

BREAKING THE CYCLE OF VIOLENCE

An evaluative study on the Safe Woman Safe Family W.A. 15 week Recovery and Empowerment Programs' ability to create positive and sustained changes for woman struggling to break free from the cycles, hardships and trauma, inflicted by family violence, sexual assault and other forms of gender based abuse.



Safe Woman Safe Family W.A.
Recovery & Empowerment Program
Evaluation Report
December 2020



SWSF Acknowledgement

The evaluation team would like to acknowledge the brave woman who courageously shared their experiences for this evaluation. Your strength and resilience is truly inspiring and your openness and enthusiasm to help produce this report made conducting the evaluation an absolute joy.

We would also like to acknowledge, Safe Woman Safe Family Murray Centre Manager and Co-founder, Tanya Langford, whose hard work and passionate dedication has facilitated the design and delivery of the Recovery and Empowerment Program. Along with Co-founder Irene Lyndon for the vital role she played in the conception of the program.



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Acknowledgement of Country

SWSF acknowledges the traditional custodians of the land on which we work and live, the Gnaala Karla Booja people. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present, and emerging, and we value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples.

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“Violence against women and their children is a crime and a fundamental breach of human rights. Experiencing violence has significant implications for victims, their children, families, friends, employers and co-workers. The implications of violence can include long term social, health, psychological, financial, and economic damage” (Forsyth, 2016)

1. Executive summary

GENDER BASED VIOLENCE IN AUSTRALIA

Gender based violence (GBV) is a serious and widespread social problem with devastating physical, psychological, and economic consequences for victims. While men are more likely to experience violence from strangers and in a public place; women are most likely to know the perpetrator (often their current or a previous partner) and the violence usually takes place in their home (Australian Institute of Health and Welfare (AIHW), 2019a).

In response to the prevalence of this issue, Australia adopted the National Plan to Reduce Violence against Women and Their Children 2010-2022 as its primary policy on domestic and family violence and sexual assault. Now in its fourth and final phase, the plan puts forward an “ambitious but practical agenda to achieve change and eradicate the unacceptable acts of violence against women and their children” (Department of Social Services, 2019). Despite reported progress being made by the National Plans previous three phases, intimate partner violence (IPV) continues to be the largest cause of preventable death, disability and illness in Australia (Webster, 2016)

The 2017, Personal Safety Survey, commissioned by the Australian Bureau of Statistics, reported that 1 in 6 Australian women have been physically or sexually assaulted by a current or previous cohabitating partner, 1 in 4 women have experienced emotional abuse by a current or previous partner and 1 in 5 women have been sexually assaulted or threatened. These figures indicating that we still have a long way to go in eradicating violence against women and their children.

FAMILY AND DOMESTIC VIOLENCE IN THE PEEL REGION

The Peel region is located on the west coast of Western Australia, 75 km south of the state capital, Perth. The region consists of the City of Mandurah and the Shires of Boddington, Murray, Serpentine-Jarrahdale and Waroona. In 2017, Peel had a population of 136,854, of which over sixty percent lived in Mandurah (Peel Development Commission, 2019). The Peel region faces numerous challenges, including rapid population growth, high unemployment and a large geographical diversity.

When the policing district of Peel was merged into the South Metropolitan Perth district in 2012 and incident numbers were compared, it was discovered that Peel incidents of FDV accounted for a massive 19.76% of all metropolitan Perth FDV reported incidents. Furthermore, in 2011, the Peel region represented 4.8% of the total WA population, yet accounted for 12.5% of all reported domestic violence incidents in WA.

The 2019, annual report from Legal Aid Western Australia shows that demand on family violence services in regional areas had increased by 39 per cent across the state. In the Peel region, that figure was even higher at 44 per cent with a jump from 836 cases in the 2017/18 financial year to 1203 in 2018/19 (Meerton, 2019).

The Safe Woman Safe Family, Murray Centre situated in the town of Pinjarra is therefore aptly located in the heart of the Peel Region – just 20 mins from the region’s highest populated area (Mandurah) yet easily accessible to the regions many more rural areas.

THE IMPORTANCE OF TRAUMA RECOVERY IN RELATION TO GBV AND FDV

Neuroscience confirms that the trauma created by this type of violence and abuse affects a person's brain function and can have long lasting impacts on a person's emotional & behavioural patterns; creating dysfunction in their lives and relationships. It is therefore, necessary to heal from trauma just as it is necessary to heal from physical illness or injury. Without healing, the brain will continue to act in maladjusted ways, creating patterns of hypervigilance and defensiveness. If left unprocessed and unhealed, this trauma will continue to wreak havoc on relationships with children, friends, family & current or future partners. Furthermore, this maladaptation can leave a lasting detrimental impact on the children of domestic violence survivors, whether they witnessed the violence first hand or not (Callaghan, Alexander, Sixsmith, & Fellin, 2018).

The Recovery and Empowerment Program offered at Safe Woman Safe Family W.A, recognises these ongoing and intergenerational effects of trauma and acknowledges that physical safety is not sufficient to ensuring women's and children's long-term health and well-being (Chris. M. Sullivan, 2016). To restore or create that well-being, The SWSF Program is built on a philosophy of "empowerment" which acknowledges the importance of social and emotional well-being as key components in achieving optimal outcomes for survivors.

The Safe Woman Safe Family 15 week Recovery and Empowerment Programs' ability to create positive and sustained changes for woman struggling to break free from the cycles, hardships and trauma, inflicted by gender based abuse is unique in its holistic approach, which combines the psychoeducational aspects essential for preventing further victimisation along with evidence based trauma recovery . The distinctiveness of the program itself thus, makes this evaluative report one of a kind in the area of examining family and domestic violence programs within a "Social and Emotional Well-Being Promotion" conceptual framework.

PROJECT AIMS AND METHODOLOGY

The evaluation, which was conducted by a University of West Australia, Master of Social Work Student is an analysis of data from 49 women who have enrolled in the program, including follow up evaluations with 19 graduates at 2 months, 7 months, 12 months and 15 months post completion. The study not only provides compelling quantitative data to evidence the programs capacity to produce significant positive changes for its graduates in each of the key outcome objectives but also a robust compilation of qualitative information which clearly illustrates the picture of healing, empowerment and hope that has become a reality for those who have completed the program.

This evaluative report shows that the SWSF Recovery and Empowerment Program has produced significant positive changes for its graduates in each of the following outcome objectives;

- Women remain free from the cycle of violence
- Participants overcome feelings of isolation and loss of community connection
- Enhanced capacity for healthy interpersonal connections
- Enhanced mental and emotional wellbeing
- Enhanced feeling of empowerment and personal life satisfaction

KEY FINDINGS AND CONCLUSIONS

Perhaps the most striking statistic to come out of the evaluation project was that 100% of women, who took part in the evaluation, reported that they had remained free from the cycle of violence since commencing the program. This statistic, as impressive as it is, however, does not tell the full picture regarding the ongoing impact that the Safe Woman Safe Family Recovery and Empowerment Program is having on the lives of its participants.

As stated early, physical safety alone is not enough to ensure long-term health and well-being. In order to achieve this, a combination of knowledge, understanding, personal growth and development, community and social connection, interpersonal skills, self-efficacy and empowerment must be achieved. It is through this holistic approach that the SWSF Program is truly making a difference and through the outcomes achieved in these areas that we can be confident in the programs ability, not only to break the cycle of violence but also to create long term, sustainable changes for both women and their children.

For example, women who completed the program reported an average of 36.7% increased satisfaction in their level of social connection and 100% reported feeling less socially isolated. The same women reported a 20.7% increase in their confidence to set and stick to boundaries as well as their ability to use assertive communication skills, an 8% increased confidence in their parenting skills and a 30% increase in self-esteem and self-worth.

The flow on effects of this resulted in a 25% increase in emotional wellbeing & general happiness, a 21% decreased reliance on substances and a 68% reduction in the regularity of intense emotional responses such as sadness or anxiety.

Additionally, this increased sense of personal safety and well-being was seen to be having a significant impact on how the woman are now interacting in the wider community. At the time of the evaluation 12/19 women were engaged in either paid employment, volunteer work or some form of study compared to just 5/19 at the commencement of the program - This includes five women who had transitioned from Centerlink welfare to paid employment, three who have undertaken tertiary level study and there who are now volunteering in the community.

The figures revealed by the evaluation, speak for themselves and leave no doubt that The SWSF Program is producing meaningful results both for its participants and, as an evidence base for trauma recovery programs of its nature. Where the full impact of the program can truly be seen, however, is in the case studies and testimonials included in this report. Women who completed the program have transformed from disempowered, disadvantaged and disassociated women, struggling with a complex intersectionality of issues into women who now have clear goals and directions for their futures, increased community involvement and improved coping skills and resilience. The program teaches women how to recover and heal from their traumas whilst discovering their inner beauty and strength. Women who complete the program are empowered as strong and safe women with brighter futures to be shared with their children.

2. Introduction and context

2.1. Service background

Safe Woman Safe Family (SWSF) Australia is a not-for-profit organisation which has been operating out of its Murray Centre in Pinjarra, West Australia since its founding in January 2018. It is a registered charity and operates as an incorporated charitable institution.

Safe Woman Safe Family practices under a holistic model which aims to provide a safe and nurturing space for women whose lives have been impacted by the trauma of abuse and the destructive cycle of family and domestic violence (FDV). The SWSF model allows women to gain long-term supports, connections and therapies, delivered for women by women, to guide healing as they become resilient, strong community members who provide safe homes with optimal opportunities for themselves & their children.

The Safe Woman Safe Family centre is run by professionals trained in trauma informed practice along with trained volunteers and peer mentors who have all lived through and overcome trauma.

2.2. Service context

We see the ongoing hardship and struggles of so many women who have either experienced family or domestic violence in the past or are experiencing it in the present.

These women suffer in many ways; physically, emotionally and mentally. All, which predisposes them to further issues such as mental illnesses, substance abuse, financial hardship, parenting difficulties, poor family management, unstable living situations & often homelessness.

Many are dealing with multiple agencies i.e., family court, child custody & parenting disputes, child support agency, Centrelink and Department of Child Protection.

Often, these women live with ongoing threats from former partners and also regularly engage with Police and courts, where VRO's (Violence Restraining Order) are necessary and critical to their survival. For these women and their children, there is a constant state of high vigilance & constant fear.

The combination of unresolved trauma & complexities of managing their own lives as well as their children's lives, mixed with constant feelings of unworthiness puts many women at high risk to themselves and others with poor life outcomes.

- Every nine days, a woman in Australia is killed by a current or former partner.(Australian Institute of Health and Welfare (AIHW), 2019a)
- Every two minutes, police are called to a domestic and family violence matter (Clare Blumer, 2016)
- Every day, 12 women are hospitalised due to domestic and family violence.(Australian Institute of Health and Welfare (AIHW), 2019a)
- 1 in 6 women have experience experienced physical and/or sexual violence by a current or previous cohabitating partner.(Australian Bureau of Statistics, 2017)
- Intimate partner violence contributes an estimated 5.1% to the disease burden in Australian women aged 18-44 years, which is higher than any other risk factor in the study, including tobacco use, high cholesterol or use of illicit drugs (Webster, 2016)
- FDV resulted in 72,000 women seeking help from homelessness services during 2016-2017 (Australian Institute of Health and Welfare (AIHW), 2019b)
- More than 70 per cent of sexual assault incidents are not reported to police, and only about one in 10 reported incidents results in a guilty finding in court.
- The overall economic cost of violence against women and their children in 2015–16 was \$26 billion, with victims and survivors bearing approximately 50 per cent of that cost (KPMG Australia, 2016)
- The second generation impacts from violence against women and their children are estimated to cost the Australian economy \$333 million each year (KPMG Australia, 2016)
- The Peel region has one of the highest rates of family & domestic violence in Western Australia, accounting for 12.7% of the states total (Peel Says No to Violence, 2017)

2.3. Program profile

The SWSF Recovery and Empowerment Program (The SWSF Program) is a facilitated group that runs over 15 weeks (4hrs per week). The SWSF Program is designed for women who have experienced family or domestic violence, sexual assault and other forms of gender based abuse and wish to replace the negative patterns in their lives with healthier and more positive ways of being. This program aims to help women understand the various factors that impact on behaviour (both their own and those of the perpetrator) whilst also offering the tools and support they require not only to change these patterns, but also to maintain the changes long term.

Women who participate in The SWSF Program have the opportunity to gain an understanding of the many factors that have negatively impacted their lives such as relationship patterns and self-beliefs. It is a journey of self-discovery which looks at the impact that violence has had on the individual, relationships, family, friendships and children in a confidential and supportive space, enabling women to look deeply at their own lives. Women who complete The SWSF Program are empowered as strong and safe women with brighter futures to be shared with their children.

The SWSF Program recognises the ongoing and intergenerational effects of trauma and acknowledges that physical safety is not sufficient to ensuring women's and children's long-term health and well-being (Chris. M. Sullivan, 2016). To restore or create that well-being, The SWSF Program is built on a philosophy of "empowerment" which acknowledges the importance of social and emotional well-being as key components in achieving optimal outcomes for survivors.

Figure 1 below, illustrates how elements of The SWSF Program are expected to impact the factors that influence survivor well-being through a Social and Emotional Well-Being Conceptual Framework.

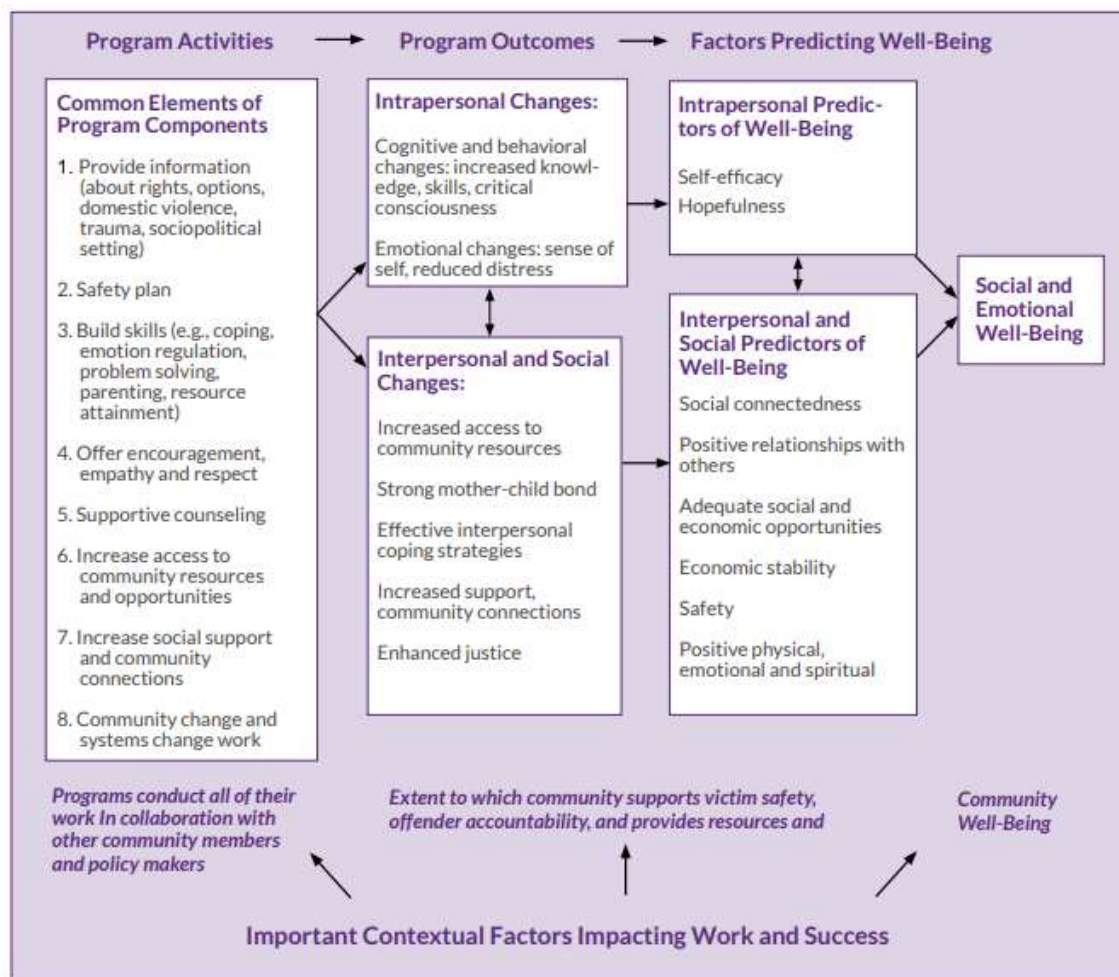


Figure 1. Reprinted from "Examining the Work of Domestic Violence Programs Within a Social and Emotional Well-Being Promotion Conceptual Framework" by Sullivan, C. M, 2016. Retrieved from <http://dvevidenceproject.org>

2.4. Alignment with national and state strategic plans

The National Plan to Reduce Violence against Women and their Children 2010-2022 (The National Plan) is an initiative of the Commonwealth, state and territory governments to make a real and sustained reduction in the levels of violence against women across the nation.

The National Plan is unprecedented in the fact that it focuses on raising awareness and building respectful relationships in the next generation with the aim of bringing attitudinal and behavioural change at cultural, institutional and individual levels (The Council of Australian Governments, 2011).

As well as focusing on preventative measures, The National Plan aims to allow women who have experienced violence to rebuild their lives as quickly as possible through holistic and collaborative delivery of services as part of a community wide approach.

The National Plan sets out six national outcomes to be delivered through four three-year action plans. These six outcomes then create the basis for the three state outcomes outlines in the Western Australia's Family and Domestic Violence Prevention Strategy to 2022 (The State Strategy). The relationship between The National Plan and The State Strategy is depicted in Figure 2 below.

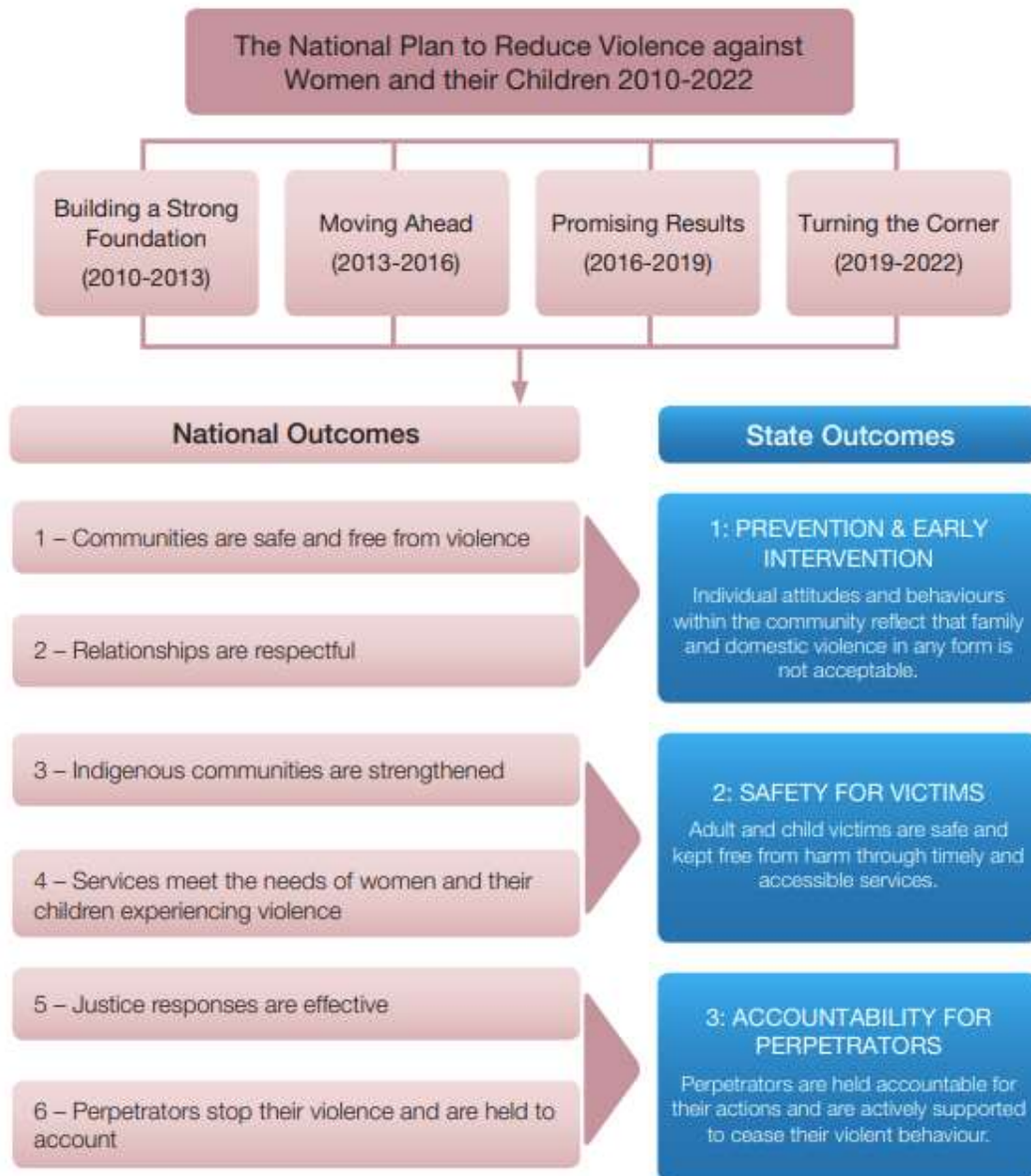


Figure 2. Reprinted from "Western Australia's Family and Domestic Violence Prevention Strategy to 2022" by Government of West Australia Department of Child Protection, 2012. Retrieved from <https://www.dcp.wa.gov.au>

Strategy 1.2: Focus on primary prevention

Primary prevention involves taking action to prevent the problem of violence before it occurs by working to change the underlying causes of the problem. The SWSF Program targets the prevention of two specific issues of violence, the first of which being the cycle of violence and its effect on re-victimisation and secondly on the long term intergenerational effect that exposure to violence and abuse in childhood has on future relationships.

By providing psychoeducation relating to patterns of family and domestic violence and teaching women concepts around respectful relationships, power and control, healthy communication, boundaries and good self-image The SWSF Program works to prevent both re-victimisation of the women themselves and future victimisation of their children.

Strategy 1.3: Advancing gender equality

The SWF Program works to improve women's economic participation and independence by enhancing their ability to recognise their own strengths, empowering them to see future opportunities for achieving set goals and encouraging them to take action to improve external life factors such as transitioning from welfare to paid employment or pursuing study to increase employability.

Strategy 2.2: Support adults to model respectful relationships

Children learn their attitudes and behaviour from those around them. The SWSF Program increases support for parents to become more confident in their parenting skills as well as facilitating women to become positive adult role models who encourage their children to develop positive respectful relationships of their own, both now and in the future.

Strategy 4.2: Identify and respond to client needs a specialist domestic violence service

Women who participate in The SWSF Program have access to support services that are high quality, accessible and responsive to their individual needs. Furthermore, The SWSF Program acknowledges that social wellbeing is critical for women who have been victims of violence to rebuild their lives and aims to meet these needs through a holistic and collaborative framework.

3. Program delivery



Pinjarra Community Bank®
Branch



3.1. Funding and partnership

The SWSF Recovery and Empowerment Program is funded solely through community grants which have allowed the SWSF Murray Centre to deliver two rounds of the 15 week program each year at nil cost to participants.

Alcoa of Australia's Pinjarra Alumina Refinery Community Partnership Program kicked off the first round of the program in 2019. The second round, later that year was then funded through Bendigo Banks Community Enterprise Foundation. In 2020 Alcoa, again stepped in and funding both the third and fourth round of the program.

Alcoa Pinjarra has also assisted the SWSF Murray Centre, through various busy bees and other supports throughout its operation and SWSF look forward to continuing this partnership into the future.

3.2. Program content

The 15 week program consists of 10 modules covering topics such as inner child & attachment, guilt & shame, dangerous relationships, power & control, boundaries, healthy communication, the cycle of trauma, the cycle of violence, grief, understanding anger, overcoming triggers, self-care, self-love, self-worth, inner peace, building community networks, pathways to education & employment as well as how to move forward.

These sessions are provided by a SWSF facilitator who is a Professional Family Consultant with extensive experience in family and domestic violence, with the support of a "Heal For Life" Counsellor and Trainer who co-facilitates two of the sessions as well as the weekend healing retreat.

The SWSF Program includes:

- 15x 4 hour sessions (lunch, refreshments & resources provided)
- A weekend forest healing retreat
- Additional weekly drop-in sessions for self-care
- Methods developed by 'Heal for Life'
- Referrals and linkage for education, training and employment
- Graduation ceremony and exclusive SWSF pendant

3.3. Trauma informed practice

Neuroscience confirms that all types of abuse creates trauma that affects a person's brain function and can have long lasting impacts on a persons emotional & behavioural patterns; creating dysfunction in their lives and relationships.

It is necessary to heal from trauma just as it is necessary to heal from cancer or heart disease. Without healing, the brain will act in a maladjusted way to life's circumstances & create patterns of reactivity and defensiveness. This cycle will continue to wreak havoc on all relationships with children, friends, family & current or future partners.

Safe Woman Safe Family is proudly endorsed by the Heal for Life Foundation which has been successfully helping thousands of trauma sufferers over the past 20 years with an astounding 98% of people reporting significant, positive life changes from this unique program.

Women who take part in The SWSF Program will gain benefits from accessing 'Heal For Life' knowledge and experience which are based on the latest research in neuroscience and aligned with recommendations from the Australian Centre for Post Traumatic Mental Health. They will have the opportunity to learn and understand how trauma has affected them, as they become more in-charge of their lives and find a new level of wellness.

3.4. Outcome objectives and measures of achievement

Women remain free from the cycle of violence

- Maintained personal safety (within intimate relationships as well as in general)
- Increased knowledge & understanding of the cycle of violence & patterns of abusive behaviour
- Ability to recognize red flags and remove self from toxic or dangerous situations
- No longer feeling vulnerable to future abuse

Participants overcome feelings of isolation and loss of community connection

- Build supporting friendships within the group
- Pursue ongoing connections outside of The SWSF Program
- Knowledge of and access to adequate and appropriate resources

Enhanced capacity for healthy interpersonal connections

- Enhanced satisfaction in existing relationships (ie family/friendships)
- Increased confidence in parenting skills (changes in children behavior?)
- Increased confidence in interpersonal skills (ie setting boundaries, assertive communication)

Enhanced mental and emotional wellbeing

- Increased capacity/ confidence to manage life's ups and downs (resilience)
- Increased sense of self-worth, self-esteem, emotional wellbeing & general happiness
- Reduction in the frequency of intense emotional responses
- Positive changes in mental health treatments (ie reduction in medication)
- Decreased reliance on substances (ie alcohol) for emotional relief

Enhanced feeling of empowerment and personal life satisfaction

- Ability to recognise own strengths
- Increased sense of hope for the future
- Empowered to see future opportunities for achieving set goals (self-efficacy)
- Action taken to improve external life factors (ie transitioned from welfare to paid employment)

4. Evaluation Framework

4.1. Evaluation methodology

A combination of qualitative and quantitative evaluation measures have been used to firstly determine whether The SWSF Program objectives have been achieved for those women who graduated from the program over the 15 week time period, and secondly to assess whether these changes have been maintained long term. This mixed method of evaluation included the use of pre, post and follow up self-evaluative data to assess quantitative changes in participants self-perception relating to program outcome objectives, as well as qualitative data collected through facilitator observation, analysis of pre-existing evaluation surveys and data collected during interviews.

4.2. Evaluation scope

At the time of this evaluation four rounds of the SWSF Program had been delivered at the centre with a total of 49 women having commenced the program across an 18 month period. Of those 49 women, 34 graduated, giving the program a 69% completion rate. All 34 graduates were contacted for the opportunity to take part in the evaluation and 19 were then interviewed - one woman declined the offer, 2 women set up meetings but failed to follow through and the remaining 12 did not respond. The selection of women who chose to participate included a minimum of four women from each round of the program, allowing for an evenly spread sample selection.

4.3. Ethical considerations

The process of ethical consideration undertaken throughout this evaluation was informed by applying relevant ethical standards and codes of conduct developed by The Australasian Evaluation Society (AES) and The Australian Association of Social Workers (AASW). The key ethical objectives identified for this project were as follows;

- (1) protect the safety of the women participating
- (2) confidentiality and informed consent
- (3) address limitations of the research project

Safety

First and foremost, the physical and emotional safety of the women with whom we work must always be our top priority. The need to collect information to help us evaluate our programs must always be considered in conjunction with the physical safety and emotional wellbeing of the women receiving our services.

“It is not ethical to gather information just for the sake of gathering information. If we are going to ask women very personal questions about their lives, there should always be an important reason to do so — and their safety must not be compromised” (Cris M. Sullivan, 1998, p. 6).

The safety of the women who participated in this evaluation was kept in mind at every step of the process: (1) deciding what questions to ask (2) collecting the information (3) storing the data (4) presenting the information to others.

Confidentiality and Informed consent

On first contact with the women who had graduated the program, the evaluation team ensured that they were informed on the purpose of the evaluation, the process of data collection, how their information would be used and who may have access to the information. The women were provided information regarding confidentiality and the processes that had been put in place for those who wished to comment anonymously.

The women were then given the opportunity to proceed with the interviews or to decline to participate.

Participants who were chosen to be featured as case studies within this report were given the opportunity to review and edit the written material before publication in order to achieve optimal accuracy and authenticity in the sharing of their stories. Offers to use pseudo names were also given.

Limitations

As with all research studies, this evaluation is subject to some limitations. The empirical results reported herein should therefore be considered in the light of these limitations.

Methodological limitations regarding sample size, are common and somewhat unavoidable in long term evaluative research such as this however the evaluation team feel that the relatively high response rate for this particular project (56%) indicates a reasonable capacity for generalisability of the data gathered. Furthermore, the even distribution of respondents across all four cohorts of program participants gives further confidence to the accuracy of generalised data.

“Violence is recognised as a sensitive topic to research and a multifaceted problem that introduces challenges not usually found when dealing with other topics of social or health studies”(Fraga, 2016). In the research process, data collection relating to such sensitive topics greatly depends on the availability and willingness of the individual to share, how the questions are asked, interviewer training, sensitivity and the setting in which data is collected. In this particular evaluation these challenges were somewhat reduced due to the fact that the women participating in this evaluation had previously been engaged with the SWSF service for some time and a therapeutic rapport had already been established however evaluators did need to be aware of and responsive to such issues. The evaluator who conducted participant interviews had professional mental health and trauma experience as well as basic training in counselling techniques. Participants were given a choice of face-to-face interviews either at the centre or at an external location of their choice, phone interviews or to respond via email.

4.4. Evaluation Process

A staged approach to this outcome’s evaluation was undertaken over a two month period from October to December 2020. An outline of each stage of the project is presented below.

Stage 1: Preparation and Initial Data Analysis

Existing information and data from Safe Women Safe Family was collected, reviewed and analysed, this included;

- Client history/ presenting information provided by program facilitator
- Pre and post program self-evaluation forms for all graduates
- Program Feedback forms
- The SWSF Program Objectives

Client history/ presenting information provided by The SWSF Program facilitator was collated and analysed in order to determine the key factors that had impacted on clients lives prior to attending the program. A summary of these findings can be seen in section 5.1. Measures of achievement were then determined for each of the Program Objectives.

Stage 2: Evaluation Question Design

An evaluation framework was formulated using the pre and post self-evaluation forms as a base for quantitative data comparison. Additional quantitative questions based on the SWSF Program Objectives were then formulated and added to the self-evaluation survey. A draft copy of the combined questionnaire was then reviewed by both the SWSF Program facilitator and UWA faculty before the final question set was determined.

Stage 3: Participant Consultations

All 34 women who graduated from The SWSF Program were contacted in regard to the project. Of those 34 a total of 19 took part in the evaluation process, one woman declined the offer, 2 women set up meetings but failed to follow through and the remaining 12 did not respond.

Interviews were conducted with the willing participants from each of the four groups. 9 interviews were conducted over the phone, 8 were conducted face to face at the centre, 2 participants opted to meet at an external location.

Stage 4: Data Analysis

The first step of this process was to collate & compare self-assessment data which had been gathered from each participant at the beginning and the end of their program to determine if positive changes had occurred within the 15 week time frame. The areas of assessment included (1) external factors including housing, employment/education, finances and physical health (2) mental health and wellbeing scales regarding self-esteem, worthiness, emotional wellbeing and overall happiness (3) other factors such as; confidence in parenting skills, communication and self-care practices.

Next the follow up self-assessment data was collated, and results were analysed against the initial data set to determine what changes had occurred in the time frame between completion of the program and the follow up interviews.

Stage 5: Case Study Consultations

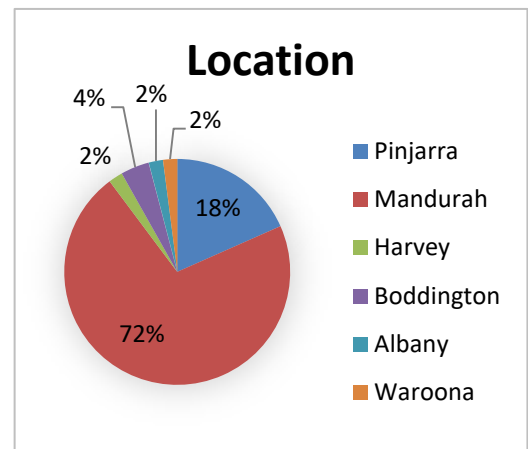
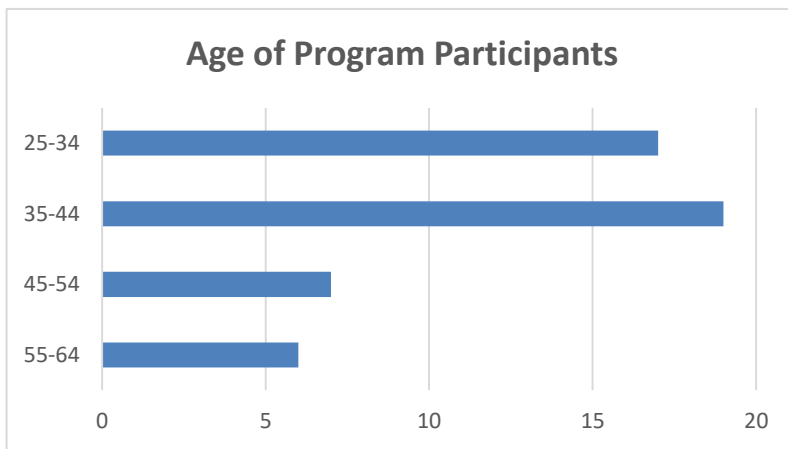
Two interview participants were selected to take part in more detailed case studies. These women were then contacted for further interviews to gain a more in depth knowledge of their back grounds and the major impacts of trauma that had influenced their lives. Draft copies of these case studies were presented to each of the women who were then encouraged to provide feedback. Adjustments were made before final anecdotes were included in the finished report.

Stage 6: Evaluation Report

A Draft Report was prepared in December 2020 and reviewed by The SWSF Program Facilitator and UWA Social Work Faculty for feedback and comment before a final copy was completed later the same month.

5. Contextual data

5.1. Client demographics



5.2. Client history: presenting issues

Data collated and analysed from a total of 49 women who had previously enrolled in The SWSF Program resulted in the following statistics. This included 15 women who started the program but who did not graduate, for various reasons. A more detailed breakdown of this data has been included in Appendix A.

BREAK DOWN OF TYPES OF INTIMATE PARTNER ABUSE

- 100%** of women had experienced emotional abuse
- 98%** of women had experienced verbal abuse
- 86%** of women had experienced physical abuse
- 51%** of women had experienced financial abuse
- 10%** of women had experienced sexual abuse

BREAK DOWN OF OTHER PRESENTING ISSUES

- 82%** of women had experienced some form of childhood abuse
- 16%** of women also disclosed sexual, physical or emotional harm outside their intimate relationships
- 98%** of women struggled with a diagnosable mental health issue
- 49%** of women were on some form of medication for their mental health
- 41%** of women identified as having struggled with drug or alcohol addiction or abuse
- 33%** of women had spent time in a refuge
- 55%** of women had some form of contact with the legal system
- 41%** of women were going through/ had been through family court
- 14%** of women had children in care
- 24%** of women identified some form of financial hardship
- 90%** of women were dependant on social welfare

6. Key findings and outcomes

The evaluation process described in section 4.4 was designed to obtain information about whether the intended outcomes of the program as outlined in section 3.3 had firstly, been achieved during the program and secondly, whether these changes had been maintained thereafter. The key findings will therefore be discussed in relation to these program outcomes and their relevant measures of achievement.

When discussing the outcomes seen over the course of the 15 week program, statistics have been averaged across all 34 participants who graduated from the programs four intakes. The longer term outcomes which have been seen since completing the program have been determined through averaging the results of the 12 women from groups 1, 2 and 3 who chose to participate in the evaluation (four women from each group – representing 48% of the total graduates). It should be noted that at the time of this evaluation, these women were 7 months, 12 months and 15 months post completion. A more detailed analysis of these quantitative statistics has been included in Appendix B.

WOMEN REMAIN FREE FROM THE CYCLE OF VIOLENCE

- **100% of women, who took part in the evaluation, reported that they have remained free from the cycle of violence** since commencing the program. Although accurate data for those who did not participate is more difficult to gauge, none of the program graduates have re-engaged with the service due to new or ongoing occurrences of violence or abuse.
- Over the course of the 15 week program **100% of women reported an improved confidence in recognizing red flags** and their ability to remove themselves from toxic or dangerous situations. Furthermore, when speaking to the women about their experiences, post completion, many were able to give specific examples of when they had put these skills into practice, not only within their romantic relationships but also within other interpersonal situations.
- When questioned about the impacts that the program had made on their lives many women commented that **the psychoeducation they received around coercive control, the cycle of violence and patterns of behavior made them feel less vulnerable to future abuse.**

PARTICIPANTS OVERCOME FEELINGS OF ISOLATION AND LOSS OF COMMUNITY CONNECTION

- On average women who participated in the evaluation reported a **36.7% increased satisfaction in their level of social connection and 100% reported feeling less socially isolated.**
- Many of the women who took part in the evaluation reported having stayed in contact with at least one other participant and felt that these women had become a vital part of their support network.

ENHANCED CAPACITY FOR HEALTHY INTERPERSONAL CONNECTIONS

- Over the course of the 15 week program women reported an average of **20.7% increase in their confidence to set and stick to boundaries as well as their ability to use assertive communication skills.** A further 11.7% increase in this confidence was reported in the time frame between completing the program and taking part in the follow-up evaluation.
- Communication and boundary setting was identified as one of the key themes and was mentioned an average of 2 times per interview. Women noted that this was one of the biggest areas of learning for them and relayed many positive stories of how they have practiced these skills in day to day life.
- A common theme when speaking to the women about their familial relationships was that although the relationships themselves had not necessarily changed, the way the women saw those relationship and the way that they acted/reacted within those relationships had improved dramatically and therefore their **overall level of satisfaction with those relationships had also improved significantly.**

- Women who graduated the program reported an average of **8% increase in their confidence in their parenting skills during the course of the program. Those who participated in the evaluation then reported a further 15.8% in the time after completing the program.** Many noting that this was linked to the continuing improvements in their self-confidence and increased ability to set boundaries and use assertive communication skills.

ENHANCED MENTAL AND EMOTIONAL WELLBEING

- **13/19 women who took part in the evaluation reported a reduction in the regularity that they experienced intense emotional responses such as sadness or anxiety,** the remaining 6 women stated that the frequency of these emotions had remained the same but they felt that their ability to cope with those feelings had improved. One participant stating that she no longer “sits in the emotions or lets them control her, but instead lets them come and go in order to learn from them”
- **21% of women reported a decreased reliance on substances** (ie alcohol) for emotional relief. The vast majority of the remaining women did not identify this as an issue for them.
- Woman who graduated from the program reported **their sense of self-worth and self-esteem at roughly 30% higher** in their post-program evaluations than they did in their pre-program evaluations. A further 5% increase was seen in those who completed the follow up evaluations.
- Similarly, a **25% increase was reported in regards to emotional wellbeing & general happiness** over the course of the program with a further 3% increase in the 7-15 months after.

ENHANCED FEELING OF EMPOWERMENT AND PERSONAL LIFE SATISFACTION

- In speaking to the 34 women an overwhelming sense of hope shone through in each of the interviews. Women spoke positively about themselves and their futures.
- Throughout the evaluation process it was identified that many of the **woman who had completed the program now had clear goals and directions for their futures** whether that be around education, employment, creating a more positive environment for their children or future involvement in the community.
- When asked to describe the changes that they had noticed within themselves **women were able to clearly identify many different strengths within themselves.**
- At the time of the evaluation 12/19 women were engaged in either paid employment, volunteer work or some form of study compared to 5/19 at the commencement of the program - This includes **5 women who had transitioned from Centerlink welfare to paid employment, 3 who have undertaken study and 3 who are now volunteering in the community.**

7. Case studies and testimonials

7.1. Case study one: Karrissa's story

Background

As a young child, Karrissa was very close to her father, so when her parents split at age five and she was forced to live with her mother, the self-professed “daddy’s girl” felt a great sense of loss. The trauma of being separated from her father was then compounded soon after when her mother entered into a new relationship – a relationship with a man who would then go on to sexually abuse her up until the age of thirteen. In her early teens Karrissa was also attacked by a stranger who attempted to drag her into his car and abduct her, thus further adding to her trauma. Two years after this assault, Karrissa finally escaped from the abusive environment in which she had been living and at age fourteen she returned to the care of her father.

At this point, “life was good” but Karrissa, like many victims of childhood sexual abuse (Noll, Trickett, & Putnam, 2003), found herself engaging in risk-taking behaviours of a particularly promiscuous nature. This behaviour continued throughout her adolescence and into her early adulthood. Karrissa then entered into a series of relationships with men who inflicted various levels of physical, emotional and financial abuse and control on her. A pattern which she believes (and research supports) was created through her childhood experiences. During this time, Karrissa mothered two children to a man she depicts as being “emotionally abusive and extremely controlling” before managing to remove herself and her children from the situation.

Sometime after this, Karrissa entered what she describes as a “good relationship” with a supportive man and had a third child. This relationship however deteriorated as Karrissa struggled with her ability to manage her trauma responses. In my interview with Karrissa she described how she would always be “waiting for an explosion”, because this is what she was so used to, and her lack of self-worth made her feel as though that is what she deserved. She states that she “didn’t know how to communicate with men in a healthy way” and that she was “the toxic one in this relationship”.

The next man to come into Karrissa’s life, would turn out to be the beginning of her journey to rock bottom. This man was extremely violent. “He nearly killed me” Karrissa stated in her interview. “I was very fearful of him, both for myself and for my kids”. On top of the physical and emotional patterns of abuse seen in this relationship, the perpetrator was also a drug dealer and Karrissa soon found herself addicted to methamphetamines. To her credit Karrissa recognised her inability to provide her three young children with a safe and nurturing environment at this time and made the decision to hand their care over to the children’s fathers. Karrissa stayed in this on and off relationship for 18 months but admits now that it was the drugs that kept her going back.

By now, Karrissa’s relationship with her own father had gone downhill and it was around this time that she was court evicted from the property that she had been renting from him. She then spent several months living in her car. That is, until her most recent ex-partner smashed the car windows and slashed the tyres.

Around this same time, Karrissa found out that she was pregnant with her fourth child. “I tried to turn my life around, for the sake of my unborn baby, but at that point I had no support from my family and the only friends I had were involved in the drug scene so it was very hard” says Karrissa. “After my car was destroyed I had my possessions in storage but I couldn’t afford the payments so I lost everything. I was six months pregnant, sitting in a park with nothing and no one” Karrissa continues. It was then that Karrissa made the decision to call a crisis hotline and was given a place in a women’s refuge. This lifeline gave Karrissa the opportunity to get away from her ex-partner and away from the drugs. It also gave her the opportunity to save the money she needed to fly interstate to stay with a relative that would support her through the final months of her pregnancy.

The birth of her baby however, would see Karrissa faced with yet another test on her resilience as her daughter was born with a congenital heart condition, requiring surgery at just 17 days old. Karrissa says she blamed herself for her newborns medical issues and held a lot of guilt around her drug use during pregnancy but this did not impede her desire to provide a good life for ALL of her children. When her newborn infant was just six weeks old, Karrissa returned to West Australia with only a suitcase in her possession and

proceeded to set up a new life for herself and her baby. She secured a small unit for them to live in and began working towards a point of emotional and financial stability.

Once she was settled and financially secure Karrissa began the process of regaining custody of her three other children. She went through mediation and court for roughly two years fighting for her two oldest children and came to a mutual agreement with the father of her third so that her and her children could all be together again. "I always wanted to have all my kids back together" says Karrissa "I never ever gave up on them and when I had bad thoughts at times it was them that kept me going".

Karrissa had done some one on one counselling and was also engaging her children in therapy but says that she knew she still had a lot of work to do to heal herself so when she heard about the SWSF Recovery & Empowerment Program she decided to take the next step in her healing journey.

Referral Pathway

Karrissa self-referred to The SWSF Program after a friend recommended it & showed her a flyer.

Presentation at commencement of program (Facilitator observation)

"Karrissa appeared very withdrawn. Single Mother on Centerlink benefits (not working). Shared re her prior "drug issue", depression/anxiety, struggles & her very clear focus on creating a better life for her children. Karrissa told us she had removed many people from her life & was keeping to herself & kids".

Client's Self-Reflection of when she commenced The SWSF Program

"When I came to SWSF I was still quite unsure on where my life was headed and had ALOT of unresolved trauma. I was scared, confused and felt unworthy. My motivation was and always has been my kids. I wanted to break the cycle they had grown up with, to show them that anything is possible if you do the work. I wanted to heal, to trust again, to learn what I needed to do to move forward and to love and forgive myself. I got that and so much more. It really changed my life and I'm forever grateful".

Current Status

In the past 15 months, since completing The SWSF Program Karrissa has fully emerged herself in her quest for continued growth and empowerment. Self-care and nutrition have become a passion for her and she shares this message with others through a network of "Soul Sisters" who aim to connect, inspire and empower other women to live the happy healthy lives that they deserve.

Karrissa has completed a number of courses including Lifeline, DV Alert and White Ribbon trainings, Teen Behaviour and Aboriginal and Torres Strait Islander Health studies, as well as a Certificate III in Community Services. Karrissa has been working as a Support Worker in the areas of Disability and Aged Care for some time now and has just recently secured employment in a Women's Refuge – a job which she says is a dream come true for her.

Karrissa's Testimonial

The SWSF Program helped me understand how the traumas from my childhood had been impacting on my life & that I needed to work on the way trauma responses were damaging my relationships. I learnt paths to heal and ways to let go of harmful thought patterns replacing them with positive ones. I have a greater knowledge and acceptance of my childhood and have let go of thoughts and feelings that had held me back for a very long time. I now have much higher self-worth and confidence. My attitude towards relationships has changed dramatically and I am now able to communicate in a much healthier way. This has enhanced my parenting as I feel I can be firm but also compassionate & understanding. I have been able to reconcile my relationship with my Dad which has meant so much. I have also re-kindled my relationship with the father of my third child & am excited as we are now engaged to be married. Along with just securing my dream-job everything in my life is moving forward positively. This program was the best thing I have been a part of on my healing journey.

7.2. Case study two: Jenny's story

Case Study Two: Jenny's Story

Background

Jenny had what she describes as a “good up bringing” until the age of eleven, at which point her whole world was turned upside down when she was molested by her uncle – a secret she would then keep to herself for the next ten years. The internal turmoil that this traumatic event caused Jenny and the anguish of keeping this deep dark secret saw her start to “act out”. She began drinking to numb the pain, her behaviour continued to escalate and she was kicked out of home at age 16.

It was around this time that Jenny started accompanying her alcohol use with stimulant drugs such as speed and other forms of amphetamines. Jenny says this self-medicating led her to be a “high functioning addict” for many years. Jenny was always able to hold down full time jobs and function in society without her substance use being detected but underneath her happy façade there was a lot of pain. “I suffered continual abuse throughout my life and I used drugs to handle the hurt”. It wasn't just in romantic relationships that Jenny found herself being taken advantage of, but in friendships and other relationships as well. Jenny attributes this pattern to her desperation to feel loved and appreciated, along with her innate lack of self-worth. “I would always do anything for anyone and give all of myself to those around me, but people took advantage of that and I ended up getting used over and over again. I would stay in relationships that were toxic or abusive because at the time I didn't know any better.”

At 21, Jenny finally confided in her parents about what had happened to her as a child after her uncle sent her a letter admitting what he had done, but instead of creating support for Jenny this only tore her family apart. Jenny also took the letter to the police and asked what she could do to hold her uncle responsible for his actions but was told that if she was to take the matter to court the fact that she had previously sought help for her addiction and spent time in rehab would most likely be used against her. Feeling helpless, Jenny attempted to take her life.

After this, Jenny moved to Sydney for a fresh start. Sydney was great for Jenny and she was completely clean for the next four years, at which point her mental health again declined after she was the victim in a brutal gang rape, inflicted on her by a prominent nightclub owner and his mates. Again Jenny went to the police about the assault and again nothing was done. “I turned back to drugs to cope with what had happened to me” says Jenny.

She slid back into her addiction for a while but then travelled around Australia, met a man and got engaged – life was good again, until her fiancé cheated on her with her best friend. This of course devastated Jenny and she found herself slipping back into her old destructive ways of thinking and behaving. “I moved to the Gold Coast so I didn't kill myself & was offered an amazing job. I did well there until my contract ended”. After this, Jenny faced a few more ups and downs which would further test her resilience, including a broken leg which saw her heavily reliant on opiates for an extended period of time. Once again though, Jenny pulled through this difficult time and managed to get herself back on her feet.

Back in Sydney and back on her feet again Jenny was shocked to find out that she was pregnant, after having previously being told that she couldn't have children. The father had no interest in being a dad – “he is a world champion kickboxer and had no interest in caring for a child”. I left him in Sydney and then cared for my grandfather for 3 years until he passed away. “I didn't cope with the loss of him - I felt like I lost my safe place when he died”. On top of grieving the loss of her grandfather, Jenny was then diagnosed with fibromyalgia, a debilitating chronic pain condition which often left her foggy and in excruciating pain.

After her grandfather died in 2016 Jenny moved back to WA to be near her family, unfortunately however there was a falling out over the inheritance she received (her siblings telling her that she did not deserve it) and Jenny was once again left feeling alone and without the support of her family, whom she had moved back to WA to be with. All was not lost though as this inheritance allowed Jenny to buy her own home and create a new safe space for her and her son.

Roughly a year later Jenny met “the narcissist - the worst person I’ve ever known”. He was extremely abusive – emotionally, physically and financially. I had been in bad relationships before, but nothing to this extent” says Jenny who eventually had to take out a Violence Restraining Order (VRO). “By then I was so isolated from everyone- he was stalking me and messing with my head - no one believed me/ I sounded crazy - I wanted to die. My sister then told me she disowned me because I was nothing but a low life addict - the worst junkie - and a worthless waste of oxygen and a burden on everyone (in front of our kids) . This was when my mum had her heart attack back in October of 2019 - she said it was my fault she’d had the heart attack because I was so stressful and I should just die. That’s when I hit rock bottom and reached out for help.... my child deserved better. Now I know I deserved better too.”

Referral Pathway:

Palmerston plus an engagement service.

Presentation at commencement of program (Facilitator observation):

Jenny’s first visit to SWSF was via a colleague from an “Engagement service” who had rung me to see if she could secure a spot for her in the ‘15 Week Program’ – to which I had offered an initial interview-visit to centre to discuss further & to ensure her client was happy with what the program entailed. Meeting Jenny I was struck by her absolute eagerness to be accepted & her promise to commit fully as she felt this was a ‘lifeline’ she desperately needed to make changes she knew were needed that she felt unable to do alone.

Client’s Self-Reflection of when she commenced the program

When I came to SWSF I was in a really dark place, I had very low self-worth, I was highly depressed & to be honest I really didn’t want to be here. I felt like I had been hurting all my life and didn’t see much hope for the future. As someone who was abused, I spent a lot of my life afraid, running, misunderstood and alone. It wasn’t until I did the program though, that I realised just how much I disliked myself before. I’m the type of person that has always “loved love” but in the past I had always given all of that love to other people (often the wrong people) and not showed any to myself. I am now learning to love myself and to pass that message of self-love onto my son.

Current Status

Since completing the program just over six months ago, Jenny has enrolled in and completed two full-time TAFE certificates (simultaneously – whilst also juggling the responsibilities of being a single mum) and now has a Cert II in Horticulture as well as a Cert II in Land Management. This study pathways has allowed Jenny to then go on to be the successful applicant for a two year traineeship, allowing her to work in an area she is passionate about whilst also continuing her studies in Conservation and Land Management.

Whilst completing The SWSF Program Jenny also reignited her passion for photography and has recently been announced as the winner of a local people’s choice photography competition which saw her photo featured across social media platforms as well as in various local promotional materials. Entering the competition is something Jenny says she would never have had the confidence to do prior to the pathway program.

Jenny now has a good relationship with her mother but does not speak to her father at all.

The brain fog and body aches associated with her Fibromyalgia still occur but nowhere near like they were before and it is possible that this improvement in her symptoms could be linked to improvements in her mental health (Whipple et al., 2016).

Jenny's Testimonial

The SWSF program was the start of my healing journey. Over the last nine months I've done a lot of growing, personal soul searching and healing. I actually feel amazing for the first time in my life about being ME and believing in my direction. And so I should... I've managed to build a house, get a kid to 8 years old, go back and study to chase a dream, becoming the healthiest I've probably ever been through self-love/care and survived lots of f**ked up sh*t along the way....

I had spent my whole life just wanting to be seen. All I ever wanted was to be loved but that desire led me to seek love in the wrong places from the wrong people and ultimately saw me getting hurt over and over again. I am no longer desperate for love – I value myself too much!

When I started the program I didn't want to be here. I now have a job & a future. I have hope & I am able to be a good mum again. I now have a beautiful backing behind me and I've realised that I am not alone.

I've worked so hard.... setting myself free and learning to actually love myself as much as I do others and it's all because of the SWSF program – If it wasn't for them I wouldn't be here – it's as simple as that!

7.3. Testimonials

The information presented in the following testimonials has been collated from the answers given to several different interview questions, including but not limited to questions (1) what part of the program made the biggest impact on your life and how (2) reflecting back to when you began the program what kinds of changes have you noticed within yourself or your life (3) where would you say you are now at in regards to your healing journey. The statements below have been presented in the exact words of the women.

Group One

Beth: I'm more positive. I look after myself better; treat myself better and I stick to the boundaries I set. I'm more confident in my decisions and I don't let other people's opinions dictate my behaviour. I still have some healing to do but I'm a lot further on in my journey that I was before doing the program.

Anne-Maree: I'm stronger & happier than ever. I stick to my boundaries and am better able to recognise toxic behaviours and not feed into them. I now take time for ME, I'm looking after my health, making time to socialise and continuing with the positive affirmations. It was a spiritual awakening – I learnt that I am good enough and that I am beautiful.

Karrissa: I feel like I have now healed from my past and am able to focus on myself, my kids and our future. The program helped me realise that there were things I needed to work on within myself and this had helped improve my relationships; especially with my kids. I'm more understanding and compassionate of those around me, I'm calmer and better at communicating. I have a higher self-worth and self-acceptance.

Lyn: I'm more confident and learning to step out on my own. I feel brighter and more interested in doing other things. I'm a lot more aware of triggers (my own and others). I've learnt to set boundaries and am much better at communicating my own needs. I am now enjoying helping others and want to do more to give back through volunteering etc. Without the program I wouldn't be who I am today. I've let go of the past and taken on my future with both hands & heart.

Group Two

Kathy: My abuse was a long time ago (25+ years ago) and I had already worked through a lot of my traumas but the group gave me an opportunity to meet other women who had been through similar experiences and I am grateful for the continuing friendships I have gained from the program.

Jess: I'm now less affected by other people's opinions and drama. I can now communicate my feelings better and am able to walk away when my opinions are not received well. I can identify toxic behaviours in my family and feel more content in sticking to my own boundaries (not folding to their demands or allowing them to guilt trip me).

Helen: I have better coping mechanisms, more ME time, I'm exercising more and focusing less on work (better work-life balance). I've continued doing the affirmations and feel more positive. My self-worth has improved a lot. Some people in my life didn't like me getting stronger but I can now see that that is because it is not beneficial to their needs and I have since cut them from my life. I am no longer triggered by other people's situations. I learnt more in 15 weeks than I have in 30 years and wonder where I would be now if I'd done the program years ago. I am now well on my way to become the confident woman that I never thought possible.

Jacinta: The program helped me recognise inherited generational trauma and understand how that has affected my relationships. I now recognise that what I was conditioned to think was love was not necessarily love and I am getting better at understanding my own intuition and recognising red flags. I had always thought of myself as a good communicator before the program but I now realise that I wasn't authentic in the way that I did it – I am now able to sit in my authentic self and communicate with others from that place of genuineness. I am a lot more self-aware. I have more compassion for myself and for others.

Group Three

Caitlin: Since doing the program I'm more approachable and better at communicating with others. I am able to make more impact with the things that I say because of the way I say them. I am more understanding of others and their emotions and this makes it easier to talk to people. I feel more stable and I don't need to turn to substances to help me cope. My partner has also taken a lot from the program as I would share the topics with him each week.

Deb: I practice more self-care and appreciate myself more. I think more about ME and have more ME time. Using the affirmations has helped me start each day in a positive way. I am definitely more content in my life and have learnt to love myself more. I made some lovely friends and know that I am not alone.

Jenny: This program is amazing... I now have a job & a future. I have hope & I am able to be a good mum again. I now have a beautiful backing behind me and I've realised that I am not alone. My coping skills have got way better, and I can see the positive impact that is having on my son. I value myself and my worth a whole lot more.

Jacquie: I now have a better understanding of what I will and won't tolerate in life and I stick to my boundaries around that. I try to get out and about more and look after myself better. I no longer ignore red flags or what my body is instinctively telling me. It has been difficult at times, having to set boundaries with my kids but I am learning to do what is best for all of us and make those tough choices. Meeting the other ladies in the group was fantastic and I now know that I am not alone.

Group Four

Pina: Through doing the program I learnt that I have been operating from a place of trigger responses due to my past traumas and I have been able to work on this. My boundaries are now stronger and my awareness even stronger. This is something that I have wanted to do for a while because of its tribal model and I feel such a great sense of accomplishment having completed it.

Shell: I am more confident, powerful, independent, relaxed and happier. I'm better at communicating and have a better network of friends. I've learnt to set boundaries with my daughter and accept the things that are outside of my control. I signed up to the program for a reason and I feel like I achieved that and so much more. I have learnt about my own mistakes and now know what I want and what I don't want. I still have my ups and downs but I now have the tools to pick myself back up.

Natalia: I am more peaceful in myself and more balanced. I have a greater awareness of what I am projecting onto others as well as what they are reflecting back at me in return. Doing the program forced me to take time for myself to work on my own personal development. I have a better understanding of the power relationships between my parents. I grew up always trying to keep others happy in order to stay safe/ keep the peace/ avoid pain rather than doing things to make me happy. I now place more importance on my own beliefs, values and happiness and have started questioning things that don't feel right to me.

Cheree: I have noticed big changes in myself ... improved mood, self-confidence, increased positivity, happier, more aware, better educated, better work life balance with an arsenal of tools and friends for life. Understanding anger/ trauma has made a huge difference to my thinking. I'm learning to communicate better. I've got my confidence and my power back. It made me more aware of who I am and what I want. I am very pleased that I put myself out of my comfort zone to try something new. The program brought me back to me – but a better me. I was in a really dark place before but now I'm on top of the rainbow. This stuff should be taught in schools!

Cass: I have noticed that I am stronger at setting boundaries and noticing red flags. I am more aware of potentially dangerous situations and things are a lot clearer. I am more positive, more active and feel better about myself. My healing journey is not complete yet but I am working on it every single day.

Becc: I feel like I can communicate in a much healthier way. I also feel calmer and more confident within myself. Learning how to heal my inner child has made a huge impact on my life. I'm kinder and more understanding towards myself and more understanding of my mother and our relationship. I came into the program with my walls up, thinking that I was ok and not really wanting to look at my own trauma. The program helped me realise that I do need to work on my own healing and I'm a lot more open now.

Michelle: I feel like I was lost before but now I've got back to myself – a wiser, more independent and more empathetic version of myself. Before I did the program my friends, family, doctor and counsellor all told me that I needed to be on antidepressants, I knew something needed to change but I didn't want to take medication. After doing the program they all comment on how happy, vibrant and more grounded I am and it's all because of the program and the people I met. I've stopped crying and feeling hopelessly sad, bewildered and overwhelmed. I've learnt how important it is for me to set boundaries and I have a new confidence in doing so. I am now able to sit and enjoy my own company, I'm looking after myself better and consciously not engaging in destructive behaviours. The things I learnt from this program have changed my life.

8. Photo Gallery



9. Appendices

9.1. Appendix A – Presenting Issues

	Enrolled	Graduated	Participated in eval	Int Partner Abuse					Childhood Abuse					Other Traumas				Mental Health							Housing				Legal Issues					Financial						
				Sexual	Physical	Emotional	Verbal	Financial	Sexual	Physical	Emotional	Verbal	Neglect	Estrangement	Total	Sexual Assault	Physical Assault	Bullying/ Harassment	Other	Total	Depression	Anxiety	PTSD	Other Dignosed Cond	Self-Harm	Attempted Suicide	Addictions	Medication	Total	Long-term Instability	Homeless	Shelter/ Refuge	Total	Family Court	Child in care	Property Settlement	Criminal Matters	Total	Financial Hardship	Centrelink
Group 1	16	11	4	2	11	16	15	7	2	5	13	13	9	1	13	1	1	2	0	3	16	15	8	4	0	0	7	6	16	1	4	6	6	9	3	2	0	11	6	15
Group 2	9	7	4	1	9	9	9	8	0	7	9	9	5	1	9	0	0	1	0	1	9	8	6	4	0	0	5	4	9	1	0	3	4	2	1	0	1	2	2	7
Group 3	14	8	4	1	13	14	14	7	1	5	10	10	6	1	10	1	1	1	1	3	13	12	10	8	2	2	6	10	13	1	0	5	6	3	2	1	3	7	3	13
Group 4	10	8	7	1	9	10	10	3	1	3	8	8	5	1	8	0	0	1	0	1	9	9	4	0	0	0	2	4	10	0	0	2	2	6	1	3	3	7	1	9
Total Number	49	34	19	5	42	49	48	25	4	20	40	40	25	4	40	2	2	5	1	8	47	44	28	16	2	2	20	24	48	3	4	16	18	20	7	6	7	27	12	44
Total Percent		69	39	10	86	100	98	51	8	41	82	82	51	8	82	4	4	10	2	16	96	90	57	33	4	4	41	49	98	6	8	33	37	41	14	12	14	55	24	90

Of the 49 women who enrolled in the SWSF Recovery & Empowerment Program 69% completed the course

Of the 34 women who graduated 19 women participated in the evaluation

9.2. Appendix B – Quantitative Data Analysis

% increase in 15 weeks of program for entire cohort

	Housing	Finances	Emp/ Edn	Physical	Social	Emotional	Self esteem	Self worth	Happiness	Parenting	Comm & Boundaries	self-care
Group 1	17.8	13.3	22.8	10.0		25.3	34.4	36.1	33.6	11.7	20.6	31.1
Group 2	0.0	7.5	5.0	6.3		26.3	27.5	29.4	23.8	8.6	16.3	23.8
Group 3	2.9	1.4	13.3	5.7		22.9	27.1	30.0	25.7	0.0	20.0	20.0
Group 4	-6.3	-1.3	17.1	12.9		21.3	25.6	33.8	28.8	11.7	25.8	26.7
	3.6	5.3	14.6	8.7		23.9	28.7	32.3	28.0	8.0	20.7	25.4

% increase in 15 weeks of program for those who participated in evaluation

	Housing	Finances	Emp/ Edn	Physical	Social	Emotional	Self esteem	Self worth	Happiness	Parenting	Comm & Boundaries	self-care
Group 1	17.5	7.5	25.0	2.5		20.0	37.5	32.5	38.8	10.0	26.3	35.0
Group 2	0.0	0.0	5.0	0.0		22.5	25.0	25.0	25.0	7.5	20.0	20.0
Group 3	0.0	-2.5	2.5	7.5		27.5	30.0	35.0	30.0	10.0	17.5	17.5
Group 4	-6.3	-1.3	17.1	12.9		21.3	25.6	33.8	28.8	11.7	25.8	26.7
	2.8	0.9	12.4	5.7		22.8	29.5	31.6	30.6	9.8	22.4	24.8

% increase between end of program & follow-up

	Housing	Finances	Emp/ Edn	Physical	Social	Emotional	Self esteem	Self worth	Happiness	Parenting	Comm & Boundaries	self-care
Group 1	-2.5	17.5	0.0	10.0		0.0	1.3	7.5	0.0	20.0	10.0	7.5
Group 2	22.5	2.5	-12.5	-5.0		7.5	7.5	10.0	7.5	12.5	7.5	7.5
Group 3	2.5	-12.5	7.5	-10.0		5.0	0.0	2.5	-2.5	15.0	17.5	10.0
	7.5	2.5	-1.7	-1.7		4.2	2.9	6.7	1.7	15.8	11.7	8.3

% increase overall

	Housing	Finances	Emp/ Edn	Physical	Social	Emotional	Self esteem	Self worth	Happiness	Parenting	Comm & Boundaries	self-care
Group 1	15.0	25.0	25.0	12.5	57.5	20.0	38.8	40.0	38.8	30.0	36.3	42.5
Group 2	22.5	2.5	-7.5	-5.0	27.5	30.0	32.5	35.0	32.5	20.0	27.5	27.5
Group 3	2.5	-15.0	10.0	-2.5	25.0	32.5	30.0	37.5	27.5	25.0	35.0	27.5
	13.3	4.2	9.2	1.7	36.7	27.5	33.8	37.5	32.9	25.0	32.9	32.5

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