



DVassist Counselling Services

Interim Evaluation Findings - July 2024 – June 2025

Presented by Ella Ailenei, CEO

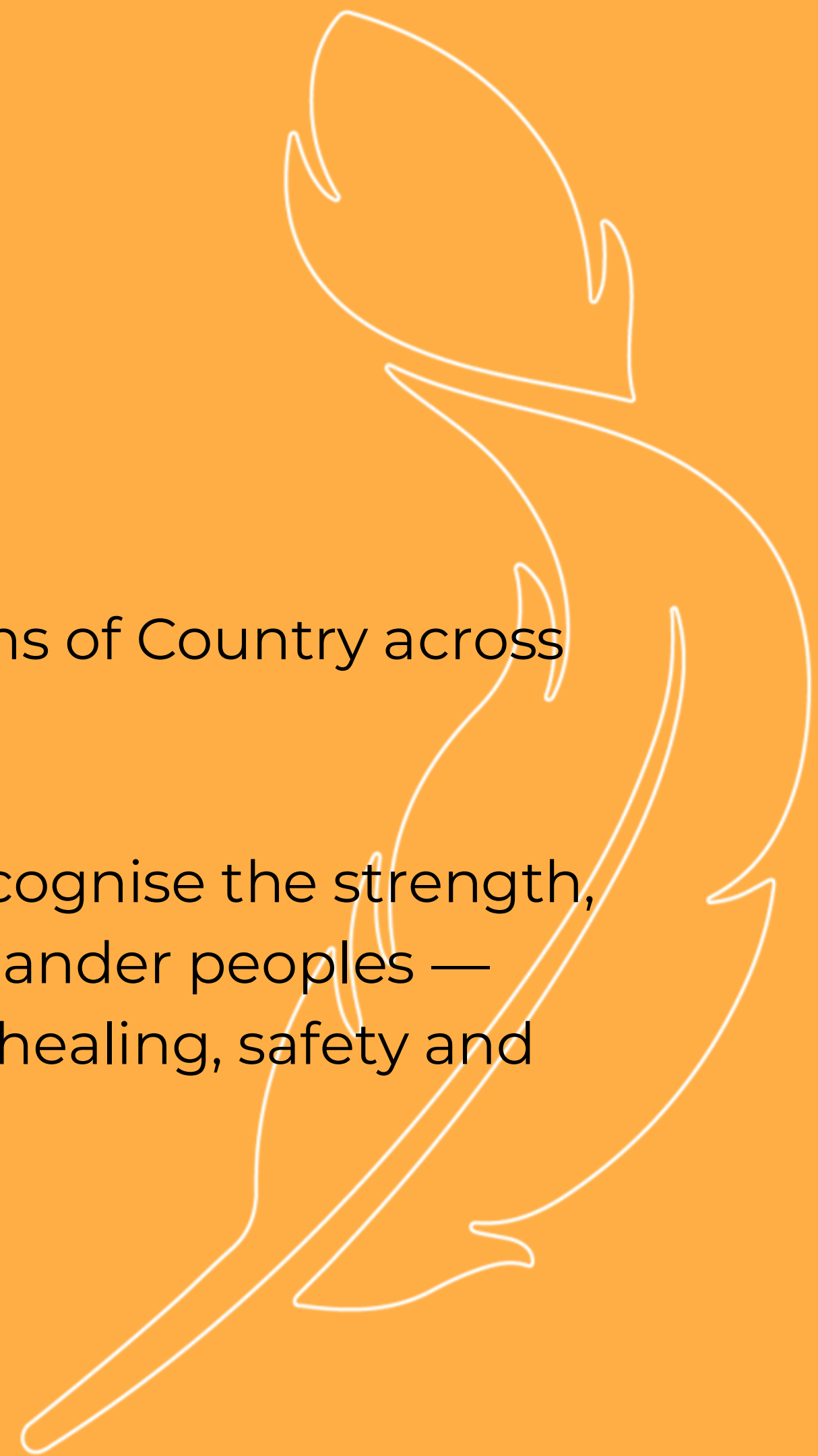




Acknowledgement of Country

We acknowledge the Traditional Owners and Custodians of Country across regional, rural and remote Western Australia.

We pay our respects to Elders past and present, and recognise the strength, wisdom and resilience of Aboriginal and Torres Strait Islander peoples — particularly women, families and communities leading healing, safety and justice.



Self-care

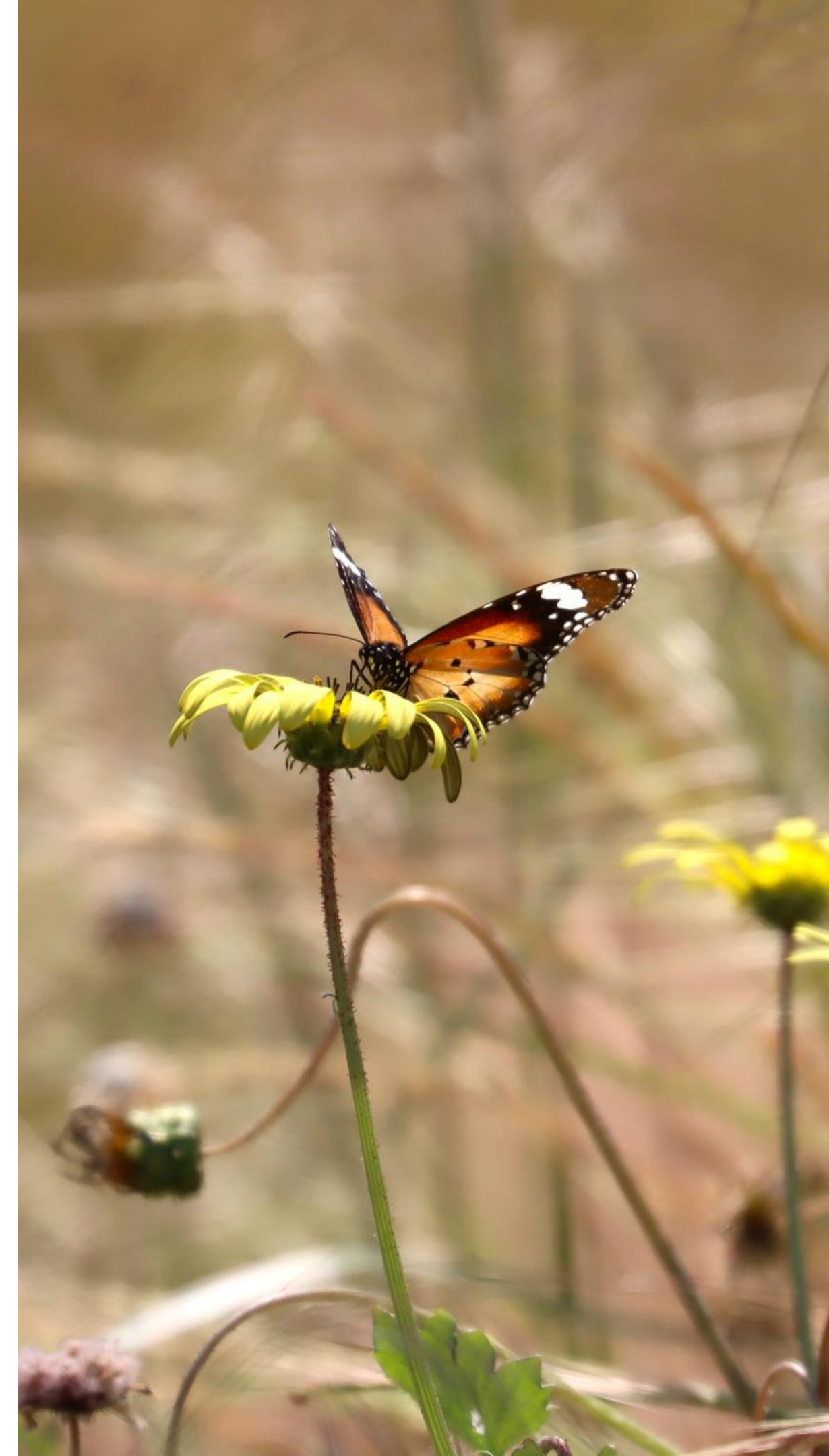
Today's conversation touches on family and domestic violence — an issue that can affect people in different ways.

If anything raised today impacts you, please take care in the way that feels right for you.

You can speak with the facilitator, a trusted colleague, or access judicial wellbeing supports.

1800RESPECT – **1800 737 732**

DVassist – **1800 080 083**



DVassist: Who We Are

- Founded to improve access to family and domestic violence (FDV) support across regional, rural and remote WA.
- A specialist FDV organisation delivering trauma-informed counselling and community education.
- Designed to reach communities underserved by existing FDV supports and experiencing significant service gaps.



What DVassist provides:

- Phone counselling & webchat support
- Brief case management
- Online support groups
- Recovery & healing retreats
- Community training & prevention education
- Partnerships that strengthen local responses



What will be covered today

1. DVassist overview & regional context
2. How the evaluation was conducted
3. What the outcomes tell us (1–5)
4. Case studies & system insights
5. Implications, funding needs and Q&A



Healing & Recovery Counselling

A specialist, trauma-informed service supporting healing and recovery from the impacts of FDV.

Client-centred, culturally safe and accessible across regional WA.

Counselling is supported by brief case management when needed.



"DVassist gave me space to be vulnerable, to unravel, and rebuild in my own time. My counsellor walked with me through the dark until I could find my own light again."

Counselling client



Healing & Recovery Counselling

Counselling includes:

- Personalised safety planning
- Emotional & trauma-informed support
- Therapeutic planning
- Building resilience & coping strategies
- Advocacy & warm referrals



What FDV looks like in regional, rural and remote Western Australia

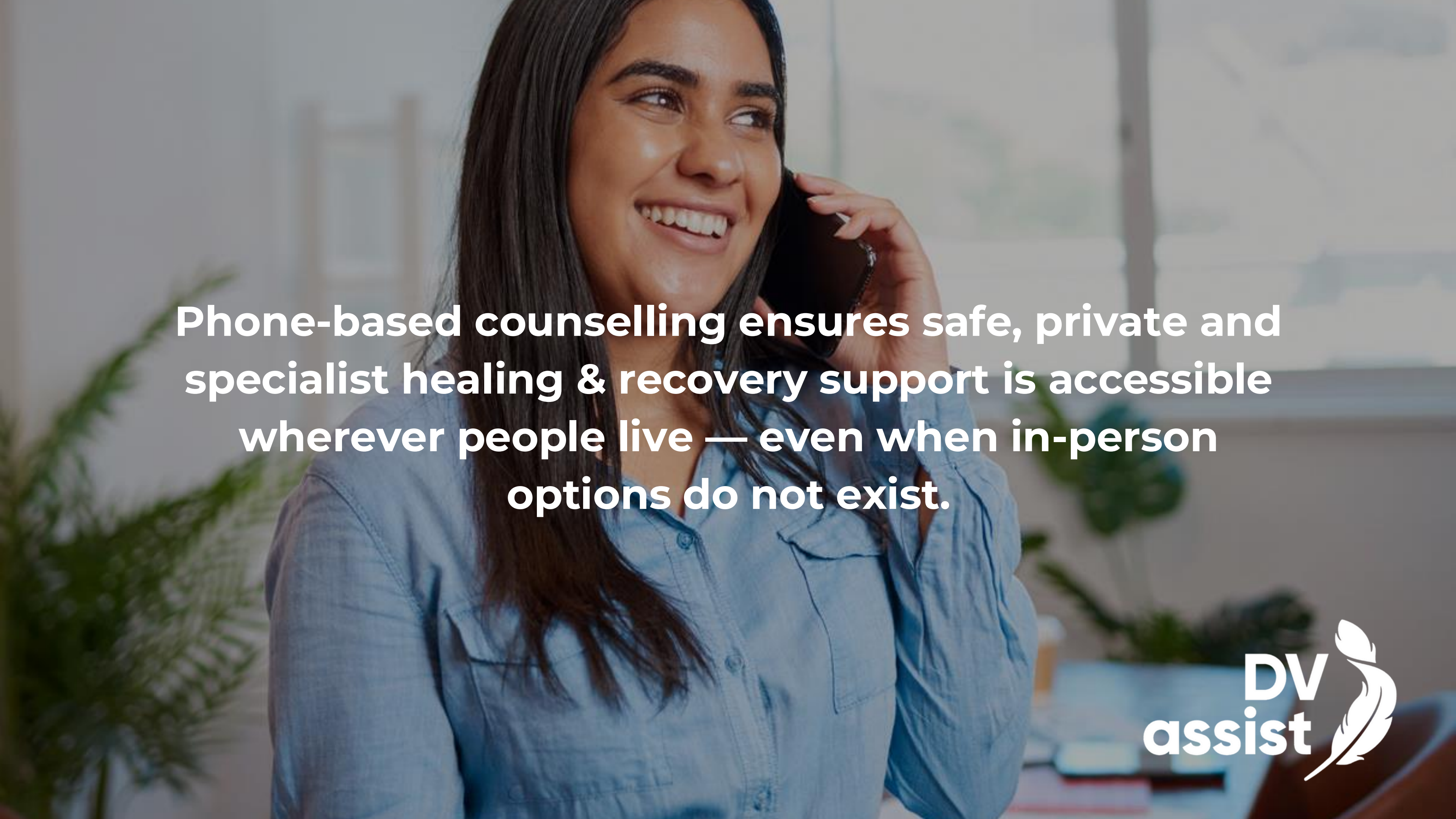
- Higher rates of FDV than those in metropolitan areas (Campo, 2020).
- Women in remote areas - up to 24 times more likely to be hospitalised (AIHW, 2023).
- Aboriginal women disproportionately impacted.
- FDV accounts for two-thirds of all assaults in WA (WA Police, 2024)
- The Kimberley, Pilbara, Goldfields and Mid West–Gascoyne consistently record the highest FDV incident rates (WA Police, 2024).
- According to the Ombudsman Western Australia (2023), people living in regional and remote areas are over-represented in FDV-related deaths

Why phone-based matters in this context

Phone and web-based delivery increases service access because victim-survivors in regional WA often face:

- No local specialist FDV counsellors
- Long distances and high transport costs
- Privacy and visibility concerns in small towns

- Limited in-person service availability or long wait times
- Work, parenting, or safety constraints that prevent attending appointments

A woman with long dark hair, wearing a light blue button-down shirt, is smiling and talking on a black smartphone. She is looking off to the side. The background is a blurred indoor setting with a plant on the left and a desk with a laptop on the right.

Phone-based counselling ensures safe, private and specialist healing & recovery support is accessible wherever people live — even when in-person options do not exist.



Evaluation Framework

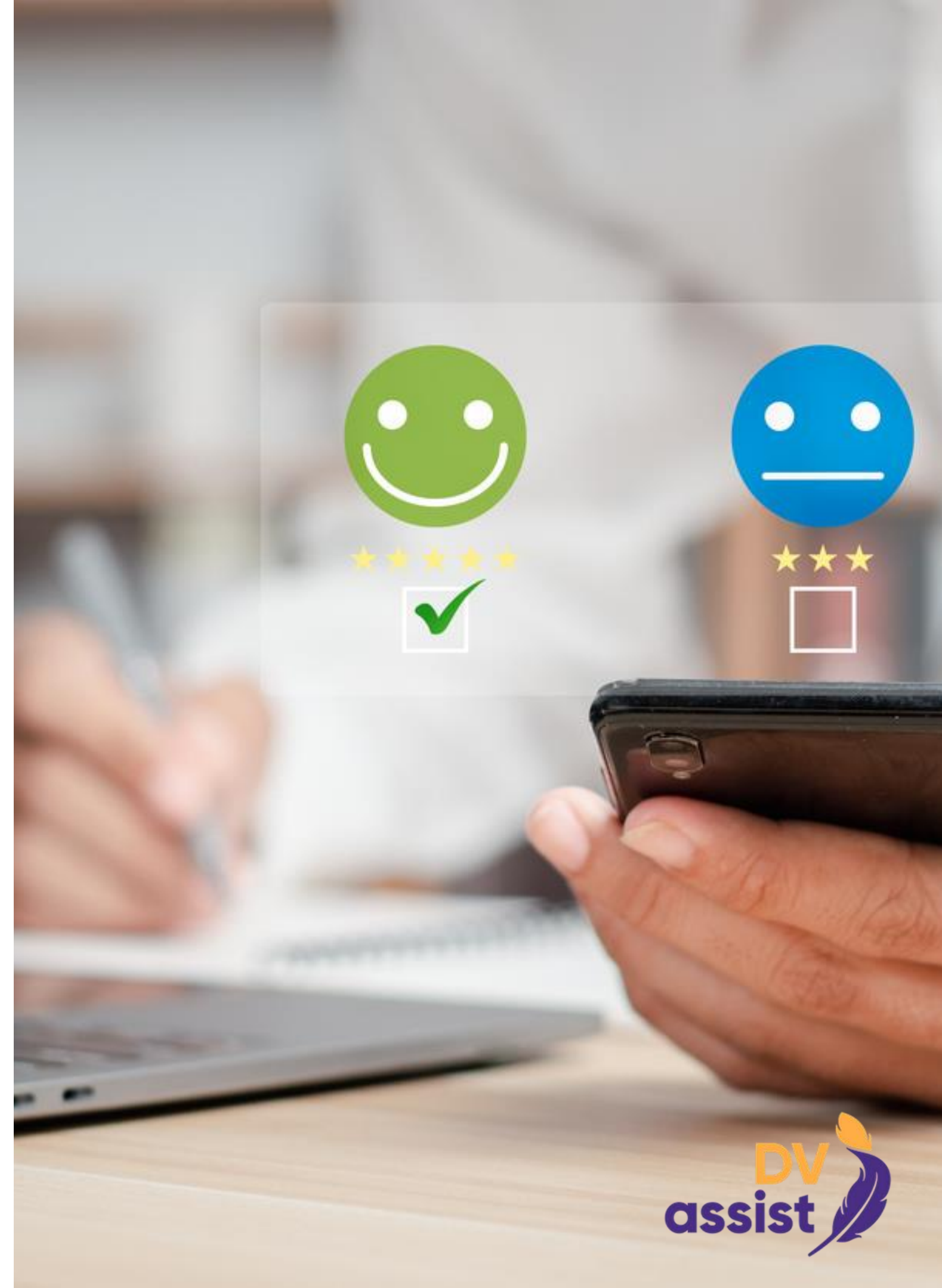


Evaluation Overview

Evaluation conducted by **CSI UWA**.

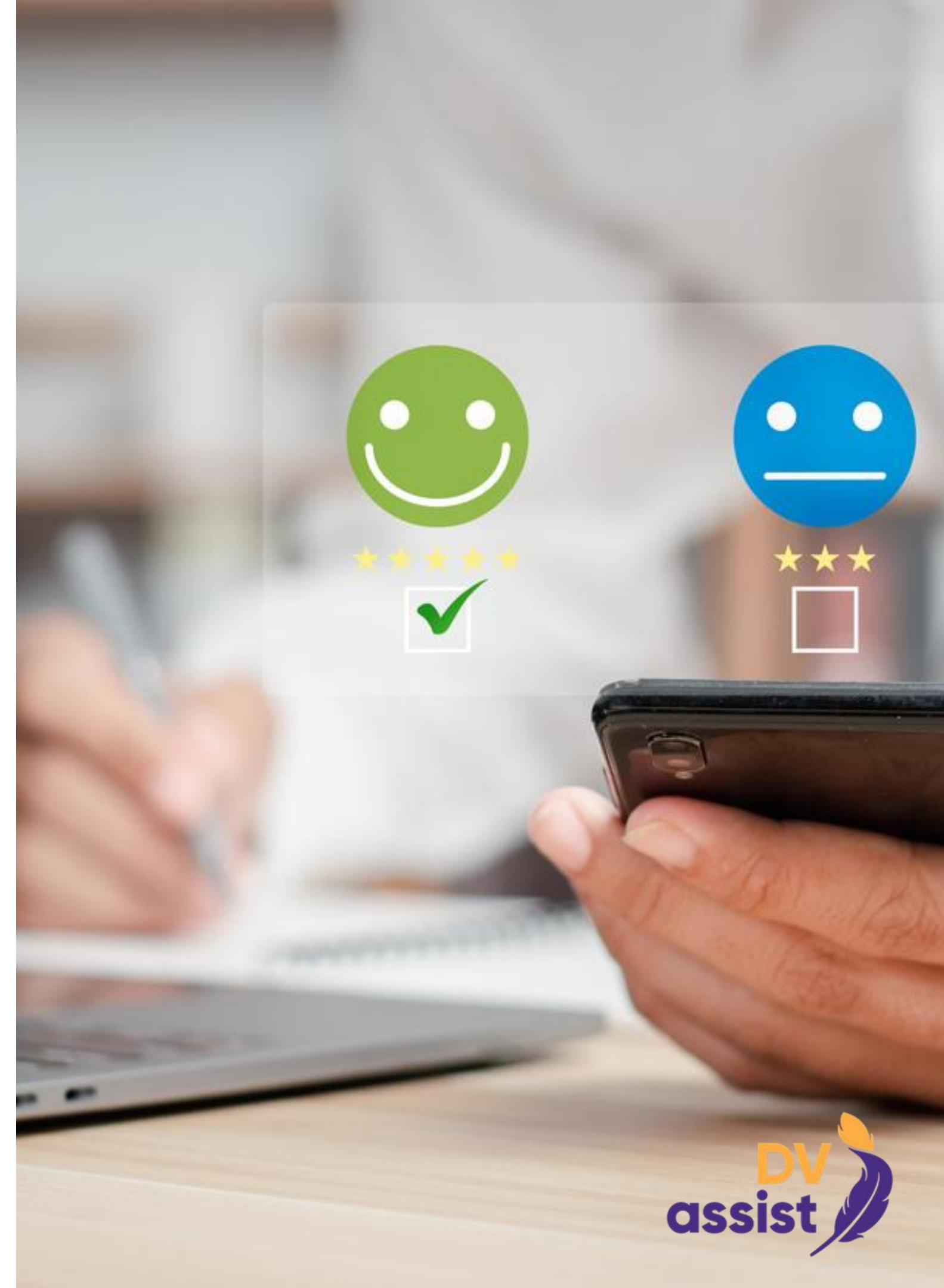
Aim - to assess the impact of DVassist's counselling model across five outcome areas.

Period: July 2024 – June 2025.



How the Evaluation Was Conducted

- 16 client case studies
- 1 client interview
- Staff focus groups (n=2)
- Stakeholder interviews (n=3)
- Administrative data and service activity
- Website analytics (general engagement data)



Limitations

Very small number of client interviews (n=1).

Common challenge in FDV evaluation due to safety, emotional fatigue, confidentiality.

Does not reflect service quality or reach.

Strong supporting data from case studies, staff insights, stakeholder feedback and service activity gives a consistent picture.

DVassist Model & Service Activity



DVassist Model of Care

- Trauma-informed, person-centred, culturally safe.
- “No wrong door” approach.
- Phone-based and free to access.
- Immediate intake and flexible support.
- Warm referrals and ongoing case coordination.
- Aligned with national and state FDV strategies.



Who We Supported

Service Activity (July 2024 – June 2025)

- 330 incoming calls
- 161 new referrals
- 551 multi-session counselling sessions
- 242 one-off interventions
- 41 single-session counselling episodes
- 106 case management episodes
- 95 webchats
- 588 outbound calls / 690 attempted follow-ups



Client Demographics

- 95% female
- 4% male
- 1% gender diverse / not recorded
- 12% Aboriginal clients
- 8% CaLD clients
- Majority aged 26–45
- 29% reported disability

Many clients experience multiple, intersecting factors that impact access to support.



Referral Pathways

- 37% self-referral
- 25% FDV services
- 11% community services
- Remainder: Department of Communities, hospitals, Police, unknown

Outgoing referrals by DVassist:

- Mainly FDV services, legal services, and financial counselling.



Evaluation Findings - Outcomes



Five Client Outcomes

1. Immediate access to FDV healing and recovery counselling
2. Access to resources and support services to meet healing and recovery needs
3. Increased self-care knowledge and strategies that promote healing and recovery
4. Feeling safe and supported
5. Increase in mental health and psychosocial and physical well-being

Outcome 1: Immediate Access

- Low-barrier, flexible and available counselling
- No restrictions based on location or presenting need
- Phone-based model removes regional access barriers
- Immediate safety planning and connection to supports

“To be turned away from so many services because you’re not in their catchment and to be left floating in the middle of nowhere ...this just adds to your trauma.”

Counselling client

Outcome 1: Immediate Access

CASE STUDY

- Immediate emotional regulation to support client
- CRARMF risk assessment completed
- Safety planning explored in the first session
- Follow-up attempts made

Outcome 2: Access to Resources

- Warm referrals to housing, refuges, legal, financial, mental health, grief services.
- 94% increased knowledge of how/where to access support.
- Clients report greater confidence navigating systems.



Outcome 3: Increased Self-Care & Recovery Knowledge

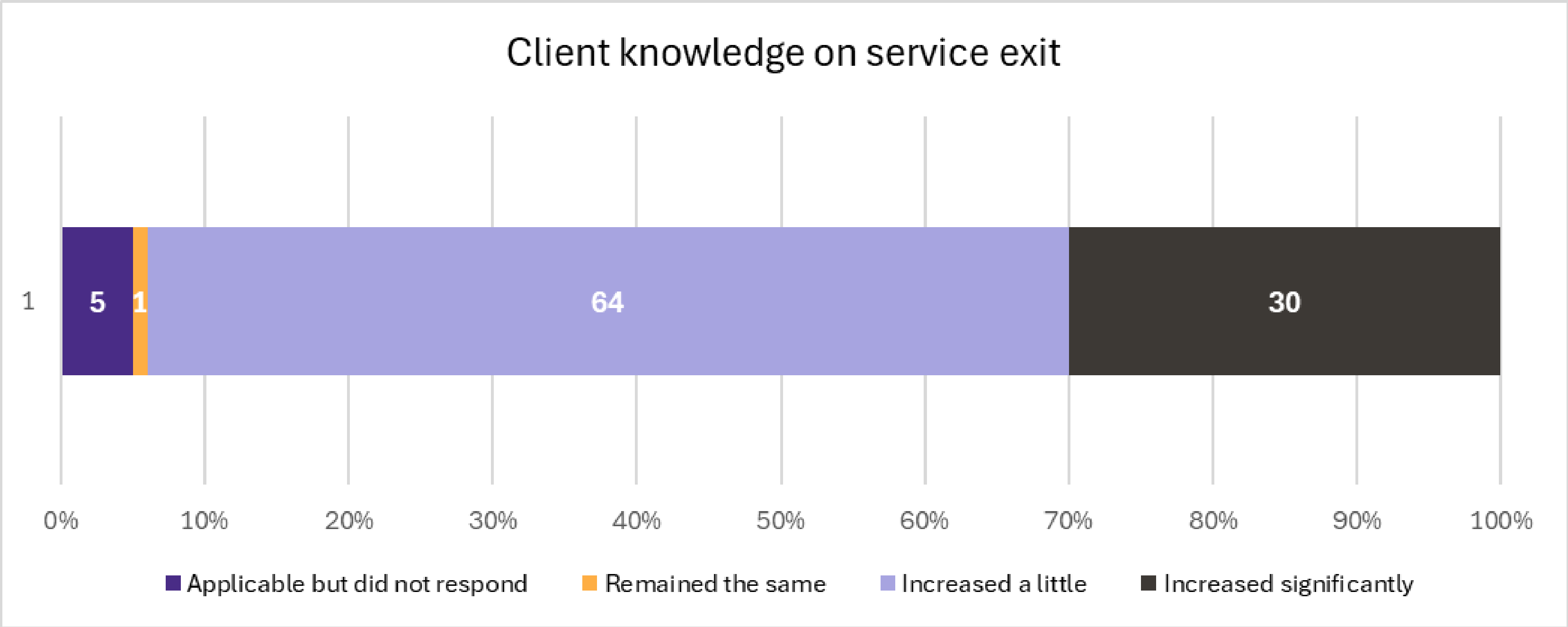
- Clients understand trauma patterns and responses.
- Improved emotional regulation.
- Increased capacity for self-care and stability.

“Like it’s not just a sit on the phone and talk for an hour. It’s productive...you can talk, you can ask questions, learn (about FDV, healing and recovery).”

Counselling
client



Outcome 3: Increased Self-Care & Recovery Knowledge



Outcome 4: Feeling Safe & Supported

- Consistent counselling builds trust and safety.
- Validation reduces shame and increases confidence.
- Grounding and emotional support help clients feel less overwhelmed.

Outcome 4: Feeling Safe & Supported

“Knowing that the service is still there and they're still going to call you every week even though you might not be fighting for your goddamn life. You have the opportunity to breathe and repair and maybe learn something about your fight or flight pattern...”

I said, I feel like I don't deserve this service because right now I'm not in crisis. And she was like, let's work on self-worth then this week...

You're so used to accessing the service because of crisis that you become a bit scared to use the resource because you're not in crisis, but then, you know, it's a whole person approach. Like our service is here to support you. That doesn't mean that you have to be in crisis to be supported.”

Counselling
client

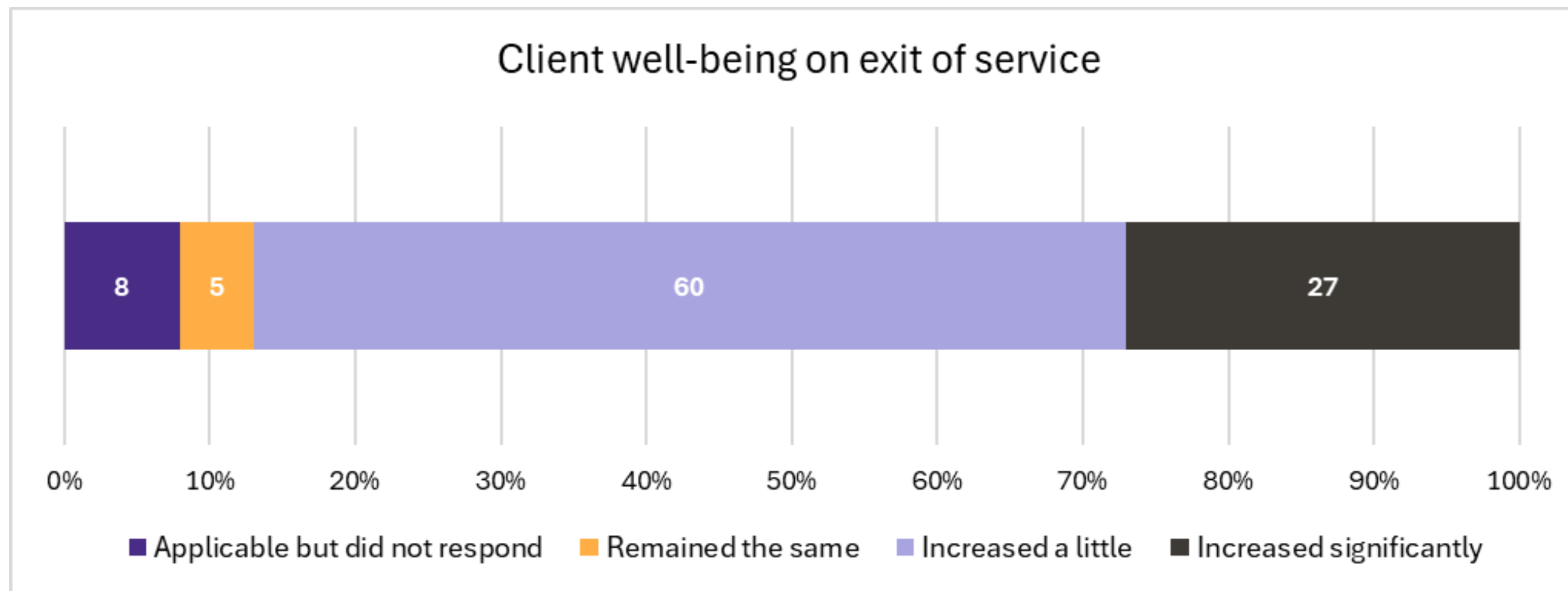
Outcome 4: Feeling Safe & Supported

CASE STUDY

- Felt safe, heard and understood
- Trauma-informed support reduced overwhelm
- Grounding & stabilisation strategies helped coping
- Built trust to speak about lived experiences
- Felt less alone and more emotionally supported

Outcome 5: Increased Wellbeing

- 87% of clients report improved wellbeing on exit.
- More hope, clearer decisions, better coping skills.
- Emotional regulation and boundary setting strengthened.



Outcome 5: Increased Wellbeing

"DVassist gave me space to be vulnerable, to unravel, and rebuild in my own time. My counsellor walked with me through the dark until I could find my own light again."

Counselling client

Outcome 5: Increased Wellbeing

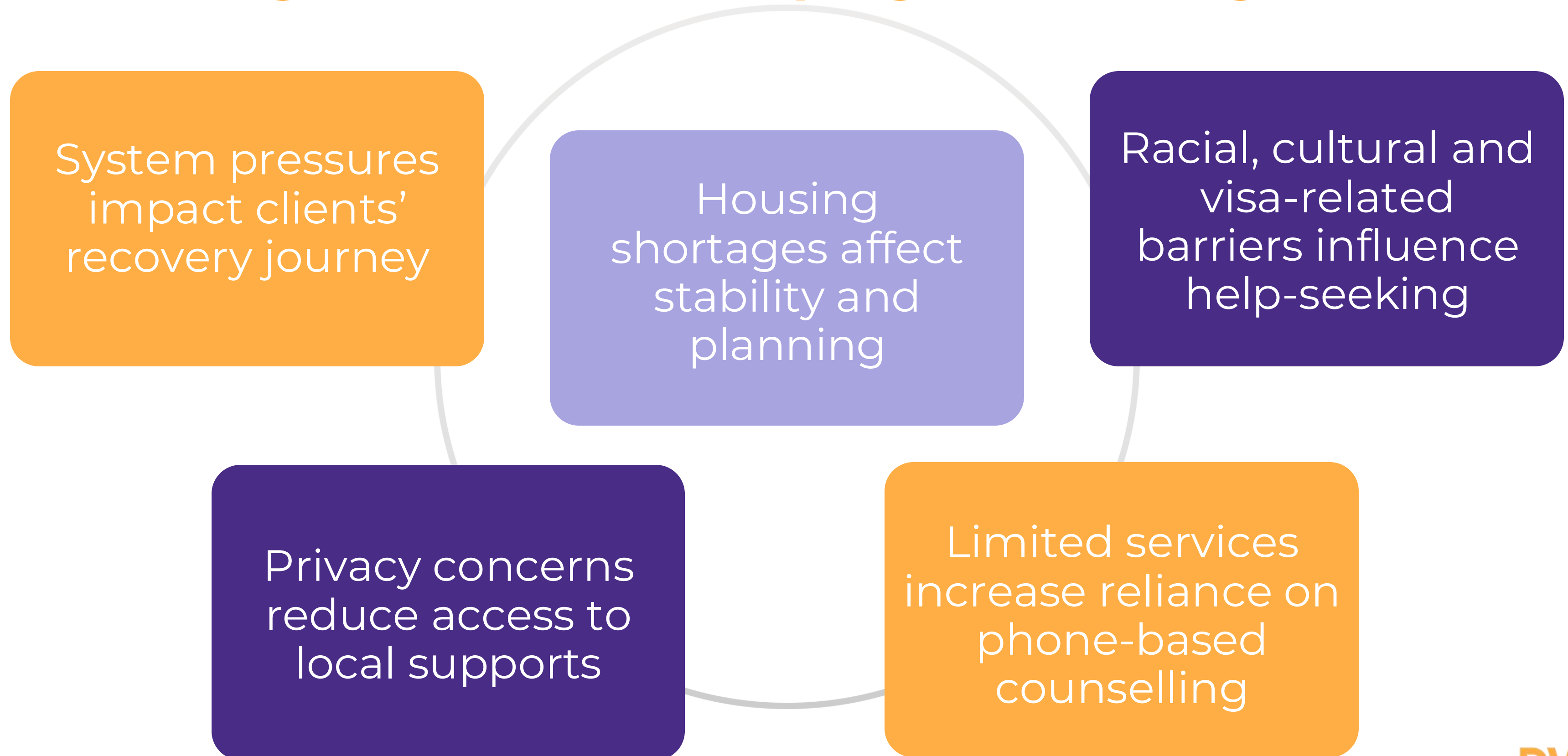
CASE STUDY

- Increased confidence & self-belief
- Improved emotional regulation
- Stronger boundaries & communication
- Recognised patterns of abuse
- Greater sense of identity & future direction

System Insights From DVassist's Regional Work



Regional realities shaping counselling needs



Victim-Survivor Realities Informing Counselling Practice

- Many women carry a history of navigating complex safety decisions, influencing their recovery needs.
- Past abuse impacts emotional regulation, confidence, self-worth and identity - are core focuses of counselling.
- Ongoing stressors (housing, finances, parenting, racism, visa pressures) shape capacity to heal.
- Counselling provides a safe, non-judgmental space to process experiences and reduce shame or self-blame.
- Through stability and support, women rebuild confidence, boundaries and connection to self.

Implications & Funding Needs



Current Capacity Constraints

- Service demand exceeds current capacity.
- Counselling hours limited to four days/week.
- Waitlist may be required. This may impact immediate access.
- Sustainable funding is essential for ethical, safe service delivery.



What's Needed Next

- Extend counselling hours.
- Increase counsellor workforce.
- Maintain “no wrong door” access.
- Strengthen warm referral pathways.
- Continue trauma-informed, regional-specialist capacity building.



What This Evaluation Tells Us

- ▶ Despite limited interview participation, multiple data sources show a strong and consistent story.
- ▶ DVassist's counselling model reflects national and state FDV priorities: trauma-informed, accessible, culturally safe, regionally responsive.
- ▶ The work is high-impact, trusted and essential for regional WA.
- ▶ Without DVassist, many victim-survivors would not receive specialised FDV counselling at all.

Questions



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