory models and contemporary social work where positive and empowering outcomes are reported for both peer worker and client (Ban, 1992; Healy & Walsh, 1997; Dodds, 1995; McCallum, 1992).

Be this as it may, the literature suggests that care needs to be taken when recruiting individuals as peer support specialists. First, the evidence suggests that a period of time needs to elapse before peers are placed in positions of helping others. As one informant in the Evans' (2007:44) study observed:

> *"I sincerely believe that survivors working with survivors is the most powerful relationship for healing, but have seen too many survivors bring their own baggage and anger into relationships that are delicate. I have seen damage occur as a result and some survivors abuse their clients. This really frightens me and I firmly believe and advocate for careful selection and intensive training for survivors working in this field."*

As noted by this informant, the second point is that peer support specialists should be provided with full training. That is, the experience of domestic violence is insufficient on its own.

In addition, Abrahams (2007) draws attention to the stress and pressure experienced by peer support specialists as a result of their overwhelming commitment to the work and the need for them to place the needs of their clients at the forefront. She advises that it is critical for peer support specialists to receive support and be valued

by their work colleagues, their manager and the host organisation and for the "value of this complex and demanding work to be appreciated and properly funded."

Paucity of Women's Peer Support Services in the Domestic Violence Sector

While the concept of mutual support is well established and validated within the mental health and health sectors and a numbers of studies have found beneficial outcomes for women who receive service from survivors of domestic violence, there is a paucity of resources allocated to peer support services for survivors in the domestic violence sectors across a range of jurisdictions (Coy et al., 2009; Abrahams, 2010). For example, one recommendation from the Evans' study (2007:46) was to "establish a pilot self-help support program for DV survivors." As Hague et al. note in their report for the Economic and Social Research Council in England: "involvement of women survivors with other women seeking and needing support would validate survivor knowledge by listening to the voices of the women themselves as a source of innovative theory and policy development."

Hester and Westmarland (2005) and others (Batsleer et al., 2002; Hester & Scott, 2000) also note that while women receive emotional support from their peers within refuges, more of this kind of support is needed once they leave. They suggest increasing the numbers and availability of self-help and support groups whose members have shared lived experience and can offer mutual and emotional support. Humphreys and Thiara (2002) and others (Jones et al., 2002; McNaughton, 2005) note that successful outcomes can only be achieved if emotional support – building confidence, self-esteem and self-respect – is combined with the provision of practical information and guidance. Abrahams (2010) adds that peer support models of this nature are a cost-effective way to ensure that outcomes are maintained over the longer term and moreover they avoid the need for high-cost, intensive interventions.

4.5 Men as Perpetrators of Domestic Violence and Peer Support

In 2009, Principal Family Court Judge, Peter Boshier, wrote:

"Evaluations have noted that the increased wellbeing experienced by programme participants during and immediately after the programme declined significantly within

a few months of the end of the programme. [5] The evaluations proposed that this may well be due to respondents having lost the ongoing support of peers once the programme had concluded, as well as the opportunity to discuss their feelings with others with similar problems. If we are serious about meeting our objectives respondents need to have the opportunity to return and attend more programmes after they have completed the first programme. At present they cannot do this unless they fund their own attendance – for many, an absolute bar to further assistance."

Judge Boshier's observations that support from peers appears to enhance wellbeing is also supported by the findings of a domestic violence perpetrator project study carried out by the University of Bristol and the Home Office. This study noted the correlation between maintaining positive change and the maintenance of networks of peers where violence was not condoned (Hester et al., 2006).

Yet despite these observations, the literature notes that the context in which peers interact can either positively or negatively influence behaviour. For example, studies undertaken by Schwartz & Dekeseredy found that cohabitating men learn through involvement with peers how to perpetrate intimate partner violence, and this they contend is one of the most powerful determinants of intimate partner violence in the USA (Dekeseredy & Schwartz, 2002) and Canada (Schwartz & Dekeseredy, 2000). They explain that such peer interaction offers a context in which role modelling and training endorsed intimate partner violence as a way of enforcing their patriarchy (DeKeseredy & Schwartz, 2002; Raphael, 2001; DeKeseredy et al, 2003).

Point Research Limited's (2010) research on help giving and receiving behaviours within New Zealand's domestic violence sector, found that perpetrators are heavily influenced by the attitudes of those around them. While these researchers noted that a "climate of tolerance ... where violence was seen as 'normal,' or where there were few or no dissenting voices about their violent behaviour" led to violent behaviours persisting, they also found the reverse to be true. For example, they found that a context in which there was a low tolerance for violence was equally

[5] McMaster, K., Maxwell, G. and Anderson, T. (2000) *Evaluation of Community Based Stopping Violence Programmes.* (Research report prepared for the Department of Corrections by the Institute of Criminology, Victoria University of Wellington,

influential in initiating and maintaining a non-violent lifestyle, especially if this was expressed by other ex perpetrators. Moreover, a peer with previous 'like' experience had even greater influence if they "believed (others with whom they interacted) could make positive change ... (and used an approach that was) real, genuine, respectful, helpful and non-judgemental ... (and) had the ability to radically challenge previously held beliefs" (Point Research Limited, 2010:37).

Flood (2005) also defends the use of all-male peer support interventions if they are underpinned by three principles: "they are male positive, they are gender just and they recognise diversity and are inclusive." His rationale for the use of peer support groups is noted as follows:

> *"First, men's attitudes and behaviour are shaped in powerful ways by their male peers ... and this male-male influence can be harnessed for positive ends (Berkowitz, 2004). Second, all-male groups can provide the space and safety for men to talk. Third, working in single-sex groups minimises the harmful, gendered forms of interaction that are common in mixed-sex groups. Men may look to women for approval, forgiveness and support and women may adopt nurturing or caretaking roles for men"* (Flood, 2005).

Such positive influences have also been demonstrated by research that examined the processes and outcomes for men involved in community-based men's sheds projects implemented widely in Australia and more recently in New Zealand.

Foley et al. (2008) and others (Golding et al., 2007) found that sheds met a variety of needs of men who may be isolated and/or experiencing complex and difficult issues such as significant life changes, physical and mental health issues and issues with relationships, including those who identified as perpetrators of family violence. Fildes et al. (2010) add that the social isolation experienced by many men precludes their receiving emotional and instrumental support and thereby impact negatively on their wellbeing in the broadest sense. [6]

[6] See also Commission on Social Determinants of Health. Closing the Gap in a Generation: Health Action on the Social Determinants of Health – Final Report. Retrieved from http://www.who.int/social_determinants/thecommission/finalreport/en/index.html

Morgan (2010) described a shed project implemented by a New South Wales mental health outreach organisation that used the shed model to provide mentoring and positive social interaction for its clients, many of whom had never had contact with positive male role models. Here the research found that an atmosphere was created that facilitated men discussing a range of issues, including family problems and moreover, they were "unlike other mainstream men's organisations (e.g. sports clubs) in that they are inclusive, collaborative, caring, non-hierarchical and consultative." The study concluded that community-based shed programmes ensure that men maintain a social support system, a key component to recovery.

Benefits of Peer Support for Men

The literature on community-based men's sheds identify a range of health and wellbeing benefits for men who participate. Specifically these benefits include:

- *Modelling Positive Behaviour and Mentoring*: Foley et al., (2008) found that participation in community-based shed projects was beneficial for men as it shifted them from experiences of isolation to a "normal environment (where) they learn how to behave." Golding et al.'s (2007) study found that one of the principal reasons men use community-based shed programmes is that they provide an opportunity to mentor others.
- *Friendship, Camaraderie and Meeting Emotional Needs*: Studies on community-based men's sheds have found that they create a safe environment of mutual support. In such environments, men experience a sense of belonging and gain the confidence to talk to others about a range of issues, including more intimate subjects such as emotional and relationship issues that they wouldn't normally raise in other social contexts within which they interact with others (Morgan, 2010; Foley, 2008; Fildes et al., 2010; Golding et al., 2007; Lave & Wenger, 1991).
- *Enhances Self-Worth:* Fildes et al. (2010) found that when men participate in community-based men's sheds projects their self-worth is promoted.

Moreover, Golding et al.'s (2007) research has shown little evidence in sheds of negative or hegemonic masculinities. Moreover, they found that men's involvement in such projects had positive benefits not only for the men, but also their partners,

children and extended families. This finding was also supported by the Point Research Ltd (2010) study where domestic violence perpetrators, who had made positive behavioural changes, also positively influenced others with whom they interacted.

Peer Support Role for Men as Ex-Perpetrators of Domestic Violence

While Flood (2005) cautions that "all male groups do involve greater risk of men's collusion with sexism and violence, and this must be minimised," he identifies several good reasons to use men as facilitators and peer educators in gender-based work with men. They are that "male educators tend to be perceived as more credible and persuasive;" that "male educators can act as role models for men;" and, that "having men work with men embodies the recognition that men must take responsibility for helping to end gender inequality, rather than leaving it up to women."

Berkowitz (2004) adds that it is also beneficial for "men to see women and men co-facilitating" in service delivery as it demonstrates "respectful partnerships."

Santovec (2010) offers some advice on recruiting men as male peer educators by exploring ways in which to encourage men how they can "use their less powerful roles to create change. She offers five tactics to attract men into these roles:

- Invite all men to encourage men to take up these mentoring roles
- To counter any concerns the recruits might hold about the confidentiality of the victims, create blogs and other anonymous sources of information sharing and support
- Offer programme elements that include modules about healthy relationships and include victim services information
- Use inclusive language in all programme materials
- Use recruitment strategies that leverage the 'protector' role, thereby moving recruits from protector to advocate.

5. ORGANISATIONAL DESIGN FACTORS FOR PEER SUPPORT SERVICES

This section examines the elements that need to be considered in designing a specialised peer support service. These elements are categorised as service elements; specialist peer support workers' role; and, organisational elements.

5.1 Service Elements in Designing and Implementing a Peer Support Service

5.1.1 Types of Peer Support Functions

The literature identifies four types of support functions for peer support services (Salzer, 2002). These service functions include:

- ***Emotional Support:*** demonstrating empathy, caring or concern to bolster self-esteem and confidence. This type of activity can be delivered through peer mentoring and/or peer-led support groups
- ***Informational Support:*** sharing knowledge and information and/or providing life or vocational skills training
- ***Instrumental Support:*** providing concrete assistance to assist others accomplish tasks, for example, child care, transportation and help with accessing other community-based services
- ***Affiliational Support:*** facilitating contact with other people to promote learning of social and recreational skills, creating community and acquiring a sense of belonging

SAMHSA (2009:2) advise that the more robust the types of support available to address any particular support plan objective, the more likely the client will receive useful information, a new insight or skill, or more confidence to undertake future tasks.

5.1.2 Peer Support Service Activities

Four major activities might be undertaken by a peer support service. These activities include:

- ***Peer Mentoring and Coaching:*** Mentoring or coaching refers to one-to-one work where the peer support specialist encourages, motivates and supports a peer in their journey away from domestic violence. This relationship is

supportive, rather than directive. Mentoring can involve setting goals and developing an action plan for their achievement and collaborative problem solving.

- ***Connecting Peers to Resources:*** This activity involves connecting the client with professional, non-professional services and resources in the community. The worker uses their personal experience to bear in navigating the service systems to facilitate the ease with which referrals are made and services accessed.

- ***Facilitating and Leading Peer Support Groups:*** This activity involves leading support and educational groups. The groups are structured and typically involve sharing personal stories and collective problem solving. The educational activities tend to focus on a specific subject or skill set and may involve the participation of experts as well as the peer support specialist. Examples of subjects include managing budgets, conflict resolution and employment skills training.

- ***Building Community:*** Individuals with lived experience of domestic violence often experience isolation. Therefore, a peer support specialist may assist with providing opportunities for clients to build social networks – opportunities that provide a sense of acceptance, belonging and a place to practice new social skills.

5.1.3 Timing and Length of Peer Support Intervention

Some studies indicate that timing is one key to the success of peer support services (Roberts and Wolfson, 2004). Potential clients need to be ready to consider their own needs and what the journey away from domestic violence would mean for them. This readiness requirement has implications for the eligibility criteria for access to a peer support service.

The experience of agencies delivering specialist peer support services suggests that, because of the unique nature of each individual's journey of recovery, there should be no restrictions on the length of time that peer support specialists provide the support service to clients (http://www.metaservices.com; http://gacps.org/Home.html). Be that as it may, agencies delivering peer support services recommend that there is some accountability mechanism in place to ensure that the peer support service is purposeful and includes activities that contribute to goal achievement.

SAMHSA (2009) recommends that peer support services are available to clients at different stages of their journey away from domestic violence including:

- Preceding attendance at formal Court-mandated domestic violence programmes

- In conjunction with attendance at formal Court-mandated domestic violence programmes
- Following attendance at formal Court-mandated domestic violence programmes
- Be delivered apart from formal programme attendance in situations where the client is ineligible or chooses not to participate.

5.1.4 Critical Ingredients of Peer Support Services

Solmon (2004) has identified five critical elements required for peer support services and has provided the evidence-based to support their criticality for inclusion in the design process. The service elements she identified are:

- *Use of the Experiential Learning Process:* This element involves the worker using themselves as the instrument of change. Having personal experience enhances the workers' ability to relate to peers; offers a role model for clients; and, enhances the workers' ability to navigate systems (Edmundson et al., 1984; Kaufman, 1995; Paulson et al., 1999; Solomon & Draine, 1995).
- *Use of Mutual Benefit:* This element is based on the evidence that those who help peers gain as much from the experience as they give (Powell et al., 2001; Sherman & Porter, 1991).
- *Use of Natural Social Support:* This element supports the use of those with lived experience being recruited as peer support specialists (Davidson et al., 2001).
- *Voluntary Nature of Service:* Since choice and self-determination are key philosophies underpinning peer support, clients involvement in such services needs to be voluntary (Kaufman et al., 1994).
- *Peers have Primary Control of Service:* Services need to be peer driven otherwise clients will feel disempowered (Davidson et al., 1999; O'Donnell et al., 1998).

SAMHSA (2009: 8) notes an additional principle that needs to underpin the design of a peer support service. This focus on s*trengths, resiliencies and capacities* emphasised that a focus of service delivery needs to be on "uncovering, reaffirming and enhancing the abilities, interests, knowledge, resources, aspirations and hopes" of clients. For example, a collaborative and empowering planning activity between peer support specialists and client would begin with a discussion about each client's interests, abilities and goals.

5.1.5 Standards for Peer Support Services

MacNeil and Mead (2005) recommend that designers of peer support services need to develop a framework of evidence-based standards and be able to demonstrate that the service is implemented with integrity. With this in mind and using a narrative approach they have developed seven standards that characterise the helping process in peer support. They argue that developing standards assists providers and clients of services to meet each other's needs; assists funders better target their resources to effective programmes; and, provides policy makers with the information they need to make evidence-based decisions. The following table includes the standards and related indicators for peer support (MacNeil & Mead, 2005:239-240).

Table 1: Standards and Narrative Indicators for Peer Support [7]

Standards: Commonly Agreed On Principles that reflect the Ideal Structure and Processes of a Peer Support Model	**Narrative Indicators: Specific Elements of Broad Constructs**
Critical Learning and the renaming of experiences are promoted	• Beginning to redefine your roles • Realising that you are not crazy • Understanding that your emotional distress is an appropriate response • Taking power in relationships • Developing wellness strategies
There is a sense of community	• You are not told what you have to do • Validation and witnessing is more important that fixing • Acceptance for where a person is • A sense of kindredship in sharing similar experiences • An atmosphere of hope and celebration • Members are both leaders and followers • A place to make friends and to know you are not alone • A place to be yourself
There is great flexibility in the kinds of support provided	• Programme is experienced as a place to stretch your comfort zone • Range of possibilities explored to keep people

[7] Table of standards and indicators replicated from MacNeil and Mead (2005:239-240.

	included • Work with people around their unique preferences and needs
Activities, meetings and conversations are instructive	• Atmosphere promotes trusting oneself to figure things out • Collective problem-solving is encouraged • Alternative healing strategies are encouraged • Genuine and inclusive feedback is provided • Conversation is respectful • Conflict or tension is defined as an opportunity • There is a presence of potent activities • Activities and people are interesting • Encouragement is given to share talents and expertise • People are invited along to participate in a variety of ways • There is value in experience and common wisdom • Every person is a teacher and a learner
There is mutual responsibility across relationships	• All persons should be considered equal • People are present when they are the subject of conversation • Everybody has something valuable to share • Building of honest relationships that are essential to healing • Taking charge of your daily routine and affairs • You are expected to go forward in your process • Fancy language and labelling practices carry little value • You are expected to be honest with yourself and others
There is clarity about setting limits	• Respecting the confidentiality of the community • Parameters of 'what is tolerable dissonance' within the community is negotiated • Composition of the community is taken into consideration when defining limits

	• Expected to reflect on and articulate personal limits • Understanding that limits will change and be redefined as the learning process unfolds • Levels of intimacy vary from individual to individual and require acknowledgement • Being clear about what you can and cannot do and why this is so
There are sophisticated levels of safety	• There is compassion • Looking out for each other • What safety means in a relationship is negotiated • Experienced as a safe place to be yourself • Provided the "tool," education and knowledge to respond • There are consequences for making others feel unsafe • Policies and procedures pertaining to safety are discussed • Emotional safety and validation is being heard • Freedom of expression • Feeling like you are not being judged • Knowing that you don't have to have all the answers • An appreciation for the "long haul" of the healing process • Being able to disclose

5.2 Specialist Peer Support Workers' Role

5.2.1 Role in the Continuum of Helping Relationships: Its Unique Nature

The literature is in its infancy in assisting our understanding of the unique qualities of peer support compared with other types of intervention (Davidson et al., 2004: 448).

O'Hagan et al., (2010) believe that the nature of peer support is influenced by the structure in which it occurs because structure shapes processes. For example, the helping relationship will be somewhat different for peers as providers of conventional services compared with workers employed in peer support services.

Given the variable nature of peer support models, Davidson et al., (2004: 444-445) have adopted a continuum of models of helping relationships as the basis with which

to uncover the unique qualities of peer support. Their continuum has "one-directional" relationships at one end of the continuum, for example psychotherapy and case management, and "reciprocal" naturally occurring relationships, such as those found amongst friends at the other end.

Dennis (2003:322) has also developed a model to describe two types of social relationships at polarised ends of a continuum: those that are embedded (naturally occurring without deliberate organisation) and those that are created and structured.

One critical ingredient that differentiates the various peer relationships along such continuums is the degree of reciprocity within the relationship. Davidson et al. (2008) state that peers as providers of conventional services are positioned more towards the one-directional end of the continuum of helping relationships, whereas workers in peer support specialist roles are positioned more towards the reciprocal end of this continuum. In both cases the relationships are intentional and one-directional with the difference for the worker in the peer support specialist role being that they incorporate positive self-disclosure, role modelling and instilling hope into the change process of service delivery.

Views about the criticality of reciprocity to the uniqueness of peer support are divided. Some commentators argue that introducing asymmetry into peer support where one person is defined as a provider and the other a recipient, precludes moving beyond the limitations of many professional roles currently operating in various social and health service sectors. Namely, such roles do "not give people the chance to use their own skills and capacities (Consumer Survivor Development Initiative, 1992:2-3). Other commentators suggest that a challenge for those responsible for training specialist peer support workers is to attain the right balance between training and retaining "those specific interventions people in recovery can offer that are based at least in part on their own personal history of ... recovery such that other people who do not share this history would be unable to provide for them,...." (Davidson et al., 2006:447).

5.2.2 Considerations When Recruiting Peer Support Workers: Readiness for the Role

In the drug and alcohol sector the process of shifting from service user to service provider is well documented. For instance, Brown (1991) discovered that 72 percent of drug and alcohol counsellors in the USA are former substance abusers. Brown (1991) proposes that the transition from an abuser to counsellor / therapist happens in four steps.

1. **Emulation of one's therapist** - through their therapy they attach deep personal meaning to the therapeutic relationship and this gives them new understanding about themselves.

2. **Exiting Deviance** - through their change process they see their experience as invaluable, and feel compelled to share this knowledge with others to help them on their journey to recovery.

3. **Status-Set Realignment** - these people immerse themselves in helping others with the same problems they experienced and realign their role from addict to professional ex-addict.

4. **Credentialization** - these people then capitalise on their deviant past and experiential expertise to legitimise themselves to other addicts, professionals and community members.

Brown (1991) discovered through his qualitative research that although these professional ex-addicts no longer engage in previous deviant behaviours, they do not *"totally abandon deviant beliefs or identity"* (Brown, 1991:233). He discovered that they still often identify themselves as an addict and a deviant. These people assume what Hughes (1945) refers to as a "master status" in relation to their role identification. Styker and Serpe (1982) describe this move as realigning their "role identity hierarchy" and Brown (1991) points out that this realignment defines their primary obligations to more positive aspects of their role identities. Weber (1968) has discovered that these ex's of various kinds do not go into counsellor or social work roles for financial remuneration, but rather to stay recovered and to help others.

Solomon (2004) describes a number of characteristics that candidates for peer support worker role need to meet to be eligible. These characteristics include:

- Lived experience (Dixon et al., 1994)
- Stable in their recovery journey and able to serve as positive role models and serve as upward status for others to achieve (Dixon et al., 1997)
- Not current substance abuser or dependent (Mowbray et al., 1998)

5.2.3 Role Description

Woodhouse and Vincent (2006) advise that the role description for a peer support specialist needs to have enough flexibility within it to enable the worker to use their own experiences in the provision of service. It should be grounded in the peer and helper principles.

The job description should include issues such as optimum caseloads, remuneration levels and hours of work. Remuneration should be at an equitable level with other professionals working to similar job descriptions and at similar levels of responsibility (Reifer, 2003).

The faculty of the University of Medicine and Dentistry of New Jersey (UMDNJ), Department of Psychiatric Rehabilitation and Counseling Professions undertook a study to analyze the nature and complexity of a peer support specialist role to identify the required tasks, knowledge and skills (Gill et al., 2009).

Using a content validity method of role delineation, the study was executed by engaging the input of two groups of subject matter experts, peer support specialists and their supervisors. Eighty-five specific job tasks and skills were identified and categorized into eight broad domains: outreach, peer support activities, counselling skills, skill development, professional documentation and communication, crisis intervention, knowledge of resources, and continued professional role/competency development.

The researchers maintained that the findings have significant implications for the curriculum development of educational programmes, remuneration, as well as the status of staff in these roles.

5.2.4 Payment

There are several examples in the literature that indicate that specialised peer support workers are paid full-time salaries for their work. For example, the WISE Group paid the Community Life Coaches they employed to deliver peer support services to clients involved in the Routes out of Prison Project (WISE Group, 2011).

Some studies note that when peer support specialists are recruited to provide a professional service within the context of a multi-disciplinary team, their salaries need to be equitable with others carrying out similar functions (Mowbray et al., 1998; Fisk et al., 2000).

5.2.5 Hours of Work

The literature does not appear to provide guidance concerning the optimal number of weekly work hours. Rather the hours worked by peer support specialists can vary from a few hours each week to full time (Woodhouse and Vincent, 2006)

5.2.6 Caseloads

The caseload size for each specialised peer support worker also seems to be variable from one to two per worker to five per worker (The WISE Group, 2011; National Health Service Highland Transitional Discharge Scheme)

5.3 Organisational and System Elements of Peer Support

5.3.1 Success Factors for the System

Solomon (2004) identifies a number of success factors for the system to maximise the effectiveness of the peer support service. These factors include:

- *Accessibility of Peer Support Services*: A reasonable number of peer support services that are geographically dispersed need to be developed to maximise their accessibility by the client target group.

- *Reflect Diversity of the Community*: Peer support services need to reflect the cultural and other characteristics of the community in which they are delivered. For example, Luke et al. (1993) found that the context in which the service is delivered and the characteristics of those that attend the service influence whether clients decide to return after their initial attendance. Solomon (2004) recommends that service designers consider focusing on specific populations or be gender specific.

- *Client Outcomes are Enhanced when Peer Support Services are Available as an Adjunct or Alternative to Traditional Services*: Felton et al (1995) found that the benefits to service participants are enhanced when peer support specialists are included in multi-disciplinary teams or when peer support services are available as an alternative to traditional programmes and services.

5.3.2 Organisational Plan

Reifer (2003) has recommended that agencies hosting specialist peer support services need to develop an organisational plan. Such plans include the following elements:

- Service philosophy
- Description of service model and activities
- Description of employment policies, including worker to client ratios and plans for staff leave
- Description of how specialist peer support workers will network with other colleagues
- Recruitment and training polices
- Description of how peer support specialists will interact with other disciplines
- Description of how peer support specialists will be involved in organisational decision-making
- Description of how service changes will be handled

5.3.3 Developing Policies and Procedures for a Peer Support Service

Ashcraft and Anthony (2005) describe the META Services approach to developing policies and procedures for a peer support service. They recommend that such policies and procedures need to be developed in a way that reflects the culture of recovery and provide one way in which to educate staff about the values and beliefs underpinning an organisational culture of this nature.

The META Services policies have been developed based on the following principles:

- Practices and procedures are value-based, not rule-based
- Following the principle that recovery is a personal and individualized process, policies should be guidelines, flexible enough to allow practice and procedure to be individualized to each situation
- Policies should be person-centered, not business-centered, and examined in the context of what will support the recovery of the clients served by the organisation and those employed
- Rather than liability and risk management being the focus, the policies should encourage the organization and its staff to find ways to provide support as risks are taken to create new solutions
- Policies should be friendly, easy to understand, and easy to remember

5.3.4 "Supported" Peer Support: Environmental Accommodations and Supervision

Davidson, Stayner, Rakfeldt and Tebes (1995) have noted that in order to maximise the unique contributions peer support specialists bring to clinical and therapeutic setting, employers need to accommodate some of the needs of such employees. They suggested that such employer strategies include training, supervision and environmental accommodations.

Flexible Work Practices

Lindow and Rooke-Matthews (1998) have noted a range of work practices that provide the basis for a supportive work environment for specialised peer support workers. The work practices these authors noted included:

- A workspace that provides some privacy and minimal distractions
- Initiate support groups for the workers
- Facilitate access to professional counselling if required
- Provide flexible work schedules
- Provide time off when workers are stressed
- Authorise leave if workers experience distress
- Permit working from home
- Allow exchange of duties between team members
- Encourage a climate of tolerance
- Develop guidelines for delivering feedback

Supervision

The key messages from the literature are that supervision has to be regular, accessible and meaningful. Mowbray et al. (1998) noted that supervision needs to focus on improving practice and skills and discussing the complexity of the role.

Reifer (2003) notes that it is good practice for supervisors to undertake the peer support training programme themselves to fully familiarise themselves with the role and functions of the position.

In addition to line management supervision, Dixen et al. (1997) found that additional support provided at a local level through regular meetings of peer support specialists was valuable. In addition to this more localised networking of peer support specialists, there are national models of peer supervision. As an example, the Georgia Certified Peer Specialist Project provides an online bulletin board where peer support specialists across the US can communicate with each other about their role (see http://www.gacps.org/Home.html).

6. TRAINING, CERTIFICATION AND ACCREDITATION

6.1 Training Programme for Peer Support Specialists

There is considerable variance in the literature about the amount of training required and over what period.

Ratzlaf (2006) reported that in Kansas those going through the CAP/LEAP programme take one year to complete their training. This included an internship of no less than 90 hours.

Mowbray et al (1997) reported that the duration of META Services training is 70 hours, while Project WINS provided 20 hours of training over two weeks.

The Georgia Certified Peer Specialist training suggests that five days is the optimal length of training.

Dennis (2003) suggests that care must be taken to ensure that any training programme developed includes only the essentials. Dixen et al. (2003) advise that a balance needs to reached where recruits receive an adequate level of training to undertake the role in a safe manner, while providing enough freedom for them to use their own experience to promote clients' personal journeys of recovery.

The advantages of longer training include:

- Increased depth and breadth of subjects covered
- Greater use of case studies and role play
- On-the-job experience gained through internships
- Workers are more likely to be accepted by other professional groups

The disadvantage of a long training programme is that it could act as a disincentive, especially if there is no guarantee of a job at its conclusion.

An examination of the content of the peer support specialist training programmes offered by META Services, CAP/LEAP, the Mental Health Action Group and the WISE Group Life Coaches indicates that the following topics could be included (Hutchison et al., 2006; Ratzlaff et al., 2006; Clay et al., 2005).

Table 2: Content of Peer Support Specialist Training Programmes

• Basic helping skills • Communication • Community resources • Conflict resolution • Cultural diversity • Dealing with difficult people • Documentation • Emergency first aid • Employment and benefit issues • Boundaries • Group facilitation skills	• Health and safety • History of the consumer movement • Listening skills • Mirroring and empathy • Client rights, confidentiality and ethics • Recovery and wellness planning • Resilience and emotional intelligence • Strengths orientated practice • Suicide prevention

Of the content of those training programmes examined, listening skills; client rights, confidentiality and ethics, and suicide prevention were the most commonly found topics.

6.2 Training for Other Professionals

Mowbray et al (1998) and Fisk et al. (2000) have warned that introducing a peer support service into a sector is not without its challenges. For example, a peer support service will not be successful unless it is accepted by the sector and other professional disciplines working within that sector. To counter these challenges these authors suggest developing a training programme for other professional staff. Moreover, they believe it is useful for a person with lived experience to play a key role in delivering this training.

Campbell and Leaver (2003) describe the Massachusetts Personal Assistance in Community Existence training programme for professionals. This training programme for professionals was designed to shift the culture of mental health care to one that was more recovery focused.

One example of the efficacy of this approach in changing attitudes towards peer support is provided by Edinburgh's CREW 2000 drug misuse/sexual health drop-in shop for youth. They provided presentations to other disciplinary groups on the effectiveness of this programme in engaging hard-to-reach groups and suggest that this leading-by-example approach seems to be useful for achieving culture change.

6.3 Ongoing Career Development Opportunities

Mowbray et al. (1998) recommend that those recruiting specialist peer support workers provide opportunities for skill development and experiences at different levels for workers. They note that these opportunities need to include providing workers with the opportunity to apply for other roles within a sector when they are ready to take on additional responsibilities.

META Services do provide career development opportunities for peer support specialists, for example some have taken up team leader and team manager roles. This organisation suggests that experienced peer support specialists are best placed to provide supervision for new recruits. In some instances providing supervisory career development opportunities outside host agencies has proved challenging as many positions require professional backgrounds.

6.4 Certification

Campbell and Leaver (2003) write:

> *"The need for peer support to be recognised as a professional discipline is clear if the programs that employ consumers in helping roles are to be funded and the peer workforce is to be eligible for career benefits. Respect from within the mental health service community could also be a de facto result of certification."*

These authors note a range of US certification programmes for psychiatric rehabilitation professional, including peer support specialists. Examples include the Georgia Peer Specialist Certification Project and the Psychiatric Rehabilitation

Certification Program. Those entering these programmes must meet certain eligibility criteria and pass a written examination.

6.5 Training and Certification: Opportunities and Risks

Formalised training and certification of peer support specialists is regarded by many as an essential to transforming the core model and principles under which any particular sector operates. For example, the Centre of Mental Health Services (2005:15) note "mental health system providers often resist transformation initiatives that focus on consumer-directed services and may not want to hire consumers as professionals." Moreover, this approach can result in new employment opportunities for service users. For example in Georgia, 200 new employment opportunities have resulted from such specialist training and similar labour market trends have been found in the US.

Other commentators argue that the certification process can provide the basis for the research required to define peer support as an evidence-based practice; that is, standardised training manuals facilitate replication of practices – an essential component of evidence-based research (Addis and Krasnow in Campbell and Leaver, 2003). [8]

Critics of trained and certificated specialist peer support workers are concerned about the impact of "professionalising recovery" (The Herrington Group, 2005:6; McIntyre, 2008). For example, Mancini and Lawson's grounded theory study (2009:12) found that the "emotional labour" of the role resulted in role strain and blurred boundaries when they were viewed by their clients "less as survivors and more as mental health professionals" while "at the same time they may also feel that they are undervalued by their non-peer co-workers who they feel treat them more like patients than professionals."

7. CHALLENGES TO THE EFFECTIVENESS OF THE DESIGN AND

[8] Woodhouse and Vincent (2006) provide a review of standardised manuals.

IMPLEMENTATION TO BE CONSIDERED

There are many barriers which need to be thought through and considered so that preventative strategies and interventions can be implemented to ensure that the peer support service is effective at meeting client need and providing benefits for all stakeholders. Some of these barriers stem from the role of the peer support specialist and others from the systems put in place.

7.1 Work-Related Stress Factors

Yuen & Fossey (2003) discovered in their qualitative interviews with consumer-staff members that they expressed a need to monitor their own workloads and the associated demands put on them. They explained that they needed to use relapse prevention strategies such as taking time out when required and using techniques to decrease their stress levels.

Dennis (2003) points out that peer support specialists need to maintain their mental health and self esteem to be effective for their clients. Dennis (2003) proposes that some potential problems that peer support specialists experience in their role include emotional over-involvement, lack of stability, diminished feelings of self-efficacy, stress, conflict, criticism, reinforcement of poor behaviours and failed social attempts. However, although the Highland Transitional Discharge Scheme's professional staff held significant concerns about the negative impact of work-related stress associated with the peer support model prior to its introduction, this concern was found to be unsubstantiated. This was largely due to the implementation of the Scheme's policy of restricting the numbers of clients supported at any one time (usually one client per peer support specialist at a time).

7.2 Maintaining the Peer Support Specialist Role in an Integrated Setting

Clay (2005) and Campbell & Leaver (2003) note that traditionally those delivering peer support services have chosen to maintain their independence to ensure the integrity of the peer support model is maintained and that they maintain control over the operational and governance decision-making. Mowbray et al. (1998) believe that the crux of the matter lies with the views held by some professionals who undervalue

the peer support specialist role and are reluctant to accept peer support specialists as their professional equals. According to some authors this situation can result in the principles and approach of peer support being submerged by the perspectives and work practices of the dominant professional group. In Lindow & Rooke-Matthews (1998) study informants reported experiences of discrimination by other staff – discrimination based on their differing levels of academic achievement and following their disclosure of lived experience of mental illness. In contrast to this finding, Dixen et al. (1997) found that staff valued and recognised the contribution made by peer support specialists.

On the flip side, Mowbray et al. (1998) state that in situations where the benefit of the peer support specialists is accepted by those in the host agency, clients might perceive those undertaking this role as neither peer or professional – a situation that some authors believe adversely affects the unique mutuality and equality of the peer support relationship.

To counter these challenges, Mowbray et al. (1998) advise engaging stakeholders prior to the introduction of a peer support service, including peers, supervisors, administrators and service providers.

7.3 Reluctance of Other Professionals to Refer

In their review of consumer-run services in the mental health sector, Davidson et al., (2006) identified that professionals seldom refer. Instead most referrals to these services come from informal sources. To mitigate this issue, Salzer, McFadden and Rappaport (1994) and others (Chesler, 1990; Black and Drackman, 1985) suggested that peer support services need to educate other professionals in the sector about the value of peer support in order for such services to be accessed by a broader target group.

7.4 Sustainability and Stakeholder Engagement

Some studies of peer support services within the mental health sector note that to remain viable and ensure sustainability, such services need to give priority to developing relationships with various stakeholders across the system. For example, Kaufmann et al., (1993) suggest giving priority to developing and maintaining relationships with funding agents within the mental health sector.

In addition, Schell (2005) notes the risk that those funding peer support might feel they have met their consumer policy obligations. Therefore, it is advisable to ensure funders regard peer support as complementary to other consumer involvement practices.

There is also a risk that receipt of public funding and the associated accountability requirements of standardised training and structured role descriptions might impact on maintaining the integrity of the individuality and uniqueness of each peer relationship – a critical feature of the peer support model.

7.5 User Involvement to Enhance Buy-in and Service Responsivity

Peer involvement in planning, implementation and evaluation is critical to the integrity of the peer support model. The experience of some peer support initiatives is that capacity for getting involved in design, training and implementation can at times be challenging.

7.6 Boundaries

Mowbray et al. (1998) found in one of their studies that maintaining the professional and personal boundaries was challenging for some peer support specialists.

Boundaries between peer support specialists and other professionals was also an issues in some peer support services studied. For example, Fisk et al. (2000) noted the concern that non-peer staff would have access to case files that might include personal factors about peer support specialists. Moreover, another concern centred on the possibility that peer support specialists might have to work with professionals whom they previously had worked with as a client.

Some studies note the challenges of developing team relationships based on equality following disclosure of lived experience. While this might be a concern during the initial period following the introduction of a peer support service, META Service's experience was that this issue became insignificant as staff gained experience of working with those who openly disclosed their lived experience.

8. FINAL ADVICE FROM WITHIN THE LITERATURE: RESOURCES FOR THOSE DESIGNING AND IMPLEMENTING A PEER SUPPORT SERVICE

There are a number of examples of Best Practice Frameworks and Practice Guidelines; Standards and Criteria for the Certification of Peer Support Specialists; Specialist Peer Support Training Manuals; Specialist Peer Support Role Descriptions; Specialist Peer Support workers' Codes of Ethics for Peer Support Specialists; and, Performance Information Management Guidelines in the 'grey' literature that could be used as templates for those designing the peer support services in Christchurch.

Typically, the Practice Guidelines include sections on the planning, design, and development of services; operational elements of service such as recruitment and training, service functions and activities, workforce management, and promotional activities; management and governance functions such as the role of the governing body, development of policies and procedures, financial and management information system arrangements; and, procedures for evaluation.

Documentation relating to the Standards and Criteria for Certified Peer Support Specialists outlines the criteria and fees for certification, including minimal education requirements, examination and supervision requirements, continuing education requirements and guidelines for professional conduct.

The training manuals for specialist peer support workers include modules on the knowledge and skills required for the role with an emphasis on the stages of the helping relationship, various aspects of communication skills and employee self-care within the workplace.

The Codes of Ethics outline the values and principles to guide the specialist peer support workers in their various roles, relationships and levels of responsibility in which they function professionally.

The Guidelines for developing a management information system infrastructure for peer support services recommend the development of suitable technological hardware for data collection and processing; and the development of data collection instruments in order to monitor and report system and person-based outcomes. Campbell (1997) notes that while those delivering specialist peer support services acknowledge the importance of data collection and reporting, consideration needs to be given to confidentiality protections, service burden and effects of service utilisation by the target group.

Appendix 1 includes some examples of these template documents.

PART THREE

PEER SUPPORT: THEVOICES, OPINIONS AND VIEWS OF WOMEN AS SURVIVORS OF FAMILY VIOLENCE, MEN AS FORMER FAMILY VIOLENCE PERPETRATORS AND PROFESSIONALS WORKING IN THE DOMESTIC VIOLENCE SECTOR – FINDINGS FROM CONSULTATIONS

9. THE DESIGN AND IMPLEMENTATION OF A PEER SUPPORT SERVICE: THE VIEWS AND OPINIONS OF WOMEN RECOVERING FROM FAMILY VIOLENCE

9.1 Experiences of Receiving Support

The women in the focus groups stated that their experience of asking for and receiving help needed to be couched in terms of the expectations placed on women in their situation by different communities in society, including their family and friends, as well as more personal factors. They recalled that it was not only hard to leave the household within which they experienced domestic violence, but also it was difficult to ask for help.

From their point of view it was difficult to leave because "it is part of the Kiwi culture that these things don't exist ... under the carpet ... that's your bed, so you need to lie in it ... you do not complain" and "you need to stick it out." One participant described her family's response to her as a victim of domestic violence:

> *"taken to a lawyer to get a Protection Order ...but nothing has been mentioned about it since. They felt it was dealt with, even though my family could see the changes in my child ... still not acceptable to leave."*

In addition to their reflections on living in a culture where the response to family violence is either obscured or focused more on formal responses to the issue, the women participants stated that a range of factors made it difficult to reach out and ask for help from others. These factors included:

- Being acculturated into a lifestyle of domestic violence. One participant described this situation: "I grew up with no experience of family violence ... regardless of what you have been brought up with, it does not take long to be in a domestic violence situation before it becomes acceptable."

- Having no alternative relationship models with which to compare their own situation, and therefore not realising that they were in an abusive relationship

"I didn't know what an abusive relationship was."

- Being isolated and a lack of connections with and/or understanding from family and friends

  "I was completely isolated, had lost my family ... not know where to go to ask for help as people were not interested."

- Feelings of shame

  "She suggested that I get in touch with the Women's Refuge. I thought good god no ... that would be acknowledging stuff that I'm not meant to acknowledge and put shame on everyone else."

  "... not talk to others ... keep to self and pump up a front when seeing family and friends as ashamed. Asking for help is difficult because of the shame."

- Being scared of the repercussions, such as the threat of further abuse from their partners and/or the societal groups to which they belonged, for example gangs; and losing significant aspects of their lives such as their children, their homes and their source of income.

- Being unable to make decisions as a result of the trauma they had experienced over considerable periods of time: "being in survival mode" as one participant explained.

- Being stripped of any sense of hope, worth and competence by the perpetrator of the violence

  "I had my (child) removed but then had nothing else to look forward to so why not just stay there. I didn't know how to get out. You keep getting told how hopeless you are."

- Their lack of awareness, in some circumstances, about the types of helping services available in the community.

  "I didn't know anything ... not know how to escape ... where to go for help."

For these reasons, therefore, most of the women in the focus groups received their initial support following a crisis event and from agency professionals. Examples

given included the Police, the legal profession, Work and Income case managers, members of the medical profession and Women's Refuges. In many instances women made their first contact with Women's Refuges as a result of a referral from another professional – a referral initiated, for example, after an application for a Protection Order was filed or after the Police filed a domestic violence report.

The types of support noted by the participants, in the main, related to that offered by staff in Women's Refuges' safe houses and call centres. The participants described several different types of support including:

- Practical support such as providing transport; assistance with re-housing; accessing legal advice
- Informational support such as "ideas about managing their children;" and, navigating and understanding legal and financial processes
- Support to maximise the safety of the women and her children: "how to get out into the community without more damage ..."

In summary, the participants reflected that the support they received from this quarter "was good for the practical stuff."

In comparison, some of the participants recalled instances of 'stand out' support received from others that provided the impetus for them to begin their journey away from domestic violence. In two instances participants remembered the outreach support provided by the Police.

> *"He'd (Police) turn up on my doorstep to see me at any time. Turned up as had gut feeling that my husband was there ... he knew I was standing on a time bomb. Good to have another human being care."*

Only one participant recalled having a close friend provide an exceptional level of support for her. She stated: "My close friend reminded me that I had worth and how really bad it was. I stopped going back."

Of significance were the experiences of support related by several of the participants. These experiences reflect the two ends of a continuum. At one end of the continuum, the participants related support of a 'peer-like' nature and at the other

end of the continuum, several women recalled the “lonely, lonely experience” of being in a Women’s Refuge safe house and their “search for a significant other ... someone to trust.”

Of the ‘peer-like’ interactions, the participants stated that these relationships enabled them to talk about the “more intimate stuff that was going on” because they “had been through it.” Moreover, they believed that seeing another peer “have the good life” motivated them to not give up on their journey away from a domestic violence situation.

In comparison with the experiences of those who had interacted with peers, other participants reported the isolation and loneliness of residing in a Women’s Refuge safe house and their need for support from other women who had lived experience of domestic violence. The participants speak of these experiences:

> *“This is what the refuges are about. You are told to keep your business to yourself. So even there you couldn’t go to another woman to get support.”*
>
> *“I had no one to trust and the Women’s Refuge ... when I did go there, there was no one there. I got dropped off ... there’s your bed. I was left there for days ... no one to talk to. So of course I went back. I thought I might as well be lonely and scared at home ... same as in this strange building.”*

9.2 Defining the Unique Qualities of Peer Support

The focus group participants described in some detail the unique qualities of support given and received by peers.

Unique Level of Connection and Understanding

First, they noted that the relationship they had with peers provided a connection and depth of understanding that was quite different from those without lived experience of domestic violence. This type of connection brought a “sense of not being alone,” a “sense of belonging” and a sense of peace to their lives: “I could go to sleep at night knowing I was not on my own.” One participant described the uniqueness of this connection.

"They know this fear, these different sensations that knot you stomach. You can see it in the women's eyes. There is that knowing, even sitting in this room, that knowing is there – there is strength in that. You know you are not alone. It's such an isolating experience ... there are other women there who understand these feelings, even all these years on."

Moreover, the level of understanding evident in peer relationships held a different quality to the empathy offered by professionals, family members or friends without lived experience of domestic violence. This level of understanding meant that the women had one place they could be without having to explain and rationalise their experiences of entering, remaining or leaving abusive relationships. Two participants explained:

"There is a universal knowing about what I had been through, how I felt, what I had been through. I did not have to explain and they knew what I was talking about."

"You know when they get you."

In comparison, the women noted that other people, who did not have lived experience of domestic violence, were able to "empathise" but not really understand. For example, the women stated that non-peers would frequently ask: "Why are you being so stupid ... going back again?" Another participant noted that non-peers "can hear, can listen, but you are not hearing me." The experience of one participant illustrates the difference between relationships with peers and non-peers.

"I still feel it today ... he heard what I was saying but he said 'why did you stay?' Why is it the woman always gets the blame? You need someone who can say it's OK ... not your fault. You did nothing. It happened. I'm sick and tired of hearing people don't understand. It makes you feel worse. You know when they don't truly get you. A health professional ... it's just a job to them. They don't know what you have been through. So getting that person to talk to who has been through it, it makes a hell of a lot of difference. You know they get what you are talking about ... get through that shame."

In addition, the trust inherent in the peer relationship appeared to provide an environment in which the women could share their experiences in their entirety

whereas with non-peers they were reticent to share the "emotional stuff ... I'd just share bits and pieces ... as I'm not as confident as I used to be."

Lastly, the participants believed that being able to relate to a peer with the unique understanding of the lived experience of domestic violence had the potential to counter the mental health issues that many had suffered. One participant's experience illustrates how the effects of domestic violence can escalate into mental health issues.

> *"You sit there alone ... you are ashamed of everything and then you get frustration added on top of it. It builds up and it builds up ... and I exploded. I needed a doctor and I'm on anti-depressants. I just felt I shouldn't have needed to go to him if I had someone (peer) who truly understood me. It shouldn't have got to that level."*

Building Self-Worth Leads to Self-Determination

Second, the women noted that one of the strategies used by perpetrators of domestic violence to keep them in the relationship and minimise their independence was "to break down my competence." Over time such strategies resulted in their experiencing enduring "feelings of worthlessness" and "self-doubt." They described these feelings and thoughts as a significant barrier to their being able to make any decisions about their future or feeling confident enough to explore the possibility of leading an independent life free from domestic violence.

> *"When you've been in a box or a cage that you can't get out of ... can't open the door ... (then) when the cage door opens you do not know how to walk out ... I did not know what to do and could not get out to reach for help."*

The emotional support provided by peers enabled the women to work through such barriers and begin to feel they were "worth something" and "important."

Motivation to Change

A third unique element noted by the participants was that working with peers provided them with a picture of "me at the other end (of this journey)." They were of the view that working with peers who were further down the path of recovery from domestic violence, provided them with the motivation to change and achieve their life

goals. Comments from two participants illustrate this unique element of peer support:

"I looked at their success ... saw how life could carry on ... how they had moved on ... Looking at them and seeing that they had their own life again ... had a job ... had moved on ... her success gave me the motivation to do it and come out the other side."

"The biggest thing for me was to see a strong person who had survived."

Security in Receiving Assistance that Works

Fourth, almost all the participants recalled periods in their recovery journey where they lost their way and they were faced with hurdles that they did not know how to surmount. They were of the view that another unique element of peer support was working with someone who, because of their lived experience, could provide examples of the 'what works' steps they had taken during their recovery journey. Furthermore, the participants stated that this evidence-based, experiential assistance provided the confidence they needed to take the next step as they were secure in the knowledge that such strategies had been tried previously and were effective. In the words of one of the participants:

"They give you a sense of where you are going to go to. You look forward and think I do not know where I am going from here. I don't know how to get out of the feelings I am in and that person can give you examples and they are real life examples. I think it is a bit of security too, because you know what they are saying can actually work because they have done it themselves ... because they have come through the other side."

Empowerment Through Mutuality

The participants highlighted the contrast between the power imbalance inherent in their relationships with a perpetrator of domestic violence, and the equality and mutuality they experienced in their relationships with peers. They credited this emphasis on mutuality with enabling "me to change my perception of the world (so that) I could regain myself again." This experience of 'regaining self' or 'reinventing self' was associated with a being a whole person in terms of emotional and psychological balance and confidence to pursue their potential in career and other

life options. In this context some of the women noted that this journey included successfully moving through the stages of "grief and loss for the person you were."

9.3 How the Mechanism of the Peer Support Relationship Works?

The participants were asked to describe the unique mechanism of exchange that triggers the initiation of the recovery journey away from domestic violence. The key ingredient appears to be the connection made through the camaraderie associated with relating to someone else with a 'like' experience – a connection made at an emotional level. One participant explained her process of connection and change:

> *"I did not want to share anything ... then to talk to someone and they shared their experience ... like OK ... gives avenue to share and open up and when you do that it feels so good. They understand what is needed in emotional support."*

In addition to the unique connection made by peers with 'like' experiences, the participants stated that this relationship embodied the concept of reciprocity and the sharing of stories enabled them to regain their self-worth and the confidence to make decisions. In one participant's words:

> *"To talk to someone who has been through it ... this person was telling me what happened to her, so it was like I was helping her ... I was important. Previously I had been pushed down, squashed ... made to feel worthless. This talking makes you feel important ... you count."*

Participants also noted that their relationship with 'like' peers provided them with advanced notice about what to expect on the recovery journey and ideas about strategies and tools with which to better manage that journey.

> *"I didn't know anyone who had been through the same thing ... when I discovered (peers) to talk to, they would share bits and pieces ... give you ideas about what can happen and how to deal with the emotional stuff."*

9.4 Women's Views About Peer Support Service Design

9.4.1 Need for Peer Support Service

The women in the focus groups were of the view that a peer support service was needed as part of the response to domestic violence. In their view, several factors contributed to the need for this type of service.

First, several participants reported instances where women were less than open about their experience of domestic violence and chose not to engage with helping services. Several factors underpinned this reticence:

- Their perceptions of the stigma and shame associated with lived experience of domestic violence
- Their fear of losing the power to set goals and make decisions about their future circumstances. For example, many stated that their priority goal was to be safe from further harm and abuse. Yet their involvement with statutory agencies frequently led to a displacement of this goal and the initiation of actions that resulted in unintended consequences such as justice system involvement or the removal of their children.

They were of the view that the availability of a peer support service would to some extent counter this reticence to engage in a helping process. This is because the connection established between 'like' peers overrides the feelings of shame associated with communicating with 'others.' Moreover, it establishes a level of trust where women are more likely to take the necessary actions to ensure their own and their children's safety.

Second, some of the participants were of the view that current responses to domestic violence placed considerable emphasis on safety, for example, resourcing legal processes and the provision of safe houses for women.

The participants' experiences of the efficacy of such responses was mixed. For example, some women described their stay in safe houses as "lonely and isolating," while others wanted not only the practical support they received, but also emotional support. Of the legal remedies, some women appreciated the flow-on effects of putting Protection Orders in place, while others described them as "just pieces of paper. They are not quick enough. They (perpetrators) can get into your house, beat the living shit out of you and be gone by the time the cops arrive. They (perpetrators) know the rules. They know how long it is going to take."

While almost every participant reflected positive experiences of attending the Court-approved 10-week educational programme for women with lived experience of family violence, most were of the view that it was the interaction with peers that was most beneficial. They believed that more of this type of service was needed to support them during their recovery journey.

Third, they believed that in the future domestic violence services should focus more on providing those with lived experience of domestic violence with the skills and knowledge to initiate and maintain positive inter-personal relationships. Furthermore, they felt this type of focus for services for men, women and children would to some extent curb the inter-generational violence many of them had experienced and provide a more positive foundation for all the parties involved as they moved forward, regardless of whether families stayed together or not. In this context, they were of the view that peer support provided an opportunity to deliver a service that took more of a whole-of-family approach and that focused on providing individuals with the skills they needed to develop positive relationships in the future.

> *"There needs to be more emphasis on providing service about how relationships work ... how to conduct ourselves in life. I wanted to be safe, but also wanted help for all parties. There's nothing out there for families."*

9.4.2 Access

Drawing on their own previous experiences of accessing various domestic violence services, the participants offered several pieces of advice to maximise the accessibility of the specialist peer support service. They noted a range of barriers that precluded their easy access to domestic violence services that they felt needed to be considered during the design of this service development initiative. These barriers to access included:

- ***Inaccurate Information***: the participants advised that care needed to be taken to maximise the accessibility of accurate information about the diversity of experiences addressed by the service. For example, some whose experience of domestic violence was other than physical violence, recounted not accessing Women's Refuge services because informational channels such as media advertising focused on "battered women" and "I never thought

of going there because the problems in my relationship was more about verbal abuse and other stuff."

- ***Perceptions of Service***: The participants noted that it may be necessary to put in place strategies to manage any negative perceptions about the service. For example, some stated they associated the Women's Refuges and their target client group with socio-economic groups and circumstances other than their own and believed that it was important to ensure communications reflected the accessibility and responsiveness of service to diverse societal groups. Others noted 'community perceptions' about Child, Youth and Family as "baby stealers" – a perception that precluded their voluntarily accessing the service for assistance. These and other examples suggest the need for care in the way the proposed service is portrayed in the initial stages of development, but also the need to be constantly vigilant and manage any inaccurate perceptions of service as they arise during implementation.

- ***Hidden Nature of Services and Shame***: The participants advised that thought needed to be given to achieving the balance between ensuring the visibility and integration of the service within communities, while at the same time ensuring the confidentiality of those accessing service. They noted that some people might not access services within the domestic violence sector for fear of being "named and shamed." Yet many such services appear to be separated from other social services and some hidden in a veil of secrecy – a situation that they felt further sustained and verified their sense of shame. Some participants, therefore, advocated for the service to be sited within a community centre from which a variety of other services were delivered – services such as retail outlets, seminar presentations and children's play groups. One participant described the desired outcome from this element of service design:

  "... need to have it (specialist peer support service) available ... not ashamed to access it ... has to be respectable, out in the community so it respectable and respected."

9.4.3 Timing

The participants were unanimously of the view that rather than specifying a particular time and a particular programme delivered under the umbrella of a peer support service, such services should be responsive to the individual support needs of each client no matter where they were on the path of recovery from lived experience of domestic violence.

The participants talked of some of the stages of this journey – stages such as the initial step of seeking help, usually associated with a crisis; the stages of working through a range of emotional responses ("at first frightened, then sorry for self, then guilty, then ashamed, then angry with self for putting up with it ... that's the last and hardest emotion to get over") and "putting each to peace;" the stages of learning how to build healthy relationships; and, grieving for, and accepting that, at the end of the recovery journey "you are a different person."

> *"Part of the process ... got to accept you have changed forever ... you are never going to be that person you were before. It's a lot to come to terms with ... grieve for the person you were."*

9.4.4 Structure, Service Delivery Mechanisms and Support Activities

Structure

When asked for their views about the forms and mechanisms for the delivery of peer support services, the focus group participants' discussion centred on finding the structure that best reflected and aligned with the unique qualities of peer support and how that structure could support the delivery of service in a way that was most likely to be effective for the target group.

> *"The structure needs to be considered carefully. It needs to link to the unique process; linked to the values and philosophies of respect, balance of power and professionalism."*

The discussion about structure largely centred on two models: a singularly disciplined team comprising only specialised peer support workers and an inter-disciplinary team where the specialised peer support worker was working within a team comprising individuals from different disciplines.

Of the singular discipline team model, the participants emphasised the need for a consistent and principal case worker for each client. As one participant explained:

> *"If it was me I'd want minimal people knowing my story. Confidentiality is important to me. Have main person you normally deal with and who has your file ... have assistant person if main person is not there."*

The participants emphasised the need to ensure that each client worked with 'pairs' of workers whom they "trusted and knew their background." In this context they were of the view that at commencement of service clients be advised about the service's protocols for information exchange – that is what information would be exchanged between workers and which workers would have access to the information in each client's file.

Of the inter-disciplinary model, participants reflected on the power imbalances that sometimes arise when people from different disciplines work together. For example, one participant proposed the following structure which raised questions about how to maintain the integrity of values such as mutuality and equality underpinning peer support within a team that operates within an organisational culture dominated by the professional power of particular disciplines.

> *"(The structure) could be a triangle with a Women's Refuge family support worker at the top. She has three to four peer support workers under her who give her appointment times ... ease her workload ... she has the more condensed work if the client needs to work on issues and you get the peer support worker if you just need to talk."*

Participants reflected that while a model like that described above recognised the need for a structure that took account of issues of safety and accountability, it also had the potential to undermine the values and professionalism of the specialised peer support workforce. In line with this discussion on structure, the participants also thought that any model of supervision introduced also needed to support the unique philosophy and values underpinning peer support.

Service Delivery Mechanisms

Telecommunications: In relation to the mechanisms for the delivery of specialised peer support services, the participants emphasised the significance of telecommunications.

Peer Run Drop-in Centre: There was a wide-ranging discussion about the drop-in centre model and the ways in which this model could be adapted to counter the labelling and stigma associated with those seen entering the centre. Moreover, some participants believed for many women "crossing this threshold would be a big step for a lot of people to do."

They viewed the peer support centre of the future as making a shift from the "back door" and concealed nature of the current model of 'safe houses' operating for women fleeing from domestic violence experiences – a model of service they associated with stigma and labelling. Rather, they viewed the peer support centre as a centre for community activities and located on a main thoroughfare "where nobody knows if you are going through the door to participate in an activity that men and women normally attend, or whether you are an abused person." In summary, they hoped the peer support service would be part of a broader concept of community services and not disguised.

Outreach into Homes: The personal and social circumstances of women with lived experience of domestic violence led some participants to suggest that peer support services should also consider being an outreach service. Many of the women recalled experiences of depression and apathy during various stages of their recovery journey: "feeling down ... not wanting to get dressed ... not wanting to face the world ... stay in PJs and pretend the world is not there." This factor together with the fact that many women prefer the comfort of their own homes and many others have commitments associated with family responsibilities, led some participants to suggest that they would prefer the specialised peer support worker to deliver services in their homes: "someone to chat with who has been through the same experience."

Moreover, some of the participants believed that an outreach service in their homes would have been especially useful for them at the beginning of their recovery journey. They noted that during this stage women are reticent about asking for help and are "good at masking the true situation." In these situations they advised that peer support workers might have to initiate the contact and "call in by chance as there is a wealth of information there" about the true nature of a situation, although they also recognised the safety concerns associated with this approach and advised the development of a safety policy.

Support Activities

As well as suggesting different structures and mechanisms for the design of the peer support service, the participants also suggested a range of support activities that would have utility. These support activities included:

- Instrumental support such as assisting with grocery shopping; transporting clients to appointments; hints about managing within tight budgets such as advice on making cheaper meals;
- Informational support such as "how to access grants to support re-housing;" the types of assistance available from Work and Income; accessing food banks
- Planning support to assist women with both short-term planning, for example, "what needs to be done to leave their partner, including a safety plan, as well as working together to develop longer-term goals that provide direction and motivation to continue along the recovery journey.
- Emotional support such as ways in which women can "regain a sense of power in their lives;" using a strengths approach "so someone in their lives sees the good in me;" tools to assist women "make the mind shift from him (perpetrator) still being in control;" and, strategies to enhance self awareness about personal attitudes and values and the ways in which they influence life's decisions.

9.5 Top Six Messages about Success Factors for the Designers of the Peer Support Service

When asked to identify their priority list of factors that would ensure the future success of the peer support service, the women participants identified the following factors:

Criticality of the Peer Relationship

The participants were unanimous in their views that the success of the peer support service hinged on the requirement for the workers to have lived experience of domestic violence. They noted that when they were working with staff with lived experience they communicated in a more open and honest manner – a factor that made "the help more helpful;" the conversations held information that had greater utility and a more enduring impact on the clients' recovery journey; and, the interaction with an individual that was further down the path of their personal journey provided a source of hope and motivation to achieve "what she's done."

In addition, they noted that staff with lived experience had a passion for the work they were undertaking – more a 'calling' than a nine to five job. This feature enabled the worker to be more 'genuine,' 'present' and 'available' as they worked with their clients.

In addition to the lived experience however, the participants believed that this needed to be partnered with professionalism acquired through successfully addressing all issues in their own personal journey as well as completing more academic learning gained through finishing qualifications and training. For example, the participants stated that the workers needed "to be aware of the factors associated with healthy and unhealthy relationships and be actually doing that in their own personal lives;" needed to be clear about the interaction between personal and professional boundaries, that they are clear about that the purpose of the work is to "help women get out of the violence" and keep the focus of the work on the client and not "help me to help themselves;" and, that they are "culturally and belief sensitive" and be aware of the ways in which their beliefs and values impacted on their own behaviour and that of others.

Patience, Perseverance and Client-Centred

The participants were of the view that specialist peer support workers needed to adopt an approach that was client-centred and client-directed and they needed to

walk beside the client in a patient and persistent manner as each made their recovery journey. First, they recognised that the work with each client needed to be imbued with a sense of mutuality and equality and the approach to the work needed to maximise each client's self-determination.

> *"(Each client) will have different stories ... and they need to be flexible to work with the client on that journey no matter how long and what decisions they make."*

Second, the participants noted that workers needed to be patient with clients, providing space and time for them to take the recovery journey at their own pace. For example, some noted that, at least in the initial stages of engagement, the worker would need "to be with the client for awhile so that they build the trust and confidence" needed to begin the first steps along the recovery journey.

Third, the participants noted that many women leave and return to violent relationships, on average six or seven times, before they are finally ready to leave for good. In light of this fact, the participants were of the view that the worker would need to persist in their work with clients no matter what decisions they made and how long the journey took

> *"The most powerful thing for me was when they said if you go back to him we will still be here for you."*

> *"It has to be someone who's OK with being with me where I am at and be there for me tomorrow."*

Specialist Peer Support Workers Prioritise Emotional Support

The participants noted that there are a range of personal and psychological barriers for women to overcome as they make their way through the various stages of the recovery journey. From this perspective, therefore, the participants believed that workers would have the most utility for clients if their role focused on providing emotional support, for example, providing strategies to build women's self-esteem.

> *"If peer support would focus less on the practical and more on building the esteem ... the emotional ... they would get good results."*

Navigating the System

The participants were of the view that a requirement for the specialist peer support role was to have the knowledge and skill to understand the policies and protocols operating across different types of services and sectors. Moreover, they emphasised that local knowledge was a critical aspect to effectively helping others.

> *"The worker needs to be from Christchurch, not a North Island 0800 number. They need a really good knowledge of the location and what is available in Christchurch."*

An Holistic Approach that Focuses on Building Positive Inter-Personal Relationship Skills for Women, Men and Children

The participants were of the view that the majority of women, men and children "want to get out of the cycle of violence" and that women and children would remain vulnerable if the peer support service did not focus on providing the skills and knowledge for all to develop and maintain healthy inter-personal relationships for the future. They advocated for an approach that gave priority for peer support workers to work with victims and abusers to develop ways of relating to others in a violence free manner.

> *"It helped me to let go of the bitterness of what he had done to realise he might actually be asking for help. I've been with two guys who beat me ... go through the Protection Orders and the rest and then go on to have violence free relationships. I said all I ask is that you become drug and violence free for our daughter. He's done it."*

9.6 Specialist Peer Support Workers

9.6.1 Readiness for Role

The participants discussed the individuals' readiness to take on a peer support specialist role, recognising the inherent complexities of professionalising the role of peers giving and receiving help within a domestic violence environment. In particular they advised that potential candidates needed to have reached a stage of personal stability. For them this meant not only being at a point where Court issues were settled and relationships with former perpetrators were no longer problematic, but also having insight into their own issues and the wherewithal to manage personal

and professional boundaries. In addition, the participants noted that candidates needed to have moved sufficiently along the journey of their own recovery to have the necessary energy and motivation to help others.

9.6.2 Qualities, Talents, Skills and Experience Required for the Role

While the focus group participants recognised that those recruiting individuals for the specialist peer support role would not only be searching for candidates with certain academic credentials or the potential to successfully complete an educational course of study, they emphasised the requirement to have certain natural talents and personal attributes that were a unique requirement for specialist peer support workers. To some extent these natural talents needed to be embodied within the context of a lived experience of domestic violence for it was this experience that enabled a unique type of attachment involving "total emotional involvement." This involvement was described as a type of empathy that only lived experience could enable, but with a "professional edge" combining the concept of friend with the concept of worker together with a clear delineation of the way in which personal and professional values and boundaries work together to maintain the professionalism of the service.

Other personal qualities noted by the participants included:

- Compassion
- Non-judgemental
- Leadership
- Flexibility and adaptability to acknowledge and "walk beside those with diverse stories" of recovering from domestic violence. For example, the participants believed the specialist peer support workers should be open to supporting their clients' determination about what path their journey of recovery would take be it to leave the relationship with the perpetrator or remain in such relationships. In either situation, the participants believed the goal was to assist the clients with building their capability to choose and experience healthy relationships.
- Sensitive to diverse cultures and belief systems

Other background skills, knowledge and attributes mentioned by the participants included an understanding of, and ability to navigate, the social system; communication skills; and, reliability.

9.6.3 Creating a Structure and Working Environment that Supports Specialist Peer Support Workers

The participants believed that a team of specialist peer support workers would provide the best structure for managing this human resource within a host agency. From the clients' perspective, they recognised the critical importance of ideally having a consistent worker throughout the various stages of the recovery journey away from domestic violence and the burden on clients when they are placed in a situation of having "to repeat the details of their situation" when their worker was unavailable as a result of leave or staff turnover.

Strategies with which to maintaining the engagement and motivation of the specialist peer support workers were also discussed by the focus group participants. These strategies included:

- Providing workers with new challenges and opportunities to learn within the role to counter monotony and de-motivation
- Providing activities "to look forward to ... like motivational speakers"
- Ongoing professional development opportunities, for example regular training seminars and new information
- Creating a network of specialist peer support workers – an opportunity to meet regularly "to catch up ... bounce ideas off each other"
- Provide an environment in which the 'expert' views of the specialist peer support workers are listened to and able to flourish and develop. As one participant described: "let the role have the flexibility to develop ... don't fix the boundaries ... watch it and see where it goes and respond to the demands of the workers."
- Ensure the availability of an Employee Assistance Programme for specialist peer support workers to discuss and solve any problems that arise in the

workplace. Here the participants were of the view that the support provided by this Programme would be akin to that required by other professions dealing with traumatic events such as the Police, Disaster Response workers and the Fire Brigade.

"The person employed will be of a certain calibre, not go to (Employee Assistance Programme) every five minutes to offload, but there will always be some things to absorb and a need to talk about it."

Here the participants noted the unique nature of the specialist peer support profession compared to professions that were not based on peer relationships. Although the workers would be at a stage somewhat advanced along their recovery journey, by its very nature the role needed to include "the potential for triggers because of the need for empathetic relationships ... not being emotionally detached." Here the Employee Assistance Programme would enable workers to "work constructively with these triggers when they came up."

One participant described the unique nature of a professional working through their triggers compared to the process that might be experienced by a client.

"Peer Support Workers will hear some horrific things ... verbal abuse, physical abuse, threatened, sexual abuse ... although peer support workers will have been through it themselves, as (workers) they will go through it at a different level when they see something horrific."

Of the relationship between the specialist peer support workers' team and other teams in an organisation, the participants recognised the psychological demands of this role and the need for the organisation and other professional groups within the organisation to put in place a range of support mechanisms. The support mechanisms mentioned included:

- Providing ways in which management and colleagues can awhi the specialist peer support workers. Suggested mechanisms for nurturing workers included ensuring the work was valued and sustainable through secure and ongoing funding sources "so that (the specialist peer support workers) can pass the nurturing on to others (clients)."

- Being sensitive to issues of power imbalances within the organisation, for example being aware of the ways in which "acts of suppression" might trigger flashbacks for workers with lived experience of domestic violence

- Providing multiple sources of supervision and mentoring including collegial support that might be available from other disciplines as well as more formal supervision from a senior or managerial staff member who hold a professional qualification to offer supervision.

- Acknowledging and respecting the expertise, professionalism and advice provided by the specialist peer support workers and integrating that advice into other professionals' work if a client is receiving service from others across disciplines

- Including a requirement in the specialist peer support worker's role description that they build and maintain relationships with colleagues across sectors so that they can draw on their expertise as required, for example, advice about mental health issues.

9.6.4 Training Programme for Peer Support Workers

The focus group participants suggested a range of subjects that could form the basis of a training programme for specialist peer support workers. Of the subjects noted, three dominated the discussions. These three were navigating the system; the psychology of the mind within the domestic violence context; and, health and safety.

Navigating networks and systems of help and support: The participants recognised a key responsibility for specialist peer support workers was to understand the system of social, health, financial, housing and other services to assist clients with navigating and directing the system in a way that benefited them and their families.

Psychology of the mind within the domestic violence context: As they made their way through their recovery journey, many participants found it especially useful to understand "how the mind works" for perpetrators, victims and those witnessing domestic violence. Participants' comments illustrate this point:

"What I found really helpful when dealing with the person (perpetrator) was understanding the psychology of those people ... what their behaviours are ... what is the difference between psychological abusers, sexual abusers ... what categories they fall into."

"I needed to understand how the mind works. What attracted you ... what has gone on in their or your own mind to put you in these positions ... for example, attachment theories ... the psychological stuff. If you can understand why you made the choices that is part of the recovery too."

In this same context, other participants mentioned the importance of being able to recognise and manage power and control within relationships in various contexts including those in work and personal contexts; being able to recognise signs of abuse; and, understanding the effects on children as witnesses of violence and abuse.

Keeping Self and Others Safe: The participants noted the risks for both the specialised peer support workers and their clients as they worked together in a domestic violence context. A participant comment exemplified the advice offered by others:

" ... need worker safety too ... could be dealing with a person who is unstable ... a perpetrator could be in the area ... almost need a self defence strategy ... a safety plan ... how to be safe and keep others safe."

Other training modules noted by the participants in the focus groups included:

- Those related to mental health issues such as self-esteem building; recognising signs of depression and overcoming alcohol and drug problems
- Those of a more technical nature such as goal setting; group facilitation skills; working within the law; and, cultural awareness
- Those related to managing self within the workplace such as self care; confidentiality; and, managing conflicts of interest, for example, how to manage situations where the worker knows the partner of their client.

In addition to these more skill and knowledge based training opportunities, the participants believed that specialist peer support workers also needed the opportunity to reflect on their own recovery journeys and the ways in which working with others with 'like' experiences might impact on their ability to deliver a professional service. In this case the participants believed that training needed to be provided to ensure Specialist Peer Support Workers achieved a balance between using the unique wisdom that comes from experiential knowledge to help clients but at the same time recognising and successfully managing the occasions when the 'personal' might get in the way of focusing on the work with a client.

The participants illustrated this point by referring to the process of change that occurs as people move away from domestic violence. They noted that the unique feature of the role was that specialist peer support workers could, as they worked with clients, use their experience to "normalise the various stages of the journey," assist the client navigate through the system of protocols and policies associated with support agencies' services and offer practical and psychological tools that might facilitate clients' movement through the change process. At the same time, however, they believed the workers would need to be vigilant about "dissociating" themselves sufficiently from each client's story so that the work remained focused on assisting the client rather than using the client as a vehicle for working out their own personal issues.

9.7 Qualifications / Certification and Professionalising Peer Support

On the issue of qualifications, the participants held mixed views about not only the entry level qualifications required for the specialist peer support role, but also the level and type of qualifications required as part of ongoing professional development.

Some of the participants were of the view that candidates for the role needed to have at least five years free of domestic violence during which they would complete a tertiary qualification – a perspective that reinforced the view that such academic study would provide candidates with one vehicle to work through their own personal issues.

Other participants were of the view that introducing a requirement for candidates to hold an entry level qualification at the time of recruitment might pose a barrier to

entry for some who would otherwise have the qualities required to successfully carry out the role. Those holding this point of view believed that experiential knowledge and skill qualified candidates for the role, but that the critical factor to consider was the individual's willingness to undertake 'probationary' training and ongoing professional development. One participant described this perspective as "the stuff they have learnt about is what helps."

An additional and critical point of advice offered by the focus group participants was that those recruiting individuals to the specialist peer support roles should be somewhat cautious about pre-empting which individuals might be suitable for the roles. For example, they believed that individuals might be offered a several-staged process of becoming a specialised peer support worker, that included the opportunity for the recruiters to observe the individuals during training and/or a probationary period to ensure that they had the "strengths and energy and readiness" to undertake the role.

In summary, the majority of participants emphasised the need to develop and maintain the professionalism of the specialist peer support roles. The unique nature of the proposed peer support profession is that it includes a requirement for those holding such roles to have lived experience of domestic violence, but according to the participants this on its own would be insufficient. They maintained that education, training, and certification are also required to ensure the credibility and success of those working within this profession, both in terms of working appropriately with clients and being able to work with people from other disciplines in an integrated and respected manner. Comments from participants illustrate this point.

> *"If you get the right person, been through the experience ... you can never lessen that ... the academic side of it ... if right person hired they will get the balance right ... both sides are as important as the other ... one no good without the other."*

> *"Not everyone who has this experience can become a peer support worker. Got to have the balance right ... they need to be educated ... have necessary qualifications to understand how the rest of the system works and to be able to integrate with other professionals."*

"Got to be careful ... got structure where people got qualifications, degrees, and recognised as professionals. If someone introduces themselves and said I've been beaten up ... and then got all other professionals who have spent years getting qualified ... that person is not going to get respect just for lived experience."

9.8 Outcomes from Peer Support

Immediate, intermediate and long term outcomes from receiving peer support services were identified by the participants.

Of the immediate results, participants suggested that there would be an increase in the number of women aware of, and engaging with, the service. In addition, they believed that the unique nature of the peer support service would result in "more women acknowledging their situation ... not denying it is an abusive relationship" and therefore a higher number of women seeking assistance at an earlier stage.

Of the intermediate results, the participants believed there would be efficiency gains for victims of domestic violence. They argued that because of the unique feature of having service delivered by those with lived experience, the target group would more readily access a peer support service compared to other services currently available within the domestic violence sector – a factor that had the potential to lessen the time they and other family members were exposed to violence within the home.

From the perspective of behavioural change, the participants believed that a peer support service could lead to results such as increased decision-making as a result of being empowered and a lower rate return to abusive relationship amongst women.

The participants also thought the results from peer support might include attitudinal changes amongst the target group, for example, increases in self-esteem.

In the words of one of the participants:

"More women ... finding their independence ... can breathe on our own and not victims ... we do have choices ... empower us ... that we are worthwhile members of society and have something to give back in any way that we choose ... through work ... living practical, healthy lives."

Overall, the participants believed that a significant outcome for women would be an increase in the numbers of women leading violence-free lives and hence a reduction in the number of Protection Orders issued.

Of the long-term outcomes, the participants believed that once women had achieved a sustained period away from domestic violence, they would have the energy to take on employment; participate in community activities such as recreational activities; and, they might also be in a position to take on a specialist peer support role to help other women with lived experience of domestic violence.

As well as identifying the longer-term outcomes for women, the participants recognised the risks for the next generation of witnessing and/or having experience of domestic violence as children. For example, participants noted the increase in the numbers of Police reports describing incidents of boys assaulting their mothers.

> *"His father was the person he saw as the male role model. It got to the point where he assaulted me ... that was him re-enacting all this all over again. It's OK to hit Mum because that's what we do."*

> *"So many children grow up with that ... their only male role model ... that's imprinted on their brains and that's going to be an instant reaction next time they have anger ... frustration when they grow up."*

The participants were of the view that the peer support service had the potential to change the way in which family members related to each other; "how they deal with their insecurities, their fears and frustrations" in an appropriate and constructive manner; and, thereby stop the repetition of abusive relationships across generations.

10. THE DESIGN AND IMPLEMENTATION OF A PEER SUPPORT SERVICE:

THE VIEWS AND OPINIONS OF MEN AS FORMER PERPETRATORS OF DOMESTIC VIOLENCE

10.1 Experiences of Receiving Support

The men who participated in the focus group were overwhelmingly in agreement that the 'stand-out' type of support they received during their journey away from family/whanau violence was that provided by fellow participants and one of the facilitators leading a Family-Court accredited stopping violence programme. Te Whariki Whakamana is a fifteen week open group for Maori males aged 18 and over designed to take the participants on a personal journey in a group setting with the goal of stopping violence and abuse against others in their relationships (www.hewakatapu.org.nz/services.html). For the majority of men this was the only type of support they received as perpetrators of family/whanau violence.

The group process and the 'open' nature of this group programme provided several key drivers for setting these men on their journey away from family/whanau violence. For example, the men described joining this group where the participants were at various stages of completing the programme – some at the outset, some part way through and some near completion. Interacting with others at such varying stages of their journey away from family/whanau violence offered several insights and motivators associated with the change process. This type of interaction enabled:

- Recognition, acknowledgment and ownership of their own 'issues' through listening to and hearing "like" experiences and issues related by others. "You hear someone else's issue that is very close to what you have done... So all of a sudden you realise you have a problem that you need to deal with or not" (focus group participant).

- Confidence to communicate their experiences of family/whanau violence in an open and honest manner and express true feelings through having others who really listen, who were receptive and who share "like" experiences. The men were of the view that such confidence to have meaningful and truthful conversations about their role in and experiences of family/whanau violence was due to the fact that "everybody's been there, done that and are trying to

deal with it themselves" (focus group participant). This experience was in contrast to their interactions with men in other contexts. As one man stated: *"Men don't normally sit around with a whole bunch of guys with everyone talking meaningfully like that."*

- A sense of hope and certainty about their ability to successfully make the journey away from family/whanau violence through hearing the transformational changes made by peers in the group who had travelled further down the journey and who described "living a great life without domestic violence" (focus group participant).

Together with the drivers of change facilitated by the interaction with 'like' peers within a group setting, the men noted that the leadership style and the personal and experiential qualities of the group facilitator stood out as a critical element of best practice support required to successfully make the journey away from family/whanau violence. Success factors that the men associated with this type of leadership included:

- Being provided with the opportunity for self-determination and choices about their futures. The men talked about being challenged to take responsibility for taking advantage of the 'tools for life' offered through the stopping violence programme as well as the vision at programme end of "walking away with the knowledge that you have achieved something."
- Professionalism
- Providing the opportunity to build a trusting relationship between peers was a critical success factor noted by the men because "a lot of us don't have it" (focus group participant). The men were of the view that there are several ingredients required to progress trust building in peer relationships. These ingredients were active listening; time to hear peers' 'stories' of reconstruction following their experience as perpetrators of domestic violence and thereby building a sense of "belief in yourself" that building a life free from violence is possible; and, being treated with respect – an element that facilitates men feeling a sense of worth.

10.2 Defining a Peer

The men described a peer as a person with whom they have a shared experience – an experience that occurred during adult life. They made a clear distinction between their experiences during childhood and those as adults. For example, the men were of the view that shared experiences as victims of family/whanau violence and/or witnessing family/whanau violence as a child or youth did not qualify as constituting a peer. Rather it was their experience as perpetrators of violence during adulthood that was critical to their definition of a peer.

Furthermore, the context within which the experience occurred also appeared to be an important factor in defining 'peer'. For example, the men talked of peers in a range of contexts: the army, prison and gangs, and while some of the men in the focus group had more than one of these 'experiences in context' in common, the crucial element defining a peer within the family violence context was that of their experience of perpetrators of family/whanau violence.

The criticality of this shared experience as perpetrators of family/whanau violence was further emphasised by the men as they considered other characteristics that might affiliate them with other men – for example, being male. The following comment made by one of the men highlights the requirement in these men's view that a must-have quality for a peer support worker is having the experience as a perpetrator of family/whanau violence.

> *"Having the shared experience means they know what it is, whereas someone who doesn't have the shared experience ... they are in a different space. [other men] might comment on it, but it is not the same"* (focus group participant).

Another man described the need to connect with others who have a "face of familiarity." It was this recognition of someone else 'like me' that was influential in men's decisions to give and receive help.

> *"Through the discussions about what they have been through in life ... it's like looking through a looking glass and you realise that you are actually looking at yourself. It's the same so you think I'll come with you, if you come with me"* (focus group participant).

10.3 Men's Views about Peer Support Service Design

10.3.1 Need for Peer Support Service

Reflecting on their experiences of engaging with other men, the focus group participants stated that there were few places in their communities where men met to talk about the personal and intimate aspects of their lives. For many, interacting with other men in the context of a Family-Court mandated stopping violence programme was their first experience of this more personal interaction. Group participants believed that a peer support service would provide the space for this type of social interaction amongst men.

10.3.2 Timing

When asked about their views concerning the optimal time to access a peer support service, the men indicated that such a service would have utility in prevention, as an adjunct to accredited Family-Court stopping violence programmes to counter drop-out rates and following programme completion to maintain gains made as well as supporting their continued steps towards a violence-free lifestyle.

In terms of prevention, the men reflected that although they recognised the value of the peer concept, their preference would be that other men did not become perpetrators of family/whanau violence. Furthermore, as they progressed along the journey away from domestic violence, they acknowledged their enhanced motivation to assist others from following a similar life path. One focus group participant articulated this sentiment shared by the others:

> *"I don't want to be where I am. I want to go to a better place. I don't want others to follow me. This concept of peer is good, but if we can pick them up prior to being a peer, that's how we can help folks."*

In addition to peer support having potential as a preventative measure, the men in the focus group also noticed that some men, particularly younger men, appeared to lose their motivation to continue attending and completing Family-Court mandated stopping violence programmes. They believed that in such cases a peer support service would have utility as an adjunct to currently-available stopping violence programmes. They described such services in terms of having a consistent and available peer presence which offered an avenue for encouragement "to shift the

ambulance further up the hill" and challenge "to move them off the rut they are on" thereby preventing relapse to former violent behaviours.

Finally, the focus group participants noted a service gap following completion of Family-Court mandated stopping violence programmes – a service gap that could be filled by a peer support service. They were adamant that such a service would increase the long-term effectiveness of mandated stopping violence programmes. For example, they stated that post-programme some men reverted back to former violence behaviours – a situation largely brought about by not having a forum where men could continue to talk in a safe place. Rather than repeating another programme akin to one that they had just completed, they envisaged this post-programme service as one that enabled connecting and talking with trusted peers. In their view this kind of service had the potential to be a key mechanism for "getting away from the thinking in the mind" that supports the continuation of violent behaviours and arises from time to time as they journeyed towards a life free from violence. In this context, the men cautioned that there may be variations amongst men in terms of their readiness to engage in a peer support service. While some might engage with the service as an adjunct to a more formal programme and continue that engagement following programme completion, they suggested that for those who chose not to engage in this way, the specialist peer support workers might need to contact them from time to time post programme and provide this group of men with further opportunities to engage.

10.3.3 Frequency of Peer Support Service

The focus group participants were of the view that during the early stages of the journey towards a violence-free life, the service provided by specialist peer support workers should be frequent (at least weekly), intensive and delivered in a group format. The participants were of the opinion that this recurrent interaction with peers was a priority to build the connections and trust necessary for men to reach the point where they were comfortable opening up to others. They also believed that in the early stages of change, issues requiring assistance occurred more frequently; that the group format provided the opportunity to hear a range of ways with which to appropriately manage relationships from which they could select those most in tune with their own situations; and furthermore, the men felt they needed the ongoing

support to practice new and improved ways of responding to such issues until they became the prevailing way in which they responded to life's stressors and challenges.

10.3.4 Focus on Process to Gain Meaningful Social Interaction Among Peers

The men recognised that the path to a violence-free life was a journey, not a destination and with this framework in mind they were of the view that a peer support service should focus on providing an environment where men could work through a process of connecting at progressively deeper levels. For example, the men stated that those with similar experiences as their own often had feelings of isolation within their relationships, that they preferred to "keep to themselves" and that their social interaction was not usually at a personal level. Shifting from this position to one where they "opened up" and were honest about their feelings, thoughts and behaviours involved being with peers over time initially listening and observing, then joining in discussions about family, upbringing, friends, work and partners and finally "getting into a deep conversation about it (their role in domestic violence)." This was described as an individualised process where each man worked through the various stages at their own pace. They believed the role of the specialist peer support workers would be to raise the issues at each interaction and wait for each man to reach the point where they were ready to talk.

10.4 Messages about the Success Factors for the Designers of the Peer Support Service

10.4.1 Awareness Raising and Engagement

Being proactive about raising the potential target group's awareness about a peer support service was suggested by several men in the focus group. Many suggested that an aspect of the specialist peer support workers' role should be to present information about the service to stakeholders and to visit places in men's 'natural' environments. Examples given, included members of District Prisons' Boards, prison inmates, participants in Family-Court mandated stopping violence programmes and schools.

Some of the men in the focus group were of the view that having the opportunity to discuss the peer support service "to understand what it was about" was an essential first step in engaging with the service. They recommended providing an opportunity

at first contact for interested parties to meet with a specialist peer support worker to discuss the service and ask questions. In contrast to this preference for a face-to-face introductory meeting, the men were critical of providing information about the peer support service via pamphlets as they recognised the limitations of this method of communication in providing full and meaningful information with which to make a decision about whether to make a commitment to participate or not and furthermore, they noted that some people in the service target group were not confident about their reading and writing abilities.

Furthermore, those men who had received a sentence of imprisonment for their violent offending were of the view that the peer support service should be initiated while they were serving their sentence as a means of assisting them make the transition from prison into the community.

For those in the community, the participants suggested a range of measures for engaging people in a peer support service. These included placing flyers in mailboxes; telephoning men who had participated in Family-Court mandated stopping violence programmes and inviting them to join the peer support network; and, using social networking sites to enhance awareness about the availability of the service.

10.4.2 Deficit Approaches and Strengths Approaches to Service

Several men related experiences of varying approaches to service delivery within the domestic violence sector. These approaches appeared to influence their engagement with the notion of grasping the opportunity to make positive changes in their journey away from a life as perpetrators of domestic violence. For example, they described approaches that focused on their deficits – "pushing issues that you are trying to get rid of;" focusing on "what you do wrong"; framing relapses as "bad" instead of an opportunity for further learning; and, their fear of "retaliation" and "ridicule" if they were open and honest about their part in family/whanau violence. They recalled that such approaches resulted in their putting up barriers to positive change.

Alternatively, the men stated that the strategies that had been successful for them in engaging with options for positive change included:

- working with others who held a genuine belief that they could make positive changes;
- rubbing shoulders with others who were authentic in their efforts to assist;
- being motivated and provided with the opportunity to offer their children a "decent life" by providing real alternatives to their own experiences as child victims and/or witnesses of family/whanau violence; and,
- creating a 'learning environment' whereby relapses or "slip-ups" were accepted as part of the change process.

10.4.3 Leading a Life Free from Domestic Violence is a Journey not a Destination

A unique characteristic of a service underpinned by peer support principles is that it recognises that recovering from domestic violence is a journey. The participants envisioned it as a consistent and enduring form of support that provided those giving and receiving assistance the opportunity to continually learn new skills and develop their capabilities for reaching their potential and proving their worth as individuals. One focus group participant likened peer support to the growth of a tree.

> *"As I've heard other (peers') stories I grow. It's like a tree ... never stays the same ... like wood it grows and I continue to learn."*

In contrast the focus group men regarded Family-Court mandated stopping violence services as but one part of that journey.

> *"For pakeha programmes it's all about a destination. It's just part of the journey that helps you to skill up. You know one day they are not going to be there, whereas in (Peer support) you can show what you are worth."*

10.4.4 Role Modelling

Through sharing of stories, specialist peer support workers can become positive role models for those receiving support and assistance. The focus group men stated that working with others who had achieved violence-free lives gave them the inspiration to persevere with their own change process by "respecting them for having done it."

In this context the participants were of the view that those giving assistance needed to be further down the journey towards a life away from domestic violence than those receiving the support and assistance.

10.5 Unique Qualities and Benefits of Peer Support

The men in the focus group reflected on the unique qualities and benefits associated with services provided by peers in comparison with those provided by those who did not have the shared experience as perpetrators of domestic violence.

10.5.1 Providing a Positive Role Model for the Next Generation

Many focus group participants described childhood experiences where family/whanau violence was the norm within family relationships. A significant benefit gained through their participation in Family-Court mandated stopping violence programmes was being provided with the opportunity to explore alternative and more rewarding ways of relating to significant others. For the men in the focus group who had children, their desire to lead a violence-free life was driven by their wish to provide their children with a male role model that they could "look up to."

10.5.2 Exposure to Effective Options

Through their interaction with peers, the men stated that they came to recognise and realise the root causes of their anger and impacts of their violence on others. For example, many recounted being raised in households where violent acts were the only method of making others do what you wanted them to do and furthermore they adopted this same way of behaving when interacting with their family members. Interacting with peers and learning about the ways in which they had moved to a violence-free lifestyle provided the men with alternative and more positive options for relating to others. Such exposure to options appeared to be a significant turning point in their journey of change.

10.5.3 Overcoming the Shame

Having previously accessed a range of services designed to assist them on their journey towards a violence-free life, the men were in a good position to describe the

unique qualities of services delivered by individuals with experience of domestic violence and those without that experience. For many, services delivered by those without the experience as perpetrators of domestic violence had not been effective in bringing about positive change. In part, this ineffectiveness was due to their feelings of shame about their upbringing within a household where domestic violence was the norm, as well as their violent behaviour within their own family/whanau homes. These feelings of shame seemed to form a barrier to their communicating in an open manner with those who were not 'like' them. In comparison, the men stated that working with those who were 'like' made them "comfortable" and gave them the confidence to begin the process of letting go the bitterness, overcoming the shame (whakama) they associated with their violent behaviour, forgiving others and themselves for past behaviours and practising more appropriate ways of expressing their anger.

10.5.4 Peers as a Source of Inspiration and Hope

The 'like' specialist peer support worker provides a rippling effect into the group receiving support and assistance from them with their attitudes, views, influence and teaching. In essence, the focus group men stated that working with people with 'like' experiences provided a source of inspiration and impetus for them to take positive action to change their violent behaviours: "If they can do it, I can do it too."

10.5.5 An Environment of Trust

Support from peers brings a unique perspective of others' stories and understanding. It is through hearing these stories that men realise that others are "the same as where you are at" and through this recognition of 'likeness with others' that bonding occurs and trust develops whereby men begin to express their innermost thoughts and feelings – thoughts and feelings that previously were either denied and suppressed through the use of alcohol and/or drugs or that others expressed in inappropriate and violent ways.

10.5.6 Regained Spiritual Aspect of Life

Some of the men noted that their addiction to behave in violent ways had also resulted in their turning away from the spiritual aspects of life. Through their interaction with their peers they discovered alternative and more positive ways to

relate to others and this in turn seemed to open up an avenue for "faith" to return to their lives.

10.5.7 Opening Up Options and Choices and Self Determination

The focus group men noted that having "*others standing with me can't help but change you. You become the hero in saying no to violence*." They noted the talk between 'like' men opened up a range of options and tools to deal appropriately with the issues they faced in life. Furthermore, in their experience of the process of change it was significantly more effective if they determined what action to take for positive change, rather than being told what to do by professionals who did not have lived experience of domestic violence.

10.6 Identifying and Managing the Risk Factors in the Design and Implementation of a Peer Support Service

10.6.1 Sustainability

Gaining adequate and sustainable funding to support the peer support service was a key risk identified by the participants in the men's focus group. In order to mitigate this risk, the participants believed that it was critical to gather 'what works' evidence. They believed it was critical to gather evidence both during the pre-design and pilot phases of the project. Moreover, in their view the information gleaned from focus group participants was a key contributing source of information with which to build such an evidence base. They also believed that it was important to evaluate the pilot service "to make sure it is right ... and show that the current way of doing things in the domestic violence sector has to change."

10.6.2 Shifting the Philosophy Underpinning Domestic Violence Resourcing

The focus group men recognised that the introduction of a peer support service within the domestic violence sector would require a significant shift in the philosophy and mechanisms that currently form the basis of resourcing services for those with lived experience of domestic violence.

They reflected that at present funding bodies resourced services based on a "correctional" philosophy, tightly-specified, time-framed and deficit-focused programmes and inputs. As one participant described this – "orders from the Court" and "bums on seats."

Instead, they believed the concept of peer support or tuakana appeared to encapsulate the elements of service provision that anecdotally they knew were effective in bringing about positive changes and outcomes in their lives:

> *"it is all about the person delivering the service ... people who have the heart and passion to work with other people. The (question) is that we need more than anecdotal evidence about the 'x' factor that they possess and how they do it right."*

This type of service provision, they argued would be driven by the core values and philosophy of peer support; be relational rather than programme focused; and, focus on building strengths and positive outcomes for families/whanau. This they envisaged would require quite a different type of service design – one based on "guidelines" and service user led; and a different form of staff training and work environment than that currently adopted by the domestic violence sector.

10.6.3 Continuing Relationships with Partners as Victims of Domestic Violence

For many of the men in the focus group their relationships with their partners continued despite the latter often being the primary victim of their violence. They reflected that often these relationships were characterised by "blaming," secrecy and an inability to be open about feelings and thoughts, and, communication that lacked understanding and meaning.

While they acknowledged the requirements of them as perpetrators of violence to abide by the regulatory precautions put in place to keep women and children safe from further violence, they also recognised the potential benefits of a more whole-of-family approach to peer support within the family violence sector. From this perspective and if the women consented, they believed that the designers of the peer support service might consider a more holistic, relationship-focused and stepped approach to service delivery – a approach that included men as perpetrators, women as victims and children as both victims and witnesses of family violence. The stepped approach they suggested involved separate peer support services for men and women in the first instance; women being provided with an opportunity to observe the men talking and working together as peers; and, then if the parties consented working together to re-build their relationships on a "sounder" basis for the future. They noted that the risk of not adopting this more systemic

approach was the continuation of their current relationships or relationships with others that included similar and less-than-helpful dynamics.

10.7 Specialist Peer Support Workers' Role

10.7.1 Specialist Peer Support Workers' Frame of Reference

The men advised that the frame of reference adopted by the specialist peer support worker was critical to enabling effective change for those in receipt of services delivered. They emphasised that even though services delivered by different people might include the same structure and content, it was a particular philosophy and framework guiding the specialist peer support worker's approach that resulted in desired outcomes for those in receipt of the assistance. This philosophy and framework included a number of characteristics:

- Those giving and receiving peer support assistance having 'like' or common experiences that makes it more comfortable to be in their presence
- Those giving peer support assistance offering guidance rather than 'expert' direction, whereby those receiving assistance are provided with the opportunity to take ownership of and become experts in their own individualised journey to a violence-free life
- Those giving and receiving peer support adopt a partnership approach that is underpinned by a passionate belief in each individual's ability to change. This was described by one focus group participant as "we have the passion, we're fighting the fight ... to deal with the thoughts and beliefs that lead to my (violent) actions."
- The concept of reciprocity underpins peer support whereby those giving and receiving help have hold a sense of responsibility and obligation towards one another that provides the driving force to engage in and maintain positive changes. "The biggest thing is that I do not want to let them down."

10.7.2 The Peer Support Worker's Role: Required Talents, Skills and Experience

The men in the focus group were asked to offer their views about the capabilities and talents required by candidates recruited to undertake the role of a specialist peer support worker. The capabilities they identified included:

- Experience of domestic violence in their lives
- Leadership: "someone to aspire to ... not much help if they take you down the wrong path."
- Inter-personal communication skills: effective listening skills
- Facilitation skills: enabling focused and relevant discussion within a group context where each participant is provided with the opportunity to join in and contribute in an equitable manner
- Non-judgmental and open-minded manner
- People rather than work focused: For example, a person that is authentic in their desire to work with people in a manner that is respectful and dignified, rather than a person who uses the role as vehicle for 'experimenting with theoretical models of social and/or personal change.'
- Strong sense of their own personal identity and background, for example an understanding of their own belief system and their cultural heritage and identity
- An emphasis on 'common sense' rather than academic achievements
- A genuine desire to help others as illustrated by the following comment:

  "Their openness tells you they are genuine in their desire to help. When their eyes contact yours you know they are really sincere about what they are doing ... you can feel it ... you know straight away and you feel calm."

- Ability to provide honest feedback and engage others in joint problem-solving.

In summary, the focus group men believed that people who would best be suited to undertaking a specialist peer support role were those who had a genuine passion for

the work and “a calling” to “do whatever it takes” to help others who had lived experience of domestic violence.

When asked for their opinions about whether there might be any challenges with including a requirement for the peer support worker’s role that they identify that they had experience of domestic violence, the men were adamant that this must be included for the candidate to be effective. This quality they stated was essential to building trusted relationships with those to whom they provided assistance and to be able to deliver the service in a “real” and “honest” manner.

10.7.3 Top Ten Messages for the Designers of the Specialist Peer Support Role

The focus group men recommended that those developing the specialist peer support worker’s role description should give priority to including the following attributes:

- People skills
- Spirituality
- Passion
- Respect and understanding
- Sense of humour and a relaxed attitude
- Life skills
- Unconditional love and warmth
- Belief that everyone has the potential to change.

  The participants described this last quality as being part of the leadership qualities – the ability to “have a bigger vision of where people can go.” Without this quality, the participants believed that specialist peer support workers might tend to regard the role as more of a “task” and view clients as a “lost cause.”

10.8 Creating a Supportive Working Environment for Specialist Peer Support Workers

The men in the focus group advised that the following organisational infrastructure would need to be put in place to support those hired as specialist peer support workers. This infrastructure included:

- A supportive team that not only provides an induction and orientation programme of learning but awhi and humour to help with managing the stress associated with "listening to sad stories and the journey" of family/whanau violence.
- Flexible work hours to ensure a balance between the demands of the work and other aspects of life
- An organisation that recognises and values two-way, across disciplinary learning about the perspectives, lenses and contribution that individuals from each discipline brings to delivering the service to clients
- Funding to ensure the sustainability of the peer support service

10.9 Any Impact of Hiring on a Paid or Voluntary Basis?

The men in the focus group were of the view that the equality and mutuality, often noted in the literature as a unique quality of giving and receiving peer support, would not be negatively impacted if the specialist peer support workers took on the role as a paid employee. Regardless of whether the specialist peer support role was undertaken on a paid or voluntary basis, the participants emphasised that in either situation, the person recruited to the position needed to have a passion for the work; an ability to relate to others with respect; and, deliver the service with the kind of understanding and empathy that only those with lived experience can provide. They also noted that people holding such positions should be accountable for the results they achieved and document their work with clients in a case management file.

10.10 Training Programme for Specialist Peer Support Workers

When asked about the possible content of a training programme for specialist peer support workers, the focus group men reiterated that during the recruitment process that priority be given to finding suitable candidates with the right experiential and personal qualities. Moreover, they were of the view that such lived experience of

family violence and natural inter-personal talents and strengths would provide a good basis from which to maximise any learning opportunities offered.

Their views were somewhat mixed concerning the training method. Some were of the view that specialist peer support workers should attend appropriate training courses at a local tertiary training provider, for example, a wananga. Others were of the view that experienced specialist peer support workers should provided coaching and mentoring to new specialist peer support workers. Still others were of the view that the training should take the form of ongoing professional development as the individuals carried out the role. For example, as issues arose in relation to working with clients the specialist peer support worker in discussion with their supervisor might access relevant training events to further develop their knowledge and skills in particular and relevant areas.

Particular training topics for the specialist peer support workers noted by the focus group men included:

- Communication
- Conflict resolution
- Working with diversity
- Boundaries
- Group facilitation skills
- Listening skills
- Dealing with ethical issues
- Giving and receiving feedback
- Family/whanau violence: impact and effects
- Community resources
- Interpersonal skills including building trust and empathy
- Problem-solving skills

- Dealing with difficult people
- Calming and de-escalation skills
- Strengths-based approach

10.11 Qualifications / Certification and Supervision

In the context of the increasing requirement for workers in the domestic violence sector to be certified, the focus group men were asked to comment on whether or not a qualification should be required to undertake the specialist peer support role.

Having lived experience, leadership qualities and exceptional interpersonal skills were regarded by the focus group men as the priority attributes for those applying for a specialist peer support role. In addition, the participants believed that while not essential, the qualification best suited for these positions was one akin to that required for the social work profession.

The participants suggested that the design of specialist peer support teams could align with a type of "pyramid scheme." In this model the team leader would be required to hold a qualification and provide supervision, mentoring and coaching to team members. In contrast, those working with clients as specialist peer support workers might not necessarily have a qualification but rather have attained or be working towards achieving competence in a range of areas such as those suggested as training topics.

10.12 Outcomes from a Peer Support Service

Based on their experience of receiving help from 'a peer support change mechanism,' the focus group men were asked to list the kinds of outcomes they had achieved. They provided opinions about the kinds of outcomes for individuals and the system that could be expected from a peer support service.

Outcomes for the domestic violence system included:

- Cost savings of sanctions through lowering the rate of re-offending and sentencing, including imprisonment

Outcomes for individuals with lived experience of domestic violence included:

- Inter-personal skill acquisition with which to lead a violence-free life
- Enhanced social capital through building networks of peers that give and receive support
- Sense of identity, belonging and connection through building an understanding of whakapapa and wanangatanga
- Positive self regard through recognising their strengths and capabilities
- Taking responsibility and being accountable for own feelings and thinking
- Hopeful outlook for the future
- Giving and meeting the needs of others: *"before it was all about me ... what makes me happy ... get what I want. Now I feel better about doing things for everyone else."*
- Family/whanau relationships restored on a more positive basis
- Managing anger appropriately
- Increased focus on skill acquisition and productivity at work and reaping the rewards as a valued employee
- Owning and being honest about lived experience of domestic violence
- Learnt the value of giving and receiving help: *"She's (employer) helped me and I've been open enough to honour the talk."*
- Development of "deep, life-long friends" – a shift from experiences of isolation and "keeping to myself."

10.13 Performance Measurement

The focus group participants offered several suggestions for measuring the performance of the peer support service – performance information for reporting to funding bodies. They described the requirement to gather baseline data followed by periodic measurement of the results achieved by individuals as they took the journey

away from domestic violence. One participant succinctly described this data gathering process:

> *" ...where was your life before the service ...we can all be honest enough to say where we were and how we are journeying through it ... going to need to have follow up every eight weeks to see what's happening in your life. That will open up the flood gates – I've got a job ... still married ... then write all this down."*

Other participants believed that since the funding organisations are providing the resources to support the service, they should be invited to observe the service at selected intervals and "see if they can see the progression."

11. THE DESIGN AND IMPLEMENTATION OF A PEER SUPPORT SERVICE: THE VIEWS AND OPINIONS OF PROFESSIONALS WORKING WITHIN THE DOMESTIC VIOLENCE SECTOR

11.1 Professionals' Observations on Peers Supporting Each Other on the Journey away from Domestic Violence

The universal nature of people providing mutual support for each other to deal with the challenges and difficulties in their own lives, in their own families and in their communities of interest was reflected in the professionals' observations about the workings of this mechanism, both historically and currently within the domestic violence sector. They reflected that this mechanism operated within the

- women's refuge volunteering movement

- Family Court mandated and accredited group programmes for men and women, both in terms of the interactions between group participants and interactions between group facilitators with 'lived experience' of domestic violence and the clients as group participants.

11.1.1 Peer Support within the Women's Refuge Volunteering Movement

Of the women's refuge volunteering movement, the professionals commented that "*women were drawn to it because of their own experience ...* (they'd) *come through it and wanted to give back*" and that the "*best intervention is having women who have experienced abuse to work with these women*." In comparison to the services provided by domestic violence professionals, they noted several points of difference and potential added value of peer-delivered services. These qualities included:

- ***Equality and mutuality of interpersonal relationships***: Interpersonal relationships developed within the context of a "*natural*" support mechanism and based on equality and mutuality that brought "*heart and passion*" to service delivery that enabled clients to "*disclose openly and get rid of the shame factors*" – a quality that enhanced the accessibility of service for clients and a more realistic picture of clients' needs and issues and consequent service response at an earlier stage in the journey away from domestic violence.

  "They relate more naturally to the volunteer ... the peer ... because not seen in the same light as the professional ... professional distance ... (there is) more equality from the client's perspective."

  "Going through it ... (there is) a level playing field so support to disclose openly."

- ***Deep level of understanding***: Deeper understanding of the issues and 'what works' responses to the clients' issues that include interventions that maximise safety for the parties involved and are effective for clients – a depth of understanding that can only be derived from the 'lived experience.'

  "If a person is still living with the abusive person, they have ways to deal with that. For example, they do not disclose where they meet."

"The volunteer has a thorough understanding of the issues so they are not judgemental of the client ... understand why women are not ready to leave the relationship and (have an) appreciation of the safety issues."

- ***Support that mitigates escalation of negative psychosocial impacts***: Offering practical and emotional support in a broad range of contexts and in an ongoing manner that enable clients to maintain their resilience in the face of a range of challenging and stressful situations.

  "The practical stuff cannot be underestimated ... going into the home and helping with the practical things that made a difference ... taking shopping ... go to the lawyer ... help with childcare ... getting food on the table, nappies for the child, basic parenting skills ... everyday things that tip the stress level for the client over the threshold ... when stressed to the max having that connection (with the volunteer) is a lot more useful than how to maintain changes in their thinking patterns."

- ***Unique Disciplinary Lens***: A unique disciplinary lens that strengthens the multi-disciplinary team approach to working with people in the change process within the domestic violence sector results in "*the best outcome for the client*."

  "Multidimensional roles are needed to fit in with the person's process of change or experience ... if the lawyer working with the community worker who works well with the volunteer addressing all these DV issues ... all different lenses ... deal with different parts of the story then best outcome for the client."

  "(The peer support worker) would have a broader range of input with the client ... see it as a positive thing as usually everyday things for the client ... all very well seeing social worker for an hour once a week, ... how person embeds the changes ... gets on with the day-to-day life that makes a difference ... someone alongside ... it helps them to integrate it."

The professionals that described their observations of peer support within the women's refuge volunteering model also noted the conditions that ensured its success and the challenges faced. Of the success factors, they noted the requirement for volunteers "*to be well educated around the issues*," *the need for a*

range of organisational infrastructure support mechanisms such as "supervision ... (and) the availability of debriefing sessions" and "a clear mandate about what the role was."

The professionals also commented on the challenges faced by the women's refuge volunteering model of peer support including evidence of professional "*superiority*" whereby the work of those with 'lived experience' was not valued and openly criticised by other professionals groups; instances of volunteers adopting a 'maternal' rather than client-directed approach to the work – "*acting out what they thought the client needed*" rather listening and acting on "*what the client said they needed*;" volunteers being "*less than honest and upfront*" about the worker/client relationship and/or their violence-free status in supervision sessions; and instances where professional boundaries were crossed as a result of "*collusion*" and secrecy about the continuation of unhealthy and abusive behaviours within family systems.

11.1.2 Peer Support within the Women's Family-Court Accredited Education Programmes

Of their observations on the mechanism of mutual support operating in Family-Court accredited education programmes amongst the participants, the professionals noted that the women "*bonded quickly, took each other's phone numbers, met outside the group and visited each other's homes*." This rapid process of engagement amongst women, some surmised, resulted from their socialisation, that is, their role in society as 'linkers' and 'connecters.' This in turn enabled them to readily determine the level of trustworthiness of others and thereby initiate the process of coming to terms with the trauma and grief associated with their experience of domestic violence through interactions and hearing the 'stories' of 'like' peers. One professional's comments illustrate this process of engagement.

> *"Women go there (relating to peers) straight away ... they put this in place really quickly. I wondered if this is because their idea of the relationship is different (from men). They have a sense this person is OK ... I need to be there to cope ... to begin the change story. They want to know ... Why did he do it? ... Interested to understand is it me or him? What's the reason? They realise they are in a relationship with him but not really have a relationship."*

11.1.3 Peer Support within the Men's Family-Court Mandated Stopping Violence Programmes

In contrast to the process of women's engagement with 'like' peers, the professionals noted that the men participating in the Family-Court mandated programmes took time to initiate the engagement process with each other as well as engaging in the journey of change away from domestic violence. Building trusting relationships with others and the confidence to begin the transformational process for men involved a process of observation and listening to conversations. This process was described by one of the professionals.

> *"For men the way to get there is to go round the block a few times ... it is gate seven that they want to go into ... walk past it two to three times ... both know where he has to go but timing not right. We don't comment on it but knowing sooner or later have to go there. It's like finding when the time is right to go through gate seven. Men need to know who they (other participants) are ... trust and get sense this is going to be OK. Lot harder to get to that point quickly because of what they've done. Underneath this is the knowing ... this guy knows I've beaten my partner ... so as a man-to-man thing there is the shame. Do they really understand? When you allow them to explore ... get some insight and that there is understanding, then you can have the conversation. It's a journey and we'll get there ... if challenged too early then never get there ... (men think) proves I'm not worthy. "*

While acknowledging the circular process that men navigate before they are ready to engage with their peers, they maintained that a key rationale for delivering the men's stopping violence programmes in a group setting is "*the power of the peer in bringing about change is acknowledged and cannot be underestimated*."

With reference to the peer support mechanism operating in Family Court mandated programmes for men, the professionals noted the way in which men engage and sustain change when they interact with 'like' others who are further along the path of change. Some described this relationship as 'auntying,' uncle-ing' or 'awhi-ing' and noted some examples where men supported each other for some years after attending a mandated Family Court programme. In the words of one of the professionals:

"We need to find another type of funded (service) that involves conversations with people ... find suitable role models to begin these conversations. The concept of tuakana and teina ... younger and older siblings where it is the responsibility of the tuakana to look after, mentor and pass on knowledge and it is the responsibility of the teina to respect them ... peer support mentoring is another way of thinking to create an environment to re-engage with people at a fundamental level."

They reported that some men who participated in the mandated Family Court programmes commented that such programmes provided them with their first opportunity to form positive and supportive relationships with other men – a kind of camaraderie with others that enabled them to talk about "*innermost things*." [9] Furthermore, both men and women experienced this camaraderie and many requested a post-programme service whereby they could continue to meet and support each other in this new and positive way within the context of a rolling group – the mandated programmes being insufficient in length to sustain change and further progress on the journey to reach their life goals.

Be this as it may, the professionals noted some challenges associated with this suggestion. First, there was no financial resources currently available to sustain such service provision and moreover some who had offered such services in the past on a voluntary basis and over and above their paid roles, reported that their energy to sustain this work over the long term waned.

Second, there could be a high rate of drop-out amongst the potential target group particularly noted amongst men where the service was not mandated. Reasons given for this potential drop-out rate included situations where "*men slipped up and were ashamed to admit this to their peers*" and situations where men formed new relationships and were reticent about admitting to their new partners that they were attending an "*abusive men's group*."

[9] The professionals noted that this was particularly prevalent amongst men "at the lower end of the socio-economic continuum" who experienced "social ... emotional (and) intimacy isolation." Moreover, they contrasted this experience with that group of men who sought domestic violence services from private practitioners. Men in this situation, they believed, "had a lot of support in place," had "the education to figure it all out" and "the financial means to take action."

Third, one professional observed that some men appeared reticent about admitting new members to their support group, especially where they have formed enduring and trusting relationships with the members of a core group – membership that was initiated and maintained throughout a mandated Family Court programme.

11.1.4 Peer Support Offered by Those with 'Lived Experience' Facilitating the Men's Family-Court Mandated Stopping Violence Programmes

In addition to the professionals' observations about the mutual support mechanism operating amongst peers in the women's refuge volunteer movement and for men and women attending Family-Court accredited and mandated programmes, they also commented on their observations about those with 'lived experience' as facilitators of stopping violence programmes. Some stated that the training offered facilitators with 'lived experience' an opportunity to engage with the 'abuse and control' in their own lives at a deeper and more meaningful level and that those recruited to a facilitator role following such training considered the work as a calling rather than just a job.

> *"(This is) a journey of self-discovery ... a chance to question and challenge their own life practices. (It's) a life style choice"*

In addition to this notion of the facilitator's role as a 'calling,' the professionals stated that there are two groupings of such men who support each other as peers within the domestic violence sector. On the one hand there is the group of men who are "*the best and most dynamic workers who have been abusive men and truly transitioned to a position of peace*." On the other hand there is a group of men who maintain they have done the work to make the changes necessary to engage in healthy relationships, but such change is somewhat superficial.

> *"They look good and sound good but I get a feeling in my puku that this isn't true and they scare me."*

Of the first group, the professionals noted some of the unique qualities of workers with 'lived experience' of domestic violence – qualities they described as the "*x factor*." These included leadership qualities - an "*imposing presence ... when people first meet them they know they can't mess with them ... together with a welcoming and warm style of interacting ... that makes people gravitate towards them*;" an ability to provide strategies for building healthy relationships and model this in their own

lives; and, "*natural strengths ... integrity, warmth and genuineness ... of relating to others*" that creates an environmental culture conducive to service engagement in which clients take ownership and responsibility for change. Comments from one professional illustrate this point.

> *"When they come to group and sit around a whiteboard ... not been a good experience ... not been successful in that environment and felt exposed if ask a question. If had worker 'A' working in that environment their personality changes that environment even though in a classroom setting because the relationship had been built. They are welcoming, warm, positive, and see the whole person walking through the door, not just the problem. There is a genuineness about them otherwise why would you expect people to talk about the intimate stuff about themselves. They won't talk if they sense you are not really there. Their relationship with people who have these types of behaviours (violent and abusive) is a balance between the relationship and professionalism ... know what they're doing. Other workers in that environment who did not have the relationship ... go back to the classroom environment ... so (the clients) become students ... waiting to be told what to do ... wait for the bell to ring."*

Other unique qualities associated with men as facilitators who had made the transition to relating to others in a healthy way and noted by the professionals, included their having insight and ownership for initiating and maintaining non-violent behaviours; and, a finely tuned sixth sense that detected instances when clients were less than honest about their efforts to change their violent behaviour and associated attitudes and values. Moreover, they had the courage to provide honest and real feedback to clients when they detected such situations. Some comments from professionals illustrate these points.

> *"They have gained real insight and a different lens with which to view their own behaviour."*

> *"There is a realness about the way in which these men engage and relate to others ... a discerning antennae ... (They) have this ability to smell a rat ... (and feedback) ... I know what you are doing and I don't like it."*

"No one can challenge as well as those who have been through it ... they pick up the distortions, the minimising and challenge more appropriately."

In summary, all the professionals had observed and experienced elements of peer support operating both historically and currently within the domestic violence sector. While each identified a range of challenges associated with the peer support mechanism of service provision – challenges "*that needed to be thought through clearly*" during the service design phase, overall the professionals interviewed believed that a specialist peer support service had the potential to add considerable value and enhance the effectiveness of services currently delivered by other professional groups within the domestic violence sector.

11.2 Values, Philosophy and Principles

11.2.1 Values

The professionals were asked to offer their thoughts on the values that could underpin the peer support service. They offered the following suggestions and their rationale for having such values underpin the peer support service:

- ***Social justice, including the concepts of fairness, equality and safety***

  "There is a sense that (peer support) represents the voice of the victims and it needs to carry that."

  "(Peer support) needs to reflect that we have fought for the rights of women and children ... looked at fairness and challenged the system ... social change has underpinned our way forward."

- ***Belief that people can change***

  "Belief that people can change ... we all want to change even though we might struggle ... trust and believe that people know what is going on is not right, not good for them ... be forgiving and understanding about where people are at ... that whole sense of justice, compassion, genuinely being willing to get down in the mud a bit."

  "If lived with family violence as a child and as an adult the aspiration for a good life is not brought into the equation ... never had nice life ... seen Mum

beaten ... first relationship hit ... aunties all experience violence ... not know it is not OK ... (peer support) needs to hold belief it can be different ... believe it is possible for each person."

- ***Honesty and integrity***

  "Always doing the right thing ... could be doing the hard things like challenging a peer ... not get you liked, but it is the right thing to do. Challenging women's behaviours is difficult when the whole of society may see the person as a victim ... stereotypes of women govern how we might think about women and make it challenging."

- ***Change is a journey and a process***

  "(The journey) is messy. The real art of the journey is (for peer support) to adjust the sails to ride the waves ... how respond instantaneously when things are right in front of you? How do you pull the sail down and keep rowing so as not to head into the reef? Today's response is prescribed. There is a fear ... we are frightened to trust ourselves to step out of the box and engage with the person on their journey."

- ***Empowerment***

  "Empowerment ... (Peer support) needs to fight to separate the person from the domestic violence labels ... victim ... perpetrator ... men's sense of entitlement ... men's privilege ... For women ... we take socialised behaviours into most relationships ... Women can't take socialisation into new relationships ... can't go in with my needs not important attitude because that's how people receive that message and treat you accordingly

  The men I have spoken to did not feel like they were in a privileged position ... sense of privilege is socialised ... unemployed, struggle with addiction, just lost relationship ... not seen children for five months ... why would they feel privileged?"

- ***Relationships are central***

All professionals were of the view that the peer-to-peer relationship within a peer support service provided a unique opportunity to bring about change in the lives of those with 'lived experience.' In contrast with the professional-client relationship established around an event such as an assessment or a programme, the peer-to-peer relationship focused on the person in their environment and was individualised, constant and responsive. The point of difference within the peer-to-peer relationship and the way in which this relationship might operate was described by the professionals.

> *"People have a lot of professionals in their lives ... the relationship with a professional is around an event. The difference with peer support ... in your life ... need help or support like a friend ... someone who drops in to check you're OK ... work through a problem ... go to group with you ... someone you can ring up and talk about this and that ... if you don't have that things are not dealt with ... the right person can motivate the client to get involved and get onto what they need to do. (Peer support) can have a greater impact than the professional because they are there ... they see what is different about the person and that can make a difference in the (client's) life. How genuine is the professional who is paid to do this? They interact with people in an institutional way ... tend to see all people the same ... Police, Probation Officers etc ... all in the same mould."*

> *"(The relationship) is about engaging with people as human beings. (Peer support) needs to see the person as a human being and relate with them on the basis of what we are trying to achieve. If you only see the person as a DV problem, then you miss the person and fail to explore what could be achieved further out. Professionals don't want a relationship with clients ... more about holding people accountable ... doing what we must do and can do within a defined box."*

- ***Systematic, holistic and collaborative service provision***

Many of the professionals advocated that peer support adopt a systemic and holistic rather than a siloed and narrow perspective to its response to domestic violence. From a systemic perspective, for example, many reflected on the desirability of a collaborative response from service providers to the issue of

domestic violence. This collaborative response would view the various interventions as part of a continuum within the overall domestic violence service delivery model; and focus on outcomes over the longer term following clients' engagement with an individualised basket of interventions that were most appropriate for each individual's circumstance. One professional's comments reflect this vision for peer support within the overall system's response to domestic violence.

> *"(Peer support) needs to position itself within the continuum of support (for those with 'lived experience') ... crisis, counselling, peer support and educational programmes ... could take clients two years. (Peer support) needs to be seen systematically, rather than a siloed service ... seen as part of a suite of services within a collaborative model."*

Considering the point of difference offered by a peer support service within the domestic violence sector, the professionals believed that this model of service offered clients an intervention that was broad in nature and responsive to a broad range of issues that clients faced within their lives. This contrasted with the more singular focus of currently available domestic violence services where the focus was on the issues directly associated with the clients' 'lived experience' of domestic violence.

> *"(Peer support) can offer a broader range of input with the client ... see this as a positive thing as usually it is how the client gets on with the day-to-day life that makes a difference. The practical stuff and when stressed to the max having that conversation is a lot more useful than how to maintain the changes in their thinking patterns. All very well seeing the social worker for an hour a week ... it's how the person embeds the changes ... someone alongside ... it helps them integrate it."*

11.2.2 Values of Family Violence Peer Support Services: Alignment with and Differentiation from Current Domestic Violence Sector Values

When the professionals were asked whether such values aligned with those currently guiding the sector and its services, most were of the view that there was alignment conceptually but perhaps not operationally. For example, some referred

to the dominating influence of the funding model with its emphasis on specified services delivered for a time limited period – a framework that was less than supportive of the notion of the journey and process of change associated with 'lived experience' of domestic violence. This purchase-of-service framework also appeared to work against the provision of a collaborative and systemic approach to the delivery of a continuum of services that were client centred and responsive to the varying needs of clients as they progressed on their journey away from domestic violence. Rather services were siloed and fragmented.

> *"The funding models, especially for perpetrators ... funded only to provide time-limited programmes ... fee for service and a focus on bums on seats to bring in the money. Services for women see it more as a journey ... on the books for two years. There is a reluctance for spending huge amounts of time (with clients) in social services. The issue is there are too many organisations involved instead of one or two where crisis services ... counselling ... education programmes ... peer support ... could be seen to work systematically and collaboratively together as a suite of services available to (those) on the journey over a period of two years. Clients say things are fragmented ... they get confused about where to go. Perpetrator programmes are time limited and there is not much outside of that."*

Others who were consulted believed that conceptually the sector would "*say it is the relationship with the client that makes the difference*," "*that clients deserve more*" and that the reason they work in the sector is "*a sense of calling*" to do the work. Be that as it may, they believed that such values and principles had been over-ridden by another more pervasive sense of values that they referred to as "*professional integrity*" and it was this set of values that shifted the work from "*a calling to a job of work (and) this divorces us from actually rolling up our sleeves and helping a person get through*." In essence they were of the view that the value of professionalism kept clients and workers at a distance – a distancing that precluded "*the ability to be compassionate, genuine ... a willingness to get down in the mud a bit ... providing the practical supports and having a lot of impact*."

While a number of the professionals noted the predominance of the values of professionalism over the value of relationships – a predominance that resulted in the

concept of professional distancing, they were also of the view that the predominance of the professional values encapsulated a political angle. This they maintained was a drive to ensure that agencies remained "*safe*" in order to maintain the perception that they were accountable and thereby continue to attract funding. In the context of services delivered for women one professional stated:

> *"Peer relationships are not valued currently. We tried but now we actively discourage it here ... we point out all the disadvantages and not touch on the advantages because it could reflect badly on the agency. We have not fostered relationships (with peers) as they could be ... not given time to show people how to engage in these relationships with integrity to minimise the risks that present ... so much easier to have a blanket policy that discourages peer relationships and ensure the agency is safe and the client is safe."*

11.2.3 The Principled-Based Policies of the Peer Support Service: Implementation Challenges

The professionals agreed that the peer support model of service needed to be "*led by principles not rules*" in order to remain responsive to and adapt in a flexible manner to the changing circumstances inherent in the journeys taken by the service's target group.

They were asked to consider any challenges associated with adopting a principle-based, versus a tightly-specified approach to the development of policies underpinning a peer support service within the domestic violence sector. They noted that the designers of the service would need to make clear the differentiation between:

- high-level policies governing the peer support service – policies that they believed could be developed on the basis of a set of principles;
- operational procedures which they believed should be applied by the peer support specialists with integrity and as specified; and
- use of the tool box of available interventions within the peer support model of service that they believed could be individualised to ensure the responsiveness and appropriateness of the service clients received.

Of the operational procedures that required application across all peer support services, the professionals noted a number of examples. These examples included procedures concerning safety planning; procedures associated with the application of legal remedies, such as those associated with obtaining a Protection Order; procedures associated with mandatory reporting of instances of child abuse and neglect; procedures relating to case management and accountability reporting; procedures related to clients' rights; and procedures associated with the clients' complaints process.

They noted that a key challenge would be to ensure that the workers applied such procedures in an equitable and "*consciously flexible*" manner. For example, they were of the view that the supervisors of peer support specialists would need to ensure all clients were aware of their right to provide feedback if the service was not working for them and ensure that such feedback was acted on; and that the peer support specialists did not provide more or better quality service to those to whom they felt more affiliated either because they were "*drawn to people they liked or who had the same interests as them*." Some of the professionals' comments illustrate this advice.

> *"(There needs to be a procedure) that ensures the service goes in to see how it is all going ... if the client does not like the peer support worker what would they do in light of the feminist analysis of the over-developed responsibility of women to be the 'good victim' ... unlikely someone put their hand up ... smooth all out and put up with it."*
>
> *"In supervision I always ask the workers, 'would you offer this service because you like them more?' One of the debates amongst staff focuses on the (question) of whether they would go the extra mile for all clients or why they are doing this for just this client."*
>
> *"Care needs to be taken with women who might present as angry and bitter ... could be labelled as 'difficult' and people give up on her ... just as much a response to the hurt as low self-esteem, depression etc. Need to watch the not so easy to manage are not pushed out and referred to other services or not get as much service."*

11.3 Structure of Peer Support Model of Service

The professionals offered a wide range of advice when asked to consider the appropriate overall structure and form of a domestic violence specialist peer support service. They believed that the service designers would need to provide a clear statement about the aims of the service; be explicit about the service's philosophical underpinnings; consider the changing form of the resources and approach needed as the service moved through the various development stages from initiation to maturity; and, the varying learning style preferences of the target groups for the service.

11.3.1 Philosophical Foundation

Of the philosophical foundation for the service, the majority of the professionals advised reference to the gendered nature of domestic violence, that is the service considers violence against women to be an issue of gender power and domination. By adopting this philosophical position, they believed that the final design of the service's structure would counter the risk of replicating another societal construct that perpetuated the vulnerability of women. Moreover this position would ensure that the proposed service aligned with the dominant philosophical position taken by the sector and its host agency and most importantly ensure that the service was based on the conventional wisdom that maintains that interventions underpinned by this perspective have greater prospects of positive and sustainable change for the service's target group.

> *"Peer support needs to come from the principle that the person is political and abuse is a social as well as a personal issue. It needs to be connected with the gendered basis of the (host) agency's services to ensure that it does not replicate a structure that perpetuates the power differential and the vulnerability of (the participants)."*

11.3.2 Organisational Form

Of the range of structures and forms through which a peer support service can be framed and operationalised, many professionals questioned the efficacy of delivering peer support services within an agency governed and managed solely by those with 'lived experience' of domestic violence.

> *"Peers need to have gone through the process enough to be able to separate themselves out from the clients coming through (and) that healing takes so long. So if have an entire organisation operating with people along the continuum of the journey ... the organisation would be infused with (the members') experiential identities and so get stuck ... I have questions about how they would do that in a way that was useful."*

Rather, the professionals preferred the model of peer support services to be delivered from within an existing non-peer-run domestic violence organisation, that the service be delivered by a mix of paid and voluntary workers with the paid workers working from within a multi-disciplinary or single disciplinary team and that the format of the intervention include group and one-to-one services.

While the professionals believed that peer support specialists could work from either singular-discipline or multi-discipline teams, most preferred a model of service whereby one or two peer support specialists joined a team of others representing different professional groups working within the domestic violence sector. The advantages of this model of service included introducing the lens of the 'lived experience' to the team's work with clients and at the same time providing the peer support specialists with the "*supportive relationships within a team*." They cautioned, however, that care would need to be taken to mitigate the possibility of the "*trained professional hierarchy not acknowledging the value of peer support*."

11.3.3 Mix of Paid and Voluntary Roles

In general the professionals envisioned a mix of paid and voluntary peer support specialists.

> *"Could be a mixture ... paid professionals with a clear role and volunteers with a clear role ... working together on sections of the work and the organisation supporting that."*

While some reflected on the decades of struggle within the women's refuge movement to access and maintain a source of funding with which to pay workers and thereby acknowledge the "*value of women's work*," many recognised that within the community there are many individuals who are highly motivated to offer their experience and knowledge to others on a voluntary basis.

> *"People are wanting to volunteer ... to give back because ... their experience of domestic violence from a partner or witnessed as a child shaped their own experience ... and they want to talk about it."*

While the professionals recognised the finite nature of funding available to the domestic violence sector, they emphasised that a funding source over and above that presently available to the host agency was essential "*to do the work well*." They noted the quality of any service is dependent upon having the ability to pay for the initial training, regular professional supervision and ongoing education and training.

11.3.4 Service Delivery Mode

The professionals recognised that the service delivery mode within which the peer support service is delivered might be different for men and women clients.

For women, the professionals envisage the format of service delivery to include both one-to-one and group programmes.

Expanding on their views that women might prefer a one-to-one client/worker relationship, the professionals stated that for women a key element of their lived experience of domestic violence is "*men isolating women in various ways because of their lack of self-esteem ... that if they don't control her she will leave me because I am a horrible man ... ugly ... not good enough .... don't make enough money ... that's his thinking*." In this context they thought that women's preference for a singular relationship with a peer support specialist largely resulted from women's search for someone with whom they can relate because the worker has "*the knowledge of what they have been through*" and is therefore in a position to offer information, encouragement and strategies for moving forward.

While the professionals' experience indicated that women with 'lived experience' often prefer the "*intimacy*" of the one-to-one format, they also noted that "*when*

women go to group programmes ... got a lot out of that as well ... from a political perspective because they see the abuse as not a personal issue ... bigger story than this." It is in the context of the group that women are provided with the opportunity to build relationships with other women with like experience, "*tell their story*" and make sense of their experience from a broader perspective.

While the professionals were clearer about the structure and format of a peer support service for women, they were somewhat less certain about the exact nature of this type of service for men. Some believed that such a service for men should not be positioned as a "*refuge*," or a "*crisis response*" service or a "*system advocacy service*." Rather they advised consulting with potential male service users about their needs and wants; believed that a group format was likely to have more efficacy; suggested that the service might include a themed approach to spark men's interests – "*tikanga, sheds or carving ... a vehicle to get men talking*;" and moreover believed that the service might operate within the context of a men's centre and provide support for men who were "*further down the track*" on their journey away from domestic violence.

> *"The peer support model (could involve) a group of men ... some facilitators and some participants ... when participants get to a certain point of growth and development, they can become facilitators and cycle goes on."*

The professionals' overall support for the peer support service for men to be delivered in a group setting and facilitated by the peer support specialist was derived from their observations of men's preferred style of learning. This preferred style was described as vicarious learning – an observational style of learning where people learn new behaviours and/or assess their probable consequences by observing others. Comments from one of the professionals illustrate how this preferred learning style works within a group context.

> *"Just as you and I are talking, men listen in and learn without the pressure of a one-to-one ... not evidence-based but a gut feeling from working with the guys. Profound insights occur for men who have nothing to do with the conversation ... even latter. It's a lot less shaming involved ... 'I was like him' ... Conversations between men ping pong between them ... others join in and*

have something to say ... more linked to a similar topic and if facilitated well they all get linked in."

In this context some of the professionals emphasised the importance of providing the peer support specialists with a thorough grounding in group facilitation skills. For example, they reflected that facilitating men's groups takes considerable skill particularly in relation to dealing with challenges such as "*guys not willing to take responsibility for their behaviour*;" and providing an environment whereby those "*inexperienced in connecting and relating to others about personal matters*" can gain confidence to communicate openly and relate in a positive manner.

11.3.5 Activities Carried Out in the Name of Peer Support

In addition to these overall views about the preferred forms and modes within which peer support services might be delivered, the professionals also offered some advice about activities that might be included within the peer support specialists' role and responsibilities. Overall the professionals were of the view that the peer support specialists' approach to the role needed to be holistic and empowering. Professionals' views illustrate these aspects of the approach.

"(You) have someone with domestic violence but there are all these issues ... not stop because have that in their lives. Domestic violence could dominate but these don't go away ... there is a place for all sorts of support from (peer support) with the support of the organisation."

"More often than not they want support with housing, finances, food and clothes ... hierarchy of needs ... DV education is way down in the list ... not going to take any notice of DV education unless got basic needs met ... for people who have 'lived experience' they can do these things within the person's natural environment ... is so much better and at lot less cost ... more we can make people not so agency dependent the better."

"Peer support needs to be done in an empowering way ... could do everything for the client but burnout quickly ... say why don't you try this and encourage people to do it for themselves ... not welfare model."

The professionals suggested a two-tiered approach to the responsibilities noted in the peer support workers role. For example, they maintained that the primary responsibilities of the peer support specialist would be establishing and facilitating self-help groups; provision of one-to-one support that would include co-emotional and collaborative problem-solving support; system navigation; advocacy; and, crisis support. They also recognised that clients might present with a range of other support requirements, such as access to housing, educational/vocational activities, social, recreation and cultural activities and material support, but that in instances such as these the peer support specialist could "*draw on the experiences they had and their good navigation skills to support people into other things*." The details about the professionals' views and opinions about these primary and secondary responsibilities for the peer support specialists' role included:

- ***Self-help groups***: All the professionals believed that the establishment and facilitation of self-help groups would be a core aspect of the peer support specialists' role. While most professionals were of the view that the peer support specialists' role would focus on establishment activities, a minority believed there was an ongoing role for the worker to ensure the group remained focused on positive behavioural change.

  > *"If a person wants to start their own self-help group and doesn't know how to go about it, the peer support worker could help them establish it and leave them to it ... perhaps be with them for the first session."*

- ***One-to-one support***: The emotional, practical and informational support provided by the peer support specialists was regarded by the professionals as another critical aspect of the role. They advised that in order to carry out this task in a safe and professional manner, the workers would require skills and knowledge about safety planning, de-escalation, professional and personal boundaries and self-care. In addition, the host organisation would need to provide ongoing professionals supervision and the opportunity for de-briefing sessions because "*this kind of stuff can be quite heavy and people (the workers) have got families of their own*." Moreover, they advised the adoption of "*a no-fault supervision model ... if mucked up or didn't know things you would not get into trouble*" – a supervisory approach to be included in the

training programme, implemented with integrity and supported by the organisation.

- ***Support in crisis***: Most of the professionals believed that a key role for the peer support specialists was providing support during crisis situations, particularly for women. For example providing support for women while they were in residence at a women's refuge safe house.

  "Safe house ... biggest challenge ... not get right ... let women down terribly ... provided a place that was safe ... cut off from all supports. Here peer support available to talk to ... offload within the safe house ... brilliant. Some people go in on Friday and not see anyone to talk to until Monday ... just had big crisis and only had someone at the crisis line to talk to. Some would actually leave before the worker got there on Monday."

- ***Support to navigate the system***: The professionals were supportive of the inclusion of this activity within the peer support specialists' role.

  "They will be experts on how to navigate all sorts of systems."

- ***Support for individual advocacy***: Some of the professionals believed there might be a place for advocacy within the context of the peer support specialists' role for women, for example "*quiet advocacy ... being with them (to counter) discrimination when they are looking for housing*." However, they advised that care would need to be exercised if peer support specialists were to take an advocacy role for their clients. This advice centred on a concern about "*advocacy ... winding up colluding with potentially dangerous behaviours*" that placed either the safety of women and/or their children at risk. For example, some related instances in which adult clients were less than open about the abuse and neglect experienced by their children. Others noted cases where support people had "*wound up (the woman's partner) ... destabilised and escalated conflict within the situation*."

- ***Case management***: Case management was regarded as an essential aspect of the peer support specialists' role.

"I don't see how they can't be part of case management. Say for instance they were giving peer support to a person in a safe house or in a DV group ... how can you not be part of that case management discussion? ... this is about information sharing ... getting whole picture and working holistically."

- ***Support in educational, vocational and employment matters***: Some of the professionals stated that if this type of support was to be included within the role, then it would be more efficient for the worker to coordinate the provision of such support by others rather than direct delivery of such support services. They noted if the direct service delivery option was adopted, the peer support specialists would require additional and specialised training.

- ***Support to access social, recreational, cultural and artistic activities***: There was some concern amongst the professionals concerning the inclusion of such activities as part of the peer support specialists' role. This concern centred on the question of "*whose needs were being met?"* This was especially a concern associated with peer support for women and the professionals wondered whether a client might agree to participate in such activities not because of a particular interest on their part but rather because "*they are desperate to be out with someone*" to mitigate the experiences of isolation. Alternatively, there was also concern that the peer support specialists' involvement in such activities might impact negatively on the workers' family life.

- ***Support through the development and distribution of on-line information***: All the professionals supported this activity being included in the peer support specialists' role. They believed this activity would enable access to peer support for hard-to-reach groups, such as those living in rural settings and those "*who find it difficult to get out ... elderly, ill, family responsibilities or disability*."

11.3.6 Service Development: From Initiation to Maturity

Within the context of a model of service that recruited both paid and volunteer workers, the professionals emphasised the need for a small group of leaders with exceptional inter-personal relationship skills and a clear vision about what the service is aiming to achieve. They believed the motivation and energy of this group of leaders would be critical to the success of the service, particularly during the start-up phase of the service.

> *"To get it going need a mix of highly motivated people who are going to do it anyway ... like a hand pump at the well to crank it up ... once get the flow don't need to crank it ... to get the flow put in a lot of energy ... once going then step back a bit. These people would engage with people brought into the agency and get along side each person and give them the option of joining a peer-led group ... be clear about the aims, then people will find a way in that ... and keep it on track. Part of the peer support workers' role is to identify who in the (mandated programmes) can keep it going and drive it."*

11.4 Contextual Factors Within and Outside the Host Agency Critical for the Successful Implementation of a Peer Support Service

11.4.1 Clearly Articulated Philosophy

A clear articulation of the kaupapa or philosophy underpinning the peer support service was a critical success factor for the design and implementation of this initiative according to all of the professionals consulted. This kaupapa needed to not only reflect and couple with the foundational and core philosophy driving the Domestic Violence sector, but also reflect its point of difference. For example, rather than introducing this initiative as a part of the all-encompassing and more current philosophy that espouses the notion that "*domestic violence is about everybody*," these professionals believe that the success and sustainability of the peer support service hinges upon having it conceptually grounded in and underpinned by the "*knowledge of the kaupapa of the women's work over the past (decades)"* ... and that the primacy of the "*gender component*" of this work is not lost.

Whilst reflecting the social and gendered context into which this service is being launched, the kaupapa of peer support also needs to reflect its unique approach and contribution to tackling the issue of domestic violence. In contrast to the traditional

method of conceptualising programmes as units of service and outputs, peer support is about a process or journey to a desired outcome and the effectiveness of this change mechanism is reliant upon the concepts of relationship and connection.

> *"(Peer support) creates a new environment for working in this field. Everyone needs to understand the bigger picture and be supportive of the fact that this is a journey ... based on a relationship that involves connecting for a particular purpose ... you have to carry that ... lead the purpose to an extent ... If you tamper with that too much then by default you go back to a numbers game."*

Thus the professionals were strongly of the view that those leading and governing the implementation of the peer support service nurture its underpinning philosophy - the power of the process and what it is trying to achieve; and thereby ensure that it is not subverted by other conceptualisations operating within the sector. To this end they believed that this foundational philosophy needed to be understood and embedded across the sector and within the host organisation and owned and consistently communicated by all at governance, management and operational levels.

> *"The receivers of the service ... the clients need to hear a consistent message from all the people ... top down and bottom up."*

11.4.2 Peer Support in the Continuum of Domestic Violence Services

The professionals suggested that a second consideration to ensure the successful implementation of peer support is to communicate the service's goals, the method it adopts to accomplish those goals and the way in which it provides an added and unique intervention along the continuum of specialist services designed to bring about positive changes across the client system – positioning that would ensure the appropriateness and responsiveness of this and other interventions to each person in the client system. This advice recognised the contribution that each specialist service provider made for those with lived experience of domestic violence, including children, women and men and the efficacy of cross-agency case management of the client system in achieving desired outcomes - "*bringing care and healing into relationships with others*." Two comments from professionals describe the

conceptual framework for this systemic approach and the way it could work in practice.

> *"If we have adults with healthy relationships, then children will not be exposed to abuse and violence. DV is defined by the provider of services ... either one or the other ... not about relationships even though the partners might be together. Male services are apart from female services ... think this is a narrow approach. What is needed is an approach to help people find some care in their relationships ... whether they stay together or not, they are going to form other relationships."*

> *"(Peer support) needs to work collaboratively with other agencies ... have to have specialist agencies working together and you can use the provisions in the Domestic Violence Act for shared case management to meet the goals of the Act. One of the goals of the Act is to educate parents on the effects of abuse on children ... so the Barnardos worker can contact the peer support worker at the refuge and the Stopping Violence Service worker and say I'd like to talk to you about the child's experience on the programme to raise the parents' awareness of the effects."*

11.4.3 Leadership

A third success factor noted by the professionals concerned the governance and management leadership of this initiative. Some were of the view that the peer support specialists would "*rise to greatness in the role*" if they were "*valued*" by the organisation's leaders and if such leaders "*held high expectations of them to act in an accountable manner*."

Other professionals consulted warned against diluting this leadership into the "*hands of too many chiefs*" across multiple "*vested interests*" – a situation which many believed results in inertia and goal displacement. Moreover, they advised such leadership to maintain a focus on sector-wide, rather than organisational benefits from the initiative together with a focus on creating beneficial outcomes for clients.

11.4.4 An Inclusive Culture that Values the Contribution of the Peer Support Specialist Voice

A fourth success factor noted by the professionals was to ensure that the peer support specialists were included as part of the host organisation's wider team.

> *"They need to be part of the planning and discovery days ... included in celebratory days ... be part of the team."*

> *"The organisation needs to ensure input from peer support workers ... our programmes ... at our forums ... it's the consumer voice that we have never had ... could even have a representative on the Board."*

In addition to providing opportunities for the peer support specialists to participate in and contribute to wider organisational activities, the professionals were of the belief that others working from different professional lenses within the agency needed to understand and coordinate the dynamics of the peer support service with their contribution to create a seamless client change process. This point is reflected in the following statement by one of the professionals consulted.

> *"Everybody needs to understand the kaupapa ... these peer support workers work in a particular way. When another professional interacts with the client ... know that there has been a clear process to get to that stage ... the professional understands the dynamic that's there already ... when a psychologist and a peer support worker (have clients in common) ... support what has been done by the peer support worker while still doing the psychologist's job."*

11.4.5 Business Infrastructure and Resources

The professionals also noted the importance of attending to various factors that contribute to an engaged and productive workforce. These factors included the provision of the tools to carry out the role, including access to "*pamphlets, office space, a large meeting room for support meetings ... an operational manual*." In this context, particular emphasis was placed on not only providing a physical space within the workplace "*where people can come and build a culture around that*," but also a client space in which people "*could feel comfortable, be themselves ... and feel encouraged to say things*." Peer support specialists would also need mechanisms in place such as training, supervision and ongoing professional development in order to meet their full potential and "*maintain potency in the role*."

In addition to the supply of essential resources to carry out the role, the professionals also agreed that there needed to be clarity within the design about the core business process. For example, a referral pathway would need to be developed, business processes that enabled staff to work "*flexibly and in a mobile manner*" to remain responsive to the individualised requirements of the target group as well as being actively involved in the cross-service and cross-discipline case management process.

Another operational requirement noted as critical to the success of the peer support service was the design and implementation of an ethics policy. For example, the professionals noted the need to introduce mechanisms that counter the possibility of client / worker collusion – collusion that may mitigate positive changes in the behaviours and belief systems of the target client group. The professionals cautioned that while the potential for such collusion exists for the women's client/worker helping relationship, they believed this issue would present a greater challenge for male peer support specialists who at times may be required to "*challenge the behaviours and beliefs*" of men with whom they work.

11.5 Challenges and Threats to Surmount in the Design and Implementation of a Peer Support Service

11. 5.1 Systemic Challenges

Resistance to Change and Territorial Protection

The professionals reflected their concerns about the currently-delivered Family-Court mandated domestic violence programmes for men – concerns such as the unrealistic expectation that lasting behavioural change could occur within the context of a service model that is a time-limited programme. They commented that more and diverse kinds of services, such as a peer support service, were needed to

complement this current model if the desired outcome was to be achieved. Furthermore, they anticipated that in the long-term there could be considerable cost savings for the sector with a reduction in demand for more expensive responses to incidences of family violence such the imprisonment.

> *"We do a disservice to the clients when we deliver a 12-week programme and think it is all done and dusted. (It's) therapeutic punishment ... and society knows that the (men) then need to go off and do the real work to change."*

However, despite concerns such as these, the professionals noted a range of barriers to a more systemic and holistic approach to counter family violence. For example, many noted the finite and limited pool of funding available for the delivery of domestic violence services. In this context there was some reticence within the sector to overtly lead and support an agenda for change as many providers of service feared the loss of the financial and other support they received from government agencies such as the Family Court and Child, Youth and Family and as a consequence their portion of this funding source and the consequent loss of employment.

> *"The perspective of a lot of people is if we rock the boat then we might sink it."*

In addition to this perceived caution within the sector to embrace change, a few of the professionals were of the view that some within the domestic violence sector and other sectors might be resistant to support the peer support initiative. Here they thought other service providers might perceive it as "*moving into areas of their work that were (underpinned) by a peer-support like approach to the work ... like workforce development models that train a community person and then leave them to lead the initiative*." This stance of protecting their "*territory of service provision*" was, they believed, largely a result of the purchase-of-service funding milieu in which they all worked.

Despite this reticence, a few professionals witnessed some signs of change within the domestic violence sector. For example, this group was beginning to cautiously speak out about their beliefs that the shift away from abusive behaviour was a life-long process and required long-term support. Moreover, they noted that the evidence suggested a service delivery approach focused on enhancing each

individual's strengths and capacities together with building positive relationships had more potential to be effective than the currently-used deficits approach.

In line with these reflections on the potential for sector change and the challenges faced by the same, one professional recounted the enormous influence the consumer movement had in bringing about the focus on recovery and consumer involvement in service delivery within the mental health sector over the past twenty years – a driving force for change that they believed was not yet witnessed within the domestic violence sector.

Resistance to a Model of Service with an Alternative Approach to Tackling Domestic Violence

A few of the professionals believed that some of the domestic violence sector stakeholders may perceive peer support as a "*wellbeing*" model and an approach, based on the notion of recovery and most frequently associated with the health and mental health sectors. They reflected that the current approach within the domestic violence sector was predominantly "*risk averse*" with the pervasive use of "*risk management strategies ... as situations frequently end in death ... really heavy*." Within this context the professionals believed that some would challenge the appropriateness and efficacy of introducing a family violence peer support service.

In order to convince the sector that the peer support service has potential to make a significant contribution to tackling the issue of family violence in New Zealand, the professionals advised developing a range of key messages about the target groups' view of the service, aspects of quality assurance included in the service's design, the potential benefits from its implementation and the ways in which the initiative intends to gather evidence about its efficacy. This advice is reflected in the following comments.

> *"What resonates with stakeholders are messages from clients about what turns them to the programme ... the relationships with people who engendered hope in their lives. Tell them about the required qualities of the people selected to undertake the role and the standards developed for the service ... talk about the potential benefits like preventing issues for children in the future and providing an alternative to high-cost services. State how*

results will be measured ... range of tangible measures including service user feedback, the use of stories, impact of use of service over time and the ways the data will be collected and from what sources ... views from focus groups, staff from other agencies and reference to case notes."

Political Backlash in the Event of a Disreputable or Tragic Event

While the professionals believed that "*government would see (peer support) as a good innovative model, they would be down on it if something happened*." The secret to mitigating this possibility was in their view to "*keep the model working in a way not to jeopardise its credibility*." From this perspective they advised those responsible for the service's implementation to focus on its valued added and complementary nature to other currently provided Family Court mandated and accredited programmes. Furthermore, they maintained the value of peer support was its potential for motivating clients' engagement with programmes and providing coaching and mentoring for clients to practice and maintain change strategies. In the words of one of the professionals:

"Peer support complements the DVA programmes that provide a lot of good information ... enables information to be digested and practiced in a way that we can't ... not enough time and capacity within the agency ... we can't walk along side people to help them digest and practice it."

Referral Sources Block Clients' Access to Service

The professionals noted that to date referrals to currently-provided specialist domestic violence services generally originated from within the sector and that the flow of referrals from within the sector largely depended upon their being convinced that the service can "*demonstrate that it has value, that it is a safe option for those involved and that it has efficacy*." This referral pattern, they believed could present challenges concerning the degree to which potential clients accessed the peer support service. They noted two reasons for this possible barrier to access to service for clients. First, many service providers outside the domestic violence sector, such as those within the health system and those working from within non-government sector social service agencies, lacked an understanding of the various impacts on those with 'lived experience' of domestic violence and many were

unaware of the services currently available. Second, some service providers both within and outside of the domestic violence sector may not refer to a peer support service due to "*professional hierarchical thinking ... people not seeing it as having value unless it is delivered by academically trained social workers*."

To counter such perceptions the professionals advised those initiating the peer support service to develop a communication strategy that focuses on engaging key stakeholders and describing the potential value of the service, the evidence-base upon which it is based and the means with which it intends to secure "*the safety of the various parties involved in these services*."

11.5.2 Agency and Employee Challenges

The professionals noted a range of challenges associated with the implementation of a peer support service delivered by those with 'lived experience' of domestic violence. The challenges noted by the professionals mainly concerned the possibility that workers' mismanage their personal and professional boundaries. Examples of this identified by the professionals included:

- Potential for survivors of domestic violence to be "*re-exploited by a specialist peer support worker not making the right choices*." For example, some of the professionals noted the perceived potential for peer support specialists to collude with clients – a situation that could perpetuate the social and structural issues associated with domestic violence, including those related to unhelpful assumptions about men and women with lived experience of domestic violence. Examples of this type of collusion amongst men and women and noted by the professionals are illustrated in the following comment.

  "(Peer support) could perpetuate the same cycle of violence by colluding with the emotional stuff ... 'that's what men are like ... they're useless so wouldn't be bothered with any man'."

- Specialist peer support workers "*using the role to meet their own needs rather than focusing on providing support to meet client-identified needs*" – a

situation that may preclude delivering a service that is an empowering experience for the client.

- Breaches of confidentiality that threaten the client and their family's safety, for example, former partners "*gaining access to clients' contact details*."
- "*Becoming over-emotionally involved and experiencing burnout to the point of not being any assistance to the client*"
- Too little attention given to delivering a "*purposeful intervention and nothing is achieved ... rather sitting around having coffees*."

In addition to the potential challenges associated with workers inadequately managing personal and professional boundaries, the professionals also noted that adequate attention needed to be given to maintaining the safety of clients, workers and the host agency. With respect to the safety of the clients, the professionals maintained that the peer support specialists would need to have "*an investigative mind*" and "*the insight and reflective analysis to recognise the warning signs when confronted with situations of risk and breach of safety*." In addition, they maintained that adequate safety planning would need to be in place to ensure the safety of clients and workers in the event of an "*interaction with a partner in a community setting*."

They also noted that an effective client complaints procedure needed to be in place so that in situations where the client is "*unhappy with the peer support worker ... where there was an abuse of power ... the client felt confident to raise the issue with the agency*."

As well as identifying potential safety and risk factors for the peer support specialists and their clients, the professionals also commented on some of the performance management and risk management challenges that might be faced by the host agency.

Of the potential performance management issues, the professionals made particular reference to those related to ensuring that the peer support service was implemented with integrity. Here they pointed out that the potential effectiveness of the peer support service may well be compromised if the service was not responsive

to the individualised circumstances of each client. Moreover, they advised the host organisation to have in place robust mechanisms of support for the peer support specialists responsible for delivering services, for example a learning organisation culture and adequate accountability mechanisms such as a strong performance management system that included professional supervision, ongoing professional development and a system of regular monitoring reports. Comments from professionals illustrate these views.

> *"A risk is that one model of peer support will be thrown at every situation without an appreciation of the nuances and differences of each person's situation and how important these are."*
>
> *"If the organisation does not provide enough support then things can go amiss and someone could get hurt ... need no-blame supervision ... good support so the (workers) can talk about warning signs ... safety issues and are monitored properly."*

From a similarly risk management perspective one professional also noted the need for the host agency to put in place mitigations to counter the "*legal repercussions for the agency that hosts the peer support service when instances of criminal and other anti-social activities, such as drug trafficking and prostitution*," occur within the context of service delivery by the peer support specialists.

To mitigate such risks the professionals suggested the need for the peer support service designers to:

- "*Provide clear operational policy concerning the service delivery model and restrictions and boundaries associated with that model*" – restrictions that particularly emphasised maintaining safety and mitigating risk
- Implement robust recruitment, training, professional supervision and ongoing professional development for the peer support specialists
- Implement a results-based performance monitoring and accountability framework together with risk management and risk mitigation strategies
- Policies for collaborative information sharing across the sector and in particular alignment with the level of confidentiality and privilege laid out in the

Domestic Violence legislation guiding the operations of the Family Court mandated and accredited programmes. For example, within the current legislation all information provided by a respondent to a worker is privileged and cannot be shared with others except with the permission of a Family Court Judge. Moreover, in situations where the peer support specialist was working with an applicant, policy needs to be developed around reporting instances of child abuse and neglect to the appropriate authorities. Professionals believed that situations such as these could be managed by developing memorandums of understanding between the peer support service host agency and agencies such as Child, Youth and Family, Community Probation and the Family Court.

11.6 Peer Support Service: Anticipated Benefits and Outcomes

The professionals identified a range of benefits for the target group, the peer support specialists and the system of a "well-run" peer support service that delivers an integrated system of support – emotional, practical, informational and social.

11.6.1 Benefits for the Target Group

For the service target group they identified benefits not only in terms of the quantity and quality of the service they received from the domestic violence sector, but also a range of outcomes of a personal, social and emotional nature.

The professionals were of the view that the human resource that the peer support service introduced to the sector's response to domestic violence would exceed the current level of service on a number of levels. They described the current service response in predominately "*crisis*" and "*pragmatic*" terms and believed that the availability, continuity and 'lived' expertise of the peer support specialists would add a valuable and additional dimension. This view is explained more fully in the following commentary offered by one of the professionals.

> *"In family violence people go round and round in a (repetitive) cycle of incidences ... Police get called at 1pm ... who can I ring to be with you? ... nobody to ring because they have all been burned off ... excluded by him ... family tired out. Peer support could fill this role.*

(The peer support specialists) would also bring a resource and expertise to the refuge that the paid workers can't do ... offer appointments and spend time with the women ... these visits need to happen and they can do it ... offer emotional support.

Peer support would be the continuous person ... not judge like family members do ... be there and not give up ... hang in there ... others get sick of it."

As well as enhancing various aspects of service quantity and quality, the professionals were of the view that the peer support service would achieve results for individuals. Potential results of a practical nature and noted by those consulted included improved knowledge of systems that enabled "*practical support to be achieved ... access to housing ... receipt of Work and Income entitlements ... receipt of entitlements under the legislation. Practical support needs to be provided in parallel with emotional support ... don't stop crying because you've got your house sorted*."

An enhanced level of safety was another benefit that the professionals identified resulting from the implementation of a peer support service. They believed that clients would gain a "*stronger sense of knowing how to provide safety for self and family*;" and that the "*abusive behaviour (would be) stopping*." Moreover, in the longer term they were of the view that peer support clients would acquire greater "*clarity about personal boundaries and bottom lines*" for unacceptable behaviour that may be encountered in the future and thereby provide a "*role model for their children regarding healthy inter-personal relationships*."

Together with potential practical and safety outcomes for clients, the professionals believed that the peer support service would increase the clients' "*network of supports within the community*," particularly the "*incidence of pro-social relationships*" in their lives. They also thought the relationships between those with 'lived experience' and their children would be enhanced through "*better parenting*."

Additionally, the professionals were of the view that clients "*self-esteem*" and "*self care*" would be improved as a result of the "*hope and inspiration that a violence-free life is possible*" – a sense of optimism gained by interacting with and the role

modelling offered by the 'lived experience' of the peer support specialists. This potential for enhanced self-confidence and self-respect is reflected in the following comments offered by the professionals.

> *"(For) someone just freshly out of it ... that hope ... I'm stuck in this dark place and you're holding me a candle and you did it six months ago and that's really cool."*

> *"We saw miracles every day ... having a peer walk beside them (the clients) provides a powerful sense of hope."*

Armed with these increased social connections and confidence, the professionals were of the view that somewhat longer-term outcomes could be anticipated, for example clients taking positive actions to move forward to achieve their identified life goals, including taking advantage of the workforce development opportunities offered by the peer support initiative. These views are reflected in the following professionals' comments.

> *"(The clients would reach) a developmental and emotional stage where they are stronger and can continue to grow as individuals ... continue to learn and develop their abilities and capabilities."*

> *"There could be the possibility of becoming a peer support worker and experiencing the benefits of giving back to others."*

> *"Blown away by the transformation ... those with lived experience could deliver the service to others ... (and say) I am the evidence."*

11.6.2 Benefits for Families and Communities

One of the professionals believed that peer support had the potential to provide the impetus for the development of a men's movement that promotes and enhances the incidence of healthy, non-abusive relationships. This movement led by men with 'lived experience' they anticipated would have a rippling, influential and positive effect on relationships across their wider family and community networks.

"Clients build a movement of men who have made the journey to healthy relationships ... they promote this amongst their peers and families ... they duplicate this and there is a difference in homes and in communities."

11.6.3 Benefits for the Peer Support Specialists

The professionals also commented on potential outcomes for those recruited to the Peer Support Specialist roles. Through working with others with 'lived experience,' they believed that such workers would gain a sense of empowerment and purpose in life. Comments from professionals illustrate this view.

"It would be empowering for men and women who had received help being able to give back to the community the knowledge and expertise from knowing what this story is like and how to move others on."

"Women would be drawn to it because of their own experience ... (they'd) come through it and wanted to give back."

"It's powerful for staff to have their lives back ... know the how of the personal story and give back to others."

"Research findings show that participants in peer support training all do well even if they do not secure roles of this line of work."

11.6.4 Benefits for the Organisation

The professionals believed that the peer support specialists would bring about positive benefits for the organisation hosting this service. The benefits noted included an increased understanding of the 'lived experiences' of the client target group; enhanced organisational resilience; and, a mix of staff that more closely reflected the diversity of the communities in which they were located.

"It could have a transformative effect on staff ... learn a lot about the way to deliver services ... engender hope (that change was possible) ... staff in multi-disciplinary teams wanting the peer support workers to join their teams."

"Because of its inclusive nature (Peer support) could introduce to the workplace a diversity of different cultures that reflect the client base ...

enables matching staff with clients and the ability for the service to be tailored culturally and be more responsive."

11.6.5 Benefits for the Domestic Violence Sector and Wider System of Social Support

Some of the professionals reflected on the potential benefits for the domestic violence sector and societal structures. They believed that the advocacy inherent in peer support had the potential to shift private troubles to public issues. One of the professionals illustrates the way in which this could occur.

> *"It is important not to lose sight of the political side of peer support. A lot could be done to improve the structural aspects of the system ... an advocates group can do more than public servants can ... for example if the benefit entitlements do not work (for those with lived experience of domestic violence) then this could be a strong voice that puts its hand up about that ... same as when justice system is not working for someone ... this is a political voice ... now these issues are seen as small and a personal problem."*

In addition to drawing attention to the potential for peer support to advocate for changes in structural factors that currently present barriers to access and responsiveness for those impacted by domestic violence, some professionals celebrated the fact that peer support would provide an alternative frame with which to tackle the issue of domestic violence. A comment from one of the professionals illustrates this position.

> *"(Peer support) can move the driving force for the sector and open up the closet to other things ... the gender-based, feminist perspective is an entrenched culture ... it's not the only way to understand and do things. We need to move beyond ... all men are violent and move to understand what healthy, respectful relationships are all about."*

As well as welcoming an alternative framework for addressing domestic violence, some of those consulted believed that the values of equality and mutuality often associated with peer support could provide a vehicle for challenging some of the abusive structures and relationships they saw operating within the sector. In the words of one of those consulted:

"There are people in the sector not involved personally in domestic violence, but are involved in abusive structures and relationships in terms of power and control. This sector only focuses on the nasty people ... they have to change ... but we work in an environment that promotes winners and losers. We need to be conscious of the hierarchy ... the need to change ... to be conscious of our behaviour and be respectful. But we also need to personalise and challenge ourselves to make changes. It's not something out there ... this is not just about individuals, but a system that operates in a way that supports the thinking and culture of violence. When this light goes on we will begin to respond to people with energy and passion."

Finally, the professionals believed that the peer support service had the potential for cost savings across the sector. These savings, they maintained, would be gained by offering consistent and ongoing support throughout the journey to positive and transformational change – support to motivate and preserve gains made on the journey away from domestic violence and hence a lower level of demand for "*specialist domestic violence services*."

"The family violence cycle has a life of its own. It's the nature of human beings ... the hope, faith and belief they will live happily ever after ... the children are a huge tie ... father of the kids ... he's their Dad. They try and try and it takes a long time to get out. An outcome from (peer support) could be less need for specialist services."

11.7 Performance Reporting

In order to ensure the sustainability of a peer support initiative, the professionals were of the view that it would be essential to demonstrate its effectiveness. They emphasised that any evaluative activity needed to adopt a participatory approach that included the peer support specialists and their host agency in both the design and implementation of any performance measurement approaches adopted.

Some suggested the use of a results-based accountability model that measured changes for both the peer support specialists and the target group. This approach they advised would involve a range of elements including pre- and post-testing

together with a three month follow up against a range of measures of a violence-free lifestyle.

> *"(Need) to explore how peer support people are going ... I don't know what the timeframes are ... how long an ex-client before becoming a peer ... the likelihood of relapse is quite high if they weren't hooked into the system as well. There could be some clinical benefits for them being part of the service."*

Another professional outlined a results-based planning system that included the peer support specialist and each of their clients working collaboratively together to develop a "*life plan*" that included "*tangible goals*," actions, milestones and a more objective three-sixty degree assessment whereby others within each client's system attested to goal achievement. In relation to a peer support specialist working with men, this professional described this system as follows:

> *"Work with the person to develop a life plan ... tap into the person's dreams and aspirations ... include health, education, finances, addictions ... all the things that might impact on relationships. Engage the person so that they are serious about things ... set goals round the abusive behaviour, for example, communicate better with partner and children in a crisis and when angry ... so with that they know where they are going ... and identify the people in their family who can say when they have achieved these goals ... two to three months down the track talk to them and when they say they have been successful then tick these off."*

From the perspective of reporting to the purchasers of services, the professionals believed that a mix of qualitative and quantitative reporting would be useful that included data on the efficiency and effectiveness of financial, human and other resources utilised. To support such reporting there needed to be a "*robust data collection system with associated IT systems so there is an evidence base*" as well as a "*client evaluation system*" and "*annual narrative reports*." One professional also believed a more open evaluation system was needed in which key stakeholders such as representatives from funding agencies and grant committees were invited to evaluative meetings in which "*clients were invited to hear the up and down sides of peer support*." In addition, some believed the peer support service needed to be

supported by instigating a more public profile that could include publications and media releases.

11.8 Service Sustainability

Some professionals believed that the sustainability of any service hinges on two factors: the design of the service is accessible and responsive to the particular demographic, situational and personal factors of the client target group and that there is a 'pull' for the service from the potential target group. One professional illustrates this observation:

> *"If staff stay passionate about things this keeps the service sustainable... if clients want it ... if it's doing what it is supposed to do ... and if people are coming. If the (workers) are engaged then people will be engaged ... there is an energy about it that is infectious to both. If it's not doing what people coming think it should be doing then it becomes hard work ... either this is a design issue or it's not needed or wanted at this time ... a great idea, but three to four years before its time. The reality is it will grow itself."*

Other professionals couched their responses to the question about the sustainability of the service from a somewhat broader perspective. They noted the critical importance of engaging key stakeholders – government, the wider community and the private sector - to build their understanding of the service and secure their belief in its value. They believed that as a result of this level of ownership ongoing resources would flow and thereby guarantee the sustainability of the peer support service over the long term.

One professional suggested the service designers consider the possibility of introducing an aspect of "*self-sustainability*" whereby an element of the peer support service model, for example "*a vocational training programme*," was profit-making.

11.9 Stakeholders and Their Key Interests

The professionals identified a range of entities and individuals who might have a stake in the design and implementation of a peer support service and offered their views about the principle areas of interest of each. Identified stakeholders and their areas of interest included:

Government Ministers

The professionals were of the view that Government Minister's overall interest is "*wanting domestic violence to stop ... if show (peer support services) is designed in line with what we know 'works' and it works ... then get support*."

Ministry of Justice

Some of the professionals consulted believed the Ministry of Justice's interest in the peer support service would focus on ensuring that its operation did not obstruct people's compliance with various Orders issued by the Family Court. For example, while respondents may be engaged with the peer support service "*alongside their obligations to complete a Family-Court mandated programme, (the Ministry) would have an issue if some of the Programme sessions were replaced with attendance at a peer support group*." Similarly, the Ministry would be concerned if "*a peer support service was working with a whole family while the (respondent) was completing a (Family-Court mandated) programme and the respondent and applicant were brought together while the former was subject to a Protection Order*." In addition to this watching brief to ensure their mandated and accredited Programmes complied with the legislation, the professionals believed that the Ministry of Justice may have an interest in assessing the impact of peer support on the overall outcomes from these Programmes as the peer support service provides motivational and relapse-prevention interventions pre- and post programmes.

Health Sector

Some of the professionals thought that the Ministry of Health and the Canterbury District Health Board would have a stake in the peer support service because of their interest in "*supporting healthy relationships in families*."

Child, Youth and Family

Some of the professionals believed that Child, Youth and Family may have an interest in sourcing information from the peer support specialists about "*the way (clients) are working with their children*" within the context of Family Group Conferences. In addition, they considered that Child, Youth and Family social workers might be a key source of referrals to the peer support service.

The New Zealand Police

A few of the professionals were of the view that The New Zealand Police would have an interest in the peer support service because this organisation holds one source of evidence that a peer support specialist might want to access as part of their assessment of the potential risks posed by those in their clients' immediate environment.

> *"(Peer Support Workers) could access a information about a perpetrator's previous convictions as long as that offending history related to domestic violence and there would need to be a clear rationale about the purpose of its collection; agreement about who the criminal convictions information was going to be shared with; and agreement that the information would not be passed on to other parties."*

Work and Income

The professionals commented that Work and Income's interest in the peer support service would be centred on "*understanding the value of peer support in facilitating their clients' access to the financial support and entitlements that will be of assistance to them as they make their journey away from the 'lived experience' of domestic violence*."

Non-Government Sector

Being a sector that is generally characterised by its innovative and flexible approaches to service provision, the professionals believed that the non-government sector would be a source of support for the peer support service. From this perspective one professional stated "*they will be supportive as they know how to explore different ways of engaging people whose lives are complicated*."

Philanthropic and Public Sector Funding Bodies

The professionals listed a range of philanthropic and public sector funding bodies including the Todd Foundation; J.R McKenzie Trust; Lotteries; Department of Corrections; and the Ministry of Social Development's Family and Community division. They noted that there is generally common ground amongst such funding bodies about key outcomes sought from the domestic violence sector – "*reducing the*

rate of family violence offending and enhancing the quality of family relationships." Furthermore, they believed that many "*know the current family violence interventions are not working (and) are open to exploring other options*."

Some of the professionals believed that funding bodies would be especially interested in knowing the ways in which a peer support service could assist in enhancing the process of managing the situation for both men and women after the crisis events – an enhancement that could possibly enhance women's safety and assist men in taking responsibility for the violence behaviour. One professional offered a description of this scenario.

> *"Currently the funding mechanisms involve tight specifications round the delivery of crisis services in refuges and programmes. The reality is that only a small percentage of women use refuge housing ... only there for a short time and after the men go to Court they go home and continue operating in the same way. What is needed is other 'real' supports in place to manage the process for all family members ... not a huge shift to have women peer support specialists working with women to provide the support needed to ensure women are safe in their own homes and male peer support specialists offering an outreach service that includes regularly interacting with the men in their own environment during the cooling down time to assist them to take responsibility ... drop by ... pick them up from work and have a chat in the car on the way home from work. The other options ... refuge ... programmes ... would still be there when needed."*

Specialist Family Violence Services

Specialist Family Violence services, such as the Women's Refuges and the men's specialist services were regarded by the professionals as a key stakeholder group and critical to the successful implementation of the peer support service. The professionals stated that ideally this stakeholder group "*needed to be on board as they are a referral source ... an access pathway for clients ... the more on board they are the more available it (peer support service) will be to the community*."

11.9.1 Current Stakeholder Concerns

When asked about the key concerns that those with a stake in the peer support service might hold, the professionals believed that an initial point of interest would be to fully understand the purpose and the way in which the key interventions associated with this model of service would result in desired outcomes for the target group and manage any unintended consequences associated with the risk and safety of all involved.

> *"They (stakeholders) will be supportive ... they are just trying to get their heads around it. It's a fear ... (the sector) has been made risk averse and generally comes from a deficit perspective."*

Of the stakeholders' risk and safety concerns, the professionals believed these would be different for a peer support service for men than that for women.

The potential for collusion amongst men involved in peer support services was thought to be a concern for stakeholders – a concern that the 'peer' nature of the worker/client relationships would reinforce and condone the continuance of sexist beliefs and violent behaviours. The professionals advised that this concern had been earlier voiced in the development of Court-mandated stopping violence programmes and they believed the issue would be raised again during the design and implementation of a peer support service for men.

In contrast, the professionals believed there would be less stakeholder concern about the design and implementation of a peer support service for women, although some informants noted that stakeholders would want to be reassured that both the workers and clients involved in such services did not experience "*re-victimisation or re-traumatisation*."

11.10 Is There Any Alignment Between the Concept of Peer Support and the Current Strategic Direction of the Domestic Violence Sector?

Most of the professionals were of the opinion that generally the values and philosophies underpinning peer support were not reflected in the current domestic violence policy environment.

> *"In the Domestic Violence sector we talk about victims and perpetrators, not survivors. (The sector) refers to victims and perpetrators ... This difference may not be present in other parts of the world, but it is in New Zealand."*

Despite this apparent absence of a survivor perspective within the New Zealand policy context, some professionals believed that such perspectives would resonate with a Maori kaupapa in which "*whanau, hapu and iwi support recovery*" as well as with Pacific Peoples approaches whereby "*communities support people through experiences like this*."

Despite these predominant views, a few of the professionals noted some strategic alignment between the philosophical position and outcomes sought by peer support and those reflected in some of the strategic goals encapsulated in the regulatory environment and activities of the Ministry of Justice. For example, one professional stated that the Programme goals set out in the Domestic Violence Act 1995 and the Domestic Violence (Programmes) Regulations 1996 included some aspirations that were aligned to those of peer support. [10] Another professional referred to the Ministry of Justice's volunteer programme associated with the "*Police Safety Orders*" and that such programmes "*encouraged uptake by involving people who have lived experience*."

Another professional described a way in which peer support could contribute in a unique way to the principal mandates of domestic violence policy – safety of women and children and holding men accountable. In this professional's words:

> *"The policy mandate for domestic violence is the safety of women and children and holding men accountable ... it's how you use this. Now this plays out by confronting men in groups. A better way is for peers to engage with their clients about different ways to connect and relate and ensure the safety of their families ... how could they take responsibility to ensure the safety of their families and themselves?"*

[10] The goals of Programmes for Protected Persons, Programmes for Children and Programmes for Respondents as set out in the Domestic Violence Act, 1995 and the Domestic Violence (Programmes) Regulations, 1996 can be accessed at http://www.justice.govt.nz/courts/family-court

11.11 Key Priorities for the Designers of a Family Violence Peer Support Service: Professionals Identify the Four Top Messages

The professionals offered their advice concerning the key messages that they believed should be uppermost in the minds of those designing and implementing a family violence peer support service. The four key messages offered by the professionals related to funding and resourcing to ensure the sustainability of the service; clear articulation and communication of the service's purpose and philosophy; robust recruitment and training of the peer support specialists; and, engaging and maintaining a collaborative and supportive relationship with key stakeholders. These key messages are listed below together with supporting statements from the professionals.

A reliable source of funding and other resources to ensure the peer support service is sustainable both financially and operationally.

> *"Good funding and resources, including physical space etc."*
>
> *"Well supported by the organisation in the initial phases of operation and on an ongoing basis ... ensure not drop the service part way through supporting a person because it was not sustainable financially."*

Clear articulation of the vision, values and philosophy underpinning the peer support service

> *"State the core values of the programme and the philosophy it is based on ... and everything else needs to reflect that."*
>
> *"Make sure they develop a good philosophy ... there is an understanding about what we are trying to do and get the message across to those involved ... this is what this is about."*
>
> *"Clarify ... what is the vision? What is it that clients receiving the service actually want? You need to meet the vision of the consumers of the service ... sometimes can have a great idea, but actually people don't want it ... The need and want is what keeps the enthusiasm and spark going."*

Robust recruitment and training processes

"What is needed is an adequately trained person who can understand the complexities of working in this sector ... the peer support person needs to understand the stalking and the abuse can go on for years so the worker needs the ability to be a consistent person in the client's life and see that through. They also need to see peer support as part of a suite of services ... women and children on their own in a crisis space, therapeutic and counselling when they have moved on from the crisis ... peer support has a role to support each of these stages but the worker needs to be able to be responsive and work with where the person is at any point in time and match their input with each stage in the process of change. These same complexities also apply to working with men."

"Safety ... need clear training and policies associated with workers' contact with clients ... boundaries ... their obligations to disclose incidences of abuse and violence ... referring people with mental health, alcohol and drug and those presenting with suicidal risk factors. A lot of people die in this sector ... they die young, have accidents, terrible illnesses, teenage suicide ... all connected to Mum and Dad's family violence."

Meaningfully engaging and maintaining collaborative and supportive relationships with key stakeholders

"Peer support agencies need to work collaboratively ... not loosely but meaningfully with the other core agencies ... Refuges, Stopping Violence Services, Barnardos, Relationship Services ... not in it on your own and there is a need for different perspectives ... and relationship and interaction with more peripheral services ... the government sector such as the Family Court and the Ministry of Justice."

"Need the blessing of the community to go ahead."

11.12 Peer Support Specialists: Role and Responsibilities

11.12.1 Key Attributes for the Peer Support Specialist Role

The professionals identified several key attributes necessary for personal and professional success in the peer support specialists' role. These attributes were resilience, social intelligence and emotional intelligence.

Of the resilience attribute, the professionals stated that those recruiting individuals into the peer support specialist roles should be looking for those who could demonstrate that they had:

- Committed to caring and supportive relationships in their lives
- "*A willingness to learn and a commitment to personal growth ... qualifications are not so important*"
- An optimistic outlook on life and the ability to remain hopeful, expect good things and inspire others

  "They have to be an optimist, not a cynic and see hope."

- Learnt from past experiences with events and their interactions with people, understood the sources of their personal strength and thereby had strategies in place to overcome obstacles that confronted them personally or in their interactions with others

  "They have the courage to look at their journey ... they know it has given them greater depth and shifted them from a position that they have a cross to bear ... now they are in charge of their lives and can hold the place of greater strength ... deal with what comes through and develop further."

- Skill in problem solving

  "They need to have a sense of humour and be creative in their problem solving."

One professional summarised their view about the resilience attributes required to take up a peer support specialist role.

> *"Resilience involves having strategies in life that you have learned from other experiences that have kept you safe ... your grandmother was a certain type of person ... your teacher thought you were capable and you took on that*

belief ... you were the effective problem solver amongst your group of friends ... these experiences enabled you to get through life in an honest effective way ... with integrity ... and you are able to describe your strengths and where they came from."

In addition to the resilience attributes the professionals were of the view that the attributes inherent in social intelligence were also critical for the role. This social intelligence focused on the applicants' inter-personal skills, for example:

- the ability to be "*empathetic*" and to relate to others in a "*real, warm and genuine*" manner
- "*ability to walk beside ... not do and tell ... mutual not expert relationship with the clients ... not intensely directive ... able to empower the client to lead the way*."
- "*not afraid to be assertive and communicate clearly when required*"
- "*a good listener and open to hearing*"
- A communication style that is "*patient and non-judgemental*" and that enables the worker to analyse and understand the content, emotion and meaning of each client's story – an ability that is critical to building and maintaining trusting relationships

Together with social intelligence, emotional intelligence was also regarded as a critical attribute for peer support specialists – the ability to be self aware in managing personal emotions and controlling impulses. Essentially this referred to the candidates' ability to manage personal and professional "*boundaries*." It involved establishing clear limits that allow for safe connections between the peer support specialist and their clients; being with the client, not becoming the client; being friendly, not friends; being able to know where the worker ends and the client begins; and a clear understanding of the role of the peer support specialist. Moreover, the ability to engage in reflective practice – "*to analyse why things happened the way they did*" – was regarded as a critical element of managing boundaries within the context of the peer support specialist role. Several comments from the professionals illustrate the emotional intelligence requirement for peer support specialists.

"It takes two years to get through the grief and loss of domestic violence ... need time to say that you have walked away from domestic violence ... they need to be able to clearly define what this means ... could be as simple as having all the things in place for themselves to be in the maintenance phase in the process of change."

"They need to be self aware about the issues of violence in their own behaviours and knowing not to put themselves in positions that they know are not good situations for them and those with whom they interact."

"They need insight into when things are not going well ... insight into when they are triggered and be able to deal with that."

11.12.2 Should 'Lived Experience' of Domestic Violence be One of the Requirements for the Peer Support Specialist Role?

The professionals held mixed views about whether 'lived experience' of domestic violence was a necessary pre-requisite for the peer support specialist role. Some reflected many had experiences in a variety of contexts where they had been subjected to disparaging and dominating behaviour – experiences that would provide them with the ability to identify with the clients' situation within the domestic violence context. A quote from one professional illustrates this position.

"There is the assumption that for peer support to be good they have to have experience with domestic violence ... not sure I agree with that and it could potentially exclude people that would provide brilliant support ... being treated disrespectfully ... subjugated ... like in domestic violence could happen in a lot of different ways ... disability, different ethnic groups ... not sure if need this criteria to have enough empathy for the job. There is a continuum of women's subjugation in a male dominated society and you could argue that at some level all women experience something like this at some point in their lives."

Others believed that the power of peer support within the domestic violence sector depended on 'lived experience' as it was this experience that provided the hope and inspiration for clients to make the desired changes in their own lives. Examples of this alternative position are noted in the following comments.

"(The clients will say) if you can't do it then what hope is there for us? ... need (workers) to run the programme and behave in a way in their own lives that models for others. If you don't then the client thinks what a load of crap ... why should I bother. What you say and do is grabbed by (clients) and changes their lives ... it's enough to keep going ... inspirational ... people have to be real to make it genuine."

"Lived experience is helpful ... found ways to seek services that suit them ... use processes to get to those services not known by others (those without 'lived experience') ... they found ways to help themselves ... amazing how people found ways to get through ... now their wisdom can be shared."

"Men with 'lived' experience of family violence ... they were the ones they (clients) listened to most because that person came from the same place and got over that ... someone who had walked the path ... come through ... this creates an opening for change ... if you have anyone else (non-peer) they just point the finger."

Although there was a continuum of views about whether 'lived experience' was a necessary pre-requisite for the role, most the professionals believed that such openness was unlikely to negatively impact on the quality of the workers' relationships with other professionals. For them the key factors associated with respectful relationships between peer support specialists and other professional groups within an organisation included "*developing relationships based on who you are*;" undertaking the role in a "*robust manner ... knowing how to hold stuff and carry stuff*;" and, having a "*strong belief in self*."

Moreover, other commentators reflected that requiring applicants for the peer support specialist role to have 'lived experience' of domestic violence and engaging them in a discussion about this during the recruitment process could shed some light on their level of readiness or otherwise to take up this work.

"This could potentially be invasive ... when someone was comfortable to talk about it ... it could show that they have reached the place in the journey where they have dealt with the issues related to domestic violence ... they might not feel so much shame. As an employer you could get some insight ... how

much they identified with it or not ... there is that problem of over identification with the issue, where it shapes them ... becomes their whole being."

11.12.3 Readiness to Step into the Role

In light of the lengthy process involved in making the journey away from domestic violence, the professionals noted several key qualities they would be looking for to ensure a recruit was ready to take on the peer support specialist role. These qualities included:

Modelling Healthy Relationships

The first indicator noted by the professionals that an individual was ready to step into the role was their ability to demonstrate that they had a commitment to and ability to "*form healthy relationships so that the worker can support others on their journey to developing and maintaining healthy relationships*."

Reached 'Empowered' Stage of the Transformative Process

The professionals advised those recruiting individuals for the peer support specialist role to explore with the candidate their understanding of their position on the power continuum. Most agreed that the candidate needed to have the "*emotional capability to be strong and have power with someone else*." One professional described the power continuum, their view about where candidates should be positioned to successfully take up the peer support specialist role – positioning that they believed mitigated against the risk of "*the giver of help becoming the receiver of help*."

"There is a power continuum ... they (candidates) come from someone who has had 'power over' ... then there is 'power for' in advocacy .. 'power with' ... 'empowered' ... 'powerful within our own lives.' People need to be empowered ... don't need to be all powerful ... they need to know the dynamics, where they are in their own journey because have lots of people wanting to help but their definition of help was very different from what the client needed at the time. It's how they got through and how they represent themselves. If they can't tell their story without crying, then they are not able to help and the client will start looking after the worker."

Other professionals expanded on this theme stating that being at the "*empowered*" stage was not a matter of time but rather the degree to which the candidate had "*processed their experience and didn't dominate their everyday responses to triggers*." In the words of one of the professionals:

> *"If they cry ... sob when you are discussing whether a person who has been a victim of DV can work in the area, then they clearly have unprocessed stuff. It's not a matter of defining a timeline. What you're looking for is people with a good understanding and analysis of their situation ... could be two years ... others could be eight years from leaving an abusive relationship and yet it is like it is yesterday morning ... they've not done the processing."*

Sufficiency of Issues Resolution and Joharry's Window

Another readiness attribute identified by the professionals was that candidates had successfully and directly resolved issues associated with the experience of domestic violence rather than channelling such unresolved issues into other activities such as the lifestyle adopted by a 'workaholic.' They were of the view that unless the candidates had made sufficient progress on addressing their own issues – recognising their 'blind spots' - they risked "*missing a lot of stuff*" or "*knowing there is an issue but ignoring it (because) I don't want to go there ... it is too dangerous for me*." The risk in this situation was the clients' respective journeys away from domestic violence might be stymied by the worker's failure or reticence to recognise and address key issues that needed to be confronted for the change progress to proceed.

> *"If we are serious about getting along side people ... one of the problems is the client is here and the worker is here but they need to get there ... the workers miss a lot of stuff ... ignore it ... don't see it as an issue ... it's not on their radar. Or they might know but ignore it because it's too risky for them to go there. If I step in here, what does this mean for me personally ... got to sort out my life ... last twenty years I've made a mess of it ... I'll go and help this person ... trouble is this person is stuck in the same place I am. I want to help them but I don't want to address that stuff myself. Here the workers need to do a lot more work on themselves. Another worker can go to a whole*

other level because they've done the work. Need to be pretty healthy as only go so far ... this work can undo you pretty quickly."

Managing personal and professional boundaries

The professionals also agreed that candidates needed to posses healthy coping mechanisms with which to deal with the 'triggers' often experienced by those working within the human services. Several comments from the professionals illustrate this point.

"When start opening up, if not robust enough then you can get trapped ... doesn't mean you don't get affected but you need to be healthy enough to manage it."

"As a counsellor being triggered is a normal experience. (When) triggered make sure it doesn't get in the way ... of a quality relationship with the client ... (This involves) being aware of their own processes ... making a mental note to take action to care for me later ... through supervision (and/or) ... getting regular and formal support from a team of peers."

"We are all exposed to DV whether we know it or not ... none of us are immune ... when it flies up, it's knowing what to do with that ... when to go for help ... recognise when triggered and then return to the professional to adequately manage the moment with the client ... then talk about it in supervision."

Readiness: A Question of Time or Process?

When asked to couch this 'readiness' question in terms of the provisions of the Domestic Violence Act, the professionals referred to the regulation "*that a person has to have a three year period following receipt of a Protection Order*" in order to take up a position as a facilitator in a Family-Court-mandated or accredited programme. They noted that the sector's subject matter experts had decided this period of time was necessary for individuals to "*have a break because you cannot have people in the throes of their own abuse working with people who were abused ... not of assistance as no distance from it ... if in crisis how much use to someone at same crisis stage. The three years is an opportunity to work on themselves*."

They also noted the requirements of service providers under the domestic violence accreditation system to put in place a range of mechanisms with which to judge a person's 'readiness' – mechanisms such the triangulation of evidence from a variety of sources as a candidate moved through the training programme as well as feedback from professional supervisors. Despite such measures, some professionals noted that this system was far from full proof. In the words of one of those consulted:

> *"I have spoken to facilitators who shouldn't be facilitators ... they are in the thick of it and not in a position to do the work because they cannot see the issues clearly enough to be of any use ... they fall into the category of supported rather than supporting. They cannot see a person as abusive as they do not acknowledge it in themselves ... collective blindness."*

They noted that the recruitment policies of the peer support service "*would not be constrained by the requirements of the Domestic Violence Act*." Moreover, they believed that 'readiness' was less a matter of an arbitrary period of time, but more about a judgement based on a range of 'readiness' indicators such as "*progress in the healing process*"; and "*sufficiently addressed the impact of their own beliefs and attitudes within relationships*." One professional describes the views held by the others consulted.

> *"How do you know when someone is ready? You don't. In light of the journey you could ask if anybody is ready. There would be some people even at twenty years who were not ready ... never be ready to do the work. Others with this experience will reach some point when they have recovered enough to be of use to clients and not hurt them or themselves in the process. There is no ideal time ... just need some time for the healing process ... If the providers saw potential (for a person as a peer support worker) then do the training, nurture them and then make the judgement."*

11.12.4 Peer Support Specialist Role: Providing a Human Resource Infrastructure

The professionals advised that the designers of the human resource component of the peer support service needed to pay particular attention to a range of possible

negative and unintended consequences for the workers implementing this service. They identified several possible negative or unintended consequences that they considered required robust human resource management including training, professional supervision and ongoing professional development. In addition, the professionals advised developing operational guidelines that would assist peer support specialists define the limits of their expertise and define the amount of time and energy they can give to the work. The possible unintended consequences arising from the peer support specialist role and noted by the professionals included:

- Re-traumatising the peer support specialists
- Over-investment in the task of "*healing the person they are supporting*" and thereby negating the workers' ability to continue progressing their own life course
- Exploitation of the target group as the peer support specialist gives priority to meeting their own needs and/or uses self-disclosure inappropriately and without being conscious of the purpose of that intervention tool.

  "Self-disclosure always needs to be about the other (client) and it needs to be clearly demonstrated within the worker/client relationship what the purpose is ... to be a friend ... to give hope. They (clients) are going to ask all the time: you were in my shoes tell me about your experience ... if the worker is not healed what might the impact be on them and what impact on the other?"

One other consideration for the design of the human resource component of the peer support service and noted by the professionals concerned the issue of staff turnover and the impact on the therapeutic relationship. The professionals reflected on the long-term nature of the therapeutic relationship inherent in peer support – a model of practice somewhat different from those currently and predominately utilised within the human services where interventions are generally brief and often last a matter of weeks. The professionals raised two concerns about the potentially more-lengthy peer support specialist/client interaction – the creation of client dependence rather than independence and the impact on the client if the therapeutic bond was severed when staff resigned. Two strategies were suggested as the means with which to mitigate these potential issues. First, during the recruitment process interviewers

should assess the level of each candidate's commitment. Second, the professionals believed that considerable attention should be given to assessing each candidate's readiness to work in a professional capacity that empowers and promotes client independence.

11.13 Peer Support Specialist Training Programme

11.13.1 Content of Training Programme

The professionals suggested a range of topics that could form the basis for the various modules of a training programme for peer support specialists. Amongst this range of suggestions the three training areas most frequently mentioned were the structure and dynamics of domestic violence; communication skills; and knowledge of community resources and services.

Structure and Dynamics of Family Violence

The professionals emphasised the need for peer support specialists to receive in-depth training around the structure and dynamics of domestic violence. From a structural perspective, they believed that trainees would need to gain an understanding of the hierarchies of power and control operating within society. In addition, they advised providing opportunities to gain a knowledge of the "*theory, interventions and the journey of change*" including the "*various aspects of power and control issues*," "*the journey of men and women recovering from domestic violence and the difference between the two*," and how to respond appropriately when they "*recognise someone was not safe*," for example, "*developing safety plans*" and seeking the assistance of other professionals. Moreover, trainees would need to be provided with the opportunity to reflect on their "*growth, development and where they fitted*" within the dynamics and process of the journey of transformation within the domestic violence context.

> *"They need to understand the dynamics of domestic violence, for example women often return to their partners seven times before they leave. How to take care of themselves when women keep going back to the relationship."*

"They need a knowledge of risk assessment ... things to notice that would make them really worried ... the staking, strangling ... when does (the client) need more than me (peer support specialist)?"

Communication Skills

A thorough grounding in various communication and facilitation skills was regarded as an essential component of the peer support specialist training programme. This would include "*motivational and appreciative inquiry questioning*;" active listening that involves consciously attending to and reflecting back the content and emotional components of the clients' stories and the meaning of this for the client; negotiation skills; the ability to give and receive feedback; and facilitation skills. Some comments from the professionals illustrate the various communication skills required by the peer support specialists.

"Communication skills that enable the (workers) to pick up more than the words ... read the script under the script."

"Listening ... some conversations will be on the telephone ... this is hard to do because you haven't got the body language and you can't see the person's face ... need to know what to listen for and what to pick up on."

"They need to know how to facilitate the process ... how to introduce things in a way that invites the client to access their own knowledge and want to explore it ... how to make suggestions about where to go on the journey."

"Being able to give feedback respectfully ... accept criticism ... give and accept feedback ... challenge respectfully. They also need to be able to ... when the person they are supporting is not the right match for them ... how to articulate that to the agency and the person they are with."

Knowledge of Community Resources and Services

The professionals believed a thorough knowledge of community resources and the most appropriate source of help "*financial, housing, food parcels etc*" was an essential element of the peer support specialist training programme. Knowledge of the legislation and legal processes associated with domestic violence was particularly emphasised. Some of the professionals' comments illustrate.

"Legal knowledge ... definitions of bail, Protection Orders, Probation Orders, Occupancy Orders ... and where to go and how to access it."

"Legislation round family violence because they need to be able to give accurate information and advice ... not give incorrect options ... people think they have an option when they don't they feel bad and feel let down when their expectations are not met."

Ethical Issues

Many of the professionals believed that training in various ethical issues confronting peer support specialists was a critical aspect of their training and ongoing professional development. Particular emphasis was given to providing training on personal and professional boundary issues.

"Boundaries in relation to such issues as "inviting friendship and inviting phone calls."

Cultural Competence

The professionals recognised the need to offer training in working with Maori and different ethnic and cultural groups. The peer support specialists, they advised needed to be able to engage with diversity in culturally appropriate ways and in an inclusive manner and have knowledge about kaupapa Maori services and other specialist cultural services delivered within the geographical region within which they worked.

"Bicultural competence (and) multi-cultural competence ... Not to be disrespectful to the Treaty but if a (client) is Samoan what does that mean? ... Immigrant or refugee backgrounds ... what will being with that person mean for that person? ... From an agency perspective, if you have a Samoan peer support person coming through how do you support that person in a culturally respectful way?"

Other Training Modules

A range of other possible topics mentioned by the professionals that could be included in the peer support specialists' training programme included:

- Various models and frameworks that underpin human service interventions such as aspects of "*human development*," "*the grief cycle*," and "*styles of inter-personal relationships*"

- Risk factors and signs associated with alcohol and drug issues and/or mental health issues, including suicidal ideation and how to access the appropriate specialist services

- Signs of child abuse and neglect, if part of the role, includes making notifications to the child protection agency

- Knowledge of various aspects of the organisational infrastructure required to support the specialist peer support workers' role

- Knowledge of the history of peer support and the volunteer model

11.13.2 Peer Support Specialist Training Programme: Guidance from those with Design and Implementation Expertise

Of those professionals invited to offer their opinions and advice about the proposed Family Violence Specialist Peer Support Service, some had hands-on experience of designing and implementing peer support specialist training programmes. They offered their thoughts and experiences about the rationale, enrolment process and programme content and approach. This section describes their advice on these elements of the peer support specialist training programme.

Rationale and Eligibility

When asked about the rationale for requiring individuals to complete a training programme before being recruited into peer support specialist roles, these peer support specialist training experts advised that 'lived experience' on its own was an insufficient criteria with which to competently undertake the role.

> *"We created a training programme for people ... cannot assume because have 'lived experience' they can work with people."*

Furthermore, before candidates were enrolled in the training programme they were interviewed to assess their level of motivation and to establish that they had progressed sufficiently along their journey of transformational change.

"To establish each candidates entry thinking and before they are accepted for the training people are interviewed ... (they) provide information about themselves which helps to establish their level of motivation ... and whether they have a wellness recovery action plan."

Content

Of the content of the peer support specialist training programme, the experts commented that "*the modules were developed (following consultation) with people with 'lived experience' (and) it includes "what they thought was important and relevant to help them move on from a focus on safety to achieving things in life ... to lead a full life*." These modules included topics such as self-esteem, emotional intelligence and communication and conflict resolution. In addition, participants were trained in ways in which to use their 'stories' appropriately within the context of service delivery and ways in which to manage complex emotional situations that might present themselves as they work with their clients. The experts' comments offer further illumination on these two aspects of the training programme.

"How to be with people in trauma ... challenging situations ... family violence ... suicide ... how to stay with the person? Not run away ... not overwhelm clients with their own story and not get overwhelmed by others' stories ... understand the role and how to manage situations like this."

"How to share your story is a talent ... it's not helpful to dump their story as this overwhelms client ... with sharing, feedback and reflective listening they made their own discoveries."

As some of the comments in this last quotation suggest the training programme not only provides a means of developing intervention knowledge and skills for the peer support specialist role, but also involves each participant reflecting on the various topics in terms of their own personal journey of change.

Overall Approach to Training Programme Delivery

The experts promoted the use of a group-based training experience as this context provided a "*good mechanism to build the thinking about peer support and for personal reflection*." They believed that the person facilitating the training needed to

have 'lived experience' and a high level of skill to manage the sometimes challenging behaviours of training group participants.

> *"The trainer needs to have lived experience ... if not then the participants do not hold them as valid. The training role is the hardest role to fulfil ... need to hold people accountable, be active ... be a facilitator and an educator and also have a high expectation (of the trainees) ... manage outbursts and not be intimidated ... time to train the trainer needed to develop their capacity and capability to deliver the training."*

Together with their recommendations for a group context for the delivery of the training programme and the recruitment of a competent trainer with 'lived experience,' the experts emphasised the utility of developing an agreement amongst trainees when they first meet to establish agreed levels of participation and responsibility and to define processes for resolving conflict, ensuring confidentiality and the like.

> *"We start day one by developing a trust agreement. This includes expectations that people will pull together ... they will develop and take ownership of the change process and hold each participant accountable ... they will understand the tenderness, vulnerability of people's stories ... the need for confidentiality ... the need for a safe environment. They agree that if things are not working in the class each member will share the responsibility for what needs to change."*

Of significance, they emphasised that the "*training programme needed to be demanding in order for the work to be recognised by others*."

Co-Gendered Training

The peer support specialist training experts also offered their thoughts on co-gendered training when the context of service delivery was the domestic violence sector. They noted the high incidence of 'lived experiences' of family violence amongst those whom they had trained - both men and women as victims of domestic violence and men who have a history of abuse and violence. Overall they were of the view that "*there is value in men and women* (with 'lived experience' of domestic violence) *being trained together*." The experts offered some detail about the way in

which the training is organised to accommodate those with 'lived experience' of domestic violence.

> *"The training is modular and offers opportunities for men and women to be trained separately and together ... there are specific things for women to work on and specific things for men to work on. Working side by side is important ... men who have a history of violence offer apologies, experience humbleness ... there are tears from hearing her story and this takes them outside their experience of their own situation so they can see the impact in a different way. When the women speak the truth ... the harm, that they have survived and made different choices about their way of being ... Hearing this the men take responsibility and learn to be assertive and communicate with people in a healthy way ... it's an opportunity to talk straight with a peer who has been there and can say you need to own this ... it enhances their ability to hear."*

11.13.3 Maintaining the Egalitarianism and Mutuality of the Peer Support Specialist/Client Relationship

The professionals were asked if the training and certification of the peer support specialists would impact on the values of egalitarianism and mutuality underpinning the peer-to-peer relationship. They believed that four ingredients were critical in establishing and maintaining the uniqueness of this "*two-way relationship*."

First, the recruitment of individuals who were "*genuine, open and honest*" – qualities they believed were essential to the workers being "accepted by others (clients) and letting them into their lives."

Second, they advised developing a "*training environment that gives people permission to be who they are naturally ... to be more than their role title ... to be themselves*." In this context they referred to the way in which the notion of professionalism is often operationalised within current human services with "*workers at the end of computers and counters rather than engaging people in their own environments*" and employees defining and presenting themselves by their titles rather than as "*a person who is relating to people who need help*." Within peer support the boundaries of professionalism needed to be "*more broadly*" defined to

enable the peer support specialists to engage with clients in their natural environment and on a person-to-person level.

Third, peer support specialists needed to have the right skills. As noted by one of the professionals: "*The danger is that the mutuality of the* (peer-to-peer) *relationship will be undermined if* (the worker's) *ego and title get in the way*."

Fourth, the professionals noted that the engagement process between the peer support specialist and their clients was critical to creating an environment where mutuality can blossom. In the words of one of the professionals:

> *"At the start it will be one-sided. They have to win people over. People want to connect with someone ... want to change ... but don't know how. Once you get through that process then the relationship becomes two way. They have to have the right skills to do that."*

In addition to these critical ingredients that create a relationship of mutuality, many of the professionals believed that the helping relationship within peer support needed to be underpinned by a post-left feminist philosophy – one that furthered the goals of equality and autonomy for women. With this framework as a foundation element for the peer support service, they believed that peer support specialists would need to recognise that a level of power imbalance would exist within the helping relationship. Moreover, within the context of this reality they would need to be aware that a significant aspect of the support provided originates from their having made progress in their own personal journey – role modelling and instilling hope; that this means an imbalance of power will exist; and, that the critical issue is to ensure the appropriate use of self as an instrument of change and include in initial client/worker interactions a discussion about the ways in which to ensure the client is comfortable within this professional relationship.

> *"When we talk with others it's about a subjective and individualised interaction ... the issue is about equality ... always a power imbalance ... here to help you and this is the power imbalance ... the difference is how to make the (client) comfortable ... what do you need from me to make the relationship as equal as possible."*

Not only did the professionals provide advice about ways in which to manage the power imbalance between the peer support specialist and their clients and thereby maintain the value of mutuality inherent in such relationships but they also commented on the potential for this same phenomenon to impact on relationships between the peer support specialists and colleagues working from other disciplinary lenses. They noted that such hierarchical interactions are "*common within all agencies ... a snobbishness ... if people don't have formal qualifications*" or when certain roles within an agency are valued less than others. To mitigate the potential for power imbalances between other professional groups and the peer support specialists, the professionals advised drawing on another key value associated with peer support – the value of empowerment. One of the professionals described a way to operationalise this value within the context of the peer support specialists' work.

> *"When representing the client with other professionals, what is important is to take a calm and considered approach ... only say something when you have something relevant to say. It's how to conduct yourself ... earn respect of others by making sense, not being disrespectful, over excited or a nuisance ... because if working within an empowerment model ... need to represent the values and not say don't feel valued ... need to represent the value and then that gets respected."*

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Websites

Crew2000: http://www.crew2000.co.uk/

Georgia Certified Peer Specialist Project: http://www.gacps.org/Home.html

META Services: http://www.metaservices.com

APPENDIX

Appendix 1:

Examples of Operational, Certification, Training and Management Information System Documents for Specialised Peer Support Services

Operational Practice Guidelines for Specialist Peer Support Services
• Tondora J. and Davidson L. (2006) *Practice Guidelines for Recovery-Orientated Behavioural Health Care* Prepared for the Connecticut Department of Mental Health and Addictions Services. Connecticut: Yale University Program for Recovery and Community Health. • Hayes, J. and Cahill, M. *Best Practice Framework* Prepared for the Chronic Illness Alliance Peer Support Network for the Oxfam Skillshare Program. • Money, N., Moore, M., Brown, D., Kasper, K., Roeder, J., Bartone, P. And Bates, M. (2011) *Best Practices Identified for Peer Support Programs* Prepared by for the Defence Centres of Excellence for Psychological Health and Traumatic Brain Injury. Retrieved from www.dcoe.health.mil • Arizona Department of Health Services (2007) *ADHS/DBHS Clinical and Recovery Practice Protocol for Peer Workers/ Recovery Support Specialists within Behavioral Health Agencies.* Arizona: Arizona Department of Health Services, a Division of Behavioural Health Sciences. • Salzer, M. (2002) *Consumer-Delivered Services as a Best Practice in Mental Health Care Delivery and the Development of Practice Guidelines, Psychiatric Rehabilitation Skills*, 6:3, 355-382. Retrieved from http://dx.doi.org/10.1080/10973430208408443 • Colson, P., Dohnert, H., Farrell, L., Findley, S., Franks, J., Hofmann, A., Howell, J., Jervis, E., Mannheimer, S., Okonkwo, C. And Schmitz, K. (2003) *Peer Support for HIV Treatment Adherence: A Manual for Program Managers and Supervisors of Peer Workers.* New York: Harlem Hospital Centre.

Certified Peer Specialist Programmes
• Department of Mental Health (2010) *Certified Peer Specialist Program: Guidelines, Standards and Procedure.* Tennessee: Department of Mental Health and Office of Consumer Affairs. Retrieved from http://www.tn.gov/mental/policy/oca1.html and http://www.recoverywithinreach.org/peersupport/certifiedpeerspecialists • Florida Certification Board (The) (2011) *Certified Recovery Peer Specialist.*

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- Oklahoma Department of Mental Health and Substance Abuse Services (2011) *Standards and Criteria for Certified Peer Recovery Support Specialists.* Oklahoma City, OK: Oklahoma Department of Mental Health and Substance Abuse Services. Retrieved from http://www.ok.gov/odmhsas/Mental_Health_/Certifications,_Credentialing_and_Training

Codes of Ethics for Peer Support Specialists

- Code of Ethics for Certified Peer Support Specialists in North Carolina
- Oklahoma Peer recovery Support Specialist Code of Ethics
- Georgia Certified Peer Specialist Project Code of Ethics. Retrieved from http://www.gacps.org/CodeOfEthics.html

Training Manuals and Programmes for Specialist Peer Support Service Providers

- Hunte, B. (2009) *Peer Counselling: A Training Manual for Peer Support Providers.* Prepared by the Community Health Action and Transformation Inc (CHAT) for the DFID Private Sector Project 'Accelerating the Private Sector response to HIV/AIDS in the Caribbean. Barbados.
- Oklahoma Department of Mental Health and Substance Abuse Services Peer Recovery Support Specialist Training. http://www.ok.govt/odmhsas/Mental_Health_/Certifications,_Credentialing_Training

Specialist Peer Support Job Descriptions

- Georgia Certified Peer Specialist Project Job Description, Responsibilities, Standards and Qualifications. Retrieved from http://www.gacps.org/JobDescription.html

- Peer Support Specialist (Health Technician GS 7) Major Duties and Responsibilities. Retrieved from http://www.veteranrecovery.med.va.gov/announce/positions/PeerSupportSpecialistWacoGS7.htm

Management Information for Specialist Peer Support Services

- Campbell, J. (1997) *The Data Needs of Community-Based Peer Support Programs*. Preliminary Report of the Findings of a National Survey conducted by the Missouri Institute of Mental Health under subcontract to UIC National Research and Training Centre of Psychiatric Disability. St Louis, MO: Missouri Institute of Mental Health.

Appendix 2:

Data Collection Documents

Appendix 2-A: Sample Letter to Stakeholder Participants

(Date)

Dear

Research Project to Inform the Development of a Specialist Peer Support Service for People Affected by Family Violence

I am writing to seek your assistance with a university-based research project that will inform the design, development and implementation of Specialised Family Violence Peer Support Services for women and men here in Christchurch.

While the benefits and effectiveness of systematic models of peer support have been demonstrated in a range of health and social settings, in New Zealand there are no such systematic models of service available for women recovering from family violence or men as family violence perpetrators. To redress this, Christchurch Women's Refuge has secured funding for the formative phase of an 18 month project to develop and pilot specialist peer support services for women and men.

As a critical first step in this exciting service development initiative, Christchurch Women's Refuge has asked the University of Canterbury to conduct a literature review and hold discussion groups with people who use or are involved in the provision of family violence services and so may have an interest in participating in the development of family violence peer support services. Lesley Campbell, a member of the research team, will be leading the collection of this information and opinion.

Collecting Information and Opinion

Further to your discussion with (name), the purpose of this letter is to confirm details for the lunch time discussion group with Lesley on (date and time). The discussion group will take place at (location). (name) will call you again on (date) just to confirm that you're still able to attend and provide any additional information you may need. The discussion will last about one and a half hours and, with your consent, will be audio-taped. The discussion questions will focus on gaining your views about various aspects of systematic peer support, including its potential value for people affected by family violence and possible service models and considerations.

Ethical Implications of the Research Project
We have considered the ethical implications of undertaking the research aspect of the project and have put in place the following strategies. The anonymity of (stakeholders) participating in the discussion will be assured. Views expressed in the discussion group will be collated with other group discussions so that only aggregated responses will be presented in the research report.

While the information and opinions that you give us will greatly assist us with developing a picture about the various elements we need to consider as we progress towards developing the Specialist Peer Support Services, we expect that such services have the potential to make a positive and sustained impact on families affected by violence. If you would like any more information or have any questions that you would like to talk through please don't hesitate to call or email me.

In the meantime, many thanks for agreeing to participate in this project. I really believe that professional peer support services could make a real difference to families affected by violence and that your own thoughts and ideas will help us make this possible.

Kind regards,

Nicola Woodward
Chief Executive Officer
Christchurch Women's Refuge
Cell: 027 245 0255
Email: Nicola@womensrefuge.co.nz

Appendix 2-B: Sample Participant Information Sheet

Christchurch Women's Refuge
and
Te Awatea Violence Research Centre
University of Canterbury

PARTICIPANT INFORMATION SHEET

Interviews with Stakeholders

1) **What is the research project about?**

This research project aims to provide information, views and opinions to guide decisions about the design, development and implementation of specialist peer support services for people affected by family/whanau violence. [11]

2) **Who is carrying out the research project?**

The research study is being funded by the Christchurch Women's Refuge and is being carried out by the Te Awatea Violence Research Centre at the University of Canterbury. The research team comprises Dr Annabel Taylor, principal researcher, in conjunction with Dr Lesley Campbell. They can be contacted at Annabel.taylor@canterbury.ac.nz and Lesley.campbell@canterbury.ac.nz.

3) **What does the research involve for me?**

The study involves you participating in an interview. The interview will explore your experiences of and opinions about peer support for people affected by family/whanau violence. If you agree, the discussion will be audio-taped. If you wish, a copy of the information you provide that is included in the research report will be provided to you and you may make corrections or changes.

4) **How much time will the research take?**

[11] The research proposal has been received and approved by the Social Work Programme, University of Canterbury.

Participating in an interview is expected to take about one and a half hours.

5) Can I withdraw from the study?

Participating in the research is completely voluntary. You are not under any obligation to participate. If you do decide to participate and change your mind you can withdraw from the research at any time before, during or after the group discussion. There will be no negative consequences, whatever your decision about participation.

6) Will anyone else know the results?

All aspects of the research will be strictly confidential and only the researchers will have access to information on participants. There may be publications from the research but individual participants will not be identified without their permission.

7) Will the study benefit me?

The research is intended to benefit people affected by family/whanau violence, including men, women and children. It is also expected to benefit those who work in the Domestic Violence sector. It will increase our knowledge about success factors associated with the design and implementation of Family/whanau Violence Specialised Peer Support Services.

8) Can I tell other people about the study?

You can tell other people about the research and if they wish to obtain further information they could contact Dr Annabel Taylor at Annabel.taylor@canterbury.ac.nz or Nicola Woodward, Chief Executive Officer, Christchurch Women's Refuge on 027 2450255 or Nicola@womensrefuge.co.nz. Nicola is also available to discuss the wider project to develop specialist peer support services for family/whanau affected by violence, which this research is informing.

9) What if I require further information?

If you would like to know more about the research at any stage, please feel free to contact Dr Taylor at Annabel.taylor@canterbury.ac.nz or Nicola Woodward at 027 2450255 or Nicola@womensrefuge.org.nz. Nicola is also available to discuss the wider project to develop specialist peer support services for family/whanau affected by violence, which this research is informing.

10) What if I have a complaint or concern?

Complaints may be addressed to:

The Chair

The Social Science Human Ethics Committee, University of Canterbury

Private Bag 4800, Christchurch

Email: human-ethics@canterbury.ac.nz

This information sheet is for you to keep.

Appendix 2-C: Sample Consent Form

Consent Form

Family Violence Specialist Peer Support Services

I have read the information sheet for this project. I understand that:

- I do not have to take part if I do not want to
- I can withdraw my participation and any information provided
- My name will not appear on anything I say in this project
- This consent form and what I say will be stored safely
- The results of this project will be used to inform the development of a peer support model of service
- The interviews will be audio-taped so that the researcher can accurately report your feedback
- A transcript will be available from the researcher on request

I understand this consent form and am happy to take part.

Name: _____

Signed: _____

Date: _____

Appendix 2-D: Questionnaire for Focus Groups

Family Violence Specialist Peer Support

Questionnaire for Focus Group Participants

Introduction and Consent Procedure

The benefits and effectiveness of systematic models of peer support have been demonstrated in a range of health and social settings, however in New Zealand there are no such systematic models of service available for women recovering from family violence or men as family violence perpetrators. To redress this, Christchurch Women's Refuge has secured funding for the formative phase of an 18 month project to develop and pilot specialist peer support services for women and men.

As a critical first step in this service development initiative, Christchurch Women's Refuge has asked the University of Canterbury to conduct a number of key stakeholder consultations with people who use or provide family violence services and so may have an interest in participating in the development of family violence peer support services.

Your views and opinions about the proposed specialist peer support services are importance as a critical source of information to inform this service development initiative. Thank you for consenting to participate in this hui.

I am interested in hearing about your experiences of and views about giving and receiving support from peers. I have a number of questions I would like to ask you. There are no right or wrong answers in this – it's about what you think and feel. If at any time during the discussion you would prefer not to answer any of the questions or you want to stop the discussion just let me know. From time to time I'll check with you about how you are finding the process.

I'd like to audio tape record what you have to say so that I do not miss any of it. I don't want to take chances on relying on my notes and thereby miss anything you say or inadvertently change anything you say. So if you don't mind I'd like to use the tape recorder. If at any time during the meeting you would like me to turn the tape recorder off, please say.

Demographics

Number of participants: Designation:

Agency Name:

Interview Date and Time: Duration of interview:

Section 1: Introductory Question - General Support

1. Thinking back on your journey away from family/whanau violence, you might have encountered a number of different types of support. What examples of support stand out as being the most helpful/not helpful? Why?

    a. What was the best thing ...

    b. What was the worst thing ...

Section 2: Relationships

Relationships are said to be the critical ingredient of effective peer support so I want to have an in-depth discussion with you about this: start by having a general discussion about helpful relationships, then talk about relationships with peers, and finally try to work out together the qualities that make peer relationships unique in relation to other relationships you might have e.g. with professionals.

Peer Support: Definition, Unique Qualities

2. What is the nature and meaning of peer relationships for you?

3. As architects of your own journey of recovery away from family/whanau violence, in what ways has support from peers assisted you on your journey?

    a. Who was that from?

    b. What did they do? What sort of support did they provide? How did that work? Was it helpful or not?

    c. What is it about the person that would enable you to share your story with them?

    d. Some people say that peers who are most effective at supporting others have an exceptional ability to help others see and appreciate the strengths in themselves. Can you think about a person like this and tell me how this person does this? What do you think others can learn from this?

    e. At what stage of the journey did you receive that help?

    f. What changed for you as a result of working with a peer that was really helpful? Has there been a lasting effect for you? e.g. altered perspectives?

Professional versus Peer Relationships

4. If we first think about therapeutic/professional relationships that have been helpful during your journey away from family/whanau violence what qualities associated with those relationships were especially helpful? In what way were they helpful?

5. Now think about relationships that you might have had with peers as you made your journey away from family/whanau violence. What qualities made these sorts of relationships especially helpful?

6. Is there any difference between the relationships you had with professionals and those you had with peers?

7. Is there a different between the relationships you had with peers who also have experience of family/whanau violence compared to peers who have not had that experience?

8. On a 1 to 10 scale that measured the effectiveness of relationships that have supported your journey away from family/whanau violence, where 10 was extremely effective and 1 was 'no impact', where would you place:

    a. the level of effectiveness of support from peer relationships where the peer had experience of family/whanau violence

    b. the level of effectiveness of support from peer relationships where the peer did NOT have experience of family/whanau violence, but where there were other characteristics that defined them as a peer e.g. being male/female; being of a certain age; being a work colleague etc.

    c. the level of effectiveness of support from more formal relationships, for example, those within the mainstream services you have received?

Section 3: Design Questions
If we think about designing a model of service where those with experience of domestic violence take leadership in services, including as part of the workforce, this would put service users at the heart of their own journey and that of their peers.

9. From this perspective then and if you were the designer of a peer support initiative that would offer the best help possible for those on the journey away from domestic violence, what would it be like?

10. If the aim of peer support is to help people to change themselves and recover from their experience, what kinds of activities do you think should be included in the peer support initiative that would assist in the journey away from domestic violence?

11. What might be the most useful kind of form for the peer support service to take?

12. What might be the most useful mechanism(s) of delivery for the proposed peer support service?

Timing: peer support initiatives could potentially have a role at different stages on the journey away from family/whanau violence – across a spectrum from initial impact to the various stages of transition to building a new life ...

13. At what points in your journey would peer support have been helpful? In what way? and why?

14. Do you have any advice about helpful ways to ensure people are aware of the availability of peer support services if they wanted to use them? (access factors?)

15. What do you think needs to be included in the design of the peer support initiative to ensure they cater for the needs of people from diverse backgrounds? (responsiveness factors?)

Principles and Values: Peer support is based on the idea that people work together to assist one another to make their individual journey. Because each person's journey is unique, a principles rather than a prescriptive approach to designing a peer support service would appear promising.

16. In your opinion what key principles would you like to see underpinning the peer support initiative here in Christchurch?

Outcomes and Success Factors

17. What concrete outcomes would you expect for people involved in peer support initiatives? (emotional and practical?)

18. What would be your top three messages to peer support service designers to ensure the new service works for you?

Section 4: Questions about the Recruitment of Peer Support Specialists

19. If you were to give advice to someone who was designing a job description for a peer support role, what would you suggest are the key and unique talents, qualities and skills needed to be effective in the peer support role?

Those with experience of family/whanau violence often talk about the stigma and discrimination they experience when they talk about their experience to others ...

16. What are your thoughts about including a requirement for 'lived experience of family/whanau violence' as one of the criteria for a peer support role?

17. If peer support services could afford to hire staff, what opportunities and barriers can you see for paid staff compared to using volunteers?

18. In your view what could the workplace put in place to ensure this 'lived experience' is valued and enabled to effectively contribute peer support assistance to others?

19. Caring for people is often an emotionally exhausting journey. What are the things that might help a person in a peer support role to keep focused and persevere? What sources of strength and support might be helpful?

Section 5: Peer Support Specialist Training

20. If you could teach other people how to provide effective peer support, what would be the three essential topics to include in a peer support training programme? Are any of these topics unique to peer support?

21. Do you have any views about introducing standardised and formalised training and professional development in peer support? i.e. training programme accredited by a national body; certification for those who complete the programme?

22. Can you think of any ways in which training and certification of peers might impact on the unique change mechanism of peer support? (mutuality/egalitarianism/equality of relationship between peers)

Section 6: Other

23. Are there any other aspects of peer support that we haven't discussed but that you would like to comment on?

Thank you for your participation. We really appreciate it. How has it been for you today during this hui?

Next steps described.

Appendix 2-E: Questionnaire for Professional Participants

Family Violence Specialist Peer Support

Questionnaire for Professional Participants

Introduction and Consent Procedure

The benefits and effectiveness of systematic models of peer support have been demonstrated in a range of health and social settings, however in New Zealand there are no such systematic models of service available for women recovering from family violence or men as family violence perpetrators. To redress this, Christchurch Women's Refuge has secured funding for the formative phase of an 18 month project to develop and pilot specialist peer support services for women and men.

As a critical first step in this service development initiative, Christchurch Women's Refuge has asked the University of Canterbury to conduct a number of key stakeholder interviews with people who use or provide family violence services and so may have an interest in participating in the development of family violence peer support services.

Your views and opinions about the proposed specialist peer support services are importance as a critical source of information to inform this service development initiative. Thank you for consenting to participate in this interview. I have a number of questions I would like to ask you. If at any time during the interview you would prefer not to answer any of the questions or you want to stop the interview just let me know.

I'd like to tape record what you have to say so that I do not miss any of it. I don't want to take chances on relying on my notes and thereby miss anything you say or inadvertently change anything you say. So if you don't mind I'd like to use the tape recorder. If at any time during the interview you would like me to turn the tape recorder off, please say.

Demographics

Name of participant: Designation:

Agency Name:

Interview Date and Time: Duration of interview:

Section 1: Introductory Questions

First, I'd like to know something about your role and the range of interventions currently available within the domestic violence sector

1. Could you describe your role within the Domestic Violence sector?
2. Could you provide an overview of the continuum of interventions/initiatives presently implemented within the Domestic Violence sector for those affected by family/whanau violence (perpetrators/victims/families)?

Section 2: Peer Support: Definitions

People have always engaged in mutual support to deal with life's difficulties within their families and communities. This next group of questions explores the notion of peer support and in particular the potential use of peer support services within the domestic violence sector

3. From your experience of working within the domestic violence sector can you recall examples where peers have supported each other either informally or formally on their journey away from family/whanau violence? If so, can you describe these examples? Might this be different for men/women?
4. Overall, what are your views about people who share a life experience of domestic violence supporting each other on their journey away from family/whanau violence?
5. There are many different types of peer support initiatives in existence. The following table lists examples of these types. Of those listed which do you think have potential to be useful for the Aotearoa/New Zealand domestic violence sector?

Table 1: Types of Peer Support Initiatives	
Run by client-run organisations	
Run by non-client-run organisations	

Provided by one or two peer workers in a domestic violence team	
Provided by a team of peers	
Provided by volunteers	
Provided by paid staff	
Funded	
Unfunded	
Other	

Section 3: Design and Delivery

Place within Continuum of Domestic Violence Services

Peer support initiatives could potentially have a role in providing services or supports to people affected by domestic violence at different stages of their journey from initial impact to transitions' phases to building a new life ...

6. In terms of this continuum of people's journey away from family/whanau violence at which points do you think peer support services might be most effective? How might peer support services relate to current Domestic Violence services?

7. Do you perceive any challenges with the introduction of peer support services as part of the continuum of domestic violence services? If so, can you offer any suggestions about ways to mitigate these challenges? (recovery focus? Safety, quality and risk?)

Service Need, Access and Responsiveness

In order to develop an effective peer support service consideration should be given to the level and type of need, promoting ease of access and what needs to be put in place to ensure that it is responsive to service users.

8. What issues or needs do people moving away from family/whanau violence face that you think could be addressed by peer support services?

9. From your view, what demographic, situational and personal factors would need to be considered to ensure that peer support services are accessible and responsive?

10. What would we need to do to ensure peer support services cater for people from culturally and linguistically diverse backgrounds? (cultural models?)

Values, Philosophy and Principles

11. What critical values need to underpin peer support services? How might these values differ from those underpinning mainstream domestic violence services?

12. In order to be responsive to the individuality of each person's journey away from domestic violence, peer support services are frequently developed on the basis of a set of principles rather than tightly specified. In your view are there any challenges to adopting this approach to service design?

13. What needs to be done to ensure that the philosophy and values of peer support are maintained and put into action in organisations that host them?

Services and Contextual Factors

14. What range of supports, services and resources do you think could be carried out in the name of peer support that might best cater for the needs of the target population?

Table 2: Possible Support Services	
Self-help groups	
One-to-one support e.g. co-emotional/problem-solving support	
Support in housing	
Support in education	
Support in vocational/employment matters	

Support in crisis e.g. crisis house	
Social and recreational	
Material support e.g. food, clothing	
Cultural and artistic activities	
System navigation	
Case management	
Systemic and individual advocacy	
Providing education/training for workers	
Paper and on-line information development and distribution	
Others?	

15. What organisational and contextual factors do you think need to be considered to maximise the success of a peer support initiative?

Table 3: Possible Infra-structure and Contextual Factors for Consideration
- Governance arrangements - Management support - Organisational structures and culture - Staff working conditions - Maintaining values and philosophy - Accessibility issues - Delivery – range of options and people? - Responsiveness to participation by diverse groups - Safety and risk - Evaluation and promotion of benefits

Section 4: Benefits and Outcomes

16. In your view, what might be the benefits for people of being involved in a peer support service as they progress on their journeys away from domestic violence? How would these benefits compare to those gained from mainstream services?

17. In your view, are there any negative experiences that might result from receiving or giving peer support?

18. What concrete outcomes for people do you think we could we expect from a peer support initiative?

Section 5: Reporting and Sustainability

19. Can you suggest the types of performance reporting requirements that might best fit with the philosophy and values associated with peer support services?

20. Can you identify some of the key factors that need to be considered to ensure that a peer support service is sustainable beyond the initial flush of enthusiasm?

Section 6: Capability, Recruiting and Training Staff as Peer Support Workers

21. What are the key talents, qualities and skills required to successfully carry out the peer support role?

22. Do you have any views about including a requirement in the peer support worker role description that potential candidates have 'lived experience' of family/whanau violence?

23. It is often said that the journey away from family/whanau violence is a life-time experience. In the context of recruiting people into peer support roles, at what point in this journey might people be ready to step into this role?

24. Do you have any views about introducing standardised and formalised training and ongoing professional development as part of the peer support worker's role?

25. What sort of training topics might be useful for peer support workers? Are there any topics that might be unique to peer support?

26. What, if any, ways might the training and certification of peers impact on the key change mechanism (egalitarianism/mutuality) often associated with peer support?

Section 7: Stakeholders, Legislation and Policy

27. What key groups might have a stake in the design and implementation of a peer support initiative within the domestic violence sector? What do you think the key interests of these groups might be and how best might these interests be met?

28. What do you think might be helpful in getting the cooperation from others who may not be fully in favour of peer support services?

29. Are there any aspects of the current legislation, policies and guidelines that underpin the operation of the domestic violence sector currently, that might assist in paving the way for peer support to be mandated within this sector? Any policies that might hinder the successful implementation of a peer support initiative?

Section 8: Summary Recommendations and Guidance

30. To summarise, what are the top three points that you have made that you think are essential to the development of a strong and equitable peer support presence in the domestic violence sector?

31. Are there any other aspects of peer support that we haven't discussed but that you would like to comment on?

32. Do you know of any papers or information about peer support within a domestic violence sector that might inform the design and implementation of this peer support initiative?

Thank you for your participation - really appreciated

Next steps described

Appendix 2-F: Sample Thank You Letter to Stakeholder Participants

5th December 2011

Dear Focus Group Participant,

Research Project to Inform the Development of a Specialist Peer Support Service for People Affected by Family Violence

I am writing to thank you for your generous contribution to our project to develop a specialist peer support service for people affected by family violence.

Your thoughts and ideas about the potential value of specialist peer support and how it might operate that you shared during today's discussion group with Lesley will really help us to design and implement the best possible model of specialist peer support here in Christchurch. Everyone who is involved in developing the service is really excited about its potential and I hope you are too.

Many thanks once again for your time and thoughtful answers to Lesley's questions. I know she enjoyed working with you today. If you have any further questions about the project or would like to participate in future discussions or meetings, please do not hesitate to call or email me.

Kind regards,

Nicola Woodward
Chief Executive Officer
Christchurch Women's Refuge
Cell: 027 245 0255
Email: Nicola@womensrefuge.co.nz