DVassist: Supporting FDV client recovery and healing

2023/24 Evaluation report: Counselling Outcomes

Prepared by the Centre for Social Impact
The University of Western Australia

May 2025

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CENTRE for SOCIAL IMPACT

THE UNIVERSITY OF WESTERN AUSTRALIA

Acknowledgement of Country

In the spirit of reconciliation, CSI UWA acknowledges that their operations are situated on Noongar land, and that the Noongar people remain the spiritual and cultural custodians of their land, and continue to practise their values, languages, beliefs and knowledge. We acknowledge the Traditional Custodians of the country throughout Australia and their connections to land, sea and community. We pay our respect to their elders and extend that respect to all Aboriginal and Torres Strait Islander peoples.

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CONTENTS

List of Figures

List of Tables

ACRONYMS AND ABBREVIATIONS USED IN THIS REPORT

FDV	Family Domestic Violence
IPV	Intimate Partner Violence
LT	Long-term outcome
MT	Medium-term outcome
ST	Short-term outcome
WA	Western Australia

EXECUTIVE SUMMARY

Introduction

Since its launch back in 2019, DVassist has delivered counselling and education programs designed to support people across 58 regional, rural, and remote areas of WA in addressing and responding to Family and Domestic Violence (FDV). The service model changed in 2022 to focus on multi-sessional counselling sessions, focused on recovery and healing, and delivering trauma-informed education programs to regional areas. The objective of this current report is to focus on client and stakeholder outcomes in the context of this alteration to the service model.

In reviewing the DVassist program logic, additional outcomes were suggested for multi-session counselling sessions, and the regional trauma informed education programs. These were considered across various levels – individual-, organisational-, community-, and the systems-level.

Methodology

This evaluation used a mixed-methods approach, integrating quantitative and qualitative data from administrative records, client case studies, and interviews to assess outcomes and infer impact. This report focuses on the outcomes and impact of the counselling program, with a separate report addressing the education programs. The project received Ethics approval from the University of Western Australia Human Research Ethics Committee.

A social justice framework, informed by feminist and sociological perspectives such as intersectionality and empowerment, guided the evaluation. This approach emphasised systemic and structural factors, prioritising equity and situating outcomes within a broader sociocultural context.

Outputs

Outputs of the services are presented below. These refer to the direct deliverables, or measurable results, of the activities conducted as part of the counselling services and training sessions.

Key outputs included:

- Over the 2023/24 financial year, the DVassist website had a total of 112,825 views, corresponding to 77,064 users and an 56% engagement rate indicating high quality content. Number of total users had increased by 19% since the previous financial year.
- The webpage *'Am I experiencing Domestic Violence'* was the most visited page with 43,204 views, followed by *'What do I do'* with 9,308 views and *'I'm experiencing Domestic Violence'* with 5,611 views.
- Over the 2023/24 financial year, DVassist recorded a total of 778 calls: 345 incoming calls and 433 outgoing calls. Most call types were classified as standard calls (n=715, 91.7%), with the remainder web chat (n=65, 8.3%).
- The estimated number of DVassist clients from the 2023/24 financial year was n = 237. Of the recorded DVassist clients recorded in this period, 43.0% (n = 102) had most of their needs met.

Outcomes

Outcomes resulting from the DVassist model were identified by integrating research methods and measuring changes, or benefits, related to training and counselling services. This evaluation sought to identify the impact of the counselling component of DVassist for clients, counsellors, and stakeholders, informed by the refined Program Logic.

Overall, findings illustrate significant value of the DVassist model. Counsellors, and stakeholders all agreed that, without DVassist, many victim-survivors would not seek specialised-FDV supports. DVassist's counselling services respond to a regional need for therapeutic supports and the training supports individuals, organisations, and the sectors (health, mental health, etc.), to better understand and respond to FDV. DVassist is particularly beneficial for the regions; regional, rural, and remote areas have less capacity to address demand for services, long waitlists, greater cost of living, less specialised services, additional stigma, and issues around anonymity.

Regarding the counselling services:

- The DVassist counselling provides immediate, anonymous, and free therapeutic support to victim-survivors.
- Stakeholders report satisfaction on behalf of their team (as referrers) but also their clients – many of which, remained engaged with both DVassist and the referring organisation.
- The relationship between services and DVassist was described as a "partnership" and there was evidence of reciprocal, and effective communication, both of which helped to build safety, support vulnerabilities, and promote a smooth transition into different support options for victim-survivors.
- The DVassist counselling services fill a gap in the FDV sector by providing immediate access to specialised-FDV, support by way of being phone-based and free to access. The service is available outside business hours (Monday- Thursday 8 am to 8 pm) and no referral is required
- The counselling services are well defined in their approach and there is emphasis on ensuring that their model does not reproduce existing services, such as crisis helplines, and are focussed on client recovery and healing.
- Counsellors felt that clients are supported to address intersecting, holistic needs, and the "no wrong door" approach contributes to a more cohesive method to addressing client needs.

Recommendations

In terms of maintaining quality and service development and refinement, several recommendations are suggested:

Additional and secure funding: The counselling model is working well but additional funding is needed to meet increasing demand. Resourcing would be well-utilised in providing additional clients with counselling, working with local providers and services, providing staff with more resources, and ensuring risk of staff burnout and vicarious trauma are minimised. Ensuring services are well-resourced is vital to ensure staff and victim-survivor outcomes and wellbeing.

Evidence suggests that the counselling services provided by DVassist are a worthwhile investment in improving outcomes for people experiencing FDV. This should be a priority for funders seeking to make a meaningful impact on the lives of people experiencing or recovering from FDV.

Maintain focus on recovery and healing: One of the most significant benefits for clients – reported by counsellors and illustrated across case studies – was the way in which the DVassist model could meet victim-survivors where they were at and consider each persons' uniqueness and individual circumstances. This assumes a holistic, empowering approach to support; it is a commitment to

genuine healing and supporting people lead the lives they find meaningful. For instance, aiding clients to meet short-term and long-term goals towards their own recovery and healing from FDV.

We recommend maintaining the current focus while further building upon people's unique and individual hopes and aspirations for recovery, healing, and leading a good life.

Incorporate local perspectives and partner with Indigenous leaders: Working with Aboriginal and/or Torres Strait Islander communities requires deep engagement with local Indigenous knowledge and perspectives. To ensure services are place-based and responsive to community needs, we recommend building or strengthening relationships across regions by actively partnering with and listening to local communities. This may involve employing people from within these regions to draw on shared knowledge and enhance responsiveness. Additionally, there is an opportunity to foster networks and co-create culturally relevant and safe resources in collaboration with local leaders and organisations.

Peer support options: There is a shared desire within DVassist for support groups to run parallel to specialist FDV services to increase recovery and healing, decrease stigma, further promote the cohesiveness of the sector, and support victim-survivors to increase their knowledge of self-care and strategies to promote healing. Like any service, supports cannot always help everyone in need. Peer support offers another option to victim-survivors in working towards healing, and for clients belonging to more systematically disadvantaged groups, there may be significant benefit in having an option available. Development of the peer workforce within DVassist could add significant value to clients' experiences and journeys toward healing.

Conclusion

Our 2023/24 evaluation highlights the impact of the DVassist counselling services, demonstrating meaningful outcomes aligning with aims and objectives. The model is well-placed to drive positive change within the FDV landscape and promote healing and recovery for victim-survivors. Ongoing evaluation and stakeholder engagement is advised to maintain a positive trajectory and increase impact. Programs and services are contingent on the environments across which they operate and thus, services will likely require future reiterations to meet the constantly changing context.

INTRODUCTION

Since launching in 2019, DVassist has delivered education and counselling designed to support people across 58 regional, rural, and remote areas of WA around Family and Domestic Violence (FDV), supported by the development and nurturing of local connections and relationships. DVassist outreach is delivered across several towns in Western Australia (WA) – see **Figure 1**.

Services have included:

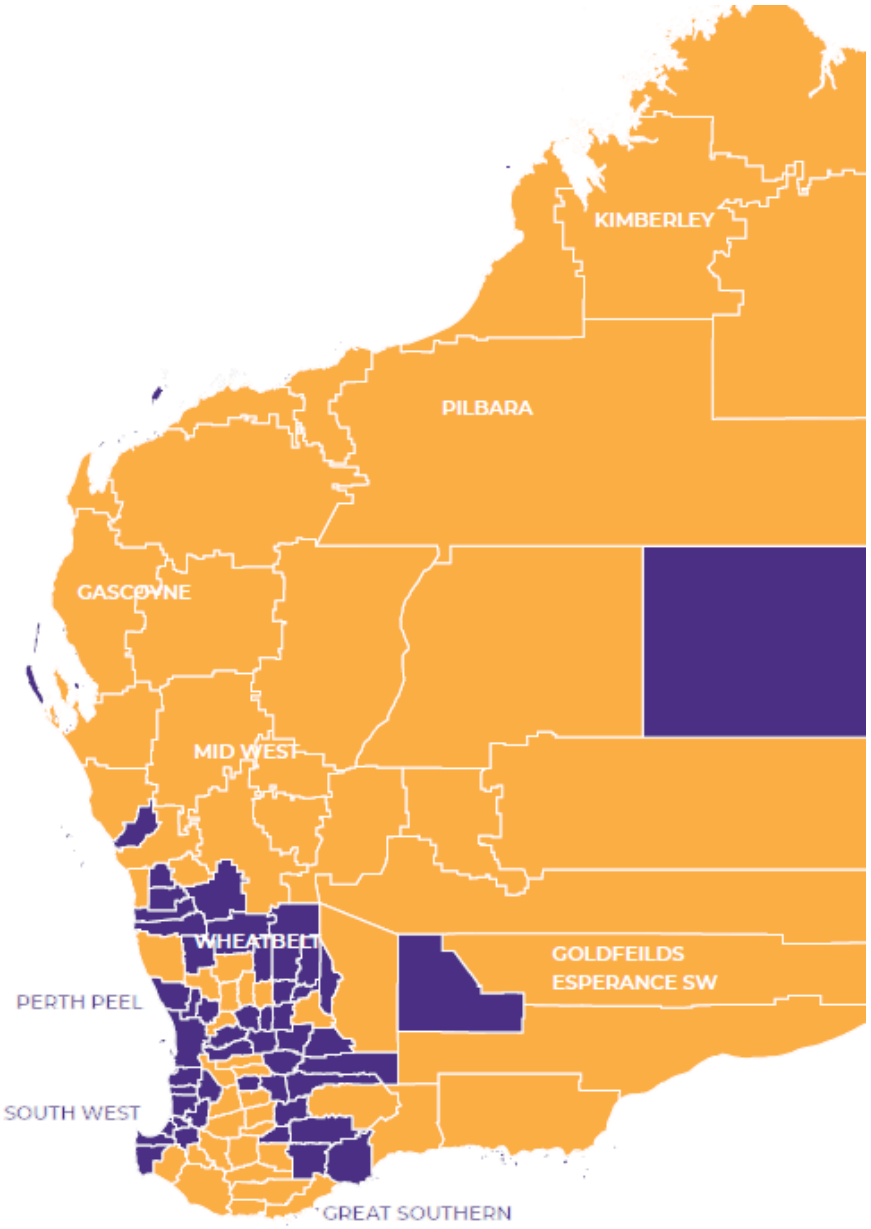
- an interactive website that maps all FDV services in the regions;
- free and confidential counselling services with a FDV specialist via telephone or web chat within a multi-session session format;
- Once-off counselling sessions to facilitate initial engagement with DVassist services;
- a scheduled multi-session counselling format;
- short-term case management sessions; and
- a community engagement program, which ensures the formation of close working relationships with communities and both FDV and non-FDV service providers.

The Pilot Program was evaluated in 2022 through a mixed methods analysis of case management data, interviews, and written statements from DVassist staff, regional stakeholders and DVassist clients. The evaluation found that, over a 20-month period, DVassist recorded over 2,500 calls, with most of these incoming calls referred through another service. Approximately 85,000 visits were made to the DVassist Online Information Hub, and over 30,000 quizzes and resource sessions were completed on the DVassist website. Over 1,500 service providers were registered in the website portal, and on average the weekly reach on social media was over 47,000 people.

The DVassist service has addressed many common barriers associated with engaging with a traditional FDV service within a regional or remote community – distance and travel, cost, waiting times, operating hours, stigma, privacy, lack of anonymity, and small populations where there are no or limited FDV support options. The DVassist service has been successful with both its single and multi-sessional counselling format, providing immediate access to counselling which is available outside of business hours. Client outcomes identified by the evaluation included an increase in awareness and education, increase in confidence and help-seeking behaviours, increased empowerment, improvements in mental and physical health, and an increase in perceived safety. Positive impacts were seen in communities through women with less mental and physical health problems, and women often returned to employment. Regional capacity was built through experienced staff delivering FDV education programs.

The service model changed in 2022 to focus on multi-sessional counselling sessions and delivering trauma informed education programs to regional areas. This current evaluation focuses on client and stakeholder outcomes.

Figure 1 DVassist outreach into 58 Shires (coloured orange) in WA



Albany
Ashburton
Boyup Brook
Bridgetown-Greenbushes
Brookton
Broomehill- Tambellup
Broome
Bruce Rock
Bunbury
Carnarvon
Cranbrook
Cue
Dalwallinu
Dandaragan
Denmark
Derby
Dowerin, Wyalkatchem,
Dundas
East Pilbara
Esperance
Exmouth
Geraldton
Goomaling
Halls Creek
Irwin
Kalgoorlie
Karratha
Katanning
Kojonup
Lake Grace
Laverton
Leonora
Manjimup
Meekatharra
Merredin
Menzies
Morowa
Mount Magnet
Mount Marshall
Murchison
Nannup
Narrogin
Northam
Northampton
Plantagenet
Port Hedland
Ravensthorpe
Sandstone
Shark Bay
Upper Gascoyne
Victoria Plains
Wagin
Wandering
Williams
Wiluna
Wondan Ballidu
Wyndham/East Kimberly
Yalgoo
Yilgarn

Structure of the report

This DVassist evaluation report is structured as follows:

DVassist Program Logic

This section updates the DVassist program logic to reflect 2022 program changes. In reviewing the DVassist program logic, additional outcomes have been suggested for multi-session counselling sessions.

DVassist Evaluation

This section describes the methodology and results for the evaluation of the DVassist counselling component. This report presents only the outcomes and impact of the counselling program, but our evaluation also included an evaluation of the education programs, which are addressed in a separate report. The evaluation utilised data from the data recording systems, surveys pre- and post-training, and interviews with DVassist staff, educators and stakeholders, to determine whether individual, organisational, community and societal short-, intermediate- and long-term outcomes were achieved by the DVassist program.

Recommendations and conclusions

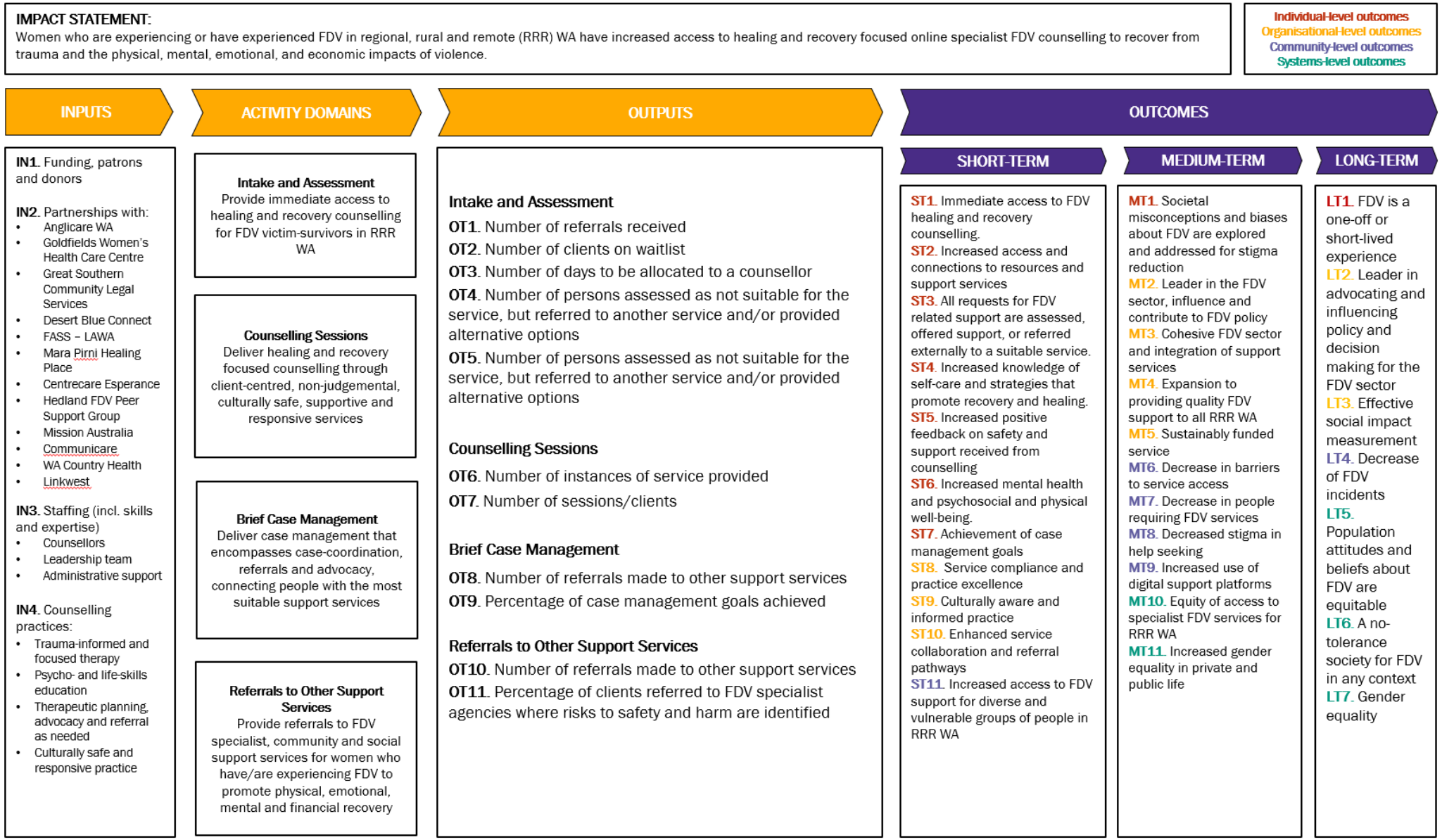
This section summarises the main findings of the current DVassist counselling evaluation report and offers recommendations for DVassist and other FDV services in moving forward with their FDV programs.

PROGRAM LOGIC AND OUTCOMES MEASUREMENT FRAMEWORK

The previous evaluation report, *DVassist. Evaluation of a Regional FDV Service* (Flatau & Lester, 2022), provides an overview of the literature with respect to FDV and intimate partner violence (IPV). The social and emotional wellbeing conceptual framework on which many FDV programs are modelled is presented, along with FDV program key activities and outcomes. Outcome measures from the literature for both victim-survivors of FDV and perpetrators have been reviewed for the current evaluation.

The Program Logic Model has been updated to reflect the current services offered by DVassist (**Figure 2**). The DVassist program logic summarises the resources (inputs), activities, outputs, and how these activities relate to victims/survivors experiencing greater safety and wellbeing. In the DVassist program logic, outcomes are described within the short-, intermediate-, and long-term and at the individual, organisational, community and systems level. Short-term outcomes are usually described as outcomes which can be achieved during the program, such as knowledge and awareness. Intermediate outcomes are usually described as outcomes which can be achieved at the completion of a program and reflect changes in short-term behaviours and outcomes. Long-term outcomes are usually described as long-lasting changes which can be achieved as a direct result of the program as well as broader community or societal outcomes.

Figure 2 DVassist Program Logic Model



EVALUATION OF DVASSIST

The current 2023/24 evaluation aimed to examine the outcomes and impacts of the counselling services provided by DVassist utilising a mixed-methods approach (quantitative and qualitative research methods). Data collection methods include administrative data, Google analytics, client case studies, trainer feedback, and interviews. This project has Ethics approval from the University of Western Australia Human Research Ethics Committee.

This evaluation was conducted using a social justice framework, informed by feminist and sociological perspectives (e.g., principles of intersectionality and empowerment). These approaches guided the analysis by centering systemic and structural factors, emphasizing equity, and attempting to frame outcomes within their broader structural and sociocultural context.

Outputs

DVassist Website

DVassist provides information online via their website and social media. The website provides information on how to identify FDV and different types of abuse, information about different options for safety planning and accessing support, and an online directory to help people find support services in their region. Over the 2023/24 financial year, the DVassist website had a total of 112,825 views, corresponding to 77,064 users and an 56% engagement rate indicating high quality content. Number of total users has increased by 19% since the previous financial year.

The webpage *'Am I experiencing Domestic Violence'* is the most visited page with 43,204 views, followed by *'What do I do'* with 9,308 views and *'I'm experiencing Domestic Violence'* with 5,611 views (**Figure 3**).

The quiz pages had high visitor numbers (n = 31,093), as did the *'Unhealthy vs healthy relationships'* page (n = 5,874), and *'Accommodation and Housing'* page (n = 5,903)

Figure 3 DVassist website analytics 2023-24

Am I Experiencing Domestic Violence?
n = 43,204

Am I experiencing Domestic Violence	**n = 212**
What is Family Domestic Violence?	n = 289
Myths and Truths	n = 203
Unhealthy v Healthy Relationships	n = 5874
Young people • Something is Wrong at Home • What Does Family and Domestic Violence Work? • Staying Safe on Social Media and Online	n = 33 n = 26 n = 239 n = 59
Early Warning Signs to Look For	n = 588
The Domestic Violence Cycle	n = 2186
Why is it so Hard in the Country?	n = 51
How can We Help You>	n = 1433
Podcasts	-
Types of Family & Domestic Violence	n = 312
The Different Stages	n = 555
Staying Safe on Social Media & Online	n = 51
Quizzes (Total) • Quizzes • Quiz: Am I in an Abusive Relationship? • Quiz: Am I in an Emotionally Abusive Relationship? • Quiz: Am I Experiencing Depression or Anxiety?	n = 31, 093 n = 622 n = 10,599 n = 19,280 n = 592
Educational webinars	

I'm Experiencing Domestic Violence
n = 5,611

I'm Experiencing Domestic Violence	n = 111
The Different Stages	-
Staying Safe During COVID-19	n = 17
Young People	n = 38
How can We Help You?	-
Planning your Safety in the Country • Escape Bag Checklist	n = 1034 n = 2744
What Should I Do Now?	n = 134
Staying safe on Social Media & Online	n = 34
Domestic Violence and the Law • Restraining Orders • Terminating Your Lease	n = 139 n = 276 n = 499
How to Stay Safe at Home	n = 585
Request a Call-back	-

What Do I Do?
n = 9,308

What Do I Do	n = 91
I am in Crisis • Crisis Support • Refuge Accomodation • Help with Everyday Necessities • Restraining ord	n = 29 n = 323 n = 142 n = 406 -
I Need to Stay • Planning to stay safe at home • Accommodation and Housing • Finding financial help • Finding legal help • Support and self-care • Staying safe during COVID-19	n = 31 n = 119 n = 481 n = 5903 n = 167 n = 140 n = 5
I Want to Leave • Planning to leave safely • Accommodation and Housing • Finding financial help • Finding legal help • Support ad Self-care	n = 32 n = 1246 n = 193 - - -

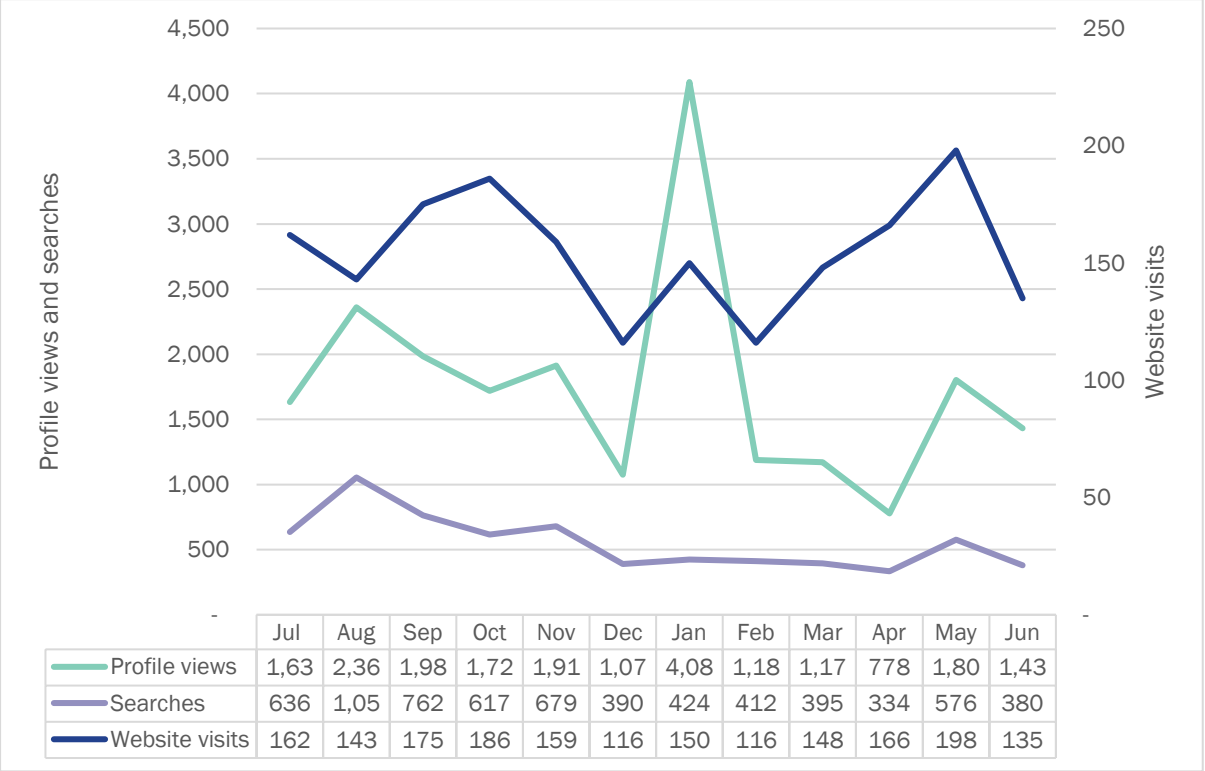
Info For Friends and Family
n = 263

Info For Family & Friends	n = 46
Is Someone You Know Using Violence? • What might you see or hear? • How can you help? • How can we help you?	n = 7 n = 12 n = 18 n = 12
Is Someone You Know Experiencing Violence? • What might you see or hear? • How can you help? • How can we help you?	n = 53 n = 32 n = 72 n = 31

Website visitors have primarily come from an organic search (63.4%), followed by direct traffic (28.8%). Website visits peaked in May, whereas profile views peaked in January, and searches peaked in August – see **Figure 4**.

The top search terms over the financial year included 'DVassist/DV assist' (n = 3,612) and 'Domestic Violence/Domestic Violence WA' (n = 1,349).

Figure 4 DVassist website profile views and searches 2023/24



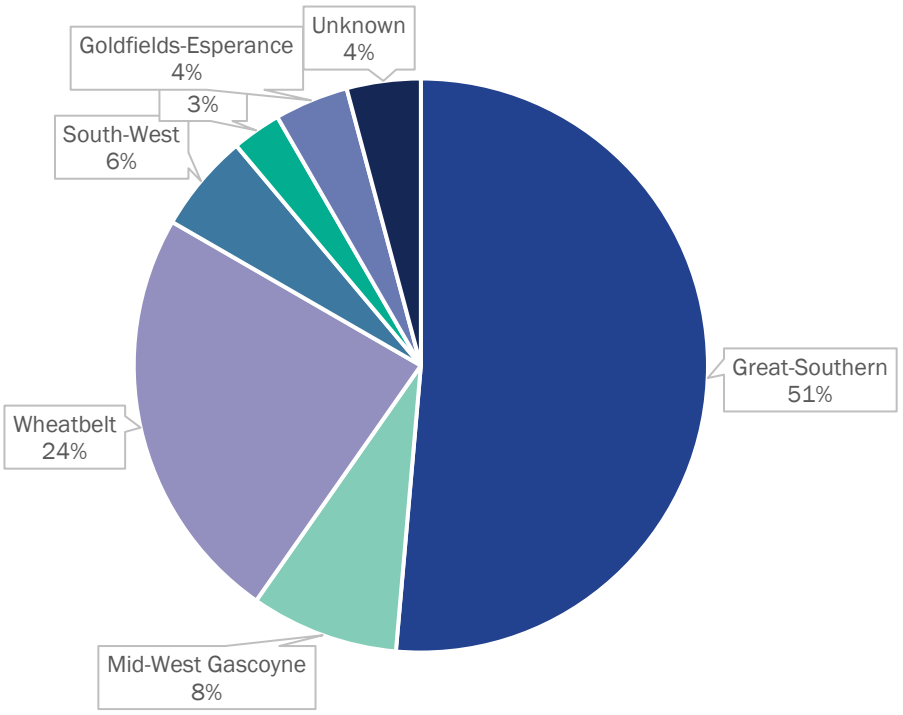
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Profile views	1,63	2,36	1,98	1,72	1,91	1,07	4,08	1,18	1,17	778	1,80	1,43
Searches	636	1,05	762	617	679	390	424	412	395	334	576	380
Website visits	162	143	175	186	159	116	150	116	148	166	198	135

DVassist Services

Over the 23/24 financial year, DVassist recorded a total of 778 calls: 345 incoming calls and 433 outgoing calls. Most call types were classified as standard calls (n=715, 91.7%), with the remainder web chat (n=65, 8.3%).

Of the n = 72 referrals into DVassist, 51% were from the Great-Southern region, 24% from the Wheatbelt, and 8% from Mid-West Gascoyne (see Figure 5).

Figure 5 Referrals into DVassist by region



DVassist Clients

The estimated number of DVassist clients from the 2024 financial year was n = 237. An overview of client data are provided below (**Table 1**). A total of 257 files were recorded in the same year.

102 Majority of identified needs were met

123 Client referred on to other services for ongoing support

Table 1 Client demographics

Demographics	Proportions (% and n)
Gender	81.4% female (n = 193)
	9.7% male (n = 23)
	8.9% gender not disclosed (n = 21)
Cultural identity	5.9% Aboriginal and/or Torres Strait Islander (n = 14)
	2.5% Culturally and Linguistically Diverse person (n = 6)
	54.4% cultural identity not disclosed (n = 129)
	15.6% “other” (n = 37)
	21.5% “unknown” (n = 51)

Of the recorded DVassist clients recorded in this period, % (n =123) were referred to another service for ongoing support and 43.0% (n = 102) had most of their needs met.

Stakeholder outcomes

When asked to consider what the FDV space would be like without DVassist counselling services to refer clients to, stakeholders asserted that they would not have capacity to do their assigned roles, as their time would be designated to providing immediate support, essentially "holding the client" to the best of their ability to ensure safety. This describes a crisis-driven alternative to care where clients would not have sufficient support to address their whole-of-person needs, and organisations would be largely unviable due to an inability to provide their designated services and supports.

It was repeated by stakeholders that, following the establishment of safety, clients require therapeutic supports and currently, this is out of scope for many organisations. In this way, the DVassist model supports the FDV service landscape by means of ensuring a continuum of coordinated and shared care across services where clients can utilise wrap-around supports. For some organisations, the waitlist for counselling support is too long (one stakeholder stating that their wait to see an FDV counsellor was two years), and free services are vital as many people are unable to pay for services (including paying the gap). In these instances, a service landscape without immediate, free-to-access support would result in victim-survivors going without help. Understandably, this creates significant risk.

Service collaboration and cohesion of FDV supports

Stakeholders referred to their collaboration with DVassist as a "partnership", aimed at prioritising the person experiencing violence. Referrals were warm; the person referred to DVassist was able to be actively supported by both the referring service and DVassist via direct, reciprocal, and effective communication to build safety, support vulnerabilities, and promote a smooth transition into counselling. These strong links between services and DVassist are a means to avoid people falling through the cracks, and it was acknowledged that sometimes victim-survivors are not able to make connections with other services (for many reasons), but in these cases, DVassist actively and consistently inform the referrer where a connection is not able to be made with a potential client.

"... the fact that [DVassist] they'll [provide] feedback if they've had unsuccessful contacts. So that's an update that it might not be happening but also for us it can elevate that there might be a safety concern if they haven't been able to get through to them. Then we can reach out to that person and maybe sometimes the victim or survivor has changed their mind. " – Stakeholder, Interview

These findings suggest evidence of strong service collaboration (ST10) which ensures a continuation of care. Stakeholders reported feeling better supported and safer in their own organisations knowing they can utilise DVassist for their clients' and the service was described as filling a gap where there is an immediate need:

"DVassist is filling a gap in the region, it's critical ... here is [a service] that fills an immediacy gap" – Stakeholder, Interview

Evidently, DVassist provides an opportunity for stakeholders to better meet the needs of their clients who need specialist FDV supports. Stakeholders discussed how it was not always possible for their organisation to provide the appropriate supports "in house" due to demand and resourcing (lack of sustainable funding models), which inevitably leaves clients unsupported. Ultimately, this leaves vulnerable people high-risk with significant unmet needs. Specialist FDV supports are a fundamental aspect of responding to the needs of victim-survivors (Australian Institute of Health and Welfare,

2024)[1] and therefore, DVassist offers a means for clients to have immediate access to this type of support, whilst also remaining linked with existing services (case-management, risk assessment, etc.). Through this approach, the DVassist model contributes to the cohesiveness of the FDV sector (MT3).

Satisfied clients and stakeholders

Stakeholders were satisfied with DVassist and the DVassist counselling service and state their clients had provided only positive experiences of utilising these supports. When prompted, stakeholders said that this was because the DVassist organisation provides consistency for clients, has a generally supportive and safe approach to care, naturally addresses common service barriers (such as cost and travel/geographic obstacles), is flexible, and prioritises the connection and relationship with other care providers.

"…the flexibility around the time, [DVassist is] always asking what's a good time to call, when's it convenient, and also around the safety concerns." – Stakeholder, Interview

"I think the line of communication [between us and DVassist] is really good." – Stakeholder, Interview

Stakeholders reiterated the value of specialised FDV knowledge/services and felt that the DVassist counselling service can provide a secure base to access supports applicable to people experiencing violence.

Uptake of resources

Stakeholders referred to the utility of DVassist resources for helping clients in the context of education, case management and safety planning. Stakeholders indicated the DVassist website to be a valuable tool for helping victim-survivors feel validated and to make sense of their experiences. Equally, the website reportedly offers pragmatic value by means of helping to develop a safety plan within stakeholder organisations:

"The safety planning part of the website's really helpful, and I've referred a few women to that page, just because it's quite thorough…I think it's really helpful to have almost like a physical copy of something that's very thorough that someone can actually go through and be like, 'oh, I haven't considered that, now I'm going to use that information, and incorporate that into my safety plan.'" – Stakeholder, Interview

"…when I sit with women [who have been referred to DVassist] I'll get the laptop, I'll show them the website, and navigate around it a bit. It probably gives it a bit of context, or maybe a sense of safety to have a look at it first, like they're not expecting someone cold or unknown to call them. I feel like the two go together well." – Stakeholder, Interview

Additionally, the DVassist referral form was described as "useful and user friendly" – for both the referrer and the victim-survivor.

Because these resources are easily accessible and digestible for the community, and the services that work alongside DVassist, this appears to increase organisational buy-in. Effective referral processes are likely to increase the uptake of the digital counselling services (MT9), as a streamlined and simple pathway creates a more accessible service or support (MT6). Therse resources also provide immediate access to FDV-specific information for victim-survivors (ST1).

[1] https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/services-responding-to-fdsv

Counselling outcomes

Counsellors were likewise asked to consider how the FDV space would operate without the DVassist services, all reporting that many victim-survivors simply would not access support. Because of the additional complexities of working in regional areas – specifically, not enough capacity to address the demand for services (often evidenced by long waitlists), high cost, needing to access multiple services to meet whole-of-person needs, additional stigma, and concern about anonymity – the DVassist model is very well placed to respond to local need and support uptake of digital services (MT9) by addressing common systematic and service barriers (MT6). counsellors, akin to stakeholders, referred to this support as "filling the gap" in the sector.

[The perceived impact for regional towns and broader community]: "DVassist is safe space where your neighbours don't see you going into somewhere [to get help for FDV] nor is your cousin on the reception desk or the counsellor is someone that you know, even your best friend, something like that. It's also about appreciating that the person using violence is usually well connected in town." – Stakeholder, Interview

Access to specialist FDV support

Counsellors described the DVassist model as invaluable because it provided clients with immediate access to specialised-FDV support by way of being phone-based and free to access (ST1). As one participant described, DVassist phone counselling services enhances clients' sense of safety and control:

"You could call from anywhere; you don't have to have an appointment or show up somewhere. You could really have that privacy, and the option of anonymity." – DVassist counsellor, Interview

Addressing client need

DVassist counsellors discussed client needs as multilayered in the context of accessing counselling support for experiences of FDV, but one of the key objectives for clients via the DVassist counselling service was "psychoeducation" where victim-survivors were supported to feel safe enough to explore FDV, their experiences of harm, and acknowledge the possible internalised stigma surrounding their experience of FDV.

Many counsellors felt that support provided by DVassist can provide victim-survivors with the language needed to make sense of their experiences, but equally, the strategies needed for healing and recovery – often linked with a sense of validation and care for self (ST4 One counsellor spoke about the impact of stigma, trauma, and cohesive control, and how FDV counsellors provide a means for clients to address safety concerns, identify the harms associated with violence, and re-frame their experiences with less shame or self-judgement.

"…it's almost like that light bulb moment, because often they're [victim-survivors] overwhelmed and they're thinking, 'I can't cope, I'm not handling this situation, what's going on', and because they're in a trauma space. And I found that once you've de-escalated and calmed them down, that through that trauma-informed lens, explaining to them actually what's going on for them, and building that connection, and it validates them, and it normalises their experience… often, they think they're abnormal and they think they're going crazy, because that's what a lot of their partners do to them, the mind games and the coercive control." – DVassist counsellor, Interview

Ultimately, there is evidence of the DVassist program increasing clients' sense of safety and support (ST5) via their engagement with this service. This also demonstrates a change in knowledge and

attitudes for victim-survivors where there is more self-compassion and empowerment to re-frame their experiences (MT1).

Addressing a gap in the FDV sector

DVassist counselling services have a well-defined approach, and emphasis is placed on ensuring that their model does not reproduce existing services.

"…there's already 1800RESPECT out there and there's a number of other helpline services. It's absolutely moving away from that and focusing purely on counselling. And I think phone counselling is an effective medium for a lot of people as well, especially if you want to increase accessibility." – DVassist counsellor, Interview

"[DVassist] provides more options to people to seek help. By having more options, you have more people reaching out for help, which then helps make communities safer, and helps take pressure off other services." – DVassist counsellor, Interview

As well as DVassist services filling a gap for the FDV sector, the model contributes to the cohesiveness of the sector by adhere to a "no wrong door" approach and working collaboratively with other services in the sector (MT3). More specifically, where people contact DVassist needing additional help with other, intersecting needs or concerns, the organisation can work with the client to ensure they address the whole-of-person. This includes enacting warm referrals to other services and supports to address other vulnerabilities. Therefore, DVassist ensures an equity of access approach where people are effectively and meaningfully supported to get the care they need (MT10). Taken together, there is evidence to suggest that DVassist provides an expansion of quality FDV-specific supports to the sector (MT4).

Client outcomes

For the current evaluation, client outcomes have been inferred based on the information provided by counsellors and stakeholders via evaluation interviews. For example, evidence of increased knowledge of self-care and strategies for promoting healing and recovery (ST4) were noted by counsellors, as was increased safety and support from DVassist counselling (ST5) and decreased barriers to accessing FDV support (MT6).

Additionally, case studies provided by DVassist referring to a collection of clients are also presented to build on evidence of impact. This includes five stories of women seeking support following FDV; the challenges faced, how they became involved with the DVassist organisation, approaches implemented by DVassist to provide support, and the outcomes achieved. Of these case studies, two have been utilised to illustrate client outcomes presented via the Program Logic – tied into themes 'meeting intersecting client needs' and 'promoting safety and wellbeing'.

Meeting intersecting client needs

All case studies suggest a relatively smooth transition into the DVassist service (ST10), most cases (n = 4) being referred via an external organisation for the purpose of specialised FDV counselling, and one case of self-referral (where the client had called DVassist to discuss her situation and, at this same stage, referred to specialised FDV counselling). In all cases, the clients were provided with supports via DVassist in the context of counselling, typically on a weekly basis, which would suggest clients found enough value in the service to continue their engagement. For one case, a client named 'Jacinta', the DVassist model was particularly important, being a phone-based service separated from the regional town in which the client lives. For Jacinta, the DVassist model offered a means to access specialist FDV

services despite living in a small town where she feels that the community has "sided" with the perpetrator, therefore reducing barriers to care (MT6). In this case, it may have been more difficult (or unreasonable) to access a local, face-to-face FDV service/counselling support due to fear and risk to her safety. Another important element of Jacinta's experience with DVassist counselling is the relationship and communication between the referring organisation and DVassist to ensure wrap around support and the continuation of care (ST10, MT3). This communication between services is vital, particularly in this case, as it pertains to client safety and level of risk (ST5), and increases more positive outcomes for clients, such as aligned and consistent care (Domestic Violence Victoria, 2020)[2].

Promoting safety and wellbeing

Case studies indicated efforts to increase sense of safety (ST5) and utilising counselling approaches to address wellbeing needs of clients (ST6). In the case of 'Mona', who received counselling via DVassist, there was a self-reported increase in understanding of FDV and her experience as a victim-survivor, safety planning and legal support, but also, the building of capacity for more "emotion regulation" and self-awareness as means to work towards healing and recovery (ST4). In this case, Mona was also provided with whole-of-person care where all needs were considered, assessed, and prioritised as being important to facilitating wellbeing – for instance, childcare, housing, income support, and legal help. For Mona (and other clients of the DVassist program), these outcomes regarding safety and wellbeing echo the perspectives of stakeholders and DVassist counsellors. Across all perspectives, there is evidence to support these outcomes in the context of the DVassist counselling service.

RECOMMENDATIONS

Access to more resourcing and funding

Several DVassist staff stated that **additional funding is needed to meet increasing demand**. This includes the ability to take on additional clients for counselling, work with local providers and services, provide staff with more space to work (where counsellors can work collaboratively), and greater emphasis on staff wellbeing by ensuring caseloads are manageable (and reducing the risk of burn out or experiences of vicarious trauma). Ensuring services are well-resourced is vital to ensure staff and victim-survivor outcomes and wellbeing.

Maintain focus on recovery and healing

Across counselling outcomes, we note an emphasis **on supporting and caring for victim-survivors in a way that prioritises their recovery and healing.** The DVasisst model, by design, appears to 'meet people where they are at' and ensure that each persons' uniqueness and circumstances are considered to ensure they get the care they need. Ultimately, this model assumes a **holistic, empowering approach to support – more than simply supporting people escape violence, but to contribute to genuine healing and helping people lead the lives they find meaningful.** This was also noted in client outcomes via the case studies, for example, Mona's story, where she received counselling via DVassist. Mona was supported to address several areas of her wellbeing – understanding herself and her situation, safety

[2] Domestic Violence Victoria (2020). Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors. 2nd Edition. Melbourne: DV Vic.

planning and legal support, but importantly, the building capacity for working towards healing and recovery.

Incorporating local perspectives and partnering with Indigenous leaders

Counsellors raised that the **delivery of services and supports within regional, rural, and remote areas need to be consistently place-based in their approach and follow local knowledge and leaders.** This is because the locals better understand the social context of their towns and the associated need, and have more knowledge about local support options.

"...we would really love to have a community engagement officer in each region. Someone local and someone who is on the ground constantly and who can engage with the stakeholders and inform us of needs and gaps and how can we collectively work with the regional services to have a bigger impact at the community level". – DVassist counsellor, Interview

There is a **desire to strengthen DVassist's relationship across the regions** by partnering and listening to locals. This likely means employing people within the regions DVassist works with to gauge shared knowledge and ensure responsivity to need. There is also capacity for networking and co-creating resources to ensure cultural relevance and safety. One counsellor suggested working more aligned with the service landscape where the DVassist is delivered and attempting to build more community engagement with the organisation.

"Something we need to work on is building our connections and our [collaborations] with the local services more. So, working together in partnership more. But that's difficult, given the space. Having counsellors based in regions would help that". – DVassist trainer, Interview

As aforementioned, **working in communities with Aboriginal and/or Torres Strait Islander groups requires local Indigenous knowledge and perspectives**. Interviewees acknowledged the need for training and counselling services to be built upon to ensure cultural relevance, appropriateness, and safety.

Providing peer support options

Several interviewees **highlighted the need for peer support** and suggested this would complement existing services and resources provided by DVassist. It was envisioned that peer support could help to normalise feelings surrounding experiences of FDV and validate trauma and harm. However, one interviewee noted that for this to be effective, relationships with locals should be considered:

"I think that [peer support] would be really fabulous. There's a real gap for that. Women in recovery could really benefit from talking to each other and normalising how they're feeling and their experiences. So that's something we've probably heard would be beneficial and we could really tailor to each group's needs or each region's needs depending on feedback. Ideally, we'd have really good relationships with people in those towns and services, so we could get that feedback about what's going to work best for those areas."- DVassist counsellor, Interview

The lived experience sector has identified peer support as vital within the FDV sector, particularly following the Royal Commission. Peers have been advocating for the recognition and integration of their expertise across social and welfare systems, with victim-survivors reporting significant healing

and connection through well-designed peer support programs. It has been previously suggested that peer support groups run parallel to specialist FDV services to increase recovery. This would help to decrease stigma associated with help-seeking (MT8), further promote the cohesiveness of the sector (MT3) and help victim-survivors to increase their knowledge of self-care and strategies to promote healing.

Peer support is an alternative option for care that might be better suited to many victim-survivors seeking support, especially for people belonging to more systematically disadvantaged groups, who may find significant benefit in non-clinical supports. A peer support model of care may provide a more relational level of support, particularly in times where there is significant distress and fear or when local FDV services are unavailable.

Peer support is a dynamic and evolving process that is shaped by the needs, preferences, and perspectives of those who facilitate and participate in it. There is no single, fixed model for peer support—rather, its success depends on the specific contexts in which it operates, and the relationships built within these spaces. The design and facilitation of peer support must be determined by those with lived experience to ensure it remains relevant, responsive, and effective.

CONCLUSION

The DVassist service model changed in 2022 to focus on multi-sessional counselling sessions and delivering trauma informed education programs to regional areas. The current 2023/24 evaluation sought to assess these aspects of the service by means of examining client and stakeholder outcomes and identifying areas for service enhancement. The current report covers the counselling component of the DVassist 2023/24 evaluation.

Findings illustrate significant value of the DVassist model. Counsellors and stakeholders all agreed that, without DVassist, many victim-survivors would be less able and less included to seek specialised-FDV supports. Overall, DVassist's counselling services respond to a regional need for therapeutic supports and the training supports individuals, organisations, and the sectors, to better understand and respond to FDV.

Regarding the counselling services, stakeholders report satisfaction on behalf of their team (as referrers) but also their clients – many of which, remained engaged with both DVassist and the referring organisation. The relationship between services and DVassist was described as a "partnership" and there was evidence of reciprocal, and effective communication, both of which helped to build safety, support vulnerabilities, and promote a smooth transition into different support options for victim-survivors.

Counsellors noted that the DVassist counselling services fill a gap in the FDV sector by providing immediate access to specialised-FDV, support by way of being phone-based and free to access outside of business hours (and no referral required). Equally, the counselling services are well defined in their approach and there is emphasis on ensuring that their model does not reproduce existing services, such as crisis helplines. Counsellors felt that clients are supported to address intersecting, whole-of-person needs, and the "no wrong door" approach contributes to a more cohesiveness method to addressing client needs.

DVassist is particularly beneficial for the regions. Regional, rural, and remote areas have less capacity to address demand for services, long waitlists, greater cost of living, less specialised services, additional stigma, and issues around anonymity. The DVassist counselling provides immediate, anonymous, and free therapeutic support to victim-survivors, and quality, accessible training to increase capacity and upskill the local workforce (and wider community) regarding FDV.

In terms of maintaining quality and service development and refinement, several recommendations are suggested:

Additional and secure funding: The counselling model is working well but additional funding is needed to meet increasing demand. Resourcing would be well-utilised in providing additional clients with counselling, working with local providers and services, providing staff with more resources, and ensuring risk of staff burnout and vicarious trauma are minimised. Ensuring services are well-resourced is vital to ensure staff and victim-survivor outcomes and wellbeing.

Evidence suggests that the counselling services provided by DVassist are a worthwhile investment in improving outcomes for people experiencing FDV. This should be a priority for funders seeking to make a meaningful impact on the lives of people experiencing or recovering from FDV.

Maintain focus on recovery and healing: One of the most significant benefits for clients – reported by counsellors and illustrated across case studies – was the way in which the DVassist model could meet victim-survivors where they were at and consider each persons' uniqueness and individual circumstances. This assumes a holistic, empowering approach to support; it is a commitment to

genuine healing and supporting people lead the lives they find meaningful. For instance, aiding clients to meet short-term and long-term goals towards their own recovery and healing from FDV.

We recommend maintaining the current focus while further building upon people's unique and individual hopes and aspirations for recovery, healing, and leading a good life.

Incorporate local perspectives and partner with Indigenous leaders: Working with Aboriginal and/or Torres Strait Islander communities requires deep engagement with local Indigenous knowledge and perspectives. To ensure services are place-based and responsive to community needs, we recommend building or strengthening relationships across regions by actively partnering with and listening to local communities. This may involve employing people from within these regions to draw on shared knowledge and enhance responsiveness. Additionally, there is an opportunity to foster networks and co-create culturally relevant and safe resources in collaboration with local leaders and organisations.

Peer support options: There is a shared desire within DVassist for support groups to run parallel to specialist FDV services to increase recovery and healing, decrease stigma, further promote the cohesiveness of the sector, and support victim-survivors to increase their knowledge of self-care and strategies to promote healing. Peer support offers another option to victim-survivors in working towards healing, and for clients belonging to more systematically disadvantaged groups, there may be significant benefit in having an option available. Development of the peer workforce within DVassist could add significant value to clients' experiences and journeys toward healing.

Peer support is a dynamic and evolving process that is shaped by the needs, preferences, and perspectives of those who facilitate and participate in it. There is no single, fixed model for peer support—rather, its success depends on the specific contexts in which it operates, and the relationships built within these spaces. The design and facilitation of peer support must be determined by those with lived experience to ensure it remains relevant, responsive, and effective.

In summary, this evaluation report highlights the impact of the DVassist counselling services, demonstrating meaningful outcomes aligning with pre-determined goals (in relation to the revised Program Logic). The model is well-placed to drive positive change within the FDV landscape and promote healing and recovery for victim-survivors. Ongoing evaluation and stakeholder engagement will remain crucial to maintaining this positive trajectory and maximising impact. Programs and services are contingent on the environments across which they operate and thus, will likely require future reiterations to meet the constantly changing sociocultural context.

Evaluation 2023/24