DVassist: Evaluation of a Regional FDV Service

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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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Disclaimer

The opinions in this report reflect the views of the authors and do not necessarily reflect those of the Centre for Social Impact or DVassist.

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ACRONYMS AND ABBREVIATIONS USED IN THIS REPORT

ABI	Abusive Behaviour Inventory
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Housing and Welfare
ASI	Ambivalent Sexism Inventory
CAS	Composite Abuse Scale
COVID-19	Coronavirus disease 2019
DA	Danger Assessment
DASS	Depression, Anxiety and Stress Scale
DCS	Decisional Conflict Scale
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, fourth edition
FDV	Family Domestic Violence
GSE	Generalised Self Efficacy
IPV	Intimate Partner Violence
ISA	Index of Spouse Abuse
K6	Kessler - 6
K10	Kessler - 10
MBCP	Men's behaviour change programs
MOS-SSS	Medical Outcomes Survey
MSPSS	Multidimensional Scale of Perceived Social Support
ORS	Outcomes Rating Scale
PAVE	Proximal Antecedents to Violent Episode
PASNP	Partner Abuse Scale Non-Physical
PASPH	Partner Abuse Scale Physical
PMWI	Psychological Maltreatment of Women Inventory
PPAW	Profile of Psychological Abuse of Women
PTSD	Post-traumatic Stress Disorder
PWI-SC	Personal Wellbeing Index–School Children

SAHI	Safe at Home Instrument
SDQ	Strengths and Difficulties Questionnaire
SVAWS	Severity of Violence Against Women Scale
TIP	Trauma Informed Practice
WEB	Women's Experiences with Battering
WEMWBS	Warwick–Edinburgh Mental Well-being Scale

EXECUTIVE SUMMARY

From October 2020 to June 2022, DVassist provided a service designed to help people in 58 regional, rural, and remote areas of Western Australia experiencing Family and Domestic Violence (FDV) through making local connections, education, and providing counselling and case management. Family members and friends of those impacted by violence were also given support. DVassist services 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 single session format, a scheduled multi-session counselling format with clients given the option of using the same counsellor, 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.

One in 6 Australian women and 1 in 16 men have been subjected to FDV, with significant impacts on physical and mental health outcomes. DVassist is different to other FDV programs operating within Western Australia in that the service is online and specialises in clients in regional, rural, and remote areas of Western Australia. This online service overcomes many barriers faced by vulnerable at-risk clients in contacting and using FDV services, by providing a service which can be accessed privately, anonymously, and at a convenient time outside business hours.

Previously evaluated FDV programs have been used to review the DVassist program logic, and to develop an outcomes framework and suggest validated measures for short-term, medium-term, and long-term outcomes for individual, organisational, community and societal indicators. The outcomes framework expands the DVassist program logic to ensure outcomes not only cover single session telephone and web chats, but also cover scheduled multi session counselling, short term case management sessions, and upcoming services which may have involved counselling of perpetrators of FDV.

The DVassist pilot program was evaluated through mixed methods: analysis of case management data and interviews and written statements from DVassist staff, regional stakeholders and DVassist clients. The evaluation showed over a 20-month period, DVassist recorded over 2,500 calls with the majority of calls focussed on counselling. The majority of incoming calls were referred through another service. One-quarter of the incoming calls were from clients residing in the Goldfields-Esperance region, with another quarter of clients from the Great Southern and South-West regions. Approximately 85,000 visits were made to the DVassist Online Information Hub, and over 30,000 quizzes and resource sessions were completed on the 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 pilot program was seen to increase FDV knowledge and provide relevant resources to stakeholders and clients. Many clients reported experiencing multiple categories of abuse.

Feedback from DVassist staff and stakeholders highlighted the importance of mapping the FDV landscape in each region to determine existing services, and tailoring the service to fill any service gaps. Gaps were found in FDV knowledge, supporting people navigate FDV systems, and trauma informed practice. “Mapping the gap” enabled an innovative online web-based service to be developed, along with building regional capacity through experienced staff delivering trauma informed education programs. The regional community education visits by DVassist staff enabled local services to refer clients to DVassist knowing what information was contained on the website, how the DVassist referral and triage process worked, and how the DVassist system maintained confidentiality.

The DVassist service removed many of the 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 options. The DVassist service was successful with both its single and multi-sessional counselling format, providing immediate access to counselling available outside of business hours which is not available through other services. Reported client outcomes included increase in awareness and education, increase in confidence and help-seeking behaviours, an increase in empowerment, improvements in mental and physical health, and an increase in safety. Positive impacts were being

seen in communities through women with less mental and physical health problems, and women often returning to employment.

Resources contained on the website were utilised by both clients and stakeholders, with many clients increasing their knowledge around FDV and the local services that were available to them. The webchat format catered for diversity and reportedly engaged younger people, and the DVassist App is only one of a few Apps designed for victims of family violence.

DVassist provided outward referrals and linkage to other services for wraparound support for mental health, housing support, practical support for going to court, and counselling for children. Stakeholders were also referring clients to DVassist to expand their knowledge around FDV and help-seeking.

The impact of the closure of the DVassist helpline and counselling service on women in regional communities is thought to be large putting women at risk, while also damaging the trust and relationships built within the community.

All individual, organisational, community and societal short-term outcomes were met through the current DVassist model. Intermediate-term outcomes that were able to be assessed, were also achieved. While long-term organisational outcomes have been achieved, individual, community and societal long-term outcomes were unable to be assessed.

Informed by the DVassist program logic, the current literature, and the evaluation of the pilot program the following recommendations have been made.

1. **Funding for on-line FDV services available to all regional, rural and remote areas of Western Australia.** DVassist operated a unique online service in 58 regional, rural and remote areas in Western Australia. The format of this service operated outside normal business hours to provide support and counselling to victims and perpetrators, family members, and friends of those impacted by violence. For many people outside the Perth metropolitan area, FDV services are not as available or accessible as what is offered by DVassist. DVassist offered a service which overcame barriers associated with accessing traditional FDV services. The impact of the closure of the DVassist helpline and counselling service on women in regional communities is thought to be large putting women at risk. Many women currently accessing the service will not be able to get information, counselling and support, and referrals to access other available supports within an acceptable timeframe. The DVassist online model overcame many barriers associated with accessing traditional FDV services such as – distance and travel, cost, waiting times, operating hours, stigma, privacy, lack of anonymity, and small populations where there are no or limited FDV options. Reported client outcomes included increase in awareness and education, increase in confidence and help-seeking behaviours, an increase in empowerment, improvements in mental and physical health, and an increase in safety. Positive impacts were being seen in communities through women with less mental and physical health problems, and women often returning to employment.

2. **Support for online multi-session counselling.** DVassist offered continuity in counselling and support which is not offered by other on-line counselling services. After a client made contact, the client is offered the same counsellor going forward for additional multi-session counselling. Ensuring the client has the same counsellor moving forward is important in building trust and connection.

3. **Counselling to men engaged in a behaviour change program**. DVassist developed a program to counsel men engaged in a behaviour change program. While they were enrolled in the behaviour change program and up to three months post behaviour change program, men could receive free counselling sessions. In consultation with various stakeholders, including the peak body Stopping Family Violence, it was identified that this was a significant gap and no service was available in WA. Behaviour change programs which work with perpetrators who use abusive and controlling behaviours against their partners/ex-partners/family members, and offer advocacy and safety support for victims, have worked successfully in other countries.

4. **Ongoing face-to-face engagement in the regions.** DVassist staff and stakeholders reported that a key driver of the success of DVassist was the level of face-to-face engagement by DVassist within the communities, as a means of educating stakeholders, and building trust and confidence in the program.

5. **Employment of First Nations persons.** DVassist should continue to focus on ensuring cultural safety of the program, and the inclusion of First Nations people in the team should be a priority to ensure it remains culturally appropriate for Aboriginal and Torres Strait Islander peoples,

6. **Systemic change to access to administration datasets of FDV services.** We recommend changes are needed at the system level with respect to the sharing of data involving periodic linkage of data across multiple internal and external databases to assess and improve FDV outcomes for all FDV services. The ability to assess client outcomes across multiple domains of wellbeing and from multiple sources allows for a richer, more holistic picture of client outcomes. The analysis of linked data can facilitate an impact and economic evaluation, such as a Social Return on Investment analysis, to estimate the economic value to the broader WA community of investment in Family and Domestic Violence services such as those provided by DVassist. In providing support to victims and perpetrators, FDV services can reduce health care and justice costs over time.

INTRODUCTION

Since launching in 2019, DVassist provided a service designed to help people currently in 58 regional, rural, and remote areas of WA experiencing Family and Domestic Violence, through making local connections, education, and providing counselling. Funding of the service ceased in June 2022. Family members and friends of those impacted by violence were also given support. Services 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 single session format;
- 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.

DVassist was in the process of completing a Pilot program of their services and has moved significantly down the path of collecting data and reporting on its data across its services and sought to:

1. Operationalise the DVassist program logic.

DVassist has developed a program logic for the services it currently offers in Western Australia. CSI UWA has reviewed and operationalised the program logic to determine output indicators and the availability of data sources to measure change in short, medium, and long-term outcomes.

2. Develop an outcomes measurement framework.

An Outcomes Measurement Framework was developed in consultation with DVassist. The framework examined how to reliably measure the impact of the DVassist programs at the individual level, organisational level, community level, and societal level.

3. Evaluate the Pilot Program.

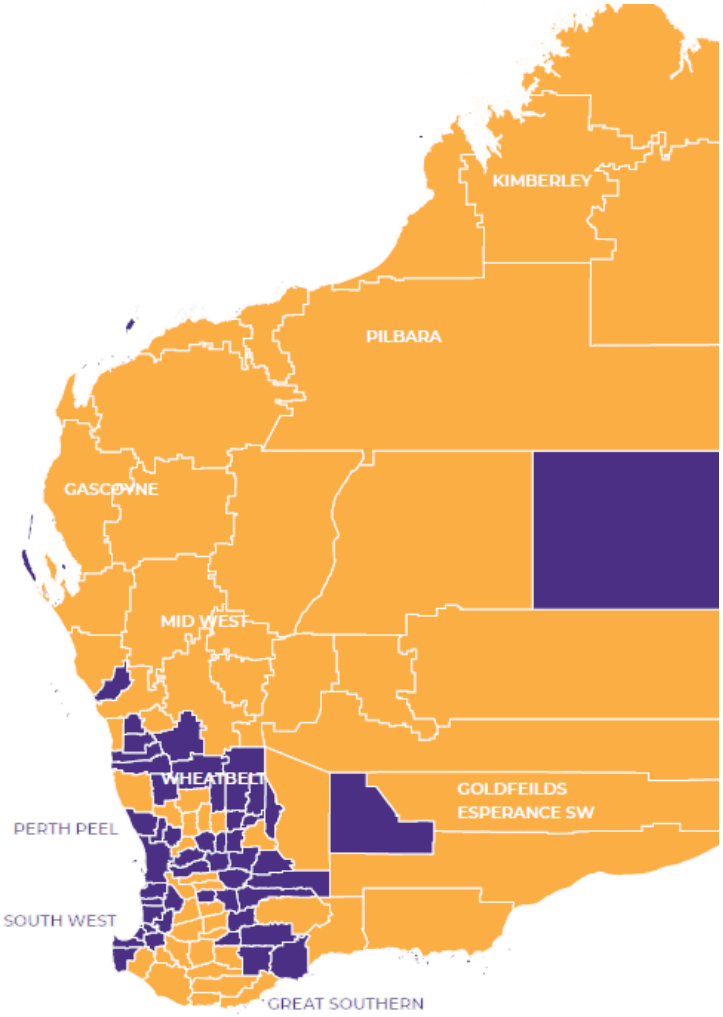
The evaluation of the Pilot Program used a mixed-methods approach employing quantitative and qualitative research methods. Methods were adapted to context and resources available, ensuring data collection tools where possible measured the outcomes from DVassist services.

METHODS

By reviewing the evidence base in the literature, CSI UWA reviewed and operationalised the DVassist program logic. An integrative review methodology was used to assess, critique and synthesise the literature on FDV and IPV programs and evaluations. This report was informed by a comprehensive review of peer reviewed articles, books and other published text 'grey literature' produced by both government and non-government organisations.

The evaluation consisted of a mixed-methods approach employing quantitative and qualitative research methods. Quantitative data was provided through administration data collected 13th January 2021 and 11th October 2022, while qualitative data was collected through staff and stakeholder interviews.

Figure 1 DVassist outreach into 58 shires (coloured orange) in Western Australia



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 Framework report is structured as follows:

Chapter 1: Introduction

Chapter 1 presents the scope of work, the research methodology, and the structure of the report.

Chapter 2: Family and Domestic Violence

Chapter 2 presents an overview of the literature with respect to Family and Domestic Violence (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. A summary of recent online programs which have been evaluated and their effectiveness is presented. Outcome measures from the literature for both victims and perpetrators have been listed.

Chapter 3: DVassist Program Logic and Outcomes Measurement Framework

This chapter reviews and operationalises the DVassist program logic to determine output indicators and the availability of data sources to measure change in short, medium, and long-term outcomes. In reviewing the DVassist program logic, additional outcomes have been suggested for multi-session counselling or short-term case management sessions, and the planned perpetrator program. Data collection methods to measure outcomes have been suggested and include process data, Google analytics, online brief questions, online surveys using validated scales, and population level data.

Chapter 4: DVassist Evaluation

Chapter 4 describes the methodology and results for the evaluation of the DVassist pilot program. The mixed method evaluation used data from the case management system and interviews with DVassist staff and stakeholders to determine whether individual, organisational, community and societal short-, intermediate- and long-term outcomes were met by the DVassist program.

Chapter 5: Recommendations

Chapter 4 summarises the main findings of the DVassist Evaluation report and offers recommendations for DVassist and other FDV services in moving forward with their FDV programs.

FAMILY AND DOMESTIC VIOLENCE

Family and Domestic Violence (FDV) refers to violence between family members, occurs across all ages, and all socioeconomic and demographic groups, but predominantly affects women and children (AIHW, 2018). FDV or Intimate partner violence (IPV) is a pattern of threatening behaviour, violence or abuse (physical, financial, psychological, sexual, emotional) in the context of coercive control, is prevalent globally, affecting over one-quarter of women worldwide (Tarzia et al., 2018; World Health, 2021). It is estimated one in 6 Australian women and 1 in 16 men have been subjected to FDV, with significant impacts on physical and mental health outcomes (AIHW, 2018; World Health, 2021).

Incidents of domestic violence have increased during the COVID-19 pandemic, in response to measures taken to address the pandemic: stay-at-home/lockdown orders, distancing rules (Piquero et al., 2021; World Health, 2021). Vulnerable groups who are at increased risk of FDV include Indigenous women, young women, pregnant women, women separating from their partners, women with disability and women experiencing financial hardship, and women and men who experienced abuse or witnessed domestic violence as children (AIHW, 2018).

FDV PROGRAMS

FDV programs are designed to be responsive to local community needs, with the needs, values, strengths, and limitations of a community taken into consideration in the design of interventions (Goodman et al., 2018; Hegarty et al., 2019). There are many barriers that may prevent women from accessing help, including the fear of being judged or misunderstood, financial pressures, concern about the partner finding out, the belief that intimate partner violence is a private issue, and COVID-19 lockdown orders (Hegarty et al., 2019; Tarzia et al., 2018).

FDV programs are based on models which support and promote enabling, decision making, acquiring skills, building trust and emotional support, and ultimately economic and social independence and living free from violence and fear (Parmar & Sampson, 2007). Programs which have been evaluated include therapy sessions which are aimed at decreasing post-traumatic stress disorder symptoms, increasing mental wellbeing, promoting self-care, parenting, leadership training, career counseling, and safety planning (Ragavan et al., 2019).

When examining FDV programs across different agencies (e.g., shelter, counselling, advocacy, transitional housing, supervised visitation, children's programs, support groups), the following eight key activities were found (Sullivan, 2012):

1. Providing information about adult and child survivors' rights, options and experiences;
2. Safety planning;
3. Building skills;
4. Offering encouragement, empathy, and respect;
5. Supportive counselling;
6. Increasing access to community resources and opportunities;
7. Increasing social support and community connections; and
8. Community change and systems change work.

Sullivan found outcomes of FDV programs focus on: social connectedness and positive relationships with others; being safe (physically, emotionally, financially); having good physical, emotional and spiritual health; possessing adequate resources (police protection, restraining orders, safe housing, employment, transportation, child care, adequate access to community commodities and opportunities); and social, political and economic equity (Sullivan, 2012).

FDV ONLINE PROGRAMS

Research has shown that FDV interventions can be delivered effectively online, with the potential to overcome some of the barriers associated with accessing face-to-face services, providing an alternative method of support for women experiencing FDV (Hegarty et al., 2019; Koziol-McLain et al., 2018; Tarzia et al., 2018). Online services provide an opportunity to reach a broad population of women, with services being accessed privately at a convenient time, giving women a greater control over the help-seeking process (Hegarty et al., 2019; Koziol-McLain et al., 2018; Tarzia et al., 2018).

Research has shown women who have experienced IPV report websites and apps are an acceptable way to raise awareness and provide support (Hegarty et al., 2019). The following online interventions for IPV have been evaluated:

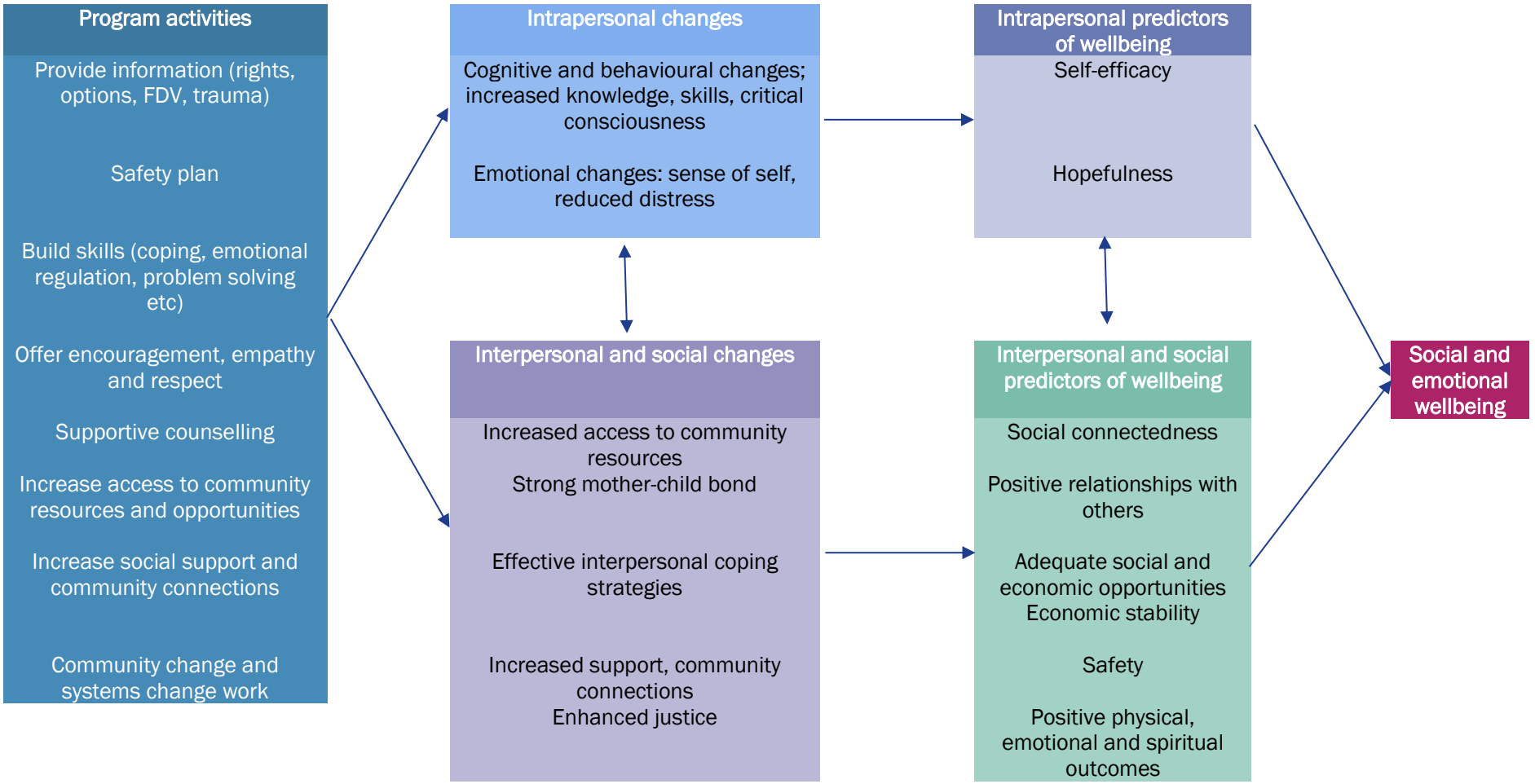
- The Internet Resource for Intervention and Safety (IRIS) project in the USA focused on reducing women's decisional conflict about whether to stay in or leave a relationship, increasing safety behaviours, improving mental health, and reducing violence. IRIS was found to reduce women's relationship decisional conflict (feelings of conflict about what to do about their relationship) and increased the number of safety strategies that women found helpful (Eden et al., 2015; Glass et al., 2017).

- The iSafe project in New Zealand is an online safety decision aid. iSafe reported positive findings on help seeking, but no effect on depression or intimate partner violence, except for a subgroup of Maori women (Koziol-McLain et al., 2018).

- iCAN Plan 4 Safety, a tailored, interactive online safety and health intervention, engages women in activities designed to increase their awareness of safety risks, reflect on their plans for their relationships and priorities, and create a personalised action plan of strategies and resources for addressing their safety and health concerns (Ford-Gilboe et al., 2020; Ford-Gilboe et al., 2017). Women in the trial showed a decrease in depression and PTSD, and high levels of benefit, safety and accessibility of the online interventions, with low risk of harm (Ford-Gilboe et al., 2020).

- I-DECIDE, an online healthy relationship tool, consisted of modules on healthy relationships, abuse and safety, and relationship priority setting, and a tailored action plan (Hegarty et al., 2019). While there were no significant changes in self-efficacy or depressive symptoms, qualitative findings indicated that participants found the intervention supportive and a motivation for action.

Figure 2 Social & Emotional Well-Being Conceptual Framework for Domestic Violence Services (Sullivan, 2012).



MEASURING OUTCOMES FOR VICTIMS

FDV programs which have been evaluated measure a broad range of outcomes. Validated surveys, or tailored measures created for studies measured positive changes in quantitative outcomes in attitudes (self-efficacy, improved feelings of safety, respect, trust), knowledge (leadership), behaviours (safety), help seeking, depression, post-traumatic stress disorder (PTSD) (Ragavan et al., 2019). Domains, reliable and validated scales, and scale descriptions used in measuring FDV program outcomes have been summarised in Table 1.

Table 1 Domains, scales, and scale descriptions used in measuring FDV program outcomes

Domain	Name of scales	Scale description
Self-efficacy	Generalized Self-Efficacy Scale (GSE) (Schwarzer & Jerusalem, 2010)	This is a 10-item scale in which participants are asked to rate how true each statement about dealing with daily hassles and stressful life events is for them. Response options ranged from 1 (not at all true) to 4 (exactly true).
Self-esteem	Rosenberg Self-esteem Scale (Rosenberg, 1965)	A 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. All items are answered using a 4-point Likert-type scale format ranging from 1 (strongly agree) to 4 (strongly disagree).
Social support	Medical Outcomes Survey (MOS-SSS) (Gjesfjeld et al., 2008)	The shortened MOS-SSS assesses the perceived availability of emotional, informational, and instrumental support. For each item, the availability of support is rated on a 5-point Likert-type scale, ranging from 1 (none of the time) to 5 (all of the time).
Mastery	Pearlin's 7-item Mastery Scale (Pearlin & Schooler, 1978)	The Mastery Scale is a self-report measure that taps into perceptions of personal control over one's life. Women respond to how much they agree (1 = strongly agree) or disagree (7 = strongly disagree) with each item.
Amount/severity of intimate partner violence	CAS and Danger Assessment (Hegarty et al., 2005)	30-item Composite Abuse Scale (CAS), asks women to rate the frequency of experiencing specific abusive acts in the previous 12 months on a 6-point Likert-type scale ranging from 'never' (0) to 'daily' (5). Using cut-off scores, women's responses are categorizs ed as 'positive' or 'negative' for exposure to 4 types of IPV: physical abuse, emotional abuse, harassment and severe combined abuse.
IPV exposure	Severity of Violence Against Women Scale (SVAWS) (Marshall, 1992)	46-item For the SVAWS used a 1 (never) to 4 (many times) subjective frequency scale for all items; SVAWS subscales include threats of violence, acts of violence, and sexual violence.
Assess the severity and frequency of violence	Danger Assessment (DA) (Campbell et al., 2009)	Twenty item scale of risk factors which have been associated with increased risk of homicides (murders) of women and men in violent relationships.
Harm	Consequences of Screening Tool	Rate of positive and negative partner behavioural consequences of harm.

Domain	Name of scales	Scale description
	(Lock, 2008)	
Safety actions	Safety Behavior Checklist (McFarlane & Parker, 1994) Intimate Partner Violence Strategies Index (Smith et al., 1995)	Women are asked to indicate whether they have used a variety of safety behavior strategies/actions (yes/no) within the past 12 months and, if used, how helpful this strategy was in dealing with the violence (on a 5-point scale ranging from 'not at all helpful' to 'very helpful').
Safety-related empowerment	Measure of Victim Empowerment Related to Safety Scale (Goodman et al., 2015)	This is a 13-item rating scale in which participants are asked to rate how true each statement is for them (range (1) never true to (5) always true), with higher scores reflecting greater safety-focused empowerment. The scale consists of three subscales: Internal Tools (6 items), Expectations of Support (4 items), and Trade-Offs (3 items).
Wellbeing	Outcome Rating Scale (ORS) (Miller et al., 2003)	A validated and widely used 4-item tool that assesses individual feelings of wellbeing on four dimensions: individually, interpersonally, socially and overall.
Depressive symptoms	Center for Epidemiologic Studies Depression Scale—Revised (Eaton et al., 2004)	A 20-item self-report measure of symptoms reflective of the DSM-IV criteria for depression. Women rate how often they have experienced each symptom in the past week using 5 options that range from 'not at all or less than 1 day' to 'nearly every day for 2 weeks'.
	DASS 21 (Lovibond & Lovibond, 1995)	The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress.
	K10 (Brooks et al., 2006)	The K10 is a screening scale for psychological distress.
PTSD Symptoms	PTSD Checklist, Civilian Version (Lang & Stein, 2005)	The PCL-C is a 17 item self-report measure designed for use in community samples to assess the probability of meeting DSM-IV diagnostic criteria for PTSD. The PCL-C asks about symptoms in relation to generic stressful experiences; women rate how bothered they are by each symptom during the past month using a 5 point Likert-type scale with a range of 1 (not at all) to 5 (extremely).
Impact of trauma	Impact of Event Scale Revised (Weiss, 2007)	A self-report measure of current subjective distress in response to a specific traumatic event. The 22- item scale is comprised of 3 subscales representative of the major symptom clusters of post-traumatic stress: intrusion, avoidance, and hyperarousal.
Thoughts of suicide and self-harm	CES-D (Radloff, 1977)	The 20-item scale uses a 4 point Likert-type scale with a range of 1 (less than 1 day) to 5 (5 to 7 days). The items "wanted to hurt myself" or "wish I were dead" were used to assess thoughts of suicide and self-harm.

Domain	Name of scales	Scale description
Decisional conflict	DCS Scale (O'Connor, 1995)	The DCS assesses the extent to which women understand the advantages and disadvantages of safety planning options and their values related to these decisions. The four subscales of this measure feeling: uninformed, uncertain, unsupported, and unclear about safety priorities.
Level of coercive control	Women's Experiences with Battering (WEB) Scale (Smith et al., 1995)	The WEB is a 10-item scale designed to measure the intensity of experiences of psychological vulnerability from IPV and the impact of coercive control. Items are scored on a Likert-type scale measuring the experiences of women in abusive relationships ranging from 'disagree strongly' (1) to 'agree strongly' (6).
Trauma informed practice	Trauma Informed Practice (TIP) Scale (Goodman et al., 2016)	The 33-item scale has response options ranging from 1 (not at all true) to 4 (very true). The TIP Scale consists of six subscales: Environment of Agency and Mutual Respect (9 items), Access to Information on Trauma (5 items), Opportunities for Connections (3 items), Emphasis on Strengths (3 items), Cultural Responsiveness and Inclusivity (8 items), and Support for Parenting (5 items).

Visual analog scales (0 to 10) have also been used in projects to measure the following outcomes:

- Safety behaviours. Five categories were used to measure safety behaviours, including emergency safety planning (removing a gun/ammunition from the home, making emergency escape plans), informal help seeking (family/friends), formal help seeking (shelters, healthcare), legal help seeking (restraining orders), placating (avoiding arguments), and resistance (fighting back) (Glass et al., 2017).
- Safety planning self-efficacy. Women are asked to rate their confidence in making a safety plan for themselves with anchors of 'not at all confident' and 'completely confident (Ford-Gilboe et al., 2017).
- Fear of partner. Women are asked to rate their fear of partner with anchors of 'not at all afraid' and 'very afraid' (Hegarty et al., 2019).

Measures of websites have included:

- Perception of support/help-seeking. Using this website/service has made me more open to getting support about possible issues in my relationship (Hegarty et al., 2019).
- Awareness. Using this website/service has increased my own awareness about possible issues in my relationship (Hegarty et al., 2019).

A measure of service performance was developed with the following statements measured on a 5 point Likert-type scale (1=agree, 2=mostly agree, 3=disagree, 4=mostly disagree, 5=not an issue) (Zmudzki et al., 2019).

- I was treated with respect by the staff
- The service has helped me find out about other services to help me/or my family
- Since attending the service I have started using another service to help me and/or my family
- Since attending the service I am more likely to share my feelings or seek advice on dealing with problems
- Other services I was referred to were useful to me

- The staff and I discussed options for me to stay in my own home or move to different accommodation
- I have improved my knowledge about dealing with domestic and family violence
- I was able to contact my caseworker when I needed to during business hours
- The service supported me through legal processes (eg exclusion orders, property settlement) related to domestic and family violence
- Because of the assistance I received I feel safer
- Because of the service I feel my children are safer
- I am happy with the services I have received

MEASURING OUTCOMES FOR PERPETRATORS

Men's behaviour change programs (MBCPs) are commonly group-based interventions that work with men who use abusive and controlling behaviours against their partners/ex-partners/family members, and may also offer advocacy and safety support for victims (Nicholas et al., 2020). Nicholas et al. have recently completed a state of knowledge review and developed an evaluation guide for behaviour change programs involving perpetrators of domestic violence (Nicholas et al., 2020). Within this review, the authors refer to the 2015 Western Australian minimum standards for MBCPs outlined by the Department of Child Protection and Family Support, pointing out the standards mention a 'commitment to evidence based practice' (DCPFS, 2015).

MBCPs have traditionally focused on change or recidivism in relation to a perpetrator's use of violence, but are now more centred on women's and children's safety (Chung, 2014; Kelly & Westmarland, 2015; Vlais & Green, 2018). The evaluation of Project Mirabal (Kelly & Westmarland, 2015) included interviews with partners and ex-partners who defined success as: respectful communication; expanded space for action for women, which restores their voice and ability to make choices, while improving their wellbeing; safety and freedom from violence; safe, positive and shared parenting; enhanced awareness of men in MBCPs about the impact of violence on others; and safer lives for their children. The outcomes from this project were used in the United Kingdom's Respect Outcomes Framework (Respect, 2017) which is the only existing MBCP-focused outcomes framework. Nicholas et al. (2020) have adapted this framework to the following three outcome domains:

1. Long-term changes in perpetrators' violent and controlling behaviour;
2. Adult victims'/survivors' safety, wellbeing and freedom; and
3. Children's safety, wellbeing and family functioning.

Table 2 Domains, scales, and scale descriptions used in measuring MBCP program outcomes for men who use violence (Nicholas et al., 2020)

Target group	Name of scales	Scale description
Long term changes in perpetrators' violent and controlling behaviour	Revised Safe at Home Instrument (SAHI) (Begun et al., 2008)	The SAHI is designed to assess individuals' readiness to change their intimate partner violence behaviours - 35 items, four stages of change: precontemplation; contemplation; preparation/action; and maintenance.
	Ambivalent Sexism Inventory (ASI) (Glick & Fiske, 1996)	The ASI is a perpetrator self-report measure. It was developed to measure endorsement of sexism (attitudes only) - 22 items, two subscales: hostile sexism and benevolent sexism.
	Proximal Antecedents to Violent Episode (PAVE) (Babcock et al., 2004)	The PAVE is a measure of perpetrator's anger and aggression designed to assess a perpetrator's self-reported likelihood to perpetrate IPV - 30 items, three subscales: violence to control; violence out of jealousy; and violence following verbal abuse.
	Modified Abusive Behavior Inventory (ABI) (Shepard & Campbell, 1992)	The ABI is a measure of perpetrator's physical and psychological abuse and victim's/ survivor's experience of physical and other forms of violence - 29 items, two subscales: physical abuse and psychological abuse.
Victims/ survivors of violence	Modified Abusive Behavior Inventory (ABI) (Shepard & Campbell, 1992)	The ABI is a measure of perpetrator's physical and psychological abuse and victim's/ survivor's experience of physical and other forms of violence - 29 items, two subscales: physical abuse and psychological abuse.
	Partner Abuse Scale Non-Physical (PASNP) Partner Abuse Scale Physical (PASPH) (Hudson & McIntosh, 1981)	The PASNP and PASPH measure the extent of physical and non-physical abuse perpetrated against an intimate partner, completed by the victim/survivor - 25 items, two subscales: physical abuse and non-physical abuse.
	Index of Spouse Abuse (ISA) (Hudson & McIntosh, 1981)	The ISA measures victims'/survivors' self-reported severity of both physical and non-physical partner abuse - 30 items, two subscales: physical abuse and non-physical abuse.
	Composite Abuse Scale (CAS)* (Hegarty et al., 2005)	The CAS is a measure for victims/ survivors to report the frequency of experience in relation to 30 violent acts over a 12-month period - 30 items, four subscales: combined abuse, emotional abuse, physical abuse, and harassment.
	Severity of Violence Against Women Scale (SVAWS)* (Marshall, 1992)	The SVAWS measures both frequency and severity of violent behaviours experienced by women in intimate relationships - 49 items, three subscales: threats of violence, acts of violence, and sexual aggression.

Target group	Name of scales	Scale description
	Psychological Maltreatment of Women Inventory (PMWI) (Tolman, 1989)	The PMWI is a measure of psychological abuse experienced by victims/survivors in intimate relationships - 58 items, two sub-scales: dominance–isolation and verbal–emotional abuse.
	Profile of Psychological Abuse of Women– Revised (PPAW) (Sackett & Saunders, 1999 56)	The PPAW measures victims'/survivors' experiences of a wide variety of psychological abuse - 21 items, four subscales: criticise behaviour, ignore, ridicule traits, and jealousy/control.
Mental health and wellbeing	Warwick–Edinburgh Mental Well-being Scale (WEMWBS) (Tennant et al., 2007)	The WEMWBS is a measure of victims'/ survivors' mental wellbeing - 14 items, three subscales: affective–emotional, cognitive–emotional, and psychological functioning.
	Kessler 6 (K6) (Kessler et al., 2003)	The K6 is a simple measure of psychological distress - 6 items target the following feelings: sad; nervous; restless or fidgety; hopeless; everything is an effort; worthless.
	Generalised self-efficacy scale (GSE)* (Schwarzer & Jerusalem, 2010)	This is a 10-item scale in which participants are asked to rate how true each statement about dealing with daily hassles and stressful life events is for them. Response options ranged from 1 (not at all true) to 4 (exactly true).
	Multidimensional Scale of Perceived Social Support (MSPSS) (Wilcox, 2010)	The MSPSS Scale is a measure of victims'/ survivors' social support - 12 items, three subscales: family, friends, and significant personal relationships.
	Rosenberg self-esteem scale* (Rosenberg, 1965)	A 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. All items are answered using a 4-point Likert scale format ranging 1 (strongly agree) to 4 (strongly disagree).
Children's safety, wellbeing and family functioning	Strengths and Difficulties Questionnaire (SDQ) (Goodman et al., 2000)	The SDQ is a brief emotional and behavioural screening questionnaire for children and young people. The tool can capture the perspective of children and young people, their parents and teachers - 25 items, five subscales: emotional symptoms, conduct problems, hyperactivity/ inattention, peer relationship problems, and pro-social behaviour.
	Personal Wellbeing Index–School Children (PWI-SC) (Cummins & Lau, 2005)	The PWI–SC measures health and personal wellbeing in school-aged children and adolescents. 7 items; seven domains: standard of living, health, life achievements, personal relationships, personal safety, community connectedness, and future security.

*also in Table 1

DVASSIST PROGRAM LOGIC AND OUTCOMES MEASUREMENT FRAMEWORK

This chapter reviews and operationalises the program logic to determine output indicators and the availability of data sources to measure change in short, medium, and long-term outcomes. The program logic for services currently offered by DVassist in Western Australia is presented on the following page. 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-term, intermediate, and long-term and at the individual, organisational, community and societal 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 the 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.

Data collection methods include process data, Google analytics, online brief surveys with a small number of questions, online longer surveys using validated scales, and population level data. Much data is already collected every time a client accesses the website. Due to difficulties with anonymity and not being able to track return clients, pre and post measures have only been suggested for clients engaging in scheduled multi-session counselling or short-term case management sessions. Many studies within the FDV area acknowledge the difficulty of assigning appropriate outcome measures given time constraints, which is even more pronounced with a web-based service.

INDIVIDUAL LEVEL OUTCOMES

The current DVassist program logic focuses on short-term individual outcomes for victims of FDV who visit the interactive website, or engage through a free and confidential counselling service with a FDV Specialist via telephone or web chat within a single session format. These outcomes focus on change in attitudes, knowledge and help-seeking which may be achieved through a 'one-off' visit. Suggested indicators and data collection methods are displayed in Table 3.

Additional intermediate outcomes have been suggested which address the wellbeing of the FDV client and have been shaded in green. These outcomes are for clients who engage in a scheduled multi-session counselling format or short-term case management sessions.

Additional intermediate and long-term outcomes for perpetrators of FDV have been suggested in purple.

ORGANISATIONAL LEVEL OUTCOMES

Short-term organisational level outcomes focused on service compliance and practice, targeted interventions, and collaborations which can all be assessed through existing DVassist process data (Table 4). Intermediate organisational level outcomes focused on provision of a quality service, sector collaborations and partnerships and sharing of information. These outcomes can be assessed through already existing process data and client satisfaction surveys. Long-term organisational level outcomes focused on leading within the sector, with the service backed by social impact measurement and evidence. These outcomes can be assessed through already existing process data.

COMMUNITY LEVEL OUTCOMES

Short-term community level outcomes focused on increasing access to FDV supports, and increasing community knowledge (Table 5). These outcomes can be assessed through already existing process data.

Intermediate community level outcomes focused on decreasing barriers to service access, changes in community behaviours and attitudes, and increased use of digital support platforms. Long-term community level outcomes focused on a decrease of FDV incidents. Both intermediate and long-term outcomes can be assessed through already existing process data, police records, population level data (such as ABS), and AIHW Special Homelessness Services data.

SOCIETY LEVEL OUTCOMES

Short-term society level outcomes focused on reducing stigma, while intermediate outcomes focused on equity of access to FDV and gender equality, and long-term outcomes on population attitudes and beliefs and erasing tolerance for FDV (Table 6). DVassist will play its part in influencing these outcomes but attribution of these outcomes to the work of DVassist is difficult and the data on which societal outcomes are assessed will be of a general nature. In these circumstances, societal outcomes will be measured using environmental scans of the literature, and community-level time series data. However, DVassist should keep a record of its advocacy and any mentions of its reports, work and impact in the policy and practice arena using a demonstrable moments of impact approach which involves tracking mentions of DVassist's work and following through a trail of impact.

DVassist Program Logic

Inputs

- Funding
- Partnerships
- Patrons
- Donors
- Infrastructure
  - Physical: building, office equipment, specialised telephony system
  - Digital: IT, digital platform
  - Operational: specialised staff, admin staff, HR processes and procedures
- Volunteers
- Governance

Activities

- Telephone and webchat counselling
- Case management
- Risk assessment and safety planning support
- Counselling for PUV (people using violence)
- Processing of referrals (incoming and outgoing)
- Advocacy of family and domestic violence (FDV) needs
- FDV debriefing, education, and support for front line professionals
- Development of FDV education and training
- Researching and mapping current regional, rural and remote (RRR) WA services
- Researching intersectionality's and needs for vulnerable groups
- Travel to RRR WA
- Community engagement
- Stakeholder engagement
- Consultation and collaboration with FDV sector and service providers
- Fundraising activities and events
- Attend and organise events
- Development of culturally inclusive model of practice
- Ongoing development and review of practice framework, policies and procedures

Outputs

- Anonymous and confidential telephone and webchat (single and multisession) counselling, case management, risk assessment and safety planning support are provided for the RRR WA communities. 7am – 12 am, 7 days per week
- People impacted by FDV receive support
- Diverse groups of people receive access to FDV services
- FDV data analysis and reports
- Tailored FDV education and information sharing
- Specialised FDV support for workplaces
- First Nations 'Reflect' Reconciliation Action Plan
- Current and up to date FDV resources
  - Website
  - Webinars
  - Podcasts
  - Educational videos
  - App
  - Service Directory
- Community information packs
- Memberships to FDV networks and relevant peak bodies
- FDV sector collaboration and partnerships
- Training and information workshops to community members and workplaces
- Best practice Governance structure
- FDV and Trauma Informed Practice framework and procedures
- Political and private sector advocacy

Short Term Outcomes

Individual

- Increased access to services and support
- Immediate access to FDV counselling, information and service directory
- Increased safety and support options
- Reduction in stigma of FDV and help-seeking
- Increased FDV knowledge and awareness
- Access and inclusion within broader support and community networks

Organisational

- Service compliance and practice excellence
- Evidence informed targeted interventions
- Culturally aware and informed practice
- Enhanced service collaboration and referral pathways

Community

- Increased access to FDV support for diverse groups of people
- Increased FDV knowledge
- Workforces are FDV informed

Societal

- Societal misconceptions, biases and attitudes about FDV are explored and addressed to commence reduction in stigma

Intermediate Outcomes

Individual

- Increased capacity to navigate systems

Organisational

- Leader in the FDV sector, influence and contribute to FDV policy
- Cohesive FDV sector and integration of support services
- Culturally safe service
- Expansion to providing FDV support to all RRR WA
- Sustainable funded service
- Quality FDV services for RRR WA
- Sharing of RRR FDV data and evaluation reports with relevant peak bodies

Community

- Decrease in barriers to service access
- Decrease in people requiring FDV services
- Decreased stigma in help seeking
- Increased use of digital support platforms

Societal

- Equity of access to specialist FDV services for RRR WA
- Increased understanding of the drivers FDV
- Increased bystander intervention to FDV behaviours
- Increased gender equality in private and public life

Long Term Outcomes

Individual

- FDV is a one-off or short-lived experience

Organisational

- Leader in advocating and influencing policy and decision making for the FDV sector
- Effective social impact measurement

Community

- Decrease of FDV incidents

Societal

- Population attitudes and beliefs about FDV are equitable
- A no tolerance society for FDV in any context
- Gender equality

Table 3 Short-term, intermediate, and long-term individual outcomes, indicators and data collection methods

Individual outcomes	Indicator	Data collection methods		
		Web-based question	Web-based survey	Other
Short- term outcomes				
Increased access to services and support	Perception of access to services/support	*Using this website/service has made me more open to getting support about possible issue in my relationship* *Using this website/service has helped me find out about other services to help me/or my family*		
Immediate access to FDV counselling, information and service directory	Time to access counsellor Information access Service directory access	*I was able to contact my caseworker when I needed to during business hours*		Google website analytics
Increased safety and support options	Change in use of safety behaviours from pre to post engagement	*The staff and I discussed options for me to stay in my own home or move to different accommodation* *Because of the assistance I received I feel safer* *Because of the service I feel my children are safer*	Safety Behavior Checklist	
Reduction in stigma of FDV and help-seeking	Perception of support/help seeking	*Using this website/service has made me more open to getting support about possible issues in my relationship* *Using this website/service has made me more likely to share my feelings or seek advice on dealing with problems*		
Increased FDV knowledge and awareness	Change in FDV knowledge and awareness from pre to post engagement	*Using this website/service has increased my own awareness about possible issues in my relationship* *Using this website/service has improved my knowledge about dealing with domestic and family violence* *Through this website/service I learnt new skills and received knowledge to help with my situation*		

Individual outcomes	Indicator	Data collection methods		
		Web-based question	Web-based survey	Other
Access and inclusion within broader support and community networks	Perceived availability of emotional, informational, and instrumental support.	*Since using the website/service I have started using another service to help me and/or my family* *Other services I was referred to were useful to me* *I received adequate information including referrals to other services to meet my needs*	Medical Outcomes Survey (MOS-SSS)	
Intermediate outcomes				
Increased capacity to navigate systems	Change in knowledge and ability of accessing support networks	*Since using the website/service I have started using another service to help me and/or my family*		
Decrease in mental health distress	Significant decrease in depression, anxiety, stress		K10 K6 DASS	
Increase in psychosocial and physical wellbeing	Significant increase in social, emotional, physical wellbeing	*I feel better able to cope or deal with my issues* *I have medical support for any physical issues* *I have supportive relationships with friends and family* *I feel part of my community*	Index of Spouse Abuse (ISA) Modified Abusive Behavior Inventory (ABI) Generalised self-efficacy scale (GSE) Multidimensional Scale of Perceived Social Support (MSPSS) Rosenberg self-esteem scale	
Increased family wellbeing	Significant increase in children's wellbeing		SDQ Personal Wellbeing Index–School Children (PWI-SC)	

Individual outcomes	Indicator	Data collection methods		
		Web-based question	Web-based survey	Other
Increased economic independence	Employment, study and income sources	*I have been linked in with financial support* *I am currently working casual, part-time, or full time* *I am currently studying* *I am on government benefits*		
Engagement with required supports	Community support referrals	*I received adequate information including referrals to other services to meet my needs* eg. accommodation, DV support, Government services such as assistance to obtain government allowance, Specialised services such as child protection, psychological services, Another FDV provider		Victim notification register
Change in perpetrators' violent and controlling behaviour	Decrease in perpetrators' violent and controlling behaviour		Proximal Antecedents to Violent Episode (PAVE) Modified Abusive Behavior Inventory (ABI)	
Long-term outcomes				
FDV is a one-off or short-lived experience	Reducing severity and frequency of violent behaviours experienced from pre to post engagement.	I am returning to a violent relationship I have ongoing concerns for my safety	Composite Abuse scale (CAS) Severity of violence against women Scale (SVAWS)	Police reports VRO applications Child protection Number of times used service
Perpetrators do not engage in violent and controlling behaviour	Decrease in perpetrators' violent and controlling behaviour		Proximal Antecedents to Violent Episode (PAVE) Modified Abusive Behavior Inventory (ABI)	

Table 4 Short-term, intermediate, and long-term organisational outcomes, indicators and data collection methods

Organisational outcomes	Indicator	Data collection method
Short- term outcomes		
Service compliance and practice excellence	2015 Western Australian minimum standards for MBCPs outlined by the Department of Child Protection and Family Support Best practice Governance structure	Process data
Evidence informed targeted interventions	FDV and Trauma Informed Practice framework and procedures	Process data
Culturally aware and informed practice	Number of staff who complete cultural diversity education programs	Process data
Enhanced service collaboration and referral pathways	Number of clients engaged in webchat counselling, case management, risk assessment and safety planning support. Number of clients referred to different services	Process data
Intermediate outcomes		
Leader in the FDV sector, influence and contribute to FDV policy	Number of memberships to FDV networks and relevant peak bodies	Process data
Cohesive FDV sector and integration of services	Number of FDV sector collaborations and partnerships	Process data
Culturally safe service	First Nations Reconciliation Action Plan	Process data
Expansion to providing support to all RRR WA	Number of regions in which people impacted by FDV receive support	Process data
Sustainable funded service	Number of political and private sector advocacy engagements	Process data
Quality FDV services for RRR WA	Number of clients satisfied with services	Client satisfaction survey *How satisfied are you with the service you have received?*
Sharing of RRR FDV data and evaluation reports with relevant peak bodies	Number of FDV data analysis and reports Number of FDV sector collaborations and partnerships	Process data
Long-term outcomes		
Leader in advocating and influencing policy and decision making for the FDV sector	Number of FDV sector collaborations and partnerships	Process data
Effective social impact measurement	Outcome evaluation frameworks for all programs Measure of social impact	Process data

Table 5 Short-term, intermediate, and long-term community outcomes, indicators and data collection methods

Community outcomes	Indicator	Data collection method
Short- term outcomes		
Increased access to FDV support for diverse groups of people	Number of demographically diverse people receiving access to FDV services	Process data
Increased FDV knowledge	Number of tailored FDV education and information sharing sessions Number of community information packs distributed Current and up to date FDV resources	Process data
Workforces are FDV informed	Number of specialist FDV support for workplaces sessions Number of training and information workshops to community members and workplaces	Process data
Intermediate outcomes		
Decrease in barriers to service access	Increased access to services and support Immediate access to FDV counselling, information and service directory	Process data
Decrease in people requiring FDV services	Increased safety and support options	Process data Police records ABS population level statistics on FDV AIHW Special Homelessness Services data
Decrease stigma in help seeking	Number of tailored FDV education and information sharing sessions Number of community information packs distributed Current and up to date FDV resources	Process data
Increased use of digital support platforms	Number of people using DVassist	Process data
Long-term outcomes		
Decrease of FDV incidents	Increase in perpetrator programs to address violent and controlling behaviour	Process data Police records ABS population level statistics on FDV AIHW Special Homelessness Services data

Table 6 Short-term, intermediate, and long-term societal outcomes, indicators and data collection methods

Societal outcomes	Indicator	Data collection method
Short- term outcomes		
Societal misconceptions, biases and attitudes about FDV are explored and addressed to commence reduction in stigma	Number of tailored FDV education and information sharing sessions Number of community information packs distributed Current and up to date FDV resources	Environmental scans of the policy, practice and research literature and time series data Demonstrable moments of impact of DVassist advocacy and reports
Intermediate outcomes		
Equity of access to specialist FDV services for RRR WA	Increased access to services and support Immediate access to FDV counselling, information and service directory	Environmental scans of the policy, practice and research literature and time series data Demonstrable moments of impact of DVassist advocacy and reports
Understanding of the drivers of FDV	Increased understanding of the drivers of FDV	
Bystander intervention to FDV behaviours	Increased bystander intervention to FDV behaviours	
Gender equality in private and public life	Increased gender equality in private and public life	
Long-term outcomes		
Population attitudes and beliefs about FDV	Improved population attitudes and beliefs about FDV	Environmental scans of the policy, practice and research literature and time series data Demonstrable moments of impact of DVassist advocacy and reports
A no tolerance society for FDV in any context	Government legislation which addresses FDV Increase in perpetrator programs to address violent and controlling behaviour	
Gender equality	Improved gender equality	

EVALUATION OF DVASSIST

A mixed method approach was proposed to evaluate the DVassist service. Due to the closure of the DVassist helpline and counselling service, the evaluation consisted of secondary data analysis of calls to and from the service, and stakeholder feedback via interviews with DVassist staff and community stakeholders.

DVASSIST SERVICE

Between 13th January 2021 and 11th October 2022, DVassist recorded a total of 2,535 calls: 1,341 incoming calls and 1,194 outgoing calls. The majority of call types were classified as standard calls (n=2,245, 88.7%), with the remainder web chat (n=285, 11.3%). The majority of calls (70.5%) were for counselling (Figure 3) followed by financial/practical support.

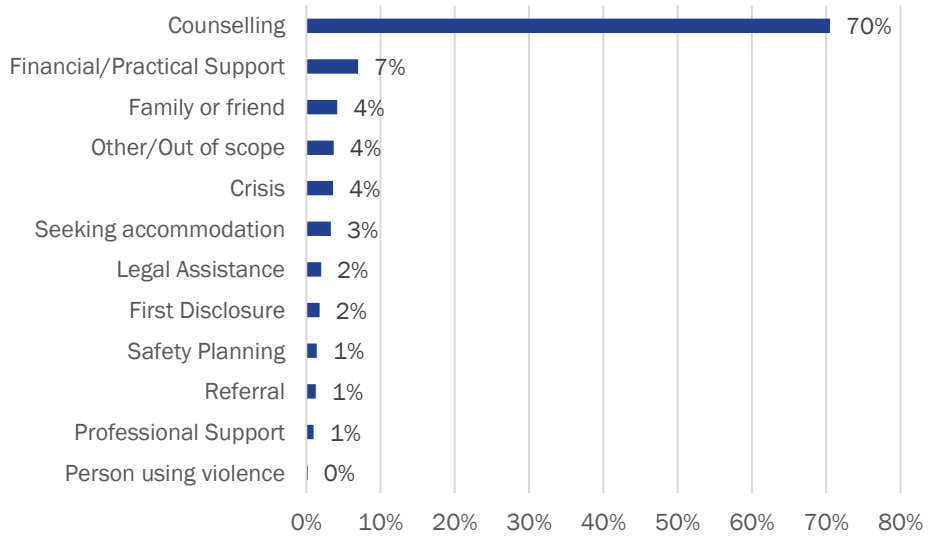


Figure 3 Type of calls received between January 2021 and October 2022

Clients heard about DVassist primarily through Google (29%), a family violence service (29%), other domestic violence services (13%), health services (9%) or support service (9%).

Ninety-five percent of clients were women with one in four incoming calls originating from the Goldfields-Esperance region, followed by the Great Southern (14%), South West (12%), Perth Metro (11%), Pilbara (8%), Mid-West (5%), Kimberley (5%) and the Wheatbelt (4%)(Figure 4).

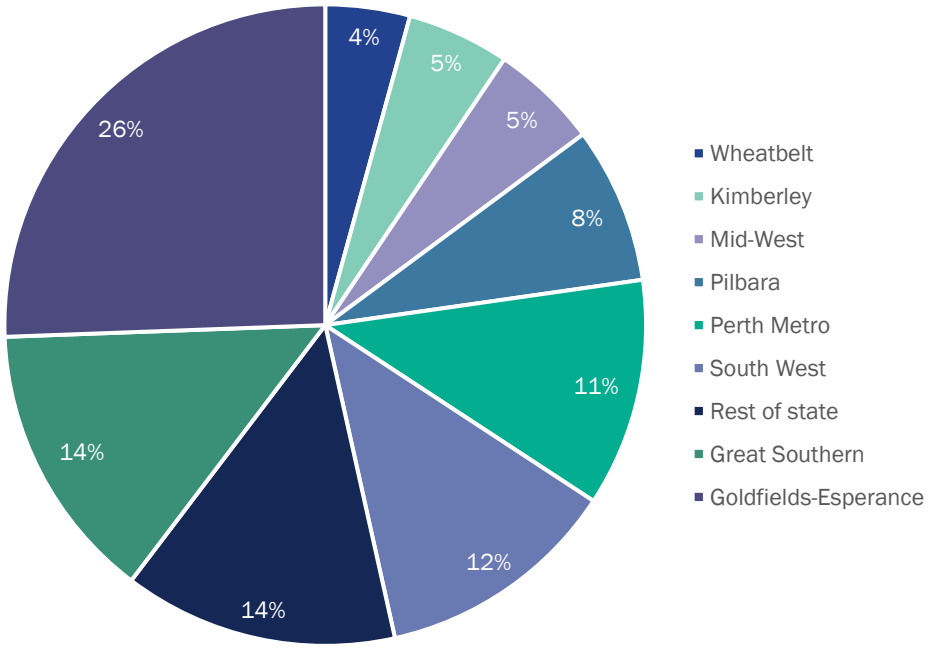


Figure 4 Type of calls received between January 2021 and October 2022

Many clients reported experiencing multiple categories of abuse. Almost one-in three clients reported experiencing emotional abuse (29%), 17% physical, 14% financial, 11% social, 4% technological, 3% sexual, and 2% spiritual abuse (Figure 5).

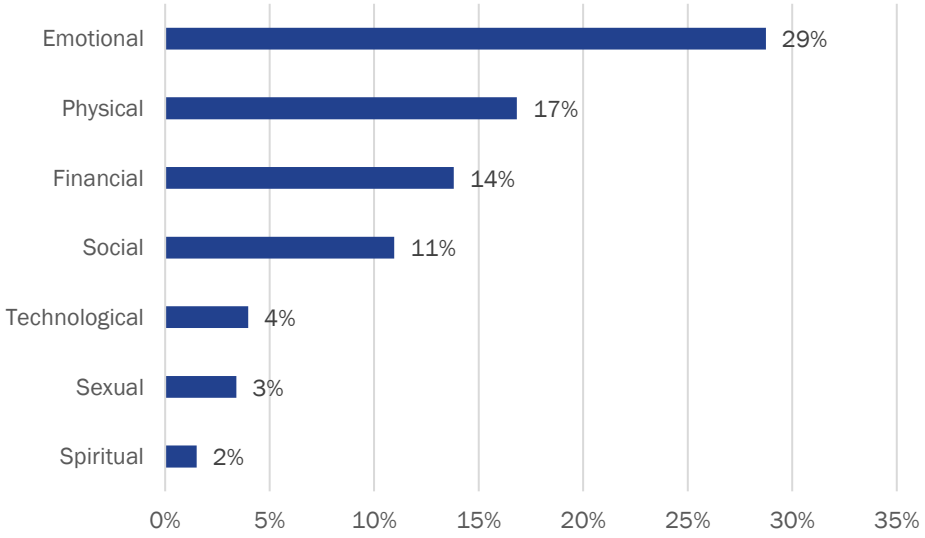


Figure 5 Categories of abuse experienced by DVassist clients

Approximately 85,000 visits were made to the DVassist Online Information Hub, and over 30,000 quizzes and resource sessions were completed on the 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.

STAKEHOLDER FEEDBACK

Through interviews and written statements, DVassist staff, community stakeholders and DVassist clients provided feedback on the impact of DVassist on clients and the broader community, what worked well with the DVassist model, and what could be improved. The main themes included the importance of community engagement through mapping the landscape to determine what services were needed in each community, visiting the communities and engaging with stakeholders so they understood the service, and building capacity within the community; the innovation of the DVassist service and the traditional barriers that the service overcame; the employment of trauma informed staff; referral pathways; outcomes for clients; and the impact on the women and communities of the closure of the DVassist helpline and counselling service; and suggestions for service improvement.

Community engagement and capacity building

DVassist spent time mapping the FDV landscape in regional, rural and remote Western Australia, recognising that differences exist between city and regional needs. Mapping involved visiting regions to determine the most important issues, existing services, what additional services may be required, and how large the gap was that needed to be filled.

> *"DVassist fills the gap between National helplines which offer one off phone call support and don't offer more intensive ongoing support"* – DVassist Staff

> *"The best approach is going out in the community, visiting communities, going to the grassroots level, meeting with various people, various services, visiting the Community Resource Center, visiting the Shire. We sent as many people as we could and try to have conversations and understand what are some of the bigger issues are."* – DVassist Staff

Gaps were found in FDV knowledge, supporting people navigate FDV systems, and trauma informed practice.

> *"We are able to work with women on the trickier cases. On the ground services focus on threats and keeping people alive. We can talk about systems abuse and support people going through Family Court and prepare them in terms of what you can and can't do, how they can be attacked and destroyed in the most subtle and completely legal way. Talking to them about financial abuse and coercive control behaviours, which the on the ground FDV services do not have the capacity to do."* – DVassist Staff

> Information support – helping someone navigate the complex systems and the services that are out there, and finding one which suits their situation is essential to what we do." – DVassist Staff

DVassist visited communities to make them aware of the services they were offering. DVassist staff have reflected that the focus needed to be on communities with fewer existing services, and the importance of on the ground stakeholder engagement. Stakeholders commented the regional community education visits enable them to refer clients knowing how the DVassist system worked and they could assure their clients of confidentiality. Stakeholders commented on the lack of continuity in DVassist staff.

> *"The community were made aware of the presence of DVassist offering services and a lot of agencies have expressed relief in knowing that such a service exists, as the need is always greater than the actual supply. If one of the core agencies are low on resources, there was always an additional option with DVassist."* - Stakeholder

"*Local communities get together for morning teas with staff and everyone gets to talk about the available services. DVassist needs to engage at this leve*l." – *DVassist Staff*

"We really benefited from them coming to speak to us. They spent some time answering our questions. We were able to really understand how the referral and triage process works, how they store their information, how confidential it was. From that community education perspective, to be able to have people on site to ask those questions to was really beneficial because that meant when we were referring refuge clients to DVassist, we knew what they were going to be receiving or what level of support they were accessing and what is available to them." – Stakeholder

"*There was a lot of engagement in the community and then there was a lot of interest in the program. Relationships within a community take a lot of time to develop and maintain*." – *DVassist Staff*

One of the barriers for clients is that they don't access certain services because they are fearful of where their information is going to end up, or who is made aware of what they disclose. So it was really good from an advocate point of view to be able to really ask those really important questions on behalf of our clients and ensure that we would be able to guarantee that when they do access DVassist they are accessing it in a safe space, in a confidential space. - Stakeholder

DVassist asked within communities how they could build community capacity. There was a recognised need for developing training for regional areas, especially in smaller regional towns where there may not be a FDV service. Community training revolved around recognising FDV (in all its forms), referral pathways and understanding the impact of trauma. Trauma informed training focused on how trauma affects the brain, how that is going to impact a client, and how to work with clients who have experienced trauma. DVassist staff suggested bystander training (e.g. learn more about what someone can do safely when witnessing disrespectful behaviours in the workplace and community) had been requested in workplaces, particularly in the resource sector.

If a person reaches out earlier to for counselling or if a person who experiences complex trauma is receiving trauma informed multi session counselling that can prevent a lot of more significant mental health issues down the line." – DVassist Staff

"The most important thing is community engagement on the ground within the region. Getting those multi sessions and those referrals coming in without the community engagement without building those relationships with stakeholders means we would definitely not have done as many referrals or engaged with as many people. It's really about having that trust and confidence in a relationship." – DVassist Staff

"DVassist were doing a lot of presentations and the first one we had was in person. But the second one was over Teams. I think that education, networking, and reaching out would have been better in person." - Stakeholder

"Through DVassist we were able to learn much more about trauma informed care, and around the impacts on the brain. DVassist are such a good valuable resource for us to have because the information they gave helped guide us in terms of our trauma informed scripting when we are working with our clients across the board, but specifically for women experiencing domestic violence." - Stakeholder

"A lot of the smaller regional towns don't have any specialised FDV services. I think trainings to go out there and upskill staff is a really important thing and it is what a lot of those services such as GP's and disability services are crying out for." – DVassist Staff

Service Innovation

DVassist offered an innovative virtual FDV service which included information about FDV, online quizzes, online mapping of community resources, web based chat, single sessional counselling and multi sessional counselling sessions, and had just released an App providing information about FDV and where to get support.

Information about FDV on the website was used by clients, whereas stakeholders used the website to obtain referral information.

"*It's really difficult to connect people to the right places and be able to have that help in a shorter time frame. DVassist are a really valuable resource for our clients at the administration level - we were able to point them at the website which is really easy to navigate. There is so many resources on there."* – Stakeholder

"We were using DVassist quite regularly, especially making sure that clients knew that that resource was available to them. It was really good for us to be able to identify family and domestic violence at an administration level and be able to leave the client with something to do rather than go wait for the lawyer or wait until you have your appointment. " – Stakeholder

"I'm finding so many traumatised clients with mental health issues that I find everything I say I'm repeating. It's good to be able to direct them to the DVassist website where they can access information anytime and as often as they need." – Stakeholder

"The online and tele model worked for clients, plus the easy-to-use website feature and the easy exit option was good." - Stakeholder

DVassist staff found many of the women who did the online quizzes about FDV then participated in an online webchat. Staff also found the webchat format enabled the engagement of younger people and gender diverse people. DVassist staff also thought since COVID-19, Telehealth has become an accepted format for engaging in counselling.

"Web chat is great as young people don't like talking on the phone." – DVassist Staff

"Virtual support can be a really effective way to engage people who otherwise wouldn't be able to engage or would find it really difficult to go into a face-to-face situation. For some people it can even be a better option." – DVassist Staff

For many gender diverse or nonbinary people the option of engaging in Telehealth often means there's less risk involved than coming into a service in town where you may have previously come across bigoted attitudes. – DVassist Staff

"In light of COVID there are increased risks for women. Not having to travel to access services decreases these risks and the incidences of violence. People are used to Telehealth and for many it is their preferred method of engagement." – DVassist Staff

"I think there's a degree of easier confidentiality around using a phone and webchat for counselling, as it does provide the easiest and most immediate way to access." - Stakeholder

"We were enhancing the knowledge of what family violence is. There was a large number of people who completed the quizzes that we have on the website, would then contact us on webchat." – DVassist Staff

"When we first started, we had a lot of older people calling up. It was quite strange and surprising – but they were wanting to know more after having witnessed violence within their family. What we were saying was challenging some of their views. Particularly coming from a rural setting where it's all very insular, their world knowledge was limited." – DVassist Staff

DVassist provided both single session and multi-session counselling. Single session counselling was often used by clients to receive information or to provide referrals.

"The single counselling sessions are mainly about giving information. Women call who have completed the quiz and have questions about whether they are being abused. We are able to refer them on to a women's centre". – DVassist Staff

"Single counselling sessions also came from professionals seeking help." – DVassist Staff

"People can book in for multi session counselling and then have one off calls in-between if they need it – if something had happened on the day or they need to talk through something." – DVassist Staff

The DVassist App is only one of a few Apps designed for victims of family violence.

"The App is meant to support people in enhancing their knowledge and also increasing self-determination. People can just sit at home if they have half an hour, they could do more research, read more or reflect more on their experience, or try to plan the next few days." – DVassist Staff

The online web format decreased many of the traditional barriers to help-seeking for FDV. Many of the barriers that prevent people from accessing traditional face-to-face FDV services in regional and remote Western Australia include distance and travel, waiting times, stigma, privacy, lack of anonymity, and small populations where there are no or limited FDV options.

"It's meant that we could engage with people a lot further out who normally wouldn't be able to come in. So if someone lives 45 minutes out of town on a farm they're probably not going to drive in for a weekly session but they're happy to engage via Telehealth weekly." – DVassist Staff

"They don't want to worry about running into someone into the waiting room that they know" – DVassist Staff

"Some women can't go to their local FDV service because their perpetrator is the local cop or they are a teacher or a nurse'." – DVassist Staff

There's often the lack of trust within small communities, that personal information will get out. – DVassist Staff

"A lot of people found when they needed DV support they'd have like a conflict of interest with the service in town. They were worried about confidentiality. " – Stakeholder

"Clients feel safe with the tele and web service, which allows them to access help from wherever they are." - Stakeholder

DVassist did not operate in traditional working hours. Operating after business hours allowed DVassist to operate during hours that suited the client base and provide a much-needed service during weekends, holiday periods, and after-hours.

"A service which operates outside business hours is very important in the regions. Most of the services open 9:00 AM until 5:00 PM. Come weekends, come public holidays like between Christmas and New Year, the services literally close down. That's when most incidents

happen - exacerbated because of loneliness and not having family support. The lack of services available during that time is really not good." – DVassist Staff

"An after-hours service was huge for all the clients. They all said 'I work. I can't do any counselling in our town during the day because I work, but I need to talk to someone'. "– DVassist Staff

"DVassist were able to fill a large gap in counselling, particularly in the later evenings, and then through the weekends." – Stakeholder

The DVassist model was also helpful for clients with children, and those suffering mental health issues, enabling them to get assistance in their own home. DVassist offered an anonymous service allowing clients to only disclose personal information they were comfortable disclosing. This has allowed trust to be built, and offers clients some self-determination over their situation.

"The service is entirely driven by how much the client wants to disclose. This gives a sense of empowerment and control and self-determination, rather than being a victim." - DVassist Staff

"Offering an anonymous service when they can just call and say "I'm having some problems in in my relationship. Can I talk to a counsellor?" and they don't have to disclose any personal information is very powerful." - DVassist Staff

"One lady has been in a FDV relationship for 50 years and calls us every 6 months or so – she says that his family are very prominent in their community and so she can't speak up and she can't give us her name. She knows what is happening doesn't feel right and she just has to tell someone. We have built trust and have convinced her to have a chat to the Community Resource Centre in her town" - DVassist Staff

Some regional areas have long wait lists for counselling services. The DVassist model of immediate one-off counselling sessions and being able to book in regular multi-session counselling sessions, allowed clients to get both immediate and sustained help.

"The counselling service didn't have a wait list. Literally you pick up the phone, you call, and someone answers. Typically in the region's most of the services will have very long wait list, some 6 to 8 weeks, and that's very, very difficult for someone experiencing difficulties and seeking counselling support." – DVassist Staff

"It's very frustrating for front line workers and those that work with the police to know that there is no-one they can refer to clients to for counselling and support. In many communities there is a six month wait list for counselling. DVassist was able to bridge that gap." – DVassist Staff

Getting the right support at the right time can really shorten the crisis. – DVassist Staff

DVassist was providing a fee free service, allowing clients to overcome the cost barrier of FDV help-seeking.

"The cost of counselling is prohibitive. One client I was talking to last night pays $150 a session. And that's cheap. They're looking at the options for her child and they were going up around $180 for one session. Medicare will only give you $90.00 back. That's a huge barrier." - Stakeholder

Barriers found to using the DVassist service include computer literacy, internet coverage and connection, and it being easy to not engage.

"Because the service is free and virtual it's a little bit easy for people to be not engaged. "Sorry. I forgot" or "hang on, I'm just in the middle of something" whereas if you had an appointment or were paying a nominal amount for the service there would be a bit more motivation and

structure. We do have a contract that we put in place with people initially in response to that to try to get some rights and responsibilities going." – DVassist Staff

Experienced Staff

DVassist employed experienced senior staff in FDV with varied skills and interests. This allowed for staff to work on projects that highlighted their knowledge of FDV, knowledge of existing services and referral pathways, FDV education, community engagement, and trauma informed counselling. Due to the online nature of the service, staff had to quickly amend their practice to suit this format.

> *"Everyone has a different set of skills or unique interests. We had so many different stand alone projects we really could consider which staff member was suited to which project".* – DVassist Staff

Referrals

DVassist provided outward referrals and linkage to other services for wraparound support most commonly for women who had left a violent relationship and were struggling to move forward. DVassist provided support and acknowledgement of what was happening to clients before linking them on to other services.

> "*If we focussed more on the ongoing support component we would definitely have been able to strategically link with service providers in the regions and then build those relationships stronger and then reach more people. Referrals and ongoing multi session counselling only really increased in the last maybe 8 months of when we're open*." – DVassist Staff

> "*There is a need for wrap around support, a need for long term trauma support and counselling*." – DVassist Staff

Referrals and service linkage were concentrated around mental health, housing support, practical support for going to court, and counselling for children.

> *"Effectively, we will actually call another agency on the clients behalf and link them. Sometimes the client will be on the on the line while we call another agency, we make that soft introduction. That really helps for some people because sometimes they may try to call a service many times and do not get anywhere"* – DVassist Staff

Domestic violence doesn't end when they leave the abusive relationship.
– DVassist Staff

Inward referrals came from other services, who would refer women to DVassist to get help both within and outside their regions.

> *"We were helping women into crisis accommodation as well as women who were situated in their own homes and then have decided to leave perpetrators of domestic violence. Once we heard about the DVassist service, it was really, really valuable because of the online chat feature. We referred women to the service to find out what help they could get within their areas."* – Stakeholder

> *"I'm in a remote area and go out to communities. So linking women up to services in Perth is a little harder for me. Instead, I could give women the DVassist number to see if they could help them because they are a 24/7 service. I use DVassist as a referral support."* - Stakeholder

> *"Once women are referred to the service, the majority of them have been open to using the service as it works on so many levels."* – Stakeholder

"DVassist is a key support service that we promote as part of the family and domestic violence referral pathway for both staff and patients to access. DVassist provides a valuable family and domestic violence service to rural and remote people in Western Australia and fills a vital gap in service provision." – Stakeholder

Client Outcomes

DVassist staff commented on the outcomes they saw at an individual level – these included increase in awareness and education, increase in confidence and help-seeking behaviours, an increase in empowerment, improvements in mental and physical health, and an increase in safety. Staff commented on by being able to increase the safety of clients, positive impacts were being seen in communities through women with less mental and physical health problems, and women often returning to employment.

"Today I received a call, from one of your staff members, informing me that your business will be no longer, due to funds that could not be obtained to keep the DV assist lines operating. There was a heaviness in my heart when I received this news, and I asked the person delivering this news, to give me an email address, so I could at least say a huge, sincere thank you; to the staff involved in assisting me on my path, whilst becoming aware of the realisation, that for the past 7 1/2 years of my life, I had been in a DV Relationship." – Stakeholder

"You have been an incredible voice of support and encouragement over these past months, and I do sincerely thank you so very much." - Stakeholder

"Some of the women have done their own research and there are others who had no idea they are in a domestic violence relationship because it was coercive control as there was no physical violence involved." – DVassist staff

"We increase confidence around help-seeking, so we can walk next to a person, can help find information and figure out next steps and come up with a plan and link them in to other people who can help navigate legal, financial and accommodation systems." – DVassist staff

"During the COVID crunch we were experiencing such long delays, there was six weeks wait for a counselling appointment, eight weeks wait for other services. We were overrun and the only option for her was the DVassist phone counselling, and her mental health, her safety, everything after just one appointment was so significantly improved. She was in such a better place. She felt supported. She felt heard. She felt empowered. " - Stakeholder

Emotional regulation is one of the most common client outcomes. Having a client feeling like they can continue on and deal with whatever it is that was very difficult and overwhelming, and teaching them some grounding strategies about how to navigate those emotions, is an important part of what we do. – DVassist Staff

"We refer women to DVassist for counselling that before they come to see us. By the time they come to their appointment, they're telling their lawyers that after counselling they're feeling like they're in a much better space to be able to handle something like applying for a family violence restraining order." – Stakeholder

Impact on women and communities of the closure of DVassist helpline and counselling service

The impact of the closure of the DVassist helpline and counselling service on women in regional communities is thought to be large, putting women at risk. Due to the barriers mentioned above, many women currently accessing the service will not be able to get information, counselling and support, and referrals to access other available supports within an acceptable timeframe.

"It is VERY regrettable that such a valuable and important service does not get the recognition and long-term funding that not only the organisation and its skilled staff such as yourself deserve, but also the regional people needing assistance, such as myself." - Stakeholder

We can't afford to lose services. The government needs to fund services especially in remote areas. We have no supports in this town. - Stakeholder

"Women need these services in the remote regions. DVassist were really accessible." - Stakeholder

"I am what you could class as a work in progress, as far as healing from a DV experience. It saddens me to think, that women and men in the future, will not have your amazing staff and service available. I will continue however to praise and be thankful for the experience I was so blessed to have with your business, and please know I will provide others I see in similar situations , with advice on where to turn." - Stakeholder

"There will definitely be women who won't get the support they need. The women who use our service are the ones who for lots of different reasons haven't been able to get support locally, or even the existing virtual supports haven't been able to provide what they need. The level of support provided by others is usually one-off services or the helplines focus on their accommodation crisis, whereas we focus on either side. Do you want to go or do you want to stay? How can you be safe to do emotional counselling? Decision making and choices and the crisis things we tend to focus on when people are leaving a relationship and they need practical support. We will link them straight into someone that can help with that. After someone has left it's the navigating the systems that we can assist with, trauma counselling and managing the impact of what's happened talking. How to be OK. What's OK and what's normalising feelings? "– DVassist Staff

"There is definitely going to be a gap in support and services and education for women experiencing FDV, and the amount of time it takes to get support." – Stakeholder

"*Without DVassist there are a lot of women who will now not access support which will increase the risk for a lot of women. They will not access a FDV service in town because of conflicts. They may call 1800 RESPECT but a lot of people are put off by calling them because they feel like their situations may be too complex or they won't get the understanding they need, or they feel like they will just get one off phone support which isn't enough - so what's the point?*" – DVassist Staff

With the service being cut they will be on their own. And unfortunately, some of them will go back to dangerous relationships because of that. – DVassist Staff

"We know that there are clients that are going to be impacted in the sense that some of them are not able to travel to access resources and supports that are available." - Stakeholder

"Having the services from DVAssist has allowed us to service the clients who were unable to engage with us. It offered one additional layer of much need support in the field of domestic

violence, which is an area that is severely underserviced in the Esperance region." - Stakeholder

"Without DVassist agencies are left with one less option to refer to. It means certain clients being unable to receive the service they require at the adequate time. The community could be better serviced with DVassist operating." – Stakeholder

"I'm doing intense case work. Being able to refer women to DVassist free's up my time to work with more women." - Stakeholder

Both staff and stakeholders are concerned about the closure of the DVassist helpline and counselling service with the damage to trust, relationships and community engagement.

"There's a lot of work that goes into relationship building because of funding models and services. When you have built up trust in the regions and then to remove the service is criminal. Knowing that people and services come and go often means there is a lot of hesitancy for services and providers to build that relationship, build that trust, especially in the north of Western Australia." – DVassist Staff

"From the community engagement work that we did there's a real sense that the government will fund services for a little bit and then they'll cut off funding and so what will people be left with? What's the point of engaging? What's the point of getting to know what they do? What's the point of engaging this service if it is just going to shut down?" – DVassist Staff

Stakeholders also acknowledge their own workload will increase which will mean it will take longer to provide their service to clients.

"I'm very disappointed because it was such an easy service to use. So now for the legal sector, we would have to dedicate more administration time to actually fill out paper referrals, e-mail them off and action them." – Stakeholder

Improving the service

DVassist staff have noted the current service could be improved by adjusting the multi session counselling opening times, employing a First Nations liaison person, and counselling for people using violence.

"I don't think we have our opening times quite right yet. We need more time to really identify what the peak times were with multi session counselling, and to gauge when people are more likely to use the service." – DVassist Staff

"We would have liked to have done more to enhance cultural safety for First Nations people. Ideally we would have hired a First Nation person to liaise to be the connector between counselling and all the other services that we provided." – DVassist Staff

"The perpetrator program, which looked at the trauma of the perpetrator as well has not really been done in Australia. It's happening in New Zealand, but in Australia, we're not acknowledging the trauma side of it yet. We know that 1/3 of boys who experienced FDV will go on to be perpetrators. "– DVassist Staff

DVassist staff talk about the need for open communication around family and domestic violence, and the importance of reaching out for support to dispel the stigma around FDV help seeking.

"There is so much stigma associated with seeking help, and this stigma has a far reach." – DVassist Staff

OUTCOMES ANALYSIS

The analysis of the quantitative and qualitative data have allowed the evaluation of DVassist through a broad range of outcomes. Table 7 shows for individuals, all the short-term outcomes have been met through the current DVassist model. Intermediate outcomes that were able to be assessed, were also achieved, but long-term outcomes were unable to be assessed.

Table 7 Short-term, intermediate, and long-term individual outcomes and findings

Individual outcomes	Findings
Short- term outcomes	
Increased access to services and support	DVassist has increased access to services/support by overcoming barriers associated with engaging with traditional FDV services i.e., 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.
Immediate access to FDV counselling, information and service directory	DVassist has provided immediate access to single session and multi session counselling, access to information on FDV, and service directory access and referral pathways.
Increased safety and support options	DVassist has provided clients with information and resources to enable change in use of safety behaviours from pre to post engagement.
Reduction in stigma of FDV and help-seeking	The DVassist model encourages support/help seeking by overcoming barriers associated with engaging with traditional FDV services i.e., 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.
Increased FDV knowledge and awareness	A change in FDV knowledge and awareness from pre to post engagement has been recorded within the DVassist system and reported by DVassist and stakeholders.
Access and inclusion within broader support and community networks	DVassist has successfully engaged local community supports and networks.
Intermediate outcomes	
Increased capacity to navigate systems	DVassist has provided immediate service directory access, referral pathways, and enables clients to access support networks. DVassist staff and stakeholders report client increase in awareness and education, increase in confidence and help-seeking behaviours, and an increase in empowerment.
Decrease in mental health distress	DVassist staff and stakeholders report improvements in client mental health. Reported client outcomes included increase in awareness and education, increase in confidence and help-seeking behaviours, an increase in empowerment, improvements in mental and physical health, and an increase in safety.
Increase in psychosocial and physical wellbeing	DVassist staff and stakeholders report improvements in client mental and physical health, and an increase in safety.
Increase family wellbeing	DVassist staff report improvements in client mental and physical health, an increase in safety, and referrals to children counselling.
Increased economic independence	By being able to increase the safety of clients, DVassist staff reported women often returned to employment. DVassist staff also link clients with other services who help navigate legal, financial and accommodation systems.

Individual outcomes	Findings
Engagement with required supports	DVassist helped women engage with required supports by linking clients to other services who help navigate legal, financial and accommodation systems.
Change in perpetrators' violent and controlling behaviour	The reduction in perpetrators' violent and controlling behaviour from pre to post engagement was unable to be assessed.
Long-term outcomes	
FDV is a one-off or short-lived experience	The reduction in severity and frequency of violent behaviours experienced from pre to post engagement was unable to be assessed.
Perpetrators do not engage in violent and controlling behaviour	A decrease in perpetrators' violent and controlling behaviour was unable to be assessed.

As can be seen in Table 8, all of the short-term organisational outcomes have been met, and most of the intermediate-term and long-term organisational outcomes have been met.

Table 8 Short-term, intermediate, and long-term organisational outcomes and findings

Organisational outcomes	Findings
Short- term outcomes	
Service compliance and practice excellence	2015 Western Australian minimum standards for MBCPs outlined by the Department of Child Protection and Family Support. Best practice Governance structure. Western Australia Family and Domestic Violence Common Risk Assessment and Management Framework. DVassist Clinical Framework (guided by 5 frameworks which have been adapted to the regional, rural and remote environment; namely, Strength-based, Empowerment Model, Trauma Informed Care and Practice, Vicarious Growth and Accountability framework).
Evidence informed targeted interventions	FDV and Trauma Informed Practice framework and procedures.
Culturally aware and informed practice	All staff have completed cultural diversity education programs.
Enhanced service collaboration and referral pathways	A total of 2,535 clients in 20 months. Approximately 80% engaged in webchat counselling, case management, risk assessment and safety planning support. Clients were also referred to different community services involving accommodation, legal, financial support and other counselling.
Intermediate outcomes	
Leader in the FDV sector, influence and contribute to FDV policy	Memberships to 5 FDV networks. Submission and attendance of the public hearing in Oct 2020 House of Representatives Standing Committee on Social Policy and Legal Affairs - Inquiry into family, domestic and sexual violence.
Cohesive FDV sector and integration of services	Thirty FDV sector collaborations and partnerships (formal and informal).
Culturally safe service	First Nations Reconciliation Action Plan approved by the board in May 2022.
Expansion to providing support to all RRR WA	Fifty-eight regions in which people impacted by FDV receive support
Sustainable funded service	DVassist developed a comprehensive funding strategy. DVassist approached both state and federal government, as well as private sector and donors. While DVassist were able to secure funding from a variety of sources, they were unable to secure government funding past 30 June 2022.
Quality FDV services for RRR WA	Unable to be assessed.

Sharing of RRR FDV data and evaluation reports with relevant peak bodies	Conversations with 'Stopping Family Violence' regarding sharing regional data. Thirty FDV sector collaborations and partnerships
Long-term outcomes	
Leader in advocating and influencing policy and decision making for the FDV sector	Thirty FDV sector collaborations and partnerships
Effective social impact measurement	Outcome evaluation frameworks for all programs established.

Table 9 shows, all of the short- and intermediate-term community outcomes have been met. Long-term outcomes are unable to be assessed.

Table 9 Short-term, intermediate, and long-term community outcomes and findings

Community outcomes	Findings
Short- term outcomes	
Increased access to FDV support for diverse groups of people	The DVassist model removes many of the barriers of engaging with traditional FDV services allowing for increased access to services and support for all people with immediate access to FDV counselling, information and service directory.
Increased FDV knowledge	DVassist delivered tailored FDV education and information sharing sessions. The web site contains current and up to date FDV resources.
Workforces are FDV informed	Seven specialist FDV support for workplaces sessions. Fifteen training and information workshops to community members and workplaces.
Intermediate outcomes	
Decrease in barriers to service access	The DVassist model removes many of the barriers of engaging with traditional FDV services allowing for increased access to services and support for all people with immediate access to FDV counselling, information and service directory.
Decrease in people requiring FDV services	Unable to be assessed. In 2021, 22,880 assaults (63%) in Western Australia were FDV related (ABS Recorded Crimes - Victims).
Decrease stigma in help seeking	DVassist delivered tailored FDV education and information sharing sessions. The web site contains current and up to date FDV resources. DVassist developed a series of podcasts featuring people with lived experience of family and domestic violence and webinars featuring services commonly utilised by people experiencing violence. A series of 10 short educational videos were also developed in house. The podcasts, webinars and videos have been uploaded on DVassist social media and website.
Increased use of digital support platforms	Over 2,500 people used DVassist call services over a 20 month period. Approximately 85,000 visits were made to the DVassist Online Information Hub, and over 30,000 quizzes and resource sessions were completed on the 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.

Long-term outcomes	
Decrease of FDV incidents	Unable to be assessed. In 2021, 22,880 assaults (63%) in Western Australia were FDV related (ABS Recorded Crimes - Victims). In 2021-22, 17,005 Threatening Behaviour (family) and Breach of Violence Restraint Order Offences were recorded (WA Police Crime Statistics).

As can be seen in Table 10, the short-term societal outcomes have been met. Many of the intermediate and long-term outcomes are unable to be assessed.

Table 10 Short-term, intermediate, and long-term societal outcomes and findings

Societal outcomes	Findings
Short- term outcomes	
Societal misconceptions, biases and attitudes about FDV are explored and addressed to commence reduction in stigma	DVassist delivered of tailored FDV education and information sharing sessions. The web site contains current and up to date FDV resources.
Intermediate outcomes	
Equity of access to specialist FDV services for RRR WA	The DVassist model removes many of the barriers of engaging with traditional FDV services allowing for increased access to services and support for all people with immediate access to FDV counselling, information and service directory.
Understanding of the drivers of FDV	Unable to be assessed.
Bystander intervention to FDV behaviours	Unable to be assessed.
Gender equality in private and public life	Unable to be assessed.
Long-term outcomes	
Population attitudes and beliefs about FDV	Unable to be assessed.
A no tolerance society for FDV in any context	Unable to be assessed.
Gender equality	Unable to be assessed.

RECOMMENDATIONS

The DVassist: Evaluation of a regional FDV service report reviews the literature on FDV programs in general, online FDV programs, and validated scales which have been used to measure FDV program outcomes for both victims and perpetrators. The literature review has been used to review the DVassist program logic and develop an outcomes framework with indicators for short-term, medium-term, and long-term individual, organisational, community and societal indicators. Suggestions have been made to ensure outcomes not only cover single session telephone and web chats, but also cover scheduled multi session counselling, short term case management sessions, and upcoming services which involve counselling of perpetrators of FDV. Evaluation of the pilot program shows the DVassist model successfully overcame many barriers associated with accessing traditional FDV services and successfully engaged with regional and remote communities within Western Australia. All individual, organisational, community and societal short-term outcomes were met through the current DVassist model. Intermediate-term outcomes that were able to be assessed, were also achieved. While long-term organisational outcomes have been achieved, individual, community and societal long-term outcomes were unable to be assessed.

Informed by the DVassist program logic, the current literature, and the evaluation of the pilot program, the following recommendations have been made.

1. **Funding for on-line FDV services available to all regional, rural and remote areas of Western Australia.** DVassist operated a unique online service in 58 regional, rural and remote areas in Western Australia. The format of this service operated outside normal business hours to provide support and counselling to victims and perpetrators, family members, and friends of those impacted by violence. For many people outside the Perth metropolitan area, FDV services are not as available or accessible as what is offered by DVassist. DVassist offered a service which overcame barriers associated with accessing traditional FDV services. The impact of the closure of the DVassist helpline and counselling service on women in regional communities is thought to be large putting women at risk. Many women currently accessing the service will not be able to get information, counselling and support, and referrals to access other available supports within an acceptable timeframe. The DVassist online model overcame many barriers associated with accessing traditional FDV services such as – distance and travel, cost, waiting times, operating hours, stigma, privacy, lack of anonymity, and small populations where there are no or limited FDV options. Reported client outcomes included increase in awareness and education, increase in confidence and help-seeking behaviours, an increase in empowerment, improvements in mental and physical health, and an increase in safety. Positive impacts were being seen in communities through women with less mental and physical health problems, and women often returning to employment.

2. **Support for online multi-session counselling.** DVassist offered continuity in counselling and support which is not offered by other on-line counselling services. After a client made contact, the client is offered the same counsellor going forward for additional multi-session counselling. Ensuring the client has the same counsellor moving forward is important in building trust and connection.

3. **Counselling to men engaged in a behaviour change program**. DVassist developed a program to counsel men engaged in a behaviour change program. While they were enrolled in the behaviour change program and up to three months post behaviour change program, men could receive free counselling sessions. In consultation with various stakeholders, including the peak body Stopping Family Violence, it was identified that this was a significant gap and no service was available in WA. Behaviour change programs which work with perpetrators who use abusive and controlling behaviours against their partners/ex-partners/family members, and offer advocacy and safety support for victims, have worked successfully in other countries.

4. **Ongoing face-to-face engagement in the regions.** DVassist staff and stakeholders reported that a key driver of the success of DVassist was the level of face-to-face engagement by DVassist within the communities, as a means of educating stakeholders, and building trust and confidence in the program.

5. **Employment of First Nations persons.** DVassist should continue to focus on ensuring cultural safety of the program, and the inclusion of First Nations people in the team should be a priority to ensure it remains culturally appropriate for Aboriginal and Torres Strait Islander peoples,

6. **Systemic change to access to administration datasets of FDV services.** We recommend changes are needed at the system level with respect to the sharing of data involving periodic linkage of data across multiple internal and external databases to assess and improve FDV outcomes for all FDV services. The ability to assess client outcomes across multiple domains of wellbeing and from multiple sources allows for a richer, more holistic picture of client outcomes. The analysis of linked data can facilitate an impact and economic evaluation, such as a Social Return on Investment analysis, to estimate the economic value to the broader WA community of investment in Family and Domestic Violence services such as those provided by DVassist. In providing support to victims and perpetrators, FDV services can reduce health care and justice costs over time.

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