

An Angel at Your Table: Mentoring and domestic violence recovery

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There are many services that assist women in recovery from domestic violence. This can be a lengthy process and requires sensitive and skilled interventions. This article describes an internal evaluation of an initiative that uses mentoring as a model of support, the Doncare Angel for Women Network (DAWN). DAWN trains and utilises volunteers to support women in recovery, as mentors or 'personal champions'. This program has been operating since mid 2007 and clients are asked to complete mental health inventories before and after their DAWN experience. Entry and exit interviews are also conducted with clients and volunteer 'Angels'. Indications are that support from this program assists women to remain safe and to regain mental health, confidence and hopefulness. The DAWN Program emerges as a cost-efficient, practical, and manifestly positive means of assisting recovery for women from domestic violence.

The support helped me hold myself and my children up without falling apart. (Client: Vivien, Post-DAWN Questionnaire)

Recovery from domestic violence can be a long and troubled journey; it is a journey back to self after trauma has stripped you of safety and confidence. Each woman's journey is unique to her situation, affected by the availability of suitable support and resources, and by individual experiences and resilience. Such recovery is a long process for most.

Those who have worked with survivors of domestic violence, in a supportive or therapeutic role, know that the effects are dire, diverse and persistent. Whether the abuse includes physical or sexual assault, the psychological impact stems not from bruises and broken bones, but from broken hearts. It stems from humiliation, manipulation, betrayal, shaming and constant disparagement. The effects are similar to brain-washing. Contrary to common belief, there is evidence that women resent and fear psychological abuse and its effects more than physical abuse (Follingstad et al., 1990). And any kind of violence has a psychological impact, whether the abuse is physical, emotional, verbal, or some other manifestation of abusive and controlling behaviour.

While women may need medical attention, usually for a number of days or weeks, the psychological healing can take many years. This is one of the reasons that domestic

violence is the largest contributor to death, disease and disability in Victoria (VicHealth, 2004). Much of the support funding goes to short-term and crisis services, and many studies have recommended more long-term support services, including Patton (2003) and O'Brien (2006).

In 2007, a recovery initiative committed to the long term recovery process that many women require commenced in Melbourne's eastern suburbs, called the Doncare Angels for Women Network, or DAWN. This article describes this mentoring model and presents the outcomes of a five-year internal evaluation from the perspective of the women assisted by the program, and feedback from the volunteers.

The DAWN Program

In late 2001, I took a position at Doncare, a community welfare organisation, managing a Counselling Program that offered over 3000 appointments per year. At that time there were no programs specifically for women or children who had lived with violence at home, and with CEO support, we set out to remedy this, finally securing funding for support groups in 2004. From my involvement in Doncare's counselling services, I had observed how well women recovered once they were safe and re-connected to the community through counselling and support groups. A common thread in the lives of these women was the lack of social support.

Domestic violence is an alienating experience in so many ways, cutting victims

off not only from the people who might support them, but also from their faith in themselves. There is only so much a worker can do to reconnect people positively with their community, and usually workers are more likely to connect clients with other services. What it seemed these women needed was a way to reconnect with other people, other mothers, to make new friends, to take up or renew their interests and to find ways to once again live fulfilling lives. Antidotes to misery (depression) and worry (anxiety), such as the capacity to find joy and to remain hopeful, are important, and in the case of those who live with abuse, the other vital factor is the attainment of safety. A long-standing awareness amongst clinicians of the complex recovery process for women and children after domestic violence, together with the desire to create opportunities for women and their children to be supported along this path, was thus the progenitor for the Doncare Angels for Women Network Project (DAWN).

This paper documents an evaluation of the DAWN Program after the first five years of client service. A further evaluation of the most recent three years of the program is about to be undertaken.

The DAWN program sits within a suite of supports that Doncare offers to women who have experienced the impact of domestic violence, including support groups, counselling and practical and financial assistance. Many women who are trying to regain their mental and/or physical health are also living in reduced financial circumstances. They often cannot afford services or goods that most families take for granted. Small grants have been made available to women for such expenses as computer training, self-esteem courses, driving lessons, necessary medical expenses and essential bills, moving costs and short term respite.

DAWN provides long-term support to women who have experienced domestic violence with the primary intention of speeding the process of recovery. The aim is to improve the safety, confidence, and community connectedness of abused women

(and their children), thus improving their mental health and their ability to manage their lives, their children and their capacity to contribute to the community. This is done through a mentoring process, where volunteers ('Angels') are matched with a client to provide in-home social support, assistance with practical issues, and companionship. The program works to combat feelings of shame, anxiety and isolation that are common in women after leaving a relationship with an abusive man, especially given that most clients have been forced to relocate and to live in reduced circumstances.

Clients are referred from other Doncare programs, women's refuges, welfare services and police. Most clients have dependent children, and many therefore still have contact with the man who has abused them. Women need to be safe in order to be matched with a volunteer, although many still have concerns about child contact handovers and continued harassment of some sort. Women do not receive home visits unless staff are comfortable that it is safe to do so. Staff discuss safety concerns with clients at assessment, including current intervention orders and access arrangements. One client had a 'phone Angel' for some months until she was safe to receive home visits.

The program received 72 referrals in the first five years, and about one quarter of those were deemed not suitable for the program, or did not go through to matching. This could be due to simple reasons such as a client moving out of area soon after referral, but sometimes decisions are made that a woman is perhaps not yet safe enough to be home visited by a volunteer. Other reasons include a client having serious immediate mental health issues, or the referral being more suitable for another program. Clients not accepted into the program are referred to alternative services. Some DAWN clients are also accessing other services, such as counselling. Angels often alert the Co-ordinator of the need for other services, and facilitate linkages, some attending case conferences as a support person for the

client. Clients remain in the program from 10 to 24 months, with most being in the program for between 12 and 15 months.

Doncare recruits women as volunteer mentors ('Angels') to provide weekly domiciliary support to women clients for a twelve-month period. Angels are recruited through brochures distributed to local services and notices and articles in the local paper. These women come from a wide variety of backgrounds, and the program looks for women who are practical, non-judgemental and have good boundaries so they can maintain a semi-professional relationship with their client and the agency. Over the years the program has been operating, more than half these women have themselves had experience of domestic violence, either directly or through friends or family members. They need to be well recovered themselves if they are to support someone else, and to tolerate the pressures of dealing with the stressors being experienced by their client. Not all volunteer applicants have been accepted into the program. The most common reasons for this are that some are still too close to their own experience of domestic violence, or they are not deemed to meet the selection criteria to perform the role. Monthly Team Meetings for the Angels include some aspect of professional development as well as time for debriefing. Individual telephone and email support is always available.

The volunteers usually meet with clients weekly, either at the client's home or they go out together, such as to a park or coffee lounge. Their role is promoted as 'skilled companionship' and can include advocacy, personal support and attendance as a support person at meetings and appointments. Angels help clients to access services such as financial counselling, women's support groups, and children's services. They advocate for their clients with the Department of Housing, Centrelink, legal services and in locating services for their children. They may attend court with clients, as well as parent-teacher interviews, case conferences, Victorian Civil and Administrative Tribunal hearings and

medical appointments for issues ranging from tooth extractions to chemotherapy.

In carrying out this role, the Angels use a great deal of creativity and compassion. For example, one Angel was very concerned about her client who had signs of having an eating disorder, and would not eat when stressed. The Angel began taking home-made soup with her to visit this client. This assisted the Angel to feel she was being useful, made it more likely that the client would share the food, and most importantly led them both to being able to discuss this issue. Some join a community activity with their clients in order to encourage a return to participation in social activities and to improve mood and anxiety levels. Over the last few years Angels have participated with clients in dancing classes, visiting art galleries, and exercise programs. Some Angels assist those who have young children by going to parks or helping with household routines and management. One Angel, who was supporting her client in her studies to be a qualified beautician, was the client's first model for a facial. Many clients liken the relationship to their 'Angel' to a mothering relationship.

It was so reassuring to have (my Angel) to visit. She is like a mother figure. The mother I have always wanted and needed.

(Client: Grace, Post-DAWN Questionnaire)

Five-year Evaluation of the DAWN Program

The rationale for the evaluation of this program was to provide the agency with information about the effectiveness of the program, and provide learnings about future directions. It specifically aimed to capture preliminary outcomes for participants and mentors and to identify areas for improvement in program design and implementation. Funding did not permit a formal external evaluation, but the agency was strongly committed to tracking outcomes where possible in as rigorous a way as could be managed despite staffing constraints.

A number of processes are incorporated into the DAWN program's

procedures to assist in evaluating the program's effectiveness. Clients are asked during the assessment interview what are their hopes from the program, and also complete questionnaires at that point. Exit interviews are held where possible and 'Angels' are also asked for verbal and written feedback. For the purposes of the evaluation, interviews were also conducted with the DAWN Coordinator, to gain a fuller picture of the successes and challenges that arose in the program. This data was used in the evaluation discussed here. Names have been changed, as well as identifying details from client stories to protect anonymity.

Clients are asked to complete two standard inventories at the beginning and the end of their involvement with the program: the Depression, Anxiety and Stress Scale (DASS21) (Psychology Foundation of Australia, <http://www2.psy.unsw.edu.au/dass/>) and the Impact of Events Scale (Weiss, 2007). These inventories are designed to assess levels of anxiety, stress, depression and trauma symptoms.

During the first five years of the program, 32 clients completed the inventories at the beginning of their DAWN experience (at assessment). Twenty-eight clients completed the inventories at the end of their DAWN experience (at closure). Combined pre and post DAWN data thus reflect the responses of 28 of these 32 clients. Not all clients completed the evaluation forms, for a number of reasons. Some had to move out of area with short notice, if public housing became available or they were located by an ex-partner; some were not sufficiently literate in English to be able to complete the evaluation forms; some declined because they were too busy with court or children; and in some cases the clients lost contact for other reasons.

Before commencing with their volunteer Angel, clients are also asked to complete a third questionnaire developed for the program that asks clients to rate themselves on a 5 point scale according to the following continua:

- Calm ----- Agitated/Angry
- Happy ----- Sad

- Safe ----- Fearful
- Ability to manage their problems (Excellent – Poor)
- Hopefulness (Excellent – Poor)

This questionnaire also asks clients how and when they would like to be supported by their 'Angel'. Some clients prefer weekly contact, some more or less often, some want to pursue interests, some want support for court or children. Both client and volunteer need to have compatible availability, such as whether evening or weekend support and/or email or phone support is required. Other matching criteria include shared interests and client requests regarding age or activities.

At the end of their time in the program, clients are asked to rate themselves according to the same continua as the pre-DAWN Questionnaire. This questionnaire then asks clients to comment on what they have gained from the program, and whether they have any suggestions to improve the program.

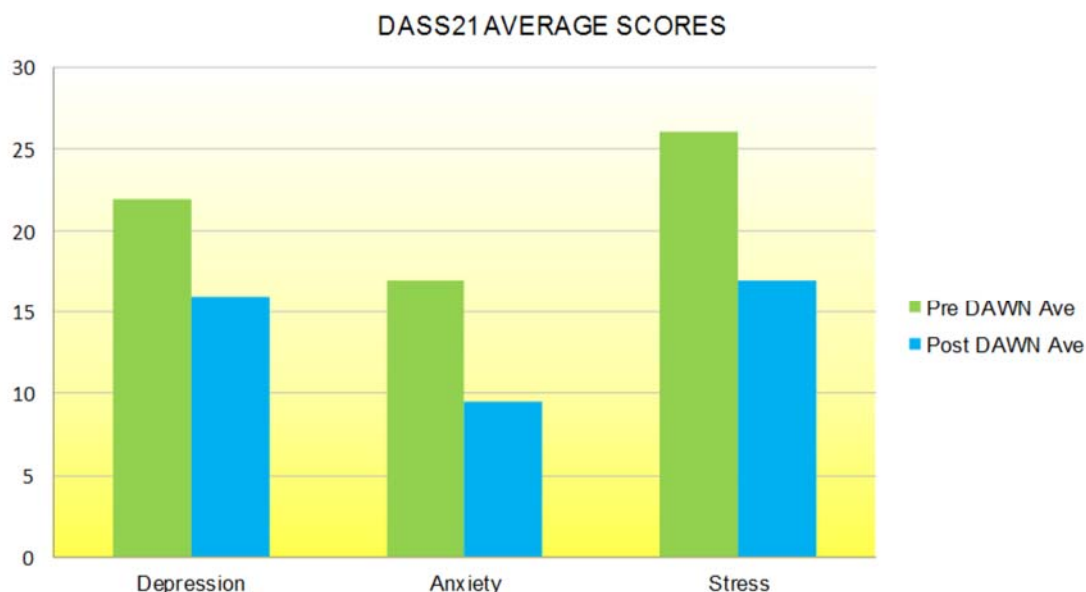
Evaluation Findings

Much of this report is told in the words of clients and volunteers taken from evaluation forms and interviews, as this provides a powerful and authentic first hand account of their experience.

Depression, Anxiety and Stress Scale (DASS21). The Pre-DAWN scores for most clients fell within the Severe or Extremely Severe range on one or more of the three scales (i.e. Depression, Anxiety and Stress), each scored from 1-30. High scores on the DASS21 alert the clinician to a high level of distress in clients and warrant further exploration. The overall average (the average of the average scores on the three scales) was 21.6. The comparative data in Table 1 show that the average scores on all scales had reduced considerably during the DAWN involvement of these clients, with the overall average having dropped from 21.6 to 14.1.

Depression: Average reduction from 22 to 16, or Severe to Moderate.

Pre-DAWN, only 7 out of 32 women scored in the normal or mild range on this scale, and 8 scored in the moderate range. Seventeen women had depression scores that

Table 1: *DASS21 Results, Pre and Post DAWN Averages*

indicated severe or extremely severe depression. Post-DAWN, of the 28 that returned data, 11 women scored in the normal or mild range on this scale; and 9 scored in the moderate range. Only three women remained in the Extremely Severe range. The three women whose depression scores worsened had life stresses that were clearly contributing to their depression.

Anxiety: Average score Pre-DAWN was 17, with 8 clients reporting scores in the Normal to Mild range in their Pre-DAWN assessment and 14 clients scoring in the Extremely Severe Range. The average score on this scale Post-DAWN, was 11 (in the low moderate range), with only four clients still reporting Extremely Severe Anxiety scores and 15 clients now in the Normal to Mild range. Only one woman's score had risen from a lower category to Severe. This woman was in the midst of a protracted property battle in the Family Court. This indicates a significant reduction in anxiety scores Post-DAWN.

Stress: The average score on this scale Pre-DAWN was 26 (Severe range). The average score on this scale Post-DAWN was 19 (Mild range). Pre-DAWN, only 8 out of 32 women (28%) scored in the Normal or Mild range on this scale; while Post DAWN this had increased to 17 out of 28 women

(61%). The Stress Scale tends to reflect life stressors, the most common faced by DAWN clients being Family Court processes, stalking and housing stress.

Someone is hanging in there with you so you keep hanging in there.
(Client: Patricia, Post-DAWN Questionnaire)

Impact of Events Scale. The Impact of Events Scale (IES) measures subjective distress caused by traumatic events. It also has three sub-scales to measure three clusters of common trauma symptoms. These are:

- Intrusion: e.g., nightmares and intrusive thoughts and feelings
- Avoidance: e.g., emotional numbing, avoiding thoughts or feelings about the event
- Hyperarousal: e.g., anger, irritability, jumpiness, startle responses.

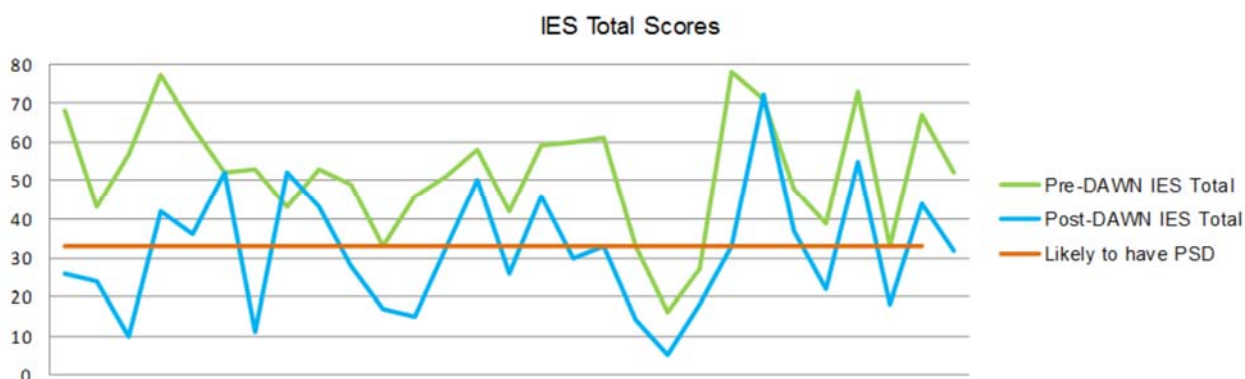
A total score above 33 indicates a likelihood of Post-Traumatic Stress Disorder (PTSD). Table 2 presents the Pre- and Post-Dawn scores for the 28 clients who completed the IES both times.

One of the most positive outcomes of the DAWN Program is that most women reported significant improvement in their post-trauma symptoms following their experience with the DAWN program. Only one woman reported an increase in trauma

symptoms and one woman’s scores did not change. Most significant is that when originally assessed, 30 of 32 clients had scores above the point which indicates a likelihood of Post-Traumatic Stress Disorder

warranting further investigation. These women were offered individual psychological support. The average Pre-DAWN Score was 52, and the average Post-DAWN score was 31.8, below the clinical

Table 2: IES Totals Pre-DAWN and Post-DAWN



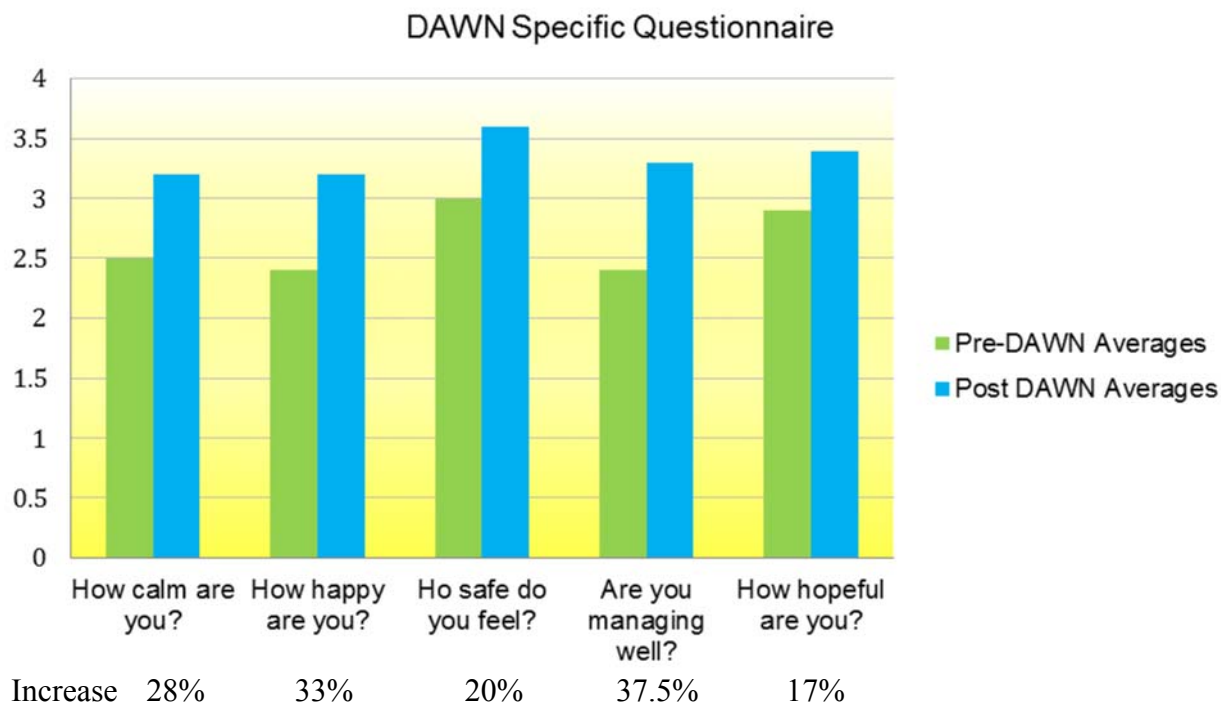
Shirley’s story¹

Shirley did not leave her husband, he left her. She had presented at Doncare long before this happened, weeping bitterly and saying “I hate my life. I hate myself. I hate my home.” In her counselling sessions she revealed a long history of anxiety and depression, and told tales of her husband’s controlling behaviour. He allowed her no say in decisions, even taking her inheritance when her mother passed away and not allowing her access to it. He criticized her cooking, her hair, her mothering and also for shaking when he shouted at her, which to him proved her inherent weakness. He regarded her as completely inadequate, and she seemed to believe him. However, when he left, she was clear that she wanted to live a very different life without him, although she did not know how. She was so fearful of his presence even after he left that she slept on the living room floor rather than in the marital bed.

Before being matched to her Angel, Shirley said “I had a very difficult time with my husband because he was head of everything. I couldn’t make even a simple decision.” Shirley’s Angel found this to be absolutely true. When they went shopping, Shirley could not choose which tea towels to buy. She was 61 years old.

Post DAWN, Shirley’s scores on all scales had improved. Responding to patient encouragement, she took to independence with enthusiasm. When asked about a ‘turning point’ for her, she recalled a particularly important day when she realised she could choose herself what she would buy her grandson for his birthday. With her ‘Angel’ Shirley opened her first bank account, learned to drive, and began to cook and eat what she wished. Six months later she travelled overseas to visit relatives, and a year later sold her house to buy a home where she felt no fear.

Table 3: DAWN-Specific Questionnaire: Averages



cut-off point, although still significant. All Doncare's Domestic Violence, Advocacy and Support team (DVAS) workers have come to expect high degrees of post-traumatic stress in clients, many of whom are referred to counselling and other services as part of the assessment process. The Post-DAWN scores indicated improvements in 26 out of 28 women. Post DAWN, the percentage of women whose scores indicated PTSD had dropped from 94% (30 out of 32) to 31% (11 out of 28). Reduction in symptoms occurred across all three sub-scales to a similar degree.

I feel perfectly comfortable with her – there is no-one else in my life where I feel like this. (Client: Sarah, Post-DAWN Questionnaire)

DAWN-specific Questionnaire. The DAWN-specific pre-and post-program questionnaire asked women to rate themselves on five continua along a scale of 0 to 5, as shown above in Table 3.

Women reported feeling calmer, happier, that they were managing better and were more hopeful. The most marked average increase (37.5 per cent) was in the self-reported confidence in their ability to

manage their problems. Some women reported lower scores on their Post DAWN Questionnaire, but most reported improved functioning and mood.

- 25 women (90%) reported being more calm,
- 24 women (87%) reported feeling happier,
- 22 women (78%) reported feeling safer,
- 23 women (83%) reported feeling more confident, and
- 23 women (83%) reported feeling more hopeful.

However nearly one quarter of women in the program reported feeling less safe Post-DAWN, and this was usually due to continued harassment from their former partner, and in one case was due to a recent assault by the woman's former partner. Although a thorough assessment of physical safety is part of the assessment, many clients are mothers of dependent children and still have some degree of contact with their former partners in relation to child contact arrangements.

Table 4: *Pre and Post-DAWN results for Client: Louise*

| DASS21 | PRE-DAWN | POST-DAWN |
|-------------|----------------------|--|
| Depression | Severe | Severe |
| Anxiety | Severe | Mild |
| Stress | Severe | Normal |
| IES | 46 (indicating PTSD) | 15 (with a marked reduction in all categories of symptoms) |
| Hopefulness | 0/5 | 3/5 |

I'm safe, my children are safe. The only thing we have to escape from these days is the past. (Client: Kerry, Post-DAWN Questionnaire)

Qualitative data. As well as seeking scored responses, the evaluation questionnaire included open questions that gave clients an opportunity to describe their experience both before and after DAWN, and to make suggestions about the program. One before-and-after example is that of Betsy, who before the program said "I have never felt safe." In her post-DAWN questionnaire she wrote "I am learning to believe in myself and my thoughts."

Individual Case: "Louise". Louise entered the program as a depressed and anxious young woman, who was receiving threatening text messages many times per week from her ex-partner. So far, the police had failed to act on these, despite the fact they were breaches of an Intervention Order.

I don't really see any future for myself. I'm just going through the motions of staying alive, largely.... It all seems too big and I lack confidence in the police and legal system to bring the promised freedom. (Client: Louise, Pre-DAWN Questionnaire)

After 14 months in the program, Louise had forged a new path that included returning to study and moving to better accommodation. Her 'Angel' had accompanied her to both

magistrates Court and Family Court, and described Louise as being calmer and stronger. While Louise still scored high on the Depression scale, and complained of being 'lonely', all other domains showed marked improvement.

The support that (my Angel) gives me, encouragement, practical, fun, caring, is a light in my dark tunnel that is getting bigger and stronger daily.

(Client: Louise, Post-DAWN Questionnaire)

Perspectives from the Angels

I have had a temporary daughter and 3 temporary grandchildren. (Stella, Angel)

A major key to the success of the DAWN Program seems to be the unique relationship between the mentor and the client, sitting somewhere between a paid worker and a friend, with all the safety and respect of both. The 'Angels' were asked for feedback about their experience as volunteer mentors in the Program. Some of this was through face-to-face interviews, and some through written feedback forms and volunteer group discussions. They commented on many aspects of the program and illustrative comments are grouped below into themes.

Observations about the mentoring process.

Staff are accustomed to some anxiety on the part of both the client and their 'Angel' prior to the matching meeting, and

they are sometimes anxious themselves about whether they have chosen the best mentor for the client. They are often amused by the frequency of later responses such as ‘How did you know?’ and ‘She’s the perfect match for me’.

“I feel that I have been perfectly matched with my client. I really love her personality and her strength and character.”

“Looking back, I believe that I transitioned from an ‘occasional support mate’ to being a coach or facilitator, to a full on case worker. Now, as we wind down, the transition is reversing.”

“It was interesting forming a relationship with a stranger that sat somewhere between professional and personal.”

“I think she trusted me to listen and understand and accept her reality without trying to offer solutions, and that was very important to her.”

“The simplicity of the program is what works – it leaves you to be flexible and work in with your clients.”

Observations about clients and their progress. Most Angels commented on their clients’ improved confidence and self-esteem, and their ability to manage, be a better parent, and cope with less support. Many also commented on problems their clients were having with practical day-to-day issues, such as parenting, housing, social isolation and financial issues.

A few clients commenced new relationships during their time in the program, and in some cases this proved problematic with the new partners abusing the clients. One was assisted to get an Intervention Order; another successfully broke off the relationship. Although these relationships were unhelpful, the learning for these women was profound.

“I haven’t always been able to respond/visit when (the client) wanted me to – I think this has been beneficial for her, reducing

her dependence on me and maybe helping her to realise that she can cope herself.”

“Her ability to manage daily life has definitely improved although she still struggles with issues of establishing routines... “

“She is more hopeful about the future and her plans are more realistic, therefore less subject to deflation.”

“I believe this relationship has led her to ‘give myself permission’ to care about herself.”

“(My client) is studying and looking for a job. She dresses much nicer and laughs more often.”

Observations about clients and their children. The DAWN program is always mindful of the care of children, and their recovery and progress delights their mothers and their ‘Angels’. One common challenge is that volunteers may work with a much younger mother who has different views or expectations about parenting from their own. They have to support without judging, and are often asked for advice when in fact the volunteer training encourages them not to give advice. Staff members support the ‘Angels’ to offer suggestions or ideas and watch the outcome. One example was an ‘Angel’ who was a kindergarten teacher and was concerned about the amount of time her client’s children spent watching television. In this case, staff helped the ‘Angel’ work with the children to each create a scrapbook about themselves, which they compiled beautifully despite the ever-present television backdrop. Usually, despite their differences, the ‘Angels’ are impressed with the clients’ efforts to mother well in the midst of their experiences, and find ways to gently support and encourage.

“She does really well as a mum. Her daughter still struggles with not being able to see her Dad.” (contact disallowed due to child abuse)

“Manages well, has some

difficulty imposing boundaries for children's behaviour due to disparity in father and mother's expectations."

"My client has taken on board many of the parenting issues we have discussed and has emulated some of the ways I interact with her children. All the children now attend appropriate school regularly."

"My client frequently demonstrates a more positive and loving attitude towards her children."

"All the children appear happier now that they are developing more age-appropriately."

Observations in relation to those still struggling. Not all of the women were ready to finish at the end of the 12-month period, and about one in five matches were extended for a further 3 to 12 months. This is advised and facilitated according to individual circumstances, such as reduced safety, or mental or physical health issues, as in Jessica's case. Some of the comments from these Angels were:

"I know at times she would have a glimmer of insight into how much she was abused by both her husband and her parents and then it would all disappear again ... so maybe it was the planting of a seed that will eventually grow."

"I found the debrief last week extremely beneficial... It left me feeling that maybe I had supported her through the worst and therefore given her a bit more strength to move on."

"At times it was exhausting, emotionally draining and left me feeling totally inadequate – but the support from DAWN and my family (plus a scotch) always got me back on my feet."

Observations about the Angel team.

Volunteers in the DAWN Program receive a three-day training program, which covers information about domestic violence and its impact, the role of an 'Angel', and the way the program works. They also attend a monthly meeting which allows time for debriefing and also for professional development, often with a guest speaker. Angels are encouraged to call the coordinator at any time, and they complete a short report after each client visit. Contact sheets completed by volunteers are a good way for the co-ordinator to be made aware of issues that need attention and other supports that may need to be put in place. The evaluation incorporated reflections from some Angels on the support they received from Doncare and their fellow Angels.

"Networking with the other Angels is a very special privilege. I am learning so much from them, especially those who have survived domestic violence."

"My experience of being in that team of women with (the Doncare staff) offering so much support and appreciation is quite amazing."

"I enjoy being an Angel so that I can be there for someone who knows that I will not judge them and will be a listening ear and a shoulder for them to cry on."

Discussion

The differences that occur in many women's lives during their DAWN experience can be significant. There are existential improvements in functioning, and in women's core beliefs about themselves. These seem to free women up to make decisions they could not have imagined making only a year or two earlier. Some take on employment and study opportunities they never imagined themselves being able to achieve. One woman bought a small farm in another state, something she had always wanted to do. Many attend courses such as skills development or parenting classes, and change patterns that have seemed intractable. There is something peculiarly heart-

warming, if not wonderful about the impact for these clients of having this very special relationship in their lives, and it often comes when they have lost hope in relationships altogether.

Of course, the encouraging outcomes for women in the DAWN Program may have occurred for these women without the assistance of the program, but the Doncare team has noticed faster and greater improvements in mood and functioning for those in the program than among many women who only access support groups or counselling. This evaluation in no way definitive proof of the effectiveness of this type of mentoring; it is offered as a promising cost-effective recovery alternative, and the responses from both clients and 'Angels' shows why the team has such faith in this initiative.

This program can only be effective if it is well resourced by experienced, professional staff. The complexities of the work involve assessment of safety, mental health, and sometimes child protection issues, involving a wide array of services from police to legal and allied health professionals. The assessment of referrals to this program is both highly sensitive and highly complex, and needs to be in the hands of staff who are very experienced in the field of domestic violence recovery. The evaluation measures outlined in this report leave no doubt that DAWN staff assess and assist women with alarming levels of depression, anxiety and trauma symptoms. Some have long standing mental health issues and many are still living in fear of their former partners. Linking clients to other services is important throughout the life of the Program. These links need to be active and timely.

Home visits to clients, and the personalised matching of needs and interests, as well as the flexibility of the nature and timing of support seems to be a vital factor in the enthusiasm of clients to participate. Volunteers engage very well with their clients and demonstrate a strong commitment to the program. They seek support when needed and demonstrate appropriate support to each other with enthusiasm and

compassion. Volunteers can identify changes in client attitudes and behaviour. Some of the changes have been significant and volunteers notice a clear and positive impact on the children of DAWN clients.

The feedback received from the Angels shows what a tremendous commitment they make as volunteers with DAWN. The experience for them, while enjoyable, can be demanding, challenging, and at times, they can be genuinely worried about their clients. The feedback confirms how important the training is, and how well supported they need to be, so that volunteers do not feel over-responsible or become distressed by the mentoring experience.

Conclusion

The DAWN program has proven to be one of the most cost-efficient forms of support that can be offered to women who have experienced violence. Up to twenty volunteers and clients can be supported through weekly home visits from a volunteer, supported by a part-time skilled worker with agency and supervisory support. Staff, volunteers and clients were universal in stating their belief that the program should be ongoing and more broadly available. The effectiveness of DAWN seems to lie in the following factors:

- careful selection of support staff, who need a background in domestic violence work and good counselling and case management skills
- mindful selection of volunteers and provision of ongoing regular support and professional development for this group. Regular meetings that bond the volunteers are part of this support process
- attention to safety and suitability when assessing clients referred to the program. Clients must be safe to visit and able to understand the nature and limits of a mentoring relationship
- a non-judgemental, client-directed and positive approach to recovery
- referral to other suitable support services as necessary, so that the volunteer knows that particular difficulties or issues are being dealt

with

- timely and sensitive responding to client needs, and to the termination process.

This evaluation has shown the DAWN Program to be efficient, practical, and manifestly powerful in an overwhelmingly positive way. Clients reported, through formal questionnaires and informal interviews, that they saw DAWN as an important factor in their recovery, and the program also provides an immensely rewarding experience for the volunteers.

Along the way we have heard terrifying accounts of women's and children's experiences, and inspiring stories of survival and growth. All clients have expressed immense gratitude to the service and some clients have expressed a desire to become an 'Angel' for DAWN in the future. The volunteers' endless patience and creativity, and staff members' level of expertise are both key to the program's success. Doncare is immensely proud of DAWN.

I miss my Angel – the title is 100% accurate. (Client: Kerry, Post-DAWN Questionnaire)

Jessica's story¹

The worker who referred Jessica regarded her as one of her 'most difficult' clients. Both Jessica's childhood and adulthood were full of abuse, and she was seriously and chronically depressed. She sometimes stayed in bed for days, relying on her older children to look after the younger ones. She had a history of difficulties with workers, who were often the target of her anger. Because she was abrasive, conversations often escalated to the point where Jessica would either hang up or refuse to return workers' calls. She was in hiding from her ex-partner, who had been extremely violent.

After a few months, Jessica's Angel described her as identifying "intense feelings of long-standing wounding, betrayal and disappointment", and being in a continual state of crisis. The 'Angel' assigned to Jessica was a practical, positive woman and a good problem solver, with plenty of patience and humour. The effect on Jessica was amazing. After several months, Jessica told the DAWN Co-ordinator "I have done more in the last four weeks than I have in the last four years!" This relationship was extended for a further nine months, in order for progress to be maintained and to ensure that Jessica could really manage on her own, as well as use her improved ability to engage with services to seek help in the future.

NOTE: Jessica's 'Angel' discovered early in the relationship that Jessica had long-standing dental problems and was often in pain, but had no money to seek the help she needed, and was terrified of dentists. The 'Angel' set about helping to find the funding and eventually accompanied Jessica to have her dental work done over a series of sessions. The 'Angel' told workers this was the 'door through which Jessica let (her) in' – into her life and into a life-changing experience. The trust that was built through this process led to Jessica finding the courage and hopefulness to make a different life for herself and for her children.

References

- Follingstad, D.R., Rutledge, L.L., Berg, B.J., Hause, E.S., & Polek, D.S. (1990). The Role of Emotional Abuse in Physically Abusive Relationships. *Journal of Family Relationships*, 5, 105-120.
- O'Brien, C. (2012). The DAWN Report 2007-12. Melbourne, Australia: Doncaster Community Care and Counselling Centre.
- O'Brien, C. (2006). The Dimensions Report. Melbourne, Australia: Doncaster Community Care and Counselling Centre.
- Patton, S. (2003). *Pathways: how women leave violent men*. Hobart, Australia: Women Tasmania.
- Psychology Foundation of Australia (nd). *Depression, Anxiety and Stress Scale (DASS21)*. Sydney, Australia: University of New South Wales. Accessed 10th October 2015 from <http://www2.psy.unsw.edu.au/dass/>
- VicHealth. (2004). *The Health Costs of Violence: Measuring the Burden of Disease Caused by Intimate Partner Violence, a summary of findings*. Department of Human Services, Victoria.
- Weiss, D.S. (2007). The Impact of Events Scale-Revised, in J.P. Wilson & T.M. Keane (Eds.), *Assessing psychological trauma and PTSD: a practitioner's handbook (2nd ed.)*, pp. 168-189. New York: Guilford Press.

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Note

¹ Case examples are in the writer's words. The writer was involved directly in assessing and supporting all clients in the program over the first five years and interviewed each of the women in these case examples as part of the closure process.

Author Biography

Carmel O'Brien is a Counselling Psychologist. After initially working in the rehabilitation sector, she has spent the last 23 years working with individuals and families who have experienced trauma, violence and

related issues, as well in general counselling practice. Carmel was for many years the Director of Clinical Services at a Melbourne welfare agency, managing a large counselling program and developing a suite of domestic violence support programs for women and children. Carmel is the recipient of a Menzies Award (2009) and the APS Women & Psychology Elaine Dignan Award (2010), and is a Fellow of both the Australian Psychological Society and the Cairnmillar Institute.