

Designing a Peer Navigation Program for Victim-Survivors of Domestic, Family & Sexual Violence (DFSV)



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Context

Need: Victim-survivors often need to navigate complex health and social care systems to access DFSV support, frequently without help. Peer navigators may play an important role in supporting victim-survivors to connect with services, overcome barriers, and access needed care.

Population: Victim-survivors in primary care settings.

Program: This program was designed to establish a multidisciplinary response connecting peer navigators, GPs, and DFSV practitioners. We describe two stages:

- Stage 1: Participatory process to design the core components with lived experience experts.
- Stage 2: Qualitative study to identify barriers and facilitators to implementation.

Description of Peer Navigators

Who: Peer navigators are victim-survivors of DFSV. No formal qualifications are needed.

Role: Peer navigators draw on their lived experience of DFSV, as well as experiences in navigating services, and apply this as lived expertise in purposeful ways to connect, validate and support.

Funding: Australian Government Research Training Program and the Medical Research Future Fund.

Training: Peer navigators and GPs should undergo training in trauma- and violence-informed care and training to prepare for embedding peer work.

Support: We identified three support mechanisms:

1. Program Manager to provide line management
2. Peer Work Practice Supervisor to support reflective and sustainable practice
3. A community of practice for ongoing support and learning opportunities

Findings

Stage 1: Working Group’s Core Program Components

Peer-Informed Relational Care

Peer navigators can offer crucial emotional support based on lived experience.

Practical Support

Peer navigators can work collaboratively to identify strengths and overcome barriers to care.

Safe & Ethical Practice

Safety needs to be considered in design especially since peer navigation is new to DFSV responses.

Role Clarity and Boundary-Setting

Peer navigators must be supported to uphold boundaries for sustainable practice.

Organisational Supports

Training, supervision, and organisational processes are needed to support peer navigators.

Stage 2: Implementation Study

Using the Consolidated Framework for Implementation Research, we identified five key barriers and nine facilitators to implementation:

Examples of Barriers

- **Local Conditions** that can constrain program delivery (e.g. lack of referral options).
- Lack of **compatibility** of the program with existing systems.

Examples of Facilitators

- **Relative Advantage** compared to primary care current practice.
- **Teaming** processes to establish multidisciplinary collaboration.

What’s Next? We will prioritise the barriers and facilitators to focus on and use those to identify strategies to support implementation.