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Service Pathways and Outcomes of Holistic Programs Supporting Women Experiencing Intimate Partner Violence

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ABSTRACT

The impacts of family and domestic violence (FDV) affect all domains of life, including physical and mental health, housing, safety, economic participation, and, indeed, mortality. Reflecting this, many FDV services offer a range of programs (where funding can be secured) focused on immediate safety and accommodation, empowerment, and building the skills and support networks required to heal and thrive. Yet, research on the extent to which holistic FDV programs achieve their intended outcomes is limited, particularly regarding what works for whom, and how. To help build this evidence, this study examined the nature and pathways of program engagement and outcomes of 823 women who accessed an Australian FDV service between 2015 and 2020. The findings reveal that the timing of engagement and types of services accessed affect women's service pathways, such that those who engage with wraparound services were more likely to exit the service and have fewer re-entries before exit, particularly when wraparound services are accessed earlier. Australian-born and Indigenous-identifying women were more likely than overseas-born and non-Indigenous women to engage with accommodation services. The findings highlight the importance of early access to wraparound supports for women's recovery from FDV.

IMPLICATIONS

- Women affected by family and domestic violence who engage with programs that provide wraparound supports (e.g., psychological support, parenting help) have fewer and shorter periods of service engagement before exit than those who just engage with crisis accommodation.
- Providing a holistic suite of programs and encouraging clients to engage with them as soon as possible supports women's journeys through family and domestic violence (FDV) service pathways.

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Family and Domestic; Violence; FDV; Intimate Partner Violence; IPV; Evidence-based Practice; Community Services; Social Services; Service Evaluation; Early Access; Early Intervention; Women; Support; Holistic Programs; Wraparound Programs; Social Work

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Family and Domestic Violence (FDV) refers to violence between family members, and occurs across all ages, all socioeconomic and demographic groups, and is widespread, affecting over one-quarter of women worldwide (Tarzia et al., 2018; World Health Organization, 2021). Intimate partner violence (IPV), that involves a current or former spouse perpetrating physical violence, sexual violence, stalking, and/or psychological abuse including coercion (Centers for Disease Control, 2021) is a particularly common form of FDV (Sardinha et al., 2022). Though IPV can and does occur across all sociodemographic strata, victim-survivors are predominantly women and children, with young and marginalised cohorts particularly at risk (Miller & McCaw, 2019).

As well as the immediate risk to physical safety and threat of homicide, there are many broader impacts on women experiencing IPV such as elevated risk of homelessness (Flynn et al., 2023) and poorer health outcomes including increased risk of mental health issues, alcohol and other drug use, injuries, and suicide (Bacchus et al., 2018; Ellsberg et al., 2008; Macy & Goodbourn, 2012; Mellar et al., 2023). The mechanisms underlying these impacts on victim-survivors are multifaceted and complex, but all arise from the perpetration of physical and psychological violence against them. For example, in addition to eliciting behavioural coping strategies such as smoking and substance use, the stress associated with experiencing IPV as a victim-survivor is believed to have neurological, immunological, and genetic effects that contribute to poor physical health (Miller & McCaw, 2019). Further, the impacts of IPV extend beyond the primary victim-survivor. Children exposed to parental violence, on average, experience higher rates of emotional and behavioural problems, higher rates of childhood hospitalisation, and increased risk of violence in their own intimate relationships (Cage et al., 2021; Holmes et al., 2022; Orr et al., 2020).

The nature of IPV makes it difficult to address as perpetrators seek to control victim-survivors physically and psychologically through a range of acts. These can include interfering with reproductive and general health management (Grace et al., 2022; Lutgendorf, 2019), controlling economic resources (Stylianou, 2018), and monitoring and controlling virtual and actual communications and relationships with others (Woodlock et al., 2020). They can include emotional abuse (e.g., humiliation, gaslighting) (Estefan et al., 2016), and threats to kill the victim-survivor, pets, children and even themselves (Cleary et al., 2021). Indeed, a key risk factor for domestic violence-related homicides is the attempted or actual separation from the perpetrator by the person experiencing IPV (Ellis, 2017). Additional to the risk of physical harm, leaving the perpetrator often does not stop other forms of abuse such as stalking and systems abuse (manipulation of systems such as courts, taxation, and welfare) (Douglas, 2018). Further, though some modern interventions targeted at perpetrators show some promise, to date, efforts to change perpetrators' attitudes and behaviours have netted mixed findings, at best (Butters et al., 2021; Eckhardt et al., 2013). The fraught nature of the experience of IPV means that women actively manage their situations utilising a range of strategies, selected based on what they believe will keep them and, if applicable, their children safe at any given time (Black et al., 2020).

The impacts of IPV on victim-survivors' lives and their varying needs at different stages of their journeys pose quite a challenge for the programs and services that seek to support them (Healey et al., 2018). Reflecting these broad impacts and needs, many IPV services seek to develop holistic, interconnected programs. In addition to providing

immediate supported crisis refuge accommodation and longer-term housing, these programs promote empowerment, informed decision making, acquisition of skills, building of trust and emotional support, and, ultimately, living free from violence and fear (Sullivan & Goodman, 2019). Some holistic models are developed to address specific FDV experiences such as stalking (Jerath et al., 2022) and coercive control (Letourneau et al., 2024). As well as addressing immediate safety needs, these service models include wraparound programs which seek to address needs across life domains that are crucial to supporting recovery from FDV (Schurer Coldiron et al., 2017). Programs are delivered in formats such as supported crisis accommodation, transitional accommodation, advocacy, counselling, support groups, and outreach (Serrata et al., 2017).

Common outcomes targeted by IPV programs span life domains and include social connectedness; safety (physical, emotional, financial); physical, emotional, and spiritual health; practical resources; and social, political, and economic equity (Sullivan, 2012). It is proposed that these programs positively affect these outcomes by replenishing individuals' instrumental and psychological resources that are depleted by the abuse (Sullivan, 2018). While there is some empirical evidence to support this approach, evaluations of IPV interventions remain relatively rare and somewhat fragmented (Ragavan et al., 2019; Sullivan, 2018). A key challenge for IPV program design and evaluation is the individual variation in experiences and service needs. Case management plans and clients' engagement with available programs is guided by individuals' needs and preferences, making it difficult to understand what works for whom, and in what configuration (Casey et al., 2021). Despite measurement and evaluation difficulties, it is suggested that, in order to address violence against women, we need to understand its effects across domains of life including its impacts on parenting and across generations (Kaukinen et al., 2018).

The present study, therefore, sought to contribute to the literature on the effectiveness of holistic IPV programs through analysis of one service's quantitative case management data from its suite of programs. Our analysis presents profiles of clients accessing a women's IPV service, their engagement with the different programs offered by the service (i.e., which programs they access and in what order), and the outcomes achieved. The purpose of doing so is to understand whether demographic characteristics are associated with the types of programs accessed, which may reflect differences in needs experienced or preferred types of services among different cohorts. Additionally, the analysis enables exploration of how the timing and types of programs accessed affected re-entry into or exit out of the service. In answering these questions, the study adds much-needed knowledge about how complementary programs work together to achieve desired outcomes (Sullivan, 2018), specifically, the configurations of programs accessed, subsequent pathways through the service, and the outcomes achieved. These findings can, in turn, inform service design and coordination and contextualise service provision for funders.

Study Context

The present study was undertaken in Australia, where one in four women report experience of physical and/or sexual violence from an intimate partner from the age of 15 (Australian Institute of Health and Welfare, 2024). Consequently, intimate partner violence contributes more than any other individual risk factor to the burden of disease among young women (aged 18–44 years) (Australian Institute of Health and Welfare, 2021).

The organisation or service (now referred to as “The Service”) involved in this study is a small not-for-profit organisation in Perth, Western Australia. The Service provides safety, essential relief, and support to women experiencing FDV primarily in the form of IPV. The Service’s holistic service delivery prioritises prevention, early intervention, safety for victims, and accountability for perpetrators. Women experiencing FDV demonstrate agency, such that they actively develop strategies to stay safe including overt and covert resistance to the violence and control they experience, and they display resilience (the ability to recover) in surviving it (Rajah & Osborn, 2022). These broad strengths underlaid the development of The Service, reflected in its program arms, which include support with accommodation (emergency and transitional); safety; mental health, alcohol and other drug support; the justice system; parenting; employment; and education (see Table 1 for descriptions of each program arm). While each program has its own goals specific to the needs its activities fulfil, there are clear, core threads among the outcomes that run across programs including safe accommodation, improved wellbeing, increased independence, better family relationships, and breaking the cycle of IPV.

To gain an understanding of the profile of program engagement, this research documented the number of engagements with each program offered by The Service. We then developed a profile of women based on their journey through The Service, including the programs accessed, the timing of program engagement, and the likelihood of exit from The Service. We analysed how sociodemographic characteristics affected women’s journeys through The Service.

Table 1 The service programs, program description, and the number of engagements^a

Program	Description	Number of engagements
Supported refuge crisis accommodation	24/7 refuge accommodation for women over 18 who do not have children in their care	422
Supported transitional accommodation	Short—and medium-term transitional and long-term beds. Tenure length and rent paid are not fixed, and are instead determined in line with the individual woman’s needs	84
Future employment connections	Tailored and comprehensive employment and training support for women who have experienced FDV with the overall goal of economic independence	68
Safer pathways	Specialist support for women experiencing FDV who are public housing tenants, for example, safety and risk assessments, referrals to other services (e.g., legal, financial, parenting), support liaising with police and other government agencies	130
Recovery support program	Facilitate and provide integrated and coordinated services relating to alcohol and other drugs, FDV and mental health support	145
Positive pathways	Specialist program that provides free tailored workshops encompassing education, skill-building, self-care, and fostering social connections for women in the community. It aims to decrease the impact and break the cycle of FDV by acknowledging and breaking stigmas and focusing on a woman’s recovery, safety, and wellbeing	838
Adult justice	Accommodation, reintegration, and parenting for women who have experienced FDV and are exiting prison	47
Mobile outreach support	Intervention opportunities and support services to assist in the recovery of women and children who experience family and domestic violence and are living in the community	71
Total		1805

^aWomen may attend more than one program, and attend each program multiple times.

Methodology

Participants

The aim of the study was to explore the nature of women's engagement with the different program arms across The Service and how the nature of engagement related to their journeys through the service. Longitudinal data were collected via The Service's online client management system as well as from government data platforms for specific programs including Australian Government-funded Specialist Homelessness Services programs and Western Australian Government-funded Mental Health Commission programs. Women who used The Service between 2015–2020 have been included in the analysis. Consent was obtained when women engaged with The Service. A total of 823 women consented to have their data collected for the purpose of future research.

The research team comprised independent researchers commissioned by The Service to extract, link, and analyse service data in a project to build The Service's data analysis and evaluation capacity. The research team linked data from The Service's online client management system and from government data platforms to create a richer profile of the journeys of women. The analyses presented in this manuscript were selected and undertaken by the research team, independent of The Service. Ethics approval for this study was provided by The University of Western Australia Human Research Ethics Committee (2021/ET000067).

Measures

Demographics

On entry to The Service, demographic characteristics were collected for each woman. These included age, country of birth, Aboriginal or Torres Strait Islander identity, culturally and linguistically diverse identity, reason for entry, and a risk assessment.

Statistical analysis

Analyses were conducted using SPSS v27, STATA v10 and MPLUs 6.0. Multinomial regression models were used to determine whether there were significant differences between the type of programs women accessed by demographic characteristics (Keith, 2019).

Findings

Demographics

A total of 823 women were included in the analysis. The majority of women (61%) using The Service between 2015 and 2020 were aged 25–44 (25–34 31%; 35–44 30%). Nine percent were aged 18–24, 16% were 45–54, 7% were 55–64, 4% were 64+, and 3% were aged under 18. The majority were born in Australia (78%). Almost one third (29%) identified as being of Aboriginal and/or Torres Strait Islander descent, and 16% from culturally and linguistically diverse (CALD) communities. Women presenting to

The Service recorded risk assessment scores at intake that, using The Service's risk assessment sheet, reflected high risk of serious harm from their partner, spouse or ex-partner (92%), reported feeling threatened or had experienced harm (94%), and reported being terrified or afraid (81%). Half of the women presenting reported a diagnosed mental health illness (53%) and 29% substance use.

Table 1 describes the programs offered by The Service and the number of engagements with each program recorded between 2015 and 2020. Two-thirds of women engaged with one program, 19% with two programs, and 14% with more than two programs; on average, women engaged with 1.6 different programs ($sd = 0.95$). Women may have multiple engagements with the one program.

A Profile of Women Based on Program Use

Between 20% and 54% of women aged 18–55 engaged with supported refuge crisis accommodation (Table 2) reflecting the high crisis needs in relation to a safe supportive shelter following perpetrator violence or threats. Country of birth was associated with program use, with a significantly greater proportion of women born in Australia (48.0%) requiring crisis accommodation than women born overseas or country of birth not stated (25.8% and 15.1%, respectively), and a significantly greater proportion of women born overseas (31.5%) or whose country of birth was not stated (58.4%) engaged with the Positive Pathways program than women born in Australia (43.1%). Indigenous status was associated with program use, with a greater proportion of Aboriginal or Torres Strait Islander women requiring crisis accommodation (56.4% compared) than non-Aboriginal or Torres Strait Islander women or women with unknown Indigenous status (32.0% and 15.1% respectively).

Program Engagement and Likelihood of Exit From the Service

To determine common pathways of program engagement and which pathways of engagement were more likely to lead to a woman's exit from The Service, the flow of engagements was mapped for each woman. Of women engaging with The Service, 35% engaged only once, 64.5% engaged two times, 47% on three occasions, 33% a fourth time, and 25% a fifth time. On average, a woman engages with The Service 4.1 times ($sd = 5.3$, $min = 1$, $max = 47$). The majority of women engaged in wraparound support services only (54.7%), with a further 21.0% engaging in wraparound support and crisis or transitional accommodation, and 24.3% engaging in crisis or transitional accommodation only. Overall, 39.6% of first engagements were with crisis accommodation, followed by one-third of women who engaged first with Positive Pathways, one in 10 who engaged first with Safer Pathways (Table 3). Of women engaging with The Service, the average time between first and last program engagement was 147 days ($sd = 237.8$, $min = 1$, $max = 2553$).

When a woman's first program engagement with The Service was crisis or transitional housing, for 70% of these women their second program engagement was also crisis or transitional accommodation, and for 51% of these women their third program engagement was also crisis or transitional housing, declining to 38% in the fourth engagement

**Table 2** Program use (proportion of women accessing each program) by demographics of women

Program %	Crisis accommodation	Long-term accommodation	Future employment connections	Outreach	Positive pathways	Recovery support	Safer pathways	Supported transitional accommodation	Adult justice
Age (years)									
18–20	22.2	0.0	0.0	0.0	66.7	5.6	5.6	0.0	0.0
21–25	49.0	0.0	3.9	2.0	35.3	2.0	3.9	0.0	3.9
26–35	42.2	0.4	4.9	0.4	34.0	0.8	9.4	0.4	7.4
36–45	39.9	0.0	5.2	0.9	39.0	0.5	7.0	0.9	6.6
46–55	54.0	0.9	1.8	3.5	31.0	2.7	4.4	0.0	1.8
56–65	31.8	4.5	4.5	6.8	34.1	6.8	9.1	0.0	2.3
66–85	9.1	0.0	18.2	9.1	36.4	0.0	27.3	0.0	0.0
Not stated	38.8	0.0	0.0	12.5	37.5	0.0	7.5	1.3	2.5
Country of birth									
Australia	48.0	0.3	2.3	0.6	31.5	13.4	2.6	1.1	0.3
Other	15.1	0.7	1.2	3.9	58.7	3.3	12.0	0.4	4.7
Not stated	25.8	1.9	10.4	1.1	43.1	8.5	0.8	8.5	0.0
Indigenous status									
Aboriginal and/or Torres Strait Islander	56.4	0.0	2.3	0.1	22.6	13.5	4.5	0.8	0.0
Neither Aboriginal nor Torres Strait Islander	32.0	1.3	7.3	1.0	41.0	10.3	1.0	5.8	0.2
Not stated	15.1	0.7	1.2	3.9	58.7	3.2	12.0	0.4	4.7
Total	24.6	0.9	3.5	2.6	49.3	6.6	7.4	2.4	2.7

Table 3 Women’s engagement with programs

n (%)	Engagement 1	Engagement 2	Engagement 3	Engagement 4	Engagement 5
Crisis accommodation	326(39.6)	245(29.8)	164(19.9)	99(12.0)	55(6.7)
Positive pathways	274(33.3)	134(16.3)	104(12.6)	79(9.6)	60(7.3)
Safer pathways	87(10.6)	49(6.0)	30(3.6)	21(2.6)	18(2.2)
Other ^a	53(6.4)	29(3.5)	15(1.8)	12(1.5)	14(1.7)
Recovery support program	30(3.6)	29(3.5)	35(4.3)	33(4.0)	27(3.3)
Outreach support	30(3.6)	18(2.2)	15(1.8)	9(1.1)	9(1.1)
Future connections	8(1)	13(1.6)	12(1.5)	15(1.8)	15(1.8)
Transitional accommodation	15(1.8)	14(1.7)	11(1.3)	6(0.7)	9(1.1)
Exit service	0(0)	29(35.5)	437(53.1)	549(66.7)	616(74.8)

^aOther includes long-term accommodation and adult justice.

Table 4 Women’s engagement journey with programs

Engagement 1	Engagement 2	Engagement 3	Engagement 4
Crisis accommodation	70% Crisis accommodation 13% Left The Service	51% Crisis accommodation 27% Left The Service	38% Crisis accommodation 39% Left The Service
Transitional accommodation	73% Transitional accommodation 0% Left The Service	50% Transitional accommodation 21% Positive pathways 7% Left The Service	18% Transitional accommodation 27% Positive pathways 27% Future connections 9% Left The Service
Future connections	50% Positive pathways 38% Future connections 0% Left The Service	46% Positive pathways 31% Future connections 0% Left The Service	33% Positive pathways 50% Future connections 0% Left The Service
Recovery support program	27% Positive pathways 23% Crisis accommodation 23% Recovery support program 23% Left The Service	28% Positive pathways 51% Crisis accommodation 10% Left the service	23% Positive pathways 23% Recovery support program 40% Crisis accommodation 11% Left The Service
Safer pathways	51% Safer pathways 36% Left The Service	55% Safer pathways 31% Left The Service	57% Safer pathways 20% Positive pathways 20% Left The Service
Outreach support	50% Outreach support 33% Left The Service	61% Outreach support 22% Left The Service	53% Outreach support 33% Left The Service
Positive pathways	29% Positive pathways 66% Left The Service	43% Positive pathways 28% Left The Service	45% Positive pathways 19% Left The Service

(Table 4). In other words, there is declining use of crisis accommodation over time by those whose first engagement was crisis accommodation.

As seen in Table 4, a greater proportion of women whose first engagement is with wraparound support programs (Recovery Support 23%, Safer Pathways 36%, Outreach Support 33%, Positive Pathways 66%) exit The Service than those who are provided with crisis (13%) and transitional accommodation (0%). By their second engagement, 27% of those who were provided with crisis and 7% who were provided with transitional accommodation left The Service.

Discussion

This study examined the nature of engagement with programs offered by an FDV service in Australia and how the nature of engagement related to their journeys through the service. Positive Pathways, a community-based workshop to provide information and support, and crisis accommodation, attracted the most engagements across the 2015–2020 period studied. With regard to demographic differences in the types of programs

accessed, Australian-born women were more likely than overseas-born women to access crisis accommodation, and Indigenous women were more likely than non-Indigenous women to access crisis accommodation. Higher use of crisis accommodation is indicative of higher levels of need in relation to exposure to more violence perpetration and lower access to resources such as safe housing. Higher crisis accommodation use may in part reflect Indigenous women's perceptions of and experiences with the service system, which are often negative due to historical and current racism and injustice (Moore et al., 2023) and due to service approaches not being aligned with what Indigenous women want (Nancarrow, 2006). Accordingly, it may be that Indigenous women generally engage with the service system only when required for their safety. It points to an opportunity for wraparound supports to leverage cultural and family supports and ensure that the help offered does not isolate women from these supports.

By mapping the flow of a woman's journey through The Service we were able to determine common pathways of program engagement, and pathways of engagement which were more likely to lead to a woman's exit from The Service. Those who first access crisis accommodation were less likely to exit The Service than those who entered through other programs and, for the majority of women whose first engagements were with crisis accommodation, their second and third engagements were with crisis accommodation also. However, there is declining use of crisis accommodation over time, with the majority of women (72%) who enter The Service from immediate crisis of unsafe accommodation not re-entering The Service on the same grounds four or more times.

While most evaluations of FDV programs focus on one program, and often pilot programs (cf. Beranbaum & D'Andrea, 2024; Renner et al., 2022), there is some research that shows different outcomes achieved by different programs. In a statewide evaluation, Bennett et al. (2004) found that domestic violence shelters increase victim-survivors' sense of safety, can reduce frequency and intensity of experiences of new violence, and can reduce feelings of depression. Additionally, advocacy and service navigation were found to help reduce the incidence of new violence, increase supports received, and increase supports sought (Bennett et al., 2004). Further, counselling and advocacy increase the information available to victim-survivors and increase their self-efficacy (Bennett et al., 2004). Although they did not examine the effect of the type of services accessed, Wood et al. (2021) found that timing mattered, such that the length of engagement with a holistic domestic violence service was associated with greater connection to one's advocate or case worker and more needs being met. Our findings add to these findings about the outcomes associated with different types of services by showing that the timing of engagement with different services matters. Specifically, we found that engagement with wraparound programs as soon as possible within a woman's journey is associated with fewer re-entries into the service.

Overall, these findings reinforce the importance of wraparound supports to meet the multidimensional needs of women experiencing FDV. They demonstrate the different pathways that women follow in seeking and accessing support, reflecting the range of needs and emphasising the importance of holistically assessing those needs. This is important given that the historical and arguably current primary role of services with an accommodation arm is providing a safe place during a time of crisis (Burd et al., 2023). The findings of this study indicate that additional nuance is required to ensure

that wraparound supports are prioritised closely alongside shelter provision in order to increase positive outcomes for women experiencing violence.

In addition, the findings illustrate the relatively long and nonlinear path to recovery. This is not new but is nonetheless important because The Service in question adheres to principles of person-centred practice and offers a broad suite of programs through which women's journeys are individually tailored. Person-centred design represents a departure from traditional FDV service models, which restrict support periods (usually to between 30 and 90 days), and there is evidence that the longer service periods allow for stronger relationships to form between clients and workers and result in better client outcomes (Wood et al., 2022). However, that women accessing The Service still require, on average, several engagements before exit is important given the expectations of funders for outcomes measurement, and reporting, with ongoing or additional funding often contingent on these outcomes (Burnett et al., 2016). If outcomes such as cycling in and out of services reflect the nature of women's journeys through FDV rather than underperformance of services, it is critical that services are not "punished" with reduction or removal of funding as this would further reduce the options women have available to support their safety and recovery from FDV.

With regard to the practical implications of this study, these findings can contextualise service provision for funders, such that multiple re-entries into a service and lengthy service periods are often characteristic of effective and person-centred service provision, which can in turn be accounted for in evaluations of service performance and funding efficiency. For the FDV service sector more broadly, this study and its implications for one organisation, therefore, illustrate the benefits of comprehensive data collection and robust evaluation.

The present study is not without limitations. As programs were added to The Service throughout the study period, not all programs were accessible at the time of entry to The Service. Additionally, the data analysed were standardised, quantitative case management data and, as such, offer limited context around individual women's journeys and the drivers that underpin them. Explanatory qualitative research alongside this analysis is recommended to deepen the understanding of how and why women follow different pathways through The Service, including what drives their re-engagement.

Conclusion

The present study has shone light on the different pathways women take through services in their journeys to healing from FDV. The findings indicate that many women require multiple programs and engage with services multiple times over relatively lengthy periods, on average. Women who engage rapidly with wraparound supports, rather than just accommodation supports, have fewer engagements and exit support more quickly. This supports the need for holistic support and emphasises the nonlinear path to FDV recovery.

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