

Measuring outcomes in family, domestic and sexual violence services

A practice-informed framework from The Salvation Army





Measuring outcomes in family, domestic and sexual violence services: a practice-informed framework from The Salvation Army.

Research Team, Centre for Mission Impact

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Contents

Tables	4	Aligning measurement tools to service context, not the other way around	21
Figures	4	What validated FDSV-specific tools are available?	22
Acronyms	4	What non-validated FDSV-specific tools are available?	22
Language usage	4	Pilot 1 learnings (2021–2023) — PWI, MOVERS and a feedback survey	23
About The Salvation Army	5	Feedback survey	23
Project acknowledgements	5	5 The Advisory Network: Guiding the framework through lived and professional insight	24
Our commitment to inclusion	6	Deciding on priority outcomes for measurement	25
Acknowledgement of Country	6	The importance of lived experience voices	26
Acknowledgement of victim-survivors	6	Working with lived experience representatives	27
Executive summary	7	6 The Salvation Army Wellbeing and Recovery Indicator (TSAWRI) — measuring what matters	28
Foreword	8	Design and pilot	28
1 Family, domestic and sexual violence services do work — but how well, for whom, and how can we do better?	10	Data analysis and tool revisions	29
Outcomes measurement provides a solution	10	Cultural suitability	31
2 Outcomes measurement is becoming mainstream in the community services sector — but what about FDSV services?	11	The Salvation Army Wellbeing and Recovery Indicator in practice	32
The importance of learning from others	11	Trauma-informed approaches to administering outcomes measurement	34
3 What are the barriers to outcomes measurement in FDSV services?	12	7 Driving change together — the roles of services, government and the sector	35
Emotional, psychological and cognitive impacts of FDSV	13	Recommendations for government	35
Practical complexities	14	Recommendations for services	37
Adjusting for context	15	Recommendations for the sector	39
From complexity to practice: a working outcomes measurement framework	15	Next steps — The Salvation Army FDSV service framework	40
The Salvation Army specialist FDSV services in Australia	16	References	41
4 Building an Outcomes Measurement Framework — lessons learnt	17		
Program Logic Model — making sense of how change happens	18		
Data Matrix — organising outcomes evidence	20		

Tables

Table 1: Examples of practical complexities in providing FDSV support.	14
Table 2: Data Matrix structure and example.	20
Table 3: TSAWRI reliability and validity testing.	29
Table 4: Strategies used to include and support The Salvation Army FDSV service teams with outcomes measurement.	33

Figures

Figure 1: The Salvation Army FDSV service Outcomes Measurement Framework, including information sources and stakeholders.	17
Figure 2: Structure of The Salvation Army FDSV Program Logic Model.	18
Figure 3: Advisory Network participants.	24
Figure 4: Priority outcomes for measurement.	25
Figure 5: Service and practitioner involvement in the TSAWRI pilot.	28
Figure 6: Validation activity client demographics.	30
Figure 7: TSAWRI sub-domains.	31

Acronyms

AIHW – Australian Institute of Health and Welfare	LGBTQIA+ – Lesbian, Gay, Bi-sexual, Transgender, Questioning/Queer, Intersexed, Asexual +. The acronym refers to the community as a whole or members of a community, with the plus sign recognising other minority gender identities and gender expressions not captured by those listed
AN – Advisory Network	
ANROWS – Australia’s National Research Organisation for Women’s Safety	
AOD – Alcohol and Other Drugs	
Client – a community member seeking assistance from The Salvation Army’s Family, Domestic and Sexual Violence services	MOVERS – Measure of Victim Empowerment Related to Safety
DSS – Department of Social Services	PWI – Personal Wellbeing Index
FDSV – Family, Domestic and Sexual Violence	SAMIS – Service and Mission Information System (The Salvation Army’s client information system)
TSAWRI – The Salvation Army Wellbeing and Recovery Indicator	TSA – The Salvation Army
LE – Lived experience	TSAWRI – The Salvation Army Wellbeing and Recovery Indicator

Language usage

The term ‘victim-survivor’ is used throughout the document to refer to both adults and children who experience family violence. However, it is recognised that for many people, the terms ‘victim-survivor’ may not be preferred at all, nor should the term be used to wholly define a person.

About The Salvation Army

The Salvation Army is an international movement, with a presence in more than 130 countries. Operating in Australia since 1880, The Salvation Army is one of the country's largest providers of social services and programs for people experiencing hardship, injustice and social exclusion. The Salvation Army provides more than 1000 social programs and activities in communities across each state and territory in Australia, and is active in communities big and small through its local hubs, community centres and corps (churches), co-located with other support services and agencies.

Main support program areas include:

- Aged care services
- Addiction treatment and recovery
- Alcohol and other drug support
- Chaplaincy
- Emergency disaster and strategic response
- Emergency relief, material aid and casework
- Employment services
- Family, domestic and sexual violence services
- Modern slavery services
- Financial inclusion and counselling
- Housing and homelessness
- Youth services



Project acknowledgements

This project was made possible through the contributions of many individuals over the past four years. We would like to extend our deepest gratitude to the participants of the Advisory Network, whose insights and engagement were invaluable throughout the project. This includes lived experience, government and peak body representatives, university academics, The Salvation Army Policy and Advocacy team and The Salvation Army Family, Domestic and Sexual Violence service leadership, managers and practitioners.

We would also like to thank victim-survivors, practitioners and managers who were involved in piloting outcomes measurement materials.

We sincerely thank Zonta House (family, domestic and sexual violence specialist services, Western Australia) for generously sharing their validated Life Matrix measurement tool and allowing it to be adapted for The Salvation Army's use.

Finally, we are grateful for the expertise and support provided by the Centre for Social Impact at the University of Western Australia.

Our commitment to inclusion

We value people of all cultures, languages, capacities, sexual orientations, gender identities and/or expressions. We are committed to providing programs that are fully inclusive. We are committed to the safety and wellbeing of people of all ages, particularly children.

Our values are:

- Integrity
- Compassion
- Respect
- Diversity
- Collaboration

Learn more about our commitment to inclusion:
salvationarmy.org.au/about-us

The Salvation Army is an international movement and our mission is to preach the gospel of Jesus Christ and to meet human needs in his name without discrimination.



Acknowledgement of Country

The Salvation Army acknowledges the Traditional Owners of the lands and waters throughout Australia.

We pay our respect to Elders and acknowledge their continuing relationship to this land and the ongoing living cultures of Aboriginal and Torres Strait Islander peoples across Australia.

We also acknowledge future aspirations of all First Nations peoples.

Through respectful relationships we will work for the mutual flourishing of Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians.

We commit ourselves in prayer and practice to this land of Australia and its people, seeking reconciliation, unity and equity.

Acknowledgement of victim-survivors

The Salvation Army acknowledges the strength and resilience of all who are impacted by family, domestic and sexual violence, including adult and child victim-survivors, their family and friends. We recognise the importance of developing our responses to family, domestic and sexual violence from their lived experience and expertise.





Executive summary

Family, domestic and sexual violence (FDSV) services play a critical role in supporting victim-survivors' safety, recovery, and healing. While the role of services is widely recognised, evidence of impact has historically relied on outputs and qualitative insights, limiting the ability to understand what works, for whom, and where improvements are needed.

To address this gap, The Salvation Army (TSA) developed a national Outcomes Measurement Framework for its FDSV accommodation and outreach services. The framework was launched in 2025 following a four year development process involving collaboration with the Centre for Social Impact (University of Western Australia), an advisory network of lived experience representatives, government and sector stakeholders, and extensive engagement with practitioners and managers. The framework is grounded in evidence-based literature, government plans and strategies, and learnings from two pilot phases.

Core framework components include a Program Logic Model, a Data Matrix mapping priority outcomes, indicators and data sources, and two tailored measurement tools:

- The Salvation Army Wellbeing and Recovery Indicator (TSAWRI), a purpose designed, evidence-based tool tailored to the realities of FDSV service delivery and validated by the Centre for Social Impact
- A feedback survey incorporating retrospective outcomes and service satisfaction measures

In this report, we share key decisions, learnings, and resources from the development and implementation of the framework. The report aims to provide insights for governments, funders and support service providers to strengthen their own outcomes measurement approaches, and contribute to best practice in outcomes measurement across the FDSV sector. Recommendations for government, funders, services, and the broader sector are provided at the conclusion of the report.

Moving forward, The Salvation Army will extend the framework by developing culturally appropriate outcomes measurement approaches for First Nations community members, expanding its application to children and additional service types, and strengthening the use of outcomes data across reporting, advocacy, service improvement, and funding processes. This approach ensures outcomes measurement continues to generate meaningful value for victim-survivors while strengthening practice, accountability and system learning.

Foreword

Lorrinda Hamilton, General Manager, National Family Violence and Modern Slavery Stream



The Salvation Army's national Family, Domestic and Sexual Violence services deliver coordinated, specialist responses across the continuum of prevention to recovery, working to keep victim-survivors safe whilst holding individuals who use violence and coercion accountable and in view.

Across Australia, our programs and services play a vital role in supporting individuals and families affected by violence. We acknowledge and thank our dedicated practitioners, whose compassion and expertise provide essential specialist support to victim-survivors, and we honour the strength and courage of those with lived experience who continue to shape and inspire this work.

Measuring outcomes is essential to understanding the impact of our services and improving the support we provide. It ensures our work remains effective, accountable and aligned with the needs of the communities we support.

Outcomes measurement also honours the voices of those who use our services. It helps us understand whether we are meeting community needs, delivering the quality-of-care people expect and making meaningful improvements informed by lived experience. In addition, it supports our compliance with reporting requirements, as outlined in our service agreements.

Our trauma- and violence-informed Outcomes Measurement Framework and tools were developed by The Salvation Army Research Team in close consultation with national family, domestic and sexual violence services, and in partnership with the Centre for Social Impact at the University of Western Australia. This collective effort ensured the framework was grounded in evidence, reflective of the operational realities of frontline practice, and aligned with the national service model of care and case management practice guide. It has been shaped through extensive testing, refinement, and feedback loops to ensure it is practical, meaningful, and responsive to the needs of the people we support, as well as the practitioners who work alongside them.

We extend our sincere thanks to the practitioners and people with lived experience who generously contributed to the development and testing of these tools. Your insights have made the framework stronger, more relevant, and more respectful.

**Dr. Johana Susanto, General Manager,
Research Team, Centre for Mission Impact**



As developers of outcomes measurement frameworks, we recognise that measurement is never purely technical. Decisions about what is measured, how it is measured, and how information is used shapes practice and signals what the system values. Outcomes measurement must therefore be approached as a collaborative, long-term system-building effort.

This report reflects our commitment to best practice outcomes measurement, which is rigorous, practical, and responsive to the complexities of family, domestic and sexual violence service delivery. Effective frameworks balance consistency with flexibility, support recovery and healing alongside accountability, and are adaptable as practice and evidence evolve. They must also be culturally responsive, recognising that meaningful outcomes cannot be captured through a single lens.

No single organisation or jurisdiction can develop this capability alone. Peer-to-peer learning and the sharing of outcomes measurement approaches and insights are essential to strengthening practice, reducing duplication, and building a credible, shared evidence base grounded in real world experience.

Governments play a vital role in this work. Sustainable outcomes measurement depends on partnership approaches that recognise service contexts and support feasible, ethical, and fit-for-purpose practice. Used well, outcomes information can inform understanding of service need, system gaps, case management, recovery and healing, and policy and funding decisions.

We acknowledge and thank the Advisory Network, comprising government and peak body representatives, academics, lived experience representatives, and internal stakeholders, whose insights and guidance have been critical in shaping this work. We also extend our gratitude to the Centre for Social Impact at the University of Western Australia, for their expertise in co-developing our Outcomes Measurement Framework that underpins this report. A special thank you to Zonta House (specialist family, domestic and sexual violence services, Western Australia) for generously sharing their work and learnings, which formed an essential foundation for the development of our measurement tool.

This report is offered as a contribution to the continued maturation of outcomes measurement across the family, domestic and sexual violence sector, supporting credible, context-responsive, and genuinely useful practice.

1 **Family, domestic and sexual violence services do work – but how well, for whom, and how can we do better?**

Family, domestic and sexual violence (FDSV) services do extraordinary work providing critical, individualised, therapeutic support to victim-survivors. The value of FDSV services is commonly captured through outputs and some qualitative evidence. This includes case studies, which powerfully communicate service outcomes, offering rich insights into the complexity of victim-survivors' circumstances, the tailored nature of support and the unique outcomes achieved. It often includes victim-survivor feedback and lived experience consultations, which provide important insights to inform service improvements. However, these approaches cannot provide a complete picture as they offer limited visibility into the full scale, consistency, and long-term impact of service delivery.

Qualitative data and outputs are indispensable, but robust quantitative evidence is also needed to understand what is working and to what extent, where improvements are needed, and where support gaps persist.

Broader, complementary, evidence-based quantitative insights are essential to understanding:

- The prevalence of outcomes across victim-survivors and services
- The types and depth of outcomes achieved
- The extent to which services meet their intended aims
- How service supports impact victim-survivor recovery and healing differently
- Which practices result in greater outcomes
- Opportunities to improve service delivery



Outcomes measurement provides a solution

Outcomes measurement systematically measures changes in victim-survivors' lives (that is, their knowledge, situation, skills, or behaviours) as they engage with a service. Outcomes measurement data (whether quantitative, qualitative, or ideally a combination) strengthens service accountability, supports sustainable funding, and drives continuous improvement and sector-wide learning to better support victim-survivors' recovery and healing.

Outcomes measurement is becoming mainstream in the community services sector – but what about FDSV services?

Outcomes measurement data is increasingly expected by governments and funders both in Australia and overseas (Australian Institute of Family Studies 2025; Commonwealth of Australia, 2023; Wilson *et al.*, 2024), including within the FDSV sector (Department of Social Services 2022; 2024; Goodman *et al.*, 2015a). However, outcomes measurement in the FDSV sector remains underdeveloped relative to other community services. Few validated measurement tools have been developed specifically for FDSV services, particularly those that align with, and meaningfully support, case planning. This has been attributed to:

- Concerns over victim-survivors' high vulnerability and risk of triggering strong emotions
- A lack of consensus around how positive progress is defined and what outcomes should be measured
- A lack of sector-appropriate, evidence-based outcomes measurement approaches, due to barriers such as time and administrative demands on staff and victim-survivors
- The importance of genuine and trauma-informed lived experience involvement across all facets of the sector, necessitating additional time and resourcing
- A lack of government investment in outcomes measurement design, development, implementation and review

(Carman and Kay-Lambkin, 2022; Clarke *et al.*, 2023; Powell *et al.*, 2022; State of Victoria, 2016).

Demographic data collected across the FDSV sector is also not fit-for-purpose (Australian Institute of Health and Welfare, 2026), making it difficult to see how different victim-survivor groups benefit from services and what adjustments are needed to better meet their needs.

The importance of learning from others

In light of FDSV outcomes measurement challenges, there is significant opportunity to learn from organisations that have already undertaken this work. Published FDSV-specific outcomes measurement frameworks and tools provide essential technical and procedural foundations, while practice-based insights gained through day-to-day decision-making, troubleshooting and adaptation offer equally valuable learning.

In Part 4, we explore existing published FDSV outcomes measurement literature that has informed the foundations of our work. This includes the work by Zonta House (FDSV specialist services, Western Australia) and the Centre for Social Impact (University of Western Australia), who designed and validated Australia's first¹ FDSV-specific validated tool, the Life Matrix (Lester *et al.*, 2021). Critical to our learnings have been direct conversations with Zonta House, whose reflections have enabled us to build on their hard-earned learnings, saving time and avoiding challenges they had already navigated.

Fostering a sector culture that openly shares insights, tools and evaluation learnings reduces duplication, strengthens collective knowledge and supports more effective outcomes measurement across the FDSV sector.

This report is intended for broad dissemination as a deliberate contribution to strengthening the evidence base, building sector capability, and supporting continuous improvement in outcomes measurement practice across the sector.

¹ To the knowledge of The Salvation Army at the time of publishing.

3

What are the barriers to outcomes measurement in FDSV services?

Experiences of FDSV are highly individual, and FDSV services may engage with victim-survivors in diverse ways and at different time points, depending on their circumstances and priorities. Healing and recovery from FDSV are widely understood as non-linear and dynamic, often characterised by periods of progress alongside setbacks, uncertainty and change (Carman and Kay-Lambkin, 2022). For many victim-survivors, healing and recovery are long-term processes that can extend across the life course and require flexible, trauma-informed and tailored support over time (Department of Social Services, 2022).

Victim-survivors' circumstances and experiences shape their readiness to engage with services, the types of support most relevant or accessible to them, and outcomes expectations across their journey (Sprague *et al.*, 2017). Together, these factors make service engagement and the identification of meaningful, accurate outcomes particularly complex. The following section explores how the emotional, psychological, and cognitive impacts of FDSV, alongside ongoing practical complexities, further contribute to difficulties designing and implementing outcomes measurement.



Emotional, psychological and cognitive impacts of FDSV

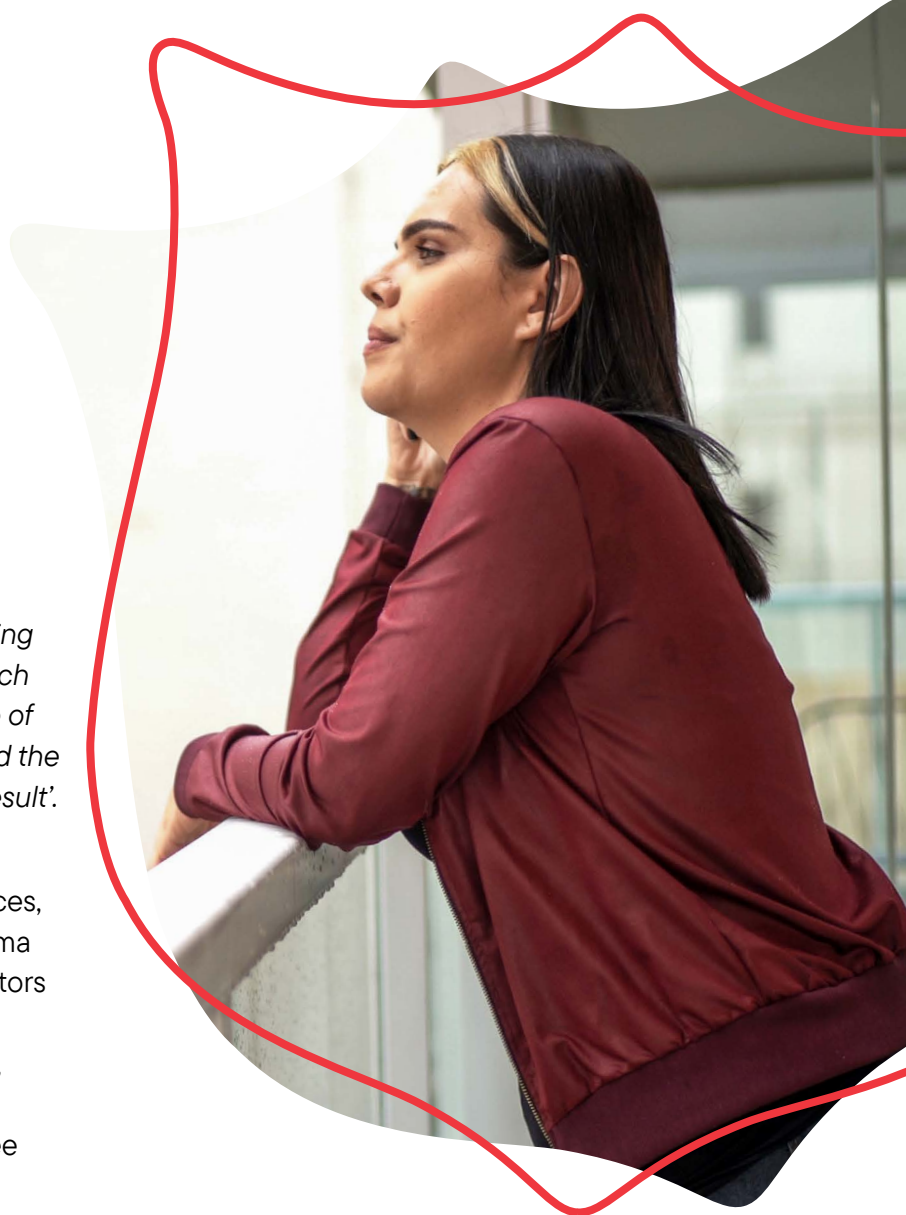
'Domestic violence is considered more detrimental to mental health and functioning than that of non-interpersonal traumas, such as natural disasters, due to the experience of abuse perpetrated by a trusted person and the complex emotional states that arise as a result'. (Williams et al., 2024, p. 2).

When victim-survivors access FDSV services, they are often experiencing complex trauma or acute distress. These psychological factors can impair cognitive functions, such as memory, attention, and processing speed, making it difficult to engage with complex service systems (Daugherty et al., 2021; Lee and DePrince, 2017).

These impacts are often compounded by systemic inequities and biases within Australian justice and support systems, that lend to 'skepticism, delegitimisation and disbelief for victim-survivors' (Reeves et al., 2025, p. 768). In seeking support, victim-survivors with children may also come under new forms of surveillance. Services' mandatory reporting roles can impact how women engage with their children and their overall recovery, as surveillance 'may echo abusive dynamics from which survivors are attempting to escape' (Fauci and Goodman, 2020, p.241).

The emotional, psychological and cognitive impacts of FDSV can reduce victim-survivors' capacity and readiness to meaningfully engage with case management processes, including outcomes measurement. Importantly, these impacts can also influence levels of trust in practitioners and services, particularly where prior interactions with systems have been experienced as punitive, disbelieving or unsafe.

As a result, engagement with outcomes measurement cannot be assumed to be neutral or low-impact. Without trauma- and violence-informed tools, careful pacing, informed consent and trauma-informed approaches, outcomes tools may feel intrusive, overwhelming, or misaligned with a victim-survivor's immediate priorities. This highlights the need for flexible, relational and strengths-based outcomes measurement tools and practices that are responsive to individual circumstances and foreground safety, choice and agency.



Practical complexities

Along with emotional, psychological and cognitive impacts, there are practical complexities in providing FDSV support and outcomes measurement, demonstrated in Table 1.

Practical complexity	Example scenario
Safety risks in accessing support	- Victim-survivor lives with the person/s using violence, reducing safe opportunities to access help - Recent separation from the person/s using violence increases safety risks - Heightened safety risks if person/s using violence becomes aware of victim-survivor's engagement with supports
Systems abuse	Manipulate or weaponise legal, financial and government systems to coerce or control the victim-survivor
Increased demands on victim-survivors	- Maintaining daily routines such as work and education, particularly as a sole parent/carer - Engaging with multiple services and supports - Meeting financial responsibilities on a reduced income (including if a break from work is needed due to FDSV)
Communication and information access difficulties	- Language and English proficiency barriers - Limited familiarity with Australian cultural norms, legal systems and available supports

Table 1: Examples of practical complexities in providing FDSV support (Commonwealth Ombudsman, 2025; Douglas *et al.*, 2019; Krella *et al.*, 2025; Nicholson *et al.*, 2017; Reeves *et al.*, 2025; Robinson *et al.*, 2021; Summers *et al.*, 2025; Woolley *et al.*, 2023).

Note: This list is not exhaustive. It provides examples of complex circumstances experienced by victim-survivors accessing support services.

These practical complexities have direct implications for how case management and outcomes measurement can be undertaken. Safety risks, ongoing abuse, competing demands, and barriers to communication can limit when, how, and whether outcomes measurement is possible and meaningful. As a result, outcomes measurement tools must be suitable for use within highly constrained and unpredictable circumstances, requiring flexible administration,

careful timing, and practitioner judgement. Tools that are overly rigid, resource-intensive, or reliant on sustained engagement can risk excluding those with the most complex needs. FDSV-appropriate outcomes measurement therefore depends not only on what is measured, but on whether tools can be delivered safely, ethically, and responsibly within the realities of victim-survivors' lives.

Adjusting for context

The significant and enduring psychological, emotional and cognitive impacts of FDSV, along with practical service access complexities cannot be ignored or underestimated. Outcomes measurement approaches used in FDSV contexts must be underpinned by trauma- and violence-informed principles, aiming to maximise opportunities for victim-survivors to share their experience and feedback, whilst also offering choice and control over how they have their say.

Outcomes measurement data collection with victim-survivors accessing FDSV services should be:

- Offered when victim-survivors are not in an acute state of distress
- Voluntary for victim-survivors, with allowances to skip or stop questions at any time
- In Easy English, to increase comprehension and decrease cognitive burden
- Short in length, to reduce demands on victim-survivors and staff
- Aligned with case management practices, to directly benefit victim-survivors and casework
- Delivered flexibly, to support victim-survivors and practitioners' needs and working preferences
- Evidence-based, capable of generating reliable, accurate and meaningful results

From complexity to practice: a working outcomes measurement framework

Uncovering evidence-based service impact requires action, collaboration, and shared learning. This report details how we developed an Outcomes Measurement Framework for The Salvation Army FDSV services, along with the learnings and resources gained along the way.

In 2025, we launched The Salvation Army national FDSV Outcomes Measurement Framework following a four-year development process. The project was undertaken in consultation with the Centre for Social Impact (University of Western Australia) and engaged victim-survivors accessing services, practitioners, and an advisory network comprising lived experience representatives, internal stakeholders, academics, peak bodies, and government representatives across national, state, and territory levels. The framework included the development of a purpose-designed outcomes measurement tool, adapted from the Life Matrix produced by Zonta House. The resulting Outcomes Measurement Framework centres on adult clients engaging in casework through The Salvation Army FDSV accommodation and outreach services.

In this report, we share project decisions, learnings, and resources, with the aim to:

1. **Provide insights for governments and funders** – to help them understand the outcomes measurement needs of FDSV service providers and how these needs can be supported
2. **Share resources and learnings with service providers** – to assist them in developing and implementing their own outcomes measurement frameworks and advocating for service needs
3. **Contribute to outcomes measurement best practice in the FDSV sector** – by offering a working example that may support improved outcomes measurement processes for victim-survivors across Australia



The Salvation Army specialist FDSV services in Australia

The Salvation Army National Family Violence and Modern Slavery stream (hereafter referred to as the stream) bring together specialist services across Australia to support adults and children victim-survivors of FDSV and modern slavery, including intersecting forms of gendered violence such as forced marriage, sexual exploitation, and servitude within the home.

This report focuses specifically on the stream's FDSV services. Each year, specialist practitioners deliver holistic, flexible, trauma- and violence-informed case management to more than 10,000 individuals and families impacted by FDSV. These services are underpinned by evidence-based theories and frameworks, with a focus on prevention, restoration, and healing, and a broader commitment to building communities that are safe and free from violence while challenging the systemic gendered attitudes that drive violence against women.

Guided by best-practice frameworks, including a national model of care and practice guide, The Salvation Army FDSV services are tailored to the complex and evolving circumstances of victim-survivors. Practitioners are empowered to meet victim-survivors where they are at, working to enhance their safety and sense of safety through risk assessment, safety planning and holistic case management.

Case management focuses on supporting victim-survivors to access and navigate complex service systems and deliver wraparound supports focusing on different areas in their life, such as social connection, legal and justice, health and wellbeing, housing, employment and education, and financial and material support.

4

Building an Outcomes Measurement Framework – lessons learnt

Outcomes Measurement Frameworks define a structured approach to measuring service outcomes and impacts. Key components used in our The Salvation Army FDSV Outcomes Measurement Framework included (see Figure 1):

- **Program Logic Model** – detailing our service mission statement, inputs, activities, outputs and outcomes (short- and intermediate-term outcomes, and longer-term impacts)
- **Data Matrix** – aligning our program logic outcomes with outcome indicators, measures and data sources
- **Outcomes measurement tools** – used to capture our priority outcomes for measurement

We developed our Outcomes Measurement Framework (see Figure 1) in line with The Salvation Army FDSV national Model of Care (2021) and Case Management Practice Guide (2023) and with input from:

- An advisory network, including internal and external stakeholders (e.g., state and national governments and lived experience representatives; see Part 5)
- Learnings from an initial pilot (2021–2023)
- Evidence-based literature
- Government plans and strategies¹

The Centre for Social Impact (University of Western Australia) provided expertise and guidance in the development of the framework, and validated the purpose-designed measurement tool (see Part 6).

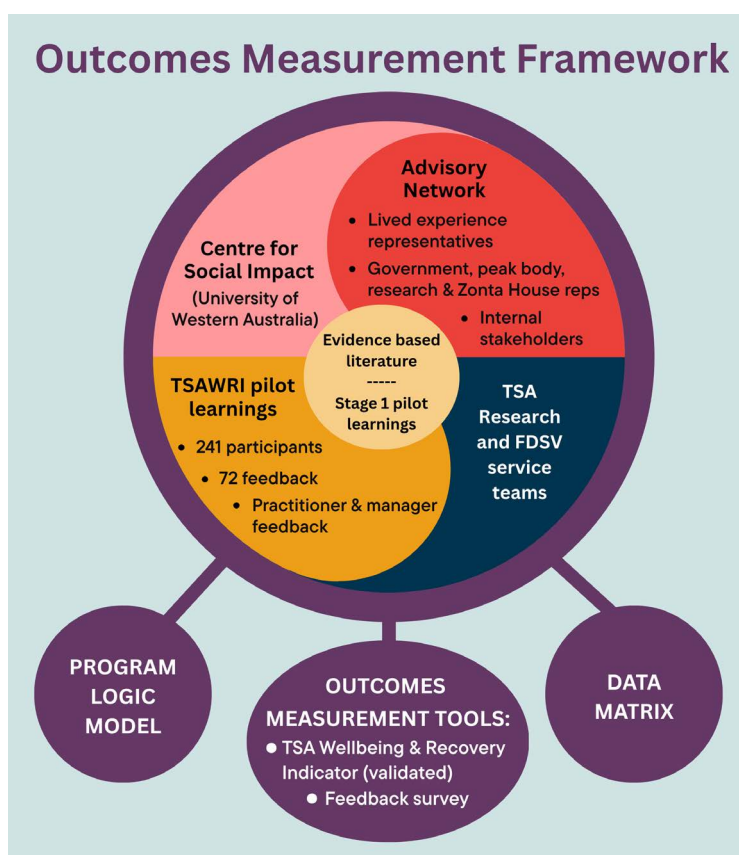


Figure 1: The Salvation Army FDSV service Outcomes Measurement Framework, including information sources and stakeholders.

¹ This includes consideration for the: National Plan to End Violence Against Women and Children 2022–2032 (Department of Social Services (DSS), 2022); First Action Plan and Outcomes Framework 2023–2027 (DSS, 2023); National Plan Outcomes Framework: Performance Measurement Plan (DSS, 2024); State and territory plans and strategies.

The following sections outline key framework design processes, considerations and learnings.

Program Logic Model—making sense of how change happens

The Salvation Army FDSV Program Logic Model sets out the pathways through which services deliver on their mission (see Figure 2), outlining:

- **Inputs**—e.g., staff expertise, partnerships and collaborations, operations
- **Activities**—e.g., specialist responses, case management, risk management
- **Outcomes**—including short- and medium-term outcomes, and longer-term outcomes or ‘impacts’
- **Assumptions**—the conditions required for outcomes to be achieved, e.g., the availability of skilled and trained staff, and an effective justice system

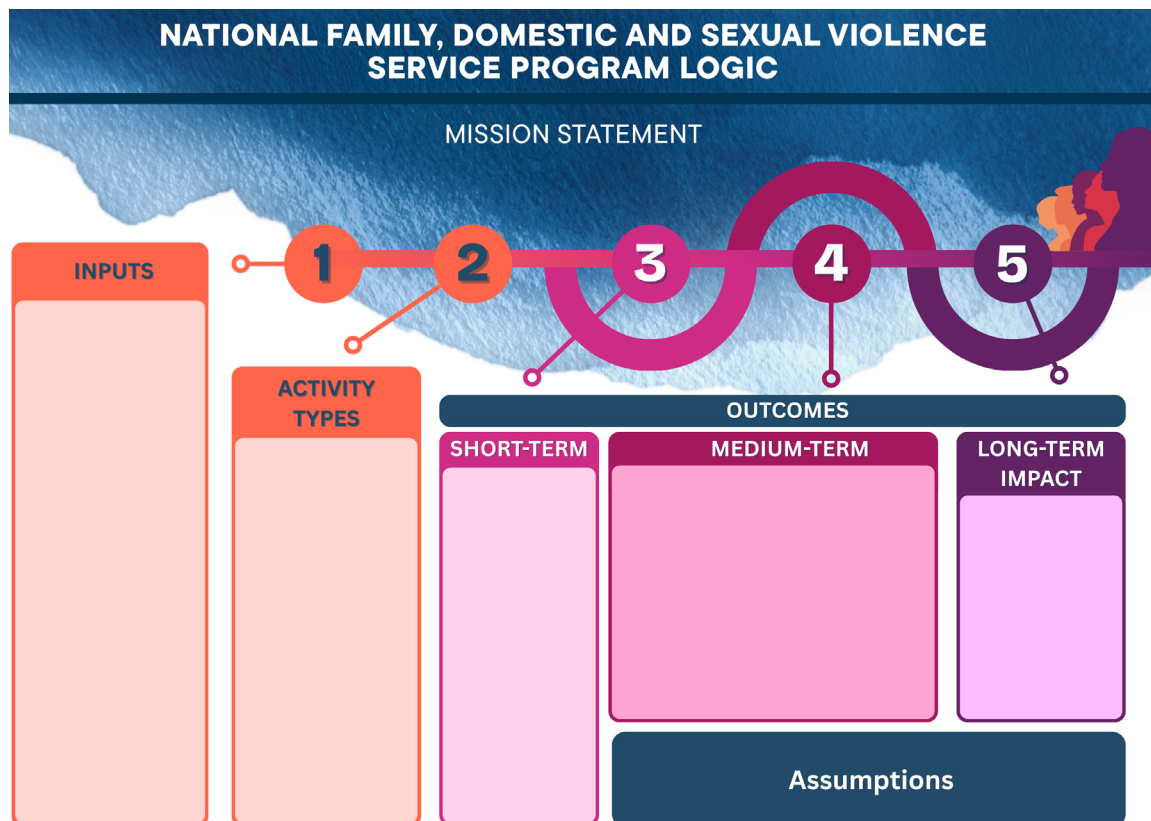


Figure 2: Structure of The Salvation Army FDSV Program Logic Model.

Outcomes within the Program Logic Model focused on anticipated changes in victim-survivors' situation, knowledge, behaviours, and skills as they engage with the service. However, the outcomes assume a level of flexibility to accommodate the complex nature of FDSV:

- **Outcome timeframe** – Program Logic Models traditionally focus on short-, medium- and long-term outcomes (Australian Institute of Family Studies, 2016a), each ascribed time-periods for expected achievements. For The Salvation Army FDSV services, timeframes were not specified, but rather outcome categories outline general trajectories, acknowledging substantial variation between victim-survivors and services as:
 - Recovery from FDSV is complex, contextual and is often non-linear
 - Victim-survivors engage with different services at different stages of their recovery
 - Victim-survivors from outreach and short- and long-term accommodation services will experience milestones at different times
 - Victim-survivors move between services in different ways, depending on their needs
- **Outcome attribution** – The Salvation Army FDSV services are designed to be holistic, attending to all areas of victim-survivors' life and connecting them to necessary supports. Most victim-survivors are engaged with multiple services at a time. For this reason, outcomes often cannot be attributed to a single service, but patterns of change among victim-survivors within a service can be observed.
- **Longer-term outcomes or 'impacts'** – are typically substantiable changes that continue after victim-survivors exit a service. Due to physical and psychological safety concerns, we do not contact victim-survivors for outcomes measurement data after support has ended. Short- and medium-term outcomes are used as indicators of service impacts.



Data Matrix – organising outcomes evidence

The Data Matrix documents how we planned to measure outcomes listed in the Program Logic Model. It provides a technical blueprint for measuring progress against each outcome (see Table 2 for an example).

Outcome	Indicator	Measurement	Data source
<i>Expected changes in victim-survivors' circumstances, knowledge, skills and behaviours as they engage with a service.</i>	<i>How progress will be determined, in context of feasible trauma-informed and strength-based approaches.</i>	<i>Identifies measurement tools and how data will be interpreted in context to outcomes.</i>	<i>Identifies how data will be sourced.</i>
E.g., Improved sense of personal safety.	E.g., Increase in victim-survivors' self-perceived safety.	E.g., Victim-survivors' response to the question, 'The service has helped me to feel safer'. Response type: Likert-style agreeance (strongly disagree to strongly agree). Responses in agreeance represent increases.	E.g., Feedback survey.

Table 2: Data Matrix structure and example.

Design

The Data Matrix was drafted by the Centre for Social Impact (University of Western Australia). Indicators, tools and data sources were decided iteratively and collaboratively with The Salvation Army Research and FDSV teams. Consideration was given to the availability of existing data (including The Salvation Army Wellbeing and Recovery Indicator (see Part 6), and client management system and case management data). Most outcomes were supported by data from two or more indicators. The decision process involved technical and contextual considerations, guided by the Centre for Social Impact's indicator assessment criteria (Bennett *et al.*, 2016).

The Data Matrix included all outcomes. However, to minimise burden on victim-survivors, staff and services, we chose to only measure priority outcomes.

Priority outcomes were determined by the Advisory Network to ensure data collection met the needs of all stakeholders (see Part 5). For non-priority outcomes, the Data Matrix acts as a repository of pre-approved data collection plans, facilitating timely and effective changes to data collection if stakeholder priorities evolve.



Unit of analysis

Most outcomes were measured at the level of discrete support periods rather than unique individuals. This meant that repeat presentations by the same person within a reporting period were counted as separate units. This approach was necessary due to:

- The nature of FDSV, including recognition of the social determinants and underlying circumstances that expose individuals to multiple, separate instances of FDSV
- Data sharing limitations between services and across the sector that were designed to reduce security risks
- Funding structures

Aligning measurement tools to service context, not the other way around

Outcomes measurement tools, including surveys, questionnaires, and semi-structured interviews, are standardised ways of gathering evidence about outcomes achieved by victim-survivors. Because the choice of measurement tool directly influences the feasibility, accuracy and usefulness of collected data, we considered:

- What tools were currently available
- What does and does not work within our service context, drawing heavily on learnings from our initial pilot study (2021–2023; see page 23)
- What lessons could be drawn from the experiences of other services
- What stakeholders valued, needed, and expected from outcomes measurement

We also placed importance on:

- Quantitative methods, given their suitability for the large number of community members accessing The Salvation Army FDSV services
- Trauma- and violence-informed and strength-based tools
- Statistically validated measurement tools to enhance confidence in data accuracy and reliability
- Pre-post tools administered at multiple time points to strengthen rigour and support case planning by providing a more reliable picture of change than single timepoint methods (such as retrospective or post-only measures)

These key considerations and areas of importance are explored in the following sections of the report.

What validated FDSV-specific tools are available?

Validation refers to the statistical process of determining whether a tool measures what it is intended to measure (validity), supported by evidence that it does so in a consistent and dependable way (reliability). Nationally and internationally, there is a considerable absence of validated FDSV-suitable outcomes measurement tools for response and recovery services (see Part 2).

Evaluation of FDSV response and recovery services typically focus on process metrics, along with some quantitative outcomes measurement relating to cessation of abuse, mental health, safety and empowerment, often using generic non-FDSV-specific tools (Carlisle *et al.*, 2024; Ragavan *et al.*, 2019; for FDSV-specific tools designed to measure empowerment, see Johnson *et al.*, 2005; Goodman *et al.*, 2015a).

What non-validated FDSV-specific tools are available?

Several non-validated outcomes measurement tools have been published, including the self-rated Visual Analog Scales of Recovery and Hope (Carman and Kay-Lambkin, 2022) and retrospective tools presented in combination with service satisfaction tools (see examples: Safe and Equal (2022) and DV West (Bullen and Laing, 2023)). These tools can generate valuable insights, particularly where flexible or low-burden measures are needed.



Pilot 1 learnings (2021–2023) – PWI, MOVERS and a feedback survey

The initial development of The Salvation Army FDSV Outcomes Measurement Framework was informed by literature reviews, internal workshops, and lived experience focus groups. In our initial pilot, two potentially suitable validated measurement tools were identified and piloted:

- **Personal Wellbeing Index (PWI;** International Wellbeing Group, 2024) – a 7-point scale measurement of wellbeing that has been validated in the general population. The PWI was already in use in some services in response to funder requirements.
- **Measure of Victim Empowerment Related to Safety (MOVERS;** Goodman *et al.*, 2015a, 2015b) – a 13-point scale measurement designed for, and validated with family violence services.

Both tools were piloted over two years across five The Salvation Army FDSV services, alongside a feedback survey, which was purpose-designed in response to key service areas identified by lived experience representatives.

Through our initial pilot, we found that neither validated tool was suitable for The Salvation Army FDSV service contexts:

- **PWI** – Its generic focus and lack of trauma-informed, strengths-based framing made the tool inappropriate.
- **MOVERS** – Victim-survivors found question wording complex; limited coverage of broader FDSV-specific outcomes reduced its usefulness for case management; similar limitations have since been noted by Powell *et al.*, (2022).

Our initial pilot highlighted the need for outcomes measurement tools that were FDSV-specific, short in length to reduce demands on practitioners and victim-survivors, and aligned with service delivery, particularly case management. We found that tools should collect outcomes data that is beneficial to both victim-survivors and practitioners, and generate insights that meaningfully inform service impact and improvement. In response, together with the Centre for Social Impact (University of Western Australia), we developed and piloted The Salvation Army Wellbeing and Recovery Indicator (see Part 6).

Feedback survey

In our initial pilot, we found our purpose-designed feedback survey to be appropriate and useful. We have since refined the survey to incorporate pilot learnings, advice from the Advisory Network (see Part 5), and additional retrospective outcomes measurement items to capture priority outcomes not addressed by the purpose designed The Salvation Army Wellbeing and Recovery Indicator.

5 The Advisory Network: Guiding the framework through lived and professional insight

We established the Advisory Network to bring together subject matter experts to weigh-in on the development of The Salvation Army FDSV Outcomes Measurement Framework and to ensure the framework and measurement tools met the needs and expectations of all stakeholders, including the communities accessing The Salvation Army FDSV services and service managers, funding bodies, the FDSV sector, and wider community service sector. The Advisory Network was also designed to help us share resulting project learnings and resources across the sector.

To accommodate stakeholders' availabilities and interests, we met with Advisory Network participants/teams individually, providing updates on broader Advisory Network conversations whenever feasible.

Key Advisory Network discussions included:

- The importance of consistent, flexible, and trauma- and violence-informed approaches to outcomes measurement
- Development and review of The Salvation Army FDSV Program Logic Model
- The need for FDSV services to select context-appropriate measurement tools
- Government priorities for outcomes measurement and anticipated future requirements
- Complications arising from differences in state and territory government and funder requirements for data collection systems, risk assessments, outcomes plans, and reporting expectations
- The purpose-designed The Salvation Army Wellbeing and Recovery Indicator and feedback survey, including its content, delivery, and reporting processes
- Strategies to support practice change and build capacity across the sector
- Opportunities to bridge gaps and share knowledge between government, peak bodies, and service providers in the outcomes measurement space

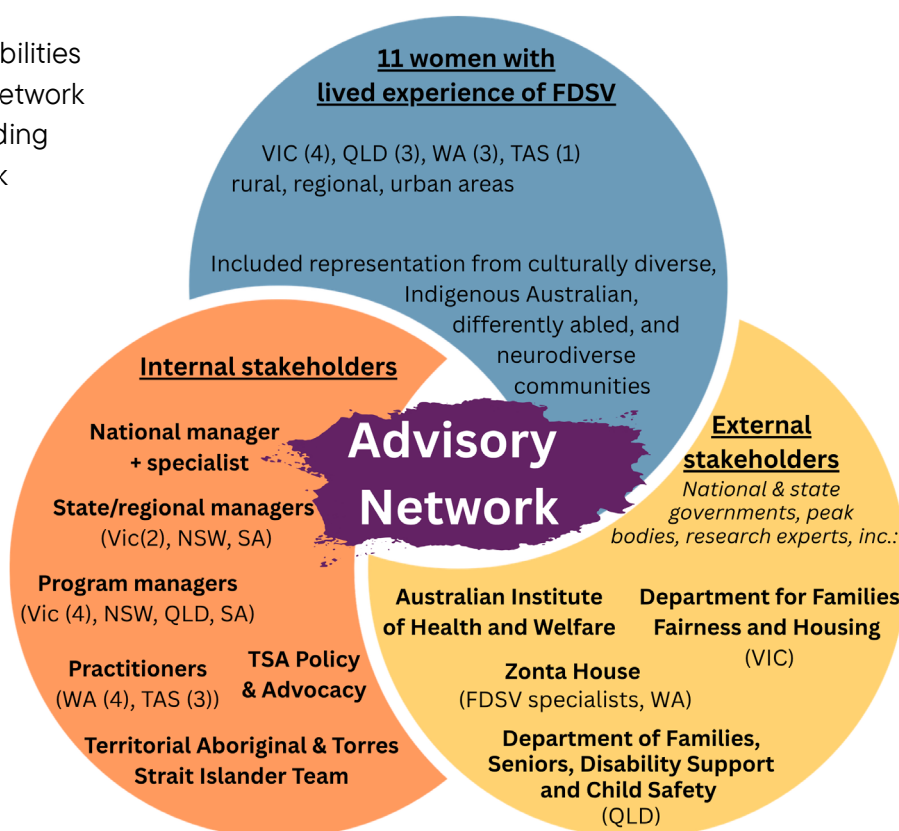


Figure 3: Advisory Network participants.

Advisory Network discussions highlighted the need for agile government outcomes frameworks capable of accommodating the multiple and varied goals of FDSV services. A single metric is unlikely to capture the diversity of service models and contexts.

The Advisory Network also noted that to be effective, frameworks should also recognise diverse populations, including multicultural and LGBTQIA+ communities, and male victim-survivors, so that outcomes and measures remain relevant and useful across different service contexts (see also Carlisle et al., 2024).

The Advisory Network's input directly informed and strengthened the Outcomes Measurement Framework. They:

- Identified priority outcomes for measurement (see next section)
- Refined proposed trauma-informed processes
- Assessed and refined tool language to suit victim-survivors
- Sparked critical, ongoing outcomes measurement conversations and sharing of knowledge within the FDSV sector

Deciding on priority outcomes for measurement

In our initial pilot (2021–2023), practitioners shared that data collection requirements needed to be balanced with demands on victim-survivors and practitioners. Accordingly, only priority outcomes were selected for measurement. We asked Advisory Network participants to identify priority outcomes for measurement from the Program Logic Model. Priorities were developed by applying equal weighting across all three Advisory Network stakeholder groups. (i.e., lived experience representatives, internal stakeholders, external stakeholders). Five priority outcomes for measurement were identified (see Figure 4).

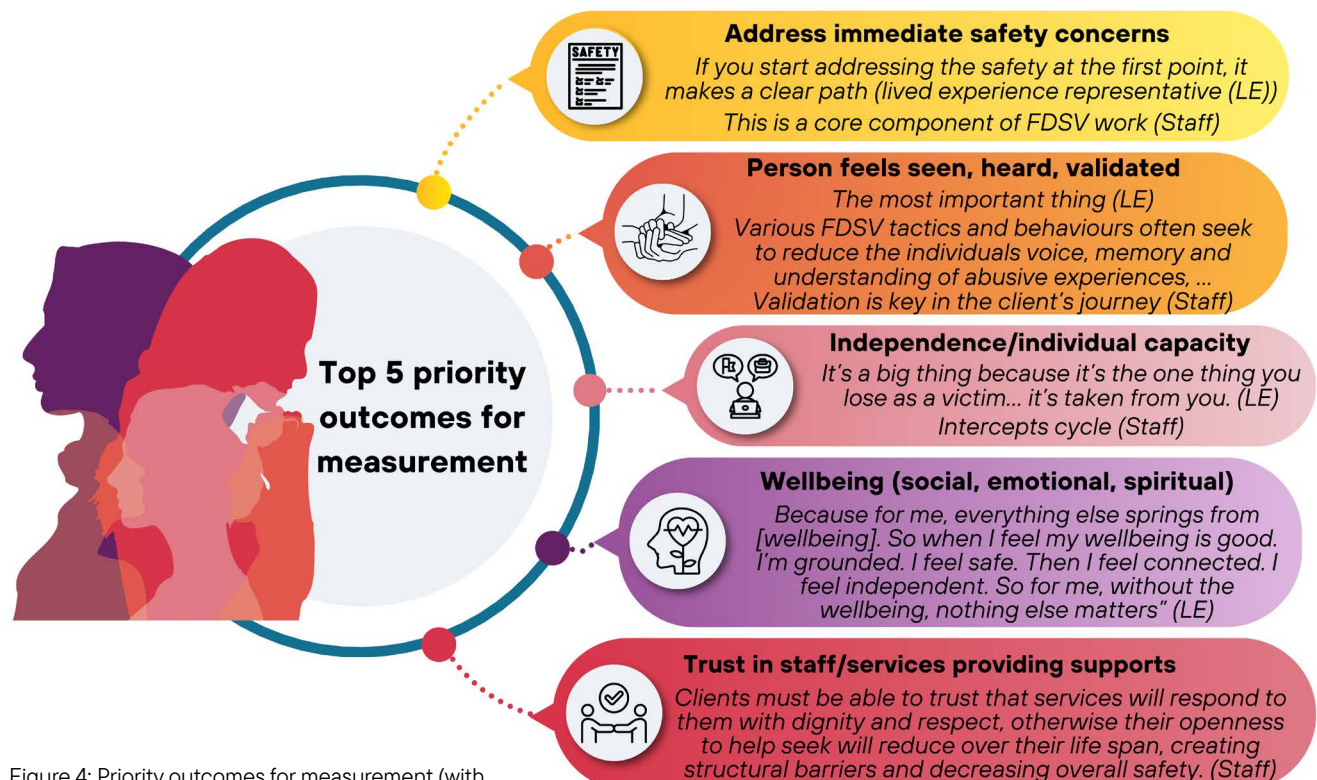


Figure 4: Priority outcomes for measurement (with quotes) as identified by the Advisory Network, including lived experience representatives (n = 11).



The importance of lived experience voices

While internal and external stakeholder priorities are often informed by contractual requirements and service design, we were mindful that the priorities of people with lived experience are often marginalised.

Meaningful engagement with lived experience representatives has become a cornerstone of contemporary FDSV policy development and evaluation in Australia, particularly as governments and service systems shift toward outcomes-focused measurement. National bodies such as ANROWS¹ emphasise that survivor-led insights are essential for defining what ‘success’ looks like in practice, noting that conventional metrics often miss the relational, cultural, and long-term dimensions of safety and recovery that victim-survivors prioritise (Wheildon, 2023).

Hearing directly from those with lived experience is essential, as practitioner proxies are complicated by the boundaries of their professional roles, organisational expectations and risk management responsibilities.

The inclusion of lived experience voices was instrumental to the development of the Outcomes Measurement Framework, centring victim-survivors and recognising the breadth and complexity of their recovery and healing journeys, including both enablers and barriers. Their shared experiences also highlighted how standard service practices or assumptions, however well-intentioned, could inadvertently inhibit healing from trauma. Lived experience engagement identified common experiences while also illustrating the diversity that spurred broader, more flexible thinking. Listening to lived experience voices sharpened our understanding of the space, nuance, and responsiveness needed to meaningfully reflect the experiences of victim-survivors through outcomes measurement.

¹ Australia's National Research Organisation for Women's Safety

Working with lived experience representatives

In working with lived experience representatives, we wanted to avoid extractive processes that require individuals to repeatedly recount experiences, and instead invested in trauma-informed, well-coordinated engagement that respected boundaries, minimised duplication, and recognised the emotional labour involved. Lived experience input was pivotal in informing outcome prioritisation (see page 25), indicator development, and measurement tool review.

What became clear through our work – which was echoed in conversations with several Advisory Network representatives – were the significant barriers that can limit victim-survivor participation in lived experience engagement in the FDSV sector. Many of the same challenges are apparent in Outcomes Measurement Framework development.

These included but were not limited to:

- The difficulty of engaging victim-survivors in a landscape where lived experience expertise is already heavily drawn upon, often for initiatives perceived as higher priority than outcomes measurement.
- The breadth of experiences across states and territories and the diversity of individual needs (for example, victim-survivors with and without children, victim-survivors living with disability, LGBTQIA+ victim-survivors, and culturally and linguistically diverse victim-survivors). There is an ongoing lack of representation from marginalised communities whose voices are often least visible yet most affected.
- The need to respect victim-survivors' autonomy in choosing when and how to share their stories while remaining mindful of the emotional labour, time pressures, and systemic resource constraints involved. Outcome- and indicator-focused discussions add a layer of cognitive and emotional demand, requiring victim-survivors to invest significant thought and reflection beyond what is typically asked of them.
- The importance of ensuring that consultations are facilitated by skilled, trauma-aware evaluators who can foster genuinely collaborative dialogue and actively work to minimise power imbalances.



6

The Salvation Army Wellbeing and Recovery Indicator (TSAWRI) – measuring what matters

Design and pilot

This project, including Advisory Network insights and discussions, has culminated in the development of a FDSV-specific outcomes measurement tool. The Salvation Army Wellbeing and Recovery Indicator (TSAWRI, pronounced ‘sah-ree’) was adapted from Zonta House’s Life Matrix (Lester *et al.*, 2021), with permission to tailor the tool for The Salvation Army context. In consultation with the Centre for Social Impact at the University of Western Australia, we refined the tool in line with The Salvation Army national FDSV services:

- National Model of Care
- National Case Management Practice Guide
- Initial pilot learnings (see page 23)

We kept the tool length intentionally short (13 questions) and designed questions to be in Easy English to decrease cognitive burden and increase comprehension.

TSAWRI was piloted across 24 FDSV services of The Salvation Army starting August 2024 (see Figure 5), with data submitted to the Centre for Social Impact for analysis in late March 2025. Practitioner, practice lead and manager feedback, collected through formal reflection sessions and other correspondence throughout the pilot, was also shared with the Centre for Social Impact.

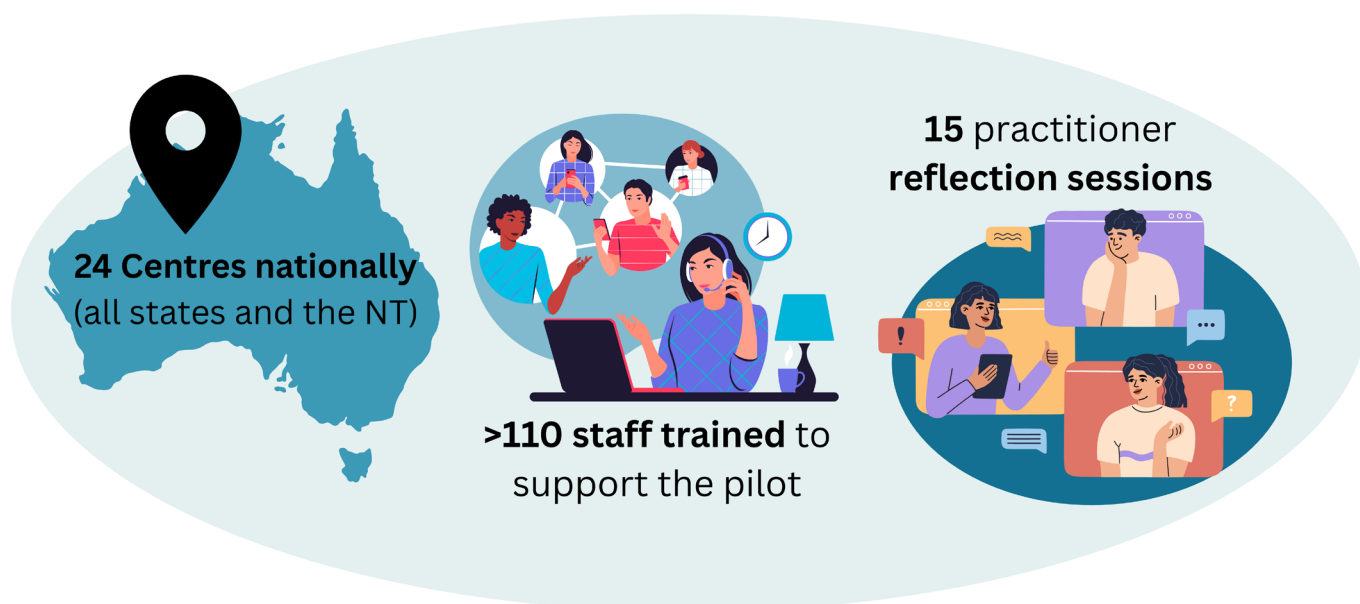


Figure 5: Service and practitioner involvement in the TSAWRI pilot.

The pilot comprised two activities with existing clients:

- **Pre-post activity** (n = 59) – As part of case management, victim-survivors were invited to complete the voluntary tool at service entry and exit, with additional review points for longer service support periods. 241 victim-survivors completed one or more forms, with 59 victim-survivors completing an intake and review/exit form, allowing change in wellbeing to be observed over time.
- **Validation activity** (n = 72) – This activity offered victim-survivors the opportunity to provide feedback on the tool and complete two additional validated tools, supporting the Centre for Social Impact’s validation analysis. Victim-survivors were remunerated for their participation in the activity.

Research approval was granted by The University of Western Australia Human Research Ethics Committee (2023/ET000964). Our project aligned with Australian National Research Agenda priorities and was registered with ANROWS Register of Active Research, a national database for research on gender-based violence research in Australia.

Data analysis and tool revisions

Validation testing by the Centre for Social Impact concluded TSAWRI was reliable, well-aligned with similar validated tools, and pilot participants found the tool easy to use. Victim-survivor feedback also showed questions reflected victim-survivors’ experiences. The following provides details on the validation process, learnings and resulting tool revisions. A number of recommended tool changes were supported by feedback provided by lived experience representatives in the Advisory Network.

Validation process

Psychometric testing examined the reliability and validity of TSAWRI (outlined in Table 3). Testing involved responses from 72 female victim-survivors (see Figure 6 for demographics).

Activity	Description
Face validity	Explored TSAWRI suitability, comprehension, relevance, context, and appropriateness.
Factor analysis	Examined whether a TSAWRI total score is meaningful and identifies any underlying domains reflected in participants’ responses. Calculations included exploratory and confirmatory factor analysis.
Reliability testing	Examined the internal consistency of TSAWRI total scores/sub-domains (i.e., do scores measure the same underlying concept to produce stable, trustworthy results?). Calculations included Cronbach’s Alpha.
Convergent validity	Examined if results align with similar established measures – Personal Well-being Index (subjective wellbeing) and Kessler-5 (psychological distress). Calculations included simple linear and logistic regressions.
Refine/revise	Suggested tool improvements.

Table 3: TSAWRI reliability and validity testing (abridged from Hooper *et al.*, 2025, p.10–11).

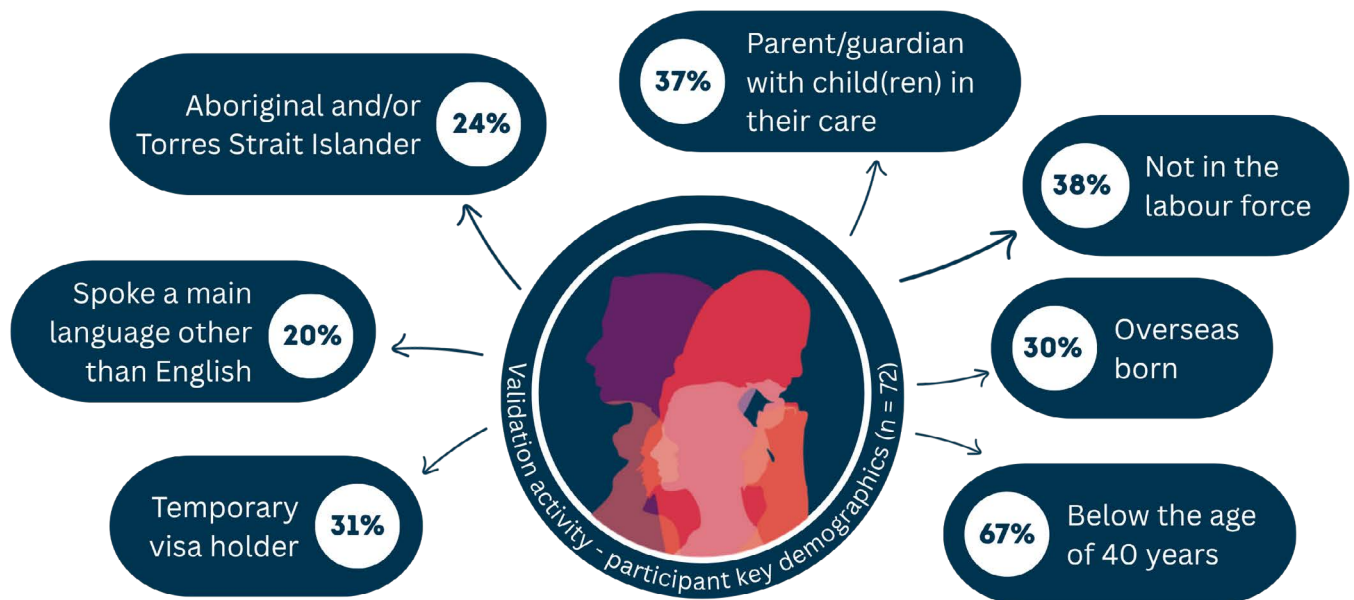


Figure 6: Validation activity client demographics (n = 72).

Face validity

Most questions were found to be well-worded and reflective of victim-survivors' experiences. Some victim-survivors found a few questions challenging. Challenges and tool adjustments proposed by the Centre for Social Impact included:

Alcohol and other drugs (AOD) – The piloted tool included a broad question about the impacts of AOD on everyday life, intended to capture both participants' AOD use and use by people around them. Although AOD support continues to be addressed through case planning, it was recommended that the question be removed due to concerns regarding:

- Question comprehension
- Cultural safety
- Recognition that AOD use may function as a coping strategy for victim-survivors rather than as an indicator of wellbeing

In line with these recommendations, the AOD question was removed from future iterations of the tool.

Housing – Two tool items referred to housing safety and stability. Pilot feedback indicated that some victim-survivors and practitioners found the questions overly simplistic or confusing in the context of FDSV service delivery. While acknowledging these concerns, the Centre for Social Impact advised retaining housing items because "housing is a fundamental component of wellbeing, safety and human rights" (Hooper *et al.*, 2025, p.33). Instead, the addition of brief explanations or examples to improve clarity and support more meaningful responses was recommended. Housing-related items have been updated accordingly.

Child-related questions – The piloted tool included two questions relating to children. Practitioners noted that some victim-survivors were uncomfortable responding to these questions, despite the option to skip questions or select "Do not wish to answer/not relevant." The Centre for Social Impact therefore recommended that these items only be asked of victim-survivors with children in their care. In response, adjustments have been made to how the tool is administered.

Work and education – The piloted tool combined work and education into a single item. Pilot participants felt the question was too broad or ambiguous, and in some cases, it elicited complex emotional responses. It was recommended this item be separated into two distinct questions, one on work and one on education, to provide clearer and more meaningful measures. The tool was updated accordingly.

Factor analysis and reliability testing

A total wellbeing score was identified as suitable for use in case planning to track changes in a victim-survivors' circumstances over time. Three sub-domains were identified (see Figure 7), each with good internal consistency (ranging from 0.76–0.86), and suitable for pre-post and cross-demographic analysis.

As analysis is sensitive to small sample sizes, non-nominal data and missing data, it was recommended analysis be repeated in future, particularly after recommended TSAWRI changes had been implemented, to better understand the tool's model of fit.

Convergent validity

Correlations between the newly developed tool and Personal Wellbeing Index (PWI) and Kessler-5 (K-5) scores showed expected patterns. People with higher scores in 'Housing and Health' or 'Supports and Services' domains tended to report higher wellbeing and lower psychological distress. Similar correlations were also evident between the 'Children' domain and PWI, though correlations were not as strong within the small sample. In general, relationships suggest the tool domains were behaving as they should and meaningfully reflect overall wellbeing and recovery.

Cultural suitability

Pilot feedback from victim-survivors, practitioners, and Advisory Network participants on the cultural suitability of the tool were mixed. Many practitioners and all First Nations victim-survivors who participated in the validation activity (24% of participants) reported no concerns with the tool. However, in relation to the pre-post activity, some practitioners, particularly those from regional areas of Australia, raised concern over the cultural suitability of some items. Practitioners noted some First Nations participants required extra support with tool comprehension and informed consent due to English proficiency, culturally taboo concepts, and western concepts and procedures.

At the time of publishing, while we explore culturally safe options for outcomes measurement, the use of the tool has been paused in services accessed by a high proportion of First Nations victim-survivors. Interim qualitative, culturally safe, flexible approaches have been implemented in these services to ensure First Nations victim-survivors still have an opportunity for their voice to be heard and contribute to outcomes measurement if they wish.

TSAWRI's simple language accommodates victim-survivors with lower English proficiency and future work will consider translated and Easy English versions, including for people with intellectual disabilities.



Figure 7: TSAWRI sub-domains.

The Salvation Army Wellbeing and Recovery Indicator in practice

TSAWRI was designed as a pre-post measurement tool, to understand changes in victim-survivors' wellbeing over time. The tool was designed to be completed at:

- **Intake** – shortly after casework begins
- **Review** – mid-way through a case or at regular intervals (suitable for longer support periods)
- **Exit** – as victim-survivors prepare to leave the service

At each timepoint, the tool was:

- Offered when victim-survivors were not in an acute state of distress
- Voluntary for victim-survivors, with allowances to skip or stop questions at anytime
- Used to inform casework to facilitate direct benefits for participating victim-survivors. This includes practitioners discussing responses of interest with victim-survivors

We designed the tool to be delivered flexibly, to support victim-survivors and practitioners' needs and working preferences, e.g., the tool can be completed by victim-survivors on their own, or with practitioners, either directly into client information systems, via fillable PDF or paper-based copies.

Developing an outcomes measurement culture

Meaningful and reliable outcomes measurement practice depends not only on a rigorous framework and tools, but on active engagement from all service delivery staff. The table below summarises how we involved and supported FDSV staff to embed outcomes measurement as a business-as-usual practice.

Throughout the project, FDSV national specialists advised on key service considerations, when and how best to engage with the broader FDSV team and co-facilitated and co-presented at events.



The Salvation Army FDSV Services			
Inclusion and support strategy	Leadership	Managers and team leaders	Specialists and practitioners
Design stages			
Consultation at key project stages	✓		
Advisory Network participation	✓	✓	✓
Feedback opportunities on piloted tools		✓	✓
Streamlined data collection processes			✓
Outcomes measurement implementation			
Clear, open and continuous communication, including the benefits of outcomes measurement and evidence-based foundations	✓	✓	✓
Service outcomes measurement champions*			✓
Outcomes measurement training	✓	✓	✓
Additional outcomes measurement resources on: • Best tool delivery practices (e.g., trauma-informed delivery) • Responding to sensitive or complex scenarios • Responding to common staff and victim-survivor concerns		✓	✓
Automated survey reminders			✓
Drop-in sessions and additional team support as needed	✓	✓	✓
Data use			
Practitioner access to auto-generated client progress reports			✓
Manager access to auto-generated centre and region reports	✓	✓	
Clear processes for utilising data for service improvement and reporting	✓	✓	
Systems for sharing and discussing results and celebrating achievements	✓	✓	✓

Table 4: Strategies used to include and support The Salvation Army FDSV service teams in outcomes measurement processes.

* Outcomes measurement champions are dedicated staff who promote, model, and support effective outcomes measurement practice within their service.

Trauma-informed approaches to administering outcomes measurement

Our pilot showed that in FDSV services, a trauma-informed approach requires valuing the outcomes measurement process just as much as the tool to uphold victim-survivors' safety and dignity. Even well-designed instruments can cause harm if they are administered in ways that feel rushed, intrusive, or disconnected from a victim-survivor's readiness to reflect on their experiences. When practitioners take time to explain the purpose, offer genuine choice, and create space for victim-survivors to pause or decline questions, the process becomes one that supports their sense of control. We found through this pilot that trauma-informed outcomes measurement can help survivors recognise their own progress, strengthen their trust in services, and ensure that the information collected ultimately contributes to better, more responsive support.



7

Driving change together—the roles of services, government and the sector

The FDSV sector is undergoing rapid change, making it essential to embed outcomes measurement as core system infrastructure. Timely, fit-for-purpose outcomes measurement creates critical feedback mechanisms to track service impact and sector changes, while providing the opportunity to refine best outcomes measurement practices. Delaying outcomes measurement implementation in pursuit of methodological perfection risks prolonging evidence gaps and hindering informed decisions about how services should be designed, supported and resourced.

As outcomes measurement is embedded, risks to victim-survivor safety, workforce capacity, service delivery, and data integrity can be actively managed through proportionate safeguards, flexibility, and innovation appropriate to the complex and sensitive nature of FDSV work. Responsibility for success sits across the system, requiring coordinated leadership from government, funders and service providers alike.

Recommendations for government

Governments and funders are the primary system-shapers of outcomes measurement across the FDSV sector. Through commissioning, contracting, and reporting requirements, they determine not only what data is collected, but how services engage with outcomes measurement in practice. While there is a legitimate need for consistency, accountability, and justification of public expenditure, overly prescriptive or compliance-driven approaches risk constraining meaningful outcomes measurement at the point where it matters most. If not carefully designed, reporting frameworks can inadvertently stifle service-level learning, limit innovation, increase administrative demands on already overburdened victim-survivors and practitioners, and obscure the experiences of victim-survivors whose outcomes the sector exists to improve. Effective outcomes measurement therefore requires governments and funders to balance assurance with adaptability, enabling services to remain responsive to community needs while generating robust, decision-relevant evidence for system stewardship.

When developing and implementing outcomes measurement frameworks within the FDSV sector, we recommend that governments and funders:



1. Embed flexibility and agility within outcomes measurement reporting frameworks

Governments and funders must ensure their Outcomes Measurement Frameworks relating to FDSV services are fit-for-purpose and adaptable. This includes allowing service providers to choose appropriate measurement tools that can be mapped to government and sector outcomes frameworks. Frameworks must recognise:

- Differences in service purpose, design, operational models, local context, and victim-survivor cohorts
- That many services have already invested in evidence-based outcomes measurement frameworks that benefit both victim-survivors and service delivery, and that additional data requirements may exceed capacity
- That services often manage multiple and overlapping reporting obligations, including:
 - Co-funded programs
 - Services operating across jurisdictions
- Service providers' need to change their outcomes measurement frameworks and tools in line with changes to service delivery

2. Invest in services' outcomes measurement capability and sustainability

Governments and funders must provide adequate funding and practical supports to assist services with the development, implementation and ongoing maintenance of service-specific outcomes measurement frameworks. Outcomes measurement should be recognised as an essential, resourced component of quality service delivery rather than an unfunded compliance task.

This could include investment in best-practice guides and measurement tool libraries, such as those produced by the Australian Institute of Family Studies (2016b).

Governments should ensure advice is both technically and contextually appropriate (for guidance, see for example, advice on assessing and selecting indicators by Bennett *et al.*, 2016).

3. Prioritise outcomes, not just outputs

Governments and funders must ensure outcomes measurement frameworks place explicit emphasis on service and victim-survivor outcomes, in addition to activity and output reporting, to support genuine assessment of impact and effectiveness.

4. Build on existing service-level practice

Governments and funders must undertake early and meaningful consultation with services to:

- Identify what, and how, outcomes measurement data is currently being collected
- Understand how existing approaches support service improvement and victim-survivor outcomes
- Avoid duplication and unnecessary reporting burden

5. Ensure outcomes measurement delivers value to services and victim-survivors

Governments and funders should position outcomes measurement as a tool that benefits participating services and victim-survivors, not solely as a mechanism for funder assurance or accountability.

This includes recognising that:

- Outcomes data should support learning, service improvement, and responsiveness to community need
- Overly compliance-driven reporting frameworks risk undermining meaningful engagement with outcomes measurement

6. Centre victim-survivor voice in outcomes measurement

Direct victim-survivor input in outcomes measurement must be prioritised by government and funders wherever possible, rather than reliance on proxies such as practitioner perception alone, to ensure data reflects lived experience and victim-survivor-defined change.

7. Provide clarity and lead time on service-level data requirements

Governments and funders must offer clear, consistent, and timely communication about service-level data requirements. This enables services that are developing or refining their own outcomes frameworks to:

- Design systems that accommodate government requirements
- Integrate reporting expectations without disrupting service delivery

Recommendations for services

To support meaningful, sustainable outcomes measurement that benefits both victim-survivors and practice, we encourage services to:

1. Strengthen peer-to-peer outcomes measurement learning across the sector

Services are encouraged to actively connect with other services to share and learn from existing outcomes measurement practice, recognising peer-to-peer learning as a critical driver of capability and consistency across the sector.



- Services with more established outcomes measurement frameworks are encouraged to share learnings, tools, and implementation insights with other providers
- Services newer to outcomes measurement are encouraged to seek out and learn from peers, drawing on their practical experience to inform their own approaches

Through deliberate knowledge-sharing, services can collectively build a culture that prioritises data which meaningfully reflects service impact, while delivering benefits for both victim-survivors and services.

2. Develop fit-for-purpose, service-specific frameworks

Services are encouraged to design and implement outcomes measurement frameworks that are tailored to their:

- Purpose and service delivery approaches
- Victim-survivor cohorts and community context
- Workforce capacity and operational realities

In doing so, services should draw on available evidence, tools, and resources, including those outlined in this report, to support consistency, quality, and sustainability. Where framework development is externally developed (i.e., funders or consultants), services should ensure they have input and oversight throughout the process.



3. Advocate for agile and proportionate outcomes measurement reporting

Services are encouraged to proactively negotiate with funders and advocate for reporting requirements that are:

- Agile and adaptable
- Aligned with service-level outcomes frameworks
- Proportionate to service scope and capacity

This is essential to ensure outcomes measurement remains meaningful, ethical, and beneficial for all stakeholders, particularly participating victim-survivors, rather than becoming a compliance-driven burden.

4. Identify appropriate feedback loops including knowledge translation for different audiences and contexts

Services are encouraged to intentionally identify and embed feedback loops that support the timely and meaningful return of outcomes data to relevant audiences, including victim-survivors, practitioners, managers, and funders. This involves tailoring knowledge translation approaches to audience needs and contexts, using accessible and proportionate formats that support reflection, learning, and decision-making. Embedding two-way feedback processes within routine practice can strengthen continuous improvement and ensure outcomes measurement remains relevant and impactful.



Recommendations for the sector

To support the development of rigorous, ethical, and context-appropriate outcomes measurement within the FDSV sector, we encourage peak bodies, academics, and community stakeholders to:

1. Advance fit-for-purpose approaches to outcomes measurement

The sector is encouraged to acknowledge the methodological and ethical complexities inherent in evaluating outcomes within the FDSV sector, and actively contribute to the development, testing, and refinement of rigorous, context-appropriate approaches to outcomes measurement.

This includes:

- Advancing alternative and complementary methodologies that are responsive to the complexity, sensitivity, and relational nature of FDSV work
- Challenging assumptions that traditional evaluation models are sufficient or appropriate on their own to capture meaningful change
- Supporting evidence generated through practice and culturally informed approaches, alongside traditional research methods

2. Bridge research, policy, and practice

The sector is encouraged to play an active role in translating research into practice by:

- Partnering with services to co-design evaluation approaches that are feasible, ethical, and useful at the service level
- Supporting governments and funders to understand the implications of methodological choices for service delivery and victim-survivors' experience
- Ensuring research outputs are accessible, practical, and relevant to frontline contexts

3. Centre lived experience and community knowledge

The sector is encouraged to champion outcomes measurement that:

- Values victim-survivor voice and lived experience as central to defining and assessing outcomes, while recognising that participation involves emotional labour and that victim-survivor and advocate capacity is finite
- Prioritises lived experience engagement in the areas where it is most critical to decision-making, service improvement, and accountability, rather than treating participation as unlimited or commodifiable
- Integrates community-led and culturally-grounded knowledge, particularly in work with First Nations communities
- Avoids extractive data practices and prioritises reciprocity, benefit, and accountability to communities

4. Support sector capability and collective learning

The sector is encouraged to use its influence and platforms to:

- Facilitate shared learning, communities of practice, and cross-sector dialogue on outcomes measurement
- Disseminate emerging evidence, tools, and learnings in ways that support service-level capability
- Advocate for outcomes measurement approaches that strengthen, rather than burden, the FDSV system

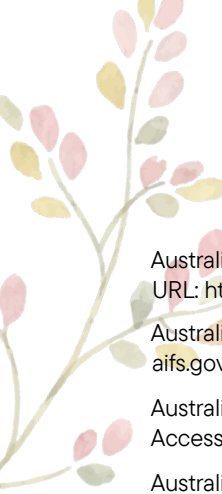
Next steps – The Salvation Army FDSV service framework

After embedding The Salvation Army FDSV Outcomes Measurement Framework as business-as-usual nationally, our next phase will focus on strengthening sustainable and inclusive outcomes measurement practice across The Salvation Army FDSV services. This phase will include the development of translated and Easy English versions of TSAWRI. It will also involve identifying culturally suitable alternative measurement processes and tools for First Nations victim-survivors accessing The Salvation Army FDSV services, guided by First Nations expertise and principles of cultural safety and self-determination.

As we increase the amount of outcomes measurement data collected nationally, greater emphasis will be placed on analysing and using outcomes data in annual reporting, service improvement, community advocacy, and funding applications, strengthening evidence-based decision-making across our services. Outcomes measurement data will be analysed alongside client information system data to understand the extent to which different victim-survivor cohorts benefit from services and to identify service improvement opportunities.

Future work will also focus on expanding the Outcomes Measurement Framework to include children and young people, as well as additional FDSV service types currently outside the scope of the framework (such as programs supporting men who use violence). This will involve staged development to ensure measures are developmentally appropriate, ethically sound, and aligned with differing service models and practice contexts, while maintaining coherence with the broader outcomes measurement approach.





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