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An Evaluation of the Impact of the GenWest Framework of Service Delivery on the Safety, Recovery, and Wellbeing of Victim-Survivors of Family Violence

Summary Report

A/Prof. Lata Satyen
Dr. Jane Morgan
Mia Davies
School of Psychology, Deakin University

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RECOVERY & HEALING FROM VIOLENCE LAB

Introduction

GenWest is delivering effective and highly individualised support in a local context marked by high family violence demand, socio-economic disadvantage and cultural diversity, despite funding challenges and barriers in housing, legal, mental health and other systems.

An independent evaluation led by Associate Professor Lata Satyen, Dr. Jane Morgan and Mia Davies from Deakin University found GenWest's case management services are delivering meaningful outcomes for victim-survivors and supporting them to move from immediate danger and instability toward safety, agency and recovery.

The evaluation also shows that no family violence service can deliver recovery in isolation whilst systems around victim-survivors remain fragmented, inaccessible, or in some instances, harmful.

"I cannot tell you how incredible they were because… that's like one of the darkest moments in my life… I had nobody… they saved my life, literally."

- GenWest client

Key findings

- Case management data showed strong progress toward safety and recovery goals — including housing, financial/material support, health and wellbeing, and legal support — with 90.1% of recorded goals at least partially progressed and 68.2% fully achieved.
- Goal progress was stronger for higher-risk clients. Each step up the risk scale was associated with a 4.2 percentage-point increase in the proportion of goals progressed, consistent with GenWest providing more intensive support to people facing greater risk and complexity.
- Relationships matter. Victim-survivors described being listened to, believed and supported without judgement. Practitioners described trust, dignity, agency and choice as central to effective work.
- Practical assistance is recovery work. Food, material aid, housing support, safety planning, advocacy and help navigating fragmented systems created the conditions for safety and longer-term recovery.
- Recovery from family violence is non-linear and often extends well beyond the immediate crisis. Longer engagement was associated with stronger goal progress,

while people facing the greatest risk and complexity were most likely to return for further support.
- Intersectional feminist practice helps GenWest respond to the whole person rather than applying a one-size-fits-all model. It prioritises victim-survivor autonomy and recognises how gendered violence intersects with poverty, racism, migration and visa status, disability, sexuality, housing insecurity and other structural inequalities.

Core takeaways

- Safety is created through both practical action and a trusted relationship.
- Being believed and having autonomy restored are important recovery outcomes in their own right.
- The more complex the person's circumstances, the more time, coordination and flexibility effective support requires.
- Recovery cannot be completed by a crisis or case management service alone; it depends on housing, legal, health, counselling and community systems working alongside it.
- GenWest's intersectional feminist model is visible in how practitioners share power, adapt support and advocate within systems.

What was evaluated

The evaluation examined the impact of the GenWest family violence framework on the safety, recovery, wellbeing, agency and self-determination of victim-survivors.

About GenWest

GenWest is a family violence support service. We also support communities to lead safe and healthy lives by running social and health education programs.

We are the specialist family violence service for Melbourne’s Western Metropolitan region. We support people of all genders, as well as children and young people, who are experiencing family violence. Our work includes crisis response, risk assessment, safety planning, case management, advocacy, practical and material assistance, referral, system navigation, information sharing and coordination with other services.

GenWest delivers around 2,500 funded support periods each year across the Brimbank Melton and West Melbourne areas. Support can include immediate risk management, practical stabilisation, emotional support and longer-term recovery planning. This work is delivered within annual service-volume and service-hour targets, requiring the service to balance the intensity and duration of support with continuing demand.

An intersectional feminist approach

GenWest understands that family violence is gendered and connected to unequal power. Our intersectional approach recognises that gender interacts with culture, race, migration status, visa insecurity, disability, sexuality, age, poverty, housing and other social conditions.

In practice, this means prioritising victim-survivor autonomy and being led by their decisions. Practitioners seek to avoid replicating the power and control used by perpetrators, recognise each person's strengths, and tailor support to their safety, identity, circumstances and readiness.

The local context

GenWest serves seven local government areas across Melbourne's west. The catchment includes communities experiencing high socio-economic disadvantage, high family violence demand and significant cultural diversity. Across the seven areas, 42.5% of residents were born overseas, compared with 34.1% across the rest of metropolitan Melbourne.

These conditions matter because housing stress, poverty, migration pathways, visa status, language access, racism, disability and gaps in public systems can compound risk and increase the intensity of support required.

"Given the increased complexity of the LGAs serviced by GenWest and thus the implications for the intensity of support required, it is acknowledged that GenWest should require additional funding that is proportionate to the demand and needs of the populations that it supports."

- Deakin University evaluators

How the evaluation was conducted

The evaluation combined three sources of evidence so that administrative outcomes could be considered alongside the experiences of victim-survivors and practitioners. Ethics approval was obtained from the Deakin University Human Research Ethics Committee.

Evidence	What it contributed
Administrative case management data	The quantitative outcome analysis linked records for 1,186 adult victim-survivors, using de-identified service data on client characteristics, Multi-Agency Risk Assessment and Management Framework (MARAM) risk and needs, support plans, goals, service engagement, re-engagement and accommodation.
Victim-survivor interviews	Fourteen adult victim-survivors discussed their experiences of GenWest, recovery, systems, barriers and what supported safety and agency. Thirteen also completed a survey.
Practitioner focus groups	Fourteen GenWest practitioners from a range of service roles discussed the practice model, what supports client outcomes, constraints on recovery work and priorities for improvement

Important limitations to note

- Administrative data was collected for service delivery rather than research, so some fields were incomplete.
- Goal outcomes show practitioner-recorded progress toward individual support goals, not full recovery.
- The analysis identifies associations, not proof that service duration or another feature directly caused an outcome.
- The interview sample was small and did not include First Nations or older victim-survivors. The findings provide in-depth accounts rather than estimates of every client's experience.
- Only adult outcomes were directly examined. Children are victim-survivors in their own right, and GenWest is exploring further research focused on outcomes for children and young people.

What the combined evidence shows

The three evidence sources point in the same direction. Administrative data show substantial goal progress and a response that increases with risk and complexity. Victim-survivors describe GenWest as a source of safety, belief, practical help and restored control. Practitioners

describe deliberate relational, survivor-centred and intersectional practice. Together, the findings show both the value of the GenWest model and the limits imposed by broader systems and finite service capacity.

What the case management data showed

Strong progress toward safety and recovery goals

The quantitative outcome analysis linked records for 1,186 adult victim-survivors receiving family violence case management. Across more than 5,600 concrete safety and recovery goals, including housing, financial/material support, health and wellbeing, safety planning and legal support:

- 90.1% of goals with a recorded outcome showed at least partial progress; and
- 68.2% were fully achieved.

These results show strong progress toward practical, personally relevant goals during service engagement. Note that they do not mean that violence, trauma or structural barriers were fully resolved.

Support increased with risk and complexity

People assessed at higher family violence risk[1] tended to have more complex support needs across areas including safety, housing, finances, health, legal issues, immigration and parenting.

In the case management data, average identified needs increased from 1.65 for clients assessed as *At risk* to 3.39 for clients assessed as *Serious risk requiring immediate protection*. Clients requiring an interpreter also had higher average needs (3.57) than clients who did not require an interpreter (2.48).

GenWest's response appeared to scale responsively with risk and complexity. Each step up the MARAM risk scale was associated with a 4.2 percentage-point increase in goal progress, suggesting stronger support for higher-risk clients. Longer engagement also mattered, with clients supported for roughly twice as long showing a four percentage-point increase in goal progress.

However, clients needing support across more areas showed slightly lower progress per goal,

[1] MARAM risk levels — the Victorian family violence risk assessment categories range from *At risk* and *Elevated risk* to *Serious risk* and *Serious risk requiring immediate protection*.

reflecting the barriers faced by people managing multiple needs at once.

Re-engagement reflects ongoing risk

People at the highest risk were much more likely to return for further support. Within six months, 50.0% of clients assessed as 'Serious risk and requiring immediate protection' re-engaged, compared with 28.0% of serious-risk clients, 22.5% of elevated-risk clients and 25.9% of those classified as 'At risk'. Re-engagement was also more common among clients whose plans covered more support areas.

This pattern supports an understanding of recovery as non-linear. Return to service can reflect renewed risk, continued perpetrator behaviour or unresolved practical and recovery needs rather than a failure of the earlier support period.

Demand exceeds available capacity

The DFFH/FSV Strategic Funding Model sets limitations for support periods and service hours; GenWest is thus funded to deliver a defined volume of case work each financial year. This creates constraints on GenWest's service capacity and limits the length of support period that can be delivered. Demand also influences the provision of GenWest services. Services must balance between the needs of clients that have received services and those that are on waitlists. As of 7 July 2026, 50 clients were on Active Hold awaiting case management allocation with GenWest, and 94% of the waitlist was Serious or Elevated risk. Waitlist clients on average had been waiting 40.2 days for case management services.

Therefore, there is a tension for services to manage the risk of clients on the waitlist alongside those receiving services, which creates constraints on GenWest's capacity to support clients beyond periods of elevated risk.

What victim-survivors and practitioners said

The interviews and focus groups described the same core mechanisms from two perspectives: what victim-survivors experienced, and what practitioners were trying to achieve for victim-survivors.

Bringing these voices together makes clear how GenWest's practice supports safety, agency and recovery.

1. Being believed and building trust creates safety

Victim-survivors often contrasted GenWest with systems that felt dismissive, confusing or unsafe. Being listened to and believed helped counter the minimisation, blame and loss of trust caused by family violence.

Victim-survivor: "She was so kind to me… she let me stay there for like hours just talking."

Practitioner: "Because a lot of victim-survivors become very isolated due to family violence… being able to build connection and rapport and trust with a worker is probably one of the most important things in our role."

The survey findings reinforced this theme: all 13 respondents described their worker as friendly, 84.6% as understanding, 76.9% as knowledgeable and 84.6% said they received prompt replies.

Practitioners described respectful relationships as part of the intervention itself. Trust made it possible to discuss risk, consider options and begin rebuilding confidence.

2. Autonomy and individualised support restore control

Victim-survivors valued being involved in decisions rather than being directed. After coercive control, having choices respected was central to self-determination.

Victim-survivor: "I definitely felt like I had a say in things… they respected that I understood my reasoning."

Practitioner: "We want to give survivors the power to make a choice and not replicate power and control in the client-practitioner relationship."

Practitioner: "The intended outcome changes based on the client you're working with, based on who they are as a person and what they have experienced and how they walk through the world."

This was the practical expression of GenWest's survivor-centred model: support was led by the person's priorities, risk, identity and readiness rather than a single standard pathway.

3. Practical assistance creates the conditions for recovery

Victim-survivors described housing support, food, vouchers, material aid and relocation assistance as central to re-establishing safety. These were not peripheral supports; they enabled people who had left with little or nothing to stabilise and begin again.

Victim-survivor: "They helped me rehouse, because I was left with nothing. So they helped me re-set up."

Victim-survivor: "GenWest gave me all the vouchers to help restart our lives, because we had no furniture, we had nothing. They were absolutely supportive with that."

Practitioner: "We provide immediate material aid needs, depending on what they've left with and what they're needing, but also that initial face-to-face emotional support, and then advocate."

The combined accounts show why practical and emotional support cannot be separated. A person cannot focus on trauma recovery while sleeping in a car, without food, or trying to manage legal, housing and financial crises alone.

4. Recovery is long-term and non-linear

Victim-survivors described anxiety, trauma symptoms, nightmares and fear continuing well beyond separation or the immediate crisis. Recovery often unfolded while they were also dealing with courts, parenting arrangements, housing insecurity and financial stress.

Victim-survivor: "It made such a horrible impact on us, I'm still traumatised."

Victim-survivor: "It's created post-traumatic stress. I have terrible nightmares."

Practitioner: "Recovery is a lifelong journey and maybe we support the foundations of that, or support people to begin that journey… or to imagine what recovery might be for them."

Some participants valued regular check-ins, including one who said, "They were calling me every week just to keep tabs." This illustrates the value of continuity and reassurance during transition. Others felt support ended before they were ready. In the survey, only 23.1% said they felt ready when the service ended; 38.5% said they did not and 38.5% were unsure.

The evaluation does not suggest that every support period should be indefinite. It does indicate that some clients need longer support. At the same time, limited resourcing, persistent waitlists and the need to respond to people at immediate risk constrain how long support can continue. GenWest has since developed post-exit guidance, but broader counselling, housing, legal and community services must also be available.

5. Navigating services while exhausted

Victim-survivors were often required to deal with courts, police, housing, health and social services at the same time. They described repeatedly re-telling traumatic experiences and processing complex information while under extreme stress.

Victim-survivor: "I have a hard time processing lots of information."

Victim-survivor: "It's hard to know what your goals are when it's moving quickly… I'm tired, I'm fatigued with new information."

These accounts show that service navigation is a safety issue. When victim-survivors are overwhelmed, unclear information, fragmented referrals or unsupported system contact can delay decisions, reduce engagement and make it harder to put safety plans in place. Supported navigation, clear information, advocacy and warm referrals are therefore core family violence interventions, not administrative extras.

6. Systems can continue the harm

Victim-survivors described courts, policing, housing and eligibility systems as places where coercive control continued or where they felt disbelieved and retraumatised.

Victim-survivor: "It just doesn't stop just because court has started."

Victim-survivor: "You lose complete trust in those meant to protect you."

Practitioner: "There's so much structural oppression… which has set this system up to fail. We can't fix the very broken system, but we can acknowledge that it is not working for them."

Housing insecurity was particularly stark. One participant said, "We have slept in the car and on the streets and in parks." Practitioners likewise described shortages in housing, mental health, alcohol and other drug and legal services.

Practitioner: "The system is not really set up to let people succeed… we're in a housing crisis, we don't have spots at AOD or mental health services."

These are constraints on GenWest's impact that require broader system-level action.

7. The intersectional feminist model shapes safety and access

Migration status, visa insecurity, language, disability, neurodivergence, sexuality and poverty affected the risks people faced and how safely they could use services. Victim-survivors generally described GenWest as culturally inclusive, particularly where bicultural workers understood their context.

Victim-survivor: "It felt very inclusive… accepted and understood my different needs."

However, inclusion was not consistent across all services. Some LGBTQIA+ participants described accommodation and external services that were not designed for them. A participant with disability called for:

Victim-survivor: "More sensitivity and training… around disability… and listening and understanding people's needs and being willing to… be more flexible."

Practitioner: "Intersectional feminism is about decolonising and smashing the patriarchy… recognising that we need to break down the existing power structures that have been extremely oppressive."

For GenWest, intersectional feminist practice meant more than a statement of values. It was expressed through client-led decision-making, bicultural support, attention to disability and LGBTQIA+ inclusion, and advocacy when mainstream systems did not fit the person's circumstances.

8. Children and parenting are inseparable from recovery

Many victim-survivors made decisions about leaving, safety and engagement around their children. Children's distress, ongoing contact with a person using violence and interactions with child protection or family law systems directly affected the parent's safety and recovery.

Victim-survivor: "This is really impacting my daughter's life, which therefore impacts my life."

Victim-survivor: "They're my strengths, they're the reasons why I keep going."

The evaluation did not directly examine children's outcomes, but both victim-survivors and practitioners recognised children as victim-survivors in their own right. GenWest has since developed guidance for practice when children are present, and further research focused on children and young people is being explored.

9. The workforce enables the model

The quality of the GenWest response depends on practitioners having the skill, time and support to work relationally with high-risk and complex cases. Practitioners described the need for reflective practice, experienced leadership, manageable workloads and systems that do not crowd out direct work with clients.

Practitioner: "It's about holding that client and fully trying to understand what's going on for them. I don't know if I've ever done my best work by thinking, what did that paper say? It's what did that person say?"

Workforce conditions are not separate from client outcomes. Increasing complexity, high demand and service targets affect continuity, judgement, responsiveness and the service's ability to retain experienced practitioners.

Recommendations

The recommendations distinguish actions GenWest can lead, from priorities requiring sector partnership or government and funding action.

For GenWest

- Formalise the intersectional feminist practice framework, including clear guidelines, training, consistent application across the service, and awareness of how it applies to different roles.
- Introduce structured post-exit support, including follow-up check-ins and services to improve continuity of care.
- Strengthen referral pathways and service coordination to ensure seamless transitions to ongoing supports.
- Increase access to trauma-informed counselling, whether through developing adult counselling services at GenWest or through external referral partnerships.
- Explore the re-introduction of peer support groups.
- Expand capacity to support children as 'victims in their own right' through child-specific pathways and dedicated child practitioners.
- Implement child-centred risk assessments and support practitioner planning to better address children's needs.
- Ensure manageable caseloads, enhanced supervision, and wellbeing initiatives to reduce practitioner burnout.
- Explore the use of AI (Artificial Intelligence) for documentation to reduce administrative burden.
- Enhance inclusivity and accessibility through training in disability, LGBTQIA+, and culturally responsive practice.
- Ensure that external providers contracted through GenWest, such as transport services,

are educated in delivering inclusive and respectful care, such as awareness of the needs of gender-diverse individuals.
- Improve service navigation supports, including clear, multilingual, and accessible information about services.

For the broader family violence and allied service sector

- Extend the duration of the support period to better reflect the non-linear and long-term nature of recovery, particularly for high-risk and complex clients.
- Improve systemic supports to strengthen child-centred services.
- Develop and augment long-term recovery-related support for all victim-survivors.
- Ensure migrant and multicultural victim-survivors' continued access to support.
- Increase housing availability and access for all victim-survivors, including options for long-term housing.
- Examine the needs of different cohorts of survivors.
- Enhance community support systems to improve community-oriented recovery and healing.

Conclusion

The evaluation shows that GenWest offers victim-survivors more than a crisis transaction. We offer a relationship in which they can be believed, regain choice, receive practical help and begin rebuilding safety and recovery. The service data show strong progress and a response that scales with risk. The combined voices of victim-survivors and practitioners show how those outcomes are produced: through trust, autonomy, flexibility, advocacy, material support and intersectional feminist practice.

GenWest is using its resources efficiently by prioritising people at greatest risk and achieving strong progress toward client goals. At the same time, the evaluation shows that complexity affects how long recovery takes and how often people need to return. This is particularly important in a catchment with high family violence demand, significant socio-economic disadvantage, cultural diversity and a persistent waitlist.

The central policy implication is that effective, specialist practice must be matched by funding and systems that recognise recovery as long-term, non-linear and shaped by structural conditions.

GenWest is achieving substantial outcomes within these constraints. Strengthening capacity, continuity and the systems around the service would allow that impact to go further.

Recognition of victim-survivors of domestic, family and sexual violence

We acknowledge the resilience and expertise of people with a lived experience and thank them for their important contributions in all aspects of research, practice, advocacy and policy. We thank them for taking part in this evaluation and recognise their contribution to further the understanding of our work.

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