Walking Alongside

An Evaluation of Specialist Peer Support on the Journey Towards a Life Free from Violence

Kei te hui hui ngatahi, kei te tohatoha ngatahi,

Kei te mahia ngatahi, no reira

Kei te tutuki pai tatou ngatahi

Coming together, sharing together, working together.

Therefore we are succeeding together

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aviva
Family Violence Services

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1. Introduction

Family violence is a prevalent, worldwide human rights issue and, within the New Zealand context, is considered one of the most significant social issues impacting our communities (Campbell, 2012). Family violence has been linked to social isolation, poor mental health and a wide range of adverse physical health outcomes (Abrahams, 2010). Traditional responses to family violence have been grounded within a crisis intervention approach, focusing on encouraging those who are experiencing abuse to leave the unsafe environment – most commonly home (Aviva, 2015b). Emerging research within the family violence sector has highlighted the prevalence and impact of trauma on victims (National Centre of Domestic Violence, Trauma and Mental Health, NCDVTMH, 2011). In addition, there is much discussion in New Zealand around the fragmentation of the family violence sector, and the impact this has on clients who are seeking help (Family Violence Death Review Committee, Fifth Report, 2016). This has resulted in a small number of family violence service providers starting to take a much broader view of abuse and trauma and developing more inclusive and holistic models that combine prevention approaches with more traditional crisis intervention strategies for those experiencing family violence.

Peer Support is one of these inclusive models; it has been utilised in a broad range of other social services, but is new to the family violence sector (Mead, Hilton & Curtis, 2001). The development of a peer support service for a family violence context was identified as a key component of Aviva's innovative 'whole of family' strategic plan in 2011. Informed by extensive independent research involving primary data collection with people with lived experience of violence, and family violence service providers, combined with secondary data provided by a detailed international literature review, Aviva began the detailed operational development of its Specialist Peer Support (SPS) service - New Zealand's first intentional family violence peer support service – in 2013.

Unlike traditional professionals (such as doctors, nurses and social workers), peers develop an on-going, informal relationship which offers an opportunity for long-term personal growth. Connecting with someone who has themselves experienced and overcome the enduring effects of family violence allows for the sharing of first-hand knowledge on strategies that support movement towards a safer, healthier lifestyle. The focus of peer support is on 'walking alongside' whilst offering assistance to identify personal strengths, form a vision for future life, embrace self-determination and lead personal change. This differs from the advice, advocacy, and more directive models of service delivery provided by traditional professionals.

Aviva's Peer Support Service supports individuals to overcome violence, and to support others. Aviva's SPS service is a personalised one-to-one service for both men and women who have used and / or have been subjected to family violence. The service also offers a women's peer support group. Peer Support Specialists provide Purposeful Peer Support Workshops which are informed by the Intentional Peer Support (IPS) model, developed in America for people experiencing mental ill-health. These workshops are provided as part of Aviva's staff training as well as being offered to peers who are interested in providing informal support to others on a similar journey of change in their local communities.

Aviva's Peer Support Service is also committed to community development. Peer Support Specialists undertake talks and presentations to other agencies and organisations, and engage in opportunities across social sectors. Peer Support Services has developed a close relationship with Christchurch Polytechnic Institute of Technology (CPIT; now known as Ara Institute of Technology) which assists in building pathways for referrals between the two organisations. The service has also made links with the justice system, supporting police training to better understand the needs and experiences of people who are exposed too or using violence.

An evaluation of this relatively new service will inform further service development and transferability in preparation for Aviva's move to The Loft (July 2016) in partnership with a number of health and social service agencies. With this in mind, this literature review discusses the effects of family violence, and the efficacy of traditional responses that have informed and influenced Aviva's decision to consider different models of service and support, such as SPS and its ReachOut service for men. It also examines the characteristics of a successful peer support service. In conclusion it discusses Aviva's SPS service evaluation methodology and future implications.

Transferability is especially topical as Aviva and other social service agencies prepare to co-locate at The Loft on the first floor of Eastgate Shopping Centre in Linwood, Christchurch (Aviva, 2013). Other social and community focussed agencies, including Family Help Trust, He Waka Tapu, START and New Zealand Red Cross, will also operate from this new and unique health and social service hub, which will also host a new Integrated Family Health Centre. The Loft will therefore bring the model, purpose and opportunity to access SPS to many more people within a community setting.

The Loft provides a unique opportunity for true inter-agency collaboration and community capacity building. "Community capacity is the interaction of human capital and organisational resources existing within a given community that can be leveraged to solve collective problems and improve and maintain the well-being of that community. It may operate

through informal social processes, and / or organised efforts by individuals, organisations and social networks" (Chaskin et al, 2001, p7). This is especially necessary as the social services sector as a whole works to reduce fragmentation in order to provide more effective care and protection to vulnerable children and their families. The New Zealand Family Death Review Committee notes that proximity to other services is not enough; there needs to be a change in integrative practice (Fifth Report, 2016); The Loft presents an opportunity to achieve this in Christchurch.

Christchurch's eastern suburbs have consistently been identified as an area in particular need of enhanced and intensified health and social services (NZRD 2014). The Loft is an opportunity for social service agencies to collaboratively provide more extensive and accessible wrap-around services to families in need, creating a 'child, family and community well-being centre'. Clients experiencing complex challenges will be able to access a broad range of services that will enhance the ability to support the safety and well-being of children and their families from a single location (Aviva, 2013).

A primary health care service will also be located in the purpose built space in The Loft, which will provide support for individuals and families around mental, emotional, social and physical well-being. Together this hub of social and health services will provide integrated services that address multiple needs in a convenient and effective way, reducing systemic challenges regarding service access for vulnerable families (Aviva Families, 2013).

Both The Loft and SPS reflect new ways of thinking that are consistent with emerging social work and ecological perspectives and strengths-based and empowerment models. Community-based approaches to social change improve current circumstances and life-outcomes for those living in poverty (Chaskin et al, 2001). Building community capacity repeatedly refers to strengthening the skills and capabilities of people and communities so they can overcome the causes of their exclusion and suffering (Cheetham et al., 1992). The kaupapa of peer support fits well with this philosophy.

2. Aims and Objectives

This evaluation aims to provide insights into how Aviva's SPS service has been performing since its inception and so inform future service development and growth, including transfer to The Loft in July 2016.

While formalised peer support services have been operating internationally, this model has not been applied within the family violence sector in New Zealand (Campbell, Gray & Brogden, 2012). Understanding the benefits and challenges of Aviva's peer support model, which is unique within the family violence in New Zealand, will inform the continued development of the service model, build community involvement and identify the potential relevance and benefit of peer support when accompanied by other family violence service models.

Evaluation research is an integral part of social work service delivery. It ensures quality control, relevance and forward progression of interventions (Cheetham et al., 1992). Services need to be congruent with the needs and values of service-users, and evaluation research provides an opportunity for service-user participation at the development stage. This evaluation aimed to enable women and men directly involved with SPS to help shape and develop the service for future service users and contribute to their communities, reinforcing their self-worth and social power.

3. Methodology

Evaluation research is used to determine the impact of a social intervention. Literature suggests that qualitative methods are commonly used in evaluations in order to explore the varying facets of programs and to give a voice to the participants' experiences (Barns & Abrahams, 2008; Forchuk et al., 2005; Cheetham et al., 1992). An important directive of this research is to shed light on whether SPS is making a difference in the lives of those engaged with the service. This will require consideration of what are valid indicators of success, and how achieving these benefits participants. Using a longitudinal approach this evaluation utilised initial, mid-way and final service feedback, along with client self-evaluations of individual 'movement' towards personalised goals.

SPS is a self-directed service guided by the needs and goals of the service user. The service is about mutuality, reciprocity and equality. This adds a valuable component to understanding how to best develop the service. Success is different for each client but should reflect 'movement' in similar areas, and semi-structured interviews have allowed for the service-user perspective to be incorporated. Although SPS is aimed at moving towards a more fulfilling future, free from violence and its enduring effects, it must be acknowledged that success may also be in recognising when peers have strayed from their initial vision and put into action a plan to refocus their trajectory. Methodology guiding this research parallels the theories and values of Aviva, with feminist theory and strengths-based principles at its core. Peer support thrives on building people's resilience and capabilities, and this research has endeavoured to reflect this practice through all interactions (Campbell, Gray & Brogden, 2012). Feminist theory supports analyses of the position of women in society with the purpose of using that knowledge to improve women's, children's and men's lives. It is motivated to give a voice to women by highlighting their contribution to society (Bulter & Wintram, 1991). Furthermore, utilising a postmodern perspective to guide analysis is important in helping us to understand the different realities women experience, and incorporating this understanding into aspects of service delivery and development, especially around cultural competency.

Qualitative data was gathered using focus groups and semi-structured interviews. Each interview was taped and coded to generate a collection of words which summarised the essence of each sentence. These words were then categorized into themes which best represented the views of participants. These themes have been used to provide information around benefits and challenges within the service, which in turn formed the basis for the report's recommendations.

4. Literature Review

4.1 Effects of Family Violence

Family violence has been characterised as the actions that an individual uses to intentionally control or dominate their partner or family member (Domestic Abuse Intervention Programs, DAIP, 2011). The 'Power and Control Wheel' highlights the many dimensions of family violence including the use of threats, intimidation and isolation to impart fear. However, this is a largely gendered model, which does not consider personality traits, history of trauma, relational dynamics or intergenerational issues.

The behaviours described on the Power and Control Wheel manifest through physical, emotional and sexual violence (DAIP, 2011). The impacts of abuse have been well documented in both clinical-based (Coker et al., 2000; Freund et al., 1996) and population-based studies (Cocker et al., 2002; Hale-Carlson et al., 1996). These studies link family violence with physical injury, poor mental health, addiction and social isolation. This isolation, paired with physical and verbal abuse, often extinguishes any sense of personal self-worth. It is argued that many people who experience abuse withdraw and develop coping strategies in an effort to keep themselves and their children safe (Evans, 2007).

For those who have experienced family violence, living with its aftermath is often the most challenging phase (Abrahams, 2007). The psychological impacts of abuse leaves those exposed to it vulnerable and unsafe. Enduring impacts around lack of confidence, issues of trust and difficulty making decisions, all diminish a person's ability to be self-determining and rebuild their lives. People who experience abuse can lose any belief in themselves and their ability to live fulfilling lives. This can reduce their ability to seek out and access professional and social sources of support.

Although family violence happens across all socio-economic groups, people exposed to family violence are often more likely to be experiencing poverty and social exclusion (Abrahams, 2011). The risk of social exclusion is heightened when people experience multiple barriers such as poor housing or homelessness, poor access to health services, violence and trauma (Women's Refuge, 2015). With this in mind, how do we begin to facilitate the journey towards a fulfilling life free from violence for those who have experienced it, rather than simply supporting people to become 'safe' from further violence?

4.2 Traditional Responses to Family Violence

Theoretical explanations of family violence such as feminist theory and ecological perspectives have underpinned how agencies have responded to families experiencing violence (Bulter & Wintram, 1991; Barns & Abrahams, 2008). For many years, the accepted pathway from family violence for people who experience abuse has been to leave their homes and seek temporary alternative accommodation in safe houses or 'refuges' (Aviva b, 2015). This pathway is reported to provide quick assessment, safety planning and the implementation of an action plan (Duque, 2007). It has also been argued that it permits practitioners to respond immediately to high risk situations, and reduce the psychological impact of trauma, with a strong emphasis on paramountcy (putting the needs and safety of children first).

However, while there is strong evidence that crisis intervention is a necessary response when dealing with the immediate risk (Donato & Bowker, 1984; Fanslow & Robinson, 2004), it does not acknowledge and address the long-term effects of violence-related trauma on family members. It can be argued that encouraging women and children to leave their home reinforces and sustains social inequality and injustice. This customary pathway requires already vulnerable people, most commonly women and children, to leave their own home, local community and school, to find alternative accommodation or enter a 'Safe House' (Aviva. 2015 b), further entrenching social isolation and vulnerability. Wolfe (1999) has argued that this method of securing safety reinforces stigma prevalent in the sector around victim-blaming and patriarchal roles. Wolfe examines societal structure theory as a cause of family violence attributable to a power imbalance of male dominance over women through physical, economic and political control. This reflects women's inequality in society. Prioritising men's entitlement to remain in the family home only reinforces this marginalisation (Wolfe, 1999). Additionally, this pathway, by maintaining the burden of responsibility on those being subjected to violence to take action to become safe, has sustained the focus away from the responsibilities of those who are using violence and the need for non-mandated earlier intervention services to enable them to understand, accept responsibility and overcome their use of violence. Finally, traditionally there has been no support for men who are at risk of or being subjected to family violence, although this gap is now being recognised (Family Violence Death Review Committee, Fifth Report, 2016).

4.3 Social Support and Family Violence

Research has established that both professional and informal support is crucial to ameliorate the impacts of family violence (Mitchell & Hodson, 1983; Walker, 1994; Butler & Wintram, 1991). This research prompted agencies to incorporate interventions, which included aspects of psychotherapy and psychoeducation, to address unhealthy coping strategies. American psychologist Lenore Walker examines 'Survivor Therapy' as a therapeutic technique to address more long-term factors influencing well-being (Walker, 1994). This approach is grounded in a participatory perspective that emphasises empowerment and the client's role in helping to determine the course of therapy. These principles are at the theoretical core of refuge work and focus on issues of safety, empowerment, strengths, understanding social justice ideals, making decisions and healing the effects of trauma. Walker's (1994, p5) research 'emphasises the positive coping strengths of those who have experienced violence that will help restore the confidence in their own abilities to survive'.

In its Fifth Report, the New Zealand Family Violence Death Review Committee also highlights the fact that empowerment models such as these put the responsibility for keeping safe on the person experiencing abuse; this can further endanger a person in an unsafe situation. Keeping families safe from violence needs to be a collective endeavour, as people experiencing violence reach out for help specifically because they are unable to keep themselves safe (Fifth Report, 2016).

For Maori women and children the concept of whanau is the cornerstone for providing support (Strang & Braithwaite, 2002), because te whanau-hapu is at the core of well-being and is grounded in kinship and social relationship. Interventions for Maori families experiencing violence therefore need to begin from both a historical and a cultural standpoint, and under a Maori kaupapa. Reconnecting whanau and facilitating communication acts as a protective factor responds to the collective ethos which is fundamental to Maori culture (Martin, 1996). Research studies document that women who received tangible support from whanau identified this as an important contributor to their decision to leave abusive partners (Hoeata et al, 2011).

Research identifies that protective factors have a positive impact on the psychological well-being of those who have been exposed to violence (Collins et al., 1993), enhancing their ability to cope (Thompson et al, 2000) and increasing the likelihood of seeking help (Bowker, 1984). Coker et al (2002) carried out an influential mental health study by examining the protective value of social support against the negative effects caused by family violence. Although previous literature has argued the importance of social connection, they did not screen directly for family violence and mental health (Arriaga & Oskamp, 1999; Kaslow et al.,

1998). Coker et al's pioneering research signalled a change in direction for responses to family violence by recognising the need to facilitate a pathway back to family and friends and the social connections they provide. However, re-establishing connections can prove difficult for those who have experienced abuse and become distanced and isolated from family and friends.

4.4 The Glenn Inquiry: The People's Report

As such innovative research surfaced, the limitations of traditional service models highlighted the need for greater consultation with people with lived experience of family violence in order to understand what can help on the pathway away from violence. The Glenn Inquiry (conducted in 2013, with reports published in 2014) provided insights into the grass roots wisdom of people with lived experience, as well as multi-agency perspectives (Wilson & Webber, 2014). By exploring 'miracle questions' regarding services and supports, the report recalls people's experiences of the current family violence response system, described what is and is not working well and how service users themselves feel things could be improved. The report provides an informative accompaniment to other academic and lateral research.

The Glenn Inquiry received a mixed response. It was initially cited that public opinion viewed the Inquiry as a new attempt to address an unsolvable issue (Simon-Kumar, 2013). However, the release of 'The People's Report' and 'The People's Blueprint' (a document summarising possible changes to the family violence sector to better address need) outlined the need for culture shift and much more holistic response to family violence. 'It provided the basis for a coherent, integrated strategy to break the cycle of violence' (Wilson & Webber, 2014, p4). Concepts that emerged from the Inquiry pointed to the need for more long-term strategies to encourage those living with violence to learn new ways of functioning. It also stressed the need for more culturally appropriate strategies for Maori and emphasised the need to move away from reactive practice to preventative or restorative methods. Additionally, the Inquiry identified the need for more support for men who are or have used and / or experienced violence. Significantly, SPS was amongst the services that people highlighted would make a real difference. These reflections challenge the impact of long-held and traditional attitudes to family violence and how to address it, and the importance of learning new strategies for living violence-free (Abrahams, 2007; Strang & Braithwaite, 2002; Campbell, Gray & Brogden, 2012).

4.5 Emerging Responses to Family Violence

In recent times, a new paradigm has emerged in social services – the use of a trauma-informed framework to provide interventions (Elliott et al., 2005; Fallot & Harris, 2002). Trauma-informed services identify the impact of past and present violence on their client's lives (NCDVTMH, 2011). These services prioritise safety, both physical and emotional. Trauma-informed services understand the clients' experiences of trauma on their connection with treatment and providers (Elliott et al., 2005; Fallot & Harris, 2002).

Due to its entrenched and intergenerational nature, people who have experienced family violence and abuse often have complex needs requiring multi-faceted services (Fanslow & Robinson, 2004; Evans, 2007). Violence is often a learned behaviour, which is reinforced throughout a lifetime (Bandura, 2008). Many behaviours, which are now the focus of treatment, were developed as personal coping mechanisms while adapting to the traumatic situation. This coping behaviour can leave those in its wake with long-term cognitive, emotional and interpersonal consequences (Evans, 2007). The impact of trauma can present as shock, anxiety, hostility, confusion, low self-efficacy, social withdrawal, substance abuse and other self-harming behaviour. Without support these impacts can have long-term implications on a person's ability not only to function within their families but also in the workplace and community. Trauma-informed family violence interventions address these impacts by primarily focusing on the development of specific recovery skills that promote positive functioning (Fallot & Harris, 2007).

4.6 Policy Direction

New Zealand has a comprehensive set of laws intended to protect women, children and men from family violence of all kinds (Ministry of Justice, 2007). The intention of the Domestic Violence Act 1995 is to decrease and prevent violence in family relationships by making family violence in all forms legally unacceptable. The Act creates a framework for the provision of legal protections for victims of family violence with an aim to prevent future violence. The tools used to protect families are Protection Orders and Police Safety Orders (PSOs). Protection Orders impose non-violence and non-contact conditions on the abuser, with failure to comply resulting in possible arrest. PSOs provide immediate, short-term protection for a person(s) at risk of potential family violence where the evidential threshold for arrest has not been reached. PSOs are issued by Police and may require the Bound Person to stay away from the home for up to five days (Community Law, 2005).

In addition to these Acts, The Care of Children Act 2004 promotes the protection and welfare of children. It interfaces with the Domestic Violence Act 1995, specifically in section 5(e) of

the Care of Children Act 2004, where it states that children's safety must be protected from all forms of violence including that which stems from the family. The progression of legislation has been a slow process, led by research and activist agencies (Ministry of Justice, 2007). Amendments to these Acts, as well as the Vulnerable Children's Act 2014, indicate a change in course with a focus now on people's right to be safe and free from abuse.

Of late, restorative justice has garnered support particularly as a culturally appropriate response to crime. Restorative values parallel closely with those prevalent in Maori culture (Martin, 2007). In regard to the Treaty of Waitangi, Maori people have an important role to play in the developing and providing services. Emerging policy development and delivery must acknowledge whanau needs and whanau well-being. This identifies a need to improve the long-term outcomes for Maori using interventions that are founded in Maori community involvement (Hoeata et al, 2011). One central aim of restorative interventions is to restore community cohesion and balance which is disrupted when a crime is committed.

Within this policy context, Aviva's ReachOut service for men using violence was developed in partnership with Canterbury Police and aims to proactively engage men named on a police report of family violence within 48 hours. ReachOut is a voluntary, strengths-based, earlier intervention service that supports men using violence to make positive violence free choices that result in positive violent free consequences. Since its implementation in 2012, ReachOut has resulted in a sustained reduction in reoffending in North Canterbury from 18% to 1.4% (Aviva and Canterbury Police, 2016)

4.7 Evolution and Context of Peer Support

Peer support evolved from the concept of the 'wounded helper', which inspired the modern mutual aid movement (Campbell & Leaver, 2003). Peer support started in New Zealand in the mid-1970s in the field of mental health, when volunteers who had formerly been mental health patients gave their time to assist those who were currently seeking help from services. The value of shared experience has been evidenced and, today, every District Health Board now offers a form of peer support or consumer's rights advocacy to their mental health service users. There are also completely peer-based services such as Depression Support Network and Anxiety Support Canterbury. Peer Support has become a very important part of the mental health sector in New Zealand (Scott, Doughty & Kahi, 2011).

At the cornerstone of the peer support movement is the notion of voluntary reciprocal exchange of resources and services for mutual benefit (Ashcraft & Anthony, 2005). Peer

support is not based on clinical support methods or diagnostic criteria, but rather a deep holistic understanding of mutual experiences that transcends the traditional constraints of a worker/client relationship. Mead, Hilton and Curtis (2001) describe this as a 'simultaneous movement towards autonomy'. 'Peer support is a system of giving and receiving assistance based on respect, shared responsibility, and mutual understanding of what is helpful to self and others. It is about relating to another person's situation through shared experiences, and relationships that promote growth, recovery and wellness' (Tunajek, 2007, p30). Tunajek has further elaborated that peer support uses dialogue to cultivate alternative thinking which will encourage improved relationships and supportive environments. Peer support allows people to develop positive decision-making strategies to enable peers to fulfil their own needs and further life purpose (Solomon, 2004). Importantly, this inclusive model supports the personal empowerment of peers to redefine how they understand and react to challenges and opportunities as well as learn how to change and regulate their behaviour.

A unique aspect of peer support is the opportunity to practice seeking and finding new meaning in different situations (Clay, 2005). This relationship forum allows peers to understand their issues within the larger social and political context within which they exist (Forchuk, Martin, Chan & Jensen, 2005). The service naturally becomes an extension of their community rather than modelling professionalised 'caretaking' of people who may be labelled as oppressed and marginalised.

Significant research evidences the value of peer support across a broad range of health and social needs (Mead, Hilton & Curtis, 2001, Campbell, Gray & Brogden, 2012, Solomon, 2004, Coker et al, 2002). The mental health sector is an area that has benefited from peer services. Mead, Hilton and Curtis (2001) discuss the theoretical perspective of peer support within mental health and focus on recovery and social change. Peer support in mental health has encouraged a cultural paradigm shift from 'illness and disability' to 'health and ability' (Curtis, 2000). The use of peer support to encourage a new cultural context for healing and recovery is a notion that parallels with family violence and sits within the new trauma informed framework.

4.8 Family Violence Peer Support

Peer support within a family violence context harnesses the valuable contribution that shared lived experience can have on people's ability to move away from violence and build significant networks with family and the wider community (Campbell, 2012). This relationship offers inspiration and support from the perspective of someone who has relevant experience of overcoming violence and its enduring effects. 'Peers represent tangible evidence that becoming violence-free is achievable' (Aviva, 2015a). This service assists women and men

to find and develop their own resource networks and supports self-empowerment by encouraging peers to take responsibility for their own transformational journey. A central function of the relationship is to encourage peers to see new ways of understanding behaviour and provides a solid foundation to explore personal and relational change. In the field of family violence, ‘overcoming violence’ does not necessarily mean 'recovery'. It is more a personal healing process which addresses the abuse itself, along with learned coping mechanisms, and the consequences and long-term psychosocial effects and influences on personal world views. Overcoming violence can also mean continued safety as well as stabilisation of emotional and physical responses to stressful circumstances (Clay, 2005).

Although crisis intervention and other forms of service remain essential within a comprehensive systemic response, they do present challenges including a focus on victimhood (Donato & Bowker, 1984). Peer support offers a bridging service which can work in conjunction with other services. The need for such a collaborative response to family violence is highlighted in the Family Violence Death Review Committee's Fifth Report (2016). Peer support provides a long-term individualised and responsive service for those at different stages of their journey. It also enhances accessibility to a hard-to-reach population and removes barriers between agencies, service users and their communities. Most importantly, peer support enables people to reach their true potential using a holistic approach to explore needs and strengths in an integrated manner (Campbell, Gray & Brogden, 2012).

4.9 Critical Ingredients of Peer Support Services

The literature notes that the key characteristics of peer support are lived experience, social support, reciprocity and self-empowerment. Peer support is founded on the value of experiential knowledge; those who have experienced and overcome crisis or trauma are in a unique position to support others on their journey of change. Peers understand the concerns and challenges of others when on a similar journey to recovery (Tunajek, 2007). They also understand the common societal and systemic barriers experienced by those they are working with. This level of insight allows for truly equal collaboration. Through collaboration and reciprocity, this relationship supports self-empowerment to build one's own support networks, navigate systemic challenges and practice new ways of being (Campbell, Gray & Brogden, 2012).

However, lived experience in and of itself is not enough to support others; professional peer support workers require a high level of emotional intelligence, including a good understanding of their own experiences and a place of stability and wellness on their own

personal journey (Campbell, Gray & Brogden, 2012; Campbell, 2012; Clay, 2005). Therefore, for a peer support service to be successful, these concepts need to be translated effectively into action and practice, including the need for specific training in an intentional model of peer support. While peer workers may still be on their own journey, the relationship provides an opportunity for them to reinforce their learning while encouraging their peer to initiate change.

4.10 About Aviva

Aviva, formerly Christchurch Women's Refuge, is a non-government organisation providing services to families experiencing family violence. Its vision statement is:

"A society where family violence is not tolerated, people of all ages are safe and encouraged to be their best, and families are honoured and supported as the origins of New Zealand's future".

Since its inception in 1973 as New Zealand's first refuge Aviva (renamed from CWR in 2013), has evolved new services to support all members of the family - children, young people, women and men (Campbell, Gray & Brogden, 2012). Aviva's services now include Shine safe@home, which supports all people at high risk of repeat severe to extreme violence to remain safely at home by implementing security enhancements, thus replacing the need to find alternative safe accommodation. ReachOut is a voluntary earlier intervention service for men using or vulnerable to using violence, and Aviva's No Interest Loan Scheme was introduced in partnership with Good Shepherd New Zealand to build financial inclusion through the provision of no interest loans to those experiencing financial hardship and/or abuse. In 2011 Aviva commissioned the Te Awatea Violence Research Centre to conduct research to inform the design, development and implementation of a family violence peer support service. Aviva's SPS service has now been running since 2013.

5. Findings

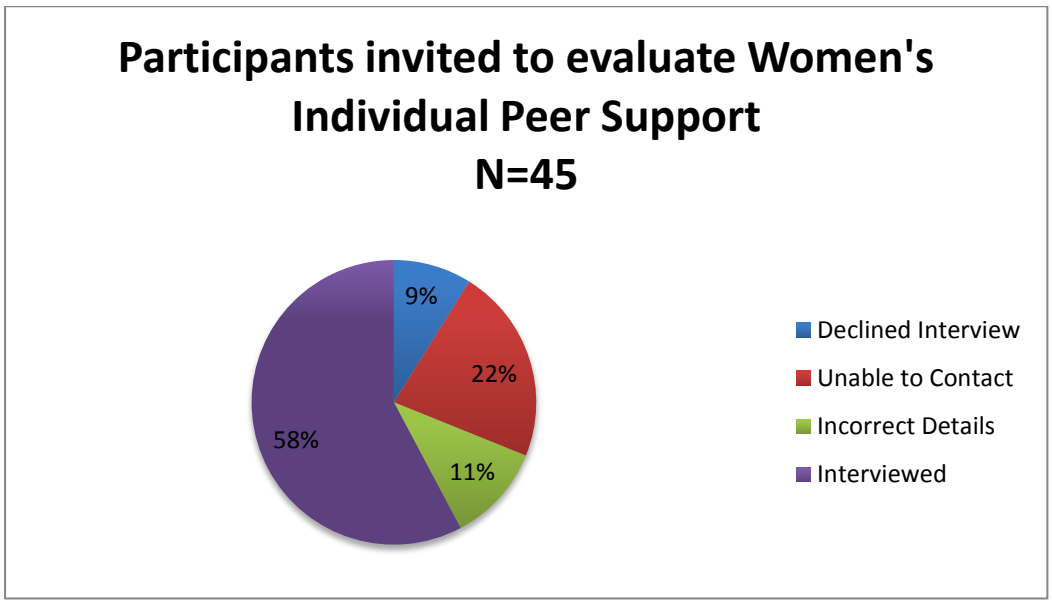
Social work research focuses on several different levels of intersection; individual, collective and institutional (Campbell & Fouche, 2013). Therefore, from a postmodern perspective, it is important to use multiple methods to investigate the numerous levels of reality. This research has used a mixed method design; both qualitative and quantitative data has been gathered. Nominal data has been used to generate demographic data such as age and ethnicity.

5.1 Challenges in Undertaking the Research

Service evaluation is the systematic collection of data about characteristics, activities and results of a service to make judgements about how to improve; develop efficacy; and inform future direction (Patton, 2015). However, there are several limitations to this evaluation including time limits; a small sample; and inconsistency with the timing of completion of service and self-evaluations by clients.

The majority of data was collected from women as, at the time of the evaluation, the peer service had been available to women for approximately two years; SPS had been available to men for 11 months.

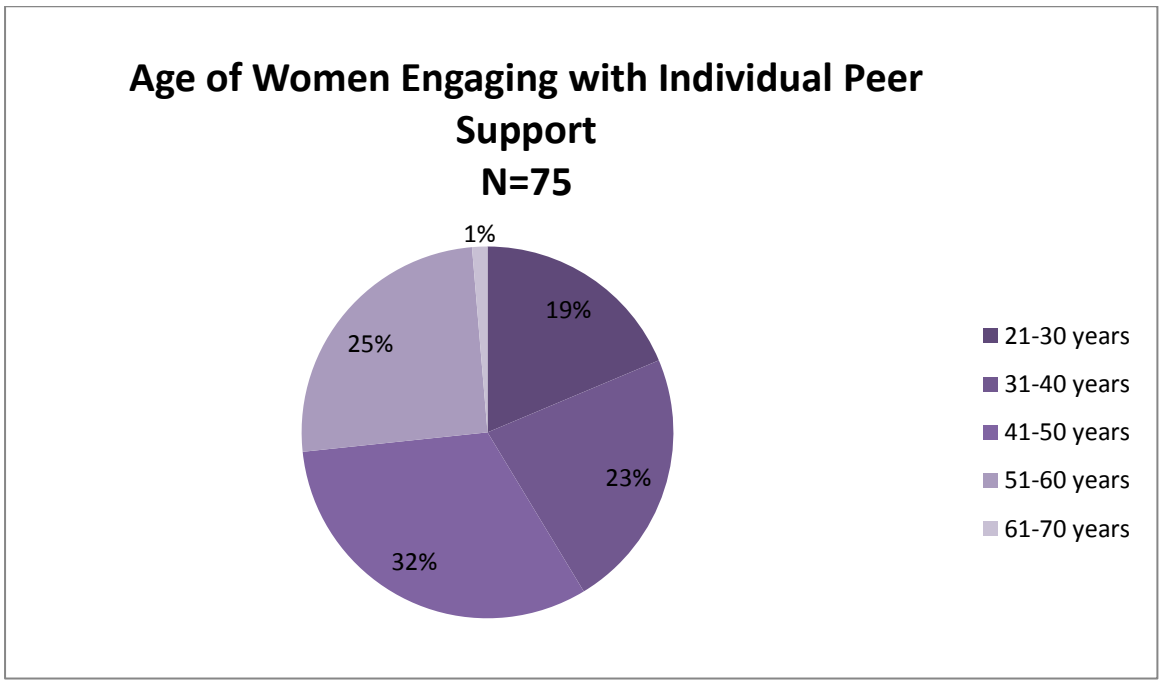
Contacting the participants presented several challenges. Understandably, due to circumstances specific to intimate partner violence; women often develop strategies around keeping themselves safe, which may include not answering calls and texts from unknown numbers (Abrahams, 2007). The high number of uncontactable participants may be attributed to this strategy. Limitations of time have also allowed for participants to be called only three times and texted once before being categorized as uncontactable. In total, 45 women were invited to participate in the evaluation of Individual Peer Support; four people declined the interview, five had incorrect contact details, ten were unable to be contacted, and 26 were interviewed.



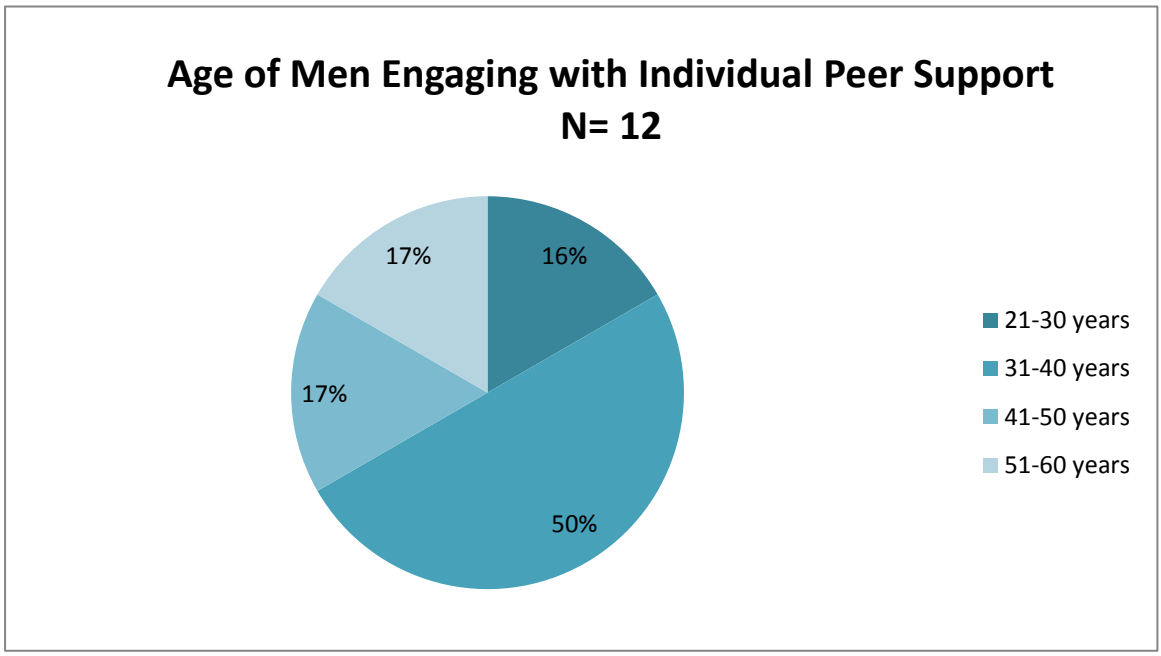
5.2 Demographic Data

Since its inception in 2014, SPS has received 124 referrals for individual one-to-one peer support; 106 women and 18 men. Of those referrals 87 individuals engaged in service (some engaged more than once) including, 12 men and 75 women. There were varied reasons for some referrals not following through to service engagement, including being unable to make contact; supported to access a different service; not really understand what peer support was, or no longer requiring the service due to gaining support from other avenues. Of the 124 referrals received 12 or 9.5% were received from Aviva ReachOut (Aviva's men's service); 41 or 33% from other internal services (Family Support; No Interest Loans Scheme; Sexual Assault Support Service Canterbury; or Shine safe@home); two or 1.6% from mental health services; three or 2.5% from Police; four or 3% from other agencies; and 62 or 50% were self-referrals. The "other agencies" include AOD agencies, Prisoners' Aid & Rehabilitation Society, and the DHB. The self-referrals have come predominately through Aviva's 0800 AVIVA NOW line, but have also come through friends who have previously accessed service; in-person referrals at community speeches at CPIT and other presentations by the Specialist Peer Support team; and via Aviva's website.

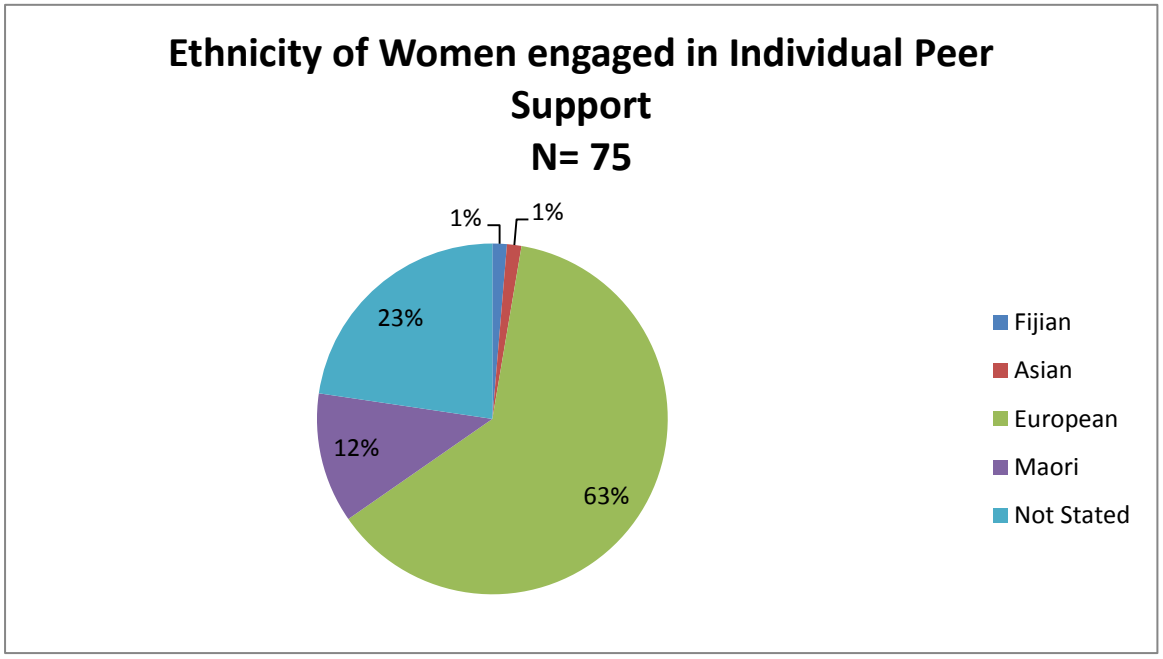
Female clients who engaged with SPS ranged in age from 21 to 65. There were 14 women aged 21-30 who engaged with the service, 17 aged 31-40, 24 aged 41-50, 19 aged 51-60 and one aged 60+. Although this shows the service is being accessed by a relatively wide age demographic there is an absence of women aged 18 to 21.



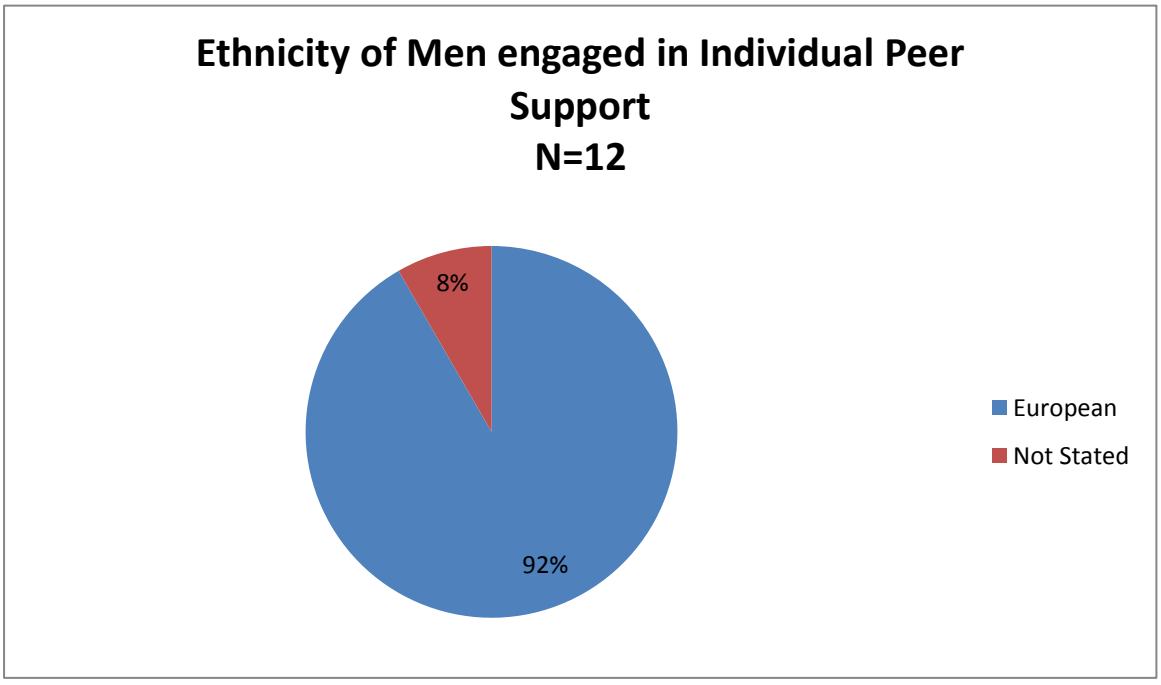
Male peers who engaged in individual SPS ranged in age from 21 to 65. There were two men who engaged with the service aged 21-30, six aged 31-40, two aged 41-50 and two aged 51-60. The most significant age group was 31 to 40 years.



Analysis of the ethnic origin of individuals engaging with Peer Support shows there is a significant proportion of New Zealand Europeans accessing the service. Of the 75 women who engaged with service, 47 were of European ethnicity, nine women were of Maori ethnicity, one was Fijian, one was Asian, and 17 did not state their ethnicity.



Of the 12 men engaged in SPS, eleven identified as European and one did not state his ethnicity.



5.3 Individual Peer Support

Women's individual service feedback forms and Self-Development Wheels (see Appendix 8.3), were analysed to identify engagement experiences with SPS. The Self-Development Wheel is a tool used by peers to identify and illustrate areas of growth they wish to work on. These range from safety, natural supports and personal grown, to self-care, hope and a future vision. The segments of the wheel provide a quantifiable measure of movement in each area as peers score their position on the wheel at several intervals throughout service engagement. Those who had recorded two or more ratings on their self-development wheel, on average, moved several increments towards achieving confidence in overcoming "stuckness" on their journey towards a more fulfilling future free from violence. This movement often takes time due to each individual's experience of trauma. A key objective of the wheel is to highlight the different aspects of life and consider how they relate to each other and have been impacted by the trauma experience. By using the wheels, women articulated gaining a better understanding of the interconnectedness and impact of their experiences on all areas of their life, and the ability to accept the things they could not change. The slow but steady movement which shows the natural ebb and flow peers experienced was not only expected and embraced, but understood to be desired result as peers gain heightened self-awareness and insight on their journey of change from this long-term intervention model.

5.3.1 Reasons for Engaging with Specialist Peer Support

Together the various SPS service documents signalled many goals which women identified as areas of importance. Coding of the qualitative data revealed seven general topics which encapsulated these objectives:

- Learn to create a happy, healthy environment for myself and my children
- Work towards becoming violence-free
- Work towards having control over my life
- Work through some of my historical issues
- Work on becoming more self-aware
- Work on developing more positive relationships and connections with my community
- Work on building self-esteem

A focus group was also carried out with a sample of males who had engaged with individual peer support. At the time of evaluation, four men were engaged with service. All were invited to participate and two agreed. The focus group discussed many of the same themes highlighted by the female service users engaged in focus groups. The information gathered provided valuable insight into the benefits of the service.

5.3.2 Client Evaluation of Individual Peer Support.

Twenty eight people (26 women and two men) who had engaged with Specialist Peer Support participated in the evaluation. Below are the questions they were asked about the service, and their responses:

Can you tell me what it was like working with people who brought their own lived experience to the relationship, if this has made a difference and how?

"*I was nervous that their story would over shadow my experience but it just provided a parallel story which was hopeful*"

"*Working with someone with lived experience provided deeper first hand understanding of my struggles. Finally someone got where I was coming from and was on my sid*e"

"*It was helpful hearing that someone else had gone through the same stuff as I had. It helped normalise everything I was feeling*"

"*It was great to work with [her] as she was a good role model and example of someone who had come a really long way….it made me hopeful*"

"It's more open and honest"

"*If you haven't been though it you don't understand our perspective completely*"

"*Experience helps where written learning doesn't*"

Can you tell about any changes that have occurred in your life since you have been working with Specialist Peer Support Services?

"*Working with Peer Support was a real turning point in my life*"

"*Through my relationship with [her] I slowly built up my confidence and self-worth. I believed I was valuable*."

"*[She] helped me understand and accept that I couldn't change everything and that was ok. I was strong enough to handle what came my way*"

Can you tell me about any new skills you may have developed while working with Specialist Peer Support Services?

"Peer Support helped me get back to who I was originally…before the relationship"

"*Peer Support helped me speak up and make decision for myself*"

"*I felt valuable again*"

"Working with [her] gave me an opportunity to exercise my social skills…and built up my confidence to open the front door and connect with my family, and friends"

"Through working with peer support I now have the confidence to access help for myself and my family"

How has your support worker having lived experience helped you connect with them?

"*[He] said to me he learnt from me, we learnt from each other*"

"*I learn from him and he learns from me, by sharing our experience we learn from each other*"

"*We understand each other, not one person talking and one person trying to understand*"

Does it differ from working with other professionals?

"*It's more collaborative.*"

"*I approach different people for different things. [He] is for the real life stuff.*"

"*For professionals the word would be work…for peer support the word would be heart.*"

Has Specialist Peer Support assisted your journey towards a fulfilling life free from violence?

"*I think so, I used to get quite nasty with my ex but I don' no more. I always have someone to call on when I need it, it helps.*"

"I have learnt to calm down a lot, I used to fire up…I have my own tactics now."

"*[He] just sat there and let me talk….he was the first person to do that…that alone helped me come out of my shell and enjoy myself.*"

"*[He] helped me step away from anger and move into trusting people.*"

Has peer support had an impact on your close relationships?

"*Really positive….me and my new girlfriend talk about everything….[he] has met her…it's great.*"

"*I consider [him] my friend….it's helped me learn to connect with other people.*"

"*Working with peer support has helped me get out of the hole I was in… a very lonely hole.*"

Has safety increased for yourself and others since working with peer support?

"*I have my own safety plan now…it keeps me safe.*"

"If it gets too much I take time out."

"*I know when I get agitated…it saves me flaring up.*"

"*People used to see me as abrasive and move away quickly…now they stop and talk.*"

Do you feel more connected with your community? If so how?

Many participants stated they did not feel more connected to their communities. Several participants appeared to interpret the question as an enquiry about the impact of SPS on consciousness-raising or contributing to their community. However, the question had intended to ascertain whether people were feeling confident to open their front doors and connect with family, friends and neighbours. Some participants did, however, recognise this connection, which was expressed as follows:

"For four years I had been living like a hermit, not going out and just doing things on the computer. Since working with Peer Support I have been able to get a NILS loan to get a bike and now I am getting out and about again."

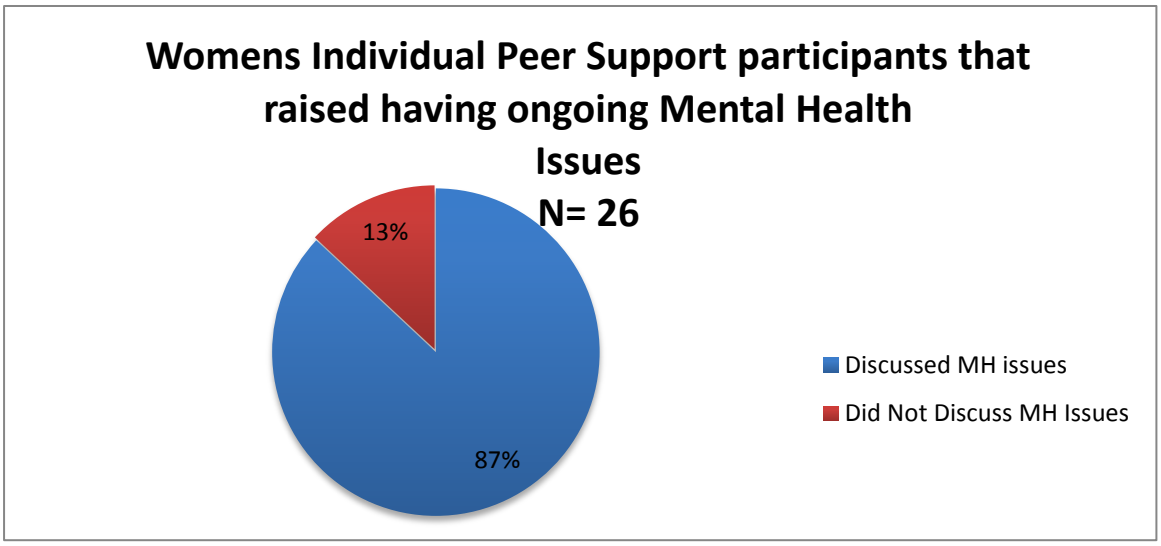
"I used to be angry a lot and people didn't want to be around me. I have strategies now to help me and I can talk to people more and I have a new job."

Do you have any suggestions on how we might improve the peer support service?

"*No, it's a great service I can see the change in my life."*

Although this was a common theme in the interviews, some women expressed an interest in follow-up counselling. People who experience family violence often have associated mental health issues including depression, anxiety and Post Traumatic Stress Disorder (Coker et al, 2000). Using a trauma-informed approach and a holistic and long-term acknowledgement of impacts marginalising victims of abuse is necessary for recovery (Duque, J. (2007). The National Centre of Domestic Violence, Trauma and Mental Health (2011) has highlighted the need to assist women to strengthen their own psychological capability to deal with multiple complex issues related to safety, trauma recovery and well-being. This can be achieved through external provision of counselling.

Many service users who have engaged with SPS present with complex issues, especially concerning substance abuse and mental health. Of the 26 female research participants, 20 of them raised having ongoing mental health issues.



Although the service can provide some support around these areas, more robust education and treatment is often required. Unfortunately, many counselling services, especially those which are lower in cost or free, often have long waiting lists which can mean a wait of several weeks or months to get a referral through.

5.4 Women's Peer Support Group

Aviva's Women's Peer Support Group started in March 2014 as a self-led group to provide the opportunity for peers with lived experience of overcoming family violence to share and grow together. It now has eight core members who meet fortnightly. The objectives of the group include providing an environment where; more natural support networks are built; where confidence and hope are embraced and strengthened and; personal skill building is enhanced. In this group, members bring their own skills to share with others, develop activities (including some with children over the school holidays), provide presentations of personal learning, and organise outings and events which may be open to other Aviva clients, and/or staff.

There are eight regular attendees of the women's group and all were invited to evaluate the group, as well as any change that group participation had fostered in their lives. Of the eight regular attendees, five chose to participate in the evaluation.

5.4.1 Client Evaluation of the Women's Peer Support Group

Below are the questions to and responses from evaluation participants regarding the Women's Peer Support Group:

How would you rate your experience of being in a group facilitated by someone with their own lived experience of overcoming family violence?

(1-Poor, 2-Fair, 3-Good, 4-Great, 5-Excellent)

Of the five participants, three rated this as excellent while two rated it as great.

"Knowing someone has had similar experiences and stories etc and is in recovery gives one hope and a feeling of being understood and not judged."

"Everyone's story is different, but similarities appear in understanding and support. Having a leader with their own lived experience gives a sense of understanding and growth to be found."

"A non-judgemental, supportive environment whereby everyone has their own stories/experiences and the facilitator enables me to not dwell on the past and recognise and learn from those experiences to get a richer, fulfilling life

How would you rate the experience of participating in a support group with others who have their own lived experience of overcoming family violence?

(1-Poor, 2-Fair, 3-Good, 4-Great, 5-Excellent)

Of the five participants, four rated this as excellent while one rated it as great.

"Support, ideas, help, recognition, a shoulder to cry on."

"I feel unless you have lived the family violence or partner violence experience I don't know if you can truly understand how hard it is or can be to remove yourself from that situation. I love the understanding others have shown to me."

"The common thread that binds and supports the group members who may not otherwise interact."

How would you rate the level of support you have received from your involvement in the peer support group?

(1-Poor, 2-Fair, 3-Good, 4-Great, 5-Excellent)

Of the five participants, four rated this as excellent while one rated it as great.

"Good friendships are developing with others who offer support in a non-judgemental and open-minded way, no matter what a person's experience has been"

"Fortnightly group meetings are my highlight and I strive to get here and participate. I have gotten stronger and when not so strong, the other women let me say and support this with their encouragement."

Has the peer support group assisted in building connections and relationships with others inside the group?

(1-No, 2-A Little, 3-Some, 4-A lot, 5-Complete Change)

Of the five participants, one said support group had helped build relationship with those in group some, three said a lot, and one identified a complete change.

"I feel we come from similar situations so we make connections through those experiences."

"I feel connected to the other members and as the group stands at the present time, I would consider all friends."

Has the peer support group assisted in building connections and relationships with others outside the group?

(1-No, 2-A Little, 3-Some, 4-A lot, 5-Complete Change)

Of the five participants, two said the support group had not helped build relationships with those outside the group, one said it had helped some, and two said it had helped a lot.

"I am more open to others and to doing activities and events - interacting with others, it is making mine and my son's life fuller, richer and more interesting."

"I have been able to make a friendship with one other member outside group which has benefitted me in a great way."

"At this time, I have stayed inside the group, but I am now wanting to reach out so will do so when I am ready."

Has your personal growth developed since attending the Women's Peer Support Group?

Each member who completed the evaluation of group said that their personal growth had developed since attending.

"I am challenged and supported by the group to move forward and make changes to my attitude and behaviours."

"Having a group of people to share with that have understanding of where you are at and not being judged for the situations you are in or have been in and decisions you have made."

"I have been able to express how I feel without judgement. I have become more self-aware and self-valued as a result. I matter."

Is there anything else you would like to comment on?

"*Women's group is amazing and is my "look forward" to activity. So valuable to me."*

"Sometimes it feels like the time for group is too short!"

"Group has given me understanding of where and why I have made the decisions in the past regarding my violent relationship-it's stopped me from being so hard on myself and given me the confidence to make a stand against those who treat me terribly."

5.5 Purposeful Peer Support Workshops

In the early stages of Peer Service development Aviva partnered with Comcare Trust to explore a model of training called intentional peer support. This training was offered to women who had lived experience of overcoming family violence. The intention of the training was to support participants to better understand their experiences and provide them with skills to support others on a similar journey. As part of the application for the training, applicants were asked if they were interested in voluntary or paid work. Together this information was used to assist in shaping the workforce model and training component required to be a Peer Support Specialist at Aviva (two graduates of the training went on to become paid Peer Support Specialists).

The training was advertised in the community as well as on Aviva's website and Facebook page. People who were interested in the training were asked to make contact and express their interest via email or by phone. Since expressions of interest were first requested, there has been a high level of interest in the peer training programme. Overtime the training has been shaped into an interactive workshop for not only potential peer support staff, but for those who want to peer support others in their community. Aviva's unique workshop is now called Purposeful Peer Support. It includes elements of self-development that have been recognised in agency conversations, graduate feedback and trauma models as not only relevant, but essential, for overcoming family violence and supporting others (e.g. understanding empathy, vulnerability and emotional intelligence).

The course is now available to both men and women with lived experience of overcoming family violence who want to gain skills to informally support others through natural engagement in their community (as opposed to providing support through formal methods of employment in a work environment). Whilst this type of engagement is what people may already do in the community, Aviva's training aims to enhance its effectiveness by equipping people with peer-based confidence, insights and skills. The workshop started out as a six-week course, and has evolved to now run for eight sessions. It continues to receive encouraging feedback from the graduates.

Since the workshops began in June, 2013, there have been 44 graduates; 39 women and five men. Three graduates have also gone on to work for Aviva's SPS service. Feedback was received from 36 individuals, all of which was entirely positive, including comments stating that graduates have gained a better understanding of how to have hope-based

conversations, and walk alongside someone else on their own journey towards a fulfilling life free from violence. Graduates also reported learned new communication skills that supported self-determination; experienced an increased level of self-awareness around their emotions; and better understood the impact of trauma in their lives and how worldviews are developed. The evaluations showed that all the graduates (100%) experienced an increase in understanding around their personal triggers, strengths and weaknesses and it reported that the skills learned were transferable into other relationships (i.e. not just peer relationships). That SPS is trauma-informed rather than 'problem focused' was reported by 100% of graduates as unique and beneficial.

5.5.1 Graduate Evaluation of Purposeful Peer Support Workshops

Below are the questions to and feedback from 36 graduates of Purposeful Peer Support Workshops:

Do you understand the difference between traditional support models and an intentional peer model?

"Traditional = assumption of a problem and how we can fix it. PPS = listening for world view, trauma-informed, looking at how we fit and not changing the fit, a partnership, moving towards what and where we want to be."

"Traditional implies the supporter is the expert. PPS implies MUTUALITY - equal."

"Peer support is being with. I can be alongside a person, be with, take care of the relationship and enjoy the awakening in a person when they move to a different place."

Are the skills learned in the Workshop transferable into other relationships?

"How to listen. Be comfortable and open up about things. How to word things differently."

"Transferable into family life - communications with members. Within the community, dealing with WINZ etc."

"Listening with intent and curiosity, learning to take a step back and see situations a lot more clearly."

"Very aware of connecting, and being with people rather than fixing or focusing on problem."

"Listening, curiousness, changing the questions I ask. What I am conscious of. Better understanding of my part in things. Being reminded of the trauma that happens to a person. Self-care and self-awareness. Boundaries."

Has the workshop assisted with your self-awareness, to better understand how trauma influences how you see, interpret and respond to the world?

"I now know not to immediately jump in to try to 'save' everyone. To listen to the underlying things, not just the emotions."

"Trauma has the ability to make someone go straight back to that moment and when it does they react in the same way as they did then no matter what age they were."

"Knowing it's a cycle that goes round and round. You can change the belief."

"Events from my past have impacted on how I react to situations today."

"I can see how my worldview and many of my behaviours are outcomes of early trauma."

"That not everyone experiences trauma in the same way."

Has the workshop assisted you to recognise your own emotions and how they affect your thoughts and behaviours?

"Triggers of past emotions throw me backward and I can sometimes catch myself acting really childish."

"My emotions can lead me down the wrong path if I do not acknowledge as being, but not to act on them - sit, reflect, share and not react to my emotions."

"I now understand about my own trigger when working with someone else."

"I am working on mindfulness and being aware of my actions."

Do you have a clear understanding of boundaries and what your responsibilities are in a peer relationship?

"You're there to guide and support not be a friend or rescue people."

"Doing peer support I know what my boundaries will be, but this will be flexible."

"The main one being trying to stay peer and trying not to fix things and if I feel anyone is unsafe to talk to someone about this other than the 'client'."

"Very important to be clear about boundaries from the start."

"Boundaries are part of emotional intelligence and are there to support mutual relationships."

Are you better able to listen from a 'place of not knowing'?

"Don't assume! Be curious!"

"Yes and using listening skills to get to the hidden story."

"Hold back any judgements."

"To know it is better to listen to understand than to listen to respond."

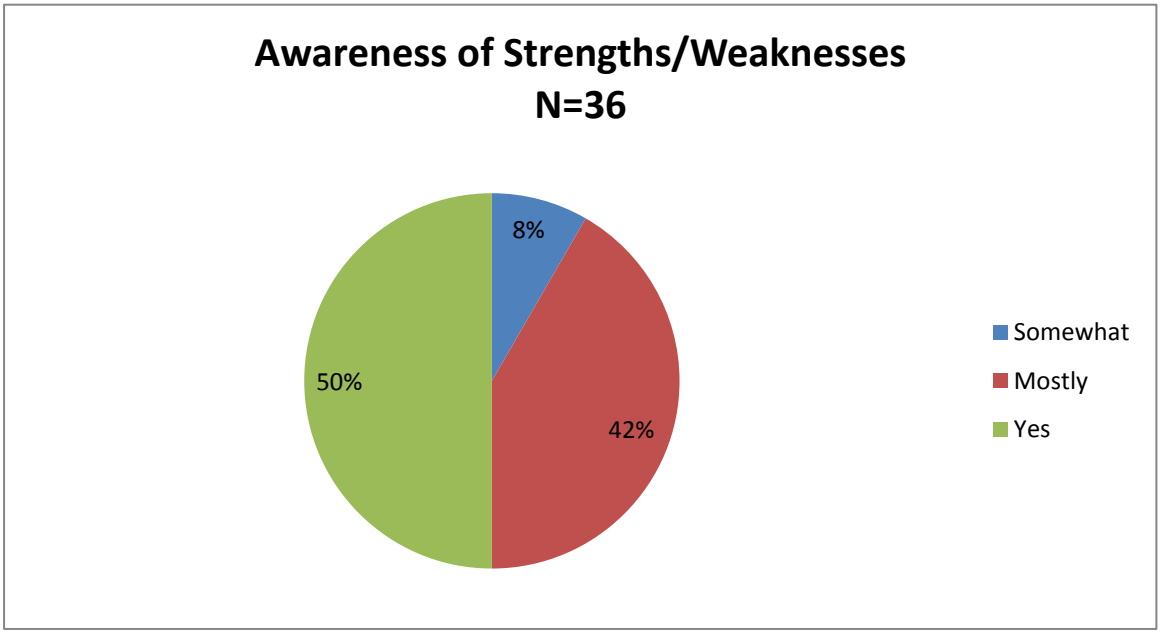
Do you have an awareness of the power differences that can occur in a peer relationship?

"I have become aware of how easy it is to become a victim or a rescuer and have learned techniques to help prevention of this happening."

"You could become the rescuer or expert, which we aren't."

"That your peer may want to be helpless and want to be rescued."

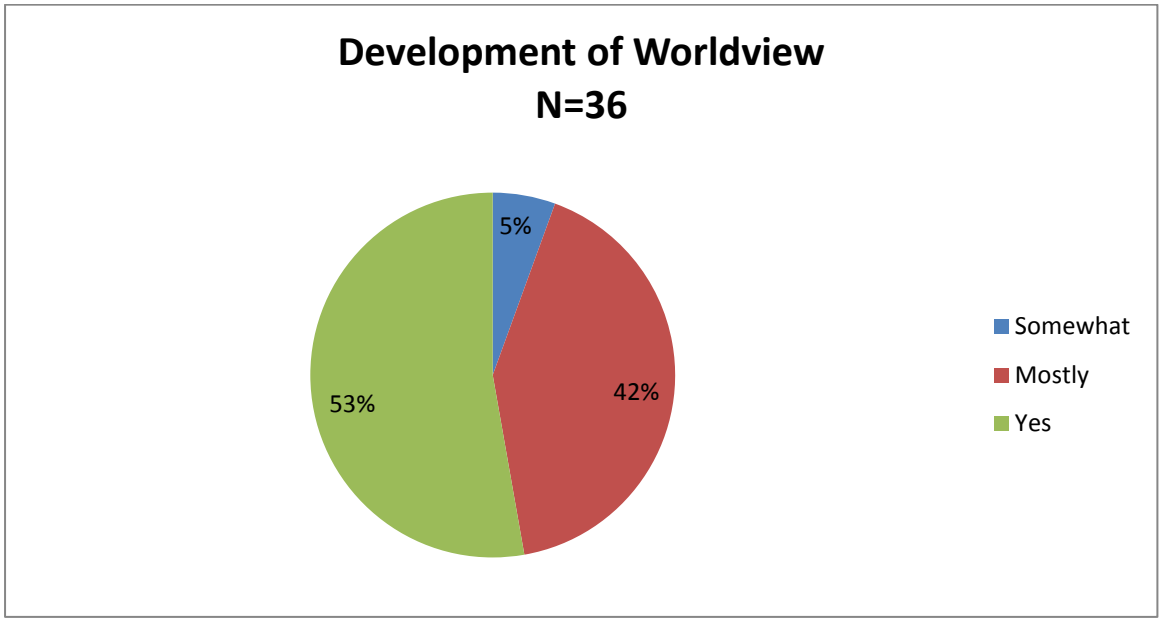
Are you more aware of your strengths/weaknesses since the training? (1-No, 2-Marginally, 3-Somewhat, 4-Mostly, 5-Yes)



18 people answered yes, they could better identify their strengths and weaknesses; 15 answered 'mostly'; and three answered 'somewhat'.

Has your worldview (your perspective of the world through a lens of personal experience, knowledge and learning) developed?

(1-No, 2-Marginally, 3-Somewhat, 4-Mostly, 5-Yes)



19 people answered yes, they could identify a change in their worldview, 15 answered 'mostly', and two answered 'somewhat'.

Did you find the training relevant and beneficial?

"Absolutely, so much learning on so many levels. I feel as this is the path I want to pursue for a future career."

"Yes, training content and group input and examples particularly when facilitator would link a personal story to training content."

"Great training and I will definitely keep using this model in my workplace and at home."

"The training presented me with a new and hopeful belief in my world-view, and amazing new approach to listening and has revealed my own personal trauma cycle."

"I found training challenging and inspiring, gave me a greater understanding of myself and hopefully others. Lots to think about."

5.6 Pathways to Employment

As an extension to the Purposeful Peer Workshop training Aviva has formed a partnership with Work and Income to provide a six-month work placement opportunity to graduates from the training. This was made possible through a financial subsidy (for those who meet the Work and Income criteria, which is to be on a benefit and disadvantaged due to family violence), and additional independent corporate sponsorship.

Two of the graduates who took up this opportunity have gone on to become valuable team members and continue with the agency into their third year of employment; (a third Peer Support Specialist was employed in 2014 through usual recruitment processes). During interviewed conversations both workers stated that the experience has been a rewarding one. It was also mentioned that coming into a new workplace was an "interesting challenge," especially with a new service that was still being developed and a first for New Zealand. Learning to grow with the service as things cemented and changed and policies were revised with time was of particular note, as there was a level of flexibility required to assist with the service's establishment. It was noted that it took time to become comfortable as new members of the team, who also offered services in a new way for the agency, but that management was supportive and helpful throughout the process. This suggest that implementation of SPS needs to be driven from the top. Both team members reported gaining further experience in a work environment supporting their peers, and this has led to gained confidence and skills.

5.7 Transferability

Two focus groups were held for members of Aviva's staff to discuss the transferability of SPS. One focus group consisted of eight Family Support Workers, and another five members of Aviva's management team. Emerging from the discussions was a very positive view of SPS by staff working in other services offered by Aviva. All Family Support Workers expressed a readiness to refer clients to SPS, which speaks to the value they see the service offering their clients. The participants of the focus groups also expressed the belief that the peer support model was transferrable and could be used by other family violence agencies.

One of the main issues highlighted by management was the need for philosophical values alignment if the peer support model were to be adopted by another agency. The change towards other models of helping, such as peer support, needs to be driven from the top, and may require a change in organisational culture. Agencies need to be open-minded and

provide the proper support to all staff in order for the addition of peer support services to be achieved and function, well. This shift needs to be well organised, and the use of communication between services should be fluid. There is also a need to ensure that peer support is an intentional and evidence-based practice with measurable outcomes.

Aviva staff participating in the focus groups were asked:

What could be the benefit if Specialist Peer Support was provided by other specialist family violence agencies?

"Peer Support is meeting the needs of the people in a holistic way."

"It removes isolation and provides long, on-going support."

"It provides more avenues of support."

"Peer support highlights the power of the story."

"There is a community element in Peer Support, which can work towards changing social perspective, like the training PS does for the police."

Do you believe Specialist Peer Support is transferrable to other specialist family violence agencies?

"If the model was well explained and there are open and frank conversations about what Peer Support does."

"If the change is driven from the top and the change is supported and resourced."

"There needs to be a philosophical and values-based alignment in the agency peer support is being transferred to"

"There needs to be an effort to keep the model 'pure' and the work needs to be consistent in the values of the model."

What would be helpful for other agencies to consider or do when planning the implementation of Specialist Peer Support?

"Recognising the need to resource and support staff through 'rubs' that will occur in a changing workplace culture."

"Get the message out there that Peer Support is an intentional model of support with evidence based practice and outcomes'.

"There needs to be an understanding of what it is and what it's not – that it's not just a cup of tea."

"It takes time to build trust in referring clients."

6. Discussion

Empirical evidence has highlighted the benefits of shared experience within the family violence sector (Barns & Abrahams, 2008; Coker et al, 2002; Campbell, Gray & Brogden, 2012; Evans, 2007). Abrahams (2010) highlighted the need for 'specialist understanding' which enabled women to confront loss and trauma associated with family violence through sharing their knowledge and experiences. Thematic analysis identified **understanding** as the critical component peer workers brought to the relationship.

Challenges linked with family violence are often outside the realm of some people's experience (Arriaga & Oskamp, 1999). However, through the commonality and shared empathy of the peer relationship, a greater level of **trust** allowed peers to share parts of themselves they would normally keep hidden. It was also suggested that being **believed** was a key contributor to the strong bond and ease of relationship.

Peer workers provide a safe space to talk through personal issues without **judgement**. Friends and family often want to offer support but are unsure of how the situation continued or why leaving was not a priority. Unintentional judgement was often a harsh reality.

Challenges linked with family violence are often outside the realm of some people's experience (Arriaga & Oskamp, 1999). Women within this study commented on growing tired of explaining their reality to sceptical friends and family, whereas a peer with similar experience understood their feelings and challenges. Having an ally (peer) who shared similar challenges also helped **normalise** their emotions and experiences within the family violence context.

Having **shared experiences** also enabled peers to recognise coping strategies and behaviours and provide insight into how these may be blocking forward momentum.

Donato & Bowker (1984) speak to the benefits of working with people who provide a strong message of hope and vision for the future. Many peers spoke to the **credibility** of their peer worker, as someone who had faced similar challenges and was able to provide tangible examples of overcoming family violence and achieving a more fulfilling life.

The most prominent change discussed was learning to **prioritise**. A consequence of being in an abusive relationship is the women's focus has often been on the needs of her partner; this is often a strategy used to keep themselves and children safe. The 'Power and Control Wheel' illustrates how a partner uses manipulation to exert control (Domestic Abuse Intervention Programs, 2011), and victims of family violence become accustomed to neglecting their own needs in favour of their partners; this is often a hard habit to break (Abrahams, 2007). SPS allowed the peers to explore their needs and wants for the first time.

This reflection required encouragement from peer workers who had journeyed from a similar space. The peer relationship allowed peers to have new conversations that reinforced and legitimised their new self-focused perspective.

"I was always so preoccupied with what my partner wanted. When he was happy, me and the kids were left alone. I honestly didn't know what I wanted or needed when I left."

However, the question of the extent of influence of the peer relationship did prove difficult to answer for many of the peers. There were issues around linking movement in a specific area to work carried out within the peer / peer worker dyad. Women talked about engagement with multiple agencies, which blurred the lines between which agency was contributing to aspects of their development. Although blurred, this does speak to the value of a peer model working alongside other services and the potential for **transferability**, which was seen as beneficial and hope-giving not just by peers but also Aviva staff. If a well-supported peer service was run from other family violence service agencies, it could further normalise the experiences of peers, build social connections and be accessible to far more people.

Peers within the study also identified multiple new skills they were developing, as these were made visible by their Self Development Wheel. A significant theme emerged as one of **self-discovery**. Women often talked about how they were before and after the relationship. Many spoke of being bubbly, confident and fun-loving prior to the abuse they experienced, and losing these qualities as a result of the violence. The peer relationship provided a safe space to rediscover and reconnect with these dormant qualities.

After an abusive relationship a person's **self-esteem** can be extremely low due to tactics of power and control used by their partners (Domestic Abuse Intervention Programs, 2011). Building this back up is vital to restoring self-worth. It is the first building block to recovery and promoting social inclusion. Building self-esteem and creating a positive self-awareness originates from identifying your own strengths and abilities. Service users reported that the peer relationship provides a safe space to explore these concepts and build on areas needing development. Being able to accept and be happy with who you are and what you have to offer the world is a major part of having high self-esteem.

Perspective taking was another skill many people developed during their engagement with SPS. The reciprocal nature of peer support allowed peers to hear alternative views and develop their understanding of their experiences. This exchange of ideas, beliefs and viewpoints encouraged peers to look at things differently or consider others perspectives.

Many of the peers in this study discussed the negative self-talk that hindered them from seeking help and moving on after the relationship ended. People can talk to themselves all

day long and this self-talk can be focused on the negative. Often it is tainted with guilt about their past or anxiety about their future. Living with constant emotional abuse only reinforces these negative thoughts. The peer relationship encouraged a shift to **positive self-talk.** Our actions are inspired by our thoughts; if we can change the way we think and interpret the world, we can begin to change the actions we take. Practicing positive self-talk can help set in motion actions that will bring great reward.

Another central theme that emerged was the need to 'practice' **social skills.** Previously, removal from the situation and withdrawal are key strategies for women in family violence relationships (Coker et al, 2002). Service users stated that the peer relationship provided an example of how a healthy relationship functions and provides an opportunity to learn new skills around sharing, support, conflict and negotiation. Peers reported that they were more willing to open up to others as they learned to trust again. Having social support is a documented protective factor against the negative effects of family violence on mental health and also contributes to encouraging help seeking behaviours (Mitchell & Hodson, 1983).

7. Recommendations

Recommendation 1: Having consistent timing of client service- and self-evaluations paperwork is essential to provide an informative tool for reporting, evaluation and research, allowing for comparable data to be collated and compared. Conclusive results could be collected and this would assist funding proposals and service development (Patton, 2015, D'Cruz & Jones, 2014)

Recommendation 2: To build awareness of the service, collaboration with multiple agencies should be encouraged. Demographic data indicated the under-representation of potential clients, particularly Maori and young women. The Loft provides an excellent opportunity to link with other agencies and, with more exposure, awareness of the service will reach more people.

Recommendation 3: As many of the peers talked of needing to build self-esteem, Peer Support Services' continued involvement with CPIT (now Ara Institute of Technology) could provide opportunities for women wanting to improve their self-esteem by creating a bridge to help peers enrol in courses (e.g. those run by the Next Step Centre) if so desired. This would offer an opportunity for peers to connect with their communities, building on their support networks.

http://www.cpit.ac.nz/study-option/qualifications-and-courses-display?course=106003&title=Self+Esteem+for+Women

Recommendation 4: Trauma-informed approaches now incorporate responses to long-term psychological impacts of abuse (NCDVTMH, 2011). Many of the women discussed their mental health issues and their objective of working through historical issues. Having a solid referral path to low-cost counselling access would allow peers to focus on interpersonal development whilst counsellors helped to address mental health issues.

Recommendation 5: Significant numbers of peers disclosed mental health issues. MHERC offers a free workshop which could provide Peer Support Specialists, or peers, with skills to increase their knowledge of mental health issues and enhance their skills to use interactions within the peer relationship to progress through these issues (Mead, Hilton & Curtis, 2001).

http://www.mherc.arlo.co/courses/138-basic-mental-health-support.

Recommendation 6: As SPS was seen as a beneficial service that could be transferred to other specialist Family Violence agencies, some guidelines for transferability should be created. This would highlight the organisational change that would be necessary, as well as assist with communication to make the implementation of a SPS service simple, successful and efficient.

8. Appendices

8.1 Information Sheet Provided to Potential Participants Prior to Consenting

Hello, Tēnā koe

My Name is Holly Richardson, I am currently completing a Bachelor of Social Work at the University of Canterbury. I also hold a part-time position at Aviva (Family Violence Services), where I have contributed to several different roles over my four years with the organisation. As part of my study I am required to carry out a research project and as Aviva was interested in conducting an evaluation of their Specialist Peer Support Service this provided a unique research opportunity for me.

I will be working under the supervision of Beryl Brogden (Peer Service Development Manager) and Nikki Evans (University Lecturer) to complete the project. We are asking for your help with evaluating the services offered within Peer Support.

You have received this letter because you have told us that you may be interested in becoming a part of this study – thank you! You may keep this information sheet as it gives you all the information that you need to know about this study.

What is the purpose of the study?

Specialist Peer Support draws on the experience of men and women who have overcome family violence to offer inspiration and support to those on a similar journey. Aviva and Peer Support are wanting to hear your experiences with the service.

‘Is peer support making a difference?’

As this is a relatively new service we are keen to hear how your engagement with the service has supported you move forward and connect with others. This information will help the service to develop further and better address the needs of future peers.

Do I have to take part?

Participation in this research is voluntary. If you decide you would like to be involved, and then change your mind at any stage, you don’t have to continue.

What will I do if I take part?

If you are happy to take part in the research, please return the signed consent form. Or, if you prefer a face-to-face interview, then I can give me the signed consent form then.

Remember, you can choose to take part in a way that best works for you:

- we can talk over the phone (with verbal consent)
- we can meet at a location of your choice
- I can post out a questionnaire for you to complete and post back
- I can email you the questionnaire for you to complete and email back

The interview should be considered more of an informal chat and should take no more than 60 minutes of your time to finish. Also, if you choose to meet, you are most welcome to bring a support person/whanau member along with you.

The research will also require that I have access to your self-development wheels, mission statements and service evaluation feedback forms. This will help us understand how the service has assisted you in your journey. All information will remain confidential and your name will not be used within the research document.

What will I get out of it?

Choosing to be involved in this study gives you a chance to have your voice heard. It will give you an opportunity to contribute to the development of the service.

Are there any risks to taking part?

Even though we have chosen to focus on your experience with the service, we are aware that your journey prior to your engagement with peer support may have been difficult. If you feel you would like further support, we have put together a list of resources and support agencies for you. Aviva will also help to find appropriate support if needed.

You don’t have to answer any questions you don't want to, and you can stop the interview at any time.

If I take part in the research, will it be kept confidential?

Your privacy is important to us and your questionnaire/interviews will be kept confidential. Only members of the research team will be able to see it. I will write the research in a way that no one will be able to identify you.

As the questions will be open-ended and there will be plenty of opportunity for you to describe your experience in detail. If you do complete the interview face-to-face, I will ask to audiotape and/or take notes (only with your permission) to make sure that I don’t miss anything that you say. If you feel uncomfortable at any time during the interview, the recorder can be switched off. If you choose not to be audiotaped, I will take notes instead.

Under no circumstances will any of your individual responses be given to any third party. All questionnaires and tapes will be stored in a locked cabinet at all times.

As with any information shared, if there is any concern for your immediate safety or the safety of your children, it may be necessary for a third party to be involved. Where possible you will be involved/or advised of any intention to take action(s) before they are taken.

When the research is completed, we may save the tapes and notes for use in future research of our own. These records will be stored securely within the agency office for up to 12 months and then will be destroyed.

Final note

This project is currently awaiting ethics approval from the Human Ethics Committee at the University of Canterbury.

If you have any questions about this research, please feel free to contact me directly:

Call/text: Holly Richardson

027 722 7282 Email: holly@avivafamilies.org.nz

Thank you!

8.2 Consent Form

I _____ _____, agree to participate in this research project. I have read and understood the information sheet that I have been given and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason.

I understand that all information will be kept confidential. I understand all information will be securely stored and that it will be destroyed one year after the conclusion of the study. If this research is published I understand my name will **not** be used.

I know that if I am not happy about any part of the research that I may contact the Supervisor of the study:

Nikki Evans Phone: 364-2987 ext: 4958 email: nikki.evans@canterbury.ac.nz

Beryl Brogden Phone: 378 3832 Email beryl@avivafamilies.org.nz

I understand that I will be given a copy of this consent form.

If you wish to participate in this study, please print your current contact details below and post your signed consent form back to us using the prepaid envelope provided.

_____

Your name *(please print)*

_____

Your signature

_____

_____

_____

Your address

_____

Your phone number

8.3 Self-Development Wheel

Self-Development Wheel

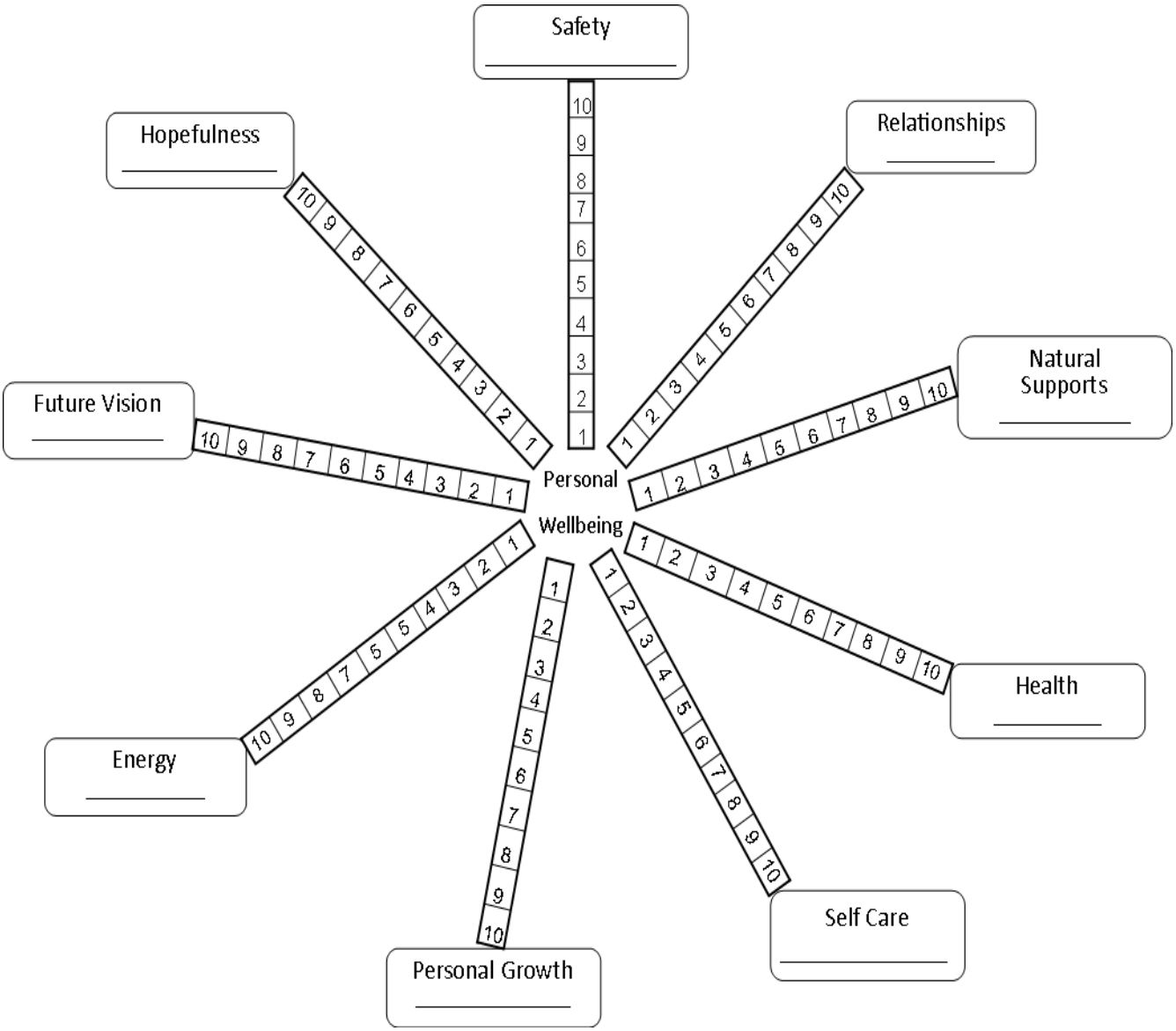
Start Date _____

Name: _____ Review Date _____

Support Worker:_____ Review Date _____

Ratings:

1 Not on my Radar
2 Thinking about it
3-4 Ready for Support
5-6 Taking Action
7-8 Movements Happening
9-10 Feeling good / Confident



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