

Supplementary File 1: Focus Group Guide

Focus Group Outline:

1. Welcome and acknowledgements
2. Brief introductions – facilitator and participants
 - Brief revisit of the purpose of the project
 - Establishing group norms and expectations for the Focus Group Discussion ('Safe Advocacy Spaces' document revisited)
 - Answering any initial questions from participants
 - Checking OK for recording Focus Group
3. Begin discussions guided by the following areas (with example prompt and extension questions). These serve as discussion starters to support the group's flow of ideas with each other. Discussion to include 'check-in' at mid-point in the focus group to see how everyone is going with the discussion.
 - What do you see as the role of psychological services (e.g. by psychologists) for people who have experienced domestic and family violence (DFV)?
 - Do you have any sense of what psychologists do well, and not so well in relation to DFV?
 - Is there something about that understanding of XXX in relation to DFV that you would want psychologists to know about in how you would work?
 - What is working well?
 - For the people who are working in dedicated Peer roles who may be working in teams where there are psychologists on the team? How do you think they're going?
 - What could be improved?
 - What do you think of psychologists' and peer workers' understanding DFV?
 - What are they each doing well and not so well?
 - (Optional question- don't have to answer if you don't want to) Have you had experience of going to a psychologist for this issue or a therapist? What worked well? What needed to improve? What did they get and didn't get about your experience and needs?
 - How might you as peer workers be supported in your role when supporting people with past experiences of DFV and what role might psychologists play in supporting you?
 - As someone with lived experience working in a peer role with others, what sort of support do you think you need to support those others? (e.g. If training, supervision of other aspects mentioned - What should that look like?)
 - What's your sense of what psychologists would need to understand if they were going to have a meaningful collaborative working role with peer workers?
 - Some organizations employ a senior lived experience peer specialist or peer worker. In other services, people without lived experience are put into supervisor roles. Sometimes it's a member of the clinical team who becomes the supervisor, or informal support. What's your

sense of all of that, In relation to training, supervision, support for peer workers in this role with DFV?

- For psychologists in management groups and Human Resource departments? What are things that they need to know about peers and peer needs?
 - Psychologists - is there a role for them in supporting peer workers? What do they need to understand? (e.g. could be individual therapy role, or more broadly in supporting psychological safety in the workforce).
 - Are there any gaps and, if so, what are they and how might they be filled?
 - Services may have formal internal support services for staff like EAP etc. What your view on these and whether peer workers use them? Do some seek out external support?
 - Do you have any thoughts on the issue of confidentiality for peer workers within these working environments?
- Does anyone have any last comments?

4. Conclude, thank participants, clarify what next, and answer any further questions from them.