



DVASSIST: COUNSELLING SERVICES

Final Report

July 2024 - June 2026

Prepared by the Centre for Social Impact

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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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ABBREVIATIONS

FDV	-	Family and domestic violence
RRR	-	Regional, rural and remote
WA	-	Western Australia

LANGUAGE NOTE

Throughout this report, the term victim-survivor is used to refer to people who have experienced family and domestic violence. We acknowledge that individuals have different preferences regarding how they describe their experiences and identities, and that terminology varies across legislation, policy, service providers and research. The use of the term victim-survivor in this report is intended solely to provide consistency and is not intended to override individual preferences. Where direct quotations or source documents use different terminology, this has been preserved.

EXECUTIVE SUMMARY

This evaluation found that DVassist delivers an effective specialist counselling and case management service that improves safety, wellbeing and recovery for victim-survivors of family and domestic violence living in regional, rural and remote Western Australia. This report evaluates the 'Provision of online specialist family and domestic violence counselling services focusing on safety, recovery and healing in regional, rural and remote Western Australia', from July 2024 - June 2026 funded by Department of Communities. Funded activities include intake and assessment, up to ten counselling sessions per client, brief case management and referrals to other support services.

Over the two-year evaluation period, DVassist provided **1795 counselling, case management and intake sessions** reaching **510 clients** across regional Western Australia via telephone and webchat.

The evaluation focused on client outcomes as identified in client interviews, client cases studies, staff and leadership interviews, as well as administrative and website engagement data. Consistent across the evaluation time and across the different data sources, the findings outline a high demand for DVassist's services to family and domestic violence victim-survivors in regional Western Australia.

Outcome	Key Finding
Victim-survivors have immediate access to family and domestic violence healing and recovery counselling.	DVassist provides timely, specialist and trauma-informed counselling through a flexible, low-barrier model of care. Its 'no wrong door' approach, continuity of care and responsive service delivery support immediate access while fostering the therapeutic relationships essential for healing and recovery. Continued investment and stronger integration with referral pathways are needed to meet increasing demand and improve service visibility.
Victim-survivors are assisted to access and/or are connected to resources and support services to meet their healing and recovery needs.	DVassist provides tailored psychoeducation, warm referrals and trauma-informed care coordination to connect clients with appropriate legal, financial, medical, housing and psychosocial supports. By reducing barriers to service access, advocating on clients' behalf and building clients' knowledge and confidence to navigate support systems independently, the service strengthens recovery and continuity of care. On service exit, 95% of applicable clients report an increase of knowledge on service infrastructure and access.
Victim-survivors have increased knowledge of self-care and strategies that promote recovery and healing.	DVassist's supports victim-survivors through the responsive development of self-care practices and safety strategies that address client's immediate and anticipated needs. The trauma-informed counselling strengthens clients' self-awareness, confidence and personal agency, supporting ongoing healing and recovery.
Victim-survivors report they feel safe and supported.	Through ongoing risk assessment and safety planning as well as DVassist's trauma-informed and client-centred approach, clients report that practitioners create a physically, emotionally and psychologically safe environment where they feel heard, respected and supported. Flexible in frequency, duration and session-contents, the tailored support facilitates the building of emotional regulation skills and the development of practical coping strategies at clients' pace and in accordance with their needs.
Victim-survivors report an increase in mental health and psychosocial and physical wellbeing.	DVassist supports improvements in mental health and overall wellbeing by providing strengths-based, trauma-informed counselling that promotes empowerment, self-worth and personal agency. Through trusting therapeutic relationships and continuity of care, clients

reported greater confidence, emotional regulation, self-advocacy and hope for the future, with many describing benefits that extended beyond the counselling period. Of the applicable client cases, 92% of clients indicated increases in their mental health and wellbeing following counselling support.

The final evaluation report covering the period of July 2024 to June 2026 concludes that the outcomes of the counselling and case management program of DVassist strongly align with its objectives and client needs. Overall, the evaluation demonstrates that DVassist fills a critical gap in the regional family and domestic violence service system by providing timely, specialist and trauma-informed support. Continued investment will be important to maintain this highly valued service and respond to increasing demand.

INTRODUCTION

DVassist delivers specialist family and domestic violence (FDV) education, information and counselling services to people living across 63 regional, rural and remote (RRR) local government areas in Western Australia (WA). Through accessible, trauma-informed and recovery-oriented support, the service aims to improve access to specialist FDV counselling for victim-survivors who may otherwise face significant barriers to receiving timely and appropriate care.

This report presents the final evaluation of the 'Provision of Online Specialist Family and Domestic Violence Counselling Services Focusing on Safety, Recovery and Healing in Regional, Rural and Remote Western Australia', funded by the Western Australian Department of Communities. The funded service includes client intake and assessment, specialist counselling (up to ten sessions per client), brief case management, safety planning and referrals to other health, legal, housing and community support services. Drawing on evidence collected across the evaluation period, this report examines how the service has supported victim-survivors to access specialist support, strengthen safety, enhance wellbeing and recovery, and connect with broader systems of care.

Listening to victim-survivors has been a central principle underpinning both the service and this evaluation. Victim-survivors are experts in their own lives, experiences and safety needs, and their perspectives provide critical insight into what enables meaningful recovery. By embedding lived experience throughout the evaluation, the findings extend beyond measuring service activity to better understand how specialist, trauma-informed counselling contributes to healing, empowerment and long-term wellbeing.

The DVassist Model of Care (**Figure 1**) aligns with the Supporting Recovery Pilot Model of Care and contributes to the implementation of the National Plan to End Violence against Women and Children 2022–2032 by supporting victim-survivor recovery, healing and long-term wellbeing. The model provides a flexible, client-centred pathway incorporating intake and assessment, specialist counselling, case management, safety planning and referrals to complementary services. Operating under a 'no wrong door' approach, the model recognises that victim-survivors present with diverse and changing needs, allowing clients to move between counselling, case management and referral pathways as required.

The evaluation was informed by the DVassist Program Logic, which links service inputs and activities to short-, medium- and longer-term outcomes for individuals, organisations and communities. A mixed-methods evaluation design was used, drawing on administrative service data, website analytics, client outcome surveys, case studies and qualitative interviews with clients, counsellors and stakeholders conducted across the evaluation period as well as the analysis of podcasts hosted by DVassist. Together, these data provide a comprehensive assessment of service implementation, client outcomes and the contribution of DVassist to improving access to specialist FDV support across regional, rural and remote WA.

This report focuses on five key client outcomes:

1. Victim-survivors have immediate access to family and domestic violence healing and recovery counselling.
2. Victim-survivors are assisted to access and are connected with resources and support services that meet their recovery needs.
3. Victim-survivors increase their knowledge of self-care and strategies that promote recovery and healing.

4. Victim-survivors report feeling safe and supported.
5. Victim-survivors report improvements in their mental health, psychosocial wellbeing and overall recovery.

The findings presented in this report demonstrate not only the reach of the service, but also the ways in which specialist, trauma-informed counselling contributes to recovery, empowerment and longer-term healing for victim-survivors living in regional, rural and remote WA.

Figure 1 DVassist Model of Care

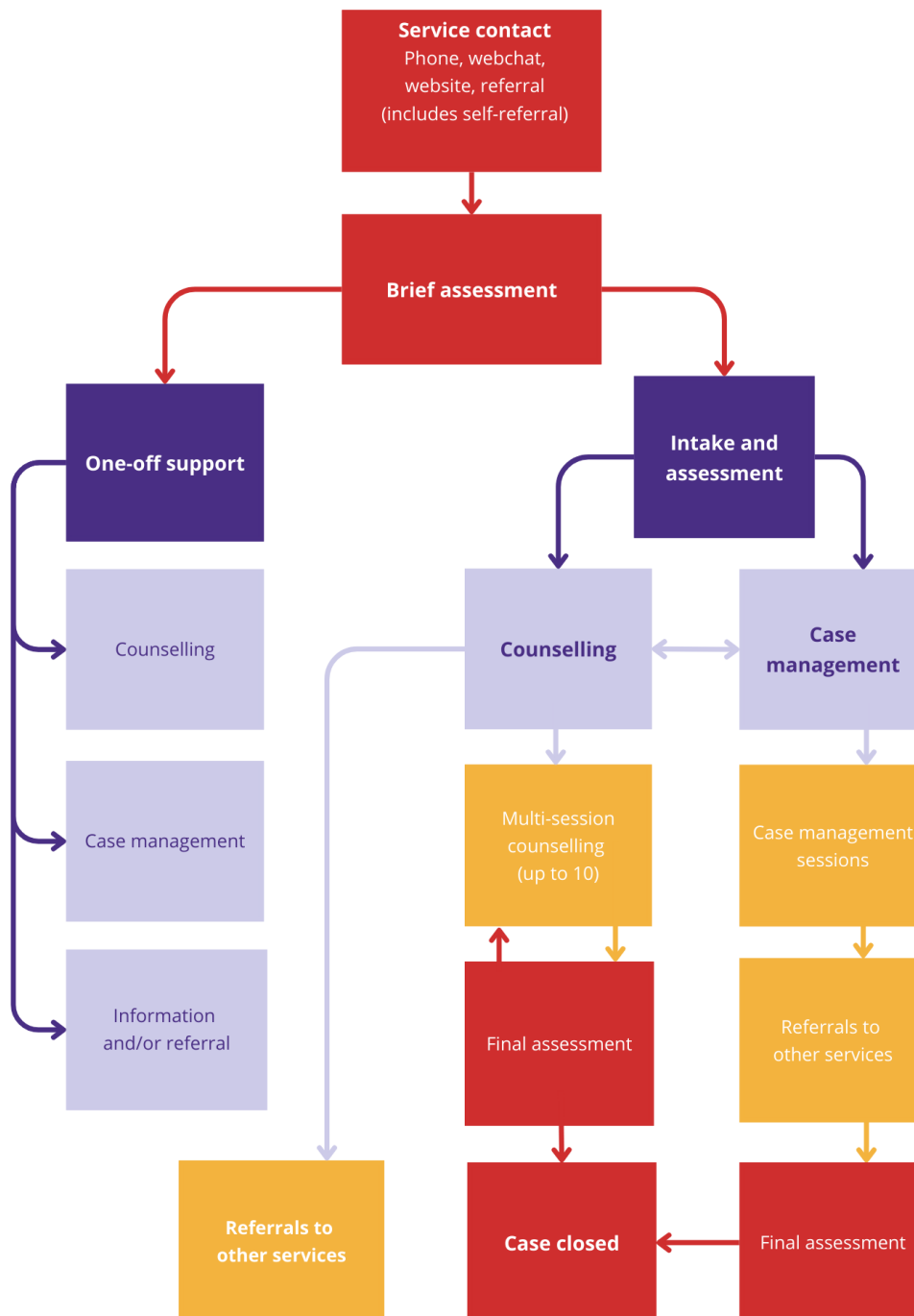
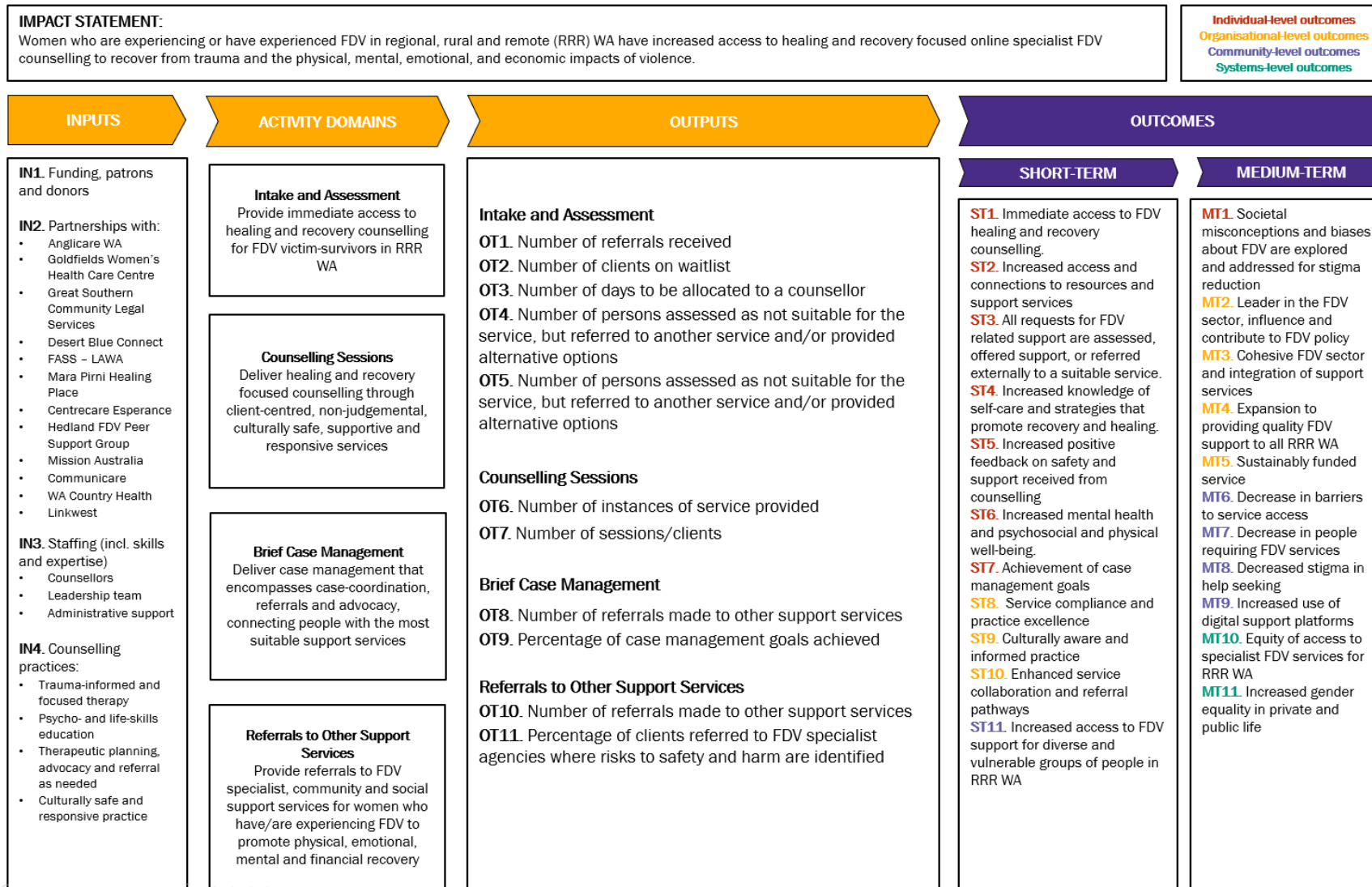


Figure 2 DVassist Counselling Program Logic Model



Methodology

Evaluation Design

The evaluation employed a mixed-methods design to examine the implementation, reach and outcomes of the DVassist counselling service. Quantitative and qualitative data were integrated to provide a comprehensive understanding of service delivery, client outcomes and the mechanisms through which the program contributes to recovery and healing for victim-survivors of family and domestic violence (FDV).

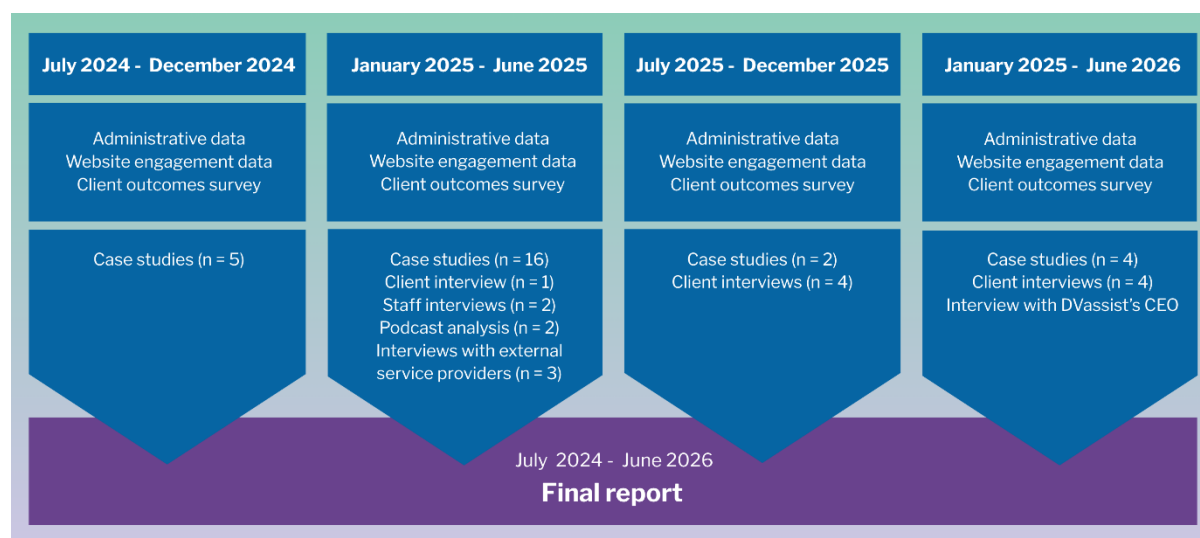
Data Sources

Evidence was drawn from multiple complementary sources collected throughout the evaluation period, see **Figure 3**.

- Administrative service data were used to examine service utilisation, client characteristics, referral pathways, service activity and program outputs.
- Client outcome surveys collected at service exit provided quantitative information regarding changes in clients' knowledge, wellbeing, safety and access to supports.
- Website and digital analytics examined the broader community engagement with DVassist's online information and resources, including website traffic, referral pathways, and requests for and access to educational materials.
- Qualitative interviews with clients ($n = 9$) explored experiences of accessing DVassist, perceived impacts of counselling, barriers to support, recovery journeys and suggestions for service improvement.
- Client case studies ($n = 23$) provided detailed examples of client pathways through the service and illustrated how counselling, case management and referrals contributed to individual outcomes.
- Counsellor ($n = 2$) and stakeholder ($n = 3$) interviews and focus groups examined implementation of the Model of Care, service strengths, challenges, referral pathways, system integration and opportunities for future development.
- The analysis of two podcast episodes ($n = 2$) of the 'Pathways to Recovery and Healing' podcast focused on the client experiences with DVassist in regards to service perception and counselling outcomes.

Where appropriate, evidence from these multiple sources was triangulated to strengthen confidence in the findings and provide a richer understanding of client outcomes.

Figure 3 Data collection over the evaluation period July 2024 to June 2026



Data Analysis

Quantitative data were analysed descriptively to summarise client characteristics, service utilisation, program outputs and client-reported outcomes.

Qualitative data from interviews, focus groups and case studies were analysed thematically. Themes were identified through an iterative process and interpreted using a trauma-informed and strengths-based lens. Particular attention was given to identifying factors that supported healing, recovery, safety and engagement, while also recognising barriers experienced by clients and opportunities to strengthen service delivery.

Findings from quantitative and qualitative analyses were integrated to provide a comprehensive assessment of program implementation and outcomes.

Ethics

This evaluation received approval from the Human Research Ethics Committee at The University of Western Australia. All qualitative data collection was conducted with informed consent, and client information has been de-identified to protect confidentiality. Case studies and quotations have been presented in ways that preserve participant anonymity while illustrating key findings.

Interpretation of Findings

Given the complexity of recovery from family and domestic violence, outcomes should be understood as part of an ongoing recovery journey rather than as discrete end points. Recovery is rarely linear, and changes in safety, confidence, knowledge, wellbeing and service engagement often occur progressively over time.

Accordingly, the findings are interpreted using a strengths-based and trauma-informed perspective that recognises both individual progress and the broader service context. Quantitative outcomes are considered alongside client narratives and practitioner perspectives to provide a balanced understanding of how the DVassist Model of Care contributes to healing, recovery and improved access to specialist support.

SERVICE PRINCIPLES

Across all phases of the evaluation, clients consistently described DVassist's counselling as highly responsive, trauma-informed and person-centred. Practitioners tailored the content, pace, frequency and goals of counselling to each client's individual circumstances, recognising that recovery from FDV is non-linear and that clients' needs fluctuate over time.

Central to the counselling model is a flexible, trauma-informed and client-centred approach that supports practitioners to tailor interventions to support client agency and self-determination. Drawing on a range of evidence-informed therapeutic approaches, clients described the counselling as responsive to clients' changing experiences and goals over time. This flexibility enables practitioners to integrate crisis intervention, risk assessment, safety planning, psychoeducation, skills development, reflective practice and recovery-focused interventions as required, recognising that clients may move between immediate safety needs and longer-term therapeutic work throughout their engagement with the service.

Client feedback consistently highlighted the quality of the therapeutic relationship as a key strength of the service. Clients frequently described counsellors as knowledgeable, respectful and non-judgemental, and reported feeling listened to, believed and validated throughout their engagement with DVassist. Many clients indicated that these interactions reduced feelings of shame and self-blame associated with their experiences of FDV, while supporting open discussion of sensitive issues and facilitating ongoing engagement with the service.

Counselling also adopted a strengths-based approach as counsellors work collaboratively with clients to recognise personal strengths, rebuild confidence, improve self-esteem, and restore a sense of dignity and agency. As clients progressed through counselling, many described increased confidence in managing difficult situations, greater trust in their own judgement and an emerging sense of identity beyond their experiences of violence.

Evidence from client interviews and case studies consistently demonstrated that clients experienced DVassist as more than a counselling service. These descriptions reflect the importance of consistent, trusting therapeutic relationships in supporting healing and recovery from FDV.

"My journey from being a broken, crushed human to someone that's prepared at this point to go in and self-represent in family court because I know my rights, I know my legislation because [...] I was acknowledged, I was believed, all those sorts of things. [...] I can move forward with my life with confidence." – Client

"So the service creates a space of unconditional love, of breath, and of someone who is there to listen, but hear you, and hold that space for you." - Client

Continuity of care

Continuity of care was consistently identified as a key strength of the DVassist service model. Clients valued the opportunity to work with the same counsellor over time, allowing support to evolve in response to their changing circumstances, priorities and needs. This continuity enabled practitioners to develop a comprehensive understanding of each client's experiences and context, reducing the need for clients to repeatedly recount traumatic events and supporting therapeutic interventions that were responsive to their evolving goals, safety considerations and recovery.

"It's heartbreaking and overwhelming [having to tell your story again]. You run it through your head before you go there, so your anxiety goes up. [...] Because you

avoid [other services] then, don't you? [...] is it worth telling my story again?"

- Client

Client interviews and case studies consistently demonstrated that this continuity fostered trusting therapeutic relationships, providing the stability and psychological safety needed to explore traumatic experiences at a pace determined by the client.

Given that many victim-survivors experience profound feelings of shame, guilt and self-blame, establishing a consistent counselling relationship was critical to recovery. The ongoing therapeutic connection enabled counsellors to deliver tailored psychoeducation that helped clients understand the dynamics and impacts of FDV, reframe self-blaming beliefs, and recognise that responsibility for the abuse lay with the person using violence. This combination of relational safety, continuity of care and trauma-informed psychoeducation supported clients to move towards longer-term healing and recovery.

"[My counsellor and I] 've had the time to get to that understanding and perspective. [...] it has been an established relationship with one person. And that is wonderful because there are some things you just can't talk about in one 20-minute [session]." - Client

"[My counsellor] understood it. She never judged me. She understood my culture and that is very rare [...]." - Client

Client feedback highlighted the value of accessing counselling, psychoeducation and service coordination through a single, consistent point of contact. Clients described being able to address a range of needs within and across counselling sessions, reflecting the flexibility of the service model to respond to changing priorities over time. Where transitions between counsellors occurred, clients reported continuity in their care, noting that previous information had been effectively communicated and that ongoing therapeutic work could continue without the need to repeatedly disclose traumatic experiences.

Holistic approach to healing and recovery

DVassist's integrated service model supports a holistic approach to care by combining counselling with case management and considering the broader context of each client's circumstances. Case studies demonstrated that practitioners routinely considered the intersecting impacts of FDV, including safety, mental and physical health, parenting, family relationships, financial circumstances, legal issues and social connectedness, when planning and delivering support. Counselling was tailored to clients' individual priorities and changing needs, recognising that recovery is influenced by multiple, interconnected factors.

The availability of up to ten counselling sessions enabled practitioners to provide support, offering continuity of care as clients navigated changing circumstances and progressed towards their own recovery goals.

"Knowing that that 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." – Client

"But when your life calms down and it becomes your day to day, that's when you need the emotional support. That's when you need someone like [my counsellor], who says 'you have got this', 'you can do this'." - Client

Interviews with DVassist counsellors consistently highlighted the strength of the current service model in supporting healing and recovery from FDV. Staff described the model as providing the flexibility, continuity of care and specialist expertise required to respond effectively to the complex and changing needs of victim-survivors. They emphasised that the ability to provide ongoing therapeutic relationships, was fundamental to achieving meaningful recovery outcomes.

However, counsellors also identified increasing demand for specialist FDV support as a significant challenge. Demand for the service now exceeds current funded capacity, resulting in the introduction of a waitlist to ensure clients already engaged with the service continue to receive high-quality, trauma-informed care. While this approach protects the quality and continuity of support for existing clients, it also delays access for new clients seeking assistance. Given the importance of immediate support following experiences of FDV, delays in accessing specialist counselling have the potential to adversely affect client safety, recovery and healing. Sustained and increased investment is therefore required to enable DVassist to respond to demand in a timely, safe and ethical manner while maintaining the quality of care that underpins the service model.

Looking forward, DVassist's leadership described a vision for expanding the service beyond specialist counselling to provide a more integrated model of care. Planned enhancements include the introduction of complementary supports, such as financial counselling, recognising that recovery from FDV extends beyond psychological healing and often requires coordinated responses to the financial, legal and practical consequences of abuse. Expanding these integrated supports would further strengthen DVassist's capacity to support long-term recovery and improve client outcomes.

DVASSIST CLIENTS

Between July 2024 and June 2026, DVassist supported 510 clients through once-off and ongoing counselling or through case management. DVassist was at large accessed by female clients comprising 97% of all contacts with male clients making up 3% of the engagement, see **Table 1**. Clients were most commonly aged between 26 and 45 (56%), followed by clients older than 46 years old (22%) and clients under the age of 25 years old (9%) including five clients younger than 18 years old. Eleven percent of clients identified as Aboriginal and/or Torres Strait Islander, 10% indicated a culturally and linguistically diverse background. DVassist's clients reported a disability in 26% of cases. Reaching clients in all major regions of WA outside of Perth, clients in the Great Southern (38%), South West (22%) and Wheatbelt (17%) sought out DVassist's services most frequently.

Table 1: Client demographics from July 2024 to June 2026

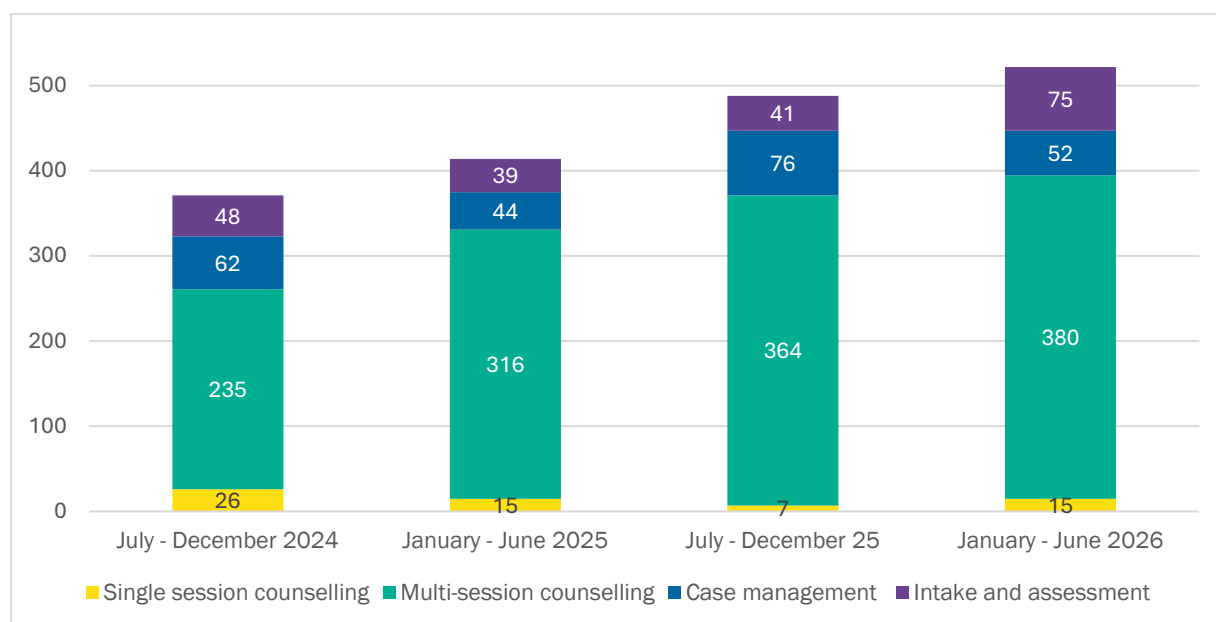
	July - December 2024	January – June 2025	July – December 2025	January – June 2026	Total	
					n	% ⁺
Number of clients	118	108	105	179	510	
Gender						
Female	111	103	103	176	493	97%
Male	5	4	1	3	13	3%
Gender diverse or unknown gender	2	1	1	0	4	<1%
Age						
Under 25yo	11	8	10	15	44	9%
26-45yo	61	59	59	109	288	56%
Over 45yo	19	20	27	44	110	22%
Unknown	27	21	9	11	68	13%
Cultural background						
Aboriginal and/or Torres Strait Islander	15	13	10	16	54	11%
Culturally and Linguistically Diverse	9	9	12	19	49	10%
Other	68	73	66	117	324	64%
Unknown	26	13	17	27	83	16%
Disability	34	32	28	37	131	26%
Region						
Great Southern	56	51	40	49	196	38%
South West	9	4	20	79	112	22%
Wheatbelt	18	26	23	20	87	17%
Mid-West Gascoyne	13	7	9	6	35	7%
Pilbara	5	7	6	15	33	7%
Goldfields/Esperance	6	7	5	5	23	5%
Kimberley	5	6	2	5	18	4%
Other	6	0	0	0	6	1%

Notes. ⁺ = Percentages may not add to 100 due to rounding.

DVASSIST CAPACITY AND ENGAGEMENT

Throughout the evaluation period, DVassist has offered specialist FDV counselling via telephone supporting clients with single and multi-session counselling sessions, and case management support totalling 1795 client sessions. The majority of client contacts provided ongoing counselling support with 1295 multi-session counselling sessions (95% of all counselling sessions) and 63 single counselling sessions, see **Figure 4**. Case management was supplied to 234 clients. Over the two-year period, 180 clients accessed support via the web chat.

Figure 4: Client sessions by support type



DVassist received 664 telephone calls, 481 of which lay within the scope of DVassist's support and reached out to clients via telephone in 1113 instances successfully in addition to counselling and case management. As FDV survivors often face challenges inhibitive to continuous or reliable counselling attendance such as changing levels of risk to their safety, unstable living conditions and mental health difficulties, appointment cancellations and rescheduling are frequent resulting in increased administrative and re-engagement activities for counselling staff. Neither accounting for these inherent challenges nor the complexity of client cases, the presented data omit the true associated workload.

The high demand for all forms and delivery methods of DVassist is evident from the consistent or increasing numbers in client referrals and initial and ongoing client contacts via telephone or webchat. Due to the ability to extend the initial opening hours of 48 hours per week (Monday to Thursday) to 56 hours per week (Monday to Friday) from August 2025 as a result of philanthropic funding, DVassist's expanded their overall counselling capacity. While this allowed for the support of a greater number of clients, counsellors were also able to extend the appropriate level of support to clients with complex cases such as high levels of trauma and urgent crises or safety needs - the proportion of which had increased over the evaluation period according to DVassist staff.

REFERRAL AND ACCESS

Common barriers to accessing local FDV support in RRR WA

Adding to the complex and diverse harms of their abuse, victim-survivors of FDV often also face barriers in accessing appropriate FDV supports such as fear of stigma, the cultural perception of FDV and financial considerations (Chang et al., 2005; Hegarty & Taft, 2001). FDV victim-survivors outside of urban areas encounter further unique barriers to receiving support (Flatau & Lester, 2022). Describing delaying factors to early access of FDV services, DVassist clients report a lack of specialised and holistic local support to identify abusive relationships or provide tailored and effective support.

“[During my local counselling] it was never able to be identified that, hey, actually maybe there's these patterns and maybe, you know, this is more than just, you know, you guys not getting along.” - Client

“Like everything else that is available is mainly just counselling that's very sort of blanket, [...] like the people aren't actually trained in this sort of topic. [...] There's not really much on domestic violence support in this regional area.” - Client

If local services were available, they were experienced as rigid in their inclusion criteria regarding the geographic location or the crisis status of the victim-survivor.

“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.” - Client

Adding to the hesitancy to engage support, the often limited ability to access support anonymously within their local community inhibited some clients from using local services. Looking for support outside of their community, clients reported significant barriers such as additional financial strain and necessary access to resources such as own transport.

Accessible FDV specialist support

Addressing multiple common barriers to service access, DVassist provides victim-survivors in RRR WA with specialised, free and continuous support giving clients the option to remain anonymous throughout. Servicing over 85% of WA area, DVassist is able to support clients almost independent of their geographic location facilitating continuous care of their clients who often face uncertainty in their housing circumstances and have to move as a result of this as had been the case for three of the interviewed clients. By providing services free of charge, DVassist reduced financial barriers to accessing support for clients experiencing financial strain as a result of FDV. Interviewed clients described how support may otherwise have been inaccessible due to costs commonly associated with service access, including appointment fees, travel expenses, accommodation near service locations, and loss of income resulting from time away from work. Removing financial barriers enabled clients to focus on their wellbeing outside of personal financial considerations or having to compromise their safety when sharing finances with the perpetrator.

Referral pathways and processes

Clients are able to access DVassist services through a number of referral pathways, including self-referral. Indicating DVassist's recognition within the FDV sector, clients were most commonly referred to DVassist by other FDV services (41%), followed by self-referral (39%) and non-FDV specialised community services (12%). The remaining clients had engaged with DVassist through their contact with the Department of Communities, hospitals, from DVassist's internal referrals, or other external services such as the police. The high acceptance rate of all referred clients of 95% demonstrates low-barrier access to DVassist and the capacity to accept complex client cases. Following the intake contact, clients were usually connected to counselling support within days with administrative data of 274 clients showcasing that 55% of clients had received counselling support on the same day and a further 20% on the following day resulting in an average wait time of 1.8 days.

In client interviews, the referral process to DVassist was described as easy to navigate and transparent for clients using self-referral or referral through other service providers. Showing great focus on client safety and consent as well as sensitivity to client trauma, DVassist was perceived

as respectful and paced when initial contact had been established by third parties such as external services or the client's personal contacts.

While interviewed clients generally found DVassist's services highly accessible, some identified a need for greater awareness and visibility of the service across regional WA. Although referral and intake processes connected all interviewed clients to support in a timely manner once they became aware of DVassist and identified it as a suitable support option, several clients reported navigating multiple support services for years, and in some cases decades. These experiences suggest that there may be benefits in further integrating DVassist within existing service networks and referral pathways to support earlier identification and connection to specialist FDV recovery and healing counselling. This could be realised through the training of relevant client-facing staff at local service providers as well as by maximising reach through both print and digital resources such as support registries.

TELEPHONE-BASED SUPPORT

Seeking to address a gap in FDV supports for victim-survivors outside of metropolitan WA, DVassist delivers counselling remotely via telephone and webchat. In interviews, clients reported highly positive experiences with the telephone-based counselling model, citing its convenience and sensitivity to their individual circumstances.

Prior to engaging with DVassist, clients described travelling long distances to access specialist, in-person support, making service access dependent on practical considerations such as arranging childcare and managing the financial costs associated with attending in-person appointments, including travel expenses. In contrast, DVassist's telephone-based counselling, increased access to specialist support, while providing often more specialised care than locally available to victim-survivors in RRR WA. Further reducing barriers to access, remote counselling enabled clients to access support discreetly and safely from their own homes. One client described experiencing intense 'surveillance' by her abusive partner, including the use of external cameras and vehicle tracking devices, which limited her ability to leave the home independently and made accessing local support services unsafe.

Clients consistently described the telephone-based delivery model as a significant strength of the service. Accessing counselling from their own homes enabled clients to engage with support despite complex physical and mental health needs that may otherwise have limited their ability to attend face-to-face appointments. As a result, specialist support was accessible to individuals who may otherwise have been unable to receive it.

Beyond improving accessibility, clients described important emotional and psychological benefits of telephone counselling. Many reported feeling less exposed and more comfortable discussing traumatic experiences over the telephone, allowing them to engage more openly with their counsellor. The reduced visibility and perceived anonymity of telephone counselling appeared to lessen feelings of shame, embarrassment and self-consciousness, enabling clients to let go of self-blame and discuss experiences that they may have found difficult to disclose in a face-to-face setting. For many, the telephone delivery model created a sense of emotional safety that facilitated deeper engagement with counselling and supported healing and recovery.

"If you're in a very anxious sort of state, like, not having to physically go somewhere or physically be around someone and just being able to be in your own [...] home where you're gonna physically feel safe, to have that call was actually quite ideal." - Client

“I think sitting face to face with someone would be very difficult for me. I loved it over the phone because I could, I could cry, I could just let it all out. It wasn't ‘I have to wear makeup’, ‘I have to look perfect’, ‘I have to put on the façade’. I could just let it all go.” - Client

Thereby, the telephone-based support increased access by reducing financial barriers, minimising logistical challenges associated with attending in-person appointments, enabling better access for clients with physical or mental health concerns, and increasing safety for those continuing to live or remain in contact with an abusive partner.

Although, client interviews and case studies for this reporting period have focused on the telephone-based delivery of the counselling services, DVassist also offers online support through webchat with a counsellor, providing an additional source of remote, low-barrier specialist FDV support.

CONNECTING CLIENTS TO LOCAL AND SPECIALISED SERVICES

Supporting clients throughout their changing and complex needs, DVassist provides warm referrals to external services for local or specialised support. These referrals may include accommodation services, legal assistance, financial counselling, government services, and health supports, including medical, mental health, and alcohol and other drug services. During the evaluated two-year period, DVassist made 523 referrals to other services with the majority (62%) of these referrals connecting clients to other FDV services (46% to non-accommodation FDV support and 17% to accommodation services), a further 14% of referrals to legal services and 12% to financial services.

Client interviews indicated that these referrals often extended beyond simply connecting clients with local services. Counsellors frequently supported clients to identify and access appropriate services, navigate application processes, prepare for appointments, and debrief following engagement with other providers. Within the context of experiencing often acute trauma and feelings of anxiety and overwhelm, clients reflected that the guidance from DVassist had been instrumental in identifying further support needs, providing relevant information for the client to make informed decisions about their support, establishing a positive relationship with external services and building their trust towards them. Focussing on the clients' self-determination, counsellors were perceived as knowledgeable and sensitive to client needs while assisting with external service engagement and when advocating for the client's interests with these services directly. Considering both essential day-to-day matters as well as medium-term counselling goals, one client described how her counsellor purposefully 'helped built her team' working towards the client's appropriate current and future social, therapeutic and practical support.

The analysis of the case studies shows that clients were connected to a broad range of, where possible, local services providing practical, legal, financial, medical, psychosocial or housing support indicative of a holistic view on client wellbeing. Informed client consent, interagency collaboration and information sharing enabled minimising the risk of re-traumatisation for the clients when establishing new support relationships. Showing reactivity to clients' safety needs, one client was assisted in obtaining a Family Violence Restraining Order against their partner on the following day. Overall, connecting clients to external support services in a trauma-sensitive and timely manner reduced barriers to clients' access to specialised and in-person support while maintaining confidentiality and encouraging the client's self-determination.

BUILDING KNOWLEDGE AND INDIVIDUALISED STRATEGIES

DVassist delivers both general FDV information and tailored psychoeducation throughout the counselling process. Counsellors provide individualised information that helps clients recognise patterns of abuse, understand the impacts of violence and trauma, navigate available support options, and develop practical strategies that strengthen safety, self-efficacy and long-term recovery.

Public reach

Through the development and curation of the publicly available resources on the **DVassist website**, people who are affected by FDV, who are working with victim-survivors and the broader community have access to information on various types of FDV, pointers in identifying abusive behaviours in relationships and support pathways and contacts. Within the evaluation period of July 2024 to June 2026, DVassist's website was viewed 175 736 times by 102 543 users with 58% of accesses resulting from organic search mechanisms. The pages 'Am I experiencing Domestic Violence' received the highest number of views with 49 716 views, followed by 39 126 views of the quiz pages and the 'What do I do' page with 8 320 views.

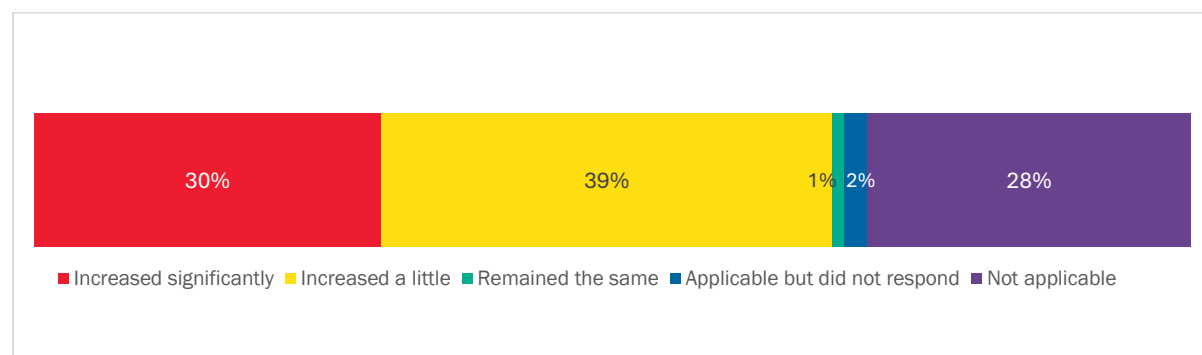
DVassist's **distribution of printed resources** provides an additional indication of the reach of service information and the mechanisms available to support access to information beyond the website itself. Across the two-year period, the DVassist resource ordering webpage received 369 page views and 42 resource request forms were submitted by service providers. In total, 3,432 printed resources were requested for distribution to clients, including 1,875 wallet cards, 1,425 brochures, 83 A4 posters and 49 A3 posters. The volume of resources requested relative to the number of service provider orders suggests that individual requests were generally intended for broader distribution, extending the potential reach of DVassist information through organisations and frontline services. In addition, 36 enquiries were submitted through the website contact form during this period. Together, these data demonstrate that the DVassist website functions not only as a direct source of information, but also as a mechanism for disseminating information through service providers and supporting broader awareness of available FDV services and supports.

Psychoeducation for clients

Clients consistently reported an increase of knowledge across the topics related to immediate safety strategies and self-care practices, the prevention of future harmful relationships due to identifying abusive behaviours, and how to support ongoing recovery.

On counselling service exit, the majority of clients report that their knowledge of where and how to access other appropriate services has 'increased significantly' (30%) or 'increased a little' (39%), see **Figure 5**. When excluding clients who responded 'not applicable' (28%), 95% of clients perceived an increase in their understanding of external services.

Figure 5: Clients change in knowledge of where and how to access other appropriate services on exit of service



Types of FDV

Across interviews, clients described psychoeducation as a fundamental component of their recovery. Learning about the different forms and dynamics of FDV, including coercive control, power and control, trauma responses and the cycle of abuse, helped clients reframe their experiences, recognise unhealthy relationship patterns and better understand the impacts of violence on their wellbeing. This increased understanding reduced self-blame, challenged deeply held beliefs about relationships and gender roles, and supported clients to develop practical strategies for safety, emotional regulation and recovery. Many clients described "building a toolbox" of knowledge, coping strategies and external resources that increased their confidence, self-awareness and ability to move forward beyond the counselling relationship.

"[The counselling] has given me tools to cope with different situations outside of the counselling so that then I feel a lot more confident in my daily interactions. And when things happen, I'm able to use those tools and deal with them. And then I get really excited because the next time I get to talk to my counsellor, I can tell her how I actually put that into practice and how it worked. And that's a pretty amazing feeling. And the more that I do that, the more that my confidence grows and I can deal with those situations or get myself out of situations." - Client

Language

Through psychoeducation, clients became familiar with the language and concepts of FDV, enabling them to better understand, articulate and validate their experiences. Developing this shared language helped clients make sense of past experiences that they had previously struggled to explain, reducing self-blame and reinforcing that the abuse they experienced was real and unacceptable. Clients also described how this increased knowledge strengthened their ability to advocate for themselves and their families when engaging with medical, legal and other support services. By providing both the language and practical strategies to understand their experiences, DVassist equipped clients to take informed, confident and dignified steps towards healing and recovery.

Self-care

Through the development of personalised self-care strategies, DVassist equipped clients with practical tools to recognise distress, regulate emotions and support their ongoing recovery. Clients described learning grounding techniques, mindfulness, breathing exercises and emotional

regulation skills. While utilising evidence-based interventions such as cognitive behavioural therapy, dialectical behaviour therapy and mindfulness, counsellors also encouraged individually tailored activities that promoted wellbeing, such as spending time in nature, physical exercise, engaging in cultural practices, creating artwork, and reconnecting with hobbies and interests. Resulting in secondary benefits, clients were able to expand their social network and take steps towards the recovery from social isolation through the meaningful connections with the local community arising from these pursuits of interests.

Counsellors regularly reviewed changing circumstances and support needs with their clients, adapting therapeutic interventions throughout engagement with the service. Building a personalised “toolbox”, this included psychoeducation and practical strategies to support self-care, emotional wellbeing, sleep, nutrition and interpersonal boundaries, recognising that these needs varied over time and were influenced by each client’s individual circumstances and stage of recovery.

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Impact

Clients consistently described psychoeducation as both relevant and essential to their healing and recovery. Increasing their understanding of FDV enabled clients to reframe past experiences, validate the abuse they had experienced, and to reduce feelings of isolation in relation to their experiences of FDV. This greater awareness fostered personal agency by supporting clients move away from viewing themselves as powerless or defined by their experiences, towards seeing themselves as capable of making informed decisions about their recovery. Clients reported feeling more confident in setting boundaries, advocating for their needs, and navigating support services. By building knowledge and awareness, DVassist not only empowered clients in their individual recovery journeys but also strengthened their capacity to overcome systemic and service barriers through more informed engagement with health, legal and community services.

CLIENT SAFETY

Risk assessment and safety planning were integrated throughout clients' engagement with DVassist and reviewed regularly to respond to changing circumstances and levels of risk. Safety planning extended beyond immediate protection from physical harm to encompass longer-term physical, psychological, emotional and financial safety, with plans tailored to each client's individual circumstances, cultural context and trauma history. Clients were recognised as experts in their own lives and were actively involved in identifying risks, priorities and safety strategies, ensuring plans remained practical, relevant and responsive. Where appropriate, safety planning also considered the needs and safety of children.

Clients described the safety planning process as increasing their sense of control and confidence during periods of uncertainty. Counsellors proactively anticipated periods of heightened risk, such as court proceedings, separation, or holiday periods associated with increased contact with the person using violence, and worked collaboratively with clients to review boundaries, strengthen coping strategies and develop practical responses. Counselling provided a safe space to identify concerns, recognise signs of distress and develop personalised strategies, including grounding

techniques, emotional regulation skills and mindfulness practices. Clients frequently described successfully applying these strategies in their daily lives, often expressing pride in their growing confidence and ability to manage challenging situations.

Feelings of safety were further strengthened through the continuity of care provided by the DVassist service model. The combination of ongoing counselling and case management enabled counsellors to develop a deep understanding of each client's complex and intersecting needs. Clients consistently described feeling emotionally safe through trusting therapeutic relationships characterised by respect, confidentiality, unconditional positive regard and autonomy. This relational continuity created opportunities to address not only immediate risks but also the underlying impacts of trauma, supporting longer-term recovery and wellbeing.

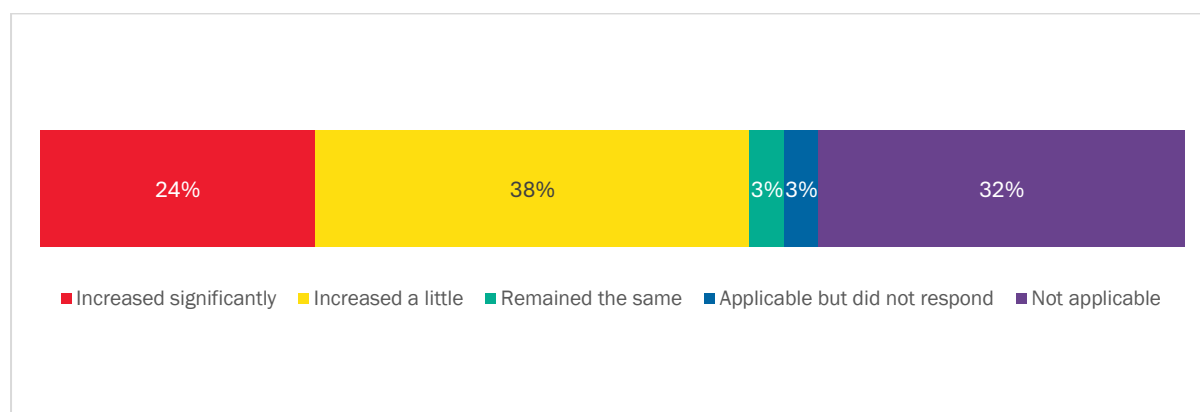
“The counselling has helped me understand [...] what I can do to make myself safe and keep myself safe in situations.” – Client

CLIENT PSYCHOSOCIAL AND PHYSICAL WELLBEING

Research consistently finds that therapy and counselling can improve mental health outcomes, reduce psychological distress, and enhance overall wellbeing (Arroyo et al., 2017; Feder et al., 2018; Feder et al., 2018). Indicative of the complex and non-linear journey of recovery and healing, small, measurable changes in wellbeing outcome can be clinically significant and point towards authentic improvements in mental health (Ferrari et al., 2018). Therefore, the evaluation of wellbeing outcomes in FDV victim-survivors needs to be considerate of the intersectional and evolving challenges faced by this group and the often multicausal reasons for disengaging from FDV support services.

Upon service exit, the majority of clients reported improvements to their mental health and wellbeing with 24% indicating that their mental health increased significantly and 38% reporting small improvements ('increased a little') ($n = 426$). When removing non-applicable responses (32%), the proportion of clients with increases in their wellbeing accounts for 92% of survey responses.

Figure 6: Client mental health and psychosocial and physical wellbeing on exit of service



Consistent with the client outcome survey findings, interview and case study participants described meaningful improvements in their mental health and overall wellbeing following engagement with DVassist. Wellbeing was consistently positioned at the centre of counselling and case management, with counsellors maintaining a comprehensive understanding of each client's safety, capacity and changing circumstances while adapting support accordingly.

Through a strengths-based approach, counselling helped clients move beyond surviving violence towards rebuilding confidence, self-worth and personal agency. Clients described developing a greater sense of control over their lives, increased hope for the future and renewed confidence in communicating their needs, setting boundaries and advocating for themselves when engaging with health, legal and community services. Several clients also reported increased confidence in managing contact with the person using violence, greater participation in self-care activities and improved social engagement. One client described these changes as contributing to improved professional performance and achievements beyond the counselling relationship.

A recurring theme across interviews was the shift in clients' perceptions of themselves. Counselling provided a safe and validating space to explore experiences of family and domestic violence, helping clients reframe their experiences with less shame, guilt and self-blame. Instead, many described developing greater pride in their healing and recovery, recognising their strengths and building confidence in their ability to move forward independently. Clients also reported that these changes extended beyond the counselling period, with improved emotional regulation, greater insight into abusive relationship dynamics, enhanced self-advocacy and a stronger sense of agency continuing after the service had ended.

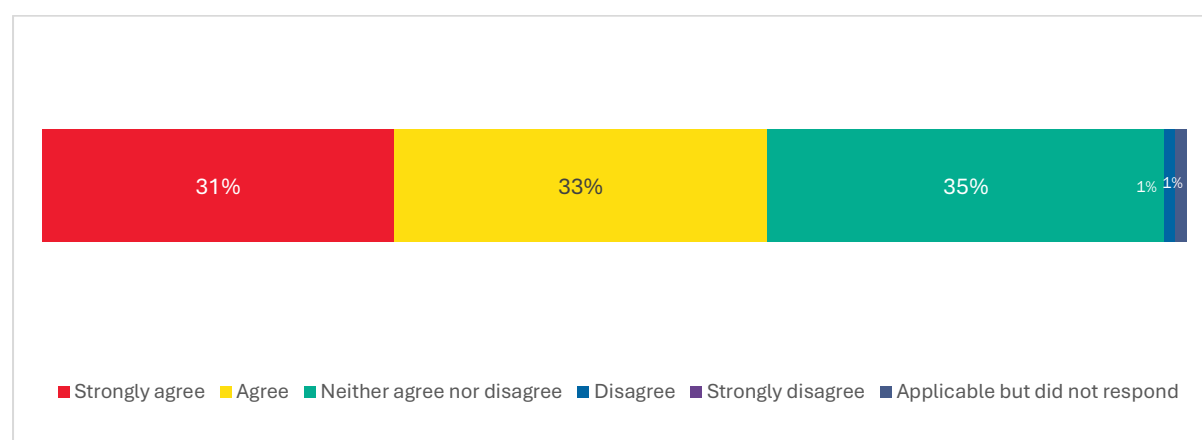
"I actually couldn't imagine the last two years without [DVassist]. I think it's changed my life, my overall mental health, my wellbeing. I actually don't know how I would have got through it without it." – Client

"[My counsellor] helped me to heal so much of my childhood trauma surrounding men and authority and that women have a place in this world and it's okay to stand up for yourself." - Client

Demonstrating reactivity to client feedback, DVassist initiated two peer support groups enabling clients with varying levels of therapeutic progression to connect to other people with FDV experiences.

Upon service exit, most clients (64%) indicated that their needs had been met as 31% 'strongly agree' and 33% 'agree' with this sentiment ($n = 429$). Considering the often intersectional and far-reaching needs of clients at service entry, the client-reported neutrality towards meeting needs at the end of counselling (35%) should be interpreted recognising that the resolution of structural and life-long client needs exceeds the scope of the counselling services rather than failing to address any client needs adequately.

Figure 7: DVassist meeting client needs on case closure



Note. Percentages may not add to 100 due to rounding.

STRATEGIC FOCUS, OUTCOMES AND PROSPECT

Reflecting on DVassist's achievements, challenges and priorities of the past two years, DVassist CEO and Managing Director provided insight into the strategic focus which for the purpose of this evaluation have been linked to the medium-term outcomes described in Figure 2.

Medium-term outcomes at the organisational level

as outlined in the program logic, see **Figure 2**

MT2. Leader in the FDV sector, influence and contribute to FDV policy

MT3. Cohesive FDV sector and integration of support services

MT4. Expansion to providing quality FDV support to all RRR WA

MT5. Sustainably funded service

Regarding the outcome of leadership within the FDV sector, DVassist's position within the sector has been consolidated through recognition by other FDV services, the invitation to share expertise on FDV service delivery and professional training locally and at sector conferences and forums such as the "Second National Domestic, Family and Sexual Violence Recovery and Healing: Striving Together Conference" in Brisbane earlier this year. Showing progress towards the outcome of contributing towards sector cohesion and the integration of support services, DVassist formed and maintained partnerships and memoranda of understanding within and outside of the sector providing the foundation for political influence, advocacy and value-driven collaboration. Since June 2024, the counselling of DVassist has been able to expand from servicing 58 to 63 shires across WA with the support for the remaining unserved shires included in the DVassist's strategic intent. The realisation of this undertaking being subject to the necessary multi-year funding, the financial sustainability of DVassist continues to be a key priority to meet the high demand for regional specialist FDV counselling through the proposed scaling, workforce expansion and the utilisation of effective data management within and between FDV service providers.

Overall, DVassist leadership observes an increasing sector-internal and -external understanding that healing and recovery from abuse suffered through FDV requires holistic and long-term support congruent with DVassist service delivery principles.

CONCLUSION

This evaluation found that DVassist is delivering an effective, specialist counselling and case management service for victim-survivors of FDV in regional, rural and remote WA. Evidence from client interviews, case studies, service exit surveys, administrative data and website analytics consistently demonstrated that the service is achieving its intended outcomes.

DVassist's timely, accessible, trauma-informed and person-centred approach enables victim-survivors in regional communities to gain access to specialist FDV support. By offering free of charge support via telephone and webchat, DVassist addressed common barriers related to distance, anonymity and costs effectively. Through specialist counselling, psychoeducation, safety planning and case management, clients reported increased safety, confidence, self-awareness, emotional wellbeing and personal agency, while developing practical strategies to support their

ongoing recovery. DVassist contributes to community awareness and capacity-building through the dissemination of psychoeducational resources, with sustained website engagement and resource requests demonstrating ongoing community demand for specialist FDV information.

The evaluation also highlights the important role DVassist plays within the broader FDV service system. By providing a flexible, low-barrier and specialist service, DVassist fills a critical gap in regional WA. However, increasing demand for ongoing specialist support now exceeds current capacity, highlighting the need for sustained investment to ensure victim-survivors continue to receive timely access to high-quality care.

The findings demonstrate that DVassist not only improves outcomes for individual victim-survivors but also strengthens access to specialist FDV support across regional WA.

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