DVassist: Supporting FDV client recovery and healing

2023/24 Evaluation report: Education programs

Prepared by the Centre for Social Impact
The University of Western Australia

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CENTRE for SOCIAL IMPACT

THE UNIVERSITY OF WESTERN AUSTRALIA

Acknowledgement of Country

In the spirit of reconciliation, CSI UWA acknowledges that their operations are situated on Noongar land, and that the Noongar people remain the spiritual and cultural custodians of their land, and continue to practise their values, languages, beliefs and knowledge. We acknowledge the Traditional Custodians of the country throughout Australia and their connections to land, sea and community. We pay our respect to their elders and extend that respect to all Aboriginal and Torres Strait Islander peoples.

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Disclaimer

The opinions in this report reflect the views of the authors and do not necessarily reflect those of the Centre for Social Impact or DVassist.

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ACRONYMS AND ABBREVIATIONS USED IN THIS REPORT

FDV	Family Domestic Violence
IPV	Intimate Partner Violence
LT	Long-term outcome
MT	Medium-term outcome
ST	Short-term outcome
WA	Western Australia

EXECUTIVE SUMMARY

Introduction

Since its launch back in 2019, DVassist has delivered education and counselling programs designed to help people across 58 regional, rural, and remote areas of WA in addressing and responding to Family and Domestic Violence (FDV). The service model changed in 2022 to focus on multi-sessional counselling sessions and delivering trauma informed education programs to regional areas. The objective of this current report is to focus on client and stakeholder outcomes in the context education programs offered by the service.

Methodology

The current evaluation utilised a mixed-methods approach (quantitative and qualitative research methods). More specifically we integrated evidence collected via administrative data, brief pre- and post- education program surveys (completed by participants of the sessions), trainer feedback, and interviews with DVassist staff, to identify outcomes and infer impact**.** This report presents only the outcomes and impact of the education programs, but our evaluation also included an evaluation of the counselling component, which are addressed in a separate report. This project had Ethics approval from the University of Western Australia Human Research Ethics Committee.

This evaluation was conducted using a social justice framework, informed by feminist and sociological perspectives (e.g., principles of intersectionality and empowerment). These approaches guided the analysis by centering systemic and structural factors, emphasising equity, and attempting to frame outcomes within their broader structural and sociocultural context.

Outputs

Outputs of the services are presented below. These refer to the direct deliverables, or measurable results, of the activities conducted as part of the education programs.

Key outputs included:

- Over the 2023/24 financial year, the DVassist website had a total of 112,825 views, corresponding to 77,064 users and an 56% engagement rate indicating high quality content. Number of total users had increased by 19% since the previous financial year.
- Eleven different types of regional education programs have been offered by DVassist in 2023/24. The average evaluation survey completion rate across all surveys was very high at 94%.

Outcomes

This evaluation sought to identify what the education programs had achieved across clients, trainers, and stakeholders, informed by the refined Program Logic. Overall, findings illustrate significant value of the DVassist model in the context of education. These programs support individuals, organisations, and the sector more broadly (e.g., Health, Justice), to better understand and respond to FDV. DVassist is particularly beneficial for the regions - regional, rural, and remote areas where there is less capacity and more demand for services, long waitlists, higher costs of living, less specialised services, additional stigma, and issues or concerns around anonymity.

The following outcomes were noted in reference to the education programs:

- The DVassist education programs provide quality, accessible training to increase capacity and upskill the local workforce (and wider community) regarding FDV.
- Training was seen to be meeting a need, and we noted evidence of good engagement across the sessions – from both participants themselves (via survey data) and from the trainers.
- The training was evidenced to increase FDV-related knowledge, building participants' confidence to identify, understand and respond to FDV.

Recommendations

In terms of maintaining quality and service development and refinement, several recommendations are suggested:

Additional and secure funding: The education programs are working well but additional funding is needed to meet increasing demand. Resourcing would be well-utilised in running more sessions, working with local providers and services, and continuing to expand topics relevant to community need.

Evidence suggests that the education programs provided by DVassist are a worthwhile investment in improving outcomes for the sectors, and for people experiencing FDV. This should be a priority for funders seeking to make a meaningful impact in the FDV space.

Expanding discussions on gender: Trainers have highlighted a desire for deeper engagement with discussions on gender and its broader links to FDV. While the education programs are evidence-based and incorporate the gendered nature of FDV, trainers feel there is an opportunity to further explore how social norms, intersectionality, and systems of oppression shape experiences of FDV. Specifically, some trainers note that a more explicit focus on primary prevention—examining how societal and cultural factors contribute to resistance to change—could enhance impact. Strengthening this component could reinforce existing content while deepening participants' understanding of the structural drivers of FDV.

Collaborating with trainers to refine and develop educational materials may further enhance the impact of these sessions, as they bring unique and nuanced insights.

Incorporate local perspectives and partner with Indigenous leaders: Working in communities with Aboriginal and/or Torres Strait Islander groups requires local Indigenous knowledge and perspectives. Similarly, local knowledge ensures that the delivery of the education programs are place-based and responsive to need. It is recommended that relationships across the regions be built, or further strengthened, by partnering and listening to locals.

This may include employing people within the regions to gauge shared knowledge and ensure responsivity to need. There is also capacity for networking and co-creating resources to ensure cultural relevance and safety.

Continue with the delivery of education programs: The current education programs are responsive to participant need. We recommend that sessions continue to be delivered by DVassist, given there is evidence of their impact across various outcomes, including knowledge and confidence.

Continuing to collect post-training feedback would be highly beneficial in ensuring ongoing relevance and applicability, as we note that this process has already commenced since the writing of this report.

While all training sessions were well received, participants found Trauma-Informed Approaches to De-escalation sessions to be less engaging compared to others. This presents an opportunity to review and refine the session, with trainers well positioned to offer valuable context and insights for enhancement.

There is also a genuine desire for more learning from participants who undertake training with DVassist. To ensure responsivity to this appetite for more training, we recommend that people are asked whether they would like more training, and in which areas, at the completion of sessions, ensuring staff are able to direct them to additional courses or course material for future enrolment. A final salient theme concerning training feedback was the integration and embedding of Aboriginal and Torres Strait knowledge and perspectives.

Conclusion

Our 2023/24 evaluation highlights the impact of the DVassist training sessions and services, demonstrating meaningful outcomes aligning with aims and objectives. The model is well-placed to drive positive change within the FDV landscape and promote education around FDV. Ongoing evaluation and stakeholder engagement is advised to maintain a positive trajectory and increase impact. Programs and services are contingent on the environments across which they operate and thus, services will likely require future reiterations to meet the constantly changing context.

INTRODUCTION

Since launching in 2019, DVassist has delivered education and counselling designed to help people across 58 regional, rural, and remote areas of WA around Family and Domestic Violence (FDV), supported by the development and nurturing of local connections and relationships. DVassist outreach is delivered across several towns in Western Australia (WA) – see **Figure 1**.

Services have included:

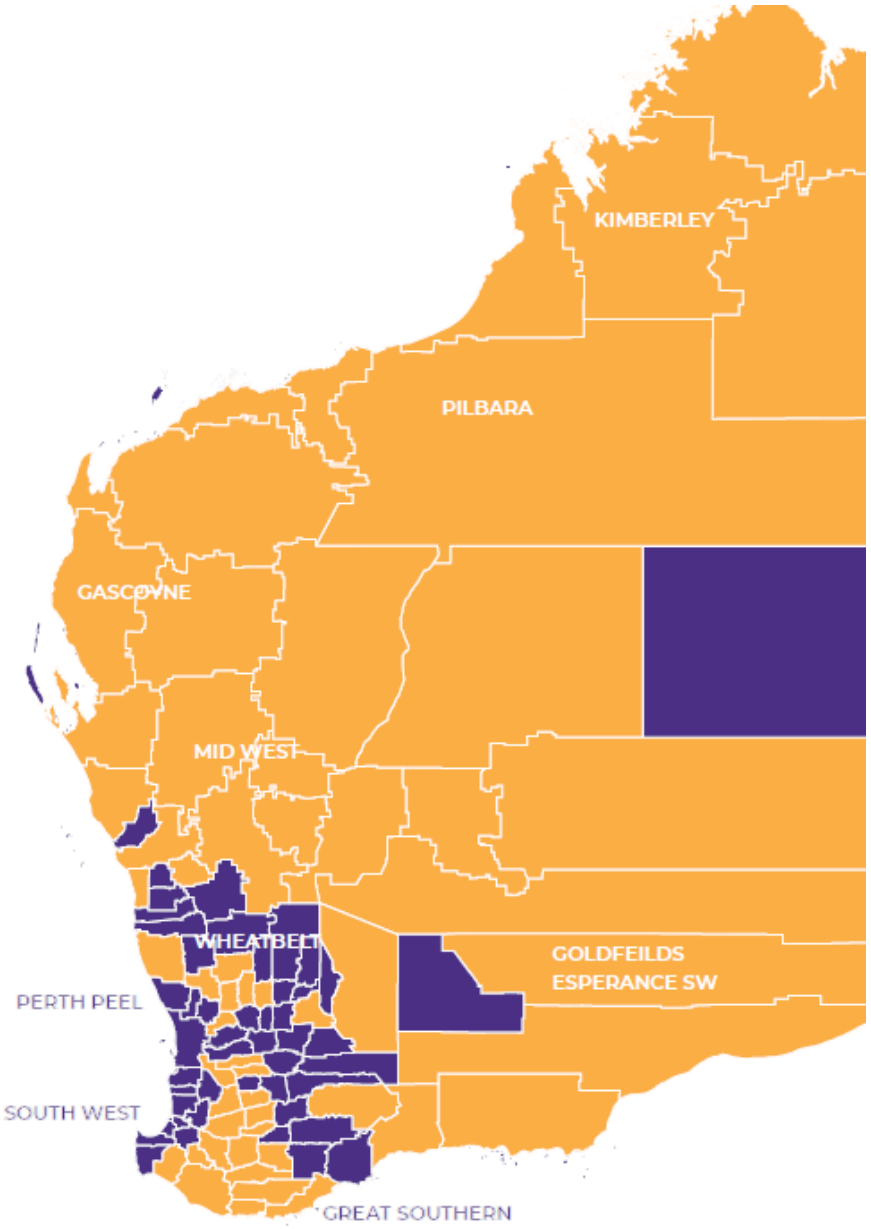
- an interactive website that maps all FDV services in the regions;
- free and confidential counselling services with a FDV specialist via telephone or web chat within a multi-session session format;
- one-off counselling sessions to promote this to facilitate initial engagement with our services;
- a scheduled multi-session counselling format;
- short-term case management sessions; and
- a community engagement program, which ensures the formation of close working relationships with communities and both FDV and non-FDV service providers.

The Pilot Program was evaluated in 2022 through a mixed methods analysis of case management data, interviews, and written statements from DVassist staff, regional stakeholders and DVassist clients. The evaluation found that, over a 20-month period, DVassist recorded over 2,500 calls, with most of these incoming calls referred through another service. Approximately 85,000 visits were made to the DVassist Online Information Hub, and over 30,000 quizzes and resource sessions were completed on the DVassist website. Over 1,500 service providers were registered in the website portal, and on average the weekly reach on social media was over 47,000 people.

The DVassist service have addressed many common barriers associated with engaging with a traditional FDV service within a regional or remote community – distance and travel, cost, waiting times, operating hours, stigma, privacy, lack of anonymity, and small populations where there are no or limited FDV options. The DVassist service has been successful with both its single and multi-sessional counselling format, providing immediate access to counselling which is available outside of business hours. The service model changed in 2022 to focus on multi-sessional counselling sessions and delivering trauma informed education programs to regional areas.

The current report focuses on the evaluation of the education programs.

Figure 1 DVassist outreach into 58 Shires (coloured orange) in WA



Albany
Ashburton
Boyup Brook
Bridgetown-Greenbushes
Brookton
Broomehill- Tambellup
Broome
Bruce Rock
Bunbury
Carnarvon
Cranbrook
Cue
Dalwallinu
Dandaragan
Denmark
Derby
Dowerin, Wyalkatchem,
Dundas
East Pilbara
Esperance
Exmouth
Geraldton
Goomaling
Halls Creek
Irwin
Kalgoorlie
Karratha
Katanning
Kojonup
Lake Grace
Laverton
Leonora
Manjimup
Meekatharra
Merredin
Menzies
Morowa
Mount Magnet
Mount Marshall
Murchison
Nannup
Narrogin
Northam
Northampton
Plantagenet
Port Hedland
Ravensthorpe
Sandstone
Shark Bay
Upper Gascoyne
Victoria Plains
Wagin
Wandering
Williams
Wiluna
Wondan Ballidu
Wyndham/East Kimberly
Yalgoo
Yilgarn

Structure of the report

This DVassist evaluation report is structured as follows:

DVassist Program Logic

This section updates the DVassist program logic to reflect 2022 program changes. In reviewing the DVassist program logic, additional outcomes have been suggested for the regional trauma-informed education programs.

DVassist Evaluation

This section describes the methodology and results for the evaluation of the DVassist education program components. The evaluation utilised data from the case management system, surveys pre- and post-training, and interviews with DVassist staff, educators and stakeholders, to determine whether individual, organisational, community and societal short-, intermediate- and long-term outcomes were achieved by the DVassist program.

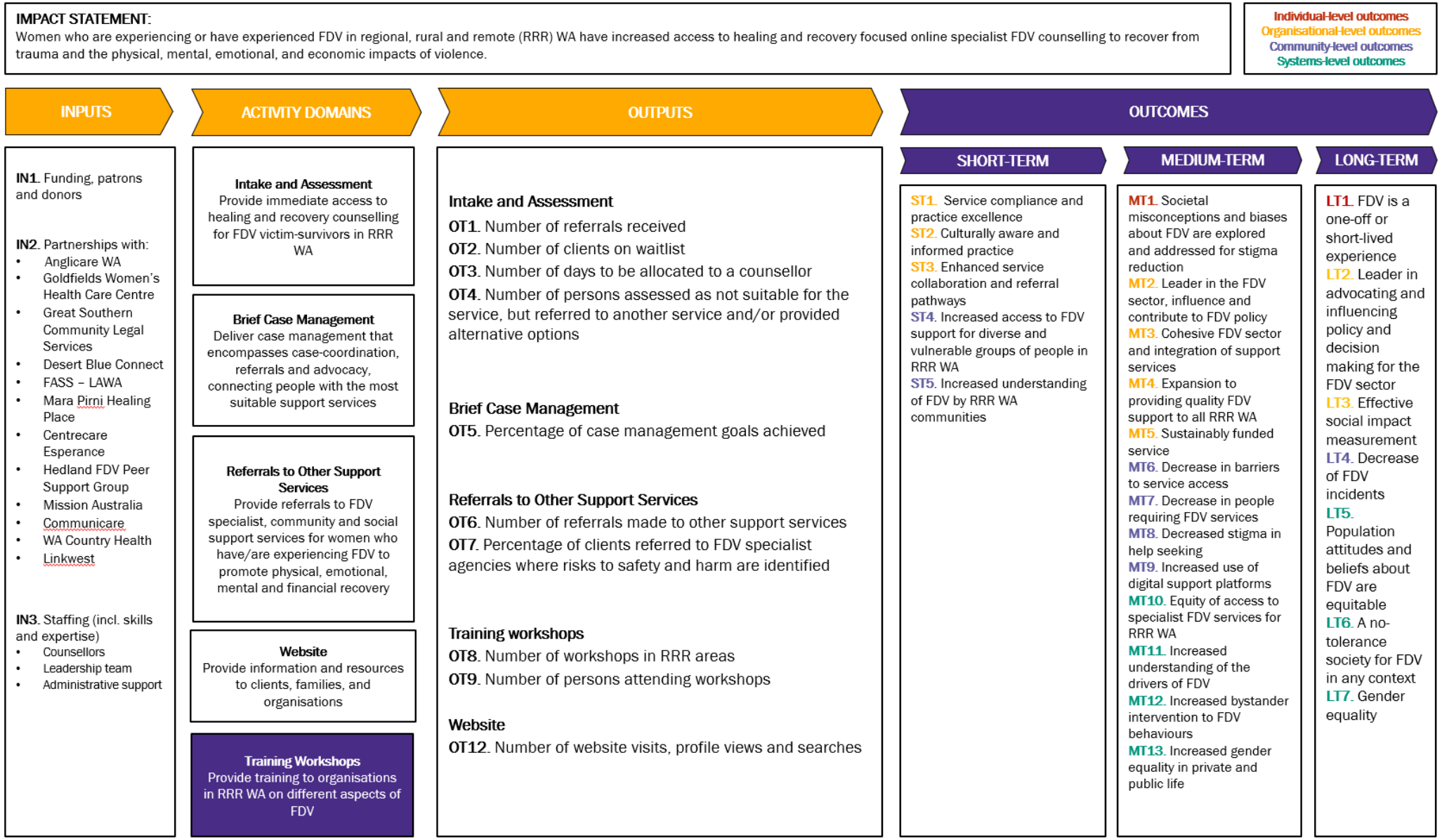
Recommendations and conclusions

This section summarises the main findings of the current DVassist evaluation report and offers recommendations for DVassist moving forward, specific to the education programs.

PROGRAM LOGIC AND OUTCOMES MEASUREMENT FRAMEWORK

The Program Logic Model has been updated to reflect the current services offered by DVassist (**Figure 2**). The DVassist program logic summarises the resources (inputs), activities, outputs, and how these activities relate to victims/survivors experiencing greater safety and wellbeing. In the DVassist program logic, outcomes are described within the short-, intermediate-, and long-term and at the individual, organisational, community and systems level. Short-term outcomes are usually described as outcomes which can be achieved during the program, such as knowledge and awareness. Intermediate outcomes are usually described as outcomes which can be achieved at the completion of a program and reflect changes in short-term behaviours and outcomes. Long-term outcomes are usually described as long-lasting changes which can be achieved as a direct result of the program as well as broader community or societal outcomes.

Figure 2 DVassist Program Logic Model



EVALUATION OF DVASSIST

The current 2023/24 evaluation aimed to examine the outcomes and impacts of the training and counselling services provided by DVassist (although the current report contains only information relevant to the training component), utilising a mixed-methods approach (quantitative and qualitative research methods). Data collection methods include administrative data, brief pre- and post- training surveys, trainer feedback, and interviews. This project has Ethics approval from the University of Western Australia Human Research Ethics Committee.

This evaluation was conducted using a social justice framework, informed by feminist and sociological perspectives (e.g., principles of intersectionality and empowerment). These approaches guided the analysis by centering systemic and structural factors, emphasising equity, and attempting to frame outcomes within their broader structural and sociocultural context.

Outputs

DVassist Website

DVassist provides information online via their website and social media. The website provides information on how to identify FDV and different types of abuse, information about different options for safety planning and accessing support, and an online directory to help people find support services in their region. Over the 2023/24 financial year, the DVassist website had a total of 112,825 views, corresponding to 77,064 users and an 56% engagement rate indicating high quality content. Number of total users has increased by 19% since the previous financial year.

Figure 3 DVassist website analytics 2023-24

Am I Experiencing Domestic Violence?
n = 43,204

Am I experiencing Domestic Violence	**n = 212**
What is Family Domestic Violence?	n = 289
Myths and Truths	n = 203
Unhealthy v Healthy Relationships	n = 5874
Young people • Something is Wrong at Home • What Does Family and Domestic Violence Work? • Staying Safe on Social Media and Online	n = 33 n = 26 n = 239 n = 59
Early Warning Signs to Look For	n = 588
The Domestic Violence Cycle	n = 2186
Why is it so Hard in the Country?	n = 51
How can We Help You>	n = 1433
Podcasts	-
Types of Family & Domestic Violence	n = 312
The Different Stages	n = 555
Staying Safe on Social Media & Online	n = 51
Quizzes (Total) • Quizzes • Quiz: Am I in an Abusive Relationship? • Quiz: Am I in an Emotionally Abusive Relationship? • Quiz: Am I Experiencing Depression or Anxiety?	n = 31, 093 n = 622 n = 10,599 n = 19,280 n = 592
Educational webinars	

I'm Experiencing Domestic Violence
n = 5,611

I'm Experiencing Domestic Violence	n = 111
The Different Stages	-
Staying Safe During COVID-19	n = 17
Young People	n = 38
How can We Help You?	-
Planning your Safety in the Country • Escape Bag Checklist	n = 1034 n = 2744
What Should I Do Now?	n = 134
Staying safe on Social Media & Online	n = 34
Domestic Violence and the Law • Restraining Orders • Terminating Your Lease	n = 139 n = 276 n = 499
How to Stay Safe at Home	n = 585
Request a Call-back	-

What Do I Do?
n = 9,308

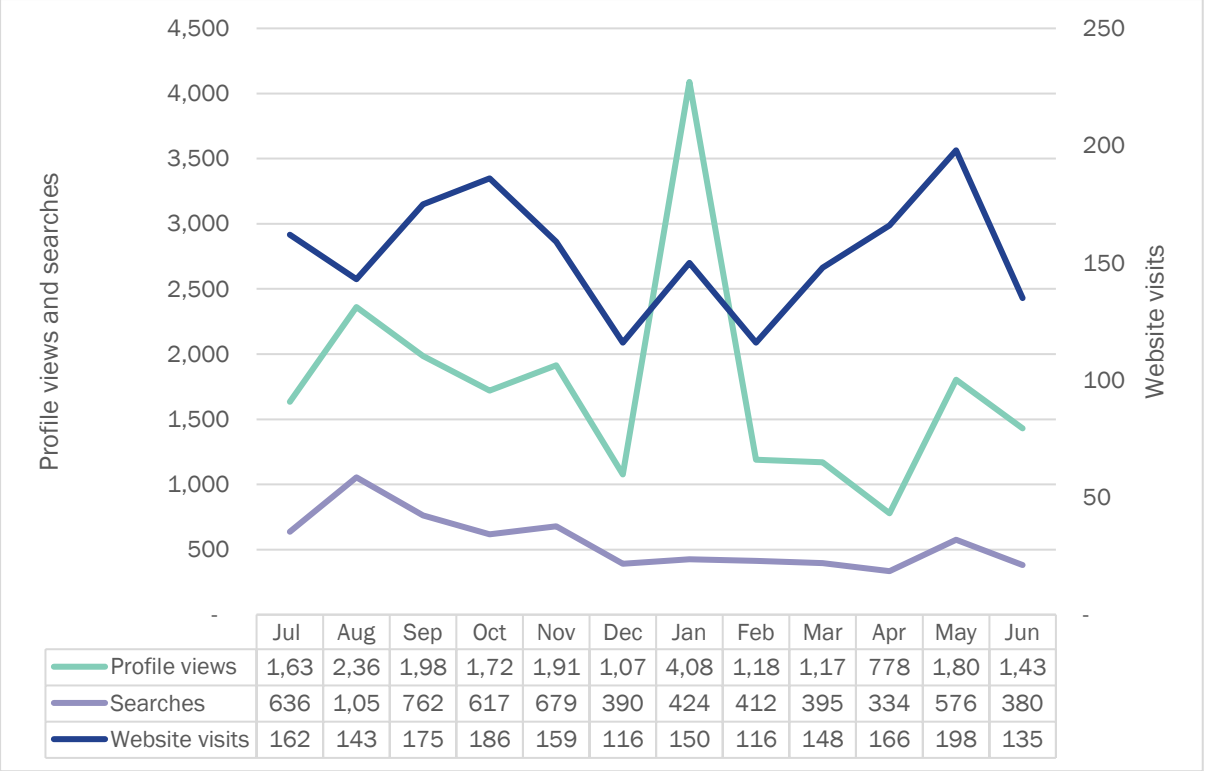
What Do I Do	n = 91
I am in Crisis • Crisis Support • Refuge Accomodation • Help with Everyday Necessities • Restraining ord	n = 29 n = 323 n = 142 n = 406 -
I Need to Stay • Planning to stay safe at home • Accommodation and Housing • Finding financial help • Finding legal help • Support and self-care • Staying safe during COVID-19	n = 31 n = 119 n = 481 n = 5903 n = 167 n = 140 n = 5
I Want to Leave • Planning to leave safely • Accommodation and Housing • Finding financial help • Finding legal help • Support ad Self-care	n = 32 n = 1246 n = 193 - - -

Info For Friends and Family
n = 263

Info For Family & Friends	n = 46
Is Someone You Know Using Violence? • What might you see or hear? • How can you help? • How can we help you?	n = 7 n = 12 n = 18 n = 12
Is Someone You Know Experiencing Violence? • What might you see or hear? • How can you help? • How can we help you?	n = 53 n = 32 n = 72 n = 31

Website visitors have primarily come from an organic search (63.4%), followed by direct traffic (28.8%). Website visits peaked in May, whereas profile views peaked in January, and searches peaked in August – see **Figure 4**. The top search terms over the financial year included 'DVassist/DV assist' (n = 3,612) and 'Domestic Violence/Domestic Violence WA' (n = 1,349).

Figure 4 DVassist website profile views and searches 2023/24



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Profile views	1,63	2,36	1,98	1,72	1,91	1,07	4,08	1,18	1,17	778	1,80	1,43
Searches	636	1,05	762	617	679	390	424	412	395	334	576	380
Website visits	162	143	175	186	159	116	150	116	148	166	198	135

Education programs

The following eleven different types of regional education programs have been offered by DVassist in 2023/24:

- Introduction to Family and Domestic Violence
- Risk Management and Safety Planning
- Responding to Difficult Situations and Trauma-Informed De-Escalation
- Understanding and Responding to Coercive Control
- Understanding the Help-Seeking Decisions of Women Experiencing Family and Domestic Violence in Regional, Rural and Remote Communities
- Understanding Trauma and Trauma-Informed Responses to Family and Domestic Violence
- Vicarious Trauma and Self-Care
- Bystander Interventions for Workplace Respect
- Engaging Men Who Perpetrate Family and Domestic Violence
- Resistance Violence and Misidentification
- Resisting Invitations to Collusion

Programs differ in their learning outcomes, aims and audience type – see **Table 1**. For example, *Introduction to FDV* outlines the dynamics of FDV and its impacts on victim-survivors and aims for participants to identify, respond and refer clients to appropriate support. As well as frontline workers and other professionals, the session is also suited to people with little prior knowledge about, or

experience working in, the FDV space. Conversely, *Understanding the Help-seeking Decisions of Women Experiencing Family and Domestic Violence in Regional, Rural and Remote Communities* seeks to help participants identify common barriers and enablers victim-survivors face when considering seeking help, therefore aiming to improve organisational response to FDV. This workshop is for people work directly with victim-survivors.

Table 2 is an overview of the types of questions asked of participants across the several sessions and includes the number of responses collected from each program. Where there are smaller sample sizes (less than 30 responses), data should be considered with caution as results may not accurately represent participants' experiences and (i.e., may be due to chance, rather than reflecting a meaningful pattern), and not all participants completed surveys (**Table 2**) likewise reducing representation of participants' feedback. Because of the limited quantitative data, interview data has been utilised to provide more insight and context regarding outcomes of the training provided.

The average evaluation survey completion rate across all surveys was **very high at 94%, indicating strong participant engagement.** This suggests that the evaluation process was well-integrated into the program and that respondents found it both relevant and accessible. In the context of evaluation, this high response rate strengthens the reliability and validity of the findings by reducing the risk of non-response bias. It also suggests that the feedback collected is likely representative of the broader participant experience, enhancing confidence in the conclusions drawn about program effectiveness and impact.

Additionally, such a high completion rate reflects participants' willingness to provide feedback, which could be attributed to well-designed survey instruments, effective facilitation, or a strong sense of investment in the program. This suggests a solid foundation for ongoing evaluation efforts and continuous program improvement.

Table 1 Learning outcomes and audience by type of training workshops

Type of Training	Learning outcomes	Audience
Introduction to Family and Domestic Violence	• Define FDV and coercive control. • Describe the prevalence and incidence of FDV and coercive control. • Outline the impacts on victim-survivors and groups more vulnerable to FDV. • Identify clients who may be experiencing FDV. • Respond appropriately to clients impacted by FDV and refer them to specialist FDV support.	• Frontline workers; • Community service staff; • Professionals; or • Those new to FDV work with little or no background in FDV.
Risk Management and Safety Planning	• Describe the components that form a risk management framework. • Define key approaches to FDV risk assessment. • Identify high-risk factors for FDV. • Implement risk assessment and management in practice. • Conduct trauma-informed safety planning with victim-survivors of FDV (including children). • Document risk and safety.	• FDV practitioners; • Professionals and frontline staff who support adult victim-survivors of FDV; or • Workers whose responsibility is to assess risk and provide safety planning report.
Responding to Difficult Situations and rauma-Informed De-Escalation	• Define trauma and how it can present as challenging behaviours • Adopt trauma-informed practice that delivers safe and inclusive service environments • Provide practical, safe and respectful de-escalation and intervention techniques	• Suitable for individuals and workers in a wide range of frontline and support service delivery roles.
Understanding and Responding to Coercive Control	• Articulate the common features of coercive control. • Categorise the coercive controlling behaviours of perpetrators • Describe the impacts of coercive control on victim-survivors and children. • Identify red flags and risk indicators of coercive control Provide appropriate and trauma-informed approaches to victim-survivors or perpetrators of FDV/coercive control.	• Frontline staff; • Primary responders; and Services working with victim-survivors experiencing FDV and their families.
Understanding the Help-Seeking Decisions of Women Experiencing Family and Domestic Violence in Regional, Rural and Remote Communities	• Identify the various forms of help-seeking. • Recognise the barriers and enablers to help-seeking, focusing on regional, rural, and remote communities. • Improve service responses to support victim-survivors.	• Frontline staff; • Primary responders; and • Services working with victim-survivors experiencing FDV and their families.
Understanding Trauma and Trauma-Informed Responses to FDV	• Describe the types, dynamics, and impacts of trauma for FDV victim-survivors. • Identify common trauma responses in victim-survivors and respond to minimise further traumatisation.	• FDV practitioners; • Professionals; • Frontline staff; and

	• Respond to victim-survivors who have experienced trauma using trauma-informed best practices.	• Other workers who support victim-survivors of FDV or sexual assault or who support people with experiences of psychological trauma.
Vicarious Trauma and Self-Care	• Differentiate between vicarious trauma, compassion fatigue, and burnout. • Recognise the symptoms of vicarious trauma for those who work alongside clients with experiences of psychological trauma. • Identify individual and organisational vicarious trauma management strategies.	• FDV practitioners; • Professionals; • Frontline staff; or • Other staff who support people with experiences of psychological trauma.
Bystander Interventions for Workplace Respect	• Understand the impacts of everyday sexism and disrespect. • Identify the continuum of actions that an active bystander can take to interrupt sexism and disrespect. • Use a range of tools to intervene in everyday sexism and other forms of disrespect in the workplace and in the community.	• All workplaces
Engaging Men Who Perpetrate Family and Domestic Violence	• Define the varied understandings of perpetrator accountability. • Articulate your role in the web of accountability for men who use violence. • Recognise core beliefs and barriers to responsibility for men who use violence. • Identify and safely engage with men who use violence; assess risk, take action, and warm referral.	• Corrective Services, Department of Justice front line personnel
Resistance Violence and Misidentification	• Recognise perspectives of family and domestic violence • Identify key elements of resistance by women • Use strategies to identify the primary aggressor of FDV and the person most in need of protection	• Corrective Services, Department of Justice front line personnel
Resisting Invitations to Collusion	• Describe collusion in the context of working with men who use violence. • Recognise invitations to collude. • Respond appropriately, minimising collusion.	• Corrective Services, Department of Justice front line personnel

Table 2 Overview of demographics and evaluation purpose

Training course	Number of attendees	Number of surveys	Survey response rate	Participant demographics	Type of questions asked/outcomes assessed
Introduction to FDV	15	15	100%	• 86.7% female; 13.3% male • Four people had worked for their organisation for 0-6 months (26.7%), four for 7-12 months (26.7%), three for 1-2 years (20.0%), and four for more than two years (26.7%)	• Pre to post self-reported change in confidence to recognise FDV, respond to FDV, avoid additional risk to victim-survivors, and make referrals • Degree of FDV knowledge and confidence pre-training • Increase in knowledge and confidence post-training • Training feedback
Bystander Interventions for Workplace Respect	20	20	100%	• 85.0% female; 15.0% male • Six people had worked for their organisation for 0-6 months (30.0%), three for 7-12 months (15.0%), six for 1-2 years (30.0%), and five for more than two years (25.0%)	• Degree of FDV knowledge and confidence pre-training • Increase in knowledge and confidence post-training • Training feedback
Risk Management and Safety Planning	17	17	100%	• 88.2% female; 11.8% male • Five people had worked for their organisation for 0-6 months (29.4%), seven for 1-2 years (41.2%), and five for more than two years (29.4%)	• Degree of FDV knowledge and confidence pre-training • Increase in knowledge and confidence post-training • Training feedback
Trauma-Informed Approaches to De-Escalation	107	82	77%	• 85.2% female; 12.3% male; 2.5% non-binary • 15 people had worked for their organisation for 0-6 months (19.0%), eight for 7-12 months (10.1%), 21 for 1-2 years (26.6%) and 35 for more than two years (44.3%)	• Degree of FDV knowledge and confidence pre-training • Increase in knowledge and confidence post-training • Training feedback

Understanding and Responding to Coercive Control	28	28	100%	• 85.2% female; 14.8% male • Nine people had worked for their organisation for 0-6 months (34.6%), three for 7-12 months (11.5%), seven for 1-2 years (26.9%), and seven for more than 2 years (26.9%)	• Degree of FDV knowledge and confidence pre-training • Increase in knowledge and confidence post-training • Training feedback
Understanding the Help-Seeking Decisions of Women Experiencing Family and Domestic Violence in Regional, Rural and Remote Communities	44	35	80%	• 94.3% female; 5.7% male • Eight people had worked for their organisation for 0-6 months (23.5%), six for 7-12 months (17.6%), 10 for 1-2 years (29.4%), and 10 for more than two years (29.4%)	• Degree of FDV knowledge and confidence pre-training • Increase in knowledge and confidence post-training • Training feedback
Understanding Trauma and Trauma-Informed Responses	20	13	65%	• 76.9% female; 23.1% male • Four people had worked for their organisation for 0-6 months (30.8%), five for 1-2 years (38.5%), and four for more than two years (30.8%)	• Degree of FDV knowledge and confidence pre-training • Increase in knowledge and confidence post-training • Training feedback
Vicarious Trauma and Self-Care	29	29	100%	• 80.8% female; 15.4% male; 3.8% non-binary • Three people had worked for their organisation for 0-6 months (12.0%), three for 7-12 months (12.0%), 10 for 1-2 years (40.0%), and nine for more than two years (36.0%)	• Degree of FDV knowledge and confidence pre-training • Increase in knowledge and confidence post-training • Training feedback
Engaging Men Who Perpetrate Family and Domestic Violence	6	6	100%	• 83.3% female; 16.7% male • One person had worked for their organisation for 7-12 months (16.7%), and five for more than two years (83.3%)	• Degree of FDV knowledge and confidence pre-training • Increase in knowledge and confidence post-training • Training feedback
Resistance Violence and Misidentification	7	7	100%	• 71.4% female; 28.6% male • Four people had worked for their organisation for 0-6 months (57.1%) and one for 7-12 months (14.3%), 1-2 years	• Degree of FDV knowledge and confidence pre-training • Increase in knowledge and confidence post-training

				(14.3%), and more than two years (14.3%)	• Training feedback
Resisting Invitations to Collusion	7	7	100%	• 71.4% female; 28.6% male • Four people had worked for their organisation for 0-6 months (57.1%) and one for 7-12 months (14.3%), 1-2 years (14.3%), and more than two years (14.3%)	• Degree of FDV knowledge and confidence pre-training • Increase in knowledge and confidence post-training • Training feedback

Education program outcomes

Education program outcomes consider the integration of qualitative evidence from interviews with trainers, and quantitative data collected from participants who completed a DVassist education program. Interviews with DVassist trainers suggest that the training, in a general sense, is "meeting a need" where (and to whom) it is being delivered. Indicators of engagement, according to trainers, included participants actively participating in discussions, providing positive feedback at the completion of the training, and requesting additional training. Although trainers acknowledged that time is limited, and experience or existing knowledge is diverse among participants, trainers described an appetite for, and interest in, understanding the mechanisms of and relevance of these aspects of FDV as a means of providing additional context.

Analysis of survey data pre- and post-training suggests that the training increases knowledge, builds participant confidence, and addresses needs within the FDV sector by upskilling individuals and their organisations to respond to FDV (or suspected FDV).

Identifying existing knowledge

Each education program participant was asked to consider their pre-training knowledge of FDV and across the separate sessions offered by DVassist, where participants reported varied levels of pre-training knowledge, see Figure 5. Ratings were on a scale from 1 to 5 where 1=not at all confident, 2=slightly confident, 3=somewhat confident, 4=fairly confident, and 5=completely confident.

Survey data suggests that participants who completed the more foundational level FDV training, *Introduction to FDV* and *Bystander Interventions for Workplace Respect*, reported the lowest levels of prior knowledge, and those who completed the *Vicarious Trauma and Self-Care* training (professionals working with victim-survivors) reported the highest levels of prior knowledge. These findings align with expectations, reinforcing that the programs are appropriately targeted to different levels of expertise. This also highlights the program's ability to cater to participants with varying levels of prior knowledge, ensuring content is relevant and accessible across different professional backgrounds. Equally, the reason for differences may be numerous and multifaceted (e.g., organisation of employment, previous training completed with DVassist or elsewhere, lived and/or work experience, etc.). To note, the *Introduction to FDV* education program was designed to address a gap in foundational knowledge identified through other education programs. While not a prerequisite for other workshops per se, it introduced FDV for those who needed it and remained optional for workers who had already completed similar training or were delivering specialist FDV services.

Figure 5 Pre education knowledge and understanding of FDV (all sessions)

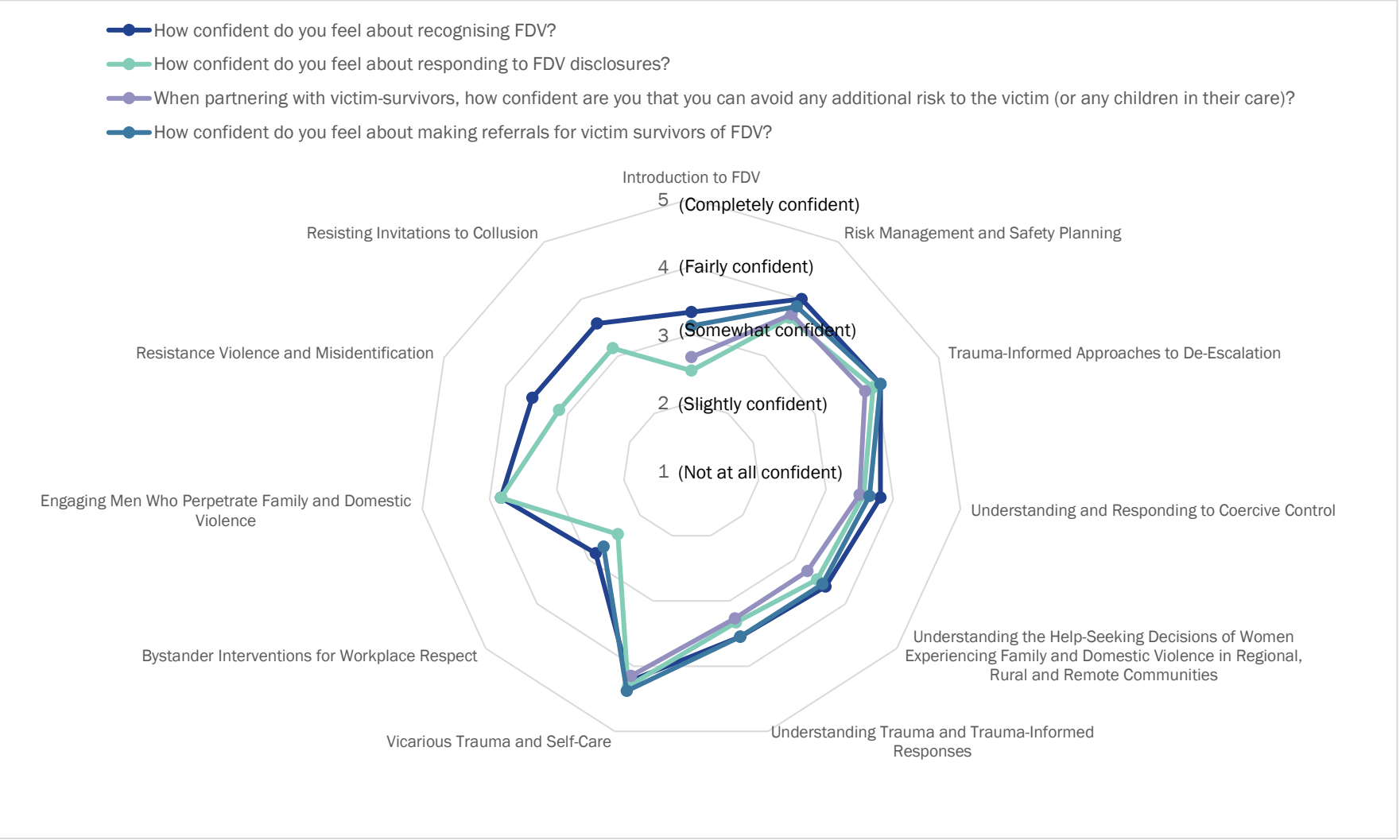


Table 3 Pre education program knowledge and understanding of FDV (all sessions)

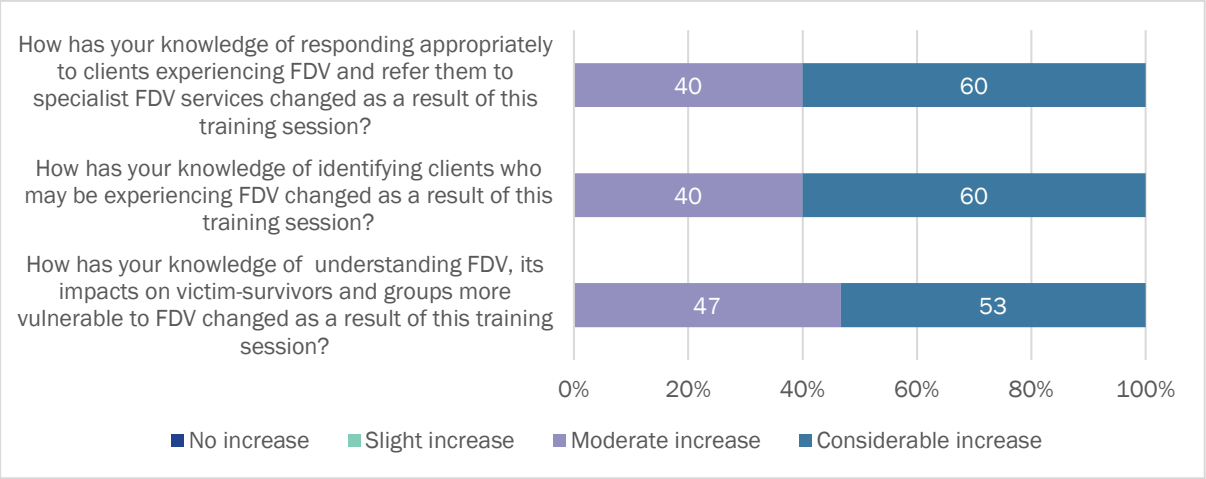
Education program	How confident do you feel about recognising FDV?	How confident do you feel about responding to FDV disclosures?	When partnering with victim-survivors, how confident are you that you can avoid any additional risk to the victim (or any children in their care)?	How confident do you feel about making referrals for victim survivors of FDV?
Introduction to FDV	3.3	2.5	2.7	3.1
Risk Management and Safety Planning	4.0	3.7	3.7	3.9
Trauma-Informed Approaches to De-Escalation	4.1	3.9	3.8	4.1
Understanding and Responding to Coercive Control	3.8	3.6	3.5	3.7
Understanding the Help-Seeking Decisions	3.6	3.5	3.3	3.6
Understanding Trauma and Trauma-Informed Responses	3.6	3.3	3.3	3.6
Vicarious Trauma and Self-Care	4.2	4.3	4.2	4.4
Bystander Interventions for Workplace Respect	2.9	2.4	-	2.7
Engaging Men Who Perpetrate Family and Domestic Violence	3.8	3.8	-	-
Resistance Violence and Misidentification	3.6	3.1	-	-
Resisting Invitations to Collusion	3.6	3.1	-	-

Increasing knowledge

Strengthened knowledge of FDV post-education program was measured by asking participants about changes to their understanding of the session-specific content post-training. Participants were all asked to rate their increase on a four-point scale: 1=no increase, 2=slight increase, 3=moderate increase, and 4=considerable increase.

Participants of the *Introduction to FDV* course were asked to consider the degree of change post-session relative to (1) victim-survivor impacts, (2) identifying clients experiencing FDV, and (3) knowledge of FDV referral options and all respondents felt that they had moderate or considerable degrees of positive change regarding knowledge, and across all domains – see **Figure 6**.

Figure 6 Post increase of knowledge: Introduction to FDV training



Significant knowledge increase was evidenced across all other sessions[1], and most respondents reported considerable increases across the various themes presented across education program modules (see **Figure 7**, **Figure 8, Figure 9, Figure 10, Figure 11, Figure 12, Figure 13, Figure 14** below). Of note, *Bystander Interventions for Workplace Respect*, *Understanding and Responding to Coercive Control, Vicarious Trauma and Self-Care* reported the greatest frequency of knowledge increase post-education session. A small proportion of participants who undertook the *Trauma-Informed Approaches to De-Escalation* session reported no increase, or only a slight increase, in their knowledge post-education session.

[1] Excludes *Resistance Violence and Misidentification* and *Resisting Invitations to Collusion* sessions as participants were not asked to report changes to knowledge.

Figure 7 Post increase of knowledge: Bystander Interventions for Workplace Respect

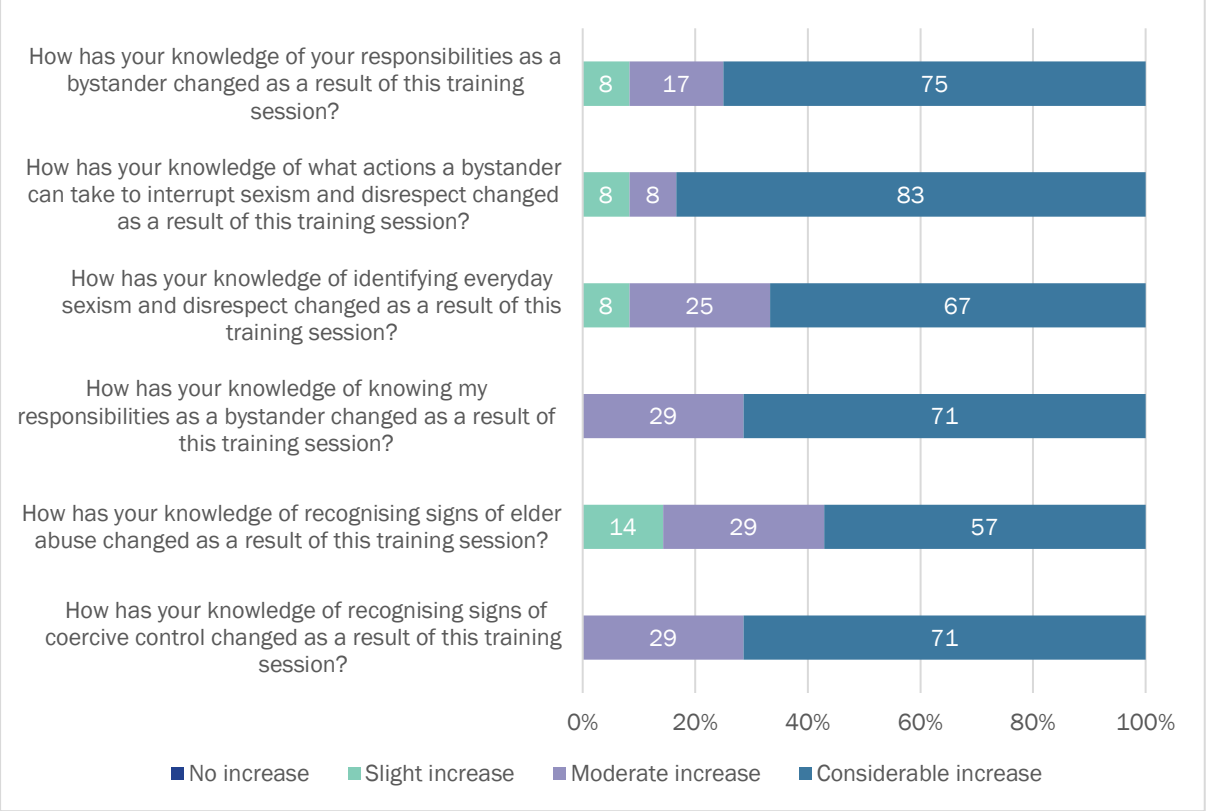


Figure 8 Post increase of knowledge: Risk Management and Safety Planning

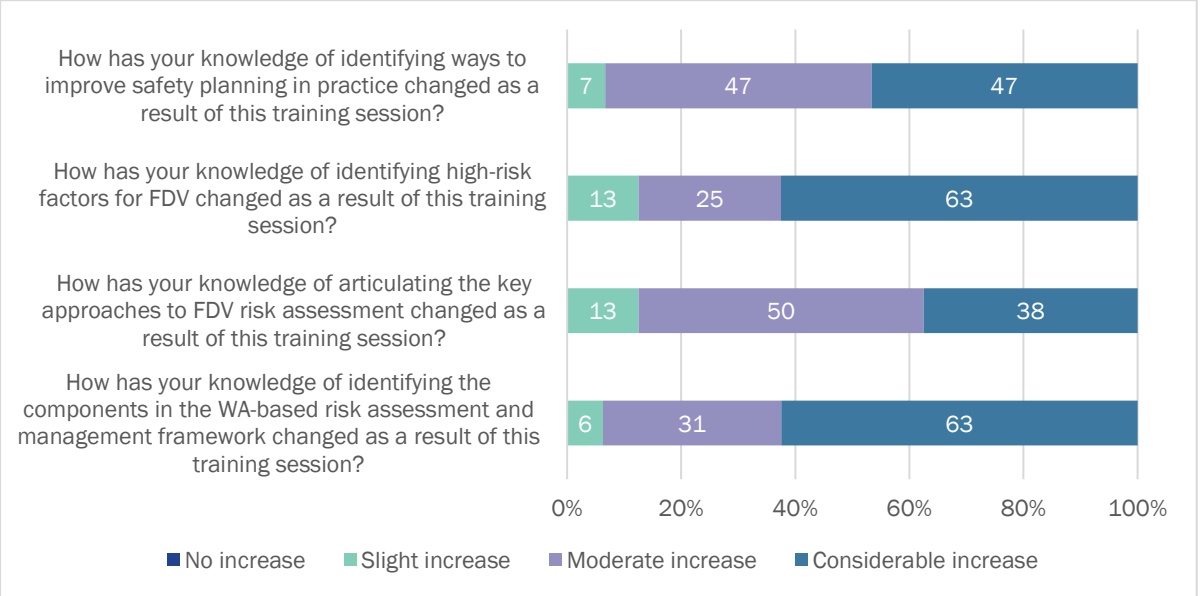


Figure 9 Post increase of knowledge: Trauma-Informed Approaches to De-Escalation

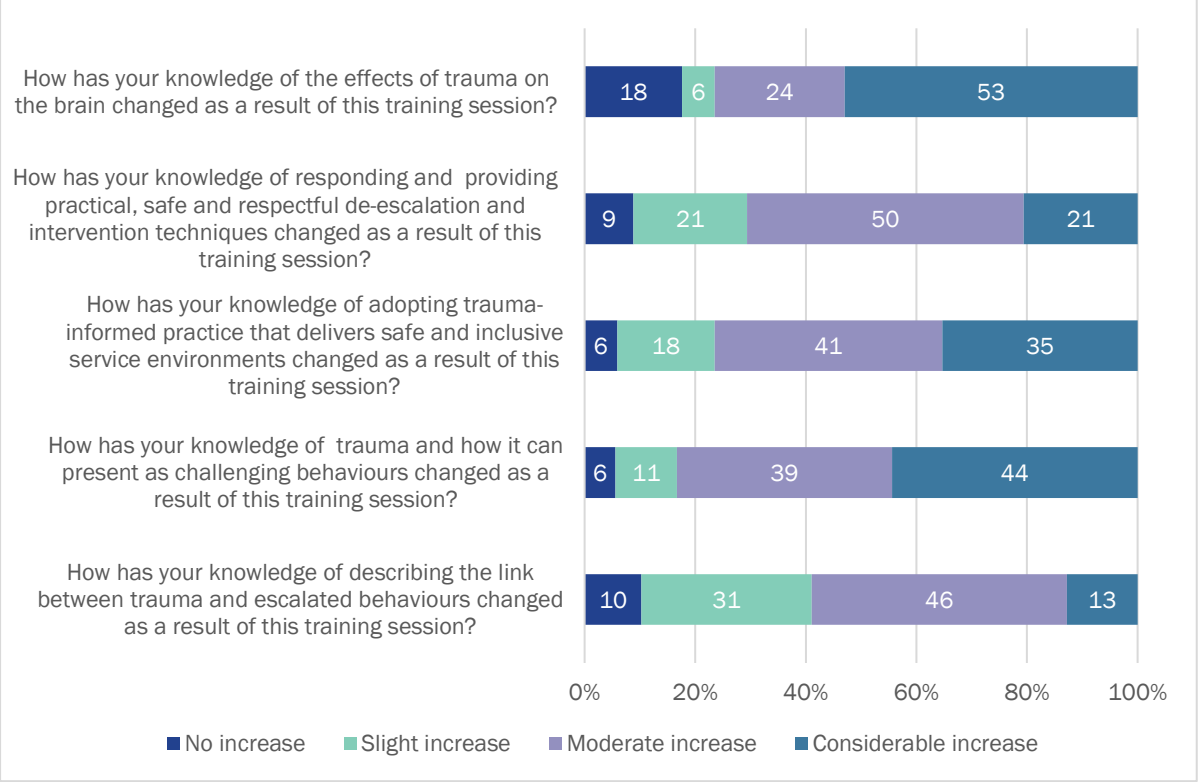


Figure 10 Post increase of knowledge: Understanding and Responding to Coercive Control

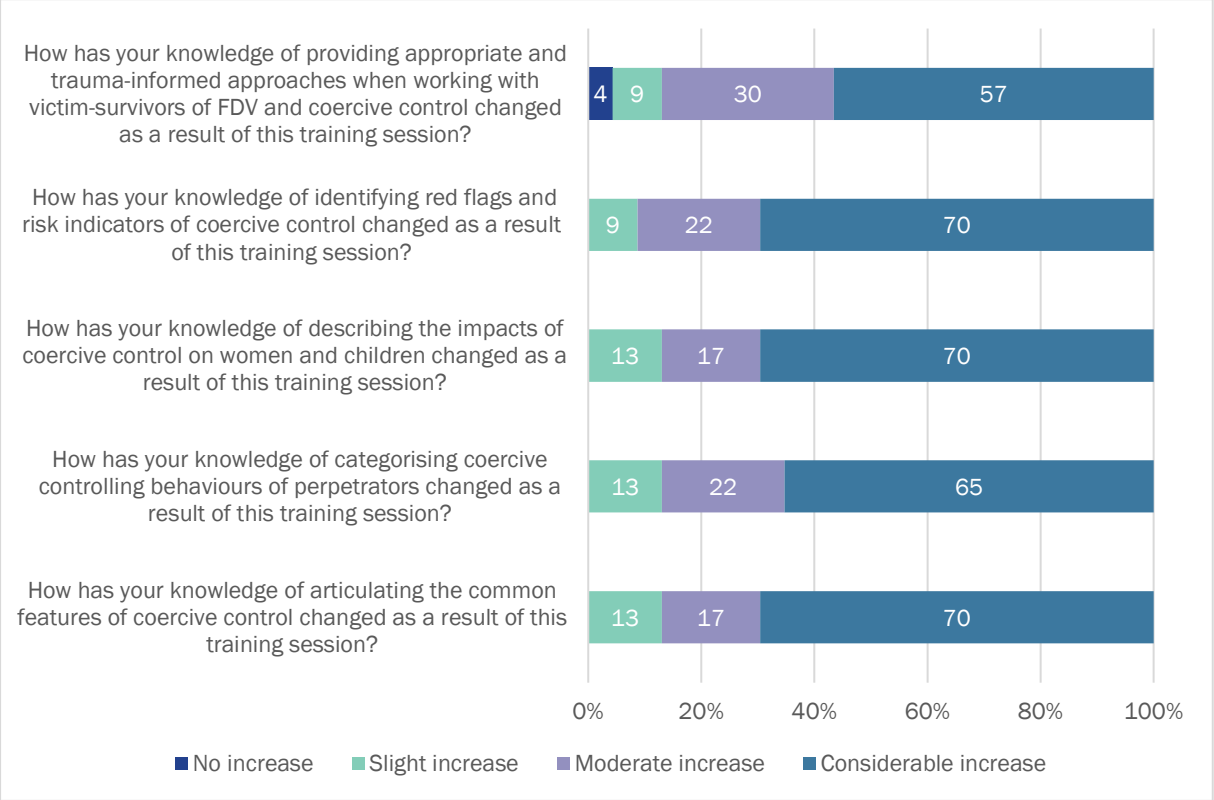
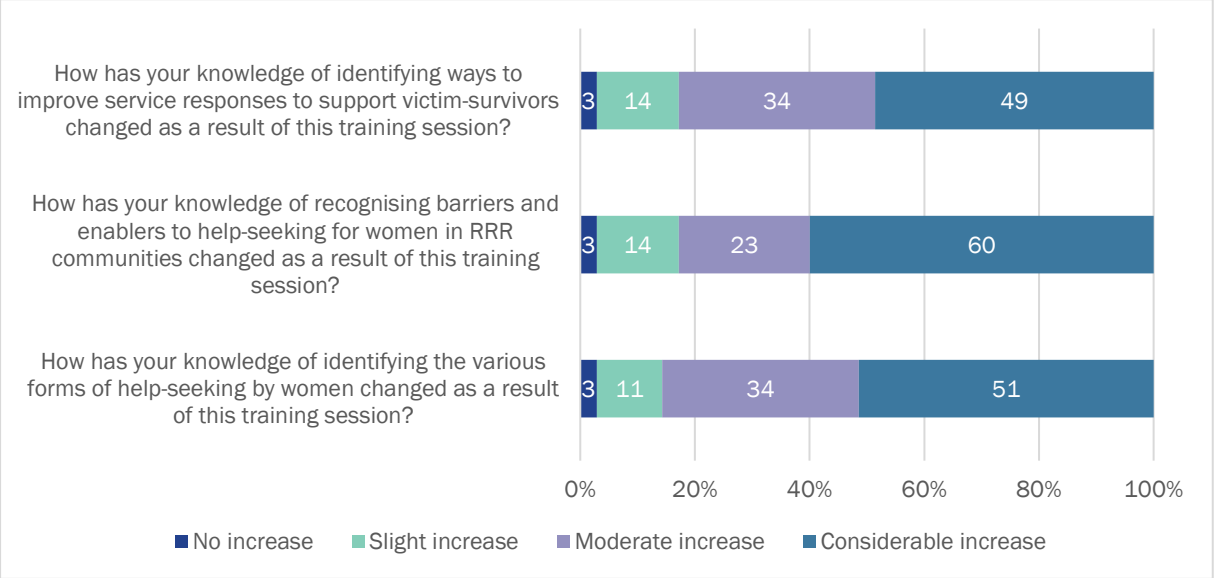


Figure 11 Post increase of knowledge: Understanding the Help-Seeking Decisions of Women Experiencing Family and Domestic Violence in Regional, Rural and Remote Communities



Note. RRR = regional, rural and remote.

Figure 12 Post increase of knowledge: Understanding Trauma and Trauma-Informed Responses

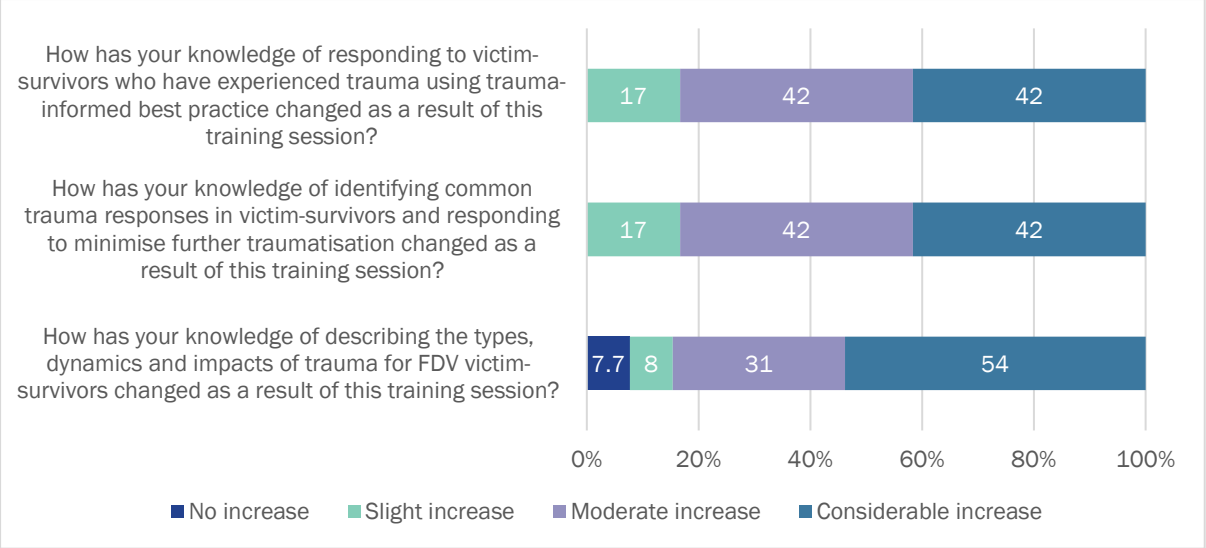


Figure 13 Post increase of knowledge: Vicarious Trauma and Self-Care

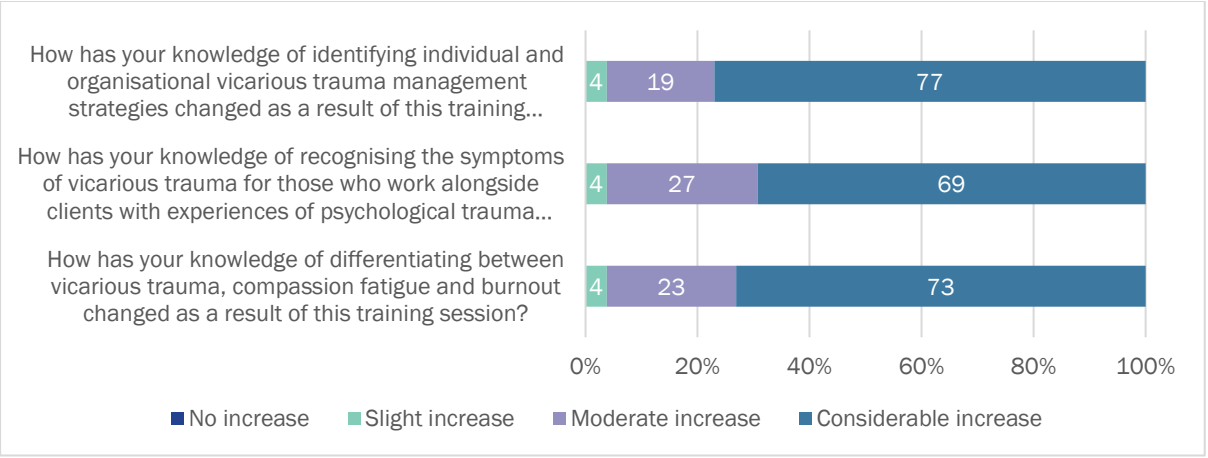
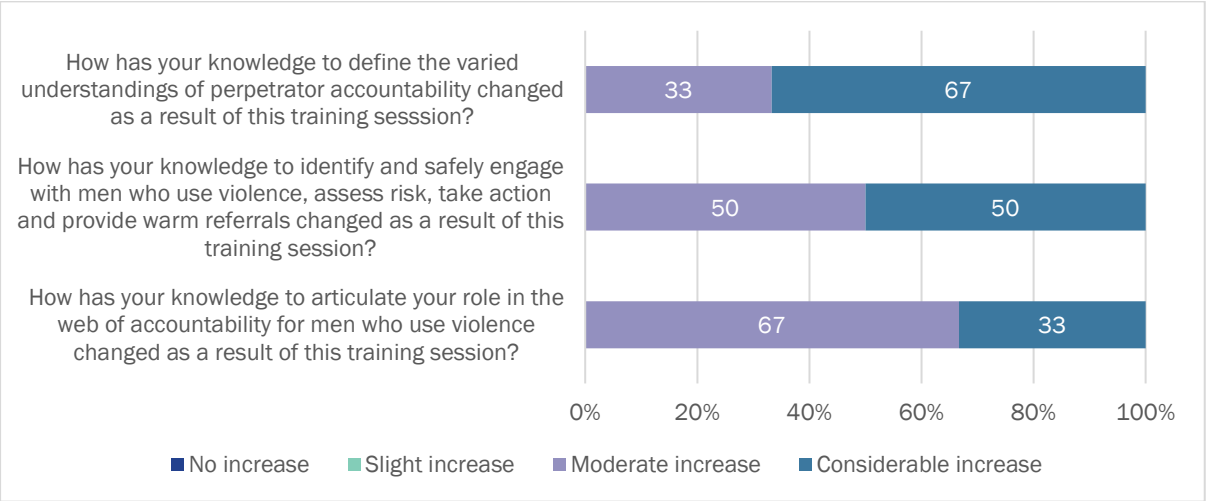


Figure 14 Post increase of knowledge: Engaging Men Who Perpetrate Family and Domestic Violence



Average increase in knowledge post-session aligns with ST5 of the DVassist program model, which aims to enhance understanding of FDV in regional, rural, and remote areas. The overall magnitude of knowledge gains across all education programs suggests **that education programs are effectively reaching the intended cohorts**. Lower gains in knowledge may reflect participants' higher baseline understanding or, conversely, areas where the material may be less comprehensive. Additional data and larger sample sizes would be needed to draw more definitive conclusions.

Interviews similarly revealed that trainers perceived the sessions to be effective for increasing knowledge and understanding of FDV the complexities and nuances of how FDV might develop and the mechanisms of how it can continue. This aligns with ST5**, demonstrating increased understanding of FDV in regional, rural, and remote WA**. The training also has a strong practical component, equipping participants with the tools to recognize FDV, identify its signs, and respond effectively:

"The training itself is raising awareness in community and letting people know about FDV, how to respond, what to look for, and also just bringing awareness that it's out there." – DVassist trainer, Interview

" I think it's increasing their knowledge, which they didn't have before. There's definitely there's an increase in knowledge overall about FDV, but it's more about the complexities of FDV." – DVassist trainer, Interview

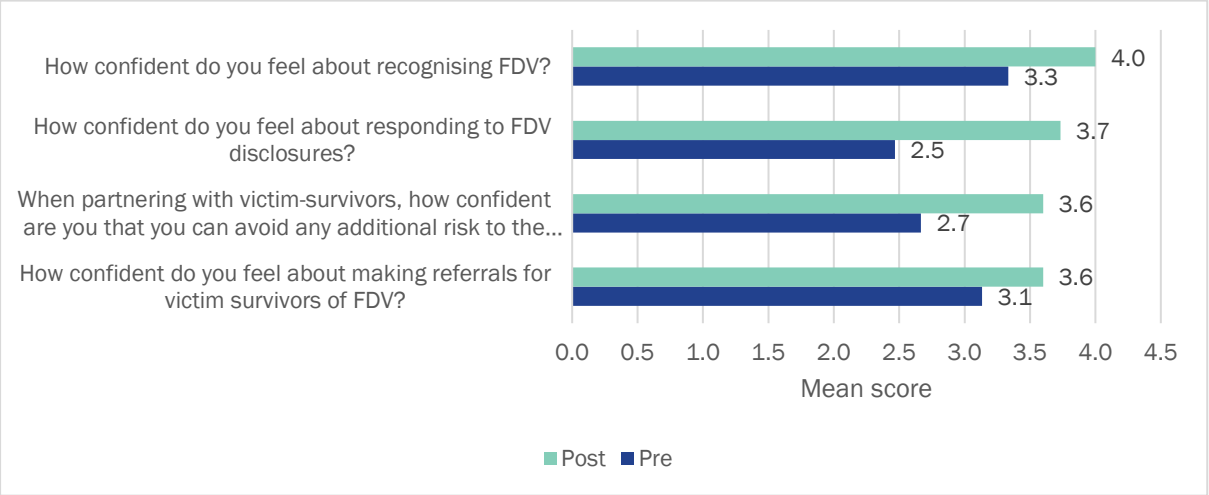
In this way, the education programs serve as a valuable resource for the communities in which they are delivered. One trainer noted that the education provides people with the language to explain and understand FDV, which enables people to act and respond. This acquired knowledge was reportedly a means to build participants' confidence.

Building confidence

Data collected from education program participants of the *Introduction to FDV* course in Kalgoorlie (n = 15) allowed for a statistical analysis of change from pre- to post-training, measured on a four-point scale: 1=not at all confident, 2=slightly confident, 3=somewhat confident, 4=fairly confident, and 5=completely confident.

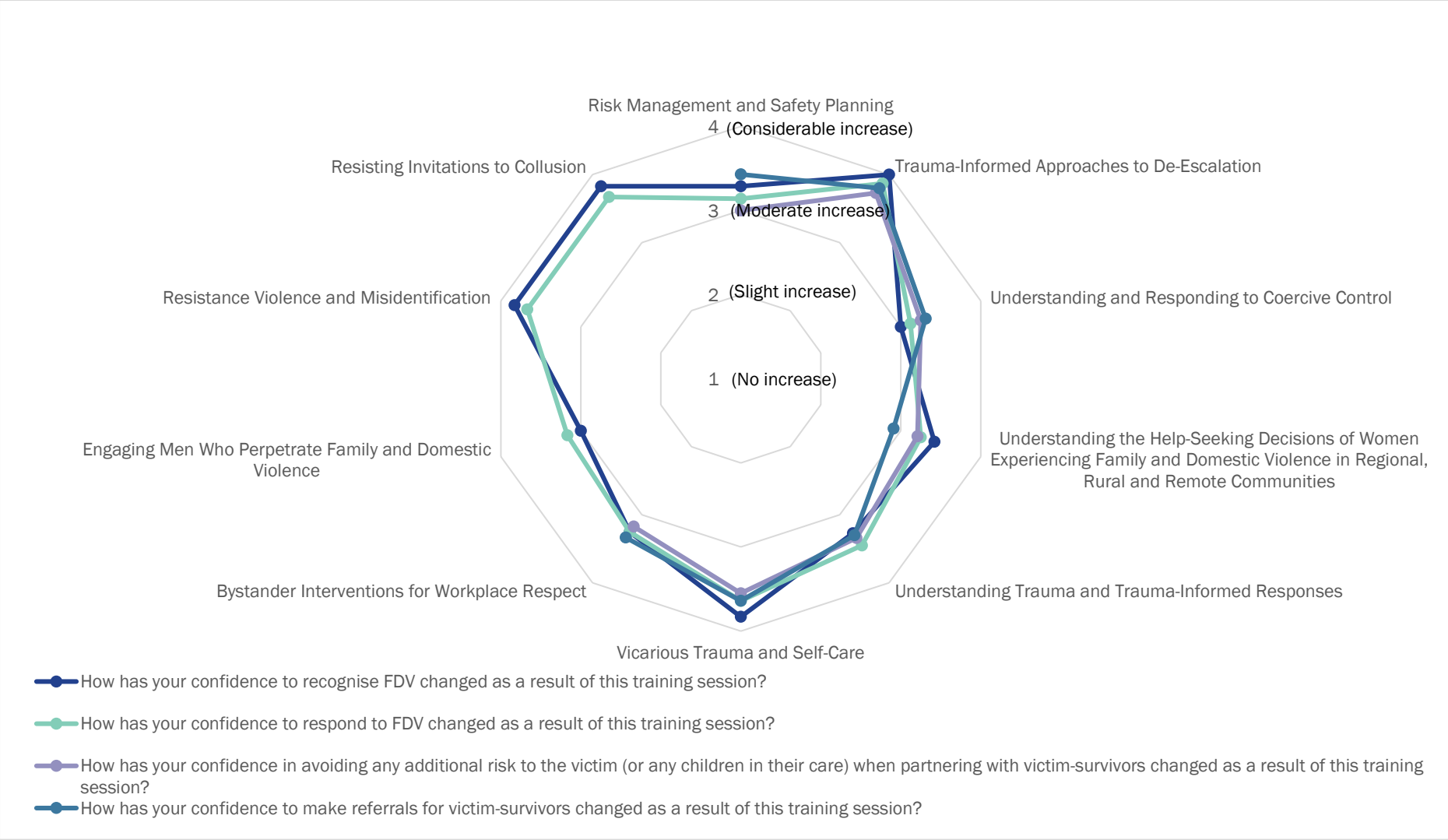
Results suggest a statistically significant change in confidence between pre- and post- training within this cohort (see **Figure 15 and Appendix Table 4**). More specifically, participants reported a meaningful increase in recognising FDV, responding to FDV disclosures, and partnering with victim-survivors (or any children in their care). Participants confidence to make referrals for victim survivors did not change statistically post-Introduction to FDV training, which might suggest that participants require additional supports and resources to ensure they are able to enact referrals, or they simply had existing confidence.

Figure 15 Introduction to FDV pre and post session



The *Introduction to FDV* session was the only training to include pre- and post-survey questions, allowing for statistical analysis of differences in mean scores. For all other training courses, each participant was asked to rate their self-reported increase in confidence following their engagement with the training by asking *"how has your confidence to [identify, respond, reduce risks, and make referrals] changed as a result of this training session?"* and on a four-point rating scale: 1=no increase, 2=slight increase, 3=moderate increase, 4=considerable increase. An overview of mean confidence changes across training types is presented in **Figure 16** and Appendix **Table 5**.

Figure 16 Post training confidence increase (all training)



Larger increases in confidence post-education program were reported for the following sessions: *Trauma-Informed Approaches to De-escalation; Vicarious Trauma and Self-Care; Resistance Violence and Misidentificati*on; and *Resisting Invitations to Collusion*. Although increase in confidence is contingent on peoples' prior levels of confidence, these data provide some evidence to suggest the value of the DVassist education programs **in addressing peoples' capacity to effectively respond**. More generally, this would demonstrate **an increase in understanding of FDV within regional, rural, and remote communities (ST5).**

Participants of the *Bystander Interventions for Workplace Respect* and *Trauma-Informed Approaches to De-Escalation* sessions were also asked to consider changes to confidence related training-specific content at post-training on a four-point scale: 1=no increase, 2=slight increase, 3=moderate increase, and 4=considerable increase. The *Bystander Interventions for Workplace Respect* education programs revealed significant gains in respect to participants' confidence to intervene, interrupt and understand the impacts of sexism and other forms of workplace disrespect – see **Figure 17**. It is therefore possible that this session could **increase bystander intervention (MT12).**

The degree of confidence change post *Trauma-Informed Approaches to De-Escalation* was less sizable in comparison; many participants reported only slight increases in feeling confident to respond to escalated situations or apply trauma informed/sensitive de-escalated responses, and a few participants reported no increases – see **Figure 18**. Akin to varied knowledge increases identified across cohorts (see Increased Knowledge), less significant gains regarding confidence may be a result of some participants possessing relatively good confidence pre-session, however there is also the potential that this material could be further explored or expanded to prompt impact. Larger samples and additional data would help in drawing more reliable inferences about the outcomes.

Figure 17 Post increase of knowledge: Bystander Interventions for Workplace Respect

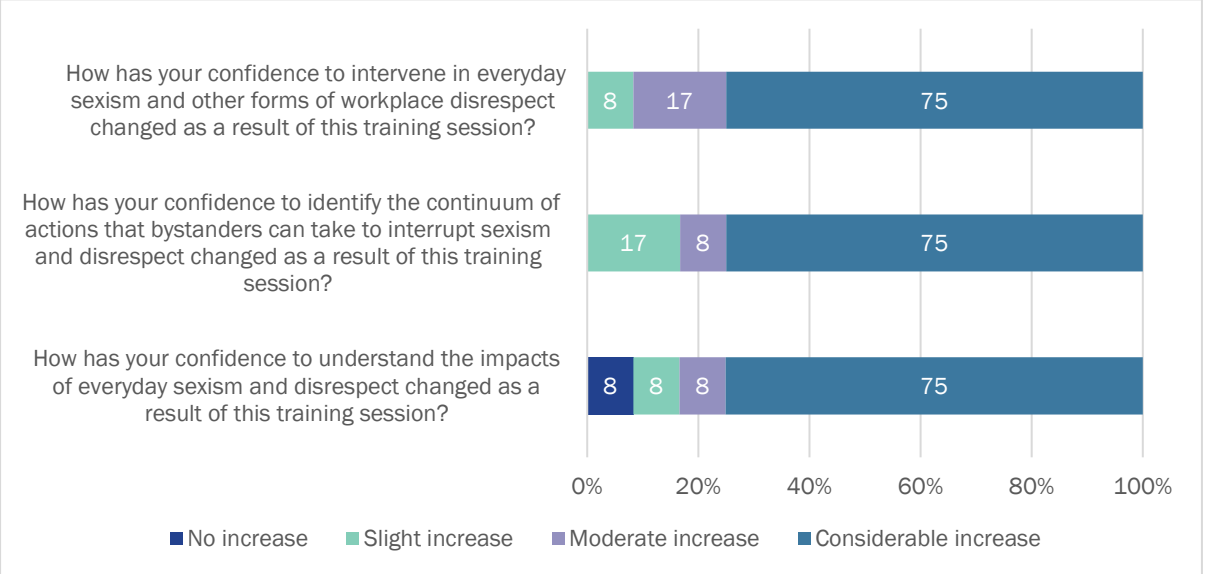
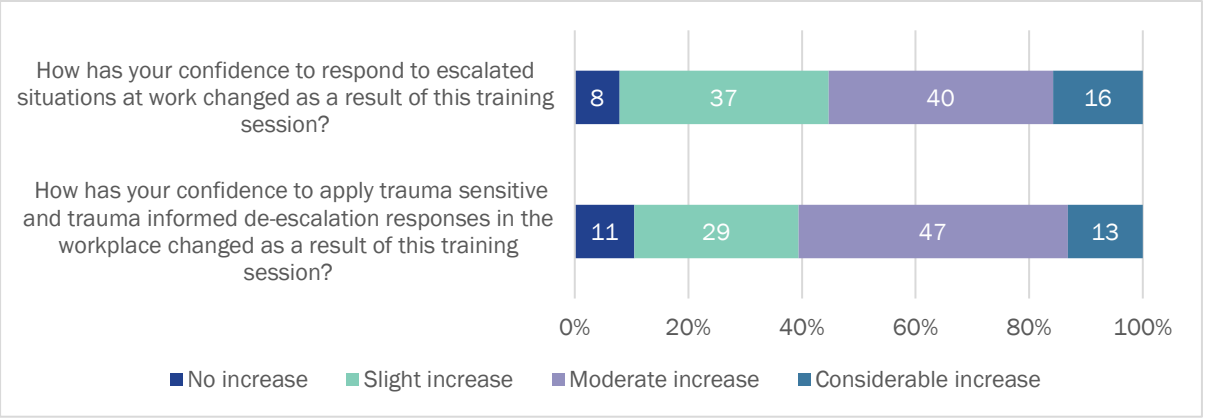


Figure 18 Post increase of knowledge: Trauma-Informed Approaches to De-Escalation



Satisfied participants

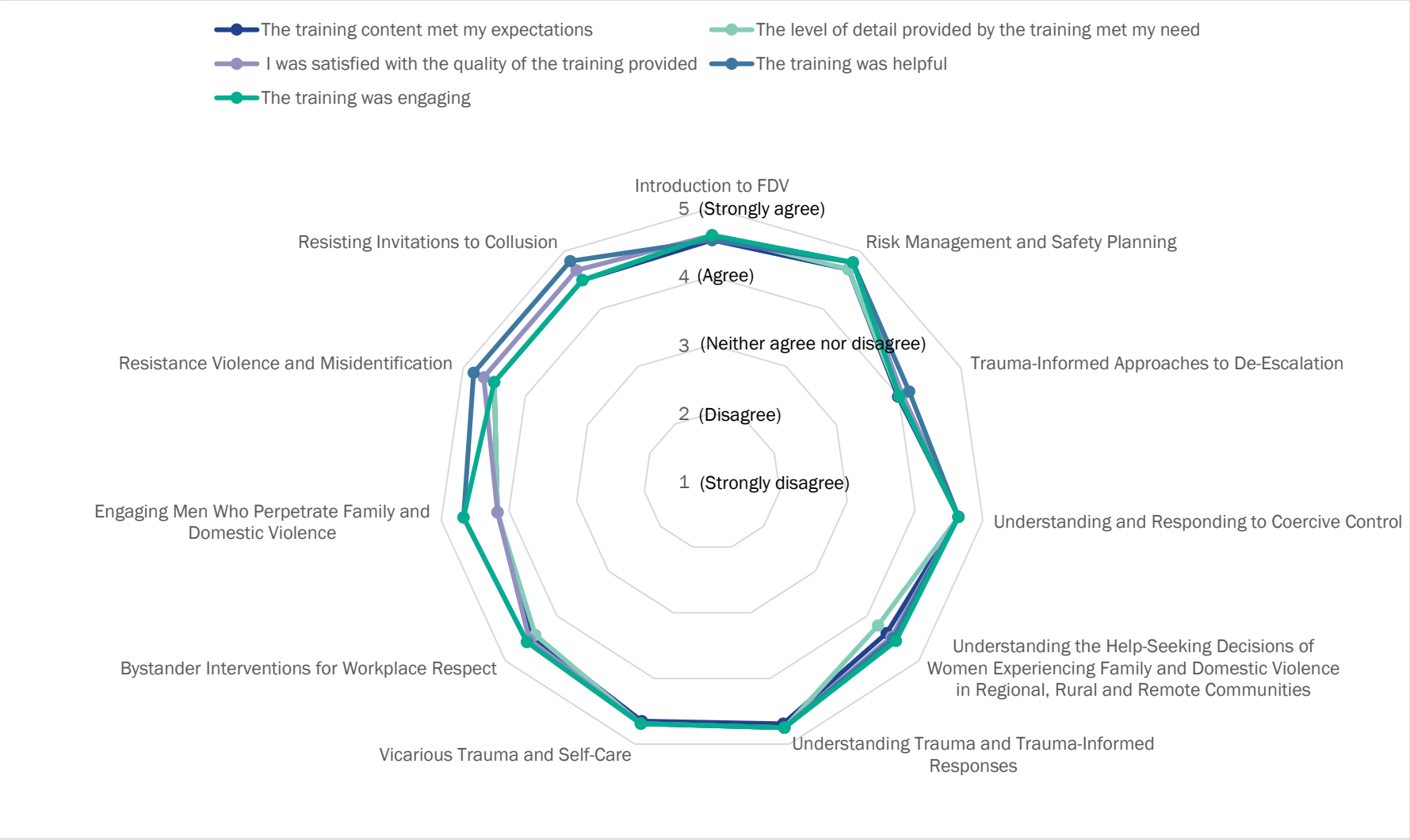
Evaluative surveys completed post-education program **imply high satisfaction and applicability across sessions**. Participants were asked the following questions on a five-point scale from 1=strongly disagree to 5=strongly agree:

- The training met my expectations;
- The level of detail provided by the training met my need;
- I was satisfied with the quality of the training provided;
- The training was helpful; and,
- The training was engaging.

Participants who responded to the post- survey largely **agreed or strongly agreed that the session(s) met their expectations, provided the right level of detail, and was satisfying, helpful and engaging** – see **Figure 19** and **Appendix Table 6**. Of all training sessions examined, the *Trauma-Informed Approaches to De-Escalation* workshop was received less favourably than the others, but regardless, was still rated favourably.

We note that the original De-escalation training was reviewed and adapted following the first rollout due to less favourable feedback. While the training was requested by clinicians, it was recognised that its content, which is more aligned with Workplace Health and Safety (WHS) principles, did not fully align with the specific needs of FDV response. Despite this, participants still found value in this session overall.

Figure 19 Post average rating of education program (all sessions)



Place-based response

All interviewees perceived a need for more FDV education in the regions, and therefore, the DVassist model was inherently well positioned to respond to this need. However, several trainers noted that the training material needed is often contingent on place – that is, different areas across the state have different communities, cultures, understandings, and contexts, all influencing peoples' knowledge and perspective of FDV (and gendered violence more generally). One trainer found their experience of delivering education to be distinct from one town to another, this being dependant on the FDV services and support options available in these regions. Another trainer stated that, in a general sense, **education can be received differently depending on where the training is delivered**:

"I think [the training] was well accepted. I've had good feedback from them. There's been a bit of a mixed bag. This depends on where we go." – DVassist trainer, Interview

Regardless of the nuances, the trainers all agree that the regions need additional training and educational support to respond to victim-survivors, but place, people, and occupation should be considered within the education models to ensure applicability and appropriateness:

"This perspective is probably just a bit more from general work in the community, but communities are crying out for training that's a bit more than the introduction to FDV sort of thing. What I'm hearing in the community is that the intro to FDV is good, but a lot of the content people might've learnt when they first started a job role, and now they're needing stuff that's a bit more tailored and a bit more sort of unique and tailored to their circumstances." – DVassist trainer, Interview

"We're responding to the needs of what people need out there, you know, especially in rural areas." – DVassist trainer, Interview

Further to appropriateness, trainers suggested that **working more with locals is vital to ensure cultural relevance.** Particularly in the context of working with Aboriginal and/or Torres Strait Islanders, one trainer felt it was less appropriate (and effective) to deliver training without incorporation of Indigenous cultural knowledge and partnerships with local Indigenous leaders:

"…a white fella like me, no connection with [this town], non-Aboriginal, going in and saying, 'we're going to do this'…We have to be careful because it's not the right thing to do… but t's just the politics, it can be so very difficult." – DVassist trainer, Interview

Addressing attitudes (primary prevention)

In the context of attitudes, the education programs were described as valuable in providing a deeper understanding of the issues and mechanisms of FDV. This was particularly important in the context of power imbalances and gender, where participants may have been less informed about the relationship between gender, power, violence, and the patriarchy. This theme was especially relevant for the bystander training, and it's possible that this education may have a positive impact on bystander action (MT12) – as expressed in participant feedback. The identification of the underlying mechanisms of FDV links to MT11, which acknowledges that FDV, as a form of gendered violence, exists on a continuum and is shaped by social and cultural beliefs and biases.

"Bystander training, which is essentially techniques, reasons for and techniques for intervening in everyday sexism, which is part of the primary prevention of family violence. So, it's challenging attitudes that support particularly forms of masculinity and joking and so on that disrespect women. I've only delivered that twice. The first time I delivered in June, I would say it was very successful." – DVassist trainer, Interview

"[What is missing] is slides and a bit of commentary to amplify more about the gendered nature of violence against women and the whole question about gender and where, you know, the forms of gender, masculinity," – DVassist trainer, Interview

Trainers emphasised that primary prevention knowledge and awareness are key to addressing FDV, and while this is currently being enacted through many sessions, they highlighted an opportunity to further frame FDV within its broader social and cultural context. A more in-depth exploration of how power and oppression intersect with gendered violence may offer additional insights and strengthen the training's impact. **This interest in deepening the conversation around gender dynamics suggests an area for potential growth within the training programs** which could help further strengthen the relevance and effectiveness of the programs.

RECOMMENDATIONS

Access to more resourcing and funding

Several DVassist staff stated that **additional funding is needed to meet increasing demand**. This includes the ability to run more training, and to work with local providers and services. Ensuring services are well-resourced is vital to ensure staff and victim-survivor outcomes and wellbeing.

Expanding discussions on gender

Trainers expressed interest in deepening discussions about gender and its relationship to FDV within training sessions and identified an opportunity to further explore how broader social structures and norms shape violence. One trainer noted:

"Gender dynamics are key to consider as they inform both prevention and response approaches." – DVassist Trainer, Interview

Acknowledging that the training already incorporates the gendered nature of FDV, some trainers suggested that expanding discussions on power, oppression, and systemic inequalities could strengthen engagement and impact. Similarly, trainers reflected on how **different audiences engage with gendered violence discussions, particularly in the context of primary prevention.** One trainer described the challenge of engaging participants at different levels of readiness:

"I'm very aware of the continuum where you've got the very fixed people down one end and they're never going to change. They're only going to get more resistant. You've got your moveable middle and then you've got your existing champions. And I guess we're moving a bit with the moveable middle here." – DVassist Trainer, Interview

Trainers also highlighted that discussions of power and control are critical when exploring perpetration. One interviewee noted that FDV is not just about individual behaviours but also about the broader social mechanisms that enable violence to persist. Some trainers suggested that integrating post-structural feminist and intersectional approaches could further enrich training content.

While existing training incorporates elements of these discussions—particularly through bystander education—trainers saw an opportunity to **further strengthen the primary prevention component.** They suggested that a more explicit focus on social and cultural influences could help contextualise intersectionality, including how factors such as disability, race, sexual orientation, economic status, and immigration status shape both experiences of violence and access to support.

Working with trainers to refine and develop education material may enhance the impact of these sessions.

Incorporating local perspectives and partnering with Indigenous leaders

Both trainers and counsellors raised that the **delivery of services and supports within regional, rural, and remote areas need to be consistently place-based in their approach and follow local knowledge and leaders.** This is because the locals better understand the social context of their towns and the associated need, and they have knowledge regarding what local supports are available.

"…we would really love to have a community engagement officer in each region. Someone local and someone who is on the ground constantly and who can engage with the stakeholders and inform us of needs and gaps and how can we collectively work with the regional services to have a bigger impact at the community level". – DVassist counsellor, Interview

There is a **desire to strengthen DVassist's relationship across the regions** by partnering and listening to locals. This likely means employing people within the regions DVasisst works with to gauge shared knowledge and ensure responsivity to need. There is also capacity for networking and co-creating resources to ensure cultural relevance and safety. One counsellor suggested working more aligned with the service landscape where the DVasisst is delivered and attempting to build more community engagement with the organisation.

"Something we need to work on is building our connections and our [collaborations] with the local services more. So, working together in partnership more. But that's difficult, given the space. Having counsellors based in regions would help that". – DVassist trainer, Interview

As aforementioned, **working in communities with Aboriginal and/or Torres Strait Islander groups requires local Indigenous knowledge and perspectives**. Interviewees acknowledged the need for education and counselling services to be built upon to ensure cultural relevance, appropriateness, and safety.

Continuing refining and delivering education programs

Post-education program feedback suggests the training **sessions are responsive to participant need.** Given the overwhelmingly positive feedback, we recommend that training sessions continue to be delivered by DVassist, given there is evidence of their impact for the participants who complete them. It would be of benefit to continue to collect feedback post-education to ensure ongoing suitability and applicability. Additionally, there would be significant value in conducting a **State-wide needs training assessment to identify education needs specific to regional, rural, and remote WA.** This would help expand the delivery of existing workshops through established networks and align with our recommendation to ensure sessions are place-based, applicable, and responsive, ultimately ensuring cultural relevance and safety.

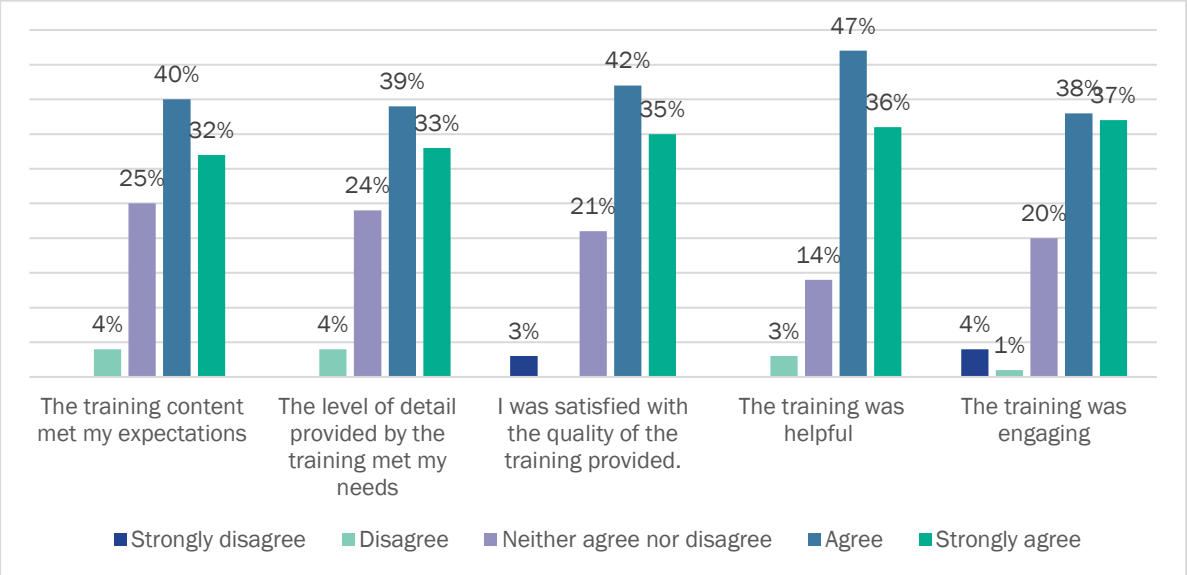
Qualitative data were collated and analysed across training surveys (*"Is there any content that you were hoping to learn that wasn't covered, or needs to be covered in more detail? Is there any further feedback you would like to give?*) to identify additional information about the utility and impact of DVassist training – see **Appendix B**. Feedback provided referred to the quality of the session and satisfaction with the trainers. Participants also noted that the resources presented (literature, links, etc.) were useful, and the content more generally was "informative". In the context of resources, some participants noted that some slides included font colours or sizes that were tricky to read. Group work and discussion was a salient theme noted by participants across sessions. Having an opportunity to break off into smaller groups and complete tasks or explore content was highly valued. There was also a desire for more time to have discussions as a group about the content included within the training.

Participants who completed the Bystander Interventions session also felt that they needed more time to effectively cover the content presented.

Trauma-Informed Approaches to De-Escalation training

Below (**Figure 20**) provides a deeper look at survey feedback regarding the *Trauma-Informed Approaches to De-Escalation* session (n = 71). Approximately 70-80% of participants who answered the survey agreed or strongly agreed that the training met expectations, provided the right level of detail and was satisfying quality, helpful and engaging. However, between 20-25% felt neutral about these aspects of the training. There was also a very small proportion of people who strongly disagreed that the training was a satisfactory quality, or that the training was engaging.

Figure 20 Trauma-Informed Approaches to De-Escalation post-training feedback



Qualitative data were also collected, and may provide more context regarding this specific session (*is there any content that you were hoping to learn that wasn't covered, or needs to be covered in more detail? Is there any further feedback you would like to give?).*

Those who completed the *Trauma-Informed Approaches to De-Escalation* session asked for additional information about FDV which they believed would help to further their understanding of the content. These included:

- The cycle of violence to provide context to client presentation;
- An explanation regarding trauma and the affects of trauma on brain;
- More information about the concept of "trauma-informed";
- The different forms of FDV that exist; and
- Statistics to better contextualise and situate FDV.

Additionally, participants who left feedback noted that the session felt to be missing information that highlights the complexities and sensitivities of FDV across situations (and in relevance to this training). These included awareness of: FDV in the context of culture and race (including cultural sensitivity around Aboriginal and/or Torres Strait Islander communities); mental health and wellbeing – including the impacts of trauma and traumatisation; and FDV in rural and remote areas.

Other comments referred to the desire for more information about specific techniques, including:

- Responding to and supporting traumatised clients (e.g., Triune Brain Model, the Window of Tolerance and how to engage clients' 4 thinking brain);
- How to recognise body languages to assess situations;
- A specific risk assessment procedure, inclusive of different warning signs, risk levels, and appropriate responses; and
- Self-regulation and breathing.

After initial feedback, the *Trauma-Informed Approaches to De-Escalation* session was modified to be more appropriate for frontline workers. However, participant feedback indicates it may be worthwhile obtaining feedback from both frontline workers and clinicians to determine the appropriate content required for these two different groups. Trainers are well placed to provide additional context and insight.

Distribution of additional information/resources

Overall, participants reported a desire for more learning that was linked to other training material offered by DVasisst (see **Appendix B**). For example, some participants from *Bystander Interventions and Trauma-Informed Approaches to De-Escalation* were interested in more "foundation" level knowledge, likely applicable to an Introduction to FDV session. Additionally, another participant from *Trauma-Informed Approaches to De-Escalation* was interested in accessing more about vicarious trauma, and would likely find value in the Vicarious Trauma and Self-Care modules. These examples suggest that **there is an appetite for more learning for many participants.** One approach to ensuring people have access to the right information, based on their preferences for more training, might be to **ask people to indicate whether they would like more training, and in which areas, so staff are able to direct them to additional courses or course material for future enrolment.**

Another reoccurring theme of feedback concerned the **integration of Aboriginal and Torres Strait knowledge and perspectives**, many participants noting the importance of **ensuring that any outreach within communities is culturally relevant, safe, and applicable.** This ties back into our earlier recommendation suggesting partnering with local leaders and knowledge-holders in the regions and towns that DVassist operates.

CONCLUSION

The current 2023/24 evaluation sought to assess these aspects of the service by means of examining education program outcomes and identifying areas for enhancement.

Findings illustrate significant value of the DVassist model. The educational programs were perceived to be meeting need, and we noted evidence of strong engagement and learning across the sessions – from both participants themselves (via survey data) and from the trainers (via interviews). More specifically, the training increases FDV-related knowledge, builds participants' confidence to identify, understand and respond to FDV.

In summary, our evaluation highlights meaningful outcomes aligning with pre-determined goals (in relation to the revised Program Logic). The model is well-placed to drive positive change within the FDV landscape and promote healing and recovery for victim-survivors. Ongoing evaluation and stakeholder engagement will remain crucial to maintaining this positive trajectory and maximising impact. Programs and services are contingent on the environments across which they operate and thus, will likely require future reiterations to meet the constantly changing sociocultural context.

APPENDIX A

Supplementary tables

Table 4 Introduction to FDV pre and post session

Question	Pre Mean	Post Mean	Sig.
How confident do you feel about recognising FDV?	3.3	4.0	0.008*
How confident do you feel about responding to FDV disclosures?	2.5	3.7	<.001*
When partnering with victim-survivors, how confident are you that you can avoid any additional risk to the victim (or any children in their care)?	2.7	3.6	0.002*
How confident do you feel about making referrals for victim survivors of FDV?	3.1	3.6	0.098

Note. sig = statistical significance; *= significance at .005.

Table 5 Post confidence increase (all sessions)

Education program	How has your confidence to recognise FDV changed as a result of this training session?	How has your confidence to respond to FDV changed as a result of this training session?	How has your confidence in avoiding any additional risk to the victim (or any children in their care) when partnering with victim-survivors changed as a result of this training session?	How has your confidence to make referrals for victim-survivors changed as a result of this training session?
Risk Management and Safety Planning	3.3	3.1	3.0	3.4
Trauma-Informed Approaches to De-Escalation	4.0	3.9	3.7	3.8
Understanding and Responding to Coercive Control	3.0	3.1	3.3	3.3
Understanding the Help-Seeking Decisions	3.4	3.3	3.2	2.9
Understanding Trauma and Trauma-Informed Responses	3.3	3.5	3.3	3.3
Vicarious Trauma and Self-Care	3.8	3.6	3.6	3.6
Bystander Interventions for Workplace Respect	3.3	3.3	3.2	3.3
Engaging Men Who Perpetrate Family and Domestic Violence	3.0	3.2	-	-
Resistance Violence and Misidentification	3.8	3.7	-	-
Resisting Invitations to Collusion	3.8	3.7	-	-

Table 6 Average rating of education program (all sessions)

Education program	The training content met my expectations	The level of detail provided by the training met my need	I was satisfied with the quality of the training provided	The training was helpful	The training was engaging
Introduction to FDV	4.5	4.6	4.6	4.5	4.6
Risk Management and Safety Planning	4.7	4.7	4.8	4.8	4.8
Trauma-Informed Approaches to De-Escalation	4.0	4.0	4.1	4.2	4.0
Understanding and Responding to Coercive Control	4.6	4.6	4.6	4.6	4.6
Understanding the Help-Seeking Decisions	4.4	4.2	4.5	4.5	4.6
Understanding Trauma and Trauma-Informed Responses	4.7	4.8	4.8	4.8	4.8
Vicarious Trauma and Self-Care	4.7	4.7	4.7	4.7	4.7
Bystander Interventions for Workplace Respect	4.5	4.4	4.5	4.6	4.6
Engaging Men Who Perpetrate Family and Domestic Violence	4.2	4.2	4.2	4.7	4.7
Resistance Violence and Misidentification	4.5	4.5	4.7	4.8	4.5
Resisting Invitations to Collusion	4.5	4.5	4.7	4.8	4.5

APPENDIX B

Comments by participants regarding training

Workshop Type	Workshop Dates	Is there content that you were hoping to learn that wasn't covered, or needs to be covered in more detail?	Is there any further feedback you would like to give?
Introduction to FDV	16/07/2024	• The signs and behavioural indicators that someone is experiencing FDV • Including specific behaviours to help identify FDV in people who are not willing to disclose	Some improvements were suggested • Having more time to complete training • Having links to access references easily
Bystander Interventions	11/06/2024 25/06/2024	• Foundational knowledge to establish a baseline understanding prior to training • Primary prevention • Separate information for challenging the behaviour, for challenging the person, and for challenging the topic • Aboriginal and Torres Strait Islander history in the context of FDV • Considering FDV in other environments and cultures beyond the workplace	Some reflected on their experience with training, responses included: • "I have a better understanding of how to approach a FDV situation regarding job seekers" • "The training was great; very informative and I learnt a lot about how to identify and respond to FDV, and the services available in my area to get help" • "The training was helpful to know signs to look for FDV and the resources that are available" Multiple participants also noted the need for more time in completing training
De-Escalation	1/05/2024 18/06/2024 19/06/2024 17/07/2024 18/07/2024	Information that is non-specific, but would contribute to further understanding in a general sense: • Perhaps a reference to the cycle of violence; for those who may not have that awareness which provides context to a client presentation • The different forms of FDV that exist • Statistics further explain FDV, potentially also workplace statistics (e.g., burnout causing staff to turnover) Information that is sensitive to different contexts, specifically: • Aboriginal cultural awareness and mental health training (such as Julgara Maga, Denise Jones) • FDV in remote communities • Traumatised clients, ideally better integration of the Triune Brain Model, the Window of Tolerance and how to engage clients' 4 thinking brain	• If there's a roleplay activity, some people may benefit from getting notice at the beginning of the workshop • Access to handouts and videos would be helpful • The group activities were fun, engaging, and helped break the session up • Information about the Window of Tolerance was described as particularly helpful • The training increased awareness, particularly regarding self-care • One participant also shared their view that violence will not reduce until media (videos/films/games) does not contain violence

		• Supporting people with vicarious trauma • The Trauma Informed Care platform and trauma-informed practice • Prayer and worship as methods of self care Information regarding techniques, such as • How to recognise body languages to assess situations • A specific risk assessment procedure, inclusive of different warning signs, risk levels, and appropriate responses • Self-regulation and breathing the brain	
Vicarious Trauma and Self-Care	1/05/2024 18/06/2024 18/07/2024	No responses were provided	• The information was described as 'great' and 'highly valuable' as well as causing one participant to further consider their own care • Additional training for individual workplaces; allowing companies to discuss and review the content in relation to workplace • Group work was proposed, as was improving the accessibility of resources (particularly purple text)
Risk Management and Safety Planning	30/04/2024 14/05/2024 16/07/2024	No responses were provided	• The training content was described as 'fantastic' and valuable • The training was delivered well, although the accessibility of the resources could be improved (particularly small text on screen) • Providing copies of the resources and having additional time were both proposed improvements to the training
Help-Seeking	30/04/2024 13/05/2024 18/06/2024 16/07/2024	• Why it is important to recognise FDV help-seeking behaviours • Specific examples of indirect help seeking, particularly those that are often dismissed or misinterpreted • Delivering brief interventions to help people feel safe and understood • Perpetrator accountability, visibility, and response, to work towards behaviour change • Awareness of specific agencies/organisations that can offer support, and barriers FNP have to accessing these organisations • FDV in the context of First Nation Women • FDV in the context of non-binary people • Gender-based crime	No responses were provided
Trauma and Trauma-Informed Responses	2/05/2024 14/05/2024 17/07/2024	No responses were provided	• The open discussion was beneficial to understanding the topic • A small group/venue was seen as ideal

Coercive Control	27/03/2024 28/03/2024 1/05/2024 19/07/2024	No responses were provided	• The discussion was great, as was pinpointing red flags • The information on PowerPoint slides could be briefer, with the presenter elaborating on them – rather than reading directly from them
Engaging Male Perpetrators	26/03/2024	• Coercive control	• The training was enjoyable and provided a good update on trends and legislation in the FDV space
Resistance Violence	27/03/2024	No responses were provided	• The information was good and helpful for working with offenders • The extra reference sheets were useful • The facilitator was described as knowledgeable and happy to answer questions • The training acted as a reminder/refresher to one participant who felt they had become desensitised
Resisting Invitations to Collusion	27/03/2024	No responses were provided	• Very good information. Definitely helpful for working with offenders and love the extra reference sheets that can be used (27/03/24) • Good trainer - very knowledgeable and open to questions, happy to answer about DV generally and the content. It is good to have a reminder and refresher as have become desensitised (27/03/24)