Our Mob, Our Measures

Measuring Success for Aboriginal Victim Survivors: Development of a Holistic, Culturally Relevant Measure of Client Outcomes in Aboriginal Family Violence Services for Women and Children Victim Survivors

Research Report

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Connected by culture

VACCA

VICTORIAN ABORIGINAL CHILD AND COMMUNITY AGENCY

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We recognise those who are currently experiencing or have previously experienced family violence. We solemnly recognise those individuals who have lost their lives because of family violence.

About this report

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Executive Summary

Aboriginal[1] specialist family violence services that support women and children continue to be at the forefront of efforts to end family violence against Aboriginal women and children in Victoria. They reflect holistic, culturally grounded and family-centred approaches to working with women and children affected by family violence and include crisis services and therapeutic programs working with women and children separately or as dyads.

Measuring client outcomes is necessary for achieving health equity for Aboriginal people. However, there is an absence of a relevant outcome instrument for use in family violence services for Aboriginal women and children affected by family violence that considers their perspectives of success, and which also possesses properties of cultural appropriateness, validity for Aboriginal populations, responsiveness to change and user-friendliness.

Measures that focus on outcomes from a western perspective can problematise Aboriginal individuals and communities, resulting in a 'deficit discourse', and social and cultural phenomena that are identified as important and real for Aboriginal people are often not included as sought after outcomes. Currently, the major scales that are relevant to the family violence context also measure individualistic therapeutic outcomes such as self-esteem or depression, and do not capture the range of different ways Aboriginal family violence services respond to women and children affected by family violence.

This research set out to address the absence of a client outcomes tool for Community members accessing family violence services that considers their perspectives of success and captures the range of different ways Aboriginal family violence services respond to women and children affected by family violence, and that recognises that not all Aboriginal women have the same lived experience and cultural connections.

Under the leadership of an Aboriginal Advisory Group, a Research Team from the Victorian Aboriginal Child and Community Agency (VACCA) and the University of Melbourne comprising Aboriginal and non-Aboriginal researchers: (i) defined outcomes by talking directly to Aboriginal women affected by family violence and exploring the outcomes included in First Nations measurement tools, frameworks, and program evaluations from Australia, Canada, NZ and the U.S.;

[1] The term 'Aboriginal' is used to refer to people who identify as Aboriginal, Torres Strait Islander, or both Aboriginal and Torres Strait Islander. 'Indigenous' and 'First 'Nations' is used when referring to Indigenous populations internationally. This is for ease of reading in this report only, and we respectfully acknowledge the diversity and autonomy of different communities.

(ii) designed a Draft Client Outcomes Tool that measures the outcomes Community members accessing family violence services value, and validated it for acceptability and clarity, mode of administration and length and; (ii) assessed acceptability, clarity, sensitivity, and internal consistency of a revised Draft Client Outcomes Tool by piloting it with 48 women receiving Aboriginal case management and therapeutic programs in metropolitan and regional areas of Victoria.

Talking directly with Community members accessing family violence services revealed that they valued a wide range of outcomes, including stable safe housing for themselves and their children, protection from the person causing harm, social and cultural connections and healing for themselves and education about family violence and healing for their children.

> "It took me so many years to learn what domestic violence was. It took me so long to realise that it's not okay for someone to make you feel like that. And, if I had have learnt that when I was a teenager, then I might have avoided certain relationships"
>
> **Participant**

Participants wanted their children to be educated about family violence, to ensure the cycle of violence is not perpetuated across the next generation within a family. Participants also spoke about the impact family violence has on children, or the 'burden they carry' because of family violence, and the need to focus on children's healing. Participants also highlighted the important role of culture in their own healing from family violence, and their hope to feel safe, to have a 'nice family' and to 'feel love'.

> "Our kids very much get forgotten at a domestic violence situation. It's always the mother and father and the poor kids, the kids get bloody left out and they carry a lot of burden – carry a lot of the burden"
>
> **Participant**

While the weight of expectation on specialist family violence services seems heavy, the priorities of Community members accessing family violence services did reflect the range of objectives in program evaluations, and frameworks relevant to family violence services for First Nations women and children affected by family violence identified in the international literature.

> "I don't know if it's realistic because, be able to like, be able to go to the park without, without having to look over my shoulder and think that he's watching us. That's probably the best thing that I could hope for if that makes any sense"
>
> **Participant**

Through a series of steps, including identifying key outcome statements from Community member's stories, checking with Community members and pilot testing, it was possible to develop and refine a measurement tool that meets important criteria of cultural appropriateness, face validity, acceptability, clarity, and usability. The Final Draft Outcomes Tool, which covers 10 key concepts of "Good housing", "Protection from the person causing harm", "Understanding family violence", "Trust in my

[VACCA] worker", "Breaking intergenerational cycles of violence", "Connections with others", "Connections with children", "All my children's healing", "My healing" and "My growth" shows promise in enabling measurement of outcomes in Aboriginal family violence services that support women and children.

Giving the Final Draft Outcomes Tool an Aboriginal name and artwork and undertaking psychometric testing with a large sample of Aboriginal women affected by family violence, in a sensitive, ethical, and well-considered approach will help verify that the Tool can accurately measure defined outcomes and can be relied on to inform decisions regarding individual interventions, practice and service improvement and program spread.

1. Project Background

1.1. Aboriginal Family Violence Services that Support Aboriginal Women and Children Affected by Family Violence

Operating under the framework *Dhelk Dja: Safe Our Way – Strong Cultures, Strong Families, Stronger Communities agreement*, which recognises that Aboriginal self-determination is required to reduce the significantly higher levels of family violence experienced by Aboriginal people (Australian Institute of Health and Welfare, 2022), Aboriginal specialist services that support women and children continue to be at the forefront of efforts to end family violence against Aboriginal women and children in Victoria. They reflect holistic, culturally grounded and family-centred approaches to working with women and children affected by family violence, and include crisis services (e.g., counselling, case management, advocacy, information, referral, practical support) and therapeutic programs working with women and children victim affected by family violence (separately or as dyads).

1.2. The Absence of a Client Outcome Instrument for use in Family Violence Services for Aboriginal Women and Children

The value of evidence-based action in achieving health equity for Aboriginal and Torres Strait Islander populations is widely promoted, yet what constitutes the outcome to be measured can differ based on the cultural positioning of the questioner, exposing evaluations to potential cultural/racial bias. Specifically, there are concerns that measures that focus on outcomes from a western perspective problematise Aboriginal individuals and communities, resulting in a 'deficit discourse', and that social and cultural phenomena that are identified as important and real for Aboriginal people are not included as measures of 'success' (Luke, Verbunt, Zhang et al., 2022). Accordingly, there are growing calls for alternative ways to think about and discuss Aboriginal and Torres Strait Islander health and wellbeing and to measure success in program delivery to Aboriginal people (Fogarty, Lovell, Langenberg, & Heron, 2018).

There is currently no relevant outcome instrument for use in family violence services for Aboriginal women and children affected by family violence that considers their perspectives of success, and which also possesses properties of cultural appropriateness, validity for Aboriginal populations, responsiveness to change and user-friendliness. Currently, the major scales that are relevant to the family violence context measure individualistic therapeutic outcomes such as self-esteem or depression, and do not capture the range of different ways Aboriginal family violence services respond to women and children affected by family violence.

This project aimed to displace the deficit discourse in family violence services that support Aboriginal women and children and build knowledge from the ground up, by actively involving Aboriginal women accessing family violence services to define what outcomes matter to them. The project also aimed to measure and test outcomes that Aboriginal women accessing family violence services valued, so that outcome measures embedded in programs and services that support Aboriginal women and children affected by family violence are relevant and useful to services and the women who use them.

Measuring outcomes is part of a commitment to improve and strengthen service delivery. Embedding a client outcomes measure in specialist Aboriginal family violence services that support women and children will generate data that can be used for practice and service improvement and inform decision making about scaling up Aboriginal programs and practices with a strong evidentiary base.

1.3 Development of a Holistic, Culturally Relevant Measure of Client Outcomes in Aboriginal Family Violence Services for Women and Children Affected by Family Violence

The Victorian Aboriginal Child and Community Agency (VACCA) is the lead Aboriginal child and family welfare agency in Victoria, with over 40 years' experience and expertise as an Aboriginal Community Controlled Organisation (ACCO), supporting and advocating for the needs of Aboriginal children, young people, adults and families. VACCA understands the obligation and responsibility to Community to ensure culture and self-determination are at the heart of everything they do.

VACCA has the largest funded footprint of Aboriginal Family Violence programs across Victoria, guided by *Dhelk Dja: Safe Our Way – Strong Cultures, Strong Peoples, Strong Families* (Victoria State Government, 2021), and the Nargneit Birrang Framework (Family Safety Victoria, 2019). VACCA's CEO, Muriel Bamblett, is an active member on Koori Caucus as well as Co-Chair of the Dhelk Dja Partnership Forum. VACCA has key representation and strong connection on the Dhelk Dja Action Groups as well as the Dhelk Dja Priority Sub working groups.

In collaboration with Social Work at the University of Melbourne (UoM), VACCA was successful in obtaining funding from the Family Safety Victoria Grants Program: Phase 1 to address the absence of a relevant outcome instrument for use in family violence services for Aboriginal women and children affected by family violence that considers their perspectives of success.

Outcomes of interest in this research are changes in knowledge, attitude, skill, behaviour, expectation, emotional status, or life circumstance at the individual level that could be achievable within the relationship between the worker and the Community member and not outcomes at the organisation, community or system level. Outcome indicators are defined as the influences or

drivers of change that are required for the outcome to occur. Indicators are measurable things that demonstrate progress toward the attainment of outcomes. Figure 1 demonstrates the level of outcomes, indicators and measures that were the focus of this research.

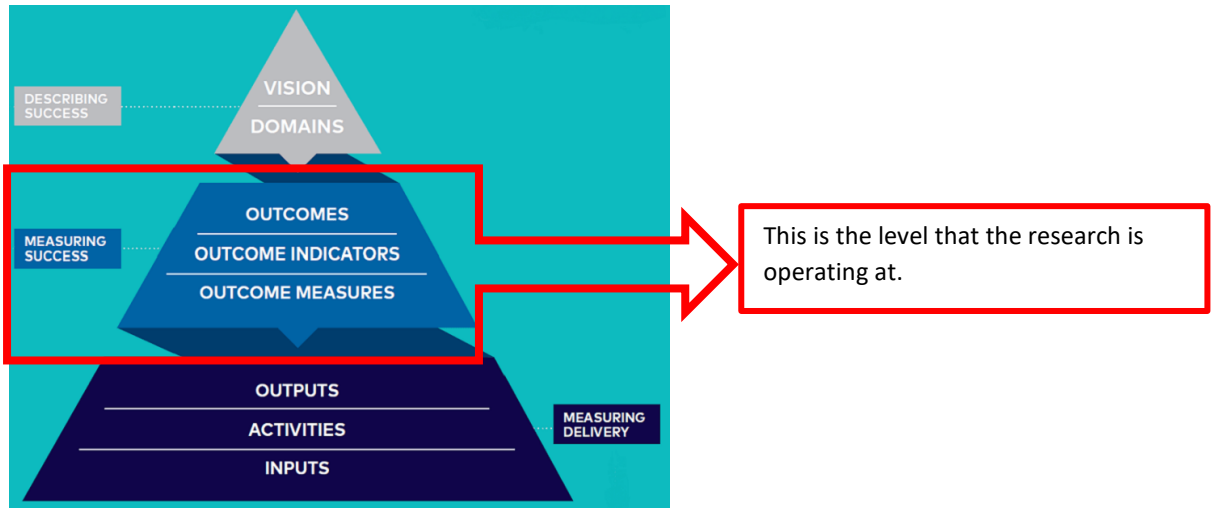

Figure 1. Outcomes level that the research is operating at

Note: Image from Vietch & Lister, 2024.

2. Methodology

2.1. Research Aims

The overarching aim of the research was to develop a culturally relevant measure of client outcomes that is acceptable for use in Aboriginal family violence services that support women and children affected by family violence.

2.2. Research Questions

The research project comprised eight research questions:

1. What key outcomes and associated outcome indicators are included in outcome tools, theoretical/practice/policy frameworks, and program evaluations relevant to Aboriginal family violence services for women and children affected by family violence?

2. What is important to Aboriginal women and children affected by family violence in receiving family violence services that support them?

3. How are priority outcomes in Aboriginal family violence services that support Aboriginal women and children affected by family violence operationalised?

4. In what format should an outcomes instrument be administered?

5. What is the appropriate length and item format of an outcomes instrument?

6. How well does a draft outcomes instrument developed with input from Aboriginal women and children affected by family violence meet requirements of acceptability, clarity, and sensitivity?

7. What items should be included or rejected in the final draft instrument?

8. Is it feasible to subject the draft instrument to wide-scale implementation and validity testing?

2.3. Aboriginal Research Ethics

Aboriginal people have been subject to much research by non-Indigenous researchers where a western perspective of expertise has been imposed upon them, often with little benefit or feedback of results (Kennedy, Maddox, Booth, Maidment, Chamberlain & Bessarab, 2022; Hunter, 2023). Aboriginal ethics guidelines are empowering tools that set out the right way for researchers to conduct themselves in research that involves Aboriginal people.

We used the principles and values in Aboriginal ethics guidelines[2] as a structure that we thoughtfully applied according to the needs and circumstances of this specific project. In addition to the involvement of Aboriginal researchers Paula Mason and Ann MacRae on the Research Team, and in keeping with Aboriginal research ethics, we established an Aboriginal advisory group to ensure the project was Aboriginal led. This group comprised the Research Team and Indigenous and non-Indigenous staff from VACCA.

There are also concerns about involving Aboriginal women accessing family violence services in research, due to issues such as privacy and safety and doing further harm to vulnerable women (Holder & Putt, 2019). To ensure the research approach was carefully constructed, members of the Project Advisory Group were specialist practitioners from the partner research sites. They were knowledgeable about the ethical issues and the Aboriginal women accessing family violence services who we intended to conduct the research with.

The research was approved by the University of Melbourne Human Research Ethics Committee to conduct Yarning Circles with Aboriginal women affected by family violence (Project ID: 26413) and pilot the Draft Client Outcomes Tool in Aboriginal family violence services that support women and children (Project ID: 28662).

2.4. Research Paradigm

We adopted a 'Two-Eyed Seeing' participatory action research (PAR) frame (Peltier, 2018). PAR is an approach to research that prioritises collective processes and action, through the empowerment of participants including potentially marginalised groups (Dudgeon et al., 2020). Community members are engaged as equal partners, in the design and delivery of research. Taking a PAR approach, the lived experience and wealth of knowledge of Indigenous peoples is honoured, with an overarching aim to support and co-create social change.

Two-Eyed Seeing refers to learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing ... and learning to use both these eyes together, for the benefit of all

[2] National principles and related guidelines for Aboriginal research are set out in the *Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for Researchers and Stakeholders* (NHMRC, 2018), and the *AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research* (AIATSIS, 2020). *marra ngarrgoo, marra goorri, The Victorian Aboriginal Health, Medical and Wellbeing Research Accord* (VACCHO and the Victoria State Government, 2023) and the UoM's Indigenous Knowledge Institute's *Charter for Research with Indigenous Knowledge Holders* provides a localised perspective on how research involving Aboriginal people ought to be conducted in Victoria and the Academy.

(http://www.integrativescience.ca/Principles/TwoEyedSeeing/). Two-Eyed Seeing is a thoughtful integration of the best each perspective has to offer to solve problems and benefit others, and those with differing worldviews must value working together and learning from each other's differences.

We also embraced the idea of methodological pluralism. Within this approach, methodological choices are made primarily based on which methods will most likely provide the needed answers to the research questions and meet the research objectives, which is well aligned with action-oriented research.

2.5. Research Design

This research project used Exploratory Sequential Design that involved a literature review and Yarning Circles with Aboriginal women affected by family violence to explore priority outcomes in Aboriginal family violence services that support Aboriginal women and children affected by family violence. Findings from the exploratory phase were used to develop and test a Client Outcomes Tool.

2.6. Research Methods

Table 1 below summarises the methods used in the research at the data collection and analysis stages of the project.

Table 1. Research Methods

Research Question	Data Collection	Analysis
1. What key outcomes and associated outcome indicators are included in outcome tools, theoretical/practice/policy frameworks, and program evaluations relevant to Aboriginal family violence services for women and children affected by family violence?	Literature review	Interpretive synthesis
2. What is important to Aboriginal women and children affected by family violence in receiving family violence services that support them?	Yarning Circles	Content analysis with thematic synthesis
3. How are priority outcomes in Aboriginal family violence services that support Aboriginal women and children affected by	Yarning Circles	Open card sorting Multidimensional scaling with cluster analysis

Research Question	Data Collection	Analysis
family violence operationalised (how should outcomes be measured)?		
4. In what format should an outcomes instrument be administered?	Yarning Circles	Content analysis with thematic synthesis
5. What is the appropriate length and item format of an outcomes instrument?	Yarning Circles	Content analysis with thematic synthesis
6. How well does a draft outcomes instrument developed with input from Aboriginal women and children affected by family violence and ACCO practitioners meet requirements of client acceptability, clarity, sensitivity and internal consistency?	Pilot	Exploration of qualitative feedback from participants and examination of missing data to assess item acceptability and clarity, calculation of effect sizes to assess responsiveness to change, assessment of the variability in responses to assess sensitivity, and calculation of item-total correlations and inter-item correlations to assess internal consistency.
7. What items should be included or rejected in the final draft instrument?	Pilot	Exclusion, or rephrasing of items based on qualitative feedback and statistical analysis of items.
8. Is it feasible to subject the draft instrument to wide-scale implementation and validity testing?	Pilot	Consideration of results from the pilot testing.

2.7. The Research Process

As above, the research methods were sequenced to first explore priority outcomes in Aboriginal family violence services that support Aboriginal women and children affected by family violence, then to develop and test a Client Outcomes Tool. The research process is illustrated in Figure 2 below.

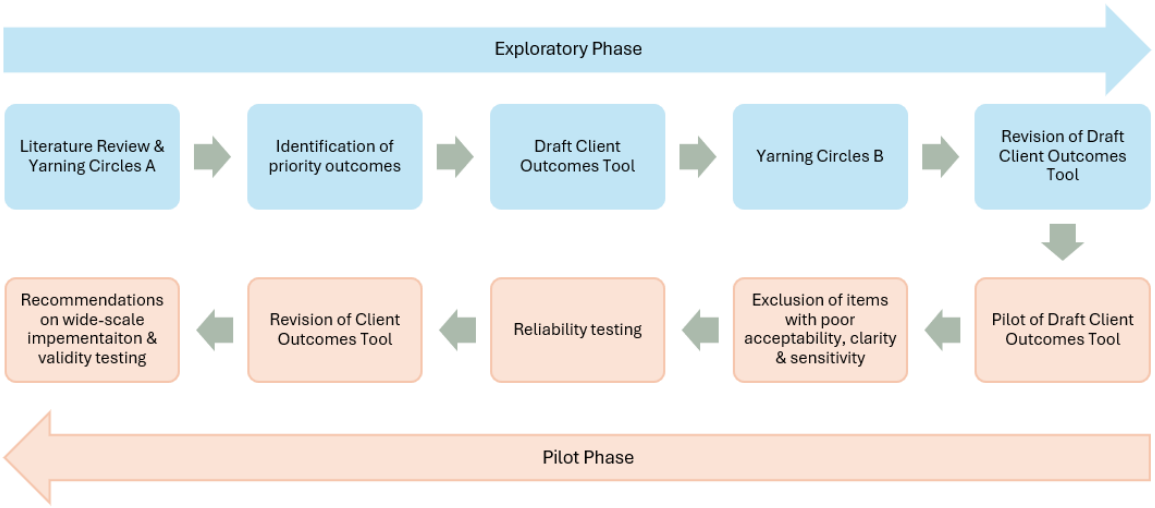

Figure 2. The Research Process

What follows is an overview of the various methods used in the exploratory and pilot phases of the study.

2.7.1. The Exploratory Phase

2.7.1.1 Yarning Circles A

Yarning is an Indigenous cultural form of communication that involves the sharing of stories to make meaning and develop knowledge (Bessarab & Ng'andu, 2010). Yarning Circles within research are akin to focus groups, however, Yarning Circles seek to gather stories in relation to a specific topic in a relaxed and conversational style (Bessarab & Ng'andu, 2010). Yarning has a focus on relational connection with and between Indigenous people, removing the power imbalance between the researcher and subjects, and positions the researcher as the learner who assumes accountability to the Indigenous people being researched (Hunter, 2023; Kennedy et al., 2022). In addition, a feedback loop with participants of the Yarning Circles is established to ensure that the researcher's findings and interpretations are consistent with the understanding of Indigenous peoples (Hunter, 2023). The process of conducting the Yarning Circles incorporates cultural protocols and practices (Kennedy et.al., 2022).

During the exploratory phase of the study, Yarning Circles A were conducted with Community members who were accessing, or had previously accessed VACCA family violence case management and therapeutic services to explore what outcomes are important to Aboriginal women and children affected by family violence (Yarning Circles A). Yarning Circles A were conducted in two Melbourne metropolitan locations and two regional locations in Victoria chosen to reflect the diversity of Community members accessing family violence services and family violence program type. Yarning Circles went from 90 minutes to 2.5 hours.

VACCA therapeutic and case management service teams identified suitable women for the Yarning Circles during supervision meetings. Women were then approached by VACCA case managers and therapists to invite them to participate in the Yarning Circles. Women were eligible to participate in the Yarning Circles if they: (i) identify as Aboriginal; (ii) had accessed a VACCA family violence services;[3] (iii) had a safe means of being contacted about the Yarning Circles; (iv) were able to travel independently to and from the Yarning Circles (including via taxi); (iv) were able to arrange private child care if needed; (v) were assessed as unlikely to experience a high level of distress when discussing a topic related to family violence; and (vi) were assessed as unlikely to be made unsafe by participating in the Yarning Circles.

Once potential participants were identified, at an appropriate time during service delivery, family violence practitioners approached the women about the research and gave them a copy of the Plain Language Statement (PLS) for Yarn Participants. Family violence workers emphasised the voluntary nature of the research and that there would be no consequences for non-participation. Family violence workers then sought the woman's explicit permission to share their name with the Research Team and identified a safe means of sending messages and contacts about the Yarning Circles. Family violence workers also supported women to identify any supports that they needed to be able to safely participate in the Yarning Circles, such as taxi vouchers or the support of a team member. Team members reminded women about the Yarning Circles a few days prior and asked them to confirm their participation. At the time of the Yarning Circle, consent to participate was affirmed with the women and copies of the PLS were made available.

A total of 21 women participated in Yarning Circles A. Two members of the Research Team led the Yarning Circles with support from an Aboriginal facilitator from the program and an Aboriginal family violence therapist to help create a culturally affirming physical and psychological space, and ensure support was available if the Yarns stirred up difficult feelings or emotions. Cultural protocols and practices were also observed including an Acknowledgement of Country, watching a three-minute Dadirri meditation (https://www.youtube.com/watch?v=tow2tR_ezL8), cultural activities, and the use of culturally meaningful items such as native plant cuttings, possum skins, and furnishings. Colouring sheets and pencils and stress balls were made available, which the women were able to use anytime during the Yarning Circle. Morning tea, lunch and drinks, and tokens of respect for the women's time and knowledge sharing were provided (gift cards and a small gift of soaps or a plant).

[3] Past clients needed to be connected to another VACCA program to be eligible for the research.

To ensure participants didn't share details about distressing family violence incidents or talk about other Community members, the women were invited to Yarn about what mattered to them when they started to receive help from this VACCA service. The Researchers used the metaphor of a river, inviting women to start their story where they received help from this VACCA service:

> *Let's think of your personal experience of family violence as a journey down a river. The path of a river begins at a source, like a mountain, and ends at its destination of the sea. Along the way there are various twists and turns. I'd like you to think about the point where you sought help from this VACCA service as one turn in the river. I'd like you to tell me your story from this point on the journey. What did you want to change or be different? How did you want to feel or be as you continued your journey down the river?*

The Yarning Circles were audio-recorded and fully transcribed to extract 'outcome statements' (see section 2.7.1.3).

2.7.1.2 Literature Review

To supplement information from Yarning Circles A, a literature review was conducted to locate the outcomes and outcome indicators in the published literature relevant to Aboriginal family violence services for women and children affected by family violence.

An electronic database search was conducted in Medline (Ovid), EMBASE (Ovid), PsycInfo (Ovid), ATSIhealth (Informit), Family-ATSIS (Informit), HealthInfoNet, CINAHL (EBSCO), IBSS (ProQuest) and OpenGrey. A combination of the following terms were used: Aborigin* or Torres Strait Islander* or Maori* or American Indian* or Alask* Nativ* or Nativ* Alask* or Nativ* Hawaiian* or Hawaii* Nativ* or Nativ* Americ* or Americ* Nativ* or Americ* Samoa* or Samoa* Americ* or Eskimo* or Inuit* or Aleut* or Metis or First Nation or First Nations or Indigenous AND family violence OR domestic violence OR gender-based violence OR gender based violence OR domestic and family violence OR domestic harm AND outcome OR success OR measure* OR indicator OR scale OR tool OR framework OR healing OR wellbeing OR well-being NOT wound healing.

In addition to the electronic database search, reference lists of included studies and systematic reviews, a search of the grey literature through relevant clearinghouses/grey literature databases or websites of relevant organisations in four countries (Australia, New Zealand, Canada and the United States of America), including Google Scholar, and a citation search in Google Scholar and Litmaps (https://www.litmaps.com/) of included studies were conducted. Subject matter experts were also consulted to identify any further resources for inclusion.

Documents were included in the review if they described culturally specific outcome evaluations, theoretical frameworks, policy frameworks, program/practice frameworks/descriptions, intervention frameworks, outcome tools/scales, that specified client outcomes and outcome

indicators for/relevant to Aboriginal family violence services for women and children victim survivors. Only resources published in English after 2000 were included to ensure currency. Documents were excluded if the studies/frameworks etc. did not include, or were not specifically developed for, a First Nations population from Australia, the United States of America (U.S.), Canada, and New Zealand (NZ) or were not developed specifically for a First Nations population from Australia, the U.S., Canada, and NZ, or did not specify client outcomes or outcome indicators.

Identified sources were imported into Covidence[4] (Veritas Health Innovation, 2023) for screening. Information from all identified sources was systemically recorded into a Data Extract Table (Attachment 1). Thematic synthesis was used to determine the outcomes domains in the literature. Outcomes that were specified in the literature were considered thematic codes. In a process like meta-ethnography's "third order interpretations" (Thomas & Harden, 2008), thematic synthesis was used to analyse these thematic codes into thematic domains that reflected the content of these codes into a single construct.

2.7.1.3 Identification of Priority Outcomes

Manifest analysis, which is a type of content analysis (Bengtsson, 2016), was used to derive 'outcome statements' from the transcripts of Yarn A. In this approach, transcript text was extracted as verbatim statements (concepts) describing desired outcomes from women who have experienced family violence and ways of delivering family violence services to achieve the desired outcomes, without inferring underlying meanings or interpretations.

Open card sorting (Whaley, 2009) was used to categorise and organise outcome statements derived from Yarning Circles A. It involved four members of the Research Team independently sorting a set of cards, each labelled with an outcome statement, into groups of cards that made sense to them. There were no limits on the number of piles that could be created and individual cards that did not belong in a group with any other card could be considered a pile of its own. Once researchers had completed sorting all the cards into piles, they were asked to give each pile a name which describes the "theme" of the cards in that pile. Researchers returned the piles of cards to the University of Melbourne Researchers via post with each pile clearly separated with a rubber band.

First, sorting data was used to construct a similarity matrix (Kane & Trochim, 2009). The similarity matrix had as many rows and columns as there were statements. The cells indicated if and how many times the responses were paired together. A similarity matrix was filled for each set of

[4] A software platform designed to streamline the process of conducting systematic reviews and other types of evidence synthesis in research.

sorting data first, then the individual matrices were aggregated into a combined similarity matrix, with cells ranging from zero (no pairs) to four (four pairs) (see Figure 3). The combined similarity matrix captures the overall similarity across all respondents.

The similarity matrix was colour coded to distinguish between different levels of match frequency (dark green for matches by four members of the Research Team, light green, for matches by three members of the Research Team, Yellow for matches by two members of the Research team, and red matches by one member of the research team). The diagonal elements are all four, indicating perfect similarity as an item is compared with itself.

	Item 1	**Item 2**	**Item 3**
Item 1	4	1	2
Item 2	3	4	1
Item 3	2	1	4

Figure 3. Example Similarity Matrix

Using the similarity matrix, two-step cluster analysis was performed to select the optimal number of clusters or outcomes. The similarity matrix was also used in multidimensional scaling (MDS) to visualise the relationship between statements on a two-dimensional MDS Plot in a way that is interpretable, facilitating insights that may be difficult to obtain from the similarity matrix alone. By visualising the data in this way, it becomes easier to identify natural groupings of statements. A hierarchical cluster analysis[5] was conducted to group the data into a specified number of clusters, based on the results from the two-step clustering analysis.

The Research Team discussed the assignment of statements into clusters, made revisions and ascribed labels to clusters. The outcome domains identified from the sorting task moderation were mapped to outcomes identified in the literature review for validation purposes. Data analysis methods for the cluster analysis and MDS were drawn from literature describing similar card sorting activities (Reil et. al., 2016; Whaley & Longoria, 2010).

[5] Hierarchical cluster analysis, is an algorithm that was used to categorise similar statements into groups called clusters. The endpoint is a set of clusters, where each cluster is distinct from each other cluster, and the statements within each cluster are broadly like each other.

2.7.1.4 Development of Draft Client Outcomes Tool

Once the priority outcomes had been established, an initial pool of items was drafted, using the participants' language (key words and phrases). To assist this process, existing scales that measured the same concepts were analysed, paying attention to how the items were worded and the response formats used. The initial pool of items was discussed and revised during meetings with the Research Team to ensure that the items measured the priority outcomes and reflected culturally appropriate and trauma-informed language.

2.7.1.5 Yarning Circles B

Yarning Circles B were conducted in the same locations as Yarning Circles A, with largely with the same participants. An additional Melbourne metropolitan service site was included for Yarning Circles B. A total of 25 women participated in Yarning Circles B. Yarning Circles B went from 1.5-2 hours. The process used In Yarning Circles A for convening and facilitating the Yarning Circles was followed in Yarning Circles B.

Yarning Circles B were convened to test the content and face validity of the draft tool by asking women about the length of the tool, the language used in the items, the format, and whether the tool accurately reflected their responses during Yarn A. Women completed the Draft Client Outcomes Tool first. Women were instructed that one person could read the items aloud, and together they could make any comments or suggested changes in the space provided on the Tool.

Members of the Research Team then asked the women the following questions:

1. Do you think the Tool captures what matters to you? Are there any gaps?
2. What do you think about the length of it? Is it too long? What would you recommend we cut out?
3. Would you feel comfortable completing it at the beginning of a service (in crisis/starting a therapeutic service) and then at the end?
4. How should it be completed – on paper, on a tablet, online via a weblink or QR code?
5. What is a good name for the Tool?

Women's feedback was collated through notations on the completed Draft Client Outcomes Tool, transcripts of the Yarning Circle and researcher notes taken during the Yarning Circle. A matrix was developed to record information about individual items, with the research site and the item number arranged along the rows and columns. This feedback was used by the Research Team during dialogue meetings as the basis to identify problematic items and to revise item wording and other aspects of the draft Client Outcomes Tool. A table was also created to summarise feedback on

concepts that were missing from the Draft Outcomes Tool, the length of the Tool, the mode of administration and whether the Tool should be administered at the beginning of a service and at the point of closure.

2.7.2. The Pilot Phase

The aim of the pilot phase of the project was to evaluate the quality of items in the Draft Client Outcomes Tool against key criteria, including acceptability, clarity, sensitivity, responsiveness to change and internal consistency. This was to refine the Tool and inform recommendations regarding wide-scale implementation and validity testing.

2.7.2.1 Pilot of the Draft Client Outcomes Tool

The same VACCA family violence services at the five research sites that were involved in Yarning Circles B were involved in the pilot. A target sample of 50 completed outcome instruments was set for the pilot over a five-week pilot period, with individual targets for each site set according to the number of Community members accessing family violence services.

Women were approached by their therapeutic or case management services worker to participate in the pilot if they: (i) identified as Aboriginal; (ii) were currently accessing a VACCA family violence services (case management or therapeutic programs); (iii) had not completed the Growth and Empowerment Measure (GEM)[6] (Haswell, Kavanagh, Tsey et al., 2010) in the past two months; (iv) had at least two weeks of service exposure; (v) had a safe means of communicating with them about the pilot; (vi) were assessed as unlikely to experience a high level of distress when completing the Tool; and (vii) were assessed as unlikely to be made unsafe by participating in the pilot.

At an appropriate time during service delivery, family violence workers approached the women about the research and gave them a copy of the PLS for Pilot Participants. Family violence workers emphasised the voluntary nature of the research and that there would be no consequences for non-participation. Family violence practitioners then sought the woman's explicit permission to complete the survey either by paper (supported or independently) or online.

A consent script was included in the administration of paper surveys by family violence workers and was included in the first page of the online survey. Women were offered a paper version of the tool which included a QR code to the online Qualtrics (2024) version if this was their preferred model of completion. The women were provided with a $50 gift voucher for participation in the pilot. In addition to the 39 items in the Draft Client Outcomes Tool, participants were asked to provide information about their Indigeneity and age, the type of service they were receiving and the

[6] The GEM is currently used in VACCA family violence therapeutic programs.

time they had received support from the service, time to complete the tool and qualitative feedback about the tool (Attachment 2).

Completed paper versions of the survey were scanned and emailed to members of the Research Team from the University of Melbourne for data entry. Data from paper surveys were entered into an Excel spreadsheet and online surveys were exported from the Qualtrics cloud-based software platform as an Excel file. An SPSS dataset was set up using a coding manual that was prepared for the pilot data analysis (Attachment 3). Data was cleaned and issues were identified from the data with a resolution for each issue reached through consultation with members of the Research Team.

2.7.2.2 *Acceptability, Clarity, and Sensitivity Assessment*

Pilot data was analysed to assess item acceptability, clarity, sensitivity, responsivity and internal consistency. To examine item acceptability and clarity, qualitative feedback regarding the performance of individual items was noted. The frequency of missing responses was also explored to identify potentially problematic items. Items with complex wording or sensitive content might have higher missing data rates. We also looked for response errors, or patterns such as inconsistent or contradictory answers that might suggest confusion or misunderstanding.

Item sensitivity refers to the ability of a survey or test item to detect meaningful differences or changes in the variable it is intended to measure. Sensitivity testing involved analysing the distribution of scores for each item. Items with a wide distribution of responses are typically more sensitive than those where responses are clustered around a particular value. Sensitivity was also assessed by looking at responsiveness to change, or changes in responses over time. Here, we used effect sizes, which measure the magnitude of differences or changes detected by the item. Larger effect sizes indicate greater sensitivity.

Item correlations were also calculated to check whether items intended to measure the same concept were related. High correlations between items suggest they are consistent and likely measure the same underlying concept, contributing to construct validity.

2.7.2.3 *Decisions Regarding Item Inclusion or Rejection and Recommendations for Wide-scale Implementation and Validity Testing*

Results from this analysis were considered by the Research Team to reject items with poor acceptability and/or clarity, items with low variability and low responsiveness to change, and to exclude items that do not correlate with other items within a construct.

3. Results

3.1. Exploratory Phase

3.1.1. Literature Review and Yarning Circles A

As outlined earlier, the purpose of conducting the Literature Review and Yarning Circles A was to identify priority outcomes in Aboriginal family violence services that support Aboriginal women and children affected by family violence.

The literature review revealed a paucity of literature describing outcomes and indicators relevant to family violence services for Aboriginal women and their children. Using our database search protocol, 203 citations were identified and imported into Covidence for screening. Only five of these sources met the inclusion criteria (Figure 4). Many sources were excluded because they did not involve, or were not developed specifically for, First Nations people in Australia, Canada, NZ or the U.S.

Figure 4. PRISMA Flowchart

A further thirteen sources were identified. Of the 18 sources included in the review, sixteen were from Australia, two were from Canada and one was from the U.S. Eight resources described the evaluation of one or more program or service, four presented primary research, four described a policy or framework, one was a practice resource, and one was a measurement tool. Of the 22 programs and services described in the eight sources, five provided legal and counselling support, four were a specialist family violence service for Aboriginal women, three were case management or therapeutic programs, three were women's shelters or transitional accommodation, two were healing programs, two were family violence crisis services, one was an early intervention or prevention service, one was an Aboriginal peer mentor program, and one service provided

vocational and skills-based support. The Data Extract Table for the identified sources is presented in Attachment 1.

Several individual and family outcomes were identified in the 18 sources, covering domains such as use of services, knowledge of family violence, safety (adults and children, personal, cultural, emotional, physical, spiritual), healthy relationships decisions and choices, family relationships and family life, parenting, social connections, physical health, psychological health/healing, wellbeing, empowerment, connection to culture/cultural renewal, relationship with the person causing harm, housing, income, trauma symptoms, being heard/believed.

3.1.2. Yarning Circles A: Identifying outcomes that Community members value

One-hundred and sixty-two verbatim statements were extracted from the Yarn A transcripts describing outcomes that were important to women and children affected by family violence.[7] Examples include "not alone in the world", "feeling safe", "everyone's happy inside", "finding trust in relationships", "workers that I trust and I can talk to", "The children [don't] take on the parent's behaviour", and "feeling comfortable in your own home". These statements were extracted from women's stories after they sought help from their VACCA service, which emphasised what they wanted to be different in their lives in their journey ahead.

As above, participants wanted their children to be educated about family violence, to ensure the cycle of violence is not perpetuated across the next generation within a family. One participant said, "It took me so many years to learn what domestic violence was. It took me so long to realise that it's not okay for someone to make you feel like that. And, if I had have learnt that when I was a teenager, then I might have avoided certain

"It took me so many years to learn what domestic violence was. It took me so long to realise that it's not okay for someone to make you feel like that. And, if I had have learnt that when I was a teenager, then I might have avoided certain

"I don't know if it's realistic because, be able to like, be able to go to the park without, without having to look over my shoulder and think that he's watching us. That's probably the best thing that I could hope for if that makes any sense"

Participant

"Our kids very much get forgotten at a domestic violence situation. It's always the mother and father and the poor kids, the kids get bloody left out and they carry a lot of burden – carry a lot of the burden"

Participant

[7] An additional 136 verbatim statements were extracted from the transcripts relating to aspects of service delivery that support the attainment of these outcomes.

relationships". Another participant spoke about the impact family violence has on children, or the 'burden they carry' because of family violence, and the need to focus on their healing, saying, "Our kids very much get forgotten at a domestic violence situation. It's always the mother and father and the poor kids, the kids get bloody left out and they carry a lot of burden – carry a lot of the burden". Another participant highlighted the role of culture in their healing from family violence, saying, "Just trying to re-find myself and understand that you know, that I can go back to my culture ways and like health and re-find myself that way, too". Feeling safe, and not experiencing controlling behaviour, was mentioned by several participants. In this respect, one participant said, "I don't know if it's realistic because, be able to like, be able to go to the park without, without having to look over my shoulder and think that he's watching us. That's probably the best thing that I could hope for if that makes any sense".

Statements extracted from participant's stories were revised by the Research Team, where some statements were reworded for clarity, some statements were split into two separate statements where more than one outcome was evident, and duplicate statements were removed from the set. Statements that were negatively worded were coded [R] to indicate that the intended outcome would be the reverse of the statement (for example, "lacking confidence"). This resulted in a final list of one-hundred and sixty-four outcomes related statements (Attachment 4).

3.1.3. Identification of Priority Outcomes

A combined similarity matrix was developed based on the piles of cards that Research Team members had sorted the outcome statements into. Cells in the matrix indicated if and how many times the responses were grouped together. The similarity matrix shown in Figure 5 below, indicates that many of the cells were colour-coded red, indicating low match frequency. Relatively few items were colour coded green, indicating high match frequency. Items with low match frequency are less likely to form dense, or well-defined clusters.

Figure 5. Combined Similarity Matrix

The similarity matrix was used in a two-step clustering analysis to determine the optimal number of clusters via silhouette measure of cohesion and separation, which refers to how closely related the objects within a cluster are. The greatest cluster quality was achieved at 75 clusters. However, this would result in too many domains for an outcomes tool to be feasible and acceptable to respondents. At 25 clusters, the cluster quality moved to “fair” and reached the threshold of “poor” quality at 10 clusters. Therefore, it was determined, that the optimal number of clusters to meet quality and feasibility requirements sat between 10-25.

The similarity matrix was also used in MDS to visualise the relationship between statements in a way that is interpretable. Statements that are similar (according to the similarity data) will appear close together in the MDS Plot, while dissimilar objects will appear farther apart (Figure 6). While there were obvious small clusters of statements (for example, items 54, 36 and 75 were clustered together, which were “Managing your relationship with the children’s father”, “The relationship between the father and the children and make sure it’s healthy as well” and “The children take on the parent’s [behaviour] [R]”), consistent with the similarity matrix, there were not clear separations of groups in the MDS Plot.

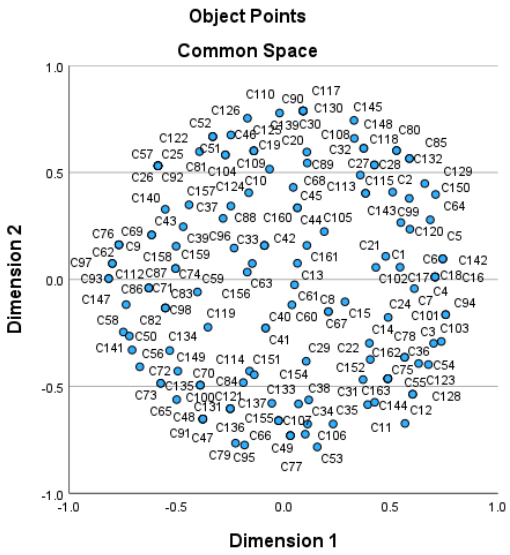

Figure 6. MDS Plot

A hierarchical clustering analysis was conducted to group the dataset into 20 clusters, based on the optimal number of clusters from the two-step clustering analysis. The assignment of statements into 20 clusters was discussed with the Research Team to ensure the clusters were cohesive, meaningful and relevant. This process refined the number of clusters to 16. During the discussion, the Research Team developed labels for the 16 concepts (Figure 7). The final concepts and related statements are presented in Attachment 5.

The 16 concepts were then compared with the outcomes identified in the literature review for validation purposes above. There was considerable overlap between the outcomes identified in the literature review and outcomes identified by Aboriginal women affected by family violence in Yarning Circles A, in particular concepts such as connection to culture, belonging, breaking cycles of violence/reducing adolescent family violence, safety, healing (from trauma), repairing the parent-child bond, feeling heard/believed, and self-determination/personal agency or control.

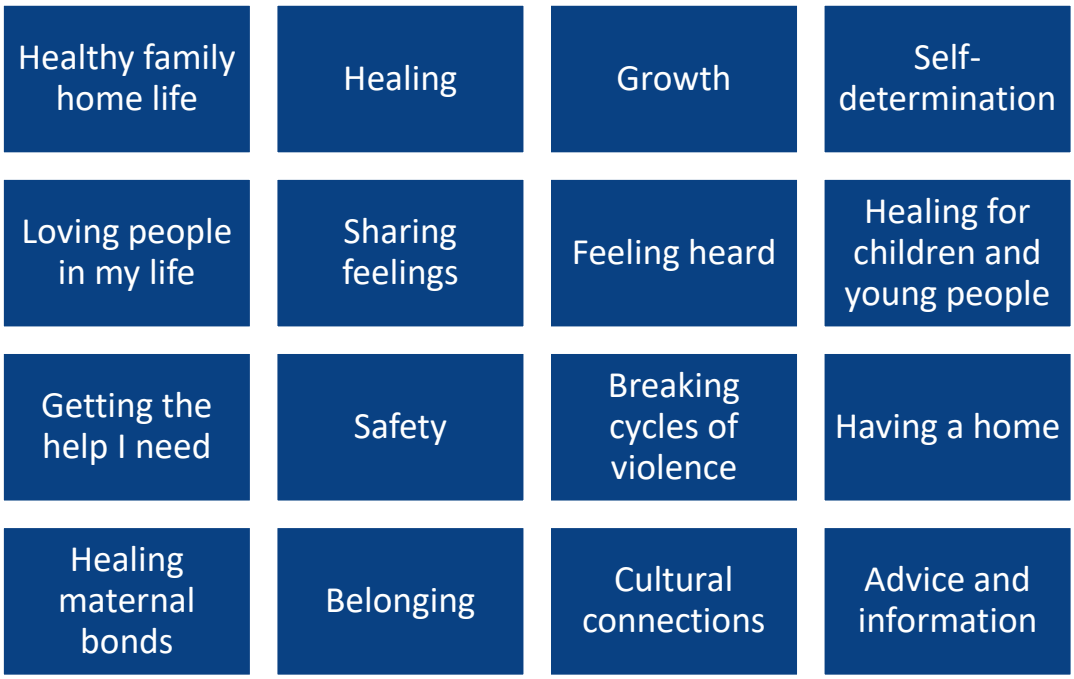

Figure 7. Priority Outcomes Identified from Yarning Circles A and Sorting Task

3.1.4. Draft Client Outcomes Tool

The 16 concepts or outcomes identified from Yarning Circles A and the sorting task were mapped to published scales (Aboriginal specific and western), that measured the same concepts, including the Growth and Empowerment Measure (Haswell et al., 2010), the Aboriginal Resilience and Recovery Questionnaire (ARRQ) (Gee et. al., 2023), MOVERS (Goodman et. al., 2014), Strong Souls (Thomas et.al., 2010), TIPS Scale (Sullivan & Goodman, 2015), the WAACHS Family Functioning Scale (Brinckley et al., 2022), the Brief Wellbeing Screener (Northern Territory Government, n.d.), the Healing After GBV Scale (Sinko et. al., 2021), and the Posttraumatic Growth Inventory Short Form (PTGI -SF) (Arpawong et.al., 2016). VACCA's unpublished Community Outcomes Survey was also mapped to the 16 concepts identified in from Yarning Circles A and the sorting task. In this way, published survey items informed the development of items in, and the response format of, the draft Client Outcomes Tool used for testing with women in Yarning Circles B.

Nineteen concepts were ultimately covered in the Draft Client Outcomes Tool. The concept originally labelled "self-determination" was divided into three concepts: "Strength", "Self-love", and "Happiness". The concept "Getting the help I need" was split into two concepts; "Getting the help I need and "Trust in the system". The Draft Outcomes Tool contained 60-items (Figure 8).

Item	Very untrue	Untrue	True	Very true	Not applicable
Having a home					

Item	Very untrue	Untrue	True	Very true	Not applicable
1. I have a safe and stable place to live					
2. I have safe and stable housing					
Safety					
3. I feel protected					
4. My child/ren know they are protected					
5. I feel safe when I'm in my home					
6. I am safe from the person using violence					
Healthy family home life					
7. In my home, family members get along well					
8. There is trust between family members in my home					
9. In my home, family members feel comfortable					
10. My home is peaceful					
Information, advice and understanding					
11. I have the information I need to keep myself safe					
12. I know the support services that I can get to keep safe					
13. I understand about the causes of family violence[8]					
14. I realise what happened to me is not my fault					
15. I understand how family violence affects me[9]					
Trust in the system					
16. I can share things about my life with support services					
17. I feel confident asking support services for help to keep safe					
18. I can trust support services					
19. I have a good relationship with support services					
Feeling heard					

[8] TIPS scale(modified)
[9] TIPS scale (modified)

Item	Very untrue	Untrue	True	Very true	Not applicable
20. Support services believe what happened to me					
21. I feel heard and understood by support services					
Getting the help I need					
22. I have good support from community programs and services					
23. I have a lot of support services around me					
24. Community programs services provide the help I need					
Breaking intergenerational cycles of violence					
25. I have ways of managing my child/ren's relationship with the person using violence					
26. I have ways of managing my child/ren's worries					
27. My child/ren know how to have healthy, respectful and safe relationships[10]					
28. My child/ren know what a loving family looks like					
Belonging					
29. I'm not alone					
30. I feel connected to people					
31. I feel like I belong somewhere					
Loving people in my life					
32. I feel loved					
33. There are people in my life who love me					
Cultural connections					
34. I know about my mob					
35. I have cultural knowledge					
36. Culture plays a strong part in my life[11]					

[10] VACCA community outcomes survey
[11] GEM (modified)

Item	Very untrue	Untrue	True	Very true	Not applicable
37. I have a strong connection to my culture					
Healing maternal bonds					
38. My child/ren feel they can trust me					
39. I am a good mother to my child/ren					
40. I feel connected to my child/ren					
Healing for children and young people					
41. My child/ren feel/s peaceful when they are alone					
42. My child/ren doesn't/don't feel angry or worried					
Sharing feelings					
43. I can show people my hurt					
44. I can open up about what I've been through					
45. I don't bottle things up					
Healing					
46. I am living with the hurt more easily					
47. I feel less anger inside					
48. My mental health is not as affected					
Strength					
49. I feel strong inside					
50. I have the courage to confront difficult situations					
51. I have confidence in myself[12]					
Self-love and acceptance					
52. I can be kind to myself[13]					
53. I am ok with myself as I am now[14]					
Happiness					

[12] GEM
[13] Healing after GBV scale (modified)
[14] ARRQ

Item	Very untrue	Untrue	True	Very true	Not applicable
54. I have a lot of good energy					
55. I have things in my life that I'm passionate about[15]					
56. I can enjoy life					
Growth					
57. I am responsible for my own happiness[16]					
58. I use my experience to help others					
59. I feel for other people affected by family violence					
60. I have grown as a person because of what I've been through					

Figure 8. Draft Client Outcomes Tool After Yarning Circles A and Sorting Task

3.1.5. Yarning Circles B: Testing the Draft Client Outcomes Tool with Community members

As above, following Yarning Circles B, a matrix was developed, which recorded feedback about individual items collected during, with the participant and research site and the item number arranged along the rows and columns. This feedback led to quite extensive changes to the Tool.

All items under "Having a home" [Q.1-2] were removed and replaced with three new items. The word "home" was preferred to "place to live" and the term "stable" was considered problematic. The concept was renamed "Good housing".

Safety items [Q.3-6] were problematic. Women said that it's unrealistic to expect that family violence survivors will ever feel safe or protected, saying "Would that ever be possible?" and "It's not really likely, is it?". Other women said the concept of safety wasn't clear, that is, it wasn't obvious whether it meant physical or psychological safety. Woman said, "Separate physical safety from psychological safety" and "Unsure, more information needed – physically? psychologically?". The term "protected" was also ambiguous for women, as they were not sure who was meant to be protecting them (the Police, services, the system, people), saying "From who?", and "By who?". As a result, all items under "Safety" were rejected. The concept was renamed "Protection from the person causing harm" and three new items were developed, referring specifically to protection from the person causing harm by the Police, Child Protection, and this VACCA service. Two items from the

[15] ARRQ
[16] ARRQ

“Information, advice and understanding” concept were rephrased slightly and included in the “Protection from the person causing harm” concept.

The concepts and all related items under “Healthy family home life” [Q.7-10] were rejected. Here, women indicated that trust and harmony among all family members wasn’t a realistic goal, because “Family is too broken” and the issue of “Family members turning against you” when you report family violence. Women said, “You can’t trust everyone in your family”, “What about people who don’t have family due to breakdown?”. Women also said “mob” was a more appropriate term than “family”.

In relation to the items under “Information, advice and understanding”, [Q.11-15] women said, “Love this section” and “Like these questions”. Three items were rephrased slightly and incorporated under a new concept “Understanding family violence”. As above, the other two items under “Information, advice and understanding” were rephrased slightly and included under the renamed “Protection from the person causing harm” concept.

One item under “Trust in the system” (Q.16] was rephrased slightly and included under a renamed concept “Trust in this VACCA service”. The other three items [Q.17-19] were rejected. This was in response to feedback from the women, who said “Trust in services will never be universal”, and “Hard to trust the system and there are valid reasons for this”. These comments relate to a mistrust of law enforcement agencies and mainstream services often arising from previous experiences of reporting violence, racism experienced when accessing or receiving services, and experiences of incarceration and child removal. The two items under the “Feeling heard” concept [Q. 20-21] were rephrased and added to the renamed “Trust in this VACCA service” concept.

The concepts and all related items under “Getting the help I need” [Q.22-24] were rejected. Women made lots of suggestion for change, including, “Services I needed – not the number of services”, “Workers, not community programs”, “Good support from workers”, “Services that support me”.

One item [Q.28] in the “Breaking intergenerational cycles of violence” concept [Q.25-28] was removed, as it was considered “confronting”. The other three items were retained/rephrased. One woman said, “All these questions are great”, although there were several suggestions for rewording the items.

All three items in the “Belonging” construct were retained or rephrased slightly [Q .29-31]. This concept was renamed “Connections with others”.

The concept and all related items under “Loving people in my life” [Q. 32-33] were removed. Women said, “Love is too strong a word”, “Is it … more cared for, respected” and “By my children”.

For items in the “Cultural connections” concept [Q. 34-37], women indicated that some Aboriginal people didn’t grow up in their Aboriginal culture or have only just discovered their Aboriginality. Therefore, it wasn’t reasonable to expect people just embarking on their journey connecting to culture and their Aboriginal identity to achieve these outcomes. Women said, “Reflect connection to culture for those early on in the journey”, “Sometimes we cannot recover what has been taken” and “Disconnection from ancestors”. Women suggested rephrasing to “I am getting the support I need around culture” and “Connection to mob, not connection to culture”. As a result, all items under “Cultural connections” were rejected and replaced with a single item “This VACCA service has given me opportunities to connect with mob”.

The three items under the concept “Healing maternal bonds” [Q. 38-40] were rephrased and included under the renamed concept “Connections with children”. The two items under “Healing for children and young people” [Q. 41-42] were also rephrased and included under a renamed concept “My child/ren’s healing”. It was noted, however, like items under the original “Safety”, “Cultural connections” and “Healthy family home life” concepts, one woman said, “These items are not possible for children who experience family violence”.

A new concept “My healing” was created, which incorporated nine items (some rephrased) from the “Sharing feelings” [Q.43-45], “Healing” [Q.46-48] “Strength” [Q.49-51], “Self-love and acceptance” [Q.52-53], and “Happiness” [Q.54-56] concepts and one new item. Five items from these concepts were rejected. In this way, the original 14-item set was reduced to 10 items.

The four items in the “Growth” concept [Q. 54-56] was reduced to three items. Two items [Q.58 and Q.60] were retained, and Q. 57 and Q. 59 was rejected. A new item “I use my experience to help others” was added under this item.

Of all the 48 participants in the pilot, two women indicated that completing the tool had a negative effect on them saying, “This makes me sad” and that it was “… hard to fill out – what I was before I connected”.

These changes are reflected in the Draft Client Outcomes Tool used in the pilot as shown in Figure 9 below. The initial 60-item scale under 19 concepts that was discussed with Community members accessing family violence services in Yarning Circles B was reduced to a 39-tem scale under 11 concepts. In the pilot, the items were randomised and the concept headings were removed (Attachment 2).

Item	Very Untrue	Untrue	True	Very True	Not Applicable
Good housing					

1.	I have a home that suits my needs
2.	I don't spend more than I can afford on housing
3.	I don't have to worry about being forced out of my home

Protection from the person causing harm

4.	I feel this VACCA service is protecting me (and my child/ren) from the person causing harm
5.	I feel the police is protecting me (and my child/ren) from the person causing harm
6.	I feel child protection is protecting me (and my child/ren) from the person causing harm
7.	I have the information I need to protect myself (and my child/ren) from the person causing harm
8.	I am connected to the services I need to protect myself (and my child/ren) from the person causing harm

Understanding family violence

9.	I understand the causes of family violence
10.	I understand I'm not to blame for the violence
11.	I understand how family violence has affected me

Trust in this VACCA service

12.	I can share things about my life with this VACCA service
13.	I believe this VACCA service will help me when I need it
14.	I feel heard and understood by this VACCA service

Breaking intergenerational cycles of violence

15.	I have ways to support my child/ren through their worries
16.	I have ways of supporting my child in their relationship with the person causing harm
17.	My child/ren know what healthy relationships look like

Connections with others

18.	I don't feel alone
19.	I feel connected to people
20.	I feel like I belong

Cultural connections

21.	This VACCA service has given me opportunities to connect with mob
Connections with children	
22.	My child/ren feel they can trust me
23.	I feel I can be the parent I want to be for my child/ren
24.	I feel connected to my child/ren
My child/ren's healing	
25.	My child/ren feel/s happy inside
26.	My child/ren feel/s relaxed and/or at ease
My healing	
27.	I can show people my hurt
28.	I can be open about what I've been through
29.	I am healing through the hurt
30.	My spirit is recovering
31.	I feel strong
32.	I have the courage to confront difficult situations
33.	I believe in myself
34.	I can be kind to myself
35.	I am ok with myself as I am now
36.	I can enjoy life
My growth	
37.	I can create my own happiness
38.	I use my experience to help others
39.	I have grown as a person because of what I've been through

Figure 9. The Draft Client Outcomes Tool used in the Pilot.

Reducing the length of the tool also addressed other feedback from Yarning Circles B, where multiple women said the Tool was "too long". Women had different ideas about how the Tool should be completed (online vs paper copy or self-administered vs worker supported). One woman pointed out that "Technology poses barriers". Another woman also favoured "Facilitated administration" due to literacy and digital literacy issues among Aboriginal women receiving family

violence services. It was therefore decided to offer women the option of completing the Draft Outcomes Tool on paper, online or having a VACCA worker administer the Tool in service. Women also had different ideas about whether the Tool should be completed at the beginning of a service. One woman said, “Absolutely do not ask at the beginning when they have just come out of family violence”, but others felt that it was appropriate to “Use at the beginning to determine where women and children are at and what they need” and “Beginning and end – that way we know if VACCA is doing its job”. Woman also had various suggestions for a name for the Tool, including “We’re now strong”. “Strengthening steps”, “An Aboriginal word for journey” and “Footprints of our journey”, indicating that some approximation of “Strong Journey” in an Aboriginal language may resonate with Aboriginal women receiving family violence services.

3.2. Pilot Phase

A total of 48 women completed a Draft Outcomes Tool during the pilot, which was conducted from April to May 2024. Forty were completed using the paper format and eight were completed online. This constituted an appropriate response rate for statistical analysis of the data.

Several issues were identified during the data cleaning process. Three women did not clearly tick a response category across multiple items. Rather, they made a mark between two responses (e.g., between untrue and true and true and very true). Overall, there were 26 “indeterminate” untrue/true scores and one indeterminate true/very true score. This was resolved in the statistical analysis by coding these responses as ‘missing’.

Some responses to service length were in months or years (rather than weeks). These were converted to number of weeks for standardisation (e.g. 1.5 years was converted to 78 weeks). Text responses that could not be converted to weeks were coded as ‘missing’. Some responses to the length of time to complete the survey were text or time ranges. Text responses that could not be converted to minutes were coded as ‘missing’. Where time ranges (e.g. 5-10 minutes) were given, the midpoint (e.g. 7.5) was recorded. Responses were classified as Case Management or Therapeutic based on the staff member who returned the completed Draft Client Outcomes Tools to members of the Research Team at the University of Melbourne. It was not possible to classify service type for Tools that were completed online, and this variable was coded as ‘missing’ for those nine cases.

3.2.1. Participant Characteristics

Responses were spread across the five research sites with 33 responses from the three metropolitan research sites and 15 from the regional research sites. Consultation with members of the Research Team from VACCA confirmed that this response rate reflected the case numbers at each research site. Among the Tools that were completed on paper, there was a relatively even mix of respondents from Case Management (52.5%) and Therapeutic (47.5%) programs.

Most respondents were in the 30–49-year age groups (30-39 years: 39.6%; 40-49 years: 22.9%) with smaller numbers in the 18-29 years (18.8%) and 50-59 years (12.5%) age groups. Only three respondents (6.3%) were aged 60 years or older. All of the women identified their Aboriginality and 81.3% were Aboriginal or Torres Strait Islander and 18.8% did not identify as Aboriginal or Torres Strait Islander.

3.2.2. Acceptability and Clarity

To examine the acceptability and clarity of items, text relating to women's experience completing the Tool was scanned for adjectives. Thirty-three of the 35 women who provided written feedback used adjectives to describe their experience completing the Tool. Content analysis was conducted, and a word cloud was generated. This is presented in Figure 10 (larger text relates to most used words or phrases).

Figure 10: Feedback Word Cloud

Twenty-three of the 33 women had a positive experience completing the Tool, using adjectives such as "easy", "good", "not hard", "no difficulty", "straightforward", "no issues", "simple", "okay", "easily understood", and "fine" to describe their experience. Ten women used more negative adjectives to describe their experience such as "confronting", "emotional", "stressful", "difficult to answer", "long", and "confusing". This demonstrates that women had different experiences completing the survey, some finding the questions easy and straightforward to answer and others finding them confronting and difficult to answer.

Among the 35 women who provided feedback on their experience of the tool, 22 provided positive feedback, nine provided negative feedback and four provided mixed feedback. There was no discernible difference in the type of feedback according to research site or service type, although younger women tended to provide more negative feedback.

Thematic analysis of the feedback responses revealed five themes related to scaling, survey length, psychological safety, wording and understanding.

Five women commented on the response format used in the survey, indicating that they were not appropriate for some items. One woman said, “I felt that some answers were not relative to the question asked. Needed a different variation of answers”. Another woman said, “Somewhat difficult to answer as not appropriate answer selections”. One woman made notations about the reasons for her scoring. For example, when selecting untrue, notations included “getting there”, “trying”, “still have self-doubt” which indicated that whilst the woman did not see the statement as true for her, “untrue” did not seem to be an appropriate response either.

As above, three women provided responses that sat between the response categories, mostly marking the line between untrue and true. This indicates that a mid-point measure that reflects a neutral or undecided position should be considered in the final scale.

Only one woman commented on the survey length with a single-word comment, “long”.

Six women made statements relating to their psychological safety while completing the Tool. Most of these comments indicated that the items did not create distress, and that there was value in reflecting on the progress they had made. Women said, “Luckily, it was worded in a way that did not trigger of any trauma” and “Great to reflect on what has improved”. One woman said that being able to complete the Tool anonymously created safety. In contrast, one woman reported being reminded of her trauma with child protection and another woman found evidence of her own progress “confronting”.

One woman provided substantial feedback on the relevance of the items for women who have been involved with child protection and had their child/ren taken into out-of-home care:

> *“Some [items] don't quite apply to me, there is no question about not having care of your kids because of the family violence .... [Wanting a] Question about when child protection was open, were they protective?”*

Two women provided feedback indicating that some items lacked clarity. They said, “The questions are quite hard and open to different interpretation, and some are just quite random and difficult to properly answer” and “… I feel like some of your questions could be worded in a clear way to not to allow one’s mind to overthink, and [an] example of this would be instead of asking a question by saying I don’t maybe specifically ask by saying do you”.

Acceptability was also assessed through examination of missing data across each item. Missing data of less than 10% was considered desirable (noting that “Not applicable” responses were treated as missing values). Missing data presented in Table 2 below showed that no items was systematically skipped by women, which may have been an indication that women found the item intrusive or uncomfortable (or found the Tool too long or tedious).

3.2.3. Sensitivity

To examine item sensitivity, statistical summaries of individual items were computed including the Mean, Standard Deviation and Range (Table 2). "Not applicable" responses were treated as missing values. A higher standard deviation and range indicates more variation in responses. Variance is high if it is >1.0.

Table 2: Statistical Summary of Individual Items

		N Valid	N Missing	Mean	Standard Deviation	Variance	Range
Good housing							
1.	I have a home that suits my needs	21	0	2.86	1.23	1.53	3
2.	I don't spend more than I can afford on housing	21	0	2.77	.89	.79	3
3.	I don't have to worry about being forced out of my home	20	1	3.05	1.00	1.00	3
Protection from the person causing harm							
4.	I feel this VACCA service is protecting me (and my child/ren) from the person causing harm	20	1	3.75	.44	.20	1
5.	I feel the police is protecting me (and my child/ren) from the person causing harm	21	0	3.00	1.10	1.20	3
6.	I feel child protection is protecting me (and my child/ren) from the person causing harm	16	5	2.38	1.26	1.58	3
7.	I have the information I need to protect myself (and my child/ren) from the person causing harm	20	1	3.50	.82	.68	3
8.	I am connected to the services I need to protect myself (and my child/ren) from the person causing harm	20	1	3.55	.60	.37	2
Understanding family violence							
9.	I understand the causes of family violence	21	0	3.33	.80	.63	3
10.	I understand I'm not to blame for the violence	21	0	3.57	.68	.46	2

		N Valid	N Missing	Mean	Standard Deviation	Variance	Range
11.	I understand how family violence has affected me	20	1	3.65	.81	.66	3
Trust in this VACCA service							
12.	I can share things about my life with this VACCA service	21	0	3.71	.72	.51	3
13.	I believe this VACCA service will help me when I need it	21	0	3.71	.46	.21	1
14.	I feel heard and understood by this VACCA service	21	0	3.67	.48	.23	1
Breaking intergenerational cycles of violence							
15.	I have ways to support my child/ren through their worries	20	1	3.55	.83	.68	3
16.	I have ways of supporting my child/ren in their relationship with the person causing harm	17	4	3.47	.62	.39	2
17.	My child/ren know what healthy relationships look like	18	3	3.22	.81	.65	3
Connections with others							
18.	I don't feel alone	21	0	3.19	.98	.96	3
19.	I feel connected to people	21	0	3.14	.48	.23	2
20.	I feel like I belong	20	1	2.90	.91	.83	3
Cultural connection							
21.	This VACCA service has given me opportunities to connect with mob	19	2	3.26	.93	.87	3
Connections with children							
22.	My child/ren feel they can trust me	19	2	3.63	.96	.91	1
23.	I feel I can be the parent I want to be for my child/ren	18	3	3.28	.75	.57	3
24.	I feel connected to my child/ren	20	1	3.80	.41	.17	1
My child/ren's healing							
25.	My child/ren feel/s happy inside	18	3	3.00	.97	.94	3

		N Valid	N Missing	Mean	Standard Deviation	Variance	Range
26.	My child/ren feel/s relaxed and/or at ease	19	2	3.26	.87	.76	3
My healing							
27.	I can show people my hurt	21	0	2.90	1.04	1.09	3
28.	I can be open about what I've been through	21	0	3.43	.75	.56	2
28.	I am healing through the hurt	20	1	3.00	.92	.84	3
30.	My spirit is recovering	21	0	3.14	.91	.83	3
31.	I feel strong	21	0	3.38	.59	.35	2
32.	I have the courage to confront difficult situations	21	0	3.24	.77	.59	2
33.	I believe in myself	21	0	3.14	.91	.83	3
34.	I can be kind to myself	20	1	3.15	.81	.66	3
35.	I am ok with myself as I am now	19	2	3.32	.67	.45	2
36.	I can enjoy life	21	0	3.00	.89	.80	3
My growth							
37.	I can create my own happiness	20	1	3.25	.64	.41	2
38.	I use my experience to help others	20	1	3.10	.79	.61	3
39.	I have grown as a person because of what I've been through	21	0	3.62	.50	.25	1

Several items had low variance (<1.0), and standard deviations indicating low variation in responses. For example, item 39 "I have grown as a person because of what I've been through" has a range of 1, a standard deviation of .50 and a variation of .25, indicating very little variation in scores. The Mean is also very high at 3.62, indicating that most women would have responded "Very true" to this item. Items 4, "I feel this VACCA service is protecting me (and my child/ren) from the person causing harm", 13 "I believe this VACCA service will help me when I need it" and 14 "I feel heard and understood by this VACCA service" also all had low variance and standard deviation scores, and high Mean scores.

Responsivity to change (another measure of sensitivity) was also evaluated, as it was intended that the Tool be able to measure change over time. Here, participants in the top 25% and lowest 25% of service length were identified (*n*=10 in each group after missing values were excluded from the analysis). This was to represent participants who were at the beginning of a service episode, and those at the end of a service episode, to explore whether scores on individual items are higher at the end of a service episode. Independent samples t-tests were then conducted for each survey item to compare the mean scores of the two groups of participants. Effect sizes (Cohen's d) was also calculated for each item, which measures the difference between two means in terms of standard deviations (Table 3).

The authors acknowledge that there are serious limitations with this approach, including a small sample size, use of service length as a proxy for beginning and end of a service episode, and the use of independent samples (which included a mix of women receiving case management and therapeutic services) to measure change (rather than taking the measurements from the same women, receiving the same type of family violence service at two points in time).

Results are presented in Table 3. Less than half (*n*=15) of the items had a positive effect, indicating higher ratings among the group who had received a service for a longer period. Two of these items had a large effect (≥.8), and three items had a medium effect (≥.5). There was no effect for six items, and there was a negative effect for the remaining 18 items, including six items with a medium negative effect and two items with a large negative effect. However, none of the differences between the two groups achieved statistical significance (indicating that results reflect a real relationship). The only items that approached statistical significance in the direction expected was the item "This VACCA service has given me opportunities to connect with mob".

Table 3: Independent Samples T-test and Effect Size

	Item	25th Percentile M (SD)	75th Percentile M (SD)	T test results	Effect size
Good housing					
1.	I have a home that suits my needs (n=10, 10)	2.5 (1.18)	3.1 (.99)	t= 1.23, p=.23	.55
2.	I don't spend more than I can afford on housing (n=10, 10)	2.7 (.95)	2.9 (1.2)	t= .41, p=.34	.19
3.	I don't have to worry about being forced out of my home (n=9, 10)	2.4 (1.13)	2.9 (1.10)	t= .89, p=.39	.41
Protection from the person causing harm					

	Item	25th Percentile M (SD)	75th Percentile M (SD)	T test results	Effect size
4.	I feel this VACCA service is protecting me (and my child/ren) from the person causing harm (n=10, 10)	3.8 (.42)	3.8 (.42)	t=0, p=1.0	0
5.	I feel the police is protecting me (and my child/ren) from the person causing harm (n=10, 10)	3.3 (.94)	2.9 (1.10)	t= -.87, p=.40	-.40
6.	I feel child protection is protecting me (and my child/ren) from the person causing harm (n=8, 7)	2.1 (1.13)	3.0 (1.0)	t= 1.58, p=.14	.82
7.	I have the information I need to protect myself (and my child/ren) from the person causing harm (n=10, 10)	3.4 (.52)	3.3 (.67)	t=-.37, p=.10	-.17
8.	I am connected to the services I need to protect myself (and my child/ren) from the person causing harm (n=10, 10)	3.8 (.42)	3.5 (.71)	t= -1.15, p=.27	-.52
Understanding family violence					
9.	I understand the causes of family violence (n=10, 10)	3.6 (.52)	3.0 (.82)	t= -1.96, p=.07	-.88
10.	I understand I'm not to blame for the violence (n=10, 10)	3.6 (.52)	3.6 (.52)	t=0, p=0	0
11.	I understand how family violence has affected me (n=10, 10)	3.8 (.42)	3.8 (.42)	t=0, p=0	0
Trust in this VACCA service					
12.	I can share things about my life with this VACCA service (n=10, 10)	4.0 (0)	3.6 (.97)	t= -1.31, p=.22	-.59
13.	I believe this VACCA service will help me when I need it (n=10, 10)	3.9 (.32)	3.7 (.48)	t= -1.1, p=.29	-.49
14.	I feel heard and understood by this VACCA service (n=10, 10)	3.8 (.42)	3.6 (.52)	t= -.95, p=.36	-.42
Breaking intergenerational cycles of violence					
15.	I have ways of supporting my child in their relationship with the person causing harm (n=9, 9)	3.22 (.67)	3.22 (1.09)	t=0, p=0	0
16.	I have ways to support my child/ren through their worries (n=10, 10)	3.0 (.94)	3.6 (.52)	t= 1.77, p=.10	.80
17.	My child/ren know what healthy relationships look like (n=10, 9)	3.3 (.48)	3.0 (.71)	t= -1.09, p=.29	-.50

Item	25th Percentile M (SD)	75th Percentile M (SD)	T test results	Effect size
Connections with others				
18. I don't feel alone (n=10, 9)	2.8 (1.0)	2.8 (.83)	t=.05, p=.96	.02
19. I feel connected to people (n=10, 9)	3.1 (.74)	3.2 (.67)	t=-.38, p=.71	.17
20. I feel like I belong (n=10, 10)	3.1 (.88)	3.0 (.67)	t= -.29, p=.78	-.13
Cultural connections				
21. This VACCA service has given me opportunities to connect with mob (n=9, 10)	3.0 (.87)	3.6 (.52)	t= 1.86, p=.08	.85
Connections with children				
22. My child/ren feel they can trust me (n=10, 9)	3.8 (.42)	3.6 (.53)	t= -1.12, p=.28	-.52
23. I feel I can be the parent I want to be for my child/ren (n=9, 10)	3.3 (.50)	3.5 (.71)	t= .59, p=.57	.27
24. I feel connected to my child/ren (n=10, 10)	3.5 (.53)	3.8 (.42)	t= 1.41, p=.18	.63
My child's healing				
25. My child/ren feel/s happy inside (n=9, 10)	2.7 (.87)	3.2 (.63)	t= 1.55, p=.14	.58
26. My child/ren feel/s relaxed and/or at ease (n=9, 10)	3.2 (.67)	3.0 (.67)	t= -.73, p=.48	-.33
My healing				
27. I can show people my hurt (n=10, 10)	2.9 (.99)	2.4 (.97)	t= -1.14, p=.27	-.51
28. I can be open about what I've been through (n=10, 10)	3.3 (.67)	3.5 (.71)	t= .65, p=.53	.29
29. I am healing through the hurt (n=10, 10)	2.9 (.88)	3.4 (.52)	t= 1.56, p=.14	.70
30. My spirit is recovering (n=10, 10)	3.3 (.95)	3.3 (.67)	t=0, p=0	0
31. I feel strong (n=10, 9)	3.5 (.53)	3.0 (.71)	t= -1.76, p=.10	-.81
32. I have the courage to confront difficult situations (n=10, 10)	3.4 (.70)	3.1 (.74)	t= -.93, p=.36	-.42
33. I believe in myself (n=10, 10)	3.7 (.74)	2.9 (.57)	t= -.68, p=.51	-.30
34. I can be kind to myself (n=10, 10)	3.0 (.67)	3.1 (.32)	t= .43, p=.67	.19
35. I am ok with myself as I am now (n=10, 10)	3.3 (.67)	3.0 (.82)	t= -.90, p=.38	-.40
36. I can enjoy life (n=10, 10)	2.8 (.92)	3.0 (.82)	t=.51, p=.61	.23

Item	25th Percentile M (SD)	75th Percentile M (SD)	T test results	Effect size
My growth				
37. I can create my own happiness (n=10, 10)	3.4 (.52)	3.4 (.52)	t=0, p=0	0
38. I use my experience to help others (n=9, 10)	3.2 (.97)	3.0 (.67)	t= -.59, p=.57	-.27
39. I have grown as a person because of what I've been through (n=10, 10)	3.7 (.48)	3.2 (.92)	t= -1.5, p=.15	-.68

It is possible that results on the sensitivity of items may reflect sampling bias. That is, women who had a more positive experience with their VACCA service or were on a more positive healing trajectory may have been invited to participate in the pilot, leading to responses clustering at the upper end of the scale. It's also possible that women may have responded to items relating to their VACCA service favourably, regardless of their true beliefs, to appear agreeable in front of VACCA staff (acquiescence bias). The small number of response categories ("Very untrue", "Untrue", "True" and "Very true") may also have contributed to low variance scores, as respondents have less flexibility in expressing their views, leading to clustering of responses around certain categories.

3.2.4. Internal Consistency

Strong correlations among items that are supposed to measure the same construct suggest that the questionnaire is valid. Pearson's correlation coefficient was used to examine how well the items under each construct were related to each other. The value of Pearson's correlation coefficient ranges from -1 to +1, where +1 indicates a perfect positive linear relationship, -1 indicates a perfect negative linear relationship and 0 indicates no linear relationship. Significance levels are used to determine whether the observed correlation is statistically significant, meaning it is unlikely to have occurred by random chance. The p-value represents whether the correlation is considered statistically significant. Below, statistically significant correlations are indicated by an asterix (*), depending on the level of significance[17].

There was weak to moderate correlation between items in the "Good housing" (.21, .44**, .46**), "Protection from the person causing harm"[18], "Understanding family violence"

[17] *= correlation is significant at the <.05 level, **= correlation is significant at the <.01 level, ***= correlation is significant at the <.001 level.

[18] (.20, .29, .36*, .50***, .35, .15, .35*, .19, .25, .44**)

(.14, .25, .28), “My healing”[19] and “My growth” (.48**, .19, .33*) concepts. There was moderate to strong correlation between items in the “Trust in this VACCA service” (.53***, .53***, .64***) and “Connections with others” (.32*, .47** and .61***) concepts. There were also moderately strong correlations between the item “This VACCA service has given me opportunities to connect with mob” and items in the “Connections with others” concept (.35*, .19, .27†), indicating that it could be considered under this concept in further testing. Rephrasing the item to “I have opportunities to connect with mob” will also enhance consistency with other items under this construct and measure connections to mob generally, not just those built or strengthened by the VACCA service.

Conversely, items in the “Breaking intergenerational cycles of violence” did not correlate well with each other. The item “My child/ren know/s what healthy relationships look like” also did not correlate well with items in the “My child/ren’s healing” concept, (.13, .27†). Items in the “Connections with children” concept also did not correlate well with each other. In particular, the item “I feel I can be the parent I want to be for my child/ren” did not correlate well with the other two items under this concept (.13, .27†).

[19] (.28, .19, .19. .39**, .15, .31*, .44**, .26†, .24, .30*, .29, .24, .14, .14, .27, .00, .03, .76***, .28, .18, .41**, .47**, .24, .52***, .27, .18, .30*, .47***, .21, .59***, .65***, .53**, .50***, .47**. .36*. .57***, 51**, .35*, .28, .75***, .53***, .34*, .45**, .36*, .26). There was negligible to weak correlation between the item “I can be open about what I’ve been through” and other items under the “My healing” concept, with Pearson's correlation coefficients ranging between .00 and .30.

4. Discussion

This research set out to address the absence of a client outcomes tool for use in family violence services for Aboriginal women and children that considers their perspectives of success and captures the range of different ways Aboriginal family violence services respond to women and children affected by family violence. Under the leadership of an Aboriginal Advisory Group, a Research Team comprising Aboriginal and non-Aboriginal researchers: (i) defined outcomes by talking directly to Aboriginal women affected by family violence and exploring the outcomes included in relevant measurement tools, frameworks, and program evaluations from Australia, Canada, NZ and the U.S.; (ii) designed a Draft Client Outcomes Tool that measures the outcomes Community members accessing family violence services value, and validated it for acceptability and clarity, mode of administration and length and; (ii) assessed acceptability, clarity, sensitivity, and internal consistency of a revised Draft Client Outcomes Tool by piloting it with approximately 50 women receiving Aboriginal case management and therapeutic programs in metropolitan and regional areas of Victoria.

4.1. Key outcomes included in the literature and reported by women receiving Aboriginal family violence services

Although the published literature describing outcomes relevant to family violence services for Aboriginal women and their children was small, and only one outcome measurement tool for family violence programs that work with Aboriginal women and children was identified (the GEM), findings from the literature review and Yarning Circles A revealed that Aboriginal women affected by family violence have many priorities.

Following Yarning Circles A, a sorting task with clustering, MDS and moderation by the Research Team reduced 164 verbatim outcome statements from women involved in Yarning Circles A to 16 outcomes or concepts: healthy family home life, healing, growth, self-determination, loving people in my life, sharing feelings, feeling heard, healing for children and young people, getting the help I need, safety, breaking cycles of violence, having a home, healing maternal bonds, belonging, cultural connections and advice and information (Figure 6 above).

There was considerable overlap between the 16 outcomes identified by Aboriginal women affected by family violence who took part in Yarning Circles, and outcomes identified in the literature review. The two approaches overlapped in areas including use of services, feeling heard/believed, understanding family violence, connection to culture, belonging/social connections, breaking cycles of violence/reducing adolescent family violence, safety, healing (from trauma), repairing the parent-child bond, and basic needs (housing). This provides confidence that the views

of Community members in this research align with the objectives of family violence services and frameworks for First Nations women and children more generally.

Current tools used in family violence services that support women and children affected by family violence tend to measure progress using measures of symptoms and functioning, especially in family violence therapeutic programs. Outcomes across domains such as safety, child wellbeing, the parent-child relationship, housing, connection to culture, use of services, and understanding of family violence, have not typically been included. This highlights differences between the objectives of Aboriginal family violence programs that support women and children affected by family violence, desired outcomes of women affected by family violence and current client outcome measurement tools.

Although one U.S. source in the literature review identified "Repairing antagonistic relationships between men and women" as a desired outcome, most women who took part in the Yarning Circles did not want their relationships with the person causing harm mended. Unlike the situation in remote locations across Australia, many Aboriginal women had non-Aboriginal partners, and it was possible to avoid ongoing contact with them outside responsibilities to children. Their priorities were: (i) ensuring the relationship between the person causing harm and children was healthy and did not negatively impact children's wellbeing and the way they navigated interpersonal relationships into the future; and (ii) that the risk presented by the person causing harm is managed. Indeed, women who took part in the Yarning Circles placed a strong emphasis on the needs of children, their healing, repairing the mother-child bond, and the health of their child/ren's family and intimate relationships.

4.2. Acceptability, length, and mode of administration

Client outcome tools appropriate for use in family violence services need to meet requirements of acceptability and clarity. They also cannot be too long or tedious. Validating a Draft Outcomes Tool with women in Yarning Circles B highlighted challenges for women achieving outcomes such as safety, healthy family home life and cultural connections, and a preference for the term "mob" instead of "family". Women also indicated that getting the help they need was about good support from "workers", rather than "programs" or "services".

Although the phrasing of item in the Draft Outcomes Tool was generally satisfactory, a small number of women indicated that they had a negative emotional response to completing the Tool, as it made them reflect on aspects of their past life. Assessment of acceptability through piloting the revised Draft Outcomes Tool also raised the issue of women's psychological safety. Again, while the qualitative feedback indicated that the specific items did not cause distress, one woman reported being reminded of her trauma with Child Protection and another woman found evidence of her

progress confronting. This shows the value of anonymity or ensuring that women's responses cannot be traced back to them, and the need for professional support and debriefing when a client outcomes tool is administered in service. Feedback from women who took part in Yarning Circles B also highlighted the value of a tool that is brief and can be completed in a variety of ways to suit women's preferences and needs.

4.3. Assessment of clarity, sensitivity, and internal consistency

Clarity, sensitivity, responsiveness to change and internal consistency assessment of the revised Draft Client Outcomes Tool had mixed results. In terms of clarity, no items were systematically skipped by women, which was an indication that women did not find the items intrusive or uncomfortable (or found the Tool too long or tedious), and the qualitative feedback suggested that most women did not have difficulty understanding the items. However, a small number of women said the tool was "difficult" and "confusing", suggesting the need for some rephrasing for clarity. Clarity may also be improved by presenting items under concept headings to help guide women through the content. Using the phrase "all my children" instead of "my child/ren" can also improve clarity, making it clear that the relevant items are referring to all children where applicable.

Assessment of sensitivity through examination of item summaries showed that several items had low variation in responses. It is likely, however, that the small number of response categories, combined with sampling bias, may have contributed to low variance scores, or the clustering of responses at the upper end of the scale. Three women also provided invalid responses that sat between the response categories, mostly marking the line between untrue and true, indicating that the response format did not always afford them the flexibility they needed in expressing their views. Taken together, these results suggest that the range of response options should be increased to increase variability and valid responses. This includes adding a mid-point measure that reflects a neutral or undecided position.

Responsivity assessed through calculation of independent samples t-tests and effect sizes, measuring the difference in scores between cases in the top 25% and lowest 25% of service length revealed no significant difference between the groups on any of the items except for "This VACCA service has given me opportunities to connect with mob". While this is thought to reflect the small sample size, limitations in the use of service length as a proxy for beginning and end of a service episode, and the use of independent samples to measure change (including women receiving a mix of case management and therapeutic services), it may also reflect the cyclical and non-linear nature of recovery from family violence. Responsivity testing involving a larger sample and measurements

taken from the same women at two points in time will provide a more reliable assessment of responsivity.

Internal consistency assessed though item correlations showed weak to moderate correlations between items in five of the 10 concepts covered in the Draft Client Outcomes Tool with more than one item[20], and moderate to strong correlations between items in a further three concepts. There were also moderate to strong correlations between the item "This VACCA service has given me opportunities to connect with mob" and items in the "Connections with others" concept, indicating that this item should be included under this concept in validation testing, effectively reducing the overall number of concepts from 11 to 10. These results suggest the tool demonstrates promise in terms of construct validity.

4.4. Items to include or reject in the final draft instrument

Several factors are likely to have affected item sensitivity, including the limited number of response options, the possibility of sampling bias, the serious limitations of the responsiveness to change assessment, as well as the possibility that recovery from family violence may not follow a straight path. As such, no item in the Draft Outcomes Tool should be rejected based on low variance or poor responsiveness to change. However, the Final Draft Outcomes Tool should include a wider range of response options with a mid-point measure that reflects a neutral or undecided position. A revised scale could be "Not true at all" "Mostly not true" "Neutral, "Mostly true" and "True". Sensitivity could be assessed in a larger study, where measurements are taken from the same participants at two points in time.

The internal consistency assessment did indicate some items should be rejected and replaced with different items. The concepts where items did not correlate well were "Breaking intergenerational cycles of violence" and "Connections with children". In terms of "Connections to children", the item "I feel I can be the parent I want to be for my child/ren" did not relate well to the other two items. This item should be rejected, and another item that measures attachment and emotional availability/responsiveness dimensions of parentings, used in its place, such as "I have a close relationship with all my children", "I am always there when all my children need me" and "I understand all my children's feelings".

In terms of the breaking intergenerational cycles of violence concept, the item "I have ways to support my child/ren through their worries" was negatively corelated with the other two items, indicating that it should be rejected. On reflection, the remaining two items "I have ways of

[20] The concept "Cultural connections" contained only one item.

supporting my child in their relationship with the person causing harm" and "My child/ren know what healthy relationships look like" appear to be measuring different constructs. Other items that measure understanding of, or a commitment to, healthy respectful relationships should be used in its place, such as "All my adolescent children have skills to cope with problems in relationships" and "All my adolescent children are focused on showing respect in relationships". The item "My child/ren know what healthy relationships look like" should be rephrased to "All my adolescent children know what healthy relationships look like".

There was negligible to weak correlation between the item "I can be open about what I've been through" and other items under the "My healing" concept. Given the relatively large number of items under this construct, this item should be rejected. Confirmatory factor analysis (see section 4.5 below) will also highlight items with the strongest relationship to the "Healing" concept, enabling a reduction in the number of items to better match the number of items in other concepts (3-5 items).

In considering whether the items are within the control of Aboriginal specialist services for women and children, it is also recommended that the items "I feel the police is protecting me (and my child/ren) from the person causing harm" and "I feel child protection is protecting me (and my child/ren) from the person causing harm" are rejected.

The Final Draft Outcomes Scale is presented in Figure 11 below. Rejected items (5,6,15,16,23,28) are shaded and rephrased items (4,7,8,12,13,14,17,21,22,25,26) appear in red. Possible alternatives to items that should be replaced (15,23) are included in the footnotes.

Item	Not true at all	Mostly not true	Neutral	Mostly true	True	Not Applicable
Good housing						
1. I have a home that suits my needs						
2. I don't spend more than I can afford on housing						
3. I don't have to worry about being forced out of my home						
Protection from the person causing harm						
4. I feel this [VACCA] service is protecting me (and all my children) from the person causing harm						
5. I feel the police is protecting me (and my child/ren) from the person causing harm						
6. I feel child protection is protecting me (and my child/ren) from the person causing harm						
7. I have the information I need to protect myself (and all my children) from the person causing harm						
8. I am connected to the services I need to protect myself (and all my children) from the person causing harm						

Item	Not true at all	Mostly not true	Neutral	Mostly true	True	Not Applicable
Understanding family violence						
9. I understand the causes of family violence						
10. I understand I'm not to blame for the violence						
11. I understand how family violence has affected me						
Trust in my [VACCA][21] worker						
12. I can share things about my life with my [VACCA] worker						
13. I believe my [VACCA] worker will help me when I need it						
14. I feel heard and understood by my [VACCA] worker						
Breaking intergenerational cycles of violence						
15. I have ways to support my child/ren through their worries[22]						
16. I have ways of supporting my child in their relationship with the person causing harm						
17. All my adolescent children know what healthy relationships look like						
Connections with others						
18. I don't feel alone						
19. I feel connected to people						
20. I feel like I belong						
21. I have opportunities to connect with mob						
Connections with children						
22. All my children feel they can trust me						

[21] During wide-scale implementation, reference to VACCA could be removed, or replaced with the name of the relevant organisation.

[22] Replace this item and item 16 with items such as "All my adolescent children have skills to cope with problems in relationships" and "All my adolescent children are focused on showing respect in relationships.

Item	Not true at all	Mostly not true	Neutral	Mostly true	True	Not Applicable
23. I feel I can be the parent I want to be for my child/ren[23]						
24. I feel connected to all my children						
All my children's healing						
25. All my children feel happy inside						
26. All my children feel relaxed and at ease						
My healing						
27. I can show people my hurt						
28. I can be open about what I've been through						
29. I am healing through the hurt						
30. My spirit is recovering						
31. I feel strong						
32. I have the courage to confront difficult situations						
33. I believe in myself						
34. I can be kind to myself						
35. I am ok with myself as I am now						
36. I can enjoy life						
My growth						
37. I can create my own happiness						
38. I use my experience to help others						
39. I have grown as a person because of what I've been through						

Figure 11. Final Outcomes Tool

[23] Replace with item such as "I have a close relationship with all my children", "I am always there when all my children need me" and "I understand all my children's feelings".

4.5. Feasibility of Wide-scale Implementation and Validity Testing

The results of the pilot suggest that the Final Outcomes Tool meets important criteria of cultural appropriateness, face validity[24], acceptability, clarity, and usability, and shows promise in enabling measurement of outcomes in Aboriginal family violence services that support women and children. However, before the Final Outcomes Tool is ready for wide-scale implementation, it needs to be psychometrically validated. Specifically, construct validity needs to be tested, through techniques such as Confirmatory Factor Analysis (CFA) and correlation with other established scales to assess convergent validity. However, given the number of theoretical constructs in the Tool (*N*=10), it may only be feasible (or necessary) to conduct correlations for a small number of constructs, such as protection from the person causing harm and healing. Ideally, response consistency would also be assessed via retest within a short period of time, although there are ethical issues in asking women affected by family violence to complete the Tool twice for research purposes.

It is also critical to assess item sensitivity, especially given the inconclusive results from the pilot. Items with high item sensitivity are necessary to be able to distinguish between different levels of the construct, even if the differences are subtle. Items with high sensitivity also contribute to the overall responsiveness of the Tool. This is important to evaluate the change in outcomes brought about by a program or service. If individual items can detect small differences in the construct, the tool is more likely to capture changes over time, making it responsive to actual shifts in the construct, and greater use to services.

Analysing how changes in response formats (e.g., 5-point and 10-point Likert scales) influence item sensitivity, should also be considered, given the pilot results and feedback on this aspect of the Tool. Evaluating the effects variations in administration procedures (online, on paper, supported) have on results is also important, as it will be necessary to deploy multiple modes of administration to meet women's needs and preferences in service.

Recruiting a large sample of Aboriginal women affected by family violence for a psychometric validation study requires a sensitive, ethical, and well-considered approach to ensure the safety, privacy, and comfort of participants. This best undertaken in partnership with organisations with trusted relationships with women affected by family violence, such as Aboriginal-specific refuges, case management and therapeutic programs. If the Final Draft Outcomes Tool was routinely used in VACCA services for a period, these data could be used for psychometric validation rather than constructing a sample of Aboriginal women affected by family violence for this specific purpose. Other data that are routinely collected during case work, such as family violence risk established

[24] Measures what it is supposed to measure based on a superficial inspection.

through use of the Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework and healing, measured through use of the Growth and Empowerment Measure (GEM), could also be used to assess convergent validity. Using Aboriginal artwork on the Tool, and giving it an Aboriginal name, will also enhance the cultural relevance of the Tool, and women's trust and engagement with it during psychometric testing.

5. Conclusion

This research aimed to define outcomes from Aboriginal specialist family violence services by talking directly to Aboriginal women affected by family violence and finding ways to measure the outcomes they value in a way that met requirements of acceptability, clarity, sensitivity, and internal consistency. The research also recognised that not all Aboriginal women have the same lived experience and cultural connections.

Aboriginal women receiving services valued a wide range of outcomes. While the weight of expectation on specialist family violence services seems heavy, they did reflect the range of objectives in program evaluations, and frameworks relevant to Aboriginal family violence services for women and children affected by family violence identified in the international literature. Yarning Circles with women showed stable safe housing for themselves and their children, protection from the person causing harm, social and cultural connections and healing for themselves and their children, was particularly valued. This suggests that client outcomes tools that only capture individualistic therapeutic outcomes do not reflect all the priorities of Community members accessing family violence services.

Checking a Draft Client Outcomes tool with Community members accessing family violence services, and formal testing through a pilot, showed the Final Draft Outcomes Tool shows real promise in enabling measurement of these outcomes in service. Giving the Final Draft Outcomes Tool an Aboriginal name and artwork and subjecting it to psychometric testing with a large sample of Community members affected by family violence, will help verify that the tool is accurately measuring defined outcomes, and can be relied on to inform decisions regarding individual interventions, service improvement and program spread.

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7. Attachments

7.1. Attachment 1: Data Extract Table

	Reference	Title	Location	Type of Resource	Population Defining Outcomes	Type of Service	Outcomes/ Service Goals	Outcome Indicators
1	Blignault et.al. (2014) cited in Carlson et.al. (2021)	The Collective Healing Tree (in ANROWS What works? Exploring the literature on Aboriginal and Torres Strait Islander healing programs that respond to Family Violence	Australia	Research report			*Individual and family outcomes:* Access to services, awareness and understanding, connection to family, healthier behaviours, spiritual health, physical health, restoring balance, emotional and mental health, strategies to address trauma, identity, new skills and capabilities, connection to culture, connection to community, connection to country, belonging, cultural renewal, pursuit of new opportunities, strategies to address trauma, less ongoing trauma *Community outcomes:* community safety, mentors, knowledge of history, pride in culture, community leadership, greater resilience, holistic wellbeing, healthier communities, education opportunities, economic opportunities, healthier children, healthier families *Societal outcomes:* response from whole of government, response from churches and institutions, de-institutionalisation, breaking the cycle, native title, legacy for future generations, inclusion, reparation	
2	Cahill et. al. (2021)	The Picking Up the Pieces (PUTP) program	Bourke, NSW	Evaluation report		Case-based employment and related services (e.g., life	Short-term (Client): improve client engagement in services and increase	

Reference	Title	Location	Type of Resource	Population Defining Outcomes	Type of Service	Outcomes/ Service Goals	Outcome Indicators
					skills, health and financial management, housing, driver licensing) to Aboriginal people across New South Wales	client, family and community awareness of family violence causes and consequences. Improve family relationships and well-being, change client and family behaviour, reduce involvement with government systems (e.g., criminal justice, child protection) and increase income and housing stability. Community-level outcomes: Decreasing community violence, increasing connectedness and inclusion of Aboriginal families	
3	Wurli-Wurlinjang Strong Indigenous Families	Katherine, NT			Strong Indigenous Families consisted of two major types of services: (1) family focused		
					Alice Springs Women's Shelter (NT)	A woman at the shelter: • feels safer & calmer inside the shelter • uses the facilities • asks for stuff Women feel/are stronger after a stay at the shelter • has a plan • walks out upright	
					Domestic Violence Crisis Service (ACT)	Adults & children have: • immediate safety • increased knowledge of DFV • increased awareness of options • decreased isolation	

Reference	Title	Location	Type of Resource	Population Defining Outcomes	Type of Service	Outcomes/ Service Goals	Outcome Indicators
					Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Domestic & Family Violence Service (NT/SA/WA)	Women to be & to feel as soon as possible: • believed • less isolated • more connected • more supported • more capable • more in control	
					Domestic Violence Crisis Service (ACT)	Adults & children have: • immediate safety • increased knowledge of DFV • increased awareness of options • decreased isolation	
						Individual development & well-being	• Enhanced self esteem • Enhanced decision-making capacity • Enhanced connection to culture • Improved health & well-being •Demonstrated family violence leadership capacity • Empowered & with renewed strength to address life stressors for

	Reference	Title	Location	Type of Resource	Population Defining Outcomes	Type of Service	Outcomes/ Service Goals	Outcome Indicators
								self, family, & community
4	Giesbrecht et.al. (2022)	Assessing the Efficacy of a Cultural & Artistic Intervention for Indigenous Women who Have Experienced Intimate Partner Violence	Saskatchewan, Canada	Program evaluation/study: nato' we ho win	Service providers/researcher	Healing program.	Improved health & wellbeing for Indigenous women who have experienced IPV by increasing cultural connections & teaching practices that foster resilience.	Quality of life, agency, resilience, connectedness, post-traumatic growth, depression, & anxiety.
5	Haswell et. al. (2010)	The Growth and Empowerment Tool (GEM)	Australia	Scale/Measurement tool	Researchers	Currently used in VACCA's family violence therapeutic programs	Psychological & social empowerment within an Australian Indigenous context.	
6	Holder & Putt (2019)	Research collaboration between women's specialist services, Aboriginal women & researchers	Australia (NT, ACT, WA, SA)	Description of a research collaboration between Aboriginal women, service workers & researchers to measure 'what matters' in services for victims/survivors	Service providers	Specialist DFV services for Aboriginal women (Alice Springs Women's Shelter, Domestic Violence Crisis Service & Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Domestic & Family Violence Service	Women & children are safer. Women are stronger.	
						Alice Springs Women's Shelter (NT)	A woman at the shelter: • feels safer & calmer inside the shelter • uses the facilities • asks for stuff Women feel/are stronger after a stay at the shelter	

	Reference	Title	Location	Type of Resource	Population Defining Outcomes	Type of Service	Outcomes/ Service Goals	Outcome Indicators
							• has a plan • walks out upright	
						Domestic Violence Crisis Service (ACT)	Adults & children have: • immediate safety • increased knowledge of DFV • increased awareness of options • decreased isolation	
						Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Domestic & Family Violence Service (NT/SA/WA)	Women to be & to feel as soon as possible: • believed • less isolated • more connected • more supported • more capable • more in control	
7	Karahasan 2014	Evaluation report of the Aboriginal Family Violence & Legal Service's early intervention & prevention program	Victoria, Australia	Program evaluation/study: Sisters Day Out, Dilly Bag, Dilly Bag: The Journey	Service providers	Early intervention & prevention programs.	Individual knowledge & understanding.	• Improved family violence identification & prevention capacity • Improved knowledge & understanding of family violence related law & justice processes • Increased access to support services & / or legal services, including mainstream services

	Reference	Title	Location	Type of Resource	Population Defining Outcomes	Type of Service	Outcomes/ Service Goals	Outcome Indicators
								• Reduced isolation; improved community networks
							Individual development & well-being	• Enhanced self esteem • Enhanced decision-making capacity • Enhanced connection to culture • Improved health & well-being •Demonstrated family violence leadership capacity • Empowered & with renewed strength to address life stressors for self, family, & community
							Cultural safety	• Welcoming environment • Trust
8	Oetzel & Duran (2004)	Intimate Partner Violence in American Indian	USA	Theoretical framework			Repairing antagonistic relationships between men & women.	Understanding historical roots of trauma.

	Reference	Title	Location	Type of Resource	Population Defining Outcomes	Type of Service	Outcomes/ Service Goals	Outcome Indicators
		&/or Alaska Native Communities: A Social Ecological Framework of Determinants & Interventions						Reconnection with culture & traditional healing methods. Contribute to the community.
9	Putt et.al. (2017)	Developing outcome measures for crisis support & intervention: a summary of lessons learnt by women's specialist domestic & family violence services from a research project	Australia (NT, ACT, WA, SA)	Research study/resource paper	Outcomes defined by women victim survivors	Crisis support & intervention services for Aboriginal women	Feelings after service (short-term) • No longer alone/isolated • People on my team • Relief • Not judged • Reassured • Heard Feelings after service (longer-term) • Connected to the Community. • Free. • Having life back. • Have friends. Hope (light at the end of the tunnel).	What women valued at the time of crisis (short-term): • Active listening • Expertise & knowledge translated into practical help & plain English
10	Putt et.al. (2017)	Horizons: women's specialist domestic & family violence services: Their responses & practices with & for Aboriginal women: Final report	Armidale, NSW	Research Report (Final report connected to Research into Policy & Practice Resource #2)	Aboriginal women victim survivors	Alice Springs Women's Shelter (NT)	Frightened → Safe Tired/stressed out → Rested Alone/no family support → Supported. He's (his family is) the boss → Free/strong in myself Not happy with/in myself → Happy with/in myself	
							Desired outcomes to service contact: • To not be isolated; to be connected. • To have face-to-face support during an incident	

	Reference	Title	Location	Type of Resource	Population Defining Outcomes	Type of Service	Outcomes/ Service Goals	Outcome Indicators
							• To be supported with police & at court • To have support for children & families, including men • To be safer—practical, context specific, dynamic, ongoing, realistic • To be offered & do nice stuff that helps wellbeing & self-respect	
							Good service contact: • To experience kindness • To have proper workers (explains, expert, knowledgeable, stands with/in-front, will act, be humble, be hands on) who actually help • For there to be the right words/language for better understanding • To not be judged To not be blamed • To be heard/reassured & experience relief • To be listened to & acknowledged • To have time to sit & talk (not ask so many questions all the time) • When asking, don't go in front, go side-on • To experience understanding without judgement • To share hope & find that spark • Never give up on women • Be genuine • Don't refer, refer [to other services]	
11	Rawsthorne (2014)	"Helping Ourselves, Helping Each Other": Lessons	South-western suburbs of Sydney (Liverpool &	Program evaluation: Joan Harrison's Support Services for Women		Peer-mentor program informed by Indigenous community development & empowerment principle	The specific goals included: • increasing Aboriginal women's knowledge of services & service providers;	Safe space for Aboriginal women to speak about

	Reference	Title	Location	Type of Resource	Population Defining Outcomes	Type of Service	Outcomes/ Service Goals	Outcome Indicators
		from the Aboriginal Women against Violence Project	Campbelltown), NSW, Australia				• increasing Aboriginal women's confidence in relation to accessing services; • increasing the ability of Aboriginal women to identify situations as violent or abusive; • increasing Aboriginal women's ability to reject violence-supporting myths; • enhancing Aboriginal women's knowledge of the legal aspects of domestic violence & child protection; • enhancing Aboriginal women's knowledge of the mental health aspects of family violence. Note: evaluation also collected data on new friendships, seeking accountability from White institutions & building networks that challenge violence against Aboriginal women.	the impact of violence & provide hope for a different future.
12	Snell & Small (2009)	Best Practice Family Violence Services for Aboriginal Women: Nunga Mi:Minar Incorporated	South Australia	Program evaluation/study:	Service providers	Cluster & independent transitional living accommodation, out-reach crisis care supports, primary health care & wellbeing services for aboriginal women & their children experiencing family violence.	Empowerment. Skills for effective communication & conflict resolution.	Cultural safety.
13	The State of Victoria (FSV) (2019)	The Nargneit Birrang Framework	Victoria	Framework to address Family Violence affecting Aboriginal people	VACCA / ThinkPlace	Aboriginal-led holistic healing programs in Victoria/long-term responses to Aboriginal	Healing[25] (social, emotional & cultural). Thrive physically & emotionally. Promote wholeness & wellness.	Connectedness to Country & Community

[25] All family members when safe to do so.

Reference	Title	Location	Type of Resource	Population Defining Outcomes	Type of Service	Outcomes/ Service Goals	Outcome Indicators
					people who have experienced family violence	Stronger, more resilient individuals, families, & communities. Wellbeing, control, & empowerment. Strengthening connections to mind, body, emotions, spirit, land, culture, community, family & kinship. Psychological & Physical Wellbeing.	Understanding of the impact of violence (men) Strengthening personal, family & community identities & belonging Connection to spirituality & Country Spiritual balance Resilience (cope with stress & overcome adversity) Hope Empowerment
						Safety (adults & children. Personal, cultural, emotional, physical, spiritual).	Perpetrators held accountable & supported to change their behaviour & heal
						Basic needs are met.	
							Cultural safety. Respect. Physically & emotionally safe environment.

	Reference	Title	Location	Type of Resource	Population Defining Outcomes	Type of Service	Outcomes/ Service Goals	Outcome Indicators
								Safe spaces on traditional lands. Listened to (story of trauma). Believed. Choices for healing.
14	State of Victoria (2021)	Dhelk Dja: Monitoring, Evaluation and Accountability Plan	Australia	Monitoring and Evaluation Plan			Aboriginal people have improved cultural, emotional, social wellbeing and safety Aboriginal women are safe and rebuild their lives Strengthened connection to culture, country, and community Aboriginal people make healthy relationship decisions and choices Aboriginal people who use family violence are held accountable for and change their behaviour Keep them safe and help them heal	
15	Varcoe et. al. (2021	The Efficacy of a Health Promotion Intervention for Indigenous Women: Reclaiming our Spirits	Canada	Program evaluation: Reclaiming Our Spirits (ROS)	Researchers/program developers	Aboriginal women who had left abusive partners/experience IPV in their lifetimes: healing/health promotion program	Quality of life. Trauma Symptoms. Depressive symptoms. Chronic pain disability. Social support. Personal & interpersonal agency. Mastery (personal control over one's life).	
16	Victoria State Government (2021)	Dhelk Dja: Safe Our Way. Strong Culture, Strong Peoples, Strong Families	Australia				Increase the safety, healing and wellbeing of victims, children, young people and families healing for people who use violence	

	Reference	Title	Location	Type of Resource	Population Defining Outcomes	Type of Service	Outcomes/ Service Goals	Outcome Indicators
17	Victoria State Government (2022)	Case management program requirements for specialist family violence services which support victim survivors	Australia	Case management resource			Manage/reduce risk presented by perpetrator. Address risk and safety needs Address health and wellbeing needs Reduction in risk indicators. Feeling safer Prevent violence and ongoing trauma. Life domains - housing; justice and legal; employment and education; financial, material and transport; health and wellbeing; and family, relationships and friends. (developmental, physical, mental, sexual, reproductive health, alcohol and other drug use, disability needs and physical injuries) Education and employment Safety, stability and freedom from violence Independent income Court support Child's education and peer networks Safe housing to achieve stability and freedom from violence Community of safety and support both within and outside the service system to sustain healing and freedom from family violence into the future. Maintain relationship with perpetrator. Wish to maintain connection and seek reparation (father). Needs of children (including unborn) Restore the parent-carer-child bond and strengthen parenting capacity to	Build confidence and systems knowledge. Trust and engagement Referrals to to counselling, programs for children, general advice and cultural and emotional support. Significant emotional support and repeated, patient conversations to build the support relationship, undertake effective case management activities and help them process their complex experiences of family violence. Reduce anxiety and increase their willingness to engage

	Reference	Title	Location	Type of Resource	Population Defining Outcomes	Type of Service	Outcomes/ Service Goals	Outcome Indicators
							support children's ongoing safety and wellbeing. Healing, recovery, and processing of trauma Practical support to help take care of children (e.g., childcare, home help). Reduce adolescent FV. Rights and needs of the protective parent advocated with statutory and justice services such as Child Protection and in family law matters. Confident to identify early signs of a recurrence of family violence risk, and to manage this risk by seeking support or reengaging with your service, if required post-exit.	In respect of safety, resisting a perpetrator's pattern of violent behaviour and addresses the identified safety needs). Personal choice, agency and decision-making. Partnership with women affected by FV.
18	Wendt & Baker (2013)	Aboriginal Women's Perceptions & Experiences of a Family Violence Transitional Accommodation Service	South Australia	Program evaluation:	Community members accessing services via interview	Transitional accommodation service	Safety, family life, health, wellbeing stable, safe housing for themselves & their children.	Individualised, flexible, & open-ended support

7.2. Attachment 2: Pilot Version of the Draft Outcomes Tool

VACCA
Connected by culture

Family Violence Support Services Client Outcomes Tool: Pilot Version

Thank you for agreeing to testing our Client Outcomes Tool for Family Violence Support Services clients. This survey has been developed with women who have experienced family violence and have received VACCA Family Violence Services. We are now asking women to test the survey for us, to make sure that it works the way that we want it to. The survey is not being used as an assessment tool at this time and your responses will not be recorded as part of the service you receive, we are just asking for you to try it out by completing the survey and telling us what you think.

Instructions: The following survey includes a list of positive changes that can occur after receiving a family violence support service. For each item, please indicate how true each statement is for you by placing a tick in the matching box.

Item	Very Untrue	Untrue	True	Very True	Not Applicable
I am ok with myself as I am now					
I don't spend more than I can afford on housing					
My child/ren feel/s happy inside					
I have the information I need to protect myself (and my child/ren) from the person causing harm					
I understand I'm not to blame for the violence					
I understand how family violence has affected me					
I have ways of supporting my child in their relationship with the person causing harm					
I have grown as a person because of what I've been through					
I understand the causes of family violence					
I can share things about my life with this VACCA service					
My child/ren know what healthy relationships look like					

I feel connected to my child/ren					
My child/ren feel they can trust me					
I don't have to worry about being forced out of my home					
I have ways to support my child/ren through their worries					
I can enjoy life					
I believe in myself					
I am connected to the services I need to protect myself (and my child/ren) from the person causing harm					
I feel this VACCA service is protecting me (and my child/ren) from the person causing harm					
I feel the police is protecting me (and my child/ren) from the person causing harm					
I don't feel alone					
My child/ren feel/s relaxed and/or at ease					
I have the courage to confront difficult situations					
I can be kind to myself					
I feel like I belong					
I feel I can be the parent I want to be for my child/ren					
I can show people my hurt					
I use my experience to help others					
I can be open about what I've been through					
My spirit is recovering					
I feel child protection is protecting me (and my child/ren) from the person causing harm					
I have a home that suits my needs					
This VACCA service has given me opportunities to connect with mob					
I am healing through the hurt					
I believe this VACCA service will help me when I need it					
I feel connected to people					
I can create my own happiness					

I feel heard and understood by this VACCA service					
I feel strong					

Are you Aboriginal or Torres Strait Islander?

- ☐ No
- ☐ Yes Aboriginal
- ☐ Yes, Torres Strait Islander
- ☐ Yes, Aboriginal and Torres Strait Islander

What is your age?

- ☐ 18-29 years
- ☐ 30-39 years
- ☐ 40-49 years
- ☐ 50-59 years
- ☐ 60 years or more

Where is your VACCA family violence support service located?

- ☐ Benalla
- ☐ Dandenong
- ☐ Morwell
- ☐ Wangaratta
- ☐ Werribee
- ☐ Preston

How long have you been receiving support from this VACCA service?

Insert number of weeks here: ☐

What was your experience like completing this survey? Please let us know if you found any of the items confusing or difficult to answer.

☐

How long did it take you to complete this survey?

Insert number of minutes here: ☐

7.3. Attachment 4: Yarn A statements for Card Sorting Task

1. Support from family
2. Men not controlling everything
3. A relationship with my son
4. A nice family
5. Feel like home for everyone
6. Where we could all just sit comfortably [People in my family are comfortable being at home]
7. Talk about whatever's on our chest [People in my family can talk about what's on their chest]
8. Feel love [I feel loved]
9. Speaking up [I can speak up about my situation]
10. People around that listen [People around me listen]
11. [YP] get his confidence back [YP feels confident]
12. [YP] trusting me [YP has trust in me]
13. Not alone in the world [I don't feel alone in the world]
14. Change with his [YP] anger [YP can express his anger in a healthy way]
15. For him [YP] to be able to tell the difference between emotions and being used and stuff [YP can avoid unhealthy relationships]
16. Everyone's happy inside
17. More healthy [family] environment
18. We [family] all feel trust [People in my family trust each other]
19. Getting the right people involved [I have people around me who can give me the support I need]
20. Who do you have to go to as well [R] [I have someone I can go to for help]
21. Feeling comfortable in your own home
22. Out into the world [YP] [YP is participating in life outside the home]
23. Loving family
24. [Children] comfortable in their lives
25. Teaching them [C&YP] about domestic violence and getting consent even just for the small things [Children understand about consent]
26. Teaching them [C&YP] at school – you can't put your hands on anyone
27. Away from all the family violence
28. That he [man] would be gone [The perpetrator is gone]
29. Feeling safe [I feel safe]
30. There was no housing for women escaping family violence [R] [There is housing for women escaping family violence]
31. A constant person, so he [YP] can talk and communicate to someone [YP has a constant person in their life]
32. The baby's safety [The baby is safe]
33. I was isolated where I was [R]
34. Feeling relief
35. Building your confidence as a parent
36. The relationship between the father and the children and make sure it's healthy as well [My child/ren's relationship with their father is healthy]
37. A community for her [child]
38. Feeling happy
39. Too scared to come forward [R]
40. Feeling validated
41. Feeling understood
42. Not one friend [R]
43. If I have a problem, I can say something
44. Connectedness
45. Belonging to a group, to a family, an extended family
46. People that you can talk to about anything
47. More confident
48. Stronger
49. Healing
50. A spirituality so deep and so meaningful
51. They [professionals] know me pretty well. We're pretty comfortable
52. Workers that I trust and I can talk to

53. The hate was going. That ugliness … being replaced with something else
54. Managing your relationship with the children's father [I can manage my relationship with the children's father]
55. Managing the children's trauma that they're feeling
56. Have a choice … as to how we let our life experiences affect us
57. Teaching them [children] about what to look for in red flags as far as relationship goes with people [Children can identify warning signs for unhealthy relationships]
58. Help others through that empathy that you've learnt through your life experiences
59. They're [grandparents] frightened so they don't want to speak out [R]
60. Nourishment
61. Friendship
62. Aboriginal learning
63. To be needed
64. They [children] shouldn't be pushed back into the violence again
65. Lacking confidence [R]
66. Healing the hurt
67. Feeling loved
68. Feeling a connection to people who are like family
69. That Aboriginality … that's been denied most of our lives
70. An instant acceptance [of self]
71. Express ourselves
72. Pride
73. [A] sense of identity
74. Too scared to open up and ask, because you don't like to be brought down [R]
75. The children take on the parent's [behaviour] [R]
76. Connecting to your Aboriginality
77. Living with the hurt [more easily]
78. They [children] don't know what being a family is because of generational trauma [R]
79. To be able to understand other people, to have an empathy … a deeper connection which they haven't seen yet
80. Advice on how to keep myself safe and within safety plans [I know how to keep myself safe with a safety plan]
81. Validate their [women's] experience and affirm what they were going through [by professionals]
82. Bottle things up [R]
83. Put up a wall … a shield, a protection thing [R]
84. [Being] afraid to cry [R]
85. [I have] constructive information that can help me manage these types of situations
86. Showing your feelings
87. Sharing your pain
88. Finding trust in relationships
89. Get out [of the house]
90. A place to go
91. Courage
92. Educating the children about how to avoid that kind of stuff [The children know how to avoid family violence]
93. [Knowing] all the cultural stuff and everything [for YP]
94. People there to help me communicate [with YP] and him to listen [I can communicate effectively with my YP]]
95. Strong warrior woman
96. Cut all your ties off, leaving you isolated [R]
97. Teach our children about their culture [Our children know about their culture]
98. Stuff inside each one of us that we just can't let out [R]
99. Protected
100. Connected to themselves [I feel connected to myself]
101. Help me approach the situation with [YP] from a more calmer understanding sort of approach [I can approach situations with my YP calmly]
102. Connected to family
103. Connected to children
104. Not feeling judgment [from professionals]
105. Believed
106. Hope at the end of the tunnel

107. The hurting to stop
108. Security
109. Connected to supports and services
110. Realise that it's not okay for someone to make you feel like that
111. Making sure [daughter] knows that she's not allowed to be [touched] if she doesn't want to be [My daughter has personal safety skills]
112. Learning more about my culture [I know more about my culture]
113. To go to the park without having to look over my shoulder and think that he's watching us
113. Feeling free
114. Him [man] telling me that he's not interested in harassing us
115. Him [man] telling me that we're safe
116. There's no houses for community. No social housing [R]
117. Protecting the kids
118. You can't plan anything to move forward with [R]
119. They [children] know that they're protected
120. Loving life
121. You can't just trust someone [professional] the first time you meet them. It takes time
122. All I just need back is my children [I have my children back]
123. We don't use supports [R]
124. Support around me
125. Taking the next step to take that support
125. Educating him [YP] on how to best treat her [girlfriend] and how to ask her for permission [My son knows about consent]
126. A better role model [mother] for them [children] [I am a better role model for my children]
127. Really immediate kind of things
128. Housing
129. Strength
130. [Information about] services out there, help out there
131. Health
132. Accepting that it's not your fault for what's happened to you
133. Re-finding me as an individual person
134. Energy
135. Brightness
136. Go back to my culture ways
137. I have children. Where am I going to go? [R]
138. Coming forward more
139. Sharing … for those that haven't really found their voice yet [I can speak about my feelings to help others]
140. The environment of our home is so much more positive [A positive home environment]
141. Stability for my family, for my children, for myself
142. Their [children] wellbeing
143. Educating the mothers [about domestic violence] [Women know about family violence]
144. My wellbeing
145. Relationships have isolated me from my cultural background and being able to find where all my family is from [R]
146. Information to keep you safe [I know how to keep myself safe]
147. Lose your self-value [R]
148. Help me look for work [I know how to find work]
149. Feeling like you're no one [R]
150. [for the children] to breathe, to be themselves
151. Being housed
152. Them mental health issues are never going to go away [R]
153. You can't heal [R]
154. When women come to your services, the women are already broken [R]
155. I don't ask for help, only because I don't trust no-one [R]
156. I want to get the help, but I can't open up fully
157. I tell them what they need to know … and leave the … big bits out so I don't lose my kids [R]
158. Isolation [R]

159. A community
160. The kids carry a lot of burden [R]
161. [The kids carry] guilt as well [R]
162. [Children] acting out [R]

7.4. Attachment 5: Concepts from Card Sorting Analysis

Concept 1: Healthy family home life	
1	Support from family
4	A nice family
5	Feel like home for everyone
6	Where we could all just sit comfortably [People in my family are comfortable being at home]
7	Talk about whatever's on our chest [People in my family can talk about what's on their chest]
16	Everyone's happy inside
17	More healthy [family] environment
18	We [family] all feel trust [People in my family trust each other]
21	Feeling comfortable in your own home
23	Loving family
102	Connected to family
119	You can't plan anything to move forward with [R]
142	The environment of our home is so much more positive [A positive home environment]
143	Stability for my family, for my children, for myself

Concept 2: Healing	
29	Feeling safe [I feel safe]
49	Healing
53	The hate was going. That ugliness … being replaced with something else
66	Healing the hurt
77	Living with the hurt [more easily]
106	Hope at the end of the tunnel
107	The hurting to stop
133	Health
146	My wellbeing
154	Them mental health issues are never going to go away [R]
155	You can't heal [R]

Concept 3: Growth	
56	Have a choice … as to how we let our life experiences affect us
58	Help others through that empathy that you've learnt through your life experiences
79	To be able to understand other people, to have an empathy … a deeper connection which they haven't seen yet
134	Accepting that it's not your fault for what's happened to you
141	Sharing … for those that haven't really found their voice yet [I can speak about my feelings to help others

Concept 4: Self determination	
70	An instant acceptance [of self]
72	Pride
73	[A] sense of identity
100	Connected to themselves [I feel connected to myself]
135	Re-finding me as an individual person
149	Lose your self-value [R]
35	Building your confidence as a parent
91	Courage
95	Strong warrior woman

131	Strength
151	Feeling like you're no one [R]
34	Feeling relief
38	Feeling happy
114	Feeling free
121	Loving life
136	Energy
137	Brightness
47	More confident
48	Stronger
65	Lacking confidence [R]

Concept 5: Loving people in my life	
13	Not alone in the world [I don't feel alone in the world]
33	I was isolated where I was [R]
42	Not one friend [R]
60	Nourishment
61	Friendship
63	To be needed
88	Finding trust in relationships
89	Get out [of the house]
96	Cut all your ties off, leaving you isolated [R]
160	Isolation [R]
8	Feel love [I feel loved]
67	Feeling loved

Concept 6: Sharing feelings	
9	Speaking up [I can speak up about my situation]
39	Too scared to come forward [R]
43	If I have a problem, I can say something
59	They're [grandparents] frightened so they don't want to speak out [R]
71	Express ourselves
74	Too scared to open up and ask, because you don't like to be brought down [R]
82	Bottle things up [R]
83	Put up a wall … a shield, a protection thing [R]
84	[Being] afraid to cry [R]
86	Showing your feelings
87	Sharing your pain
98	Stuff inside each one of us that we just can't let out [R]
140	Coming forward more
157	I don't ask for help, only because I don't trust no-one [R]
158	I want to get the help, but I can't open up fully.
159	I tell them what they need to know … and leave the … big bits out so I don't lose my kids [R]

Concept 7: Feeling heard	
10	People around that listen [People around me listen]
40	Feeling validated
41	Feeling understood
46	People that you can talk to about anything

81	Validate their [women's] experience and affirm what they were going through [by professionals]
104	Not feeling judgment [from professionals]
105	Believed

Concept 8: Healing for children and young people	
11	[YP] get his confidence back [YP feels confident]
14	Change with his [YP] anger [YP can express his anger in a healthy way]
15	For him [YP] to be able to tell the difference between emotions and being used and stuff [YP can avoid unhealthy relationships]
22	Out into the world [YP] [YP is participating in life outside the home]
24	[Children] comfortable in their lives
31	A constant person, so he [YP] can talk and communicate to someone [YP has a constant person in their life]
36	The relationship between the father and the children and make sure it's healthy as well [My child/ren's relationship with their father is healthy]
54	Managing your relationship with the children's father [I can manage my relationship with the children's father]
55	Managing the children's trauma that they're feeling
75	The children take on the parent's [behaviour] [R]
78	They [children] don't know what being a family is because of generational trauma [R]
144	Their [children] wellbeing
152	[for the children] to breathe, to be themselves
162	The kids carry a lot of burden [R]
163	[The kids carry] guilt as well [R]
164	[Children] acting out [R]

Concept 9: Getting the help I need	
19	Getting the right people involved [I have people around me who can give me the support I need]
20	Who do you have to go to as well [R] [I have someone I can go to for help]
51	They [professionals] know me pretty well. We're pretty comfortable.
52	Workers that I trust and I can talk to
109	Connected to supports and services
122	You can't just trust someone [professional] the first time you meet them. It takes time
124	We don't use supports [R]
125	Support around me
126	Taking the next step to take that support
156	When women come to your services, the women are already broken [R]

Concept 10: Safety	
2	Men not controlling everything
27	Away from all the family violence
28	That he [man] would be gone [The perpetrator is gone]
32	The baby's safety [The baby is safe]
64	They [children] shouldn't be pushed back into the violence again
99	Protected
108	Security
113	To go to the park without having to look over my shoulder and think that he's watching us
115	Him [man] telling me that he's not interested in harassing us
116	Him [man] telling me that we're safe
118	Protecting the kids
120	They [children] know that they're protected

Concept 11: Breaking cycles of violence	
25	Teaching them [C&YP] about domestic violence and getting consent even just for the small things [Children understand about consent]
26	Teaching them [C&YP] at school – you can't put your hands on anyone
57	Teaching them [children] about what to look for in red flags as far as relationship goes with people [Children can identify warning signs for unhealthy relationships]
92	Educating the children about how to avoid that kind of stuff [The children know how to avoid family violence]
111	Making sure [daughter] knows that she's not allowed to be [touched] if she doesn't want to be [My daughter has personal safety skills]
127	Educating him [YP] on how to best treat her [girlfriend] and how to ask her for permission [My son knows about consent]

Concept 12: Having a home	
30	There was no housing for women escaping family violence [R] [There is housing for women escaping family violence]
90	A place to go
117	There's no houses for community. No social housing [R]
130	Housing
139	I have children. Where am I going to go? [R]
153	Being housed

Concept 13: Healing maternal bonds	
3	A relationship with my son
12	[YP] trusting me [YP has trust in me]
94	People there to help me communicate [with YP] and him to listen [I can communicate effectively with my YP]]
101	Help me approach the situation with [YP] from a more calmer understanding sort of approach [I can approach situations with my YP calmly]
103	Connected to children
123	All I just need back is my children [I have my children back]
128	A better role model [mother] for them [children] [I am a better role model for my children]

Concept 14: Belonging	
37	A community for her [child]
44	Connectedness
45	Belonging to a group, to a family, an extended family
68	Feeling a connection to people who are like family
161	A community

Concept 15: Cultural connections	
50	A spirituality so deep and so meaningful
62	Aboriginal learning
69	That Aboriginality … that's been denied most of our lives
76	Connecting to your Aboriginality
93	[Knowing] all the cultural stuff and everything [for YP]
97	Teach our children about their culture [Our children know about their culture]
112	Learning more about my culture [I know more about my culture]

138	Go back to my culture ways
147	Relationships have isolated me from my cultural background and being able to find where all my family is from [R]

Concept 16: Advice and information	
80	Advice on how to keep myself safe and within safety plans [I know how to keep myself safe with a safety plan]
85	[I have] constructive information that can help me manage these types of situations
110	Realise that it's not okay for someone to make you feel like that
129	Really immediate kind of things
132	[Information about] services out there, help out there
145	Educating the mothers [about domestic violence] [Women know about family violence]
148	Information to keep you safe [I know how to keep myself safe]
150	Help me look for work [I know how to find work]