University of Southern Queensland

ENHANCING SOCIAL WORK EDUCATION ABOUT DOMESTIC AND FAMILY VIOLENCE THROUGH VIRTUAL REALITY SIMULATIONS

A thesis submitted by

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BA

MSW

For the award of

Doctor of Philosophy

2024

ABSTRACT

Domestic and family Violence (DFV) is a global issue, necessitating a proactive response from social workers. As such, social work graduates must possess the requisite skills and knowledge to respond effectively in practice. To aid social work students' readiness to respond to DFV, an innovative approach involving the use of virtual reality (VR) has been established as an output of this thesis. VR can be used to support student learning by providing immersive experiences that foster formative skill development. Consequently, it presents a distinctive advantage in ensuring all social work students, irrespective of where they engage in placement, are predisposed to DFV content in a scaffolded manner. Drawing on a mixed-method co-design research approach, the author developed procedural knowledge about how to create VR experiences based on real-world scenarios to offer experiential learning to social work students. The VR artifacts were developed through extensive collaboration with community stakeholders, a key design feature of the study. The thesis by publication is comprised of three articles, each depicting a different design stage (Hoadley & Campos, 2022). Article 1: 'Unveiling graduate readiness to respond to domestic and family violence in Australian social work programs', quantitatively defines the problem areas, and the subsequent areas of focus during the simulation design. Article 2: 'Virtual Simulations to Educate Social Work Students About Domestic and Family Violence: A Scoping Review' is a comprehensive scoping review of the use of virtual simulations to educate social workers about DFV. This study influenced the decisions made during the second design-phase, including determinations made about design processes and design concepts. The final article: 'A Blueprint for Domestic and Family Violence Education in Social Work Through Virtual Reality Design' presents the procedural knowledge about the design process of VR simulations for social work curriculum, highlighting the key themes identified through interviews with the community advisory group involved in the VR design process. The stages of development and implementation are discussed. The overarching thesis offers valuable insights for educators and curriculum developers looking to incorporate VR simulations, providing instructional design recommendations and forward-thinking suggestions to advance the field of DFV education in social work. Its utility is also applicable to others seeking to enhance their DFV professional practice competencies.

CERTIFICATION OF THESIS

I Krystal Schaffer declare that the PhD Thesis entitled *Enhancing Graduate Readiness to Respond to Domestic and Family Violence Through Virtual Reality Simulation* is not more than 100,000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references, and footnotes.

This Thesis is the work of Krystal Schaffer except where otherwise acknowledged, with the majority of the contribution to the papers presented as a Thesis by Publication undertaken by the student. The work is original and has not previously been submitted for any other award, except where acknowledged.

Date: 29 February 2024

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STATEMENT OF CONTRIBUTION

An acknowledgment of the collective contribution of all authors in the three papers (2 published and the third paper under review) is outlined below.

Paper 1:

Schaffer, K., Martin, N., Lawrence, J., & Bryce, I. (2023). Unveiling graduate readiness to respond to Domestic and Family Violence in Australian Social Work Programs. *The British Journal of Social Work*,

Student (Schaffer, K.) contributed 70% to this paper. Collectively Martin, N., Lawrence., J., & Bryce, I. contributed the remaining 30%.

Paper 2:

Schaffer, K., Bryce, I., Lawrence, J., Martin, N. (2023). Virtual Simulations to Educate Social Work Students About Domestic and Family Violence: A Scoping Review.

Student (Schaffer, K.) contributed 70% to this paper. Collectively Bryce, I., Lawrence, J., & Martin, N. contributed the remaining 30%.

Paper 3:

Schaffer, K., Rivory, J., Martin, N., Lawrence, J., & Bryce, I. (2024). A Blueprint for Domestic and Family Violence Education in Social Work Through Virtual Reality Design. *Advances in Social Work and Welfare Education*.

Student (Schaffer, K.) contributed 70% to this paper. Collectively Rivory, J., Martin, N., Lawrence., J., & Bryce, I. contributed the remaining 30%.

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to the following individuals who have played integral roles in my journey of completing this thesis:

I am deeply appreciative of my three dedicated PhD supervisors, Professor Jill Lawrence, Dr India Bryce and Dr Neil Martin for their guidance, mentorship and invaluable insights and feedback that have shaped my research. Thank you for providing me a safe and supportive space to navigate my research. I would also like to acknowledge the professional editors 'Elite Editing', for providing copyediting and proofreading services during the thesis. It should be noted that these services were engaged in accordance with the UniSQ Higher Degree by Research Thesis Submission Schedule and editorial intervention was restricted to Standards D and E of the Australian Standards for Editing Practice. This research has also been supported by the Australian Government Research Training Program Scholarship.

A heartfelt thank you to Dr Josh Rivory, Associate Professor Sera Harris and each of my community advisors, for their contributions to either the design or production of the research outputs (or both). Thank you for being sounding boards in navigating the complexities of simulation design. A special mention to Dr Sonya Winterbotham for our weekly research meetings. This supported me to better manage each stage of the PhD.

I want to acknowledge my parents, Annette and Russell Johnson, my sister and brother in-law, Shenae and Jono Dolley, and two beautiful nieces, for their unwavering emotional support. The confidence you held in my abilities to see this through is more helpful than you will ever know. A special thank you to Mum and Dad for the sacrifices that you made when I was growing up. These have provided me with the many opportunities that I have been so wonderfully afforded in life. I also thank you for the continued support you offer to our family. Without you, I could not have accomplished all that I have. To my husband, Scott Schaffer, and my two wonderful children, Archer and Edison, who have made many sacrifices, including graciously accepting missed time spent collectively as a family. Words will never capture how humbled I am by your unwavering patience. To each of you, your collective support and encouragement have been instrumental in this achievement, and I am truly grateful for the love and sacrifices that have enabled me to reach this milestone in my academic journey.

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ABBREVIATIONS

Analysis of Variance	*ANOVA*
Australia's National Research Organisation for Women's Safety	*ANROWS*
Australian Association of Social Workers	*AASW*
Australian Bureau of Statistics	*ABS*
Australian Council of Heads of Social Work Education	*ACHSWE*
Australian Institute of Health and Welfare	*AIHW*
Australian Social Work Education and Accreditation Standards	*ASWEAS*
Convention on the Elimination of All Forms of Discrimination Against Women	*CEDAW*
Domestic and Family Violence	*DFV*
Experiential Learning Theory	*ELT*
General systems theory	*GST*
Higher Research Ethics Committee	*HREC*
International Federation of Social Workers	*IFSW*
Lesbian, Gay, Bisexual, Transexual, Queer, Intersex, and Asexual	*LGBTQIA+*
National Plan to End Violence Against Women and Children 2022-2032	*National Plan*
Physician's readiness to manage Intimate Partner Violence	*PREMIS*
Population or patient groups studied; intervention; comparison or control; and outcome	*PICO*

Preferred Reporting Items for Systematic Reviews and Meta-analyses	*PRISMA*
Rational choice theory	*RCT*
Royal Commission into Family Violence	*RCFV*
Social learning theory	*SLT*
The National Community Attitudes Towards Violence Against Women Survey	*NCAS*
The National Council to Reduce Violence Against Women and their Children	*NCRVAWC*
University of Southern Queensland	*UniSQ*
Virtual reality	*VR*
World Health Organisation	*WHO*

CHAPTER 1: INTRODUCTION

1.1. Chapter overview

Domestic and family violence (DFV) is a pervasive global human rights concern, with avoidable social, health, and economic implications for individuals and societies (World Health Organisation [WHO], 2021). Australia is no exception, with one in four women reported to have experienced DFV (Australian Institute of Health and Welfare [AIHW], 2019). Therefore, collective efforts to prevent DFV in line with Australia's National Plan to End Violence Against Women and Children 2022-2032 (herafter, the National Plan) (Department of Social Services, 2022) are crucial. In this collaborative endeavour, it is important to acknowledge the active contributions made by social workers. Unfortunately, in reality, the commitment of social workers to respond to DFV have not always been well met (Cleak et al., 2021; Colarossi, 2005; Cowan et al., 2020; Laing et al., 2013; Robbins & Cook, 2017), and questions have arisen regarding how adequately social work education prepares social workers for the complexities of DFV-related practice challenges (Black et al., 2010; Danis & Lockhart, 2003; Fedina et al., 2018; Postmus et al., 2011; Warrener et al., 2012). These concerns have provided the impetus for this research.

This introductory chapter defines terminology used in this thesis, including conceptualisations of DFV. A broad definition of DFV is adopted that recognises violence as predominantly directed towards women in the context of relationships but also acknowledges diverse relationships and intersectional identities. This chapter also discusses the prevalence of DFV in Australia, demonstrating the need for a diversity of interventions and approaches. Next, the social work profession is discussed, followed by the research problem, the significance of the study and the research objectives, questions and methodologies employed to answer the questions. The chapter concluded with an overview of the thesis structure.

1.2. Defining domestic and family violence

The terminology used to define actions or behaviours that are violent, abusive or coercive is diverse and often inconsistent among scholars, leading to a lack of consensus on the most appropriate terminology. However, for the purpose of this study, the term 'domestic and family violence' is used to describe violence that occurs within relationships. This terminology aligns with that of Queensland's

Domestic and Family Violence Protection Act 2012 and is the preferred terminology used by many Aboriginal and Torres Strait Islander peoples living in Australian communities (Mandara et al., 2021). Relationships include current intimate relationships such as courtships, de facto relationships and marriage (Meyer & Frost, 2019) as well as former intimate relationships, caregiver relationships, extended family relationships and relationships between parents and adult children (Domestic and Family Violence Protection Act, 2012). Extended family relationships are acknowledged given their cultural relevance to Indigenous family networks and communities (Meyer & Frost, 2019). DFV can also be understood as abusive behaviours and their effects. Abusive behaviours include physical abuse, psychological abuse, sexual abuse, emotional abuse, verbal abuse, financial or economic abuse, social abuse, spiritual and cultural abuse, patriarchal and intimate terrorism and coercive control (Meyer & Frost, 2019; Stark, 2007, p. 3). The terminology used is broad to enable any harmful behaviour, whether major or minor, to be captured. Laing et al. (2013) argue that DFV is about power and control and is the abuse of power by one person over another, resulting in a relationship characterised by fear.

To understand the nature of DFV, this thesis takes a critical feminist perspective, including the recognition of gender asymmetry in DFV. This is not to suggest that DFV is exclusively perpetrated by men against women but to acknowledge that women are disproportionately represented as victims of violence, both nationally and internationally (Australian Bureau of Statistics [ABS], 2017; AIHW, 2019; Australia's National Research Organisation for Women's Safety [ANROWS], 2017; Meyer & Frost, 2019). Therefore, this thesis mainly refers to women as those who most typically experience violence in relationships, although it also aims to fill gaps in education about elder abuse and abuse in Lesbian, Gay, Bisexual, Transexual, Queer, Intersex, and Asexual (LGBTQIA+) relationships. In instances such as this, it is acknowledged that the experience of DFV is less concerned with gender. Employing definitions of DFV that encompass both feminist and intersectional identities align with critical social work perspectives and the multiple realities of DFV victims and survivors at intersecting levels of economics, education, homelessness, and health (Ruddle et al., 2016).

This approach to defining and conceptualising DFV is consistent with that in the prevailing research and the predominant terminology used in contemporary

social work practice (Department of Social Services, 2022; Meyer & Frost, 2019; Phillips & Vanderbroek, 2014; WHO, 2013, 2021). Consistency with the profession of social work's conceptual understanding of DFV is crucial because this is how the author understands the causes of and interventions for DFV. The definition also aligns with the exploratory social work design-based research methodology employed for this study.

1.2.1. Prevalence of domestic and family violence

In Australia, one in four women experience DFV in their lifetime, highlighting the prevalence of DFV in the Australian community (ABS, 2022; AIHW, 2019). DFV primarily results from an abuse of power within relationships, with women being three times more likely than men to experience it (AIHW, 2019). Additionally, one in six women and one in 19 men have been victims of physical or sexual violence from a current or former partner (ABS, 2022). Most confronting is that one woman per week in Australia is murdered by her current or former partner (ABS, 2022; AIHW, 2019; WHO, 2021).

Additional intersecting factors are known to further exacerbate incidences of DFV. Aboriginal and Torres Strait Islander women are 32 times more likely than non-Indigenous women to be hospitalised as a result of DFV (AIHW, 2019), while women with disabilities have a 40% higher risk of being victims of DFV compared with women without a disability (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2023). Individuals known to DFV victim-survivors, through either intimate or extended familial relationships, are the most common perpetrators of physical, sexual or emotional abuse against women (ABS, 2022; AIHW, 2019).

These findings demonstrate the disproportionate effect of DFV on women. In economic terms, the cost of DFV in Australia is estimated at $21.7 billion, with survivors themselves bearing approximately $11.3 billion of these costs (Department of Social Services, 2022). This reflects gender inequities because gender-based violence, as conceptualised in the definition of DFV, is a symptom of gender inequality. Subsequently, gendered DFV prevention strategies and approaches are at the forefront of the public response (Department of Social Services, 2022). Given the widespread issue and the marginalisation of those affected, social workers can expect to encounter DFV in various practice settings (Mandara et al., 2021).

1.3. Social work as the research context

This research project is situated within the discipline of social work. Therefore, to provide context, it is necessary to first define the social work profession and its relationship to DFV prevention and intervention. The global definition of social work, developed by the International Federation of Social Workers (IFSW) (2014), is as follows:

> Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing. (para. 2)

The author is a social worker and professional member of the Australian Association of Social Workers (AASW). As a values-based profession, social work aims to improve individual and community wellbeing at the micro, meso and macro levels to achieve social justice. Social workers will operate across social, cultural and physical environments to help develop and improve human functioning and address the systemic issues that result in disparities and injustices (AASW, 2020).

To practise social work in Australia, individuals must hold a four-year bachelor's degree or a two-year master's degree in social work (AASW, 2023). To qualify for a master's degree, students must hold a three-year undergraduate degree that includes the equivalent of one-year full-time study in the behavioural or social sciences (AASW, 2023). Central to the social work degree is the 1,000 hours of field education in two different fields of social work practice (AASW, 2023). The intent of this is to give students the opportunity to integrate praxis (the process of embedding classroom learning into practice) (Kourgiantakis et al., 2020), receive supervision (Ayala et al., 2018; Gushwa & Harriman, 2018) and learn by observation (Bogo, 2015). It is also an opportunity for students to be observed to ensure that they demonstrate the necessary social work practice competencies (Beddoe et al., 2011; Bogo, 2015). The curriculum is designed with the aim of nurturing graduates who can practise in alignment with the profession's core values.

1.3.1. Social work and domestic and family violence

Social workers are inevitably required to work at the interface of DFV across various practice settings. While specialist DFV practitioners are necessary, social workers in other practice contexts also require the skills to respond to DFV (Mandara et al., 2021). This requires all social workers to possess graduate competencies that enable them to navigate the complexities of DFV (Mandara et al., 2021; Meyer & Frost, 2019). To develop DFV-specific skills, comprehensive DFV training must be an integral component of social work curricula. Without this, the 'absence of ineffective corrective knowledge' (Hawkins, 2007, p. 1) may mean that the values of individuals are at odds with those of the profession. Inadequate knowledge about DFV among social workers poses a significant risk to those affected by DFV, including exposing them to feeling further disempowered, unsupported or discouraged to seek-help (Danis & Lockhart, 2003; Fedina et al., 2018; Frank & Golden, 1994; Hawkins, 2007).

In Australia, the AASW's position on the role of social workers in DFV prevention and intervention is clear. The AASW (2023) emphasises the integral role of social workers in delivering safe support and interventions to DFV victim-survivors across every area of social work practice. In each instance, social workers must possess the necessary skills to identify and respond to DFV sensitively and appropriately. The AASW's commitment to addressing all forms of violence is grounded in three core ethical values: respect for persons, social justice and professional integrity (AASW, 2020). This commitment is further guided by the principles outlined in the United Nations Convention on the Elimination of All Forms of Discrimination against Women (United Nations,1979) and its Declaration on the Elimination of Violence against Women (United Nations,1993).

The AASW has developed the ASWEAS (AASW, 2023), which sets out the principles and standards for social work education in Australia. This includes the standards established to prepare social workers for addressing DFV. Thus, tertiary social work programs are required to cultivate the requisite skills and knowledge for social workers to respond to DFV in practice (Victorian State Government, 2015). High-quality academic training in DFV significantly enhances graduates' readiness to address DFV (Black et al., 2010; Danis & Lockhart, 2003; Fedina et al., 2018; McMahon et al., 2013; Postmus et al., 2011; Tower, 2003; Warrener et al., 2013). By cultivating the right attitudes, beliefs, knowledge and professional skills to respond to

DFV during their degree, social workers will be better equipped to translate structural and critical theories of inequality, power and oppression into practice and respond to DFV in accordance with the core social work values.

1.3.2. Simulation in social work

Novel approaches to enhancing the competencies of social work graduates, including in the context of DFV, are becoming increasingly prevalent in curriculum development (Harris & Newcomb, 2023; Jefferies et al., 2022). One such approach is the use of simulations that present lifelike scenarios, giving students the opportunity to apply their knowledge and problem-solving skills in practice. Further, they provide student's opportunities to engage in reflection-in-action (Jefferies et al., 2022; Nimmagadda & Murphy, 2014). Simulations can be conducted in a multitude of ways, but most commonly approaches adopted will include in person using actors, their social work peers or with the use of virtual technologies (Baker & Jenney, 2023). While there are many means of providing both in-person and virtual simulation-based pedagogies, methods such as virtual reality (VR) can offer different or distinct advantages because of their unique capabilities (Huttar & BrintzenhofeSzoc, 2019). Either way, simulations used in social work pedagogy in conjunction with instructional support show potential as a preparatory step for field education or as an integral part of field education hours (Jefferies et al., 2022).

In general, simulations may be used to address the existing deficiencies in field education arising from insufficient resources and complex caseloads, leading to limited opportunities for regular supervision, direct practice involvement and constructive feedback based on practice observations (Ayala et al., 2018; Gushwa & Harriman, 2018; Kourgiantakis et al., 2020). The implication is that students are left to confront challenges unsupported, and for some, this can be the deterrent to continue in their studies, and subsequently, a reason to choose not to enter the social work profession (Beer et al., 2021). Further, given the nature of organisational funding and the consequent compartmentalisation or siloed approach to operational responses, students may not be exposed to a wide range of practice complexities, including DFV. This is exacerbated for social work students because their placements restrict them to two distinct fields of practice. This means that students may only have limited practice exposure prior to exiting their social work training. Thus, simulation is a potential pathway to addressing these issues.

1.3.3. The problem: attitudes, beliefs, and knowledge

The National Community Attitudes Towards Violence Against Women Survey (NCAS) (ANROWS, 2017) is a comprehensive Australian survey, conducted every four years, that captures the demographic details of participants, their knowledge of violence against women, their attitudes to gender equality, and bystander actions in the Australian community. The findings of this survey reveal that many in the Australian community deny that gender inequality is a problem. Moreover, women's autonomy in decision-making in their private lives is persistently undermined (ANROWS, 2017). Other notable problematic behaviours across various levels of society include minimising, excusing, justifying, trivialising or denying acts of violence against women (ANROWS, 2017; Chester & DeWall, 2018). Additionally, Australians often have misconceptions about the nature of violence against women (ANROWS, 2017). The implications of this include the continuing prevalence of DFV and reduced rates of bystander interventions (ANROWS, 2017).

While the social work profession actively strives to ensure that social workers are able to effectively respond to DFV in practice, social workers' unexamined socially constructed world views can mean that they reinforce problematic discourses in practice (Colarossi, 2005). As examined in this thesis, there is evidence to suggest that social workers may possess implicit or explicit attitudes that perpetuate DFV, have an oversimplified understanding of DFV or engage in victim blaming (Black et al., 2010; Cleak et al., 2021; Cowan et al., 2020; Danis & Lockhart, 2003; Fedina et al., 2018; McMahon et al., 2013; Pelkowitz et al., 2023; Postmus et al., 2011; Robbins & Cook, 2017; Tower, 2003; Warrener et al., 2013). The consequences of this are a misalignment with the principles of the social work profession and the significant negative ramifications for those marginalised and oppressed by DFV. These findings suggest that there is room to further improve the preparation of social workers to effectively address DFV in practice (Black et al., 2010; Danis & Lockhart, 2003; Fedina et al., 2018; McMahon et al., 2013; Postmus et al., 2011). A pathway to realising this objective is through examining the teaching approaches adopted in tertiary social work curricula.

1.4. Research aims and objectives

The overarching aim of this design-based research is to develop procedural knowledge about how to develop a VR simulation for social work curricula to support social work students to be educated about DFV. Design-based research requires a staged approach. In this thesis, this staged approach was informed by the following objectives:

1. Identify the scope of the problem by examining the readiness of Australian social worker graduates to respond to DFV.
2. Explore existing immersive virtual simulation approaches used in social work education to educate students about DFV.
3. Develop procedural knowledge in designing VR simulations for social work education about DFV.

The first two stages of the study were necessary to inform the design of the VR simulation. The overall goal of the study is for the author to develop procedural knowledge to support social work educators to replicate or build on the VR simulations. It is also anticipated that this knowledge about the design of VR simulations and their future implementation will provide scaffolded learning opportunities for social workers to effectively address DFV in practice (a required graduate attribute for social workers).

This thesis makes the following contributions to the field of social work:

- This thesis fills a gap in the Australian literature by examining the readiness of social work graduates to respond to DFV.
- It provides insights into the pedagogical development and implementation considerations of VR simulations, used to enhance social work education about DFV.
- The VR simulation will be developed to provide more experiential teaching opportunities to educate social workers about DFV. This aligns with prevention efforts against DFV and aims to equip a greater number of social work graduates with the skills needed to address this complex issue in professional practice.
- The VR simulations designed during this study aim to contribute to the enhancement of career ready social work graduates that will be more employable as a result (supporting employability strategies implemented

across most Australian universities, including the University of Southern Queensland).

- Finally, this study supports the strategies identified in the National Plan and the recommendations of the Royal Commission into Family Violence (RCFV) (Australian Government, 2022; Victorian Government, 2015). The study seeks to inform prevention and intervention efforts, as set out in the National Plan, by developing training resources about DFV for social work graduates who enter the sector.

1.5. Study significance

Tertiary institutions such as universities are fundamental in DFV prevention and intervention efforts as set out in the National Plan (Australian Government, 2022). Social workers, who are initially trained through university education, play an essential role in the community response to DFV. This is supported by the RCFV recommendation to include 'working with family violence' as a core subject in all social work degrees (Victorian State Government, 2015, p. 203). The RCFV has also recommended that all family violence practitioners working in funded services have a social work or equivalent qualification by 2020 (Victorian Government, 2015). Therefore, it is critical that preservice social workers are provided with adequate training in DFV during their university studies.

While well-intended social work practice standards exist, exactly how this equates to graduate readiness to respond to DFV in Australia is unknown. This is because there is a notable dearth of empirical studies on the readiness of social work graduates to respond effectively to DFV. This concern is further exacerbated by findings that reveal that even experienced social workers can respond ineffectively to DFV in practice, alluding to the presence of individualistic perspectives that take precedence over systemic conceptions of the origins of and responses to DFV (Cleak et al., 2021; Cowan et al., 2020; Mandara et al., 2021; Pelkowitz et al., 2023). Notably, ambiguity remains concerning the direct correlation between these responses and the DFV training acquired during tertiary social work education.

International studies have also identified deficiencies in social work curricula, which may have implications for the preparedness of social workers to address DFV in practice (Black et al., 2010; Danis & Lockhart, 2003; Fedina et al., 2018; McMahon et al., 2013; Postmus et al., 2011; Tower, 2003; Warrener et al., 2013). This is

concerning because despite the existence of international social work education standards, graduates' readiness to respond to DFV continues to be problematic. This research aims to fill the gaps in the literature by examining the education and preparedness of Australian social work students and recent graduates from AASW-accredited social work programs to respond to DFV. This is also necessary to fulfill the requirements of design-based research, an approach that identifies the need to first understand the problem area (Hoadley & Campos, 2022). Given the evidence for the need to develop graduate readiness to respond to DFV, it is important to obtain information about the current attitudes, knowledge, and preparedness of graduate social workers in Australia. The findings from this study are significant for informing future pedagogical development to support social workers' readiness to respond to DFV. They were also necessary to inform the VR simulations designed during this study.

Social work education continues to improve, and innovative approaches such as immersive virtual simulation-based technologies are attracting increased attention. While the application of VR simulations for DFV in social work have not been extensively explored, their potential has gained traction. This research seeks to uncover the design processes and inherent considerations needed to develop VR simulations for university social work curricula in the context of DFV. The findings from this study will offer a blueprint for educators and curriculum developers, providing further design insights for the emerging but promising use of VR simulations to support education about DFV in social work. The overarching aim of the study is to support the education of social workers to effectively address DFV in practice. Not only does this build on the mission of social work to attain justice for those oppressed by DFV, but it will also aid in DFV prevention efforts, as set out in the National Plan (Australian Government, 2022).

1.6. Research question

The overarching research question for this thesis is: How can VR simulation experiences be designed for tertiary social work curricula to support the education of social work students *with respect* to DFV?

The specific ***research questions*** pertaining to each study presented in this thesis are as follows:

- *Study 1:* What are Australian social work university students' or newly graduated social workers (five years post-graduation) attitudes, beliefs, knowledge, and competence about DFV?
- *Study 2 Research Question:* What are current examples of virtual simulations and how are they used to educate social work students about DFV?
- *Study 3 Research Question:* How is VR technology designed to create an immersive and realistic learning simulation about DFV practice for university social work curricula?

To answer the research questions, a mixed-methods exploratory design approach was employed, comprising three distinct studies. Study 1 involved a quantitative analysis of Australian graduate social workers' readiness to respond to DFV in terms of their knowledge, attitudes and beliefs. Expanding on this, Study 2 is a comprehensive scoping review of the use of virtual simulations to educate social workers about DFV. As shown in Figure 1.1, the findings from Studies 1 and 2 informed the development of the VR simulations in social work education. Thus, Study 3 provides procedural knowledge on the development of immersive 360-degree VR simulations focused on DFV. This VR experience aims to provide a realistic depiction of DFV that social workers may encounter in practice. The design of the VR simulations was informed by qualitative research that captured key themes and considerations.

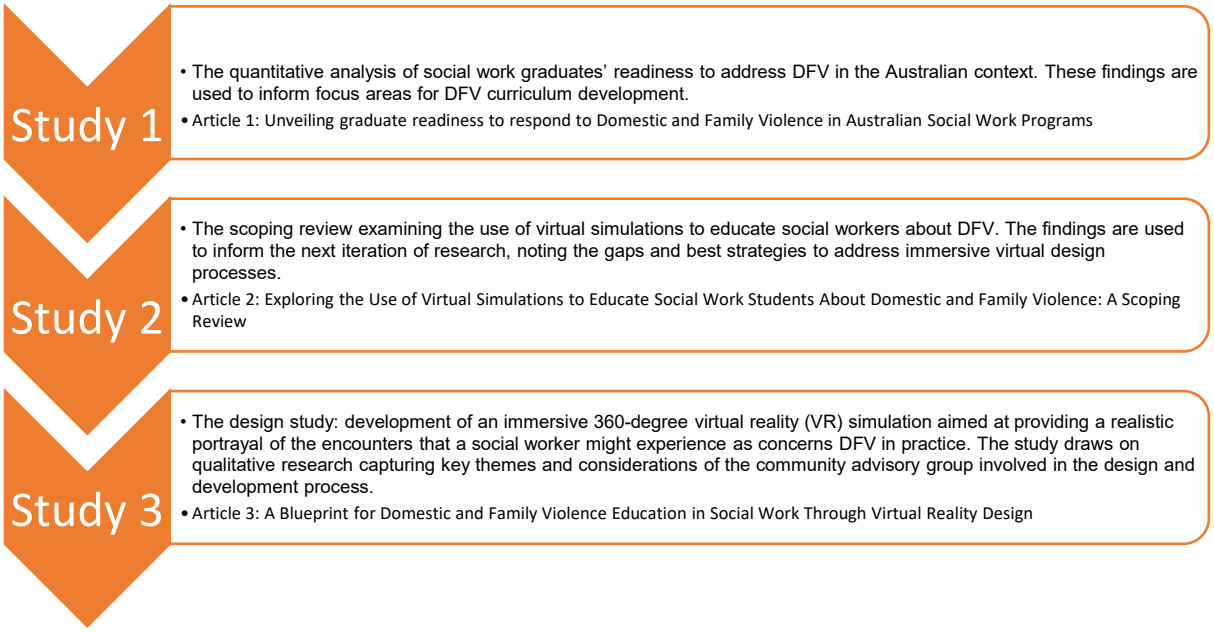

Figure 1.1 Iterative design process

This thesis by publication includes one article accepted for publication and two articles submitted to journals for review. Article 1 is a scoping survey entitled 'Unveiling graduate readiness to respond to domestic and family violence in Australian social work programs', published by the British Journal of Social Work in 2024. Article 2 is entitled 'Virtual simulations to educate social work students about domestic and family violence: A scoping review', which is currently under review by the Journal of Social Work Education. Article 3, entitled 'A blueprint for domestic and family violence education in social work through virtual reality design', details the design of the VR simulation and provides details of the design-based research approach. An abstract was submitted and accepted by Advances in Social Work and Welfare Education: special issue on simulation in social work in 2023. The full article was submitted in 2024 and is currently under review.

1.7. Thesis structure

The content of this thesis is organised into three sections. The first section provides the theoretical foundations and conceptual framework and is reflected in Chapters 1 (Introduction) and 2 (Literature review). This section contextualises the research problem, defines the key terms and concepts, discusses contemporary practice issues and highlights the significance of the study. It lays the groundwork to assist readers in understanding the broader context of the research.

The second section pertains to the research design and findings, including the research methodology employed (Chapter 3), the scoping survey presented in Article 1 (Chapter 4) and the scoping review presented in Article 2 (Chapter 5). This section details the design-based research methodology adopted, the underlying philosophical assumptions, the chosen data collection and analysis methods and the findings. Further, this section offers insights into how the research evolved and progressed, detailing the iterative methods utilised throughout the exploratory design-based study.

Section 3 provides a synthesis of findings and implications. The findings reported in Chapters 4 and 5 are synthesised to inform the exploratory design of the VR simulation tool for DFV education (Article 3 and Chapter 6). This section culminates with an overview of the key findings and their implications for practice, particularly their potential to advance DFV education within social work curricula (Chapter 8). The unveiling of the design findings paves the way for new scholarly contributions in the field.

1.8. Summary

This chapter discussed the necessity for social work graduates to have a thorough understanding of DFV in their professional practice. Tertiary institutions are essential in equipping social work students with the necessary skills and knowledge to prepare them for the complexities of DFV work. However, there is evidence to suggest that there are gaps in social workers readiness to respond to DFV. This is evident primarily in international research, but some recent Australian studies allude to possible gaps in social work graduates' readiness to respond to DFV. The study aims to narrow this gap by generating new knowledge and insights regarding the preparedness of graduates to address DFV in Australia. Next, the chapter introduced the use of virtual simulations to bridge the gap between education and practice regarding DFV. This research seeks to share insights about the procedural knowledge attained to create an innovative approach to support the development of social workers' competencies in responding to DFV during their tertiary studies. The research significance, aims and questions were also established. Chapter 2 reviews the existing literature to further contextualise the research problem and impetus for the study.

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

This chapter critically reviews literature and research about DFV and social work education. It aims to ground the reader in knowledge of the broader landscape of social work education about DFV. The chapter is organised into six sections, which focus on theories of causation, the empirically identified drivers of DFV, the current state of social worker readiness to respond to DFV, a historical review of social work responses to DFV and systemic influences in social worker readiness to respond. The review then presents evidence about the current state of knowledge about DFV in social work education. Theories of learning are also examined in this section.

This literature review was conducted using the University of Southern Queensland's (UniSQ) social work databases, including but not limited to AIHW, ABS, EBSCOhost, Informit, Sage Journals, Taylor & Francis Online and Wiley Online library. Keywords included 'domestic and family violence', 'domestic violence', 'intimate partner violence', 'abuse', 'social work', 'social worker', 'social work education'. Other variations of these concepts were also explored to gather articles about DFV and social work education. In addition, books and book chapters were reviewed to provide further theoretical and historical context for this study. This review provides the background for the study by identifying gaps in social work readiness to respond to DFV. This has been used to guide the future direction of the thesis.

The National Plan (Australian Government, 2022) is the agenda to end DFV in Australia. The agenda depicts four key principles requiring redress: prevention, early intervention, response, and recovery and healing (Australian Government, 2022). Effectively, the National Plan identifies ways to respond to DFV across primary, secondary and tertiary levels (Australian Government, 2022; Salter & Gore, 2020). Social workers play a pivotal role in these endeavours. These sentiments are evident in recommendations made by the RCFV in which it is acknowledged that all individuals working in funded DFV services have a social work or equivalent qualification. Further, the RCFV recommends that all social work programs dedicate an entire course to DFV practice within the curricula (Victorian Government, 2015). This highlights the significance of social work in supporting the mission to prevent

DFV in Australian communities but also the importance of developing competently skilled social work practitioners to aid in this endeavour. To effectively establish how to best respond to DFV, it is necessary to first comprehend the underlying factors that contribute to causes of DFV.

2.2. Theories of causation

Building an awareness of theories of causation and DFV aids in developing insights about the nature of DFV, and following, the strategies that can be useful in response. Social workers must understand theories of causation in this context because this helps to guide practice responses (Meyer & Frost, 2019). The theories available to understand DFV are many and varied, and the value base underlying one theory, can be different from another. Being critical in the review of the theories of causation is necessary to ensure that there is theoretical and practical alignment with social work's core value base. Being subjective about the various ways that DFV can be understood enables social workers to be open to different perspectives, which is a necessary requirement in social work when considering individuals within their broader environment (AASW, 2020; Hawkins, 2007). The following section presents an overview of the causal theories used to explain DFV. These theories are categorised as follows: individual-level, family-level and societal-level informed theories.

2.2.1. Individual-level theories

Individual or psychological theories are those that depict individual-level risk or individual pathologies as causal in DFV (Meyer & Frost, 2019). For example, proponents of individual level theories might contend that mental health issues or substance misuse are causal factors in the perpetration and victimisation of DFV. In such instances, it is argued that people who use violence do so because of lowered inhibitions, and following, an environment that is more conducive to conflict (Sasseville et al., 2022). For victim-survivors of DFV, individual-level frames of reference would view mental health and substance misuse as causal factors in victimisation because individuals are less likely to seek support or because there are more likely to be increased familial stressors (Sasseville et al., 2022). Social learning theory (SLT) is an example of a person-level theory in which DFV is understood to occur because of intergenerational exposure to family violence in childhood, which is

also referred to as ‘the intergenerational transmission of violence’ (Bandura, 1973; Renzetti et al., 2001). SLT argues that behaviours are learned through observation and imitation (Bandura, 1973). The implications for a child exposed to ongoing DFV can explain the perpetration or victimisation of DFV in adulthood (Meyer & Frost, 2019). However, a noted discrepancy in SLT is attributed to the unexplained differences in those who are exposed to DFV in childhood yet do not go on to perpetrate DFV nor become a victim of DFV. Nonetheless, SLT remains popular in understanding causes of DFV at a micro level in practice (Finfgeld-Connett, 2014).

Learnt helplessness or battered woman syndrome, an extension of SLT, describes people as being conditioned to believe that they are unworthy of a better or different outcome (Seligman, 1972). Lenore Walker (2009) posits that women may stay in relationships characterised by DFV because of learnt helplessness. This learnt helplessness results from repeated but unsuccessful attempts to placate their partners’ acts of DFV. This, in turn, makes them feel incapable of ending the abuse. This leads to feelings of depression and a sense of powerlessness, which is identified to stem from the perpetrator’s behaviours and their desire for absolute control (Walker, 2009). Learnt helplessness becomes problematic when it forms a significant part of the victim-survivor’s core identity. This can lead to a reduction in help-seeking behaviours and an increase in isolation. The result is heightened acts of DFV that increase in both severity and frequency (Meyer & Frost, 2019).

Rational choice theory (RCT) or exchange theory proposes that individual actions and behaviours are influenced by an evaluation of benefits exceeding costs (Boudon, 1998; Meyer, 2012; Meyer & Frost, 2019). Rational decisions are thought to be grounded in moral judgements and reasoning. Noteworthy is that proponents of RCT purport that moral reasoning is less developed in women (Friedman, 1995; Meyer, 2012). Applied to DFV, a person drawing from RCT or exchange theory, might argue that individuals perpetrating DFV do so according to an assessment of what they believe they have most to gain. Some argue that it is the sense of power in status that perpetrators gain in enacting acts of DFV and this weighs more than anything else they risk losing (Meyer & Frost, 2019). RCT can also be applied to victim-survivors’ decision-making in whether to stay or leave relationships characterised by DFV. For victim-survivors, the decision to stay in an abusive relationship may be a direct result of the threats made by perpetrators, such as the fear of losing their children or stability in their life. In such instances, victim-survivors

typically believe that whatever they risk losing in remaining in the relationship will be far greater than if they choose to leave (Meyer, 2012). This theoretical response has been primarily used to inform understandings of why women might stay in relationships characterised by DFV. It is also useful in guiding intervention responses for women (Meyer, 2012).

Social disorganisation, social control, self-control or social isolation theories similarly depict the causes of DFV as attributable to the disruptions in social bonds or emotional attachments that occur in childhood (Hirschi, 1998). They claim that adverse childhood experiences, such as low socioeconomic status, poverty, or social isolation, can affect the development of these emotional bonds between parents and children, and this can result in the development of weakened social bonds in adulthood (Hirschi & Gottfredson, 1994; Meyer & Frost, 2019). These social bonds are important because they are argued to serve as a deterrent to problematic behaviours, because when individuals lack attachment, acts of violence in relationships may develop because of correlated levels of low self-control (Zozula et al., 2021). In this scenario, individuals prioritise immediate gratification over potential negative consequences, displaying impulsivity and a lack of goal-directed behaviour (Meyer & Frost, 2019). These theories have also been used to explain bystander behaviour. Costello and Hope (2016) argue that individuals who have higher levels of social control and self-control are more inclined to deter their friends from engaging in problematic behaviour, nurturing healthier responses instead. Where levels of social control and self-control are low, the opposite is said to be true and bystander intervention in DFV less likely.

2.2.2. Family-level theories

Family-level theories denote that DFV is caused by worsening conflict within the family unit. The intersecting family roles and dynamics within the family unit are of key consideration in family-level theories (Meyer & Frost, 2019). There are a few examples of family-level theories but the most notable in explaining DFV is general systems theory (GST) as proposed by Straus (1974). GST explains that DFV is the result of a complex feedback system in which tension and conflict are inevitable (Straus, 1974). This happens because of a misalignment or shift in goals and priorities between members of the household (the subsystems) and those of the broader family unit (the system) (Meyer & Frost, 2019). The function of the family

system also relies on a family power structure (Hawkins, 2007; Meyer & Frost, 2019). Where there is a greater acceptance or permissiveness of violence in societies, violence can be socialised and subsequently accepted in families to support function within the family system (Meyer & Frost, 2019). Other social stressors, such as low socioeconomic status or problematic cultural norms, can also exacerbate issues in the functioning of the family system (Hawkins, 2007).

A subculture of violence theory recognises that implicit and explicit attitudes, beliefs and cultural practices supportive of violence within society are responsible for the incidence of DFV within family systems (Sasseville et al., 2022). Meyer and Frost (2019) define the subculture of violence theory as 'frequent exposure to violent norms and attitudes [that] desensitises the individual, normalising violence in their lives' (p. 27). This theory can help to explain why certain cultures that have experienced war may have higher rates of DFV within relationships (Sasseville et al., 2022).

Resource theory, as explained by Kaukinen (2004), posits that the family unit is built on a system of power: power that is attained through having the highest acquisition of resources. Traditional gender roles, in which men stereotypically serve as the main providers of financial assets, property and other material resources, create a power imbalance within the family structure. This imbalance can create an environment that is conducive to DFV (Meyer & Frost, 2019). Alternatively, in situations in which family roles deviate from traditional social norms and women achieve more success in their careers or have a higher income, resource theory explains that men might resort to acts of DFV to maintain dominance within the relationship (Meyer & Frost, 2019).

2.2.3. Societal-level theories

Societal-level theories explain victimisation and perpetration of DFV as being the result of broader social, cultural and structural factors. For example, feminist theory contends that DFV exists because patriarchy prevails (Kiguwa, 2019). It is a theory grounded in the recognition that causes for oppression stem from gendered biases and patriarchal systems that promote individualism and equality of outcome (Healy, 2014; Saulnier, 2000). Feminist theory attributes the causes for DFV as being the result of the continued oppression of women in societies (Meyer & Frost, 2019). Social systems are perceived to cultivate and uphold patriarchal norms, which

are argued to create or legitimise power imbalances in relationships (Sasseville, 2022). Feminist theory helps to explain the disproportionate rates at which DFV is inflicted on women nationally and internationally (WHO, 2021). Addressing DFV is thought to be achieved through macro-level collective action and the transformation of systems that promote patriarchy and the oppression of women (Healy, 2014).

Intersectionality, a central tenet of thought in feminist theory and other system-level theories, challenges homogenised constructs of DFV, especially constructs about how DFV is experienced. The overarching premise of intersectionality is to support the development of understanding about the complexity of social identities (age, sex/gender, race, disability and sexual orientation) in the production and reproduction of inequality and privilege by using an integrated approach (P. Collins, 2019). Intersectionality is useful in understanding how women and other marginalised groups are positioned within multiple axes of power, which, in turn, render the causes and experiences of DFV multifaceted (Kiguwa, 2019). It is especially helpful in challenging assumptions that DFV victim-survivors belong to homogenised groups that have the same needs or experiences. Therefore, adoption of an intersectional lens is important, especially in social work, to build insight into the diverse and varied experiences of those affected by DFV (Sasseville et al., 2022).

Ecological theory is a well-established societal theory of causation. It describes the cause and experience of DFV as positioned within layers of individual, socioeconomic, family, community and sociocultural factors (Bronfenbrenner, 1979; Hawkins, 2007; Sasseville et al., 2022). Ecological systems theory draws on a combination of individual, family and societal-level theories to explain the prevalence of DFV. It does not preference one theory over another but simply acknowledges the complex interplay of micro, meso, macro and exo system level influences in the development of DFV (Meyer & Frost, 2019).

The theories presented demonstrate the many ways that DFV exists. No single theoretical approach captures the complexities and causes of DFV. It is important that social workers are exposed to this basic understanding during tertiary training. However, it is also important that social workers are adequately exposed to theories that help to explain the gendered nature of DFV, especially those that attribute the cause of DFV as a result of the social inequalities that disadvantage women and other marginalised individuals or groups of people (Our Watch, 2015).

This is particularly important in understanding the disproportionate rates that women, and other marginalised groups, experience DFV (WHO, 2021). Therefore, social work would benefit from returning to feminist theoretical frames of reference (also notably grounded in intersectionality), which is useful in ensuring that the systemic redress of DFV is prioritised. For this reason, feminist theory is used as a guiding theory in this thesis. This is necessary for engaging in prevention efforts that align with the mission of social work, especially in the attainment of social justice (AASW, 2020). As is explored further, this is a declining focus of social work responses, particularly in the current neoliberal climate. To further exemplify the necessity of feminist theory being used to examine DFV in social work, the author next depicts the evidence-informed causes of DFV.

2.3. Drivers of domestic and family violence

Addressing the causal factors noted to contribute to and reinforce the prevalence of DFV is at the forefront of contemporary Australian public responses concerning prevention efforts (Department of Social Services, 2022). Gender inequality is identified as a social condition that enables DFV to exist (Our Watch, 2015; United Nations, 1993; WHO, 2013). The ways in which gender inequality is expressed across social contexts includes condoning of violence against women, rigid gender stereotypes, victim blaming, objectification of women, any behaviour or attitude that normalises disrespect of women and lack of knowledge about which behaviours or acts constitute contemporary understandings of DFV (ANROWS, 2017; Our Watch, 2015).

Evidence suggests that there is a strong correlation between the incidence of DFV and attitudes, beliefs or behaviours that condone this in the first instance (Flood & Pease, 2009). Condoning attitudes or beliefs can occur across societies and systems, within communities and at individual levels and include minimising, excusing, justifying, trivialising or denying acts of violence against women or behaviours that misplace blame (e.g. a victim is blamed for the violence perpetrated against them; ANROWS, 2017; Our Watch, 2015). Evidence suggests that social norms that support or condone violence against women are problematic because they tend to be associated with higher prevalence rates for DFV (Flood & Pease, 2009; Phillips & Vanderbroek, 2014) and result in victims' reluctance to disclose (Schmidt et al., 2023) and lowered rates of bystander intervention (Our Watch,

2015). In a qualitative study conducted by Zhen et al. (2022) in Mexico, victim-survivors, treating social workers and medical practitioners thematically described several factors contributing to the increased risk of perpetrating or experiencing DFV in their communities. This included poverty, changing gender roles and the normalisation of violence and abuse. Subsequently, participants identified that violence was everywhere within their communities and most felt that there was subsequently little hope for immediate change (Zhen et al., 2022).

Rigid gender stereotypes are socially constructed beliefs or assumptions about the types of roles, behaviours or identities to which a person should conform as aligned to their respective gender or sexuality (Our Watch, 2015). Gendered stereotypes traditionally have been underpinned by social pressure to conform to binary notions of masculinity or femininity (United Nations Human Rights, 2014). Therefore, traditional gendered stereotypes, such as women being viewed as the nurturer and 'mother' and men as the main breadwinners, generate gender stereotypes that contribute to power imbalances and an engendered climate of violence against women (AASW, 2011; United Nations Human Rights, 2014). These stereotypes have been linked to an increased acceptance of ownership and control, in which women's independence is restricted and men's control in decision-making justified (Department of Health, 2020; Laing et al., 2013). This is evidenced in a study conducted by Our Watch (2019) in which men who adhered to rigid roles of masculinity, such as a need to be tough, dominant and in control, were more likely to employ violence towards women (Our Watch, 2015, 2019).

A study by Murshid and Critelli (2020) investigates the results of a national survey involving 14,000 households in Pakistan. The study finds that women who expressed familial conditions that conformed to patriarchal norms or family roles that reflected the man as the primary decision-maker in the home were 2.29 times more likely to report experiencing DFV in their lifetime. Fleming et al. (2015) suggests that the demands of adhering to traditional gender expectations and upholding a rigid masculine identity can create distress in relationships. Consequently, men may resort to violence as a strategy to cope and preserve their social position in society. They do this because they perceive these behaviours to be more socially acceptable and symbolic of their masculinity.

Any behaviour or attitude that normalises disrespect of women is said to contribute to the occurrence of DFV. This includes responses in which women are

objectified, reduced to objects of sexual gratification or pleasure or devoid of thought or feeling (Our Watch, 2015). It occurs directly and indirectly and is presented in many forms, including through media representations or song lyrics that sexualise women, notions of 'mateship' and jokes that reinforce negative gender stereotypes (Motivating Action Through Empowerment, 2022). In each instance, such behaviours contribute to pervasive power imbalances in which women are treated as objects or as being less than their male counterparts (Our Watch, 2015). As stated by Our Watch (2015), 'disrespect for women and inequality creates a culture where violence against women is normalised and accepted. Not all disrespect ends in murder, but all situations of gender-based violence start with disrespect' (p. 31).

Finally, lack of knowledge about what behaviours or acts constitute contemporary understandings of DFV also drives the phenomena. This risk is further exacerbated by poverty, limited access to resources and education on the topic (Zhen et al., 2022). The reason is twofold: those experiencing DFV may not have knowledge of what is considered acts of DFV, subsequently reducing the likelihood of seeking support, and those perpetrating may not believe that their behaviours are wrong (ANROWS, 2017; Flood & Pease, 2009; L. Wang, 2016). In their analysis of the Pakistan national survey, Murshid and Critelli (2020) discover that individuals who had higher levels of education were less likely to report ever having experienced DFV within their lifetime, unlike those who had no prior formal education. This also extends to bystanders because without knowledge of what can be considered behaviours of DFV, it is difficult to know what the risk factors for DFV are and how to support those affected (ANROWS, 2017; Our Watch, 2015; L. Wang, 2016). Social workers, because of the nature of their roles, have the capacity to influence bystander and direct-service responses to DFV, addressing this lack of awareness within communities and among the marginalised groups they support.

2.4. Current state of social workers and DFV

When the driving factors of DFV are evident in social workers' responses, it can have devastating implications for victim-survivors, who often encounter social workers as an early point of contact. Worldwide, there is empirical evidence that suggests that social workers can lack the necessary skills and knowledge to effectively address DFV. Furthermore, there appears to be a concerning gap in social workers accepting that DFV is associated with broader issues of oppression,

particularly as concerns gender relations. This suggests that social workers may be drifting from the core principles of the profession, particularly social justice (AASW, 2023). What is concerning is that, rightly or wrongly, social work is currently an unregulated profession in most states of Australia (Tangney & Mendes, 2022). This means that social work responses may not be aligned to the values of the profession and yet there is no means to hold social workers who are not members of the AASW accountable for this. The section that follows presents the current state of social workers' responses to DFV, on an international and national level, and aims to guide strategies for redress moving forward.

2.4.1. Attitudes and beliefs

Socially constructed worldviews influence social work practice responses. No practitioner is exempt from this, and for this reason, social workers seek to develop skills in critical reflection to ensure that they develop an awareness of 'self' in their practise. However, if unexamined, social workers can perpetuate problematic attitudes or beliefs (Colarossi, 2005). Recognising this is necessary because biases and stereotypes can affect how social workers provide support to victim-survivors of DFV or how they engage in system-level advocacy (Colarossi, 2005; Fedina et al., 2018). Empirical evidence suggests that some social workers have adopted problematic attitudes when responding to victim-survivors of DFV. For instance, Black et al. (2010), Danis and Lockhart (2003) and McMahon et al. (2013) identify that United States of America (USA) social work students adopt oversimplified definitions of DFV, characterising women as those who choose to stay or leave DFV relationships. They also found that USA social work students believed that victim-survivors could simply 'leave' if they wanted to, nor did they acknowledge systemic influences as reasons for needing to remain in relationships characterised by DFV.

Another study conducted by Robbins and Cook (2017) in Manchester, United Kingdom, finds that women who had been subjected to DFV had experienced feeling stigmatised by social workers within child protection systems. In such cases, social work attitudes left victim-survivors feeling accountable for the abuse they experienced or unsupported in their efforts to overcome it (Robbins & Cook, 2017). Kane et al. (2011) investigate the readiness of USA social work and criminal justice students to respond to elder abuse. Using vignettes and a self-administered survey with 152 students, the researchers find that most students understood elder abuse

as DFV; however, the age of the characters in the vignettes influenced how they measured the severity of risk. The authors of this study suggest that these responses could be attributable to ageist beliefs or opinions among social workers, which may affect their ability to appropriately respond to or intervene in elder abuse. In a qualitative study conducted in Madrid, Martin et al. (2022) discovers that women facing DFV encounter obstacles when trying to access supports that are serviced by social workers, psychologists, nurses and psychiatrists. The study reveals that discriminatory attitudes and responses lacking in sympathy or empathy are prevalent in these service provider responses.

These attitudes are problematic because they can lead to interventions that minimise risk or prioritise individualised therapeutic responses at the expense of systemic strategies (e.g. advocating for policy changes; Black et al., 2010; Danis & Lockhart, 2003). Such perspectives tend to disregard the potential influence of broader social structures on the choices made by victim-survivors. The implication is that women bear some degree of complicity in the cause of the violence, or at least are responsible for failing to stop it. This is at odds with the social justice mandate of the social work profession, as it fails to recognise systemic influences on decision making, which makes decision-making harder and less within an individual's control (AASW, 2020).

2.4.2. Knowledge

There are noted gaps in the literature about social workers' knowledge and understanding of DFV (Fedina et al., 2018; McMahon et al., 2013). These knowledge gaps concern how DFV is defined, especially the extent to which social workers grasp the broader societal context of 'gender-based oppression' (Colarossi, 2005; Cowan et al., 2020). A qualitative study conducted by Garcia-Quinto et al. (2020) examines the effectiveness of social work responses to DFV in healthcare contexts in Spain. The findings reveal that social workers lack sufficient training about DFV and, subsequently, there was a lack of knowledge about how social workers could best respond to DFV in this area of social work practice. Alternatively, a cross-disciplinary study, inclusive of the population of social work, evaluates 216 healthcare survey responses to elder abuse in Japan (Yi & Hohashi, 2018). The findings from this study positively reveal that from the population of healthcare workers examined, social workers held the greatest depth of understanding of the

complexities surrounding DFV. Interestingly, years spent in professional work with elderly people, age and gender (being female) improved the outcomes across each of the scales measuring DFV knowledge, attitudes and practice efficacy.

However, a small-scale survey of 29 social workers in a remote Western Australian town in Australia identifies problems with DFV knowledge and a general lack of exposure to DFV training during university programs (Pelkowitz et al., 2023). It also finds that study participants incorrectly identified the strongest single predictor of DFV, despite the overwhelming literature identifying the answer as being female. Other gaps noted concerned understanding gender inequality as a driver of DFV (Pelkowitz et al., 2023). Several studies also document instances of social workers perceiving DFV as an isolated set of problem behaviours, as opposed to understanding that it is a persistent social interaction that is characterised by distinct patterns and functions (Cleak et al., 2021; Cowan et al., 2020; Fedina et al., 2018; Mandara et al., 2021). These worldviews about DFV are often understood to be individualised conceptions of DFV. Such views can prove problematic, particularly in social work, because they fail to account for the role of intersectionality in shaping power dynamics within relationships, in which DFV is exacerbated by socioeconomic status, race, age, disability and sexual orientation (P. Collins, 2019).

2.4.3. Professional efficacy

It is argued that individuals need to have confidence in their ability to apply their professional skills to practice. This is understood to be self-efficacy and is an influential factor in prior studies measuring DFV and social work responsiveness (Bandura & Locke, 2003; Fedina et al., 2018; Payne, 2007; Warrener et al., 2013). In the context of professional practice, this self-efficacy can also be termed professional self-efficacy (Warrener et al., 2013). Perceived self-efficacy is said to be closely linked to how an individual behaves (Bandura & Locke, 2003). Therefore, it is important that social work training focusses on building professional self-efficacy and preparedness to respond to DFV (Fedina et al., 2018; Warrener et al., 2013). An example of how this can be developed is through social work training that focusses on building an ability to confidently discuss violence, especially because avoiding such discussions can present risks to clients' physical safety and emotional wellbeing (Payne, 2007). It is also important because service users need social workers to be able to discuss DFV in a way that enables them to build a relationship

of trust with the social worker. Improving social workers' sense of professional self-efficacy in DFV is also reported to lead to better social work outcomes overall (Warrener et al., 2013). Unfortunately, there are limited studies on the professional efficacy of social workers in responding to DFV, and only two studies noted in the past 10 years. Warrener et al. (2013) explores the professional efficacy of USA social workers through a survey of students enrolled in a Master of Social Work (MSW) program. They discover that students who had higher professional self-efficacy scores were more likely to assess DFV victimisation in practice. They also found that exposure to DFV training or other professional experiences appeared to be the most significant predictors of enhanced professional self-efficacy.

Pelkowitz et al.'s (2023) Australian study identifies issues with social workers' self-disclosed confidence in responding to technological abuse, spiritual abuse and reproductive control. Although the 29 social workers involved in this study mostly reported feeling confident in engaging with clients who voluntarily reported experiencing DFV, most reported lacking confidence in asking clients questions about DFV when they were not forthcoming in their disclosures. Graduates that had completed their studies within a 10-year period were less confident than social workers who had graduated more than 10 years prior. Overwhelmingly, study participants reported feeling a sense of fear about saying the incorrect thing or fear for their client's safety. Subsequently, most participants (83%) reported wanting further education and upskilling about DFV to feel more prepared to respond to the complexities of DFV work. This included wanting to know how to better work with perpetrators.

2.5. Tracing social workers readiness to respond to DFV

To gain a better understanding of the aforementioned gaps in social worker graduate readiness to respond to DFV, an examination of historical experiences and systemic influences on social work practice is presented. Looking at the history of social work, along with existing systemic influences helps to inform the current state of social work responses to DFV.

2.5.1. Historical social work responses to DFV

The correlation between DFV and social work practice has a long history. Unfortunately, women have been reporting gaps in social work responses to DFV for some time. These gaps were previously characterised by a failure to acknowledge and address DFV as a social issue requiring public redress (Laing et al., 2013). Although international influences, such as the 'battered women's movement' driven by Ellen Pence in the 1970s, provided an understanding of DFV generally (Tierney, 1982), it was predominantly viewed through a lens that assigned responsibility to women for the abuse they endured (Laing et al., 2013). Therefore, a systemic understanding of the cause of DFV was disregarded and relationships were seen as a private matter to be resolved within the family unit (Humphreys, 2007; Robbins & Cook, 2017). These historical responses created a significant gap in the delivery of social work interventions for DFV during this period (Laing et al., 2013; Morley & Macfarlane, 2010).

The second wave of feminist activism in Australia during the 1980s resulted in a shift in societal attitudes towards women, specifically a recognition of DFV as a social discourse. This change saw social workers, and society more broadly, acknowledge the structural and social contributors of DFV, including gender-based inequalities and recognition of the influence of patriarchal social structures (Laing et al., 2013; Robbins & Cook, 2017). It was during this time that the introduction of government initiatives such as the National Agenda for Women consultations commenced (Parliament of Australia, 2015). Subsequently, social work responses began to encompass 'consciousness-raising' groups and initiatives aimed at enhancing the safety and welfare of women and children. Targeted social work strategies during this time involved providing women with practical resources and supports, such as housing, income and child care (Laing et al., 2013, p. 56). At this time, Australia also saw the establishment of the first shelter for abused women and children, led by Dr Anne Summers (Summers, 2002). While these developments were positive, inadequate reforms in the Australian criminal justice system and social works' overemphasis on immediate protection needs continued to individualise women's experiences of DFV (Meyer & Frost, 2019). This resulted in gaps in social workers' aspirational commitment to achieve social justice for women affected by DFV. The result was the continued disempowerment of women and children affected by DFV at this time (Ashcraft, 2000).

Contemporary social work in Australia aspires to prioritise the unique experiences of women while actively confronting systems that perpetuate DFV (Meyer & Frost, 2019). This is reflected in professional policies and frameworks, for example, the AASW's position statement which positions DFV as an abuse of power requiring systemic redress (AASW, 2015). Professional alignment to the social justice mission is recognised through redress of the historical blame that has been attributed to women, and a reinvigorated focus on systemic level advocacy for women affected by DFV (AASW, 2023). Aligned with critical social work perspectives, contemporary responses to DFV also acknowledge the many realities of DFV victim-survivors, such as intersectional experiences related to race, sexuality and disability (Healy, 2014; Ruddle et al., 2016). Notably, social workers are more positively recognised for their contributions to empowerment and rights-based social work in contemporary practice. This is evident in social workers' contributions to the 'Me Too' movement, which was initially coined by international activist Tara Burke in early 2006 (Rodino-Colocino, 2018). The movement focussed on building a sense of community for those who had experienced sexual harassment or assault (Jaffe et al., 2021). Social workers supported this initiative through increased advocacy efforts, and were well positioned to do so, drawing on their expertise in social justice and equity to support this cause (Donald, 2020; Mennicke et al., 2020).

Other ways in which social workers positively respond to DFV prevention efforts is through policy submissions, such as the AASW's DFV position paper that was used to inform part of the inquiry into DFV in Australia (AASW, 2011; Parliament of Australia, 2015). These policy-making initiatives were well received, used to inform the recommendations that were embedded into the National Plan (Australian Government, 2022). The National Plan has been instrumental in contributing to reforms to the way that Australians respond to DFV. Contemporary social work strategies have also positively evolved through the development of service responses that seek to hold people who use violence to account. One example is the Men's Stopping Violence Program offered by UnitingCare in Queensland (UnitingCare Queensland, 2023), a service offered by social workers and other allied health professionals, to men who perpetrate DFV. This is a significant development because historical responses that sought to solely work with women failed to effect enduring change. These contemporary social work approaches are aligned with the

AASW practice standards (2023) and code of ethics (2020), which uphold principles advocating human rights, empowerment and social justice.

Despite the positive advances and movement towards advocating for changes in the understanding of DFV within contemporary social work practice, the literature reveals ongoing problems with social work responses to DFV. Women affected by DFV continue to report that social workers make them feel responsible for the DFV incurred, which leads to further marginalisation of women and those affected by DFV (Kam, 2014; Robbins & Cook, 2017). The ongoing problems that are evident in social worker response are arguably attributed, in part, to ongoing social, political, economic and global forces. In being authentic to the mission of social work, it is necessary to unearth these systemic influences.

2.5.2. Systemic influences on social work DFV responses

Political influences, including market-driven agendas and the prevailing neoliberal climate, can introduce complexities in achieving social justice for social workers responding to DFV (AASW, 2020). Economic factors contribute to imbalances in resource distribution between men and women in Australia, leading to lower socioeconomic conditions for women and an increased risk of DFV (AASW, 2015; Australian Bureau of Statistics [ABS], 2017). Disparities in wages between men and women have been identified as a significant factor in making it difficult for women to leave relationships characterised by DFV. Financial insecurity also plays a contributing role in perpetrators being able to maintain control in the relationship (Laing et al., 2013). At a macro level, social workers advocate policy changes to address the gender pay gap, including recommending increasing the representation of women in decision-making and leadership positions (AASW, 2015; Department of Social Services, 2016). Despite these efforts, the influence of neoliberal agendas, such as free market approaches and the subsequent siloed nature of welfare services, means that there have been inadequate improvements in actualising a redress to the pay gap on a broader scale (Bockman, 2013). This allows the systemic causes of DFV to persist despite the efforts of social workers to effect change (Australian Council of Social Service, 2015; Bockman, 2013).

Global influences on social workers' aspirational commitment to redress DFV can be mapped to the United Nations Declaration of Human Rights (AASW, 2023), which acknowledges that DFV contradicts the principles of the Convention on the

Elimination of All Forms of Discrimination against Women (CEDAW; United Nations, 1979) and the Rights of the Child (United Nations, 1989). Consequently, social workers are committed to the eradication of discrimination in all its forms against women and children (AASW, 2023). However, it is also necessary to acknowledge that human rights, as defined by the United Nations, is largely influenced by Western perspectives. If not carefully reviewed, the standards established might result in practitioners imposing cultural imperialism, particularly when applied across diverse cultures (Smith & Van Den Anker, 2005). When human rights, including how DFV is defined, inform policy and policy shapes practice in Australia, social work responses risk being aligned with cultural relativism (Smith & Van Den Anker, 2005). This issue is particularly relevant when working with First Nations people in Australia. If not critically and reflexively applied, social work responses can conform to overly positivist frameworks (Morley, 2003), which may deviate from the profession's commitment to social justice, self-determination and cultural competence (AASW, 2020).

Another area of concern in the practice of social work and DFV is social works sometimes misguided commitment to conform to societal expectations of professionalism (Murdoch, 2011). As identified, social work responses to DFV have historically been complicit in conforming to dominant discourses about DFV, too heavily focusing on individualised service responses, in a bid to gain professional recognition (Murdoch, 2011). It is argued that contemporary social work responses continue to preference individualised responses to DFV in practice because of dominant social influences (e.g. the medical model) in the ongoing pursuit of professionalism (Morley & Macfarlane, 2010; Murdoch, 2011; Shepherd, 2018). This has consequences for the profession's attainment of social justice and human rights (Morley & Macfarlane, 2010). However, achieving professionalism in practice is seen as enhancing accountability and transparency, both of which are values in responding to DFV as a social worker (AASW, 2020). Therefore, it is essential that social workers more critically consider the definition of professionalism, as opposed to being influenced by external political forces, when responding to DFV in practice. Finally, within a context influenced by political, global and economic forces, social work operates within funding arrangements that are often insufficient and a climate in which welfare and power are sometimes commodified (Laing et al., 2013). Political forces also contribute to the presence of conservative climates within social work,

impacting efforts to promote equality of outcomes and continued individualised responses to DFV (Ashcraft, 2000; Laing et al., 2013; Shepherd, 2018; Tsui & Cheung, 2014). Consequently, women receiving services in the current economic climate can be exposed to further oppressive structures (Pease, 2002). This can generate consequences for social works' commitment to engaging in anti-oppressive practice (AASW, 2020). This highlights the significance of nurturing the development of social work skills, namely critical self-reflection, among social workers to ensure their alignment with the profession's principles in responding to DFV in practice. The extent to which this is effectively achieved, specifically as applied to DFV, warrants further attention. Nonetheless, this exploration highlights the complexities encountered by social workers when responding to DFV in the current neoliberal climate. The findings provide necessary insights for which to account when ideating strategies to address the issues observed in social workers' responses to DFV.

2.6. Social work and DFV education

Scholars widely agree that a link exists between the academic preparation of social work graduates and their subsequent ability to effectively address DFV once they have completed their degrees (Black et al., 2010; Danis & Lockhart, 2003; Fedina et al., 2018; McMahon et al., 2013; Postmus et al., 2011; Tower, 2003; Warrener et al., 2013). It is essential that social workers are educated about DFV during their social work degrees because training serves as a pathway to mould social work graduates, as aligned to the principles of social work (AASW, 2020). This, in turn, contributes to their readiness to address DFV effectively after completing their qualifications.

2.6.1. Australian context

The Australian Social Work Education and Accreditation Standards (ASWEAS) standards and guidelines (AASW, 2023) identify that there is a need for DFV education in social work programs. This standard reflects the commitment of the AASW to prepare social work graduates to address DFV. However, there remains uncertainty about how DFV curriculum is integrated into Australian social work programs. To gain a deeper understanding of this, a review of AASW-accredited education programs was conducted through a desktop audit. The review considered all social work programs accredited by the AASW and listed on their

website and involved an examination of university social work programs, their program structure or program handbooks and the publicly advertised course specifications advertised online. Course titles were searched, and any course that demonstrated potential alignment to DFV was examined more closely (e.g., courses that referenced child and family work, child abuse or violence broadly within program structures, were more closely examined). To be determined as a dedicated DFV course, courses needed to exemplify strong subject and objective alignment to DFV (e.g, Western Sydney University have a dedicated DFV course, evidenced through course objectives and competencies focused on building an understanding of the scope and impact of family violence, along with the range of theoretical perspectives utilised to understand family violence).

The findings reveal that of the 33 universities offering an accredited bachelor or MSW degree (Australian Council of Heads of Social Work Education [ACHSWE], 2023) 42% include dedicated DFV courses as an integral part of their core program structure. Several programs (35%) incorporate specialised DFV coursework as electives or within broader child and family coursework. It is unclear how the remaining 23% incorporate DFV content but it is likely integrated into foundational courses or elsewhere within the curriculum (AASW, 2023). Further details of the desktop audit results are featured within Paper 1.

Beyond this, very little research examining social worker graduate readiness to respond to DFV has been conducted in Australia. Of the studies reviewed, Cowan et al. (2020) and Cleak et al. (2021) investigate the readiness of hospital social workers to respond to DFV. Mandara et al. (2021) examines first contact social workers' responsiveness to DFV. Fisher et al. (2021) administers a survey to clients of clinical social work and psychology health staff in a large metropolitan hospital in Melbourne. Each of the study findings demonstrate a potential gap in social workers' exposure to university training in the context of DFV and a shift in social workers' focus towards individual as opposed to macro-level practice responses to DFV (Cleak et al., 2021; Cowan et al., 2020; Mandara et al., 2021).

Pelkowitz et al. (2023) most closely captures findings about the preparedness of social workers to respond to DFV in a remote town of Australia. They suggest a need to explore strategies that ensure that social workers receive high-quality training and practical experiences during their tertiary education to enhance their preparedness to deal with DFV effectively. Study limitations mean that the findings in

this quantitative study are not generalisable to the broader Australian social work population (study participants recruited were N = 29); subsequently, there is an insufficient breadth of social work participants to definitively determine the gaps in social work education. Nonetheless, Pelkowitz et al.'s (2023) findings expose early insights into possible gaps in training and knowledge within social work curricula in Australia. Of particular concern is the possibility that Australian social workers may have drifted from a feminist theoretical perspective and an understanding of social structures of oppression as primary contributors to DFV. Instead, there is a suggestion that social workers' might be preferencing individualistic or psychological theories of causation.

The limited research on social worker readiness to respond to DFV in Australia is a notable finding in this literature review. This gap highlights that there is a need for more research in this area, necessary to gain a better understanding of social workers' preparedness, the challenges and the potential gaps in their education. Redressing the gaps in this knowledge is necessary before any subsequent strategies that seek to redress gaps in social worker preparedness to respond to DFV can be achieved.

2.7. Enhancing social work education as a way forward

The primary objective of social work education should be to empower students with a diverse set of practice competencies. This is especially necessary to be able to adequately address DFV. Colarossi (2005) argues that foundational social work education on DFV should encompass a 'critical examination of the relative empirical support for competing theories [of causation], the development of multidimensional approaches, appropriate methods for obtaining reliable and valid data and determining the generalisability of the findings' (p. 15). In other words, DFV education should focus on cultivating an understanding of all theories of causation. Further DFV education should support students to develop a critical awareness of the dominant medical models used in practice, which are sometimes enacted and prioritised over the systemic examinations of DFV (Danis & Lockhart, 2003). Students should explore and analyse power dynamics within relationships, building an awareness of the ways that DFV manifests (Colarossi, 2005; Danis, 2016). Students should also gain the ability to recognise patterns in the behaviours of DFV perpetrators, supporting them to identify risk (Laing et al., 2013). Being competent in

conducting risk assessments is a necessary social work skillset that should be taught during their training and education (Colarossi, 2005; Danis, 2016; Fedina et al., 2018; McMahon et al., 2013; Postmus et al., 2011).

Social work education should also support learners to feel confident in being able to challenge the unjust attribution of blame persistently imposed on DFV victim-survivors (Danis, 2016). This involves supporting learners to critically reflect on their own assumptions, values and sociopolitical positioning and becoming aware of how they too might be complicit in victim blaming (Danis, 2016; Sawyer et al., 2016). Through building these skills in critical reflexivity, students can work to counteract any problematic attitudes and in turn, provide more effective and supportive responses to victim-survivors of DFV (Danis, 2016). Scholars argue that the development of these skills can be achieved through real-world practice exposure because it builds heightened awareness and professional efficacy among social work students. Practical experiences in the field (field education) offer students opportunities to apply their knowledge and skills, refine their ability to navigate complex DFV situations and make a positive impact (Danis, 2016). However, as previously noted, field education does not always enable students to be exposed to DFV, limiting assurances of being able to apply skills to practice if this is the only medium for practical experiences (Jefferies et al., 2022).

Furthermore, educational experts argue that teaching social work students about DFV goes beyond the content; it also concerns the way that the content is delivered (Allison et al., 2023; Danis, 2016; Hill, 2017). Learning is a dynamic process that involves active engagement with learning materials (Allison et al., 2023; Hill, 2017). Discussions about what makes for quality DFV education also focus on whether teaching is conducted asynchronously or synchronously and online versus in-person. Danis (2016) highlights the challenges in embedding skill-building exercises that are essential for DFV education in traditional online formats (e.g. recorded lectures or via forums) because students do not have the same opportunities for close monitoring by instructors or the opportunity to receive immediate feedback. This, Danis (2016) argues is what facilitates critical reflection, challenges assumptions, biases or attitudes contributing to victim blaming. Therefore, in-person, synchronous or other novel learning approaches are recommended. These educational settings also provide students with the opportunity

to gain feedback from their peers, which Danis (2016) argues can support the development of student competencies in addressing DFV.

Furthermore, reading and responding to case studies are found to be less effective in engaging students in DFV education because they, again, lack the opportunities for exposure to immersive experiences or in-person evaluation of their behaviour and body language (Allison et al., 2023; Danis, 2016; Sawyer et al., 2016). This makes it more challenging to assess their competency and skill level, and most importantly, for it to be possible to provide corrective teaching methods (Allison et al., 2023; Danis, 2016; Sawyer et al., 2016). Coursework that exposes students to opportunities to be exposed to 'real people' is identified to be a more effective teaching approach, because it enables students to connect with the service-users experience, and in turn, better empathise with the experiences of those affected by DFV. The development of this skill is aligned with perspective taking and respect for all individuals, both important competencies in social work practice (AASW, 2020; Harris & Newcomb, 2023; Jefferies et al., 2022; Kourgiantakis et al., 2019).

2.7.1. Simulation in social work

Informed by these teaching recommendations and the identified challenges associated with providing social work students with guaranteed DFV exposure, simulation-based teaching methods are increasingly considered an effective approach to improving education specific to DFV (Allison et al., 2023; Fisher et al., 2021; Forgey et al., 2013; Jefferies et al., 2022; Jenney et al., 2023). Simulation is defined as 'a pedagogy using a real-world problem in a realistic environment to promote critical thinking, problem solving and learning' (Nimmagadda & Murphy, 2014, p. 540). Simulation-based education is further described as a type of 'experiential learning where participants are tasked with solving complex problems in a controlled environment through replicated "real-life scenarios"' (Momand et al., 2022, para. 1). Simulation-based education or teaching can present in many forms, including but not limited to role plays, case studies, standardised patients, simulated environments, virtual reality (VR) or multi-actor simulations (Huttar & BrintzenhofeSzoc, 2020; Trahan et al., 2019). Different simulation mediums have varied levels of effectiveness as concerns immersion and realism.

A good simulation should foster several key qualities, including high fidelity, minimal consequences or low stakes, clear scaffolding, opportunities for discussion

and reflection to deepen the learning experience, as well as post-simulation debriefing sessions (Baker & Jenney, 2023; Jenney et al., 2023). Virtual simulations, notably VR and computer simulations, offer the potential to further enhance social work education by offering opportunities for learners to be immersed into realistic practice contexts. VR and computer simulations can also offer students' tools for learning that enable them to engage multiple senses. The result is learning experiences that can offer students opportunities to build a deeper understanding of academic content through praxis: applying learning to practice (Huttar & BrintzenhofeSzoc, 2020).

Other benefits noted include building knowledge, afforded through realistic learning in simulated practice settings, the development of practical skills, such as knowing how to engage in risk assessments, and a heightened sense of practitioner confidence or self-efficacy (Cheung et al., 2019). Simulation-based education is especially useful when aiming to offer students' experiential learning opportunities that raise awareness, cultivate attitude changes and build skills and competencies needed for professional practice. It can be a valuable tool to draw on to support the attainment of these educational goals while simultaneously safeguarding service users from unnecessary risks (Momand et al., 2022). Additionally, it is an opportunity for students to be able to be immersed in experiences without the pressure of others observing their immediate responses (a reported anxiety-provoking limitation of role plays or simulations using actors in situ; Sørensen et al., 2017). It also lends itself to the development of educational opportunities that are more structured and standardised. This is important in higher education when looking to provide equality of experience.

Given the current state of research in Australian social work education and the preliminary findings concerning social workers' readiness to address DFV, it becomes evident that simulation-based technologies, specifically, VR technology, present a promising pedagogical approach worth exploring. Yet, the use of VR simulations for DFV education, distinct from other virtual simulation-based pedagogies, such as gaming applications, remain underdeveloped in the field of social work. VR simulations offer exciting potential to expose students to authentic DFV practice settings, that are also immersive. While the research about virtual simulations is generally in its infancy, the use of VR simulations in social work depict promising potential in supporting students to acquire experiential insights when

dealing with complex practice issues, such as DFV (Lie et al., 223; Vassos & Hunt, 2023). There are, therefore, positive insights to be gained from an examination of other DFV-informed virtual simulation-based methodologies as applied to social work. This is further assessed in Study 2, Chapter 5, the scoping review. This review aims to develop insights about the unique possibilities that existing virtual simulation training methods provide for social work students when developing DFV-based competencies. The distinct advantages of innovative VR simulations in response to the identified research gaps are further developed during this stage in the thesis.

2.7.2. Experiential learning theory

Kolb's experiential learning theory (ELT) that has been chosen as the second foundational theory used to guide this study (alongside feminist theory, which is used to understand the nature of DFV). The alignment between the study and ELT was especially significant because ELT is commonly applied in simulation-based pedagogies (Fewster-Thuente & Batteson, 2016; Long & Gummelt, 2020). It is an approach used to understand how simulations can be used to create knowledge from practical experiences (Roberson & Baker, 2021). Drawing on ELT frames of reference, students move from knowing why something should be done to developing the practical knowledge of how to execute it in practice. It is built on the premise that for learning to occur, students must engage in a process-oriented practice that seeks to evoke 'thoughts, feelings, perceptions and actions' (Roberson, 2020, p. 580). Engaging in this experiential process supports the development of heightened conceptual understandings, improved procedural skills and an ability to apply knowledge and skills to novel challenges (Chukwuedo et al., 2022).

Following, D. Kolb (1984) argues that learning outcomes are influenced by cognitive, environmental and emotional experiences. Subsequently, D.Kolb (1984) suggests that there is greater possibilities for skill development when students are exposed to real-life learning conditions, such as placements or other lifelike practice contexts (Chukwuedo et al., 2022). Simulation-based learning aligns with the core principles of ELT by the very nature of its design: the use of real-world scenarios to support learning (Jenney et al., 2023). The learning process, as explained by D. Kolb (1984), is a four-phase sequential learning cycle that involves concrete experience (also known as learning through experience), reflective observation (or learning through examining), abstract conceptualisation (learning through explaining) and

active experimentation (learning through application). This he explains, is the process required to create knowledge. Concrete and reflective observations are referred to as inductive learning whereas abstract conceptualisation and active experimentation are deductive learning approaches (D. Kolb, 1984). D. Kolb (1984) argues that learners need to work through each stage of the cycle before being able to fully grasp the concepts, ideas or knowledge presented.

Scholars argue that the sequential approach to Kolb's learning cycle is not wholly necessary for students to acquire the knowledge presented, arguing instead that learners can start their journey across different points in the cycle and still effectively engage in the learning process (D. Kolb, 1984). It is also important to recognise that ELT does not provide evidence on how the learning process is influenced by an individual's interactions within a larger group during experiential learning, nor does it offer a clear view of how learning evolves over time (A. Kolb & Kolb, 2017). Nonetheless, ELT is considered a relevant foundational theory for this study, helping to inform the significance in use and design of simulation-based pedagogies in social work education.

2.8. Summary

This chapter presented the literature and research pertaining to DFV and social work education. The literature highlighted the important role that social workers' play in preventing and intervening in DFV. To be adequately prepared to respond to DFV however, social workers' must be afforded appropriate training to equip them with the skills to respond in accordance with the mandates of the social work profession; a profession that has an overarching mission to attain social justice (AASW, 2020). The chapter described theories of causation, categorised into individual-level, family-level and societal-level theories, each important to the education of social workers' and the development of graduate competencies in DFV. However, being aware of the theories is, in and of itself, insufficient, and social workers must be able to understand and think critically about their utility and application. Understanding theory in this way, ensures that social workers' practise maintains an alignment with the mission of the profession, and ensures that social workers remain aware of the many ways that DFV can be understood. It also promotes social work responses that do not negate the systemic influences of DFV. Facilitation of this pedagogical approach in social work education is necessary to

ensure that social workers are better equipped to navigate the complexities of individual cases of DFV, while also considering individuals within their broader environmental context.

The key drivers of DFV were also explored within this literature review. Gender inequality was identified as a prominent contributor and cause for DFV. The literature review revealed how gender inequality can manifest, including the condoning of violence against women, rigid gender stereotypes, victim blaming, the objectification of women and the normalisation of disrespect towards them. Findings in the literature also demonstrate how attitudes, beliefs and lack of knowledge about DFV exacerbates the experience and incidence of DFV. Poverty and limited access to resources and education are further cause for higher prevalence rates of DFV. Subsequently, this chapter also confronted the current state of social workers' readiness to respond to DFV. Unfortunately, problematic attitudes, beliefs and low levels of professional self-efficacy were evident in social workers' responses to DFV internationally, and there were some findings in the literature that suggested that social workers in Australia might also be displaying some problematic responses to DFV in practice.

To better understand these gaps, the author examined historical and systemic influences on social workers' responses to DFV. Historically, the social work profession has been slow to address gender-related systemic issues and its role in DFV. Subsequently, women were often blamed for the abuse they incurred. Social workers were advocates for reform but also complicit in service responses that individualised the experiences of victim-survivors. Contemporary social work focuses on empowerment and rights-based approaches to DFV, although challenges persist because of systemic influences. The literature presents political, global and economic forces that introduce complexities for social workers when addressing DFV. Market agendas and neoliberal climates can impede social work practices by restricting the supports that social workers' can offer, arguably for the sake of expediency. Funding arrangements and the commodification of welfare can also result in the juxtaposition of social work professionalism conflicting with the social justice and human rights mandates of social work. These key learnings highlight the complex environment that social workers practise in, especially when attempt to respond to DFV. Subsequently, social work education about DFV should promote awareness of systemic issues for DFV practise. Social work students should also be

supported to understand the importance of engaging in critical reflexivity as they navigate systemic issues outside of their control, particularly those that present when responding to DFV.

As established within this chapter, the academic preparation of social workers' is vital to the development of competently prepared practitioners who are skilled in being able to respond effectively to DFV post-qualification. The literature highlights that social work curricula should focus on developing positive social work attitudes, beliefs, knowledge and professional efficacy in preparing social workers to respond to DFV in practice. Education should focus on content that develops social workers' understanding of the complexities of power dynamics and the diversity of risk factors. Further, education about DFV should support social workers to understand how to challenge victim blaming behaviours. Further, practical learning experiences are important to develop social work competencies related to DFV. Practical learning experiences can be achieved through education, or through simulations. Unfortunately, knowledge of how Australian social workers are educated about DFV remains limited. Consequently, there is a lack of knowledge about the readiness of Australian social work graduates to address DFV after completing their qualifications. This finding is important in revealing existing gaps in knowledge, highlighting the need for further study in this area. Fulfilling these gaps is necessary before attempting to develop higher education interventions that seek to better prepare graduates for DFV responses in practice. It is also necessary to ensure that best practice is attained as per the aspirational mission of the AASW and their commitment to address DFV in Australia.

The chapter introduced simulation as a teaching resource, specifically, VR simulations, as a promising pedagogical tool to support social workers' to be educated about DFV. Virtual simulations offer experiential learning in a controlled environment, aiding in skill development, which is evidenced to improve professional self-efficacy. Although there are some examples of virtual simulations being used to educate social workers about DFV, the use of VR simulations to develop social workers' understandings of DFV is limited. Given their immersive affordances, VR simulations possess unique technological advances. Thus, the use of this specific tool requires further development in social work education because real-world learning applications are noted to improve social workers' readiness to respond to DFV. D. Kolb's (1984) ELT is used as the framework for understanding the use of

simulation-based pedagogies. The theory positions learning as a process influenced by cognitive, environmental and emotional experiences. It suggests that students acquire skills more effectively when exposed to lifelike learning conditions, such as placements or simulations. ELT is a relevant foundational theory for understanding the development of effective pedagogies for addressing DFV in social work programs.

In summary, this chapter demonstrates the importance of integrating DFV education in social work curricula. There is a need for varied and immersive teaching methods, and the potential of simulation-based approaches, specifically, VR simulations, show promise as a supporting educational resource to enhance social work graduates' readiness to respond to DFV. Figure 2.1 summarises the gaps noted in this literature review. This study contributes significantly to the field by redressing the identified gaps in the literature. Three distinct studies are employed to achieve this objective. Study 1 unveils the current state of Australian social workers' readiness to respond to DFV, Study 2 engages a scoping review of the literature, exploring the use of virtual simulations to educate social workers about DFV and Study 3 is dedicated to describing the design of VR simulations for social work education about DFV. Together, these studies collectively address the literature gaps that have been identified in this literature review.

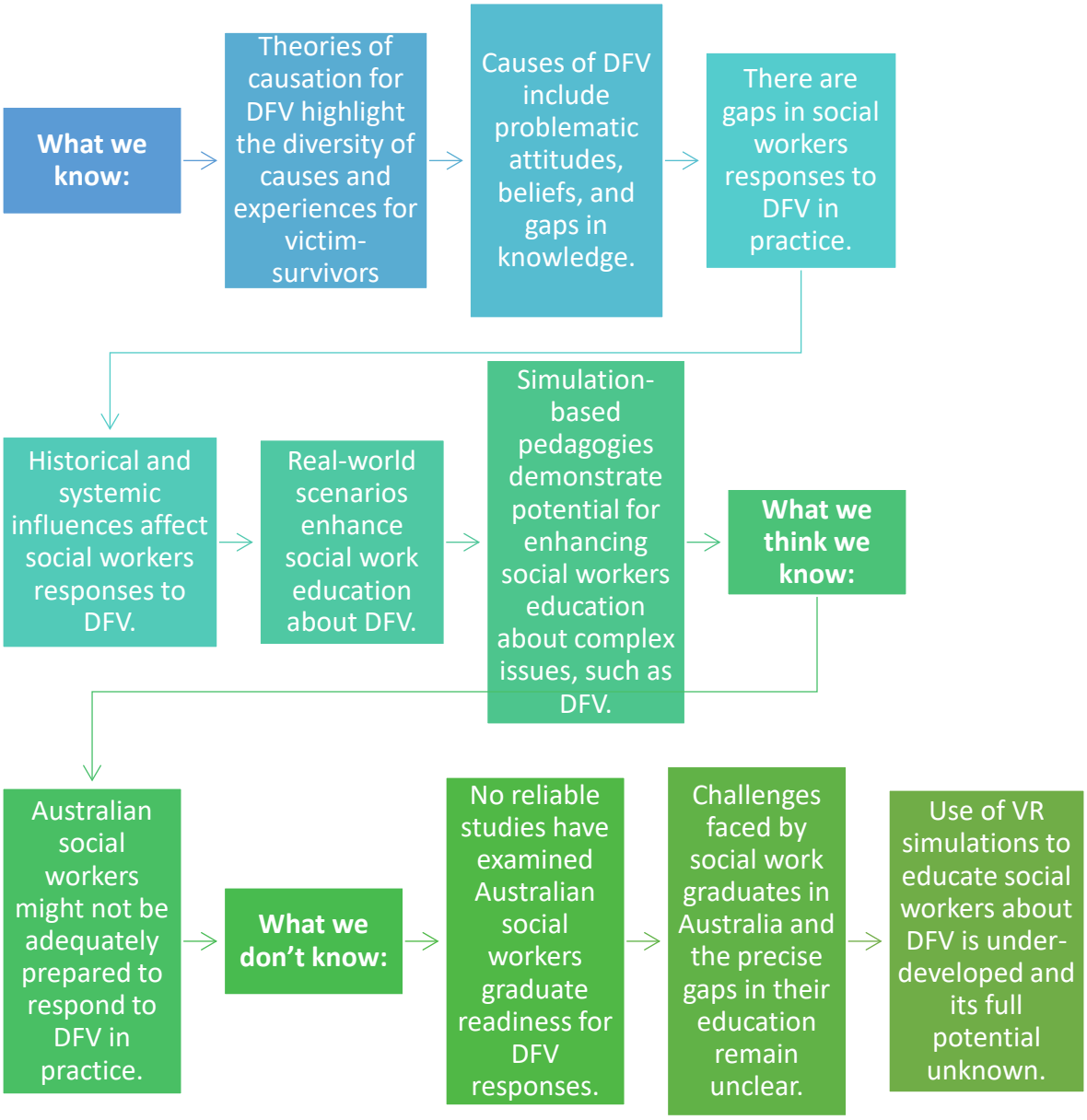

Figure 2.1 Literature gaps summary

The following chapter examines the research methods used to inform this study. The author introduces the ontological and methodological framework adopted in the mixed methods exploratory co-design study. Co-design and the influence of a community advisory group in the research process is defined. Chapter 3 explores the methodological pluralism employed to achieve the iterative research design. Each method of research is discussed, including the sampling obtained, the instruments used and the analysis employed. The chapter demonstrates the important role that research plays in addressing gaps in the literature and the subsequent use of research to design virtual simulations for social work education about DFV.

CHAPTER 3: RESEARCH METHOD

3.1. Introduction

Research is the structured or systematic mode of inquiry used to explore and expand on knowledge (Alston & Bowles, 2013; Babbie, 2016; Haider, 2022; Kumar, 2014; Neuman, 2014). Engaging in social work research is essential to support knowledge acquisition, policy development, system-level advocacy and change, and program evaluation. It is strongly supported by the social work profession as a key activity necessary to attain the goals of the profession (AASW, 2023). There is a breadth of research methods to choose from, but the methodology employed must be informed by the phenomenon of interest being studied. The methods available include, but are not limited to, quantitative, qualitative, mixed methods, design research and systemic or scoping reviews (Kumar, 2014). Important to the process of social work research is researching in a way that acknowledges the sensitivity of social work topics, such as those focused on DFV (Haider, 2022). Therefore, social work research should adopt two key principles: it must demonstrate a commitment to enhance the wellbeing of research participants or other marginalised or oppressed populations, and it should ensure that the research process is inclusive, providing research participants with agency and adequate opportunities to influence the research design or output (Haider, 2022). Most importantly, participants should be treated with dignity and respect (AASW, 2023; Haider, 2022).

To ensure that social work research is maintained to the highest standard, it is important to be able to detail and justify the methodological research steps employed. This chapter introduces the research methodologies used to inform this exploratory co-design-based mixed methods study, including the ontological and epistemological research foundations. The rationale for the choice of each methodological approach for each of the studies employed is presented. Recruitment methods, sampling and data analysis are defined across each iterative study. Importantly, the community co-design approach employed in the design process is introduced. Finally, this chapter establishes how the iterative methodological approach that is known as ‘design-based research’ supports the development of prescriptive knowledge about VR development, which is the research objective established within this thesis.

3.2. Methodology

The research adopted in this thesis is described as mixed method co-design-based research. When there is a phenomenon under investigation that has little or no prior research, a methodology known as exploratory research can be implemented. It is especially useful in instances in which researchers seek to discover 'new knowledge, new insights, new understanding and new meaning' (Brink & Wood, 1998, p. 311). The study was first established as an exploratory design method because of the limited existing literature on virtual simulations addressing DFV in social work education. Further, it is important to establish a research framework that supports the systematic development of the simulation design (Momand et al., 2022), and following, the procedural knowledge sought as an output of this thesis. Design research, also known interchangeably as design-based research or design-oriented research, is an approach that has significance in educational sciences. It is most commonly used by researchers to build on or improve educational practices and instructional tools (Momand et al., 2022). It is also an emerging research approach, specifically employed and relevant to this study, for designing simulations across disciplines (Koivisto et al., 2018; Momand et al., 2022). Initially founded by Anne Brown in 1992 (A. Collins et al., 2004), design research draws on the processes of design and incorporates mixed methods research activities to produce or evaluate designs in use (Kennedy-Clark, 2013).

Design research is identified as an 'interventionist research method' because it is typically adopted when researchers attempt to understand the world by trying to change it (Hoadley & Campos, 2022). Design processes are used to produce research knowledge, in addition to research techniques implemented to produce designs (Kali & Hoadley, 2021). In each instance, what ordinarily follows, and in an iterative sense, is a state of new knowledge. However, this is not possible if design is not embedded as an integral part of the research process (Fallman, 2007). The overall objective of design-based research remains clear: to incorporate constructivist influences into the development and refinement of objects, tools and educational materials while advancing existing theories or creating new ones to deepen an understanding of a learning process (Kennedy-Clark, 2013). Subsequently, a primary focus of the research can be on the design process or investigation into the learning design (Kennedy-Clark, 2013).

The three overarching principles of design research are understanding the problem, unearthing and embedding known design principles and conducting reflexive inquiry or evaluation (Reeves, 2006). Therefore, exploratory design-based research typically adopts an iterative research process (Lesh & Lehrer, 2003). Hoadley and Campos (2022) further define the design-based research process by identifying four stages or steps that must be completed to satisfy the research: grounding, conjecturing, iterating and reflecting. Grounding involves researchers identifying theoretical gaps or problems, which is followed by the identification of learning environments in which interventions might be best implemented or tested. The data collected during this design stage can focus on learners or areas of practice (e.g., DFV) (Easterday et al., 2018). Next, conjecturing seeks to create an initial set of hypotheses about how to develop the educational artifact or learning resource. Data collected during this stage can include capturing existing information about past examples and experiences of current solutions (Hoadley & Campos, 2022). It is important to map this step, capturing how various design features might lead to learning outcomes for learners. The third step, iteration, involves building, testing and refining design outputs. Testing can be referred to as evaluation research, which embraces 'hard-level' or summative evaluations, which aim to capture holistic evidence of the intervention's effectiveness or impact, and 'soft-level' or formative evaluations, which focus on developing design insights surrounding the intervention (Hoadley & Campos, 2022). Finally, Hoadley and Campos (2022) depict the final stage, reflecting, as the process of analysing all data collected through the iterative stages of design-based research.

The subsequent output or findings in design-based research can be many and varied and include prescriptive domain theories, design principles or patterns, ontological innovations or procedural knowledge production (Hoadley & Campos, 2022). The objective (in this instance, VR simulation) is considered the means, rather than an end. Although the designed product or output holds value, it is not considered the primary outcome of the research process. Consequently, the developed artefact does not need to achieve the level of completeness expected in a final 'product' (Fallman, 2007). This is because design researchers acknowledge the subjectiveness of learning environments and the subsequent need to engage in ongoing design iterations. As such, a noteworthy outcome following engagement in design-based research might more importantly focus on the sharing of knowledge

about design processes (Edelson, 2002; Hoadley & Campos, 2022). This is an equally valued research output in design-based research, compared with other research priorities, such as focusing exclusively on evaluations that aim to establish absolute truths about the effectiveness of an intervention in addressing learning challenges.

In design research, there is a need to construct an ontology that draws on various categories of knowledge. This is because design research nearly always involves iterative design methods and therefore various epistemic rules can be followed to ensure that each stage retains rigour and validity (Kali & Hoadley, 2021). For example, when a design researcher seeks to first understand the problem and subsequently unearth unknown data about learners, the research method employed would best align to a qualitative or quantitative study. The following iterative design step requires the design researcher to identify the known design principles. Subsequently, they might seek to identify existing examples of current learning and teaching solutions. In this instance, a systematic or scoping review might be a good methodological fit. Thus, in design research, researchers necessarily oscillate between abstract ideas and particularisation, particularly as they move between identifying gaps in educational theory, design interventions, collect and analyse data and refine designs iteratively (Nelson & Stolterman, 2012). The result can be a need to adopt both positivist and interpretivist epistemologies, combining a mixture of qualitative and quantitative methods across iterative stages employed in design-based research. The result is what is most often termed mixed methods research. This is discussed in more detail as the chapter progresses.

Given the limited existence of VR simulations available to educate social workers about DFV, it was necessary to engage in ‘discovery’ or exploratory design-based research. This was especially important given that design research is uniquely positioned to support the systematic exploration of educational issues. It is also a well-established strategy to support the development of simulation-based pedagogies (Reeves et al., 2005; F. Wang & Hannafin, 2005). As such, it is a research method well positioned to address the overarching research question, which sought to address the following question: How can VR simulation experiences be designed for tertiary social work curricula to support the education of social work students with respect to DFV? The focus of the research is less about the ‘end’

product of the VR simulations but instead on the procedural knowledge established during the design process.

Thus, the research method involved setting a pedagogical goal (to use virtual simulations as a resource to aid in the education of social workers about DFV), followed by the development of the learning tool to support this objective (Kennedy-Clark, 2013). Following Hoadley and Campos' (2022) design-based framework, the subsequent research design necessitated the author to first identify the currently unknown extent of the problem in the Australian context and investigate the current state of Australian social worker graduate readiness to respond to DFV. The author then needed to identify the existing design principles used to create virtual simulations in social work. This involved engaging in a scoping review to examine the extent that virtual simulations have been used previously in social work education as a resource to address DFV. The findings provide valuable insights that guide the iterative development and design of VR simulations in this context. Across each design stage, new knowledge and insights are generated (Stebbins, 2011).

The process of educational design and development, specifically ones that involve technological advances, requires planning and extensive consideration. Design-based researchers argue that simulation-based education, from development to implementation, can span several years (Hoadley & Campos, 2022; Momand et al., 2022). In this study, the author deliberately focused on the design and development stage of the VR simulation. Therefore, summative evaluations of the VR simulations with social work students will not feature as a research output in this thesis. This decision was grounded in Edelson's (2002) approach to design-based research, identifying that relative certainty in this context is not uncommon because design-based research is most prominently concerned with novelty or usefulness. Therefore, formative evaluations are equally valued as acceptable testing methods to be employed throughout an iterative design process (Hoadley & Campos, 2022; Kali & Hoadley, 2021). To achieve this, various evaluative methods were employed, including gathering qualitative data from community advisors and social work educators about design features and implementation consideration.

This study decision is founded on the belief that focusing on the design of the VR simulations, and doing this well, is crucial before any future summative research goals are possible. A summative evaluation of the virtual simulation's efficacy will follow the completion of the doctorate program. By first focusing on design,

development and formative evaluations or testing, this research will better cultivate a strong foundation for the subsequent formative evaluation. This systematic design-based approach enhances the likelihood of delivering impactful results when later seeking to understand the direct impact of the simulation tool on enhancing social workers' preparedness to respond to DFV through their tertiary education.

3.2.1. Co-design: community advisory group

Hoadley and Campos (2022) identify that a necessary step in the grounding stage of design-based research is to identify stakeholders and nominate their roles. The roles of stakeholders can vary but include consultants, sponsors, co-designers, reviewers, subject-matter experts or contractors. Co-design is a collaborative research approach to the generation of new knowledge (Fitzpatrick et al., 2023). Similarly to participatory action research, co-design research approaches seek to generate change in an outcome-oriented way (Fox et al., 2021; Pearce et al., 2020). It is a practical and collaborative process, involving a cycle of reflective action, reaction and intervention (Fox et al., 2021). Fitzpatrick et al. (2023) emphasise the importance of including people who have lived experiences, in addition to the contribution and input of multiple stakeholders.

Given that the study focuses on developing interventions aimed at enhancing social worker responsiveness to DFV, reflecting the views of those directly affected by DFV was critical. The adoption of co-design methods is also valued in feminist theoretical frameworks or research because it is a strategy that enables women or those oppressed by other intersectional disadvantages to feel empowered to contribute to change in contexts that they have been directly affected by (Kiguwa, 2019). It also then becomes a strategy to develop educational materials that draw on the voice of experience. In this way it is more likely that the knowledge generated through the research process will better challenge dominant discourses that can otherwise suppress or further marginalise life experiences, as can sometimes occur during dominant empirical research approaches (Duffy, 2021). However, a co-design research approach must also reflect varied perspectives of lived experiences, as these are critical when designing interventions focused on DFV, in which there are multiple realities for DFV victim-survivors and community members engaged in this work (Kiguwa, 2019). This approach aligns to social work and feminist theoretical foundations, which are integral to the study's overarching theoretical framework

(Olcon et al., 2023). Ensuring that meaning making was attained in direct consultation with those affected by DFV was a key design strategy in this thesis.

Key community stakeholders and other social work and interdisciplinary academics also enhance the design process through adding depth to the understanding of VR design and implementation considerations. Involving key stakeholders also ensures that the supporting learning experiences that accompany the VR simulations is grounded in real-world problems (Olcon et al., 2023). It is a community approach to educational design in which the co-development of educational environments deepens opportunities for student learning (Mtawa et al., 2016). This is because the complexities surrounding DFV are best understood through a mix of interdisciplinary disciplines, frameworks and educational approaches. There is alignment between the principles of relationality and the collective nature of knowledge, which identifies that knowledge is not developed by an individual person but rather is shared and created by a collective group (Brayboy et al., 2012). The benefits for social work students, the target population that will ultimately engage with the co-designed VR simulations, are exposure to realistic and diversely informed practice experiences that better prepare them for practice. This cultivates a safe learning environment, opportunities to further develop empathy that is grounded in lived experiences and an ability to challenge stigma and manage discomfort (Unwin et al., 2018). It is also an opportunity for students to introspect and develop skills in critical reflexivity that is grounded in contemporary experiences. Thus, embedding community voices in the process of design of the educational VR simulations was critical research and pedological strategy employed in this project.

It was vital that the research design adequately reflected the voices of each of the community of advisors, members of which included social workers, technology experts, people who had lived experience of DFV and interdisciplinary social sciences and health academics. The community advisory group contributed to the study by influencing each stage of the design process, including the design of the survey (e.g. a review of the survey scales to ensure that this was reflective of DFV content and experiences) and the design and development of the VR simulations. In addition, members each provided feedback on the scripts developed, insights into the realism of the content and advice on script writing, VR design and implementation considerations (dependent on their area of expertise). They were invited to participate through an emailed invitation sent to the researcher’s networks,

and snowball invitations were encouraged. Subsequently, 14 advisory members agreed to support the design process for the duration of the project. Five members had lived experiences of DFV, including intersectional experiences as LGBTQIA+ individuals or individuals who had experienced elder abuse. The community advisory group remained in effect for the duration of the co-design study and will remain in effect post-PhD when the evaluation is conducted.

Given the sensitivity of individuals' lived experiences of DFV, a group format was not adopted to collate the voices of the community advisory group. The researcher instead chose to meet individually with each member, at a minimum of, once every two months, in person or via Teams/Zoom, for the duration of the project. Contact with the community advisory members did at times fluctuate, increasing depending on the design stage (e.g. when script writing was being conducted, members who had lived experience were engaged on a more regular basis for feedback and input). Community advisory members were provided with other opportunities to engage via email or phone calls as needed. Community members also participated in the co-design study through acting or being present during the productions.

To successful engage in co-design research, a culture of shared knowledge and equality across all stakeholders must be cultivated (Slattery et al., 2020). To achieve this, there must be a sense of collective leadership, power sharing, safety and trust. This became an essential feature of the co-design project, reflected in the qualitative thematic methodological approach adopted to present the procedural knowledge produced as an aim of this research (Fitzpatrick et al., 2023). Those who had lived experiences of DFV had equal value to those who had professional or technical expertise in simulations or productions (Brayboy et al., 2012). It is the knowledge that mattered, which relied on sharing of decision-making power and equal valuing of voices, specifically, in terms of the design conceptualisation, defining of objects, understanding of the target population, script development, change strategies, technology selection, production and implementation strategies (Lobban et al., 2023). Therefore, community advisory members who had lived experience of DFV were treated as equal partners in the design process. Their ideas were validated and input collectively considered through information sharing across the group (with members' consent). Finally, reciprocity as a co-design approach, was critical to building authentic and respectful relationships within the community

advisory group (Haider, 2022; Lobban et al., 2023). Reciprocity in research depicts a process of mutual exchange, and is a strategy aimed at building equity in research relationships (von Vacano, 2019). To build reciprocity in research, it is common for researchers to establish clearly defined research relations, having the intention of minimising power imbalances that are likely to otherwise form between researchers and subjects. This can involve adjusting roles within the research team or developing approaches to address any inequalities among research participants by implementing strategies to 'give back' (von Vacano, 2019). Reciprocity for those who had lived experiences was able to be achieved through benefits noted in the co-design process, which are found to be therapeutic and affirming (Sapouna, 2021). Reciprocity was also attained through each member being given access the designed VR artifacts, which they were able to utilise for their individual needs (e.g. to display in their acting portfolio).

This inclusive co-design approach ensured that knowledge was constructed through the intersectional voices of those who had personal and professional lived experiences of DFV. The subsequent learning opportunities to which students are exposed are therefore reflective of an array of diverse voices and knowledges. This is valued in social work education, as social workers should never become complacent in understanding the individuality of experience for those oppressed by DFV. Figure 3.1 is a presentation of the community advisory's influence across each

stage of the design-based study.

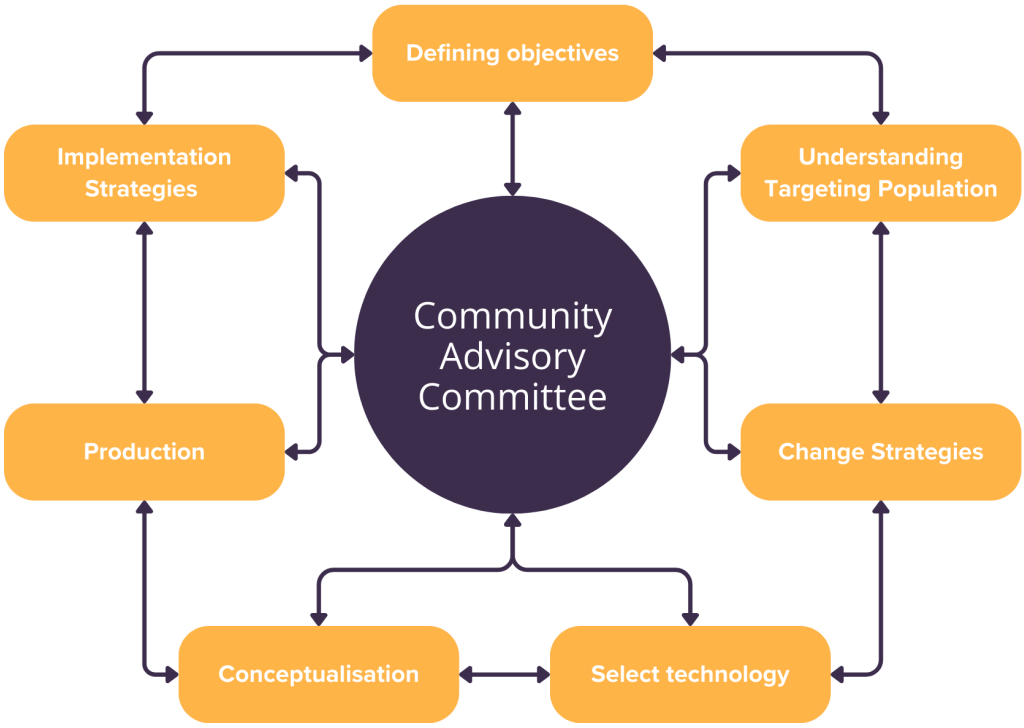

Figure 3.1: Community advisory group research influence

3.2.2. Mixed-methods research

As identified, design-based research involves a staged approach and nearly always involves methodological pluralism (Fraser et al., 2009). Easterday et al. (2014) argues that design processes 'shape-shift' and can appear as though they are other forms of research because sub-design processes (e.g., qualitative, or quantitative studies) are often recurrently positioned within design-based research studies. Any research methodology that employs iterative processes frequently embraces mixed methods research, a methodological approach that allows for the use of multiple research methods to address the diverse phenomena under investigation. Noteworthy is that the mixed methods approach is also supported in feminist research, the theoretical framework employed in this study. This is because a feminist researcher recognises the limitations of solely employing dominant positivist approaches as it is unlikely to respect the diverse worldviews of those affected by DFV (Kiguwa, 2019). Mixed methods research can adopt systematic or scoping reviews and qualitative and/or quantitative research methods throughout any operational step. Although debated, the adoption of mixed methods does not require researchers to draw from distinct paradigms (e.g. some studies might adopt multiple

qualitative methods, in which each study further enriches the quality of the findings; Cronin & Rawson, 2016; Gilbert, 2008).

As evidenced in the exploration of design-based research, it can be difficult to clearly define the mixed methods ontological position. However, some scholars argue that a critical realist and constructionist framework underpins the mixed methods approach, and the ontological position argues that the world is tangible but able to be redefined through subjective experiences (Creswell & Clark, 2011; Cronin & Rawson, 2016; Gilbert, 2008). Arguably, the fundamental philosophy informing research is not the reason that mixed methods research is determined to be valuable. Being able to blend methods in research is argued to be its key feature, because it enhances the significance and exactness of the conclusions drawn (Kumar, 2014). However, considering the nature of this design-based study, a constructionist framework appropriately describes the epistemological and ontological perspectives underpinned by the research aim, which was to unearth ways to create a VR simulation about DFV for social work education.

The ways to determine which mixed methods to adopt is dependent on the research question under investigation. Most important is ensuring that the research objective or subobjectives are responded to using to the most relevant quantitative or qualitative mode of inquiry (Kumar, 2014). Mixed methods approaches can be implemented as a complete integrated method or in stages. They can also be conducted iteratively or simultaneously throughout the research process (Kumar, 2014). Quantitative or qualitative methods can be subsequently applied with equal emphasis, or by placing a stronger emphasis on one over the other (Creswell & Clark, 2009; Kumar, 2014). Mixed methods research is ideally implemented when there are limitations in achieving rigorous results through a single method and failure to do so could compromise the reliability and validity of the research (Gilbert, 2008). However, there are some disadvantages to mixed methods approaches, including time and resource demands. Further, there can be the potential of increased design complexities, skill development needs and data discrepancies that may result in a bias towards one paradigm over another (Kumar, 2014). However, when studies aim to obtain credible answers to questions that have multiple subobjectives, the mixed methods approach arguably improves findings through a more holistic and deliberate investigation. Thus, mixed methods modes of inquiry formed the exploratory design research adopted in this study. Figure 3.2 depicts the iterative mixed methods

adopted across the design-based research study.

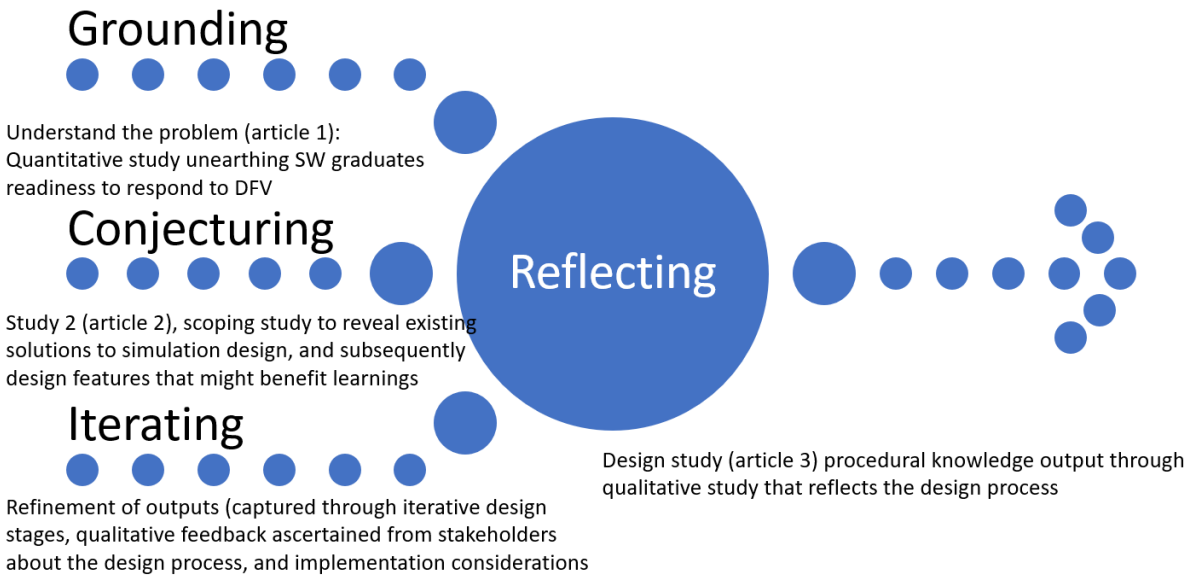

Figure 3.2 Iterative mixed methods adopted across the design-based study

Deductive (quantitative) and inductive (qualitative) research methods are required to effectively address the research questions employed in this study. Study 1 seeks to understand the attitudes, beliefs, knowledge and competence about DFV of Australian social work university students or newly graduated social workers (five years post-graduation). Study 2 examines current examples of virtual simulations and how they are used to educate social work students about DFV. Study 3 produces procedural knowledge about VR simulations and the ways they can be designed for the purpose of university social work curriculum to build an immersive and realistic learning experience about DFV. In each instance, a mixed methods approach involving quantitative or qualitative research methods is required. Therefore, the mixed methods studies draw on the use of self-completion surveys, a scoping review and interviews with those who participated in the design of the study. According to experts in design-based research, drawing on systematic research methods from both perspectives in a series of iterative studies is the best way to improve design outputs (Creswell, 2009; Fraser et al., 2009).

3.3. Quantitative methodology: survey research

Quantitative research, underpinned by the philosophy of rationalism, argues that the development of knowledge is possible through observation or measurement (also referred to as a positivist epistemological framework; Kumar, 2014; Walliman,

2006). It is a deductive approach to the development or attainment of knowledge in which research questions or hypotheses are formed to collate objective facts (Walliman, 2006). Quantitative research is useful when research objectives seek to reveal the nature of issues, or opinions and attitudes and when research methods aim to 'explore, confirm and quantify' research inquiries (Kumar, 2014, p. 56; Seale, 2012).

Exploratory design research is generative and requires 'knowledge of change strategies along with the ability to form learning activities that have cultural and contextual metric' (Fraser & Galinsky, 2010, p. 460). This is informed by the establishment of insights that seek to understand the target population, and following, the necessary design considerations requiring attention in the developmental design process. As evidenced in the literature search, the preparedness of social work graduates to respond to DFV in Australia is unknown. Therefore, quantitative survey research was used to further unearth the current state of social work curriculum and the subsequent graduate readiness of social workers to respond to DFV. Adopting research methods that align with the relevant epistemological approach is necessary when engaging in quality research (Babbie, 2016). This study in which the survey occurred lends itself neatly to quantitative research and the deductive approaches necessary to unearth the nature of the problem, including the current state of the attitudes, knowledge and self-perceived preparedness of social workers in terms of DFV. The findings from this study were used to iteratively address the overarching research goal, which was to understand how to develop a VR simulation (the educational intervention) to support education of social workers, as concerns DFV. The results of the survey provided the contextual and cultural metrics needed to engage in design research.

The quantitative study design was a cross-sectional online survey targeted at social work students (in their third or fourth year of bachelor study), MSW students or newly graduated social workers (within five years post-qualification). A cross-sectional study was identified to be appropriate because of its capacity to capture the relationship between social work education or training and social work students' subsequent readiness to respond to DFV (Kumar, 2014). Informed by findings in the literature review, the following research questions were established:

- What is the extent of DFV education and training in accredited Australian social work programs, and does it affect the attitudes, knowledge and preparedness of students and new social work graduates in terms of DFV?
- What other factors influence graduate readiness (defined as attitudes, knowledge and preparedness) to respond to DFV?

In accordance with the available research, it was hypothesised that social work students in Australia who have received education or training or possess professional or individual experiences exhibit fewer problematic attitudes supportive of gender inequality and DFV in general. Furthermore, it is expected that they demonstrate a greater understanding of DFV and self-perceive themselves as more prepared to respond to DFV.

3.3.1. Recruitment

Following UniSQ Higher Research Ethics Committee (HREC) approval, an anonymous online self-completion survey was disseminated to social work student's (in their third or fourth year of bachelor study), MSW students, or newly graduated social workers (within five years post qualification). Participants were over 18 years of age. An additional benefit of maintaining anonymity is that extraneous variables, including results that might be skewed by self-selection bias, is reduced because of the neutrality effect (Kumar, 2014). Recruitment occurred via the AASW professional registration body (of which social work students and graduates are eligible for membership) or via the market research service provider known as Prolific. These recruitment strategies were chosen because it was identified that a purposive sampling strategy was needed to fulfill the established research parameters. Information sharing was undertaken by providing the AASW/Prolific with an information brief about the study (including details about it and approved confidentiality/ethics documents) as well as the researcher's contact details for dissemination through their membership networks. The demographic information was provided to the two organisations as the parameters of their recruitment focus.

The role of the two organisations was to advertise the study on their networks. Beyond advertisement of the study, the AASW/Prolific were not involved in recruiting or selecting participants. A $5 renumeration for participating was provided to those

who engaged in the study via Prolific (all participants had the option of engaging in the study via this medium). Funds were derived from the UniSQ allocated research funding to cover these costs. Prolific has documented policies in terms of confidentiality and anonymity to ensure that the privacy of all participants is protected. In addition, there is a policy ensuring that a participant's contact details will not be passed on to other organisations or used by them or a third party for other future purposes unrelated to this study. Given a slower progression in study responses, study participants were also recruited via email across social work networks (e.g. social work colleagues and organisations known to the author) and by inviting eligible participants to engage in the voluntary study through social media (Facebook). Subsequent snowball sampling occurred and contacts were asked to share if willing within their respective networks. A flyer was shared detailing the study requirements and survey link.

The goal of sampling in survey research is to secure a representative sample that effectively represents the target population. Larger random samples enhance the probability that the sample responses accurately reflect the characteristics of the population of interest (Ponto, 2015). By employing a margin of 5% and a 95% confidence level and drawing on data obtained from the AASW and Universities Australia, it was determined that a suitable sample size of 190 students was appropriate sample for this study. This was further validated through subsequent power analyses (Neuman, 2014).

3.3.2. Instrument

Prior to dissemination, the community advisory group provided feedback about the developed survey. Following this, recommendations were considered and adaptations made in consultation with the supervisory team. Subsequently, a cross-sectional survey developed through the UniSQ lime survey tool was shared to the identified population under review using the previously validated Physician's Readiness to Manage Intimate Partner Violence (PREMIS) scale.

The independent variables addressed within the survey design included age, gender or identification as a First Nations person. Clearly defined demographic questions were established in the survey to support the MAXMINCON principle of variance (Kerlinger, 1986). Other pre-defined independent variables included exposure to DFV education. To assess DFV education, participants were asked to

confirm how much DFV training they encountered during their social work degree. The responses ranged from none to watching a video, a lecture, a workshop, an entire course to other in-depth training of more than five days. Participants were also asked to estimate the total number of hours of DFV training during their social work degree. Possible survey responses could range from none to 75 hours (about three days) or more. The survey also sought to ask the same set of questions but examining DFV training prior to their social work degree. A single dichotomous question (yes or no) was embedded into the survey to capture whether participants had completed any further post-graduate qualifications specific to DFV. To measure experience with DFV, the survey included a scaling question to capture professional and personal experiences with DFV, measured on a scale of 1 (very poor) to 5 (excellent). Demographic data were collected through survey questions developed to focus on age, income, gender, indigenous status, part-time/full-time working status, current practice setting, graduate/post-graduate training and education on DFV, and personal and professional experiences with DFV.

To measure participants' readiness to respond to DFV, the PREMIS tool, consisting of four subscales measuring the dependent variables, opinions, perceived preparedness, perceived knowledge and actual knowledge, was used. Using existing validated scales helped to mitigate extraneous variables across the measures the researcher sought to examine (attitudes, beliefs and knowledge of domestic and family violence). PREMIS was first validated for use with physicians to assess DFV training effectiveness (Maiuro et al., 2000; Short et al., 2006). Subsequently, to measure all healthcare professions, inclusive of social work students, a revised PREMIS instrument by Connor et al. (2011) was employed. Given the nature of the population of interest, this modified version was employed in this survey because it has proven effective as a validated tool to measure social workers' knowledge, attitudes and preparedness concerning DFV (Connor et al., 2011; Fedina et al., 2018). The PREMIS scale is publicly available for use (see Connor et al., 2011, for an analysis of psychometric properties).

The opinions subscale consisted of 27 questions that assessed participants' level of agreement on a Likert scale of 1 (strongly disagree) to 7 (strongly agree) for statements made about DFV. The opinions measured concerned staff preparation, legal requirements, self-efficacy, alcohol and drugs, victim understanding and victim autonomy. The perceived preparedness subscale included 12 questions in which

respondents rated their readiness on a scale of 1 (not prepared) to 7 (quite well prepared) for responding to DFV in practice, including the ability to assess risk or respond appropriately to DFV. The perceived knowledge subscale comprised 16 questions, rated on a Likert scale ranging from 1 (nothing) to 7 (very much). Sample items included 'how much do you feel you know about', 'perpetrators of DFV' or 'why a victim might not disclose DFV'. High internal consistency was demonstrated across each subscale: opinions (Cronbach's alpha = .86, observed = .87), perceived preparedness (Cronbach's alpha = .96, observed = .96) and perceived knowledge (Cronbach's alpha = .96, observed = .96).

Actual knowledge was measured through the PREMIS subscale comprising six multiple choice questions, nine true/false questions and five matching questions. Actual knowledge scores could range from 0 (no answers correct) to 36 (all answers correct). Given that participants were recruited from an array of social work fields of practice, two questions from Connor et al.'s (2011) adapted PREMIS were removed because the questions were explicitly health care focused. One point was awarded for each correct answer on the measure. Four of the six items were structured as 'check all that apply' questions. In these instances, respondents received one point for each correct answer they selected or omitted. Sample questions included naming the single strongest predictor of DFV and identifying reasons that a person may not be able to leave relationships characterised by DFV.

3.3.3. Data analysis

After the anonymous collection of survey responses (initially n = 216), a thorough data cleaning process was conducted, resulting in the removal of invalid responses and addressing missing data. This resulted in a final sample size of n = 193. Data analysis was conducted using IBM SPSS (Version 28.0) and involved descriptive and inferential analysis. Descriptive analysis was applied to examine the variables and scores derived from the scales employed. To assess the relationships between the study variables, bivariate analyses were employed, including Pearson's correlations, T-tests and one-way analysis of variance (ANOVA). In addition, a regression analysis was executed to identify the factors within the sample that influenced graduate readiness to respond to DFV. The results of the survey were synthesised to explore the relationships across gender, level of study, personal or

professional experiences and PREMIS scale items. The findings of this study are reported in Chapter 4, in which the published article is embedded.

3.4. Scoping review

A scoping review is a process involving an examination and collation of research (Grant & Booth, 2009). Scoping reviews typically follow five core steps: framing a research question, searching for literature in response to the question and analysing, summarising and disseminating the literature findings (Crisp, 2015). Formulating research questions often involves the use of the PICO model (understood as population or patient groups studied, intervention, comparison or control and outcome; Wright et al., 2007). This model aids in ensuring that the research questions generated do not narrow or broaden the search too little or too much. Second, experimental design is employed to develop a research protocol and search strategy (Crisp, 2015). The method of data collection in scoping reviews usually adheres to document analysis (Grant & Booth, 2009; Wright et al., 2007). Therefore, scoping reviews tend not to adopt a paradigm of their own because they are dependent on the research question presented and the data collated (Bragge, 2010). Further, a process of synthesis and descriptive analysis is employed. Tools such as the preferred reporting items for systematic reviews and meta-analyses (PRISMA) aid in the process of detailing findings (Page et al., 2021; Wright et al., 2007). The analysis of findings is disseminated and the interpretation of results is presented in narrative or statistical form (Crisp, 2015).

Research design methods involve comprehensively unearthing and integrating known design principles into the design research (Fraser & Galinsky, 2010; Gilgun & Sands, 2012; Reeves, 2006). Engaging a scoping review was deemed an epistemologically sound research approach to investigate the existing examples of virtual simulations in social work education as a tool for addressing DFV. Further, this study enabled the author to examine the design principles and processes noteworthy in virtual simulation design concerning DFV. The insights gained from this review informed the iterative development and design of the VR simulations. Although an initial literature review was completed, a comprehensive scoping review of the existing literature specific to VR simulations, social work and DFV further enhanced these insights. This was essential to build on the overall quality of the research. Emphasising the identification of adaptable design mediators

used in the creation of virtual simulations for DFV in social work was conducted during this scoping review.

The PICO model was used to formulate a research question during this study. The established research question was as follows: What are current examples of virtual simulations and how are they used to educate social work students about DFV? The second and third steps were to develop a search protocol, including the inclusion and exclusion criteria for the study, followed by the process of extracting the data. The method of reporting the data collected followed the PRISMA (Page et al., 2021). Methods of synthesis were then presented in narrative form, using descriptive analysis (Wright et al., 2007). The findings were used to inform the design of the virtual simulations focused on DFV for social work education. This research strategy is further established in Chapter 5, Article 2.

3.5. Qualitative methodology: interviews

Qualitative research methods adopt distinct research approaches that are grounded in interpretative paradigms which highlight the importance of meanings and experiences rather than the attainment of knowledge that speaks to absolute truths (Crowe et al., 2015). Empiricism underpins qualitative research, conceptualising knowledge as an outcome of subjective experiences and promoting descriptive rather than quantitative explorations of phenomena (Kumar, 2014). Researchers undertaking qualitative inquiries engage in processes that prioritise depth of understanding (Neuman, 2014). Qualitative researchers acknowledge that the process of research is not value free or detached from the researcher's influence and therefore prioritise authenticity as the pathway to achieve credibility in research findings (Seale, 2012).

Various techniques, including but not limited to observations, interviews, focus groups and discourse analysis, can be used as the research methods to engage in qualitative research (Vogt, 2007). In qualitative research, sample sizes are smaller because they are focused on obtaining rich and saturated data. Importantly, the data collated seeks to reveal the diverse meanings, experiences and perceptions that are evident in research findings (Kumar, 2014; Silverman, 2017). Data measurement in qualitative research occurs during data collection and aims to provide a descriptive account of variables. It can take the form of words, symbols, objects, pictures or metaphors and remains explicit and diverse (Neuman, 2014). Concepts in qualitative

research methodologies are produced through repetitious review and refinement (Silverman, 2017).

Analysis is continuous and inseparably connected throughout the research process. However, various modes of qualitative analysis can be employed, including content analysis, thematic analysis, narrative analysis and discourse analysis, each used as different strategies to explore and interpret data (Liamputtong, 2019). Some modes of analysis can be used to deduct data (e.g. content analysis) or as a process of inductive analysis (e.g. thematic analysis; Crowe et al., 2015). Despite these differences, the overarching philosophy of qualitative inquiry means that is an approach that is flexible and descriptive, and grounded in constructionist epistemological approaches (Crowe et al., 2015; Liamputtong, 2019).

Engagement with co-design research was to collaboratively design procedural knowledge about VR simulations, along with accompanying teacher-led reflections that support social workers' education about DFV. Design-based research requires researchers to engage in a process of reflection (Hoadley & Campos, 2022). As is explored further in Chapter 6, Article 3, the created VR artifacts explored three intersectional settings (elderly woman, homosexual man and female), speaking about their experiences of DFV with a social work practitioner. The research question engaged in this study was as follows: How can VR simulations be designed for the purpose of university social work curriculum to build an immersive and realistic learning experience? This co-design study sought to reveal the strategies and procedural insights used in developing these VR simulations. Therefore, it was crucial that this qualitative study captured the views of all individuals involved in the design and development of the research process. As argued, the success of co-design research depends on the active participation of key community members throughout all research stages, from design to the dissemination of findings (Slattery et al., 2020). This includes capturing the voices of all those involved in the design process, specifically, in the blueprint that serves to display how VR simulations can be created and crafted for social work education to address DFV. The aim was to uphold the principles of co-design research by cultivating a culture of shared knowledge and equality among stakeholders from start to finish. It was therefore essential that the final output of the research-maintained authenticity in a co-design approach. For this reason, the research goal, which was to produce prescriptive

knowledge about the development of VR simulations for social work education, also sought to appropriately represent the community design perspectives.

To capture these in-depth insights from the community members involved in the design process, qualitative interviews were identified as the most fitting method of research inquiry. Thematic analysis was selected as the most appropriate method of analysis to inductively define the development of the VR simulations. Although other qualitative approaches could be relevant to inform an in-depth approach to the research question, interviews further seemed to be the most feasible given the intent to capture the diversity of experts who supported the development of an array of intervention fidelity measures in varied ways.

3.5.1. Recruitment

In this study, the author sought to recruit participants who were involved in the design process of the establishment of the VR simulations, otherwise referred to as the 'community advisory group'. This group consisted of social workers, technology experts, people who had lived experience of DFV and interdisciplinary social sciences and health academics. Following HREC approval, purposive sampling was used to recruit these participants, who were directly contacted via email, including a flyer attached advertising the opportunity to be involved in the study. The flyer detailed the benefits and risks of participating in the study. The pre-existing relationships between the author and research participants was acknowledged, although principles of voluntary participation were upheld to minimise any power imbalances or perceived pressure to participate in the qualitative research component of the study.

3.5.2. Data Collection

The study was conducted in person (at UniSQ Toowoomba campus) or online (via Zoom) through a meeting invitation sent by the researcher. A one-off semi-structured interview was conducted for approximately 30 minutes in August 2023. The use of semi-structured interview questions was used to elicit in-depth data from participants to highlight descriptive feedback about the simulation design process (Braun & Clarke, 2006; Crowe et al., 2015). The interviews focused on the VR design process, including reflecting on immersion, design strategies, implementation and generated outcomes (see Appendix A for a full list of interview questions).

Examples of the semi-structured interview questions are as follows: How did you contribute to the design process? What outcomes did you identify from these learning and teaching resources? What design strategies were employed to develop real-world scenarios? The interviews were audio recorded to ensure the greatest degree of accuracy when the interviews were transcribed (the recording function in Zoom was used to capture this audio). Data were subsequently recorded, coded and transcribed into a Word document and subsequently uploaded to the qualitative management system NVivo.

3.5.3. Data analysis

Thematic analysis is the inductive process used to synthesise narratives that are interpreted according to their shared similarities presented in data (Crowe et al., 2015; Liamputtong, 2019). Therefore, the interviews were interpreted using thematic analysis. This analytic approach was used to organise, describe and interpret the data presented in the interviews (Crowe et al., 2015). Through both manual searches and by using the qualitative data management system NVivo, the researcher searched for themes according to clusters first established. The author coded the data and refined the codes as clusters were identified. A process of writing and rewriting was employed to capture the narratives that were reflective of the research question examining the design process. The final phase involved the process of synthesis in which the relationship of the themes to each other and the research question was synthesised (Braun & Clarke, 2006). These findings offer valuable insights for educators and curriculum developers looking to embed VR simulations as educational resources into their respective programs. The procedural knowledge developed is especially helpful in supporting advances in DFV education in social work. Its application is also useful to others seeking to build their DFV professional practice competencies. A detailed description of this sub study is presented in Chapter 6, Article 3.

3.6. Summary

Social work research is valued as a strategy to enhance professionalism but also to support the social justice mission of the profession (AASW, 2020). However, it is critical that social work research is conducted in a way that responds to the sensitivities of the topics being addressed, such as content focused on DFV. This

chapter sought to commit to this cause by being transparent about the selection of research methods and providing justification for this choice. In this chapter, the author introduced the use of research for exploratory design as the chosen research method for this study. Exploratory design research is a method that can be used when there is little or no prior research on a topic. Given that there has been little use and research application of virtual simulation in social work in terms of DFV, this methodology was identified as the most appropriate methodology to nurture a rigorous approach to simulation design.

Co-design research, an approach that involves the inclusion of an array of stakeholders, including those who had lived experiences of DFV, was identified as another research strategy suited to fulfill the design process. A co-design approach supported the mission of social work by ensuring that the development of resources that sought to respond to the social issue of DFV was collectively informed by diverse and intersectional perspectives. It also aligns with the feminist theoretical framework employed in this study. Most noteworthy is that co-design research supports the development of rigorous virtual simulations that are reflective of diverse worldviews. This enhances learning opportunities, specifically, in social work, in which a graduate competency is to be able to ensure that social work students can approach their work from the perspectives of those they work with in practice. This is to ensure that social work does not ‘do to’ others but instead empowers individuals to realise and attain their individual objectives or goals (AASW, 2023).

The author summarised the mixed methods research steps employed across studies used to develop the stages of research-based design. This included detailing their epistemological alignment, recruitment strategies, data collection and data analysis methods adopted. The next chapter explores in greater depth each study, and the three articles are featured. Each study is defined, and their overall significance in addressing design-based research and the procedural output of knowledge about DFV virtual simulation design and implementation in tertiary social work curricula is detailed.

CHAPTER 4: PAPER 1 – UNVEILING GRADUATE READINESS TO RESPOND TO DOMESTIC AND FAMILY VIOLENCE IN AUSTRALIAN SOCIAL WORK PROGRAMS

4.1. Introduction

Design-based research describes several iterative stages that must be completed during the research process. As depicted in Figure 4.1 and introduced in Chapter 3, the initial phase, also termed the grounding phase of the research, is the step completed to generate insights about the target end users (Hoadley & Campos, 2022). This phase is necessary to ensure that the design stages of the research are reflective of the service user's needs (Momand et al., 2022). However, the ways in which design researchers enact this step are varied, and an array of research methods can be employed to develop these insights (there is no right or wrong methodological approach in this instance). However, the intent of this research stage is always the same: to enhance the intervention design (Hoadley & Campos, 2022; Momand et al., 2022).

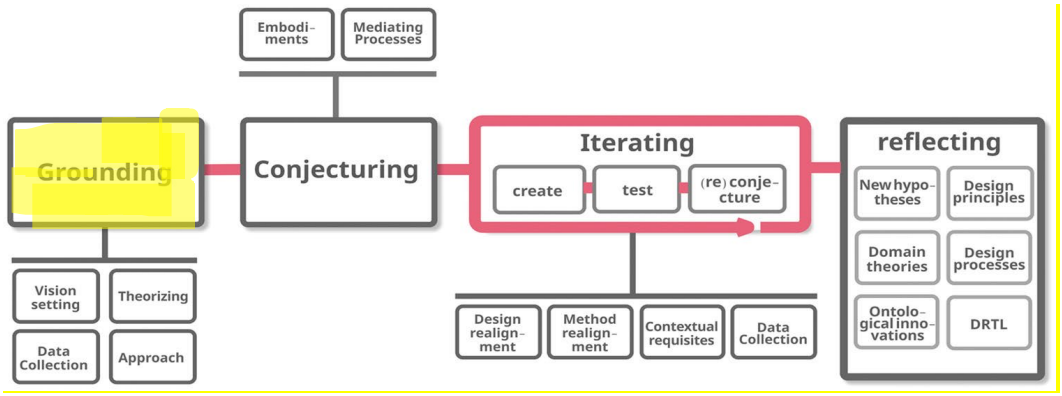

Figure 4.1 A process model of design-based research. Reprinted from Hoadley, C., & Campos, F. C. (2022). Design-based research: what it is and why it matters to studying online learning. Educational Psychologist, 57(3), 207–220. https:www.doi.org/10.1080/00461520.2022.2079128. Reprinted with permission of Informa UK Limited, trading as Taylor & Taylor & Francis Group, http://www.tandfonline.com

In the initial grounding stage of this study, the first step was to identify a problem that required further investigation and that could potentially benefit from the creation and implementation of real-world interventions, such as those afforded through virtual simulations. Social workers are integral to DFV responses; hence, education about DFV in social work curriculum is paramount (AASW, 2023).

However, the initial literature review revealed gaps in social workers' preparedness to respond to DFV. Empirical evidence suggests that social workers benefit from practical, real-world experiences during their social work curriculum, enhancing their preparedness to work in the field (Danis, 2016; Pelkowitz et al., 2023; Schaffer et al., 2024). This investigation supported the identification of social work students as the target end users of the intervention design and simulations, an important real-world learning and teaching strategy in this context (Hoadley & Campos, 2022). However, the literature review revealed a lack of insight into Australian social workers' graduate readiness to respond to DFV. To identify the necessary contextual factors for design-based research, a scoping survey was conducted to examine social workers' graduate readiness to respond to DFV.

This chapter presents the published scoping survey, which was conducted to capture insights about the target end users' (social workers) graduate readiness to respond to DFV in Australia. The published article details the survey design, instruments used, analysis, discussions and subsequent implications. The chapter concludes by detailing the significance of the quantitative study's findings in informing the broader design-based study. Specifically, the implications of the study were used to inform the design embodiments theorised to generate mediating processes that were hypothesised to support social workers' learning about DFV. These design-mediators are identified, defined and described in this chapter.

4.2. Published paper 1

Article 'Unveiling graduate readiness to respond to domestic and family violence in Australian social work programs' published in the *British Journal of Social Work*, accepted on 31 January 2024.

British Journal of Social Work (2024) **00**, 1–20
https://doi.org/10.1093/bjsw/bcae021

Unveiling Graduate Readiness to Respond to Domestic and Family Violence in Australian Social Work Programmes

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Abstract

Social workers trained initially through university education are essential in community responses that seek to address domestic and family violence (DFV). However, research has shown an international shift towards dominant models of thought that individualise or pathologise understandings of DFV in social work practice. This is problematic as it can cultivate a disconnect from the social justice mandates of the profession. Re-centring DFV within the social work curriculum has since become a focal point, but following, there is a dearth in research to measure what change, if any, this has cultured. This is further complicated in the Australian context, where to date the authors acknowledge, few studies have examined the extent of social workers' exposure to DFV within university curriculum. This project sought to redress this issue, by quantitatively surveying understandings and perceptions about DFV among Australian university social work students and recent graduates. Specifically, the study examines their attitudes, beliefs, knowledge and perceived proficiency about recognising and responding to DFV. The findings suggest that notions of feminist praxis may be diluted in social work curriculum specific to DFV, and as such novel approaches to reinvigorate a structural examination of DFV in Australian university social work curriculum warrant further attention.

Keywords: Australia, domestic and family violence, social work graduate readiness

Accepted: January 2024

Domestic and family violence (DFV) is a pervasive global issue. Worldwide, one in three women suffers DFV (World Health Organisation [WHO], 2021). Influenced by cultural, social and economic factors, experiences of DFV vary between countries and regions. In Australia, one in four women has experienced DFV (Australian Institute of Health and Welfare [AIHW], 2019; Department of Social Services, 2016), costing the country around 22 billion dollars annually (Australian Bureau of Statistics [ABS], 2022). Moreover, certain demographic groups, such as Aboriginal and Torres Strait Islander women (AIHW, 2019), and women with disabilities face disproportionately higher risks of DFV (Royal Commission in Violence, Abuse, Neglect and Exploitation of People with Disability, 2021).

Given the global and national significance of DFV, it is crucial for social workers to be well-prepared to address it, sentiments supported by the International Federation of Social Work (IFSW) (2019a,b), and specific to Australia, the Australian Social Work Education and Accreditation Standards (ASWEAS) (Australian Association of Social Work [AASW], 2021). However, concerns have been raised about the adequacy of social work education in preparing graduates to work effectively with DFV (Danis and Lockhart, 2003; Black *et al.*, 2010; Fedina *et al.*, 2018). This is concerning because social workers' understanding and conceptualisation of DFV can significantly impact their practice, and inadequate preparation my hinder their ability to identify and respond to DFV risks (Colarossi, 2003; Black *et al.*, 2010; Postmus *et al.*, 2011; McMahon *et al.*, 2013; Fedina *et al.*, 2018).

Whilst there is a growing body of literature on DFV education in social work programmes, there is a lack of research examining graduate readiness to respond to DFV in the Australian context. This article aims to fill this gap by examining the state of DFV education in Australian social work programmes, assessing students' and new graduates' attitudes, beliefs, knowledge, perceived preparedness and exposure to DFV curriculum. This research is essential for understanding the current state of Australian social workers' readiness to address DFV as they enter the profession.

Background

In the context of examining DFV, it is necessary to first explore the diverse terminologies and theoretical frames employed by scholars to understand this phenomenon. There exists considerable variability and inconsistency in the definitions used to conceptualise DFV across scholarly discourse (Laing *et al.*, 2013; Meyer and Frost, 2020). However, the preferred terminology in the Australian context is DFV as it encompasses all forms of violence

within relationships, offering a more accurate representation of intricate kinship ties among Indigenous Australians (Laing *et al.*, 2013; Mandara *et al.*, 2021). Behaviours considered to constitute as DFV include experiences of abuse categorised as physical, psychological, sexual, emotional, verbal, financial or economic, social, spiritual and cultural, patriarchal and intimate terrorism and coercive control (Stark, 2007, p. 3; Meyer and Frost, 2020). In this study, we also employ a structural feminist perspective and understand the nature of DFV being a result of the systems that privilege patriarchy (Jackson, 1999). The feminist model locates gender asymmetry as a pervading consequence of DFV, and subsequently contests both male entitlement and privilege, as well as the conventional idea that DFV is a private matter (McPhail *et al.*, 2007; Black *et al.*, 2010).

Social work education and domestic and family violence

Scholars widely agree that there is a relationship between academic preparation and improvements in graduates' overall readiness to respond to DFV post their social work degrees (Danis and Lockhart, 2003; Tower, 2003; Black *et al.*, 2010; Postmus *et al.*, 2011; McMahon *et al.*, 2013; Warrener *et al.*, 2013; Fedina *et al.*, 2018). Imperative within the social work curriculum to adequately prepare social workers to address DFV is the need to cultivate knowledge about power and control, tackling attitudes and convictions that unjustly hold victim-survivors of DFV accountable, and fostering an improved sense of professional self-efficacy in preparation for practice (Postmus *et al.*, 2011; McMahon *et al.*, 2013; Fedina *et al.*, 2018). The ASWEAS (2023) depicts the principles and standards for social work education in Australia to prepare social workers for addressing DFV, detailing the need for social workers to be educated about structural, critical theories and understandings of power, inequality and oppression. These standards provide a principled basis for how social workers should address DFV. It also demonstrates the need for a multifactorial perspective in understanding DFV, guiding social workers to recognise systemic influences in DFV responses. Subsequently, building attitudes, beliefs, knowledge and efficacy about DFV in curriculum forms the foundation for social work graduate readiness to respond post-qualification.

Attitudes and beliefs

Evidence suggests that there is a strong correlation between the incidence of DFV and attitudes, beliefs or behaviours that condone this in the first instance (Flood and Pease, 2009). Attitudes that condone DFV include minimising, excusing, justifying, trivialising or denying acts of violence against women or behaviours that misplace blame (e.g., where a

victim-survivor is blamed for the violence perpetrated against them) (ANROWS, 2017). Social norms that support or condone violence against women are problematic because they tend to be associated with higher prevalence rates for DFV, result in a reluctance in victim-survivors to disclose, and lowered rates of bystander intervention (Flood and Pease, 2009; Postmus *et al.*, 2011).

Research suggests that social workers have sometimes adopted problematic attitudes towards victim-survivors of DFV, such as embracing simplistic definitions like 'woman who choose to stay or leave relationships characterised by DFV' and assuming they are able to 'just leave' (Danis and Lockhart, 2003; Black *et al.*, 2010; McMahon *et al.*, 2013). The results can lead to interventions that prioritise individuals or pathologise their circumstances (Danis and Lockhart, 2003; Black *et al.*, 2010). These attitudes overlook the potential influence of wider social structural factors on the choices of victims-survivors. It also assumes that women are in some way complicit in the cause of the violence that occurs in the first instance, or at the least, responsible for failing to end it. As such, Laing *et al.* (2013) contend that intentionally widening the framework or 'ways of seeing' DFV should constitute the core of the social work curriculum as this is likely to improve graduate readiness to respond to DFV in practice. The extent and effect to which this integration has occurred in the curriculum of Australian social programmes has not been evaluated.

Knowledge

Lack of knowledge about what behaviours or acts constitute contemporary understandings of DFV also cultivates its continued prevalence in society. The reason is two-fold; those experiencing DFV may not have knowledge of what is considered acts of DFV, subsequently reducing the likelihood of seeking support; and those perpetrating may not believe their behaviours to be wrong (Flood and Pease, 2009; Wang, 2016; ANROWS, 2017). Inadequacies in social workers' use and understanding of research about DFV has been evidenced to exist as concerns the conceptualisation of DFV (Colarossi, 2003; Black *et al.*, 2010; Postmus *et al.*, 2011; McMahon *et al.*, 2013; Fedina *et al.*, 2018). Numerous studies have also found evidence of social workers perceiving DFV as an arbitrary deviance, rather than an ongoing social interaction with functionality and patterns (Black *et al.*, 2010; McMahon *et al.*, 2013; Fedina *et al.*, 2018; Cleak *et al.*, 2021; Mandara *et al.*, 2021).

Such individualised conceptualisations are problematic, as they fail to account for the role that intersectionality's play in shaping relational power dynamics, where DFV is further exacerbated by factors such as class, race, age, disability and sexual orientation (Collins, 2019).

Danis and Lockhart (2003) legitimately query how capable social workers are in responding to DFV where they do not first have adequate understanding of the dynamics of abuse and the impact of victim-blaming on help-seeking behaviours. The type, level and effectiveness of exposure of DFV knowledge in tertiary Australian social work curriculum had remained unexplored.

Professional self-efficacy

Whilst improving social work students' knowledge, attitudes and beliefs through education is important, so too is building social work students' sense of professional self-efficacy when addressing DFV in practice (Warrener *et al.*, 2013). This is because individuals need to feel confident in their abilities to be able to practice proficiently on the job (Danis and Lockhart, 2003; Danis, 2004; Warrener *et al.*, 2013). Whilst professional self-efficacy can be broad in its application to social work practice, experts explain that it is context-specific, and validated measures that examine social worker's competence in DFV specifically should be employed (Danis, 2004; Fedina *et al.*, 2018). The importance of building a sense of professional self-efficacy is supported through findings that identify an association between those with a higher sense of self-efficacy providing more effective responses to DFV in social work practice (Bandura and Locke, 2003; Warrener *et al.*, 2013).

It is suggested that educators can build social work students' sense of professional self-efficacy to respond to DFV by improving students' perceptions of their overall knowledge of DFV (Warrener *et al.*, 2013), and Cowan *et al.* (2020) indicate that opportunities to improve professional self-efficacy require professional practice experiences. Research into whether the integration of DFV content in Australian social work curriculum improves social work graduates' sense of professional self-efficacy within the Australian context is currently unknown. This requires further examination.

Australian context

There is a dearth of empirical literature examining the presence of DFV in social work curriculum within Australia. For this study, a desktop audit of AASW-accredited social work programmes in Australia was conducted by reviewing all programmes listed as accredited with the AASW on their website, and subsequently reviewing University programmes and course structures advertised online. The findings revealed that of the thirty-three Universities offering an accredited Bachelor and, or Master of Social Work programme (Australian Council of Heads of

Social Work Education [ACHSWE], 2023), only 42 per cent featured dedicated DFV courses built within the core programme structure. There were several programmes that localised specialised DFV coursework as an elective, or within child, and family course work broadly (35 per cent). It is unclear how the remaining 23 per cent of accredited social work programmes in Australia addressed DFV content; though given the expectation for all accredited social work programmes to embed curriculum content about family violence, it is likely featured in foundation courses and other content integrated throughout the curriculum (AASW, 2021).

How effectively social workers are prepared to respond to DFV in Australian social work university programmes is not clear. However, worth noting are some related studies in the Australian context. Through a self-report online survey, Cowan *et al.* (2020) investigated the preparedness of hospital social workers to address DFV. The findings evidenced that most participants were self-taught (Cowan *et al.*, 2020). Cleak *et al.* (2021) examined what training DFV health staff (inclusive of social workers) had received in the hospital context, though no examination of university training was explored. Lastly, Mandara *et al.* (2021), examined first contact social workers responses to DFV, identifying that most participants sources of knowledge came from their practice experiences, with university studies ranking lowest as an influence of DFV knowledge.

The findings from the available Australian studies reported some homogeneity in results, particularly noting that individualistic frames of reference often superseded structured or systemic analysis of the causes and responses to DFV in practice (Cowan *et al.*, 2019; Cleak *et al.*, 2020; Mandara *et al.*, 2021). Given social work is an accredited profession in Australia (meaning social workers are university trained) these findings support the need for a deeper examination of how social work students are educated about DFV in the Australian social work curriculum.

In summary, our empirical understanding of Australian social workers' education as concerns DFV is limited. Subsequently, we lack insights into the readiness of graduate social workers to address DFV post-qualification. This study contributes to the global literature by examining the education and readiness of Australian social work students and recent graduates from AASW-accredited programmes to address DFV. Consequently, our forthcoming research delves into the three key factors (attitudes, knowledge and perceived preparedness) identified by scholars as influential in shaping graduate readiness to address DFV. Our research endeavours to address the following inquiries: What is the extent of DFV education and training in accredited Australian social work programmes, and does it impact the attitudes, knowledge and preparedness of students and new social work graduates? What other factors influence graduate readiness (defined as attitudes, knowledge and preparedness) to respond to DFV? Based on the available international research, we

hypothesise that social work students in Australia who have received education, training or possess professional or individual experiences, will exhibit fewer problematic attitudes supportive of gender inequality and DFV in general. Furthermore, we expect them to demonstrate a greater understanding of DFV and perceive themselves as more prepared to address such issues.

Method

Sample and data collection

We conducted a cross-sectional observational survey to describe and document the characteristics of social work students and new graduates with accredited social work degrees, examining knowledge (actual and perceived), reported level of perceived professional self-efficacy, and attitudes about DFV. Eligible participants included students in their third or fourth year of an accredited undergraduate social work programme, first or second year Master of Social Work students or social work graduates who completed their degrees within the last five years. An anonymous electronic survey was administered using Lime Survey, using snowball sampling, promoted via the AASW, social media (Facebook), the Australian social work heads of school and Prolific (a private and confidential Market Research Service provider) various channels. In total, 216 participants completed the survey. Missing data were analysed and participants with missing data on more than one dependent variable were excluded from the study. This resulted in a final sample size of 193. University ethics approval was obtained from UniSQ HREC, Approval number: H22REA223 and informed consent from participants was obtained for this study.

Dependent variables

We used the Physician Readiness to Manage Intimate Partner Violence Survey (PREMIS) tool to measure participants' readiness to respond to DFV. The scale consists of four subscales measuring opinions, perceived preparedness, perceived knowledge and actual knowledge. The scale was validated for use with physicians to assess DFV training effectiveness (Maiuro *et al.*, 2000; Short *et al.*, 2006). Subsequently, a revised PREMIS instrument by Connor *et al.* (2011) was employed to measure all healthcare professions, inclusive of social work students. Due to the nature of the population of interest, this modified version was employed in this survey. High internal consistency was demonstrated across each subscale, opinions (Cronbach's alpha = 0.86, observed = 0.87), perceived preparedness (Cronbach's alpha = 0.96, observed = 0.96), perceived knowledge

(Cronbach's alpha = 0.96, observed = 0.96). The PREMIS scale is publicly available for use (see Connor *et al.*, 2011 for analysis of psychometric properties).

Independent variables

To assess DFV education, participants were asked about their training, both current and previous to their social work degree. Participants were also asked if they had completed further postgraduate qualifications specific to DFV. To measure experience with DFV, participants were asked to rate their experiences (personal and professional) with DFV on a scale of one (very poor) to five (excellent). Demographic data collected included age, income, gender, indigenous status, part-time/full-time working status, current practice setting, graduate/postgraduate training and education on DFV and personal and professional experiences with DFV.

Data analyses

After collecting and cleaning data, we conducted descriptive and inferential statistical analyses using IBM SPSS (version 28.0). We conducted a descriptive statistical analysis for the variables and the scores derived from the scales. To determine the relationship between study variables, bivariate analyses were employed, encompassing Pearson's correlations, *t*-tests and one-way analysis of variance (ANOVA). A regression analysis was conducted to determine what factors from our sample influence graduate readiness to respond to DFV. Power analyses showed that our sample size for each of our tests satisfied the minimum requirement.

Results

The survey gathered data from a diverse group of 193 participants to gain insights into their characteristics and perspectives. Most participants (81.3 per cent) were between eighteen and thirty-four-year-old, with (78.2 per cent) identifying as female. Income levels varied, with 41.5 per cent reporting an income of $25,000 or less, whilst 4.1 per cent reported an income of $100,001 and above. The reported income coincided with the number of study participants who reported being employed in a part-time capacity (40.4 per cent). Country of birth varied widely, with 33.3 per cent born in Europe and 30.1 per cent from the Americas. A notable 5.2 per cent identified as Aboriginal or Torres Strait Islander. Social work degree attainment levels ranged from undergraduate (31.6 per cent) to master's degree holders (19.2 per cent). The remainder

(49.2 per cent) was current social work students. Participants had diverse DFV training, with 38.9 per cent attending lectures or talks, and 19.2 per cent completing entire courses. The mean self-reported personal/professional experience rating was 3.35. Based on a Likert scale of 1–7, participants displayed moderate levels of perceived preparedness (4.93), perceived knowledge (5.12) and actual knowledge (24.03 of total 36 correct responses). Their opinions on various aspects ranged from 4.32 to 5.14. These figures suggest that, on average, participants feel moderately experienced and prepared, believe they have a moderate level of knowledge, and performed reasonably well on a knowledge test. Their opinions on various aspects were generally positive.

Inferential statistics

Inferential statistical analysis suggested that age, gender and experience of DFV may particularly influence areas of understanding and capabilities in relation to DFV. *T*-tests found that there was a significant but slight increase in actual knowledge of DFV in participants over thirty-five years ($M = 25.76$, $SD = 5.72$) versus under thirty-five years ($M = 23.66$, $SD = 4.72$); $t(187) = 2.266$, $p = 0.12$, $d = 0.429$. In relation to gender, the was also a small but significant increase in actual knowledge with females ($M = 24.34$, $SD = 5.02$) performing stronger than males ($M = 22.56$, $SD = 4.11$); $t(180) = 1.923$, $p = 0.028$, $d = 0.366$. Increased prior hours of training showed a very small but significant increase in actual knowledge with level of qualification having no significant effect. There were also increased differences in perceived knowledge and preparation in relation to age. For perceived knowledge, over thirty-five-year-old participants scored higher ($M = 5.52$, $SD = 1.27$) than under thirty-five-year-old participants ($M = 5.03$, $SD = 1.15$); $t(187) = 2.239$, $p = 0.013$, $d = 0.424$. Meanwhile, there was a small, but significant difference in perceived preparedness between over thirty-five-year participants ($M = 5.27$, $SD = 1.37$) and under thirty-five-year-old ($M = 4.86$, $SD = 1.27$) participants; $t(187) = 1.674$, $p = 0.048$, $d = 0.317$.

There were observable differences for gender in both victim understanding and victim autonomy with female participants scoring significantly higher in both domains. For example, there was a strong effect size for victim autonomy, with females ($M = 4.82$, $SD = 1.10$), scoring significantly higher than males ($M = 4.13$, $SD = 0.87$); $t(60.7) = 3.939$, $p < 0.001$, $d = 0.644$. Noticeably, we found no significant differences in self-efficacy based on age, gender, prior hours of training or educational level. Further, we found that having a postgraduate qualification demonstrated no advantage in the domains of DFV actual knowledge, DFV perceived knowledge, DFV perceived preparation, self-efficacy, victim understanding or victim autonomy.

ANOVAs suggested that the type of training accrued had limited or presented no difference in the domains of DFV actual knowledge, DFV perceived knowledge, DFV perceived preparation, self-efficacy, victim understanding or victim autonomy. Only for actual knowledge, as the small effect sizes show that small but significant differences, with increased scores in watching a video versus doing nothing, attending a lecture versus watching a video and watching a video versus other in-depth training ($F(5, 183) = 4.43$, $p \leq 0.001$, $\eta p2 = 0.108$).

Regression analysis aimed at describing predictors of DFV actual knowledge, DFV perceived knowledge, DFV perceived preparation, self-efficacy, victim understanding or victim autonomy is described in Tables 1 and 2. DFV experiences and gender emerged as a strong predictor in all models.

Descriptive statistics

The findings from the PREMIS survey reveal important insights into the knowledge and perceptions of study participants regarding DFV, shedding light on specific areas where understanding can be improved. The most significant variance in results concerned the single strongest risk factor for becoming a victim of DFV. Whilst some recognised gender (specifically, being female) as a significant risk factor (33.7 per cent), a substantial portion of respondents attributed the greatest risk of DFV to partner substance abuse (28.6 per cent) or family history of abuse (31.2 per cent). This is despite ongoing statistical evidence highlighting the biggest risk factor of DFV as being a woman (The National Council to Reduce Violence Against Women and their Children [NCRVAWC], 2009). These findings suggest there could be a lack of understanding of the cultural and structural causes of DFV among our social work respondents.

The survey also highlighted attitudes and beliefs among participants, including that a considerable percentage of respondents (41.5 per cent) could not recognise or were unsure about valid reasons for remaining in an abusive relationship and 26.4 per cent felt that being supportive of a victim-survivors choice to remain in a DFV relationship would condone the violence. Alarmingly, 20.7 per cent of respondents were unsure or agreed with the statement that 'women who step out of traditional roles are a major cause of DFV'. This is important to acknowledge as it suggests that some social workers (either social workers in training or new graduates) hold the belief that women can be seen as contributors to DFV when they deviate from traditional gender roles.

Additionally, 35.8 per cent of respondents believed that victims of DFV are not at the greatest risk of harm when they leave the relationship, contradicting the commonly understood notion that separation is

Table 1. Regression analysis modelling predictors of actual knowledge, perceived knowledge and perceived preparedness.

	Actual knowledge			Perceived knowledge			Perceived preparedness		
	b	*p*	CI	b	*p*	CI	b	*p*	CI
Age	0.122	0.109	(−0.342, 3.374)	0.050	0.469	(−0.261, 0.564)	0.008	0.903	(−0.428 – 0.485)
Gender	−0.159	0.030*	(−3.860, −0.195)	−0.096	0.148	(−0.706, 0107)	−0.061	0.356	(−0.661, 0.239)
Education attainment	0.038	0.609	(−1.117, 1.900)	0.507	0.402	(−0.192, 0.477)	0.027	0.685	(−0.294, 0.447)
DFV experience	0.253	<0.001***	(0.471, 1.784)	0.502	<0.001**	(0.403, 0.695)	0.498	<0.001**	(0.438, 0.760)
Hours training	−1.29	0.080	(−2.777, 0.160)	0.046	0.488	(−0.211, 0.441)	0.086	0.199	(−0.125, 0.596)

*$p < 0.05$.
**$p < 0.001$.

Table 2. Regression analysis modelling predictors of self-efficacy, victim understanding and victim autonomy.

	Self-efficacy			Victim understanding			Victim autonomy		
	b	*p*	CI	b	*p*	CI	b	*p*	CI
Age	−0.082	0.279	(−0.723, 0.210)	−0.035	0.646	(−0.424, 0.263)	−0.004	0.959	(−0.425, 0.404)
Gender	−0.048	0.512	(−0.612, 0.306)	−0.233	0.002**	(−0.888, −0.213)	−0.237	0.001**	(−.1.085, −0.271)
Education attainment	−0.013	0.864	(−0.414, 0.347)	0.068	0.362	(−0.150, 0.410)	0.041	0.578	(−0.243, 0.433)
DFV experience	0.381	<0.001***	(0.264, 0.593)	0.300	<0.001***	(0.127, 0.370)	0.183	0.014*	(0.037, 0.330)
Hours training	−0.059	0.418	(−0.520, 0.217)	−0.062	0.397	(−0.388, 0.155)	−0.255	<0.001***	(−0.910, −0.255)

*$p < 0.05$.
**$p < 0.01$.
***$p < 0.001$.

correlated with high rates of lethality for victim-survivors (Humphreys, 2007). Just over half of the participants (51.3 per cent) expressed uncertainty or disagreed with the statements that they had sufficient training to address DFV situations. This suggests there may be a need for more comprehensive training in this area for social work professionals.

Discussion

The purpose of this exploratory study was to gain insights into tertiary training and education of Australian social work students about DFV, as well as examining the readiness of graduate social workers to address DFV post-qualification in Australia. To address the first of our research questions, we examined the reported type and extent of DFV education and training in accredited Australian social work programmes. Noteworthy was that a significant sample (38.9 per cent) of social work students and new graduates reported attending lectures or talks on DFV, and approximately one-third (31.6 per cent) indicated that they had completed comprehensive DFV training (such as an entire course or other in-depth training). Inferential statistics suggest, however, that it is unclear how the different modes of training (e.g., video, lecture, course or workshop) influence readiness to respond to DFV post-qualification. Level of qualification (undergraduate or master's) equally did not influence differences in postgraduate readiness within Australia, implying that both undergraduate and master's level social work programmes may be providing students with similar levels of preparation to address DFV.

The number of hours dedicated to DFV training during participants' social work degrees revealed that most participants (53.4 per cent) reported receiving between one and twenty-five hours of training. These findings validate the commitment from Australian social work programmes to provide students with theoretical knowledge and discussions about DFV, which aligns with the findings from our desktop audit of Australian social work programmes. However, our study did not find that the amount of training and education within social work degrees significantly or positively influenced participants' attitudes, perceived knowledge and preparedness to respond to DFV. This aligns with findings from Connor *et al.* (2011), suggesting that training hours alone do not determine graduate readiness. Whilst there was a small but significant impact on actual knowledge with increased training hours, more than half of the study participants (51.3 per cent) expressed doubts or disagreement about the adequacy of their training to prepare them for DFV practice. It is plausible that training quality plays a more influential role, however, beyond the self-assessed opinion question, our research did not examine the substance of training provided in the social work curriculum. More research is needed to explore the content and quality of this training to comprehensively determine its

effectiveness in preparing students for the complexities concerning DFV in real-world practices.

Highlighting the imperative for further research into the quality of Australian social work training, our descriptive results reveal an underestimation of certain risk factors such as chronic pain (considered irrelevant by 33.3 per cent) and victim-survivor substance misuse (not seen as a risk factor by 29 per cent). Two-thirds of respondents attributed the strongest single risk factor of DFV to perpetrator substance abuse or family history of abuse, overlooking the well-established gender-based risks rooted in societal inequalities and norms (NCRVAWC, 2009; AIHW, 2023). These gender-based factors contribute significantly to the incidence of DFV, emphasising the need for social workers to recognise DFV because of broader social issues, rather than individual pathologies. Neglecting this perspective may result in ineffective support and victim-blaming, evident in the 41.5 per cent of participants expressing uncertainty or disagreement about valid reasons for remaining in a DFV relationship, and 20.7 per cent unsure or concurring that women who defy traditional gender roles contribute to the cause of DFV. These findings suggest there may be a need for a more profound integration of feminist praxis and novel approaches to DFV training for social work students in Australia. It is important that social work lead this, as social workers are uniquely trained and subsequently positioned to be able to consider systemic factors in practice. This holistic approach is essential for understanding gender and social inequalities, which are both contributory root causes of DFV.

To answer our second research question, we examined what other factors (e.g., demographics or professional experiences) affect attitudes, knowledge and preparedness of social work students and new graduates to respond to DFV. The results demonstrated that age, gender and personal/professional experiences each influence graduate readiness to respond to DFV. Within the sample, 45.3 per cent had significant exposure to DFV, either through professional or personal experiences. Of note was that these experiences were evidenced to predict increases in actual knowledge, perceived knowledge, perceived preparedness, self-efficacy and victim understanding. These results are important to consider, as it highlights the multifaceted nature of graduate readiness and lends itself to the need for holistic training approaches that address the complexities of DFV, including ensuring that tertiary training adopts a trauma-informed care pedagogy. Educating students on the impact of trauma and strategies for providing sensitive, supportive care is crucial for maintaining a duty of care.

Results from the bivariate analysis also identified significant differences in actual knowledge, perceived knowledge and perceived preparedness for age groupings. In each instance over thirty-five-year-olds performed stronger than under thirty-five-year-olds. Whilst we cannot

say the reasons indefinitely for this, there is a good probability that over thirty-five-year-olds have had more personal and professional experience than under thirty-five-year-olds. Results also revealed that women performed stronger in the actual knowledge results, and better in opinions about victim autonomy and victim understanding. Based on prevalence studies identifying that one in three women experience DFV (WHO, 2021). it is reasonable to conclude that women are more likely to have had personal experiences with DFV. These findings reaffirm the significance of personal and professional experiences positively influencing social work responses to DFV. It also underscores the importance of considering personal and professional experiences as a potential asset in training and education related to DFV.

Field education, a signature pedagogy of social work in Australia, affords social workers rich opportunities to develop professional experiences through integrating theory in practice. Further there are opportunities for increased skill development and reflective capabilities (Harris and Newcomb, 2023). There are, however, no guarantees that student social workers will be exposed to professional opportunities to engage with DFV whilst on placement, as each placement experience will be unique to the placement context. This is problematic as concerns preparing social workers to respond to DFV, as experts explain that the development of professional self-efficacy or preparedness requires context-specific opportunities (Danis, 2004; Fedina *et al.*, 2018). Therefore, other novel approaches, such as simulation-based pedagogies should be considered to ensure social workers are equally exposed to professional practice experiences that enhance their graduate readiness to respond to DFV.

Emerging evidence supports the effectiveness of simulation in social work (Harris and Newcomb, 2023; Kourgiantakis *et al.*, 2019), including application to DFV education (Jenney *et al.*, 2023). Simulation-based pedagogies aim to immerse learners in tailored practice contexts that foster experiential and empathic learning (Radianti *et al.*, 2020). Benefits include improved knowledge acquisition through applied learning in simulated practice environments, the development of procedural skills and increased self-efficacy (Cheung *et al.*, 2019). By employing simulation-based approaches, students can gain valuable professional and personal experiences related to DFV within a scaffolded learning environment. This can be used to bridge gaps in readiness that stem from oversimplified views about DFV, whilst also fostering a deeper understanding of structural contributors. This is particularly the case when simulations are co-designed with community stakeholders, alongside those with lived experiences of intersecting oppressions. In this way, students are afforded learning opportunities that reflect a breadth of structural viewpoints. Through guided educator endeavours, students are subsequently able to consider and demonstrate the application of structural understandings of DFV. Given our findings highlight the significance of professional and personal experiences

in predicting graduate readiness, it is essential to explore teaching methods that ensure students are afforded with opportunities to apply theory to DFV-specific practice experiences during their qualification. Simulation-based pedagogies, or other innovative teaching approaches alike, emerge as a promising strategy to enhance students' preparedness to address DFV effectively upon graduation.

Limitations

Several noteworthy limitations became known when examining the results of the study. First, the data collected are cross-sectional in nature, meaning that establishing causal relationships between variables is not possible. Additionally, the sample was overwhelmingly female, though this is indicative of a representative sample of the profession, where females predominately occupy social work positions in Australia (AIHW, 2023). However, the study population was also predominately composed of white, cisgender social workers. Consequently, the findings may not be readily applicable to all social work students. Third, the overall response rate for the study was low when compared to the size of the population (approximately 14,000 Australian social work students at any given time), which raises concerns about the generalisability of the sample to social work students and new graduates across Australia. However, power analyses suggest that the sample size was sufficient to undertake the appropriate statistical tests. Further, it is worth noting that this response rate aligns with typical rates for recruitment and methods employed in this study.

A fourth important consideration is the potential for violations of construct validity. This was due to adaptations made to the actual knowledge measure, particularly the removal of two questions specific to the healthcare profession, though this was necessary to ensure relevancy for the population of interest. Additionally, the PREMIS scale utilised in this study is relatively dated, and the dynamic nature of cultural nuances and conceptualisations of DFV, particularly as concerns actual knowledge, could impact its relevance. It is important to acknowledge, however, that there is a dearth of research examining the actual knowledge of social workers, and the results from this study can enhance future research aimed at quantifying social workers' genuine understanding and opinions of DFV. Despite these limitations, the outcomes of this exploratory investigation establish a preliminary basis for further research.

Key implications and contributions

This exploratory study offers critical insights into DFV education and readiness among Australian social work students and recent graduates.

Despite the noted limitations, several key implications and contributions emerge from our findings. First, it highlights the existence of gaps in understanding, namely the oversimplification of views about DFV. Whilst DFV education was prominent in varied amounts throughout DFV curriculum in Australia, the quality of such training remains unclear. Secondly, the findings revealed the significance of personal and professional experiences in informing graduate readiness. Whilst this can be accomplished through placements, there is no assurance that exposure to DFV will occur during this time. There are, however, emerging technologies, such as simulation-based pedagogies, that can guarantee our social work students' opportunities to engage in professional practice experiences concerning DFV.

It is therefore proposed that social work curricula draw on innovative technologies and teaching methods to enhance graduate readiness within the social work profession. To ensure accurate conceptualisations of DFV are reflected, education should also emphasise DFV is a major problem owing to gender-based oppression. We must ensure social work graduates understand DFV as an issue embedded in broader social structures, with intersecting power-based influences. Failure to do so is a form of injustice and goes against the very principles that social work aims to uphold. With innovative technologies at our fingertips, we owe it to all those affected by DFV, to find novel ways to replicate experiences that aid in improving graduate readiness of the much-needed social work profession as they disrupt the complex terrain that is DFV.

Conflict of interest statement: None declared.

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4.2.1. Omitted article results

The following results were omitted from the research article due to constraints with the journal word limits. The results however present valuable findings that were used to inform strategies employed in grounding the design-based research. For this reason, the findings are presented as follows. The analysis found that significant models were identified for all of the dependent variables (Actual knowledge Adjusted $R2 = 0.092$, $F[5, 172] = 4.578$, $p < .001$; Perceived knowledge Adjusted $R2 = 0.258$, $F[5, 172] = 13.309$, $p < .001$; Perceived preparedness Adjusted $R2 = 0.248$, $F[5, 172] = 12.700$, $p < .001$; Self-efficacy Adjusted $R2 = 0.109$, $F[5, 171] = 5.310$, $p < .001$; Victim understanding Adjusted $R2 = 0.107$, $F[5, 171] = 5.205$, $p < .001$; Victim autonomy Adjusted $R2 = 0.119$, $F[5, 171] = 5.732$, $p < .001$). However, when examining each model, it was clear that not all independent variables were significant predictors of the dependent variables.

The analysis showed that DFV-informed experience and gender are significant predictors of actual knowledge and victim understanding. Experience also significantly predicts perceived knowledge, perceived preparedness and self-efficacy whereas DFV experience, gender and hours of training significantly predict victim autonomy. Age and educational attainment do not significantly predict any of actual knowledge, perceived knowledge, perceived preparedness, self-efficacy, victim understanding or victim autonomy.

One notable topic concerned the recognition of warning signs that a person may have experienced abuse by their partner. Although there was general consensus among survey participants that chronic unexplained pain, anxiety, substance abuse, frequent injuries and depression are risk factors for DFV, there was greater variance in responses about chronic pain (33.3% said that this was not a risk factor) and substance misuse (29% noted that this was not a risk factor). Interestingly, the least variance in responses occurred for frequent injuries being a warning sign that a person may have been abused (95.6% recognised this as a risk factor for DFV). This finding suggests that some social workers may be less familiar with the subtler forms of DFV.

Table 4.1 details the survey demographics that informed the study findings and discussion presented in Article 1.

Table 4.1 Survey demographics (N = 193)

Characteristic	n	%
Age		
18–34 years old	157	81.3
35 and over	36	18.7
Gender		
Female	151	78.2
Male	35	18.1
Language proficiency		
Speaks English well	89	46.1
Does not speak English well	4	2.1
Social work attainment level		
Currently studying either a BSW or MSW	95	49.2
Bachelor of social work	61	31.6
Master of social work	37	19.2
Type of DFV training attained during social work degree		
None	16	8.3
Watched a video	8	4.1
Attended a lecture or a talk	75	38.9
Attended a skills-based training or workshop	33	17.1
Completed an entire course	37	19.2
Other in-depth training (more than five days)	24	12.4
Number of hours of DFV training during social work degree		
None	16	8.3
1–25 hours	103	53.4
25–50 hours	44	22.8
50–75 hours	13	6.7
75 or more hours	17	8.8

Characteristic	n	%
Poor	21	10.9
Fair	85	44
Good	68	35.2
Excellent	19	9.8
Perceived preparedness	4.93 (1.3)	(1–7)
Perceived knowledge	5.12 (1.18)	(1.88–7)
Actual knowledge	24.03 (4.96)	(9–34)
Opinions (preparation)	4.79 (1.32)	(1.33–7)
Opinions (legal requirements)	5.08 (1.46)	(1–7)
Opinions (self-efficacy)	4.65 (1.20)	(2–7)
Opinions (alcohol/drugs)	4.32 (.71)	(2.33–7)
Opinions (victim understanding)	5.14 (.89)	(3–7)
Opinions (victim autonomy)	4.70 (1.10)	(2.33–7)

4.3. Links and implications

The findings in this survey were an important step in grounding the design of the study. The grounding stage of design-based research typically includes vision setting, theorising, data collection and confirming an approach (Hoadley & Campos, 2022). The survey identified numerous gaps in social work graduates' preparedness to respond to DFV in Australia, which were subsequently used to develop insights into the design contexts on which the intervention needed to focus. The key findings captured about social work learners and their preparedness to respond to DFV are summarised as follows: (1) there are gaps in social workers' graduate preparedness to recognise warning signs, (2) there are barriers to social workers' understanding of the difficulties in leaving relationships characterised by DFV, (3) social workers at times displayed problematic attitudes and beliefs at odds with the social work value base (AASW, 2023) and (4) there was evidence of a participant-reported need for additional DFV training in social work curriculum.

Specifically, the findings highlight the need for learners to develop insight into the more nuanced or less obvious warning signs of DFV, such as victim-survivor chronic pain or substance misuse. Social work learners also need additional support and training in being able to develop knowledge about the complexities of risk, such

as gender (being female) as a significant predictor of DFV. Knowing that leaving a relationship characterised by DFV substantially increases the risk of harm to the victim-survivor is also necessary social work knowledge. It is also important for social workers to develop a good understanding of the broader social issues that cultivate and exacerbate DFV in the first instance. This is because social workers need to be able to perform risk assessments and safety planning when working with vulnerable individuals or groups (AASW, 2023).

The quantitative survey results demonstrate that social work learners need to further develop an understanding of, and respect for, the complexities involved in victim-survivors' decision-making in remaining in DFV relationships. Reasons can include those grounded in religious beliefs or love for one's partner. Therefore, social workers must develop skills in nurturing victim-survivors' agency through empowerment strategies, as opposed to neoliberal approaches that might otherwise impose more authoritative service responses. Problematic gendered stereotypes also need careful attention in social work training to ensure that individual practitioner values align with those of the social work profession, including values of respect and equality (AASW, 2023). Finally, the survey findings provide insight into the need to enhance tertiary social work training, a direct request made by half of the study participants. However, of note in this study is that the type (workshops, seminars, lectures/talks, a course or video) or amount of training and education within social work degrees did not significantly or positively influence participants' attitudes, perceived knowledge and preparedness to respond to DFV. Instead, personal and professional experiences were noted to positively determine social workers' graduate readiness to respond to DFV. Informed by these findings, the grounding stage of the design-based research concluded by theorising simulation as a technological medium that could serve as a valuable resource to offer social work students real-world experiences and exposure to DFV. ELT, the second theoretical framework used to inform this study, further supports these sentiments (D. Kolb, 1984). In this instance, ELT supports the chosen simulated medium because it is an educational resource that can provide social work students' greater learning opportunities that support them to develop conceptual understandings that better prepare them for practice (Long & Gummelt, 2020).

As noted, vision setting is a process employed during the grounding stage of design-based research (Hoadley & Campos, 2022). Informed by the data collected in

the quantitative study and continued consultations with the community advisors, the author was able to make determinations about possible directions for the simulation design. This included ensuring that students are exposed to more nuanced risk factors of DFV, from multiple intersectional perspectives, within the designed simulations. Therefore, the author sought to collate ideas about less commonly understood risk factors, such as acts of psychological abuse, and commenced the development of script ideas for the simulations (see Appendix B for preliminary vision setting ideas). Early design ideas focused on positioning the simulations from the lens of a social worker engaged with diverse victim-survivors across different social realities, reflecting various intersectional experiences. This included reflecting design ideas that would highlight elder abuse, LGBTQIA+ experiences of DFV and DFV against women. One scenario focused on displaying the victim-survivor's use of marijuana as a coping strategy in response to DFV. This was in direct response to the survey findings about social workers misunderstanding victim-survivor substance misuse as a warning sign of DFV.

Second, the author recognised the need for simulations to impart knowledge about gender-based and social causes of DFV. As supported by other social work academics in the field, this finding supports the argument that there is a greater need to return to grounding social work education in feminist and intersectional theoretical frameworks, especially to educate social workers about DFV (Hawkins, 2007). Vision setting subsequently included developing ideas for scenarios that focused on the additional systemic barriers that female victim-survivors experience. For instance, showing a victim-survivor not being believed because of heavily influenced patriarchal systems that privilege the voices of men in positions of authority. The author used an example of a defence service man and his behaviours being excused by his comrades to demonstrate this point. Subsequent vision setting focused on creating activities that supported students to develop skills in completing complex risk assessments (including recognition of systemic risk factors) following exposure to the VR simulations (see Appendix B). Vision setting also included the development of ideas for learning activities that could build students' development of skills in safety planning but doing so by focusing on nurturing the agency of the victim-survivor. The early vision setting ideas for scaffolded educational tasks were focused on building activities that could support students to reflect on the successful aspects observed in the simulations to which they were exposed while identifying

gaps in social workers' responses to nurturing victim-survivor autonomy and agency. To enhance learning, the intent is to ensure that these activities are performed alongside academic support and feedback. This stage of vision setting aligns with Kolb's stages of learning, referred to as active experimentation, which is also understood as learning through application (D. Kolb, 1984).

The identified gaps in the quantitative study highlighted the importance of building social work competencies that support skill development in perspective taking. This is an important social work skill set because it can nurture more empathic responses. Empathy is a necessary practice competency for practitioners to be able to challenge pre-conceived biases and build mutual respect and understanding when engaging with service users. These are competencies recognised as essential in the ASWEAS (AASW, 2023). This emphasis became particularly important because the quantitative data indicated instances in which social workers lacked insights into victim-survivors' autonomy in decision-making or engaged in victim blaming attitudes and beliefs (such as the problematic gendered stereotypes noted in the survey responses). In response, vision setting included generating ideas for scenarios that displayed various examples of social workers or other service professionals demonstrating victim blaming attitudes or beliefs. The scenarios sought to highlight the negative repercussions of these behaviours through demonstrations of victim-survivors expressing helplessness, anger or a lack of engagement in further discussions with the social work practitioners. It was hypothesised that this could be used as an observational learning and teaching opportunity, scaffolded through reflective discussions about the implications of problematic behaviours or attitudes in responding to DFV. In this instance, Kolb's stage of concrete and reflective learning is established and students are provided opportunities to learn through direct observation and examination (D. Kolb, 1984).

Further, other ideas for the development of pedagogically reflective activities and tasks that could accompany the VR simulations were noted. The ideas formulated focused on students engaging in critical reflection and introspection, exploring the visual impact of victim blaming during the simulation but also reflecting and articulating what they noticed about themselves (see Appendix B). 'Learning through reflecting and explaining' supports D. Kolb's (1984) second and third stage of sequential learning, which is referred to as reflective observation and abstract conceptualisation, affording social work learners with opportunities to enhance their

full understanding of the DFV concepts presented. Critical reflection requires students to reflect on their personal value base and that of the social work profession, reflecting on discrepancies and alignments (Fook, 2022).

Moreover, learning objectives were created. The vision for these learning objectives were formulated in accordance with the noted gaps in the data presented but also the technological affordances available using VR simulations. Equally informed by ELT (D. Kolb, 1984), it was hypothesised that the design approach would provide students with opportunities to move from knowing theory to being able to apply it. The learning objectives were developed with reference to the ASWEAS (AASW, 2023) and community advisors, who were regularly consulted throughout the grounding stage of the design-based research. They are depicted as follows:

- enhanced recognition of the complexities of personal, social and cultural identities for those experiencing DFV,
- insight into the complexities of DFV risk, including the subtler ways that power and control can present,
- skills in the selection of interventions most likely to address individual service users' needs and circumstances (promoting values that are supportive of self-determination and service user agency),
- critical reflection and awareness of self through immersive exposure when engaging in DFV prevention and intervention.

This quantitative study was important in ensuring the subsequent conjecturing stage was able to be satisfied in the design-based research. As identified in the previous chapter, 'conjecturing' involves setting out the hypotheses on how best to develop and test the design (Hoadley & Campos, 2022). This study was significant in informing the areas of design that were relevant in addressing the gaps noted in social workers' preparedness to respond to DFV, aiding in the initial stages of conjecturing about the subsequent courses of action that will support social workers' learning about DFV. It was also necessary in affirming simulations as a technological medium to support the development of social workers' graduate preparedness to respond to DFV. The following chapter explores the current uses and applications of virtual simulations in social work education, in relation to DFV. The insights from this

study were used to further identify the design embodiments that were useful in generating mediating processes in the simulation design.

CHAPTER 5 – PAPER 2: VIRTUAL SIMULATIONS TO EDUCATE SOCIAL WORK STUDENTS ABOUT DOMESTIC AND FAMILY VIOLENCE: A SCOPING REVIEW

5.1. Introduction

The second iterative stage of design-based research is ‘conjecturing’ (Hoadley & Campus, 2022). This is the stage of design-based research that is focussed on constructing solutions. It involves collating data that is then used to inform subsequent planning (Koivisto et al., 2018). Hoadley and Campos (2022) also describe this phase of the design process as the stage where ‘embodiments’ and ‘mediating processes’ are manifested. In other words, it is the stage of design-based research where physical attributes, materials, functionality, and aesthetics of the design concept are established. Data collected and analysed during this stage is essential in the production of tangible outputs, giving “concretude to the problems identified in the grounding phase by tracing out a theory of action” (Hoadley & Campos, 2022, pg. 213). An example provided by Hoadley and Campos (2022) describes the process of developing a ‘theory of action’ as the application of a collaborative virtual lab being the way to develop content conceptualisations and to promote student interest in the subject matter. They argue that the designed online environment does not promote learning in isolation, but that the opportunity for collaboration is instead the mediating factor for the desired change. Here, the virtual labs become the mechanism for change (or theory of action), and collaboration the theory for change. This theory of action is developed through grounding theories and data collated during this stage. The following diagram extracted from Hoadley and Campos (2022, p. 212) depicts the stage of design-research that is engaged in this chapter.

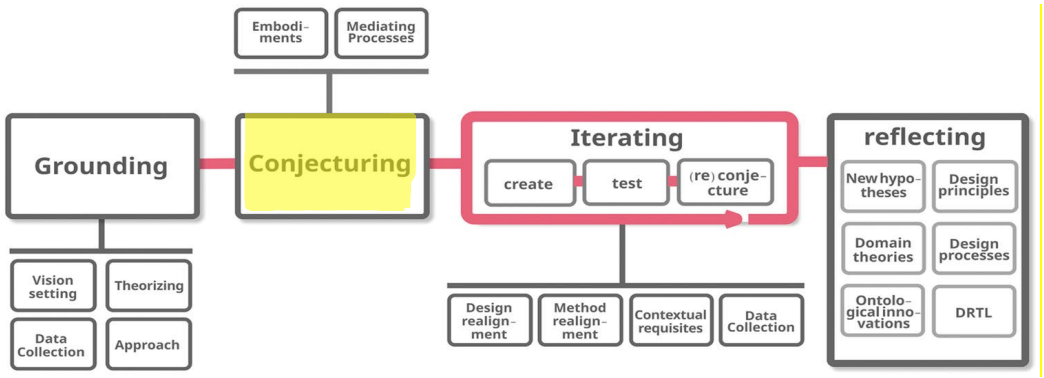


Figure 5.1 A process model of design-based research. Reprinted from Hoadley, C., & Campos, F. C. (2022). Design-based research: what it is and why it matters to studying online learning. Educational Psychologist, 57(3), 207–220. https:www.doi.org/10.1080/00461520.2022.2079128. Reprinted with permission of Informa UK Limited, trading as Taylor & Taylor & Francis Group, http://www.tandfonline.com

The previous chapter, and the article titled “Unveiling graduate readiness to respond to domestic and family violence in Australian social work programs”, detailed areas of focus necessitating attention in the design of the virtual simulations. Most noteworthy was that there were gaps in Australian social workers’ preparedness to identify risk factors of DFV: they lacked an understanding of the complexity of DFV, and there was evidence of problematic attitudes and beliefs about DFV victim-survivors (Schaffer et al., 2024). Study participants also self-assessed that they needed more training about DFV to feel better prepared to respond. Professional self-efficacy, knowledge, attitudes and beliefs about DFV each effect how competently social workers engage in professional decision-making tasks, such as risk assessments and safety planning (Schaffer et al., 2024). These findings influenced the identification of the problem areas of pedagogical focus, and following this, the learning and teaching areas of focus in the conjecturing stage of the design-based research that requires problem-solving and the development of solutions.

We also know from the data collected in Study 1, that the type (e.g., workshops, lectures, and seminars) and amount of DFV training seemed to have little to no impact on the improvement in social workers’ preparedness to respond to DFV (Schaffer et al., 2024). However, there was evidence that those with personal and professional experiences of DFV had improved attitudes, knowledge, and a heightened sense of self-efficacy (Schaffer et al., 2024). Simulations are an effective pedagogical strategy available to immerse learners into tailored professional practice contexts that are designed to build opportunities for experiential learning (Kourgiantakis et al, 2019). Noteworthy is that simulation attributes and learning

outcomes are dependent on the simulation type, technological media used, functionality and materials used (Allison et al., 2023; Huttar & BrintzenhofeSzoc, 2020). To gain informed insight into the theories of action required to respond to the identified problem learning areas, it is necessary to collate data on existing simulation strategies and features used to educate social workers about DFV.

This chapter depicts a scoping review of literature examining the use and application of virtual simulations to educate social workers about DFV. The findings from this study are used to guide the development of the 'theories of action' in the design-based research approach. These theories of action are derivative of the problems that were first identified in the grounding phase of the thesis, which subsequently supported a closer examination of simulation as a pedagogical approach to DFV education. Early insights ascertained from the literature search conducted for this scoping review, quickly revealed that virtual simulations emerged as a leading approach in simulation pedagogies. This prominence is primarily attributed to the ability to reduce long-term financial and resource requirements, increased opportunities for self-paced learning and ongoing engagement in learning materials, flexibility and accessibility (Baker & Jenney, 2023). This informed the decision to examine in detail the embodiments of virtual simulations and their application to social work education about DFV, as opposed to in-person or traditional case simulations.

Subsequently this chapter presents the findings of the scoping review, undertaken to construct concrete solutions to the problems identified. The article 'Virtual simulations to educate social work students about domestic and family violence: a scoping review' and submitted to the *Journal of Social Work Education* for review, details the systematic search methods using PRISMA, a rigorous process of study selection and findings, and discusses the primary themes noted in the data. This chapter concludes by detailing the significance of these themes and how they are used to develop the theories of action in the conjecturing phase of design-based research.

5.2. Submitted for publication: paper 2

Article “Virtual simulations to educate social work students about domestic and family violence: a scoping review” submitted for publication in the *Journal of Social Work Education* on 01/02/2024.

Virtual Simulations to Educate Social Work Students About Domestic and Family Violence: A Scoping Review

Abstract

This scoping review systematically assesses and documents the landscape of immersive virtual simulation pedagogies utilised within social work education to teach students about domestic and family violence (DFV). With increasing relevance during and post Covid-19, virtual simulations have been embedded with accelerated use into social work curricula to build graduate meta competencies required for practice. The value of online and virtual simulations to educate students about DFV highlights an area of social work practice where complex graduate skill development is required. The intent of this paper is to map the existing methodologies, technologies, and pedagogical strategies employed in virtual simulations to educate social work students about DFV. In doing so, the paper demonstrates the different types of virtual simulations that are used to educate social work students about DFV, the types of knowledge and skills that they seek to address and identifies how this has been evaluated. Developing insights about what has been done, the strategies used to implement them, along with gaps and limitations of virtual simulation use are instrumental in shaping future design strategies. Each contribute to building a continuation of innovative approaches to enhance social workers' education about DFV.

Simulations have long been embedded into social work pedagogy as a strategy employed to build graduate competencies through exposure to real-world practice contexts that they are likely to encounter in their professional endeavours (Barker et al., 2018; Olcon et al., 2023; Schech et al., 2017). There are a multitude of ways to engage in simulations, each offering distinct or different advantages dependent on the media used to implement them. Most commonly, simulations will involve in-person approaches drawing on live actors or requiring virtual technologies. Computer-based or virtual simulations refer to simulations conducted online. When we use the term 'virtual simulation' we adopt the definition described by Vassos and Hunt (2023) as "virtual practice environments with digitally enabled virtual clients" (p.2). In each instance, simulations have been found to be an effective means to improve graduate competencies in communication (Barker et al., 2018), enhance capabilities in working with culturally diverse individuals and groups (Schech et al., 2017) and improve the development of interdisciplinary practice (Nimmaggadda & Murphy, 2014). It is further identified as a creative strategy to support students learning in difficult practice contexts, in a safe and supported way, without exposing vulnerable service users to further risk of harm (Vassos & Hunt, 2023).

While simulations can be applied to an array of practice contexts, there is a link between providing quality academic training, such as those afforded using simulations, and preparing social workers to effectively respond to domestic and family violence (DFV) (Black et al., 2010; Danis & Lockhart, 2003; Fedina et al., 2018; McMahon et al., 2013; Postmus et al., 2011; Simpson et al., 2023; Tower, 2003; Warrener et al., 2013). DFV is a worldwide problem, an injustice affecting individuals, families, and communities across the globe (WHO, 2021). How DFV is defined differs depending on the scholar and context, however, to capture the definition most supported by First Nations Indigenous communities, DFV is understood as an abuse of power that occurs within relationships (Mandara et al., 2021). Relationships include both former and current intimate partner relationships, as well as caregiver relationships, extended family relationships and relationships between parents and adult children (Domestic and Family Violence Protection Act, 2012; Meyer & Frost, 2020). Behaviours that constitute acts of DFV include physical abuse, verbal, emotional and psychological abuse, spiritual and social abuse, and financial and coercive control (Meyer & Frost, 2020).

Social work is pivotal in the fight to prevent the scourge of DFV on our societies. The need for social workers to be well-prepared to respond to DFV in practice is demonstrated

through findings that delineate DFV as one of the most prevalent forms of violent oppressions experienced by women, and a fundamental breach of human rights (WHO, 2018). As such, DFV prevention must be countered through systemic redress (Wendt et al., 2020), and it is vital that social workers, who are uniquely positioned to consider systemic reform, lead this call to action. Social workers must therefore be appropriately trained during their university studies. This is clear in the principles and standards for social work education across national and international contexts. Additionally, the International Federation of Social Work's denotes a clear position about the role that higher education must implement in adequately training social workers to respond to DFV (IFSW, 2019). Simulations are proving to be an effective training approach to support students to be able to navigate the complexities of responding to DFV in practice (Adelman et al., 2016; Fisher et al., 2021; Goldingay et al., 2018).

However, simulations are not without critique, with scholars questioning the viability of complex simulations such as those that use in-person actors, because of perceived costs and other time intensive resource requirements (Kourgiantakis et al., 2020; Sewell et al., 2023). As such, academics are increasingly broaching the use of virtual or computerised simulations to redress some of the pedagogical limitations argued to result from in-person 'real-time' simulations (Baker & Jenney, 2023; Casey & Powell, 2022; Roberson & Baker, 2021; Vassos & Hunt, 2023). While virtual simulations can be somewhat costly at the onset, once created, there are limited expenses or time restraints (Vassos & Hunt, 2023). As well virtual simulations have become increasingly relevant, particularly in a post-Covid reality. This is because it has provided students with opportunities to gain additional hands-on experience in realistic practice contexts where in-person placements were not possible. The benefit of virtual simulations has continued post the height of Covid because of increased demands for student placements in already under-resourced systems (Jefferies et al., 2022), ongoing service disruptions (Harris & Newcomb, 2023), and difficulties exposing students to a variety of client groups during the two 500 hour required placements (Bogo, 2015). It is therefore difficult to guarantee that social workers will be exposed to practice opportunities focussed on DFV during their placement.

Additional important advantages to the application of virtual simulations over other in-person simulations are the opportunities afforded to students to engage in self-paced learning, prospects for repeated engagement or practice exposure with standardised clients, and overall greater flexibility, variability, and accessibility for student learners (Baker &

Jenney, 2023). This is because in-person simulations are limited by the availability of actors as they are recruited for dedicated classes or workshops. Existing evidence suggests that virtual simulations are also effective in reducing performance anxiety, particularly where there are opportunities for learners to engage with simulations in their own time and space, prior to being observed or assessed by academics or peers (Vassos & Hunt, 2023). Virtual simulations have also been evidenced to enhance graduate learning outcomes as in relation to student self-efficacy, procedural knowledge, and retention (Sitzmann, 2011). In some instances, virtual simulations have even demonstrated superiority to traditional, or in-person social work simulation teaching measures and students were evidenced to have met more of the required practice competencies (Jefferies et al., 2023; Phillips et al., 2023). However, Allison et al., (2023) note that simulation-based learning should also consider the level of realism that a simulation can afford (also referred to as fidelity measures), as while findings are mixed, studies have substantiated higher fidelity simulations as affecting learning experiences and subsequent learning outcomes (Jenney et al., 2023).

The capacity to achieve realism is enhanced using virtual applications of simulation, as in-person simulations using peer role-plays often fall short of immersing users in realistic practice contexts where novice learners are expected to act out scenes or scenarios (Gelis et al., 2020; Vassos & Hunt, 2023). While in-person simulation measures can draw on actors to enhance realism in simulation, this can be costly, especially when courses are taught multiple times a year (Vassos & Hunt, 2023). Approaches used to enhance fidelity measures vary but can include the application of 360-degree videos using advanced technological tools such as VR equipment or augmented reality. Nonetheless, virtual simulations using augmented realities, gaming simulations or virtual reality technologies are exhibiting as a promising tool to support the development of complex social work competencies required for practice (Harris & Newcomb, 2023; Roberson & Baker, 2021).

For this reason, there is growing interest in the application of simulations, particularly virtual simulations, to support, and even arguably enhance, the education of social workers to respond to DFV in practice. However, the extent that virtual simulations are used to educate social work students about DFV, along with the specific types of knowledge and skills that they seek to address remains unclear. Subsequently, there is a need for further research to enhance the depth of understanding about virtual simulation use in educating social workers about DFV, an area of practice that demands nuanced approaches to skill development at a graduate level.

The conceptual/theoretical framework: experiential learning theory

Dyke (2007) suggests that, when considering design approaches to learning, the theoretical framework grounding the approach be made explicit. Kolb (1984) argues that traditional approaches to learning and teaching, such as lectures, are less effective because students are more passive in the learning process, subsequently limiting possibilities for more profound knowledge and skill acquisition. To circumvent this, Kolb (1984) and other scholars contend that adult learners should be actively involved in the learning process (Hill, 2017). One strategy to redress this is by using simulations. Kolb's experiential learning theory (1984) supports the use of virtual simulation-based learning as a pedagogically sound approach to enhance the development of graduate competencies. This is because simulation affords users the opportunity to gain hands-on experience, which is identified as the best strategy to support learning and the development of knowledge (Flaherty, 2022). In this sense, learning is identified as a process, as opposed to an outcome (Kolb, 1984). Skill and knowledge acquisition therefore become the process of learning through 'doing', whereby students become active participants in the learning journey (Allison et al., 2023).

To effectively build knowledge, Kolb (1984) argues that learners engage in four stages of the learning process, known as concrete learning, reflective observation, abstract conceptualisation, and active experimentation (Kolb, 1984). Learners enter the phases of Kolb's (1984) learning process at any stage and using virtual simulations that afford students the ability to revisit educational tools in a self-paced manner, acquire the desired learning competencies. Active experimentation is attained through repeated engagement and active interaction with the realistic scenarios. Reflective activities or debriefing exercises should accompany the simulations, if being authentic to Kolb's theory of learning (Kolb, 1984; Sollars & Xenakis, 2021). Virtual simulations enable learners' opportunities to build concrete learning through the hands-on experiences received as they interact with scenarios that mimic real-life contexts, and abstract conceptualisation can be realised through abstract concepts that are embedded into the simulation, which students then reflect on more deeply during scaffolded learning activities (Baker & Jenney, 2023). Learning through doing is essential to effectively practice in social work, especially because the attainment of social justice is both concrete and abstract (Flaherty, 2022). In other words, it is both a philosophical and practical endeavour, and educational approaches should afford learners the opportunity to realise this.

Current study

A core strategy in social work education should be to empower students with multifaceted skills in being able to address DFV. One approach to cultivate these skills is by using simulations, and virtual simulations are proving to be an increasingly useful strategy to support this skill development in social work graduates. However, the extent and application of how virtual simulations are used to train social workers about DFV is currently unclear. The aim of this scoping review was to examine and extract insights about existing immersive virtual simulation approaches used in social work to educate social workers about DFV. The research questions are: (1) what are current examples of virtual simulations used to educate social work students about DFV, (2) what DFV-specific competencies do they seek to address, (3) how have DFV simulations been evaluated and (4) what are the key insights gained. In this review we also explore the DFV types, design approaches adopted, and reported gaps and limitations noted in each virtual simulation examined.

Methods

Given virtual simulations and its application to educate social workers about DFV is a relatively new educational approach, the choice of methodology is a scoping review. This is because the intent of the study is less focussed on detailing the efficacy of the approaches used (though this is noted), but more importantly on mapping the available and diverse methodological approaches used in this evolving field (Egonsdotter & Israelsson, 2024).

Search Strategy

Using the PRISMA guidelines as defined by McKenzie et al. (2020) a search of published literature was undertaken during August 2023 to December 2023 in the following databases: CINAHL, Psychology and Behavioural Sciences, PsychInfo, PubMed, Scopus and Taylor and Francis. The databases were searched using a PICO designed search, with terms decided upon in consultation with the research team and community advisory members consisting of social work academics, social work practitioners with expertise in DFV, and simulation experts. This search strategy included search terms simulation, social work, and the Boolean string "domestic violence" OR "domestic and family violence" OR "interpersonal violence" OR "family violence" OR "gendered based violence" OR "intimate partner violence" OR "gendered violence" OR "domestic and sexual violence". However, due to the limited number of resulting studies in the scoping searches, the search terms combined only two areas of interest a) simulations and b) social work. An example of the search terms

(for PubMed) is as described in Table 1. These search terms were modified for each subsequent database review for search term optimisation. Additional search methods included searching web addresses such as Google, Google Scholar, Google Books and Amazon; Australian Association of Social Work; and International Federation of Social Work however no additional articles or reports were found that met the inclusion criteria. Limiters comprised of peer reviewed articles that were published in English. Articles were collated from 2013 to 2024 to capture a ten-year time frame. This is because of rapid changes in technology, and the need to ensure findings were reflective of currency in technological approaches.

TABLE ONE HERE

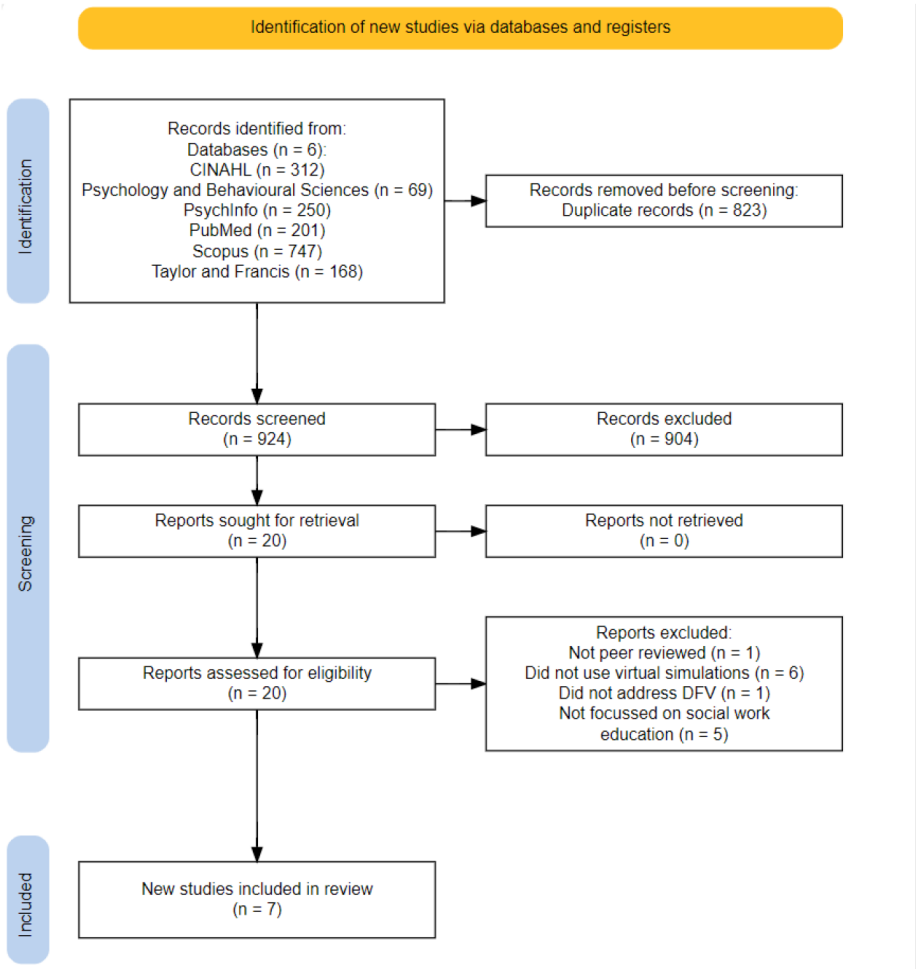
Table 1. Search terms
(("Social Work"[MeSH Terms] OR "Social Workers"[MeSH Terms] OR "social work*"[Text Word])) AND
((("Computer Simulation"[MeSH Terms:noexp] OR "Augmented Reality"[MeSH Terms] OR "Virtual Reality"[MeSH Terms] OR "Games, Experimental"[Mesh] OR "Video Games"[Mesh] OR "Gamification"[Mesh]) OR ("simulat*"[Text Word] OR "virtual realit*"[Text Word] OR "augmented realit*"[Text Word] OR "avatar*"[Text Word] OR "helmet mounted display*"[Text Word] OR "oculus quest*"[Text Word] OR game*[Text Word] OR gaming[Text Word] OR gamification[Text Word] OR "standardised patient*"[Text Word] OR "standardized patient*"[Text Word] OR "standardized client*"[Text Word]))) AND (y_10[Filter])

Study Selection

Two reviewers conducted the screening process following Cohen's (1990) method of Preview, Question, Read and Summarise (PQRS) (Cronin, Ryan & Coughlan, 2008). The preview stage encompassed screening article titles and abstracts. Duplicates were first removed using EndNote's find duplicate function and Bond Universities de-duplicator (Bond University, 2024), using the relaxed algorithm. One author initially cross-checked for duplicates after the de-duplicator was applied and following the removal of any further irrelevant records. During the 'question' and 'read' stage abstracts, and in some instances the full-text articles, were appraised by both authors against the inclusion/exclusion criteria. Articles that met the inclusion criteria, being articles exploring the application of virtual simulations used to educate social workers about DFV, full text articles and articles published in English were included for further critical appraisal. A total of 20 articles were retrieved for full review. As an additional strategy to ensure these articles were peer reviewed, journal articles retrieved were entered into the Ulrichsweb website (2024). Thirteen (13) articles were removed after further inspection because they were not peer reviewed (1), did not use virtual

simulations (6); did not address DFV (1); or did not unequivocally focus on educating social workers about DFV (5). While other reviews were included in the review of papers, none were included as the articles referenced were either already sourced or they did not meet inclusion criteria. There was no disagreement between reviewers about articles chosen for inclusion/exclusion. Refer to figure one (PRISMA Flow Chart) (Mackenzie et al., 2021).

INSERT FIGURE ONE HERE



Results

Our initial search yielded 1747 citations and 924 abstracts screened after end note and the de-duplicator removed 823 citations. A total of 20 full text articles were reviewed in full. The findings in the scoping review revealed that only a small number of studies have developed virtual simulations to educate social workers about DFV (n = 7), and of these, six (n = 6) were published in 2023, and the other published in 2018. This suggests that DFV virtual simulation is an emerging learning and teaching advancement and research area. To answer the study questions, descriptive analysis was employed. Descriptive analysis (Wright et al., 2007) was determined as the most appropriate method to describe the key features of the VR simulations used to educate social workers about DFV, including the respective technology used, design aspects including the theory used to inform the design, the type of DFV addressed, how the study was evaluated, and the findings reported. The reported gaps and limitations noted in each virtual simulation are also examined. Table 2. summarises the key findings noted across the articles included in this review.

Research question 1: what are current examples of virtual simulations used to educate social work students about DFV?

Virtual simulations presented a range of diverse design features, and this was dependent on the technological media used (Huttar & BrintzenhofeSzoc, 2019). To understand how virtual simulations are being used to build competencies in DFV, it is important to understand these distinctions. Of the studies reviewed, a variety of virtual technologies or media were used. Two of the articles used VR technologies (n = 2), digital storytelling (also coined video diaries) and video simulations (n = 2); virtual gaming simulations (n = 1), virtual worlds (n = 1), and virtual clinics (n = 1). It should also be noted that each of the virtual simulations were additionally complemented by additional scaffolded learning and teaching activities, such as pre and post debriefs, critically reflective discussions and theory-based components. These supplementary activities were used to enhance the learning experience and deepen the development of graduate competencies about how social workers prepare to respond to DFV.

Virtual reality simulations

Simulations using virtual reality technology were described in these articles as 360-degree video simulations experienced using a virtual reality headset (Lie et al., 2023; Simpson et al., 2023). The simulations using VR technology used both ‘real’ people (Lie et al., 2023) and avatars (Simpson et al., 2023). Lie et al. (2023) used actors to simulate the

scenes. Interactivity was enabled in both VR simulations through either a chat box feature enabling some degree of voice control (Simpson et al., 2023) or embedded options for interactive choice (Lie et al., 2023). In the subsequent example, students are given an option to select from four available 'responses and the scene can play out in the four different ways depending on the response chosen (Lie et al., 2023).

Digital storytelling and video simulations

The video diary is a virtual simulation design implemented by Goldingay et al. (2023). This approach involved students watching a series of diary entries from 'Evelyn' the fictitious character described in the scene. The simulation depicts a 2D story using an actor to narrate her experiences of DFV as she speaks directly to camera. Students watch the simulations as these build in complexity, followed by, practice social work skills. Students also need to critically appraise the application of the theories used to understand causes of DFV. Similarly, Jefferies et al. (2023) developed a 2D video simulation but depicted a single role-play of an initial interview between a social worker and client. Students were provided with a brief description of the scenario before watching the video and following, completed a psychosocial assessment.

Virtual gaming simulation

Jenney et al. (2023) describe creating a 2D virtual gaming simulation to educate social workers about interdisciplinary practice in the context of DFV. Virtual gaming uses a computer and, in this instance, virtual avatars. The simulation is interactive, as the player is the decision-maker affecting the characters' lives during the simulation. Students move through the simulation at their own pace, engaging and manipulating the virtual objects at their own pace. Students are provided feedback on the decisions as they navigate through the game. This is the first and only example of a virtual gaming simulation used to educate social workers about DFV.

Virtual worlds

Pickering et al. (2018) created an 'elder abuse training institute island' in a 3D format, using avatars. Second Life was the software used for the simulation. In this virtual context, users create their own avatar, and following this can speak and interact with the environment, the avatar characters and one another (Pickering et al., 2018). Users are described as being able to move through rooms and open cabinet, and through audio features, will replicate

speech as the user speaks. In this instance, the students engage with the virtual world to develop skills in elder abuse risk assessment.

Virtual clinics

Vassos & Hunt (2023) describe a novel approach to simulation of a virtual clinic used to support individual and group-based synchronous and asynchronous learning opportunities for social work students. They used 2D video monologues drawing on actors to simulate the scripted scenarios. A 'choose your own adventure' is described as the interactive feature in the simulations. As such, students are prompted to make choices based on a set of pre-programmed questions, with the scenario unfolding based on the line of questioning chosen. Over 650 questions and responses are described as being scripted in the design of this virtual simulation. A simulated supervisor is embedded into the simulated scenarios. The supervisor guides students through the learning phases.

Abuse types

The types of DFV addressed during the simulations focussed on either elder abuse (n = 2) or abuse against a woman (n = 5).

Elder abuse

Lie et al. (2023) depicts a scenario about a man named Ivar, who is featured in a room of an aged care facility. The student (social worker) is positioned in the scene through the lens of the camera, though voice control is not enabled. Elder abuse is demonstrated through an example of a family member (Ivar's sister) engaging in coercion through limiting choice and self-determination (Lie et al., 2023). Pickering et al. (2018) used the QualCare Scale, an elder abuse assessment instrument, to inform the design of eight different scenarios embedded in the virtual world. The virtual world presents as a neighbourhood, with each scenario represented in a different house or apartment in the street. Verbal responses from each caregiver or older person depicted in the scenarios were pre-scripted.

Child abuse and DFV

Three (n = 3) of the five (n = 5) scenarios that are focussed on abuse of a woman were situated in the context of a child protection visit or concern. Simpson et al. (2023) describes a simulation involving a notification being reported to a child protection service, detailing concerns of DFV. The social worker attends the family home and following, the main

interaction takes place in the family living room between the social worker, mother, and father. There is a child in the home. Additional simulation features include a series of hazards depicted in the scenario. Vassos and Hunt (2023) describe a variety of storylines with an array of complexities that are embedded into their virtual clinic, but only one addressed DFV. This scenario simulates an interview with a 28-year-old woman in a community-based support centre following a child protection notification about family violence. Intersecting factors noted in the storyline include that 'Akong' is a refugee, has experienced trauma and systemic racism. The third virtually simulated gaming example by Jenney et al., (2023) was situated in a variety of DFV practice settings. One of these included a home visit from child protective services. The simulation focusses on a family of four (a mother, father, 15-year-old son, and 18-year-old daughter), during which, the virtual gaming users must navigate a hospital department visit, a student wellness centre and a sexual and reproductive health clinic. Cues are embedded through the scenarios to suggest other intersecting issues (racism, substance use, and reluctant victim-survivor) (Jenney et al., 2023).

Abuse against a woman

Jefferies et al. (2023) simulates three different scenarios, using three different technological mediums (virtual simulation, a case study and in-person actor simulation). Each scenario is presented using the three simulation methods described. The DFV scenario depicts a woman experiencing DFV who is seeking support. The woman is interviewed by a social worker. The woman is isolated after having moved to a remote area. The environment and client's needs are a feature of the scenario. Goldingay et al. (2023) follows the story of 'Evelyn' a woman and mother who has only recently been released from prison and is experiencing violence in her relationship with her husband. Evelyn experiences intersecting forms of systemic oppression, and this is depicted throughout the video diaries.

Research question 2: what DFV-specific competencies do the virtual simulations seek to address?

A core objective of social work education is to ensure social workers develop the required competencies needed for social work practice. The IFSW and National social work accreditation bodies denote a clear position on the need for social workers to develop graduate competencies about DFV, and in Australia, the Royal Commission into Family Violence recommended that all social work programs have a dedicated DFV course embedded into curriculum (Victorian Government, 2016). Specifically, social workers need

to be trained about theories and structures of power to understand the causes of DFV and should understand the individual and universal risk and protective factors as these intersect with varied social identities (Australian Social Work Education Accreditation Standards, 2023). The four main DFV related competencies identified as evident in the articles are as follows: critical reflexivity and reflectivity (n = 2); risk assessment and safety planning (n = 3); soft skills (n = 3); knowledge application and decision-making (n = 2). It should be noted that most studies sort to address multiple practice competencies through their simulation.

Critical reflexivity and reflectivity

Vassos & Hunt (2023) supported the development of critical reflection through embedding a virtual supervisor in their virtual clinic. The supervisor is reported to guide students through a structured critical reflection process at each decision stage. The virtual supervisor evokes critical thinking through asking a series of questions about the decisions made during the practice event. Goldingay et al. (2023) supported students to foster skills in critical reflexivity and reflectivity through scaffolded learning activities. These activities guided students to critically appraise theories within the context of the simulation, and subsequently develop a personal practice-based position. The simulations each provided a space for students to develop deeper insight into how their own behaviours might empower or further contribute to blame. Developing skills in introspection is important across social work practice, but particularly in the context of DFV, as problematic attitudes and beliefs about victim-survivors are known to exacerbate the experience of DFV and can be cause for a cessation in help-seeking behaviours (Phillips et al., 2014).

Risk assessment and safety planning

Jefferies et al. (2023) sought to develop students' skills in psychosocial risks assessments. The virtual simulations were used to ground students in being able to formulate insights about the simulated individuals living arrangements, financial situation, risk and protective factors, proposed intervention, long term goals and communication strategies. Students were supported to develop this skillset through scaffolded learning opportunities. Simpson et al. (2023) also sought to use the simulations as a strategy to support learning in developing DFV risk assessments and safety planning. Students must decide about the best course of action based on what is discussed during the interaction, but also what is noted in the simulated environment. Learners are required to share the rationale for their decision-making. Pickering et al. (2018) developed their simulation based on the QualCare scale,

which is an elder abuse risk assessment tool. The training supported students to be competent in the use of the QualCare tool specifically, and this aided in understanding the complexity of risk in elder abuse. In each instance users were able to access the simulations repetitiously as they worked through their assessment of risk.

Soft skills

Lie et al. (2023) designed their simulation with the specific goal of stimulating participants' emotions, perspective-taking and emotional understanding for those experiencing elder abuse. Problematic attitudes and beliefs further oppress victims of DFV, so building emotional insight during social work education is important to ensure social work responses align with the values and mission of the profession (Author et al., 2024). A promising way to do this is through practice exposure (Author et al., 2023). Lie et al., sought to develop emotional intelligence through creating a sense of connection and emotional engagement with the virtual character. Goldingay et al., (2023) also focussed on providing students with opportunities to build soft skills, such as learning to manage emotional reactions in emotionally triggering contexts. Pickering et al. (2018) focussed on the development of attitudinal changes afforded through interactive exposure to the virtually simulated characters. This was supported through real-time opportunities for debriefing and clinical reasoning.

Knowledge application and decision-making

All articles focussed on knowledge acquisition and decision-making in some capacity, though Simpson et al. (2023) used the real-life scenarios to enable students an opportunity to observe the outcomes of their actions and decisions made. The authenticity of the scenario and ability to access the scenarios multiple times was an important design feature in enhancing learning about decision-making specific to assessing risk and safety planning. Jenney et al. (2023) endeavoured to cultivate proficiencies in higher order thinking, communication, interdisciplinary decision-making, and enhanced learner confidence. The training afforded through the virtual gaming simulation, assessment and reflective activities enabled opportunities for students to be exposed to specialised DFV knowledge and skills needed for practice. Being able to engage in praxis (application of theory to practice) using realistic virtual simulations was an important feature of the articles cited (Goldingay et al., 2023; Jefferies et al., 2023; Jenney et al., 2023; Pickering et al., 2018; Simpson et al., 2023; Vassos & Hunt, 2023).

Research question 3: how has this been evaluated?

Most articles evaluated DFV virtual simulation outcomes either by conducting an empirically evaluated study with students or key stakeholders, or a formative evaluation. The outcomes measured varied from those centred on learning and teaching competencies or to a more direct focus on the affordances enabled through using the simulation. Three studies used mixed methods to measure the effectiveness of the virtual simulation in building social work competencies (Goldingay et al., 2023; Jenney et al., 2023; Pickering et al., 2018). The studies similarly identified that the experience was reported to enhance the social workers' development of the complexity of key concepts and theories, improved engagement, and built a heightened sense of learner satisfaction through the authenticity of the experience. Jenney et al. (2023) also noted that immersion and presence in the simulation were important in stimulating reflection. Lie et al. (2023) and Simpson et al. (2023) employed qualitative methodologies to evaluate the effectiveness and affordances of their virtual simulations. Lie et al. (2023) found promise in the application of the simulations, noting that immersion and presence supported engagement, concrete learning, and reflection. Conversely, Simpson et al. (2023) determined fewer positive results, with social work stakeholders questioning the authenticity and immersion of the experience. This in turn lead to a disconnect in the learning experience. In this instance, it is noteworthy that while both teams of researchers used VR simulation as the technological medium, there were differences in fidelity measures used to create the characters in the simulations (Lie et al., 2023 used real actors to simulate the virtual reality experience, while Simpson et al., 2023 used avatars).

Jefferies et al. (2023) adopted a 3 x 3 experimental design to evaluate three different simulation types across three scenarios. The findings overwhelmingly supported the use of virtual video simulations over in-person and traditional case studies when used to educate social workers about DFV and psychosocial assessments. For example, LSD t-tests revealed that video simulations produced a mean effect ($M = 9.30$, $SD = 2.1$) on social work student psychosocial assessment scores, compared to actor simulations ($M = 8.24$, $SD = 2.57$), and traditional case simulations ($M = 8.31$, $SD = 2.16$). The DFV scenario was noticeably more effective ($M = 9.06$, $SD = 2.59$) (Jefferies et al., 2023). Vassos and Hunt (2023) employed yearly course evaluations to make determinations about the virtual clinic. The insights developed were that the simulations were useful in building an authentic learning environment where students could test and consolidate knowledge and skills in complex scenarios (including DFV). Students reported having a heightened sense of confidence due to

having access to a learning resource that was both accessible and able to be used multiple times. The element of standardisation that the virtual simulations afforded was also a reported strength across the analysed studies.

Research question 4: what are the key insights gained?

As virtual simulations to educate social workers about DFV are an emerging pedagogical endeavour, it is important to collate insights from those who have already taken part in this process. Being able to reflect on the key wisdom gained from existing virtual simulation creators aids in knowledge acquisition and future design and development strategies. The following insights were organised into three categories: diverse knowledges needed in virtual simulation design, enhancing understanding of the victim-survivors experience of DFV; and simulation as a tool to demonstrate the multi-layers of DFV.

Diverse knowledges needed in design approach

A community approach was used across most of the reviewed virtually designed simulations. While some authors did not explicitly report the reasoning behind this decision, others explicitly detailed the significance of drawing on multiple perspectives to create simulations that were used to educate social workers about DFV. Jenney et al. (2023) worked collaboratively with interdisciplinary educators to build the virtual gaming simulation, which they identified supported the development of a more accessible, diverse, equitable and inclusive learning tool. They also identified that collaborative pedagogical approaches promote enhance critical thinking and problem-solving. Vassos and Hunt (2023) argued that collaboration and diverse knowledges were central to the success of their virtual design simulation. This was afforded through the inclusion of team members with expertise in the areas of scriptwriting, storytelling, and technology. Lie et al. (2023) also captured student's views and wishes about learning needs through a survey. This was subsequently used to guide the design of the scenario. Jefferies et al. (2023) recruited a community of stakeholders with practice expertise in DFV to build their simulations. This was justified as being important to ensure the experiences were realistic and emotionally charged.

Enhancing understanding the victim-survivors experience of DFV

A strong theme evident in the articles reviewed was the viability for the virtual simulations to enable students the experience of seeing the client or service user from their perspective (Goldingay et al., 2023; Lie et al., 2023; Pickering et al., 2023; Vassos & Hunt,

2023). This supported their capacity to empathise with their situation, to see intersectional transgressions and to understand what might be affecting a client's decision making. This is an important competency to develop when preparing social workers to respond to DFV in practice, particularly because gaps have repetitiously been reported in social workers' responses to DFV victim-survivors, and in some instances, victims have felt blamed for the DFV incurred (McMahon et al., 2013; Robbins & Cook, 2017). The ways that opportunities for perspective-taking and empathy building were best achieved through virtual simulations was using 'real' people (as opposed to avatars) (Lie et al., 2023; Vassos & Hunt, 2023), and by embedding techniques such as actors speaking or making eye contact with the camera (as though speaking to the simulation user directly) (Goldingay et al., 2023; Simpson et al., 2023). The camera position was also important in the design process when creating an experience that nurtured the development of skills in perspective-taking (Lie et al., 2023). This approach enabled the users of the virtual simulation to feel present in the simulation, and this aided learners to develop authenticity in understanding the experience of DFV from the victim-survivors view (Lie et al., 2023). Being able to visualise the service user or client in their context and environment using their language and lived experience was also important in building a sense of practice realism and understanding about the DFV victim-survivor (Goldingay et al., 2023; Pickering et al., 2023). This finding is significant because social workers need to build diverse perspectives to offer comprehensive support to clients (AASW, 2023).

Simulation to demonstrate the multi-layers of DFV

In preparing social workers to respond to DFV in practice, social workers must develop specialised knowledge and skills that prepare them to be able to assess the complexities of risk and protective factors (Jenney et al., 2023). There was a consistent theme in the study findings that demonstrated the application of virtual simulations as a useful tool in preparing social workers for the intricacies of practice when intervening in or preventing DFV. For example, Goldingay et al. (2023) found that the use of the virtual digital story supported students to evaluate the role and application of intersectionality in understanding DFV. They did this by deliberately overwhelming students with an array of complex issues that were both individual and systemic, and through pictures, videos, music, sound, and personal voice, depicted a multi-layered narrative. This was designed to replicate real practice contexts. Virtual simulations were also especially useful in showcasing the environmental factors that further exacerbate the occurrence and incidence of DFV (inequities that are

difficult to describe and more powerful when 'shown'). While 2-dimensional simulations were a feature in some approaches, 360-degree simulations were especially useful in contextualising environmental issues (Goldingay et al., 2023; Lie et al., 2023; Jenney et al., 2023). Jefferies et al. (2023) findings that virtual videos were the most powerful approach to simulation and psychosocial assessment skill development was especially supportive of this notion. DFV is complex. There is no 'one size fits all' approach to understanding the cause and experience of DFV. Learning and teaching approaches that enable students a safe way to navigate this complex and often emotionally charged terrain is an important learning and teaching endeavour to pursue.

Table 2. Summary of articles included in analysis

Author(s) Year	Title	Virtual Simulation Type	Scenario Focus	Social Work Competency taught	Design Theory	Measure of Effectiveness	Results
Goldingay et al., (2023)	Simulating social work practice online with digital storytelling: challenges and opportunities	Digital storytelling	Follows 'Evelyn's' story through a video diary about her relationship with family, herself and challenges faced systemically and through having been incarcerated.	Critical reflexivity and reflectivity; structural analysis; and ethical behaviour	Intersectionality theory	Survey - quantitative and qualitative analysis	Aided in development of key concepts, the role of intersectionality and supported structural analysis and critical thinking. Improved online engagement, felt sense of authenticity of learning and ability to know SW role.
Jefferies et al., (2023)	Using simulation to prepare social work students for field education	Video-based simulation	An initial session for a person experiencing DFV seeking support after recently moving to a remote area	Psychosocial risk assessment	Cognitive load theory	Randomised experimental design using 3 x 3 subjects design	Students exposed to video simulations and the DFV case scenario were able to produce psychosocial assessment more comprehensively, than when exposed to in-

							person actor or traditional case simulations.
Jenney et al., (2023)	Developing virtual gaming simulations to promote interdisciplinary learning in addressing intimate partner and gender-based violence	2D game-based simulation; avatars	Family of four- Mo, Fa, 1 youth and adult child. Scenes: hospital emergency dept., student wellness centre, sexual health clinic, legal clinic, mental health centre, home visit from CP services.	Interdisciplinary teamwork; decision-making; application of theory to practice;	Experiential Learning Theory	Survey using READIness scale, W(e)-Learn Interprofessional program assessment scale, SPICER R2 instrument, Player Experience Inventory Scale. Qualitative (thematic) analysis of open-ended survey question.	Immersion and presence stimulated engagement and concrete learning; encouraged reflection.
Lie et al., (2023)	Developing a virtual reality educational tool to stimulate emotions for learning: focus group study	3D virtual reality simulation using 'real' people	Elder abuse	Soft-skill development, engagement, empathy and perspective taking	Experiential Learning Theory	Interviews - focus groups. Thematic analysis.	Immersion and presence improved and this stimulated engagement in learning; first-hand experience supported concrete learning; encouraged reflection.
Pickering et al., (2018)	EATI Island - a virtual reality-based elder abuse and neglect educational intervention	3D virtual reality world: second life; avatars	Elder abuse	Risk assessment (QualCare Scale and reporting; practice knowledge, skills and attitudes	Not disclosed	Surveys; quantitative (descriptive and simple attrition analysis) and qualitative (thematic) analysis	Strong learner satisfaction; aided ability to use risk assessment tool and enhanced knowledge of complexity of EA

Simpson et al., (2023)	Development of a virtual reality simulation for practitioners	3D virtual reality simulation using avatars; chatbots for interactivity	Child protection home visit after report made notifying concerns of DFV in household	Practice knowledge; risk-assessment and management; decision-making; and safeguarding	Not disclosed	Debriefing sessions and focus groups. Thematic analysis.	Concerns re authenticity of avatars, immersion questioned, wanted enhanced interactivity.
Vassos & Hunt (2023)	Virtual, interactive clinics as a pedagogy of choice: preparing social work students for the realities of contemporary practice	Online virtual clinics using video simulations. 'Real' people recorded to simulate direct practice; branching scenarios and interactivity	Child protection, family violence, refugee, trauma and systemic racism	Practice knowledge; optimising effective use of supervision; critical reflexivity and reflection; interviewing	Not disclosed	Yearly course evaluation methods	Authentic learning; test and consolidate professional knowledge and skills in complex scenarios; builds confidence; accessible and reusable

Discussion

This is the first scoping review that examines DFV training through virtual simulation. It provides evidence to suggest that virtual simulations are useful as a tool to socialise social work students, through immersion, into chosen practice contexts. This is also one of the intents of field education (AASW, 2023). However, the practice opportunities provided to students during field education present notable diversities, and complex field experiences can be hindered by the placement context or availability of supervisors to support and observe (Jefferies et al., 2023). As identified in this review, one benefit of virtual simulations is that they can be tailored to practice settings chosen by the educational institution as dependent on student needs. This means that simulations afford students the opportunity to be exposed to an array of practice complexities, such as DFV, that cannot otherwise be guaranteed in field education. This is especially important when ensuring social workers are adequately prepared to respond to DFV and the many ways that it manifests. Scholars have long argued that students must be exposed to both theory and practice settings that enable them to build a deeper cognitive understanding of DFV (Danis & Lockhart, 2003). The examples noted in this review demonstrate that virtual simulations provide students with an accessible means to develop these insights across an array of simulated environments.

A further benefit is that students can be safely exposed to potentially triggering DFV practice contexts, through the support of the education team. Lie et al. (2023) argues that learning is best achieved when students are safely exposed to high emotional arousal and discomfort. In this sense, students are afforded the opportunity to learn about DFV in the protected environment of the educational simulation, before being exposed to this during or after their placement, where 'real' people are affected (Jefferies et al., 2023). The reported strengths are noted in the evaluation of studies, with most consistently finding that the learning experience enabled students to build confidence and professional efficacy. The use of simulation to train social workers about DFV can further support study attrition and learning through the reduction of student anxiety or fear that might otherwise be caused by fear of doing harm or failing (Jefferies et al., 2023).

It is evident that the successful creation of virtual simulations and other learning and teaching tools that accompany this, must adopt a community design approach. This is to ensure that an adequate representation of technological and design expertise is available, but

also to guarantee that the material has real-world relevance, is realistic, quality assured and informed by diverse perspectives. Interestingly, whether due to oversight or intentional omission, no studies disclosed having involvement or representation from those with lived experiences of DFV in the community-design approach. Feminist theory contends that providing victim-survivors of DFV with a platform to collectively influence change, such as educating a new generation of social workers about the complexity of DFV, can be empowering (Kiguwa, 2019). This should be considered in the design process as future virtual simulation created.

We do not argue that simulations should be seen as a replacement for field education, but rather, an additional learning opportunity provided during tertiary training, for students to be guaranteed standardised learning experiences across all necessary practice contexts. DFV is one such practice context that the IFSW and other national social work accreditation bodies explicitly stipulate social workers should be competent in responding to. Unfortunately, the quality and level of exposure to DFV across educational institutions varies (Author et al., 2023; Fedina et al., 2018). Subsequently the readiness for social workers to respond to DFV after graduation is inconsistent, with findings from a recent Australian study identifying that there are gaps in graduate social workers understanding of DFV risk factors, inconsistencies in conceptual understandings of DFV and a general lack of confidence in knowing how to support those affected by DFV in practice (Author et al., 2024). Virtual simulations, through their ability to standardise practice experiences, are a strategic measure to ensure students are exposed to concrete learning opportunities and subsequently ensure that accreditation standards concerning DFV can be realised.

It is acknowledged that virtual simulations are not to be used in isolation but rather a learning resource that can assist in simulating the learning process (Lie et al., 2023). Experiential learning theory corroborates these sentiments, denoting virtual simulations as being pivotal in the learning process, as experiences are translated into learning (Kolb, 2015). Given virtual simulations are an emerging pedagogical resource for social work education on domestic and family violence, future research can leverage from the promising findings available to date.

Strengths and Limitations

The study presents several limitations. The first, that no studies from different disciplines were included, narrowing the scope of insights that could be gained. The authors

did consider expanding the search to include other disciplines, however given the studies research objectives, it was determined more important to prioritise social work specific competencies in the examination. The adoption of inclusion criteria focussed on English-language publications and full-text articles introduced publication bias, limiting the inclusivity of the selection process. Lastly, the focus solely on published literature limited alternate learning and teaching methodologies that could also offer valuable insights not otherwise represented in this review. A strength of this review is that a systematic approach was adopted in the search of literature and at least two reviewers engaged in the process of study selection. This aided in reducing selection bias. Additionally, the XXXX University librarian was involved during numerous steps in the research, aiding in database searches and the modification of search terms as relevant across each database. This enhanced the rigour of the article searches. Despite the acknowledged limitations, the noted strengths offer a valuable opportunity for the study to serve as a foundation for future research in an emerging field (as evident through this study's findings, which revealed that there are only seven published studies conducted in this context, with most papers released as recently as 2023). It is anticipated that more research will be forthcoming in due course, particularly with new advances in technology, such as the new Apple Vision Pro. Subsequently it is very likely that immersive simulations will become more mainstream in the future. Therefore, this study is important to aid future pedagogical developments in social work education about DFV.

Conclusion

In conclusion, this study contributes significantly to the emerging and rapidly changing field of virtual simulations within social work, by offering the most up to date examples of literature. Other existing reviews that have examined the application of virtual simulations and social work more broadly sourced literature prior to 2021 (Allison et al., 2023; Baker & Jenney, 2023; Jefferies et al., 2021; Huttar & BrintzenhofeSzoc, 2020). This study is also unique in its focus, being that it examined virtual simulations, social work education and DFV. As the virtual landscape continues to evolve, this research acts as a timely and invaluable resource for informing future advancements and strategies in social work education and practice. Capturing insights from previous studies is especially useful in refining the design, implementation, and evaluation of virtual simulations in social work, ultimately advancing the effectiveness and impact of future DFV training initiatives.

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5.3. Links and implications

Design-based researchers recognise the importance of mapping the design embodiments that are hypothesised to generate mediating processes, and subsequently support the development of proposed learning outcomes (Hoadley & Campos, 2022). Informed by the results of the scoping review, an initial set of conjectures about design embodiments and mediating processes were established (Hoadley & Campos, 2022). While all data collected in the scoping review was used to inform the establishment of the subsequent design strategies and approaches, several outcomes were of noteworthy significance. These are reported as follows. The first of the findings demonstrated that virtual simulations are useful in supporting the development of social work learners' emotional awareness and understanding of DFV victim-survivors (Lie et al., 2023). This was a significant finding, particularly because key insights gained in the review of the problem areas (Study 1, Article 1 'Unveiling graduate readiness to respond to domestic and family violence in Australian social work programs') revealed that social work learners' lacked emotional understanding about victim-survivors and were evidenced to engage in victim-blaming attitudes and beliefs (Schaffer et al., 2024). These types of attitudes and beliefs are problematic as they are at odds with the values of the social work profession, specifically values of self-determination, respect, and social justice (AASW, 2023). It is also an expectation of the AASW (2023) that social workers build graduate competencies by being able to perspective-take or understand multiple perspectives during their social work training.

The data collected in the scoping review reaffirmed the suitability and direction of the design approach and chosen design technology. This is because of findings in the literature that demonstrated the effectiveness of virtual simulations as a tool to support the development of empathy, understanding of multiple realities, and procedural skill-development (Lie et al., 2023; Goldingay et al., 2023; Pickering et al., 2018). Segal (2011) describes this as the development of 'social empathy': the process whereby individuals build insight about others, through developing an understanding of the structural inequalities that have shaped their experiences. It is argued that social empathy is a skill-set able to be "taught, increased, and refined and mediated to make helping professionals more skilful and resilient" (Gerdes & Segal, 2011, p. 143). As Adelman et al., (2016) found in their study on gaming simulations, this realistic virtual medium supports students to challenge assumptions

about why victim-survivors choose to stay or leave relationships characterised by DFV, thus moving from ideologies that might otherwise position victim-survivors as 'deserving' or 'undeserving' of assistance. Building competencies in the skill-development of social empathy is a necessary skillset for social work graduates to attain, to develop a deeper level of understanding of the complex realities of DFV.

The virtual simulations captured in the scoping review sought to create opportunities for emotional connection with simulated characters through the technological affordances available (Lie et al., 2023; Goldingay et al., 2023). As reported in the findings of the scoping review, the ways that virtual simulations best achieved emotional skill development was through embedding design techniques that focussed on authenticity and fidelity such as using 'real' people to simulate characters in the simulations, ensuring characters made direct eye contact with the camera (and subsequently the learner), and by depicting the service-user in their own social context and environment (Lie et al., 2023; Goldingay et al., 2023; Pickering et al., 2018). This supports the development of additional social insights that may otherwise not be available in written or in-person peer or actor simulations. Where avatars were used, learners reportedly struggled to emotionally connect with characters in the same way that they did in the virtual simulations where real people were used (Lie et al., 2023; Simpson et al., 2023). It is therefore hypothesised that learners can develop emotional engagement that is embodied through design-mediators such as camera position and the use of real-actors in 360-degree virtual simulations, also referred to as VR simulations. These were important design embodiments to embed into the development of the virtual simulations, where it was conjectured that there would subsequently be greater potential for growth in emotional intelligence and understanding of victim-survivors needs. In turn, it is hypothesised that, in the future, when applied to social work learners, the design could support a reduction in the problematic attitudes and beliefs noted in Study 1.

A second important design finding is that the virtual simulations were effective in building learner competencies related to professional decision-making, assessing risk, and safety planning. The ways that the virtual simulations aided in the development of these practice competencies was through being able to showcase the multi-dimensional nature of DFV (Goldingay et al., 2023; Jefferies et al., 2023; Jenney et al., 2023; Lie et al., 2023). Design-techniques such as being multisensory (able to influence an array of human senses e.g., sound and sight) was one strategy

demonstrated in the examples gathered in the literature search. Through this approach, students were able to grasp some of the complexities of DFV that are more nuanced or less obvious through narrative or speech (Goldingay et al., 2023). This approach was evidenced to support students to develop insight into the full complexity of risk factors, and in turn, the diversity of psychosocial influences that require consideration in safety planning (Lie et al., 2023; Pickering et al., 2023; Simpson et al., 2023; Vassos & Hunt, 2023).

While two-dimensional simulation designs depicted were able to evoke sensory responses from participants (Goldingay et al., 2023; Jefferies et al., 2023; Jenney et al., 2023), 360-degree simulations were especially effective in immersing learners into practice contexts that showcased the environmental complexities of DFV (Lie et al., 2023; Pickering et al., 2018; Simpson et al., 2023; Vassos & Hunt, 2023). The 360-degree simulations also had the added technological feature of being able to embed spatial audio (mimicking a real environment through the placement of sound in different parts of the scenario) (Lie et al., 2023). This was important data to collect, as it helped to inform the decision to use 360-degree VR simulations as the chosen technological media selected for this simulation approach. The author conjectured that using a 360-degree VR design would support learners to better grasp the complexity of risk factors, otherwise noted as problematic in Study 1. For example, a 360-degree scenario would enable students to develop skills in being more alert to subtle environmental risk factors by having to self-explore the 360-degree space (as they would in a real practice context). In a two-dimensional simulation, students are less likely to be immersed in the virtual environment (as depicted in the study findings), nor afforded the opportunity to explore the environment on their own, as any environmental risk factors must be made explicit during filming (e.g., students only see what the producer shows on film) (Jefferies et al., 2023; Jenney et al., 2023).

While some of the findings from the systematic scoping review supported or made apparent the design elements likely to be beneficial to the design of the virtual simulation, the identified gaps were equally influential in the conjecturing stage of the design-based research. Exploratory design research welcomes diversity in design strategies and trying different things not yet done before. This cultivates innovation and the development of novel solutions to complex problems. Of note in the seven described virtual simulation scenarios, was the absence of scenarios focussing on

DFV experienced by individuals who identity as LGBTQIA or First Nations people. There was also no reference to simulations that depicted abuse of pregnant women. These intersectionalities are important to simulate because of the additional intersectional disadvantages that can result for those affected by DFV e.g., First Nations women are 32 times more likely to be hospitalised by DFV assaults than non-Indigenous women (AIHW, 2019). Petersen et al. (2023) argue that this is one of the ethical issues that can arise from using simulations, as the vast array of intersectional identities true to a client or services users' experiences may be inadequately captured, or worse, may perpetuate 'tokenisms or stereotypes' (p. 3). Understanding the need to balance intersectional identities in design approaches is argued to support anti-oppressive practice approaches (Petersen et al., 2023). This is important in social work, as educational approaches too, must conform to the mission of the profession.

This leads to the subsequent finding, that community or co-design approaches are supported as an effective strategy to navigate the design of intersectional identities for simulated characters. This is because the approach seeks to ensure that intersectional identities crafted in character development are reflective of the multi-faceted nature of DFV. While not all articles explained why a community approach was adopted, they did each report engaging in this as a necessary step in the development of the virtual simulation. Capturing a diversity of viewpoints in any given design phase is an important design approach that can be used to reduce oppressive representations of service users or clients (Petersen et al., 2023). Aside from positively affirming the decision made to implement the community design-based research approach adopted to build the VR simulations in this study, these findings were also key to the establishment of protocols whereby community stakeholders engaged in a deeper process of reflection about differing intersectionalities. This meant that stakeholder design discussions about character development often centered on developing an awareness of the possibilities of negatively "reinforcing racism, homophobia, or any other unexamined biases" (Fook & Askeland, 2007; Petersen et al., 2023, pg. 6). While having this awareness does not conclusively eliminate the possibility of abolishing all forms of unexamined biases, it does support a more ethically sound design approach. This finding was crucial to the development of a pedagogical resource aimed at social work, a values-

based profession built on the premise of social justice, respect for diversity and ethically sound practice (AASW, 2023).

The findings from this scoping review also revealed that no existing studies reported or focussed on capturing the lived experience of DFV victim-survivors in their virtual simulation design approach. Contrarily, this was an important consideration in the current community approach for the development of the VR simulation, and these findings made evident that this approach is novel. Reflecting the views of those with lived experiences of DFV aligns with feminist theoretical frames of reference, providing those with a firsthand experience of DFV, a platform to collectively influence prevention efforts aimed at better preparing social workers to respond in practice. It is critical that people who are directly affected by DFV are given an opportunity to influence change that is needed in the sector, and emphasising their voices ensures that the strategies developed are more effective as a result. It also supports a more ethical design approach, as intersectional viewpoints can be captured and embedded into design-based discussions. It is also conjectured that capturing the voices of those with lived experiences of DFV promotes realism, as scenarios are reflective of true-to-life details about DFV.

Other more generic study findings identified that virtual simulations are beneficial in providing learners with opportunities to practice complex skills through being safely immersed in triggering environments, and that these still felt real, but did not pose a risk to 'real' people (Jefferies et al., 2023). Further, the virtual simulation affordances enabled them to practice their skills more than once (Lie et al., 2023). This finding is supported by the second influential theoretical framework in this thesis, ELT, which identifies that learning occurs through practice and being able to make mistakes (D. Kolb, 2015). This resulted in learners who felt more confident in responding to DFV as a result (Goldingay et al., 2023; Jefferies et al., 2023; Jenney et al., 2023; Lie et al., 2023; Pickering et al., 2018; Vassos & Hunt, 2023). This was a significant discovery, as Study 1 revealed that students' self-reported inadequacies in their social work DFV training, yet the amount and type of training captured in the survey did not seem to reflect differences in social workers' preparedness to respond to DFV (Schaffer et al., 2024). Because of the insights gained from the scoping review, the author was able to conjecture that virtual simulations might be an influential pedagogical tool to address this gap.

Interestingly, two of the seven articles reported grounding their study in experiential learning theory (Jenney et al. 2023; Lie et al., 2023). Three did not report the design theory (Pickering et al., 2018; Simpson et al., 2023; Vassos & Hunt, 2023), while Jefferies et al. (2023) drew on cognitive load theory and Goldingay et al. (2023) on intersectionality as a theory. This suggests that there is precedence for the application and use of ELT as a grounding theoretical approach to simulation design. As reflected in article 2, ELT supports the use of simulation to engage learning through experience (D. Kolb, 2015). It is an important theoretical concept with substantial value in the conjecturing phase of design-based research, primarily because it offers a robust framework for designing simulations that engage learners through active participation and reflection. Each of the identified design-features in this chapter were considered alongside ELT, which is arguably the intermediary and mediating process. The design process of any simulation must therefore be supported by opportunities to be first immersed in background information, theories and knowledge. Tortorelli et al. (2021) describe this as “laddering of simulation scenarios, so that the experience and applied learning are matched with student knowledge” (p. 9). So, while the data collated in the scoping review was useful in generating conjectures about technological affordances needed in the virtual simulation design, it was equally as useful in cementing strategies for pre and post debriefing learning activities. These learning activities will be presented in the next chapter.

This chapter described the scoping review (Study 2, Article 2: “Virtual simulations to educate social work students about domestic and family violence: a scoping review”). The data was used to inform the formulation of design embodiments and mediating processes necessary to complete the VR design for social workers training about DFV. This iterative phase of the research allowed the author to develop considered design strategies and principles that informed the next phase of the design-based research, which also happens to be the final design study. Using literature and existing insights to inform the design process of the study is instrumental in ensuring that the forthcoming VR simulation is well-informed, engaging, and effective in preparing social work students to address the complex issues related to DFV. The following chapter describes the iterative phase of design-based research. The final study (Study 3, Article 3: “A Blueprint for Domestic and Family Violence Education in Social Work Through Virtual Reality Design”) depicts

the procedural knowledge formulated from engagement and reflection of the design-process. Those interested in advancing the education of social work about DFV will be able to use these findings as instructional design support. This contribution is of significant relevance given that there is limited existing research in this practice context to date, yet social workers are crucial to the prevention efforts of domestic and family violence. All knowledge and resources that support the education and preparedness of social workers to respond to DFV in practice are essential in ensuring social workers can fulfill this commitment.

CHAPTER 6: PAPER 3 – A BLUEPRINT FOR DOMESTIC AND FAMILY VIOLENCE EDUCATION IN SOCIAL WORK THROUGH VIRTUAL REALITY DESIGN

6.1. Introduction

The final two stages of design-based research are 'iterating' and 'reflecting' (Hoadley & Campos, 2022). Hoadley and Campos (2022) define 'iterating' as moving from 'abstraction' to concrete design i.e., the stage where recurrent building and testing phases of design-based research are established, or the stage where design theories, learning hypotheses, and principles are manifested into concrete designs. Iterating is however not a static phase of design, but rather, a reflective act that informs each design cycle (e.g., grounding and conjecturing). As iterating occurs, new conjectures, and hypothesised learning maps can be formed (Kali & Hoadley, 2021).

The final stage of design-based research, 'reflecting' (also termed 'reflection-through-design) is: (1) the act of building or testing something, (2) analysing all data collected throughout the respective design-phases, and (3) presenting the identified actions that could lead to potential changes in the intended educational environment (Hoadley & Campos, 2022). The 'end points' in the reflecting stage of design-based research are vast, and can include presenting discipline theories, design principles or patterns, design processes, ontological innovations, new insights into design research or new hypotheses (Hoadley & Campos, 2022; Kali & Hoadley, 2021; Edelson, 2002). As will be further described in this chapter, the design outcome in this study is the production of procedural knowledge, describing "the particular methodology for achieving a type of design" (Hoadley & Campos, 2022, p. 214). Edelson (2002) describes this as the prescriptive knowledge presented to depict the characteristics needed to create a designed artifact. It is the set of coherent design guidelines used to address a design challenge (Edelson, 2002). An example provided by Schank et al. (1994) is the development of design guidelines about goal-based scenarios for creating learning-by-doing software and in-person learning environments. The final two stages of design-based research, as discussed in this chapter, are depicted in Figure 6.1. A process model of DBR.

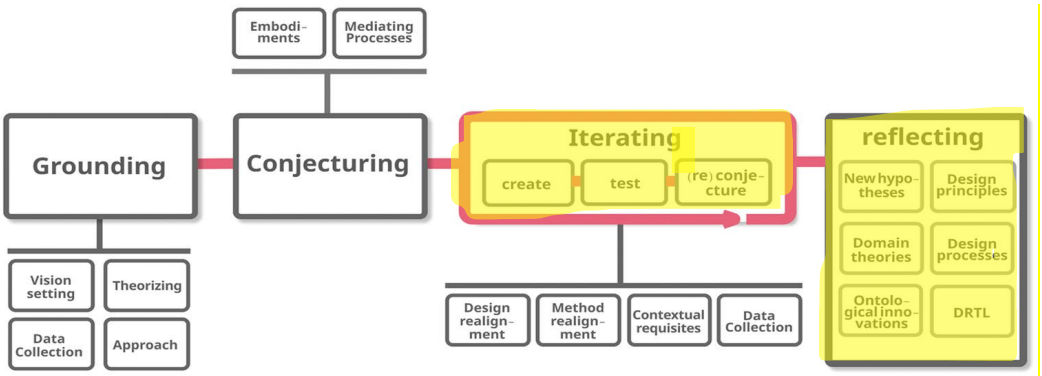

Figure 6.1 A process model of design-based research. Reprinted from Hoadley, C., & Campos, F. C. (2022). Design-based research: what it is and why it matters to studying online learning. Educational Psychologist, 57(3), 207–220. https:www.doi.org/10.1080/00461520.2022.2079128. Reprinted with permission of Informa UK Limited, trading as Taylor & Taylor & Francis Group, http://www.tandfonline.com

This chapter presents the final stages of design-based research: 'iterating' and 'reflecting'. All data that was collated during the design process (including the data captured in studies one and two are analysed during the final 'reflecting stage' and discussed in the final study of this thesis. The article 'A blueprint for domestic and family violence education in social work through virtual reality design' summarises the design-based research approach used to inform the development of the VR simulations for social work education about DFV. Reflection of the design processes and the design outcomes are also depicted in the article through a final qualitative study, and interviews with the community advisors who agreed to partake in this study were conducted. These 'reflections' are thematically analysed, and subsequently used to describe the key methodological strategies adopted in the design process. Concluding this chapter is a summary of the procedural knowledge developed during this process.

6.2. Submitted for publication: paper 3

Article "A blueprint for domestic and family violence education in social work through virtual reality design" submitted for publication in *Advances in Social Work and Welfare Education: special issue on simulation in social work*, on 14/02/2024.

A Blueprint for Domestic and Family Violence Education in Social Work Through Virtual Reality Design

Key words: Domestic and family violence; Intimate partner violence; Virtual reality simulations; Social work education

Abstract

Domestic and family Violence (DFV) is a global issue, necessitating a proactive response from social workers. As such, social work graduates must possess the requisite skills and knowledge to respond effectively in practice. To aid social work students' readiness to respond to DFV, an innovative approach involving the use of virtual reality (VR) has been established within the University of Southern Queensland's social work and human services program. VR simulations can be used to support experiential learning by providing immersive experiences that foster formative skill development. Consequently, it presents a distinctive advantage in ensuring all social work students, irrespective of where they engage in placement, are exposed to DFV content in a scaffolded and safe manner. We created four VR simulations that simulate different intersectionalities relevant to individuals affected by DFV. Creating these experiences required a co-design approach, involving extensive collaboration with a community advisory group, to ensure an authentic narrative and effective realisation of the simulation in VR. This study outlines the design-based research process, including stages of development and outcomes, highlighting emergent themes from interviews with the community advisory group. Our findings offer valuable insights for educators and curriculum developers looking to incorporate VR simulations, providing procedural design recommendations and forward-thinking suggestions to advance the field of DFV education in social work. Our outcomes can also be applied in other learning environments that seek to develop DFV professional practice competencies.

Introduction

Domestic and family violence (DFV) constitutes a significant global challenge, with far-reaching systemic implications (Australian Bureau of Statistics, 2020). Subsequently, social workers must develop graduate attributes to equip them with skills and knowledge to work effectively with DFV (Royal Commission into Family violence, 2016). Tertiary social work programs play a crucial role in cultivating the preparedness of social work graduates in this context and can benefit from promising immersive simulation-based technologies such as virtual reality (VR) (Harris & Newcomb, 2023; Jenney et al., 2023; Roberson & Baker, 2021). This article contributes to the emerging knowledge base about the development of VR simulation in social work education, specifically in the context of DFV, an area of VR implementation with limited prior research.

Background

Arguably as an issue of social injustices, domestic and family violence is an area of practice that social workers must be equipped to adequately recognise and respond to (AASW, 2023; Fedina et al., 2018). It is therefore necessary for social workers to develop this foundational skillset during their tertiary social work training, sentiments supported by the Australian Association of Social Work (2023). However, researchers and scholars have continued to argue that social work education does not adequately prepare graduates to work effectively in the domestic and family violence context (Author, 2024; Danis & Lockhart, 2003; Fedina et al., 2018). Noted gaps concern graduate understanding of DFV, problematic attitudes or beliefs, and inadequacies in building context-specific professional self-efficacy (Author et al., 2024; Fedina et al., 2018). Promisingly, recent insights from an exploratory quantitative study conducted in Australia suggest that both personal and professional experiences play a predictive role in enhancing graduate social workers' readiness to respond

to DFV (Author, 2024). These findings emphasise the importance of acknowledging professional experiences as valuable resources in DFV education (Author, 2024), and emerging technologies able to simulate such opportunities are gaining increasing support in social work education and practice (Harris & Newcomb, 2023; Jefferies et al., 2022; Jenney et al., 2023; Roberson & Baker, 2021).

While there are varied methods to build professional practice experiences and graduate competencies about DFV in higher education (including via field education), virtual simulations have become a promising method by leveraging "a computer/software/the internet to teach knowledge and competency-based skills" (Baker & Jenney, 2023, p. 9). VR for example technologically replaces real-world sensory information with a virtual environment (Huttar & BrintzenhofeSzoc, 2020; Roberson & Baker, 2021). Defining VR in totality remains outside the scope of this article; however, Abbas et al, (2023, p. 7), define it as "a three-dimensional computer-generated simulated environment, which attempts to replicate real world or imaginary environments and interactions, thereby supporting work, education, recreation, and health." These virtual worlds are predominantly administered with head-mounted displays (either with hand tracking or tracked controllers), but many experiences can also be replicated in 2D on standard computer screens as a 3D game or 360-degree video (Abbas et al, 2023).

Current examples of VR simulation being utilised in social work education have demonstrated promising potential as a tool used to build social work graduate outcomes, including promoting critical thinking, knowledge development and establishment of skills and values relevant to practice (Huttar & BrintzenhofeSzoc, 2019; Roberson & Baker, 2021). Interestingly, VR technology is demonstrating that it can be an excellent tool for supporting the development of procedural skill training and knowledge acquisition through applied learning in simulated practice environments (Roberson & Baker, 2021) and can facilitate

learning by integrating students' presence (being in the story) and agency (manipulating the story) into educational activities (Petersen et al., 2022). Most importantly, VR technology serves as a tool to immerse users into visually realistic contexts, in a supported and scaffolded teaching environment, prior to doing this in direct practice (where 'real' people are directly affected) (Huttar & BrintzenhofeSzoc, 2019).

There are limited examples of the application of VR simulation specific to DFV in social work education; however, recent studies provide encouraging insights into its efficacy as well as the challenges to overcome. Jenney et al., (2023) designed and developed an experiential learning approach to teach DFV competencies to student nurses, lawyers, and social workers. The team used 2D virtual gaming simulations (VGS) for users to "practice and apply their knowledge, attitudes, and skills to meet specific learner outcomes" (Jenney et al., 2023, p. S77) finding that students were, overall, positive about the application. Shortcomings included the limited immersion within the game, a desire for more emotional depth, and realism issues (Jenney et al., 2023). A noteworthy example of leveraging VR technology for DFV training in social work concerns Simpson et al. (2023) project, which aimed to immerse users within realistic scenarios to foster genuine emotional responses through VR simulations (Simpson et al. 2023). Interestingly, they utilised virtual 3D environments leveraging animated avatars and digitally constructed assets. Simpson et al. (2023) found that many of their users (social work practitioners) emphasised a desire for more interaction possibilities and more realistic emotional reactions of the virtual characters, "highlighting the importance of communication via body language and emotional intelligence." (p. 9)

Current evidence about VR technology and its applications in social work education suggests that VR simulations can overcome gaps in Australian social work students' graduate readiness to respond to DFV (Author et al., 2024; Baker & Jenney, 2023; Huttar &

BrintzenhofeSzoc, 2020). Further, VR enables users to engage in empathic learning, formative learning opportunities and procedural skills training within various practice contexts (Trahah et al., 2019). Leveraging this within DFV contexts can provide professional practice experiences for students, which can enhance graduate readiness to respond to DFV (Author et al., 2024). These findings, which were obtained in the data collated during the stages of design-based research, have influenced our decision to adopt VR as the chosen technology to support social work students' training and education about DFV. The research team also prioritised overcoming the challenges of realism and authenticity that were highlighted by Simpson et al., (2023) and Jenney et al., (2023) by leveraging 360-degree VR videos.

We aim to provide guidance to those interested in developing virtual simulation-based pedagogies for social work education about DFV using a co-design research-based approach. It is proposed that the use of VR as a learning and teaching tool supports the development of necessary social work graduate capabilities about DFV because social work students can be predisposed to DFV content in an immersive, but also scaffolded and supported way, prior to potentially experiencing this in direct practice (such as during student placements). Further it will support students to move from knowing theory to critically applying it. Concomitantly, this work aims to empower educators to optimise the benefits of simulation-based education. The research question presented is: what are the design processes and outcomes in developing VR simulations to educate social workers about DFV?

Framework

The theoretical framework used to inform this study is Kolb's Experiential Learning Theory (ELT) (Kolb, 1984). The framework is widely utilised in simulation pedagogy (Fewster-Thuente & Batteson, 2016; Long & Gummelt, 2020). Drawing on this approach, students move from knowing why something should be done, to acquiring the practical

knowledge of how to execute it in practice; leading to heightened conceptual understanding, improved procedural skills, and the ability to apply their knowledge and skills to novel challenges (Cheung et al., 2019). Learning is a process which students actively engage with through 'doing' (Allison et al., 2023). Kolb (1984) argues that learners are best positioned to attain new knowledge by engaging in four stages of a learning process, which he identifies as: concrete learning, reflective observation, abstract conceptualisation and active experimentation. In other words, it is imperative that students are given clear instructions, followed by the ability to apply it in practice and critically reflect on those learnings so they can effectively retain new information. This theoretical framework was used to guide the development of our VR simulations, along with the accompanying learning activities used to support training about DFV in social work education.

Following, a design-based research methodology was used to systematically guide the development of targeted VR simulations. Design-based research is interventionist research, typically used to produce knowledge about the design aspects of learning and education (Hoadley & Campos, 2022). This approach uses a series of iterative phases aimed at unearthing the learning or education problem, understanding the design principles and strategies, and reflecting on the knowledge production process (Kovisto, 2018). Hoadley and Campos (2022) describe these iterative stages as: grounding, conjecturing, iterating, and reflecting. Mixed-methodological research approaches are often utilised in the attainment of data collated across each iterative stage of the design process, but the benefit remains the same, that changes to the initial design base can be made based on the insights gained across each respective design stage (Hoadley & Campos, 2022; Koivisto et al., 2018). The phases of data collection that were adopted in the design process of the VR simulations for social work education about DFV are introduced in the following 'design' section.

Design

Our design process commenced with consultations with a community advisory group. This approach was identified as a co-design strategy, also acceptably termed a 'bottom-up approach' to development (Fitzpatrick et al., 2023). This was an important design strategy, especially vital for creating an inclusive and true-to-life portrayal of the social work experience in domestic and family violence situations. Community advisory members included social work practitioners, people with lived experiences of DFV, media production experts, screenwriters, actors and academics from social work, health, and creative arts. Through this process, the research team needed to (1) ascertain the social work problem areas that required further investigation and could potentially benefit from the creation and implementation of real-world interventions afforded through simulations about DFV, (2) identity how to produce realistic, authentic, and emotionally captivating replications of social work practitioner experience simulations, and (3) create, reflect on and describe new hypotheses, design principles, procedures or processes evident through the design process. To support the development of these design insights, Hoadley and Campos' (2022) iterative stages of design-based research were followed:

Grounding phase

We conducted a survey examining the state of Australian graduate readiness to respond to DFV. This was the *grounding* design-stage conducted to support vision setting and confirmation of the design approach (Hoadley & Campos, 2022). The findings are reported by Author et al. (2024), but are summarized as follows: (1) There are gaps in social workers' graduate preparedness to recognise risk factors of DFV; (2) there were barriers to social worker's understanding of the difficulties in leaving relationships characterised by DFV, (3) social workers at times displayed problematic attitudes and beliefs at odds with the social work value base; and (4) there was evidence of a participant-reported need for additional DFV training in social work curriculum. The data from this study was used to inform

scenario development such as depicting the more nuanced risk factors of DFV or highlighting the complexities of victim-survivor's decision-making when in a relationship characterised by DFV. Importantly, the data collated reaffirmed VR simulations as the focus of the design approach. This was because the data revealed that social work students and new graduates were better prepared to respond to DFV when they had previous professional or personal experiences with DFV. This was a significant finding because VR can offer users real-world practice opportunities through the affordances available within the technology (Baker & Jenney, 2023).

Conjecturing phase

The second stage of the design-based research was '*conjecturing*', otherwise known as the phase focused on developing solutions. To complete this step, we undertook a scoping review on virtual simulations used to educate social workers about DFV. The results of the review are forthcoming (Author et al., submitted for publication); however, the findings identified (1) virtual simulations are effective in building emotional insights about DFV, (2) connection to simulated characters is enhanced when 'real' people are used (as opposed to avatars) (3) 360-degree simulations are more effective in immersing users into practice contexts, (4) there are gaps in virtual simulations that represent the intersectional DFV experiences of First Nations people and LGBTQIA+ people, and (5) a community approach to simulation design is important. Notably the voices of those with lived experiences of DFV were not described as part of the virtual simulation design process (a noted gap in the study findings). These findings were used to make decisions about ongoing design processes, physical attributes, materials, functionality, and aesthetics of the design concepts.

Iterating and reflecting phases

In design-research, '*iterating*' is the process of repeating steps to refine and improve the design (Hoadley & Campos, 2022). Throughout this stage, the scenario development underwent multiple refinements. This was informed by the data collated in the grounding and conjecturing stages, consultations with the community advisors, and testing of the VR productions. Additionally, various other design aspects, such script development, audio refinement and production underwent iterative improvements.

This study exemplifies the final stage of design-based research, *'reflecting'*, by presenting the qualitative data depicted in this study, thus reflecting the procedural knowledge produced through the design process.

Based on the four phases of design-based research, the VR outputs are four 360-degree virtual reality clips depicting elder abuse, abuse against LGBTQIA+ individuals and DFV against women. The contexts include an emergency department in a hospital environment, a child safety investigation, and a home visit from a hospital social work clinician. Figure 1 provides a synopsis of the developed VR simulations, further outlining the scenario.

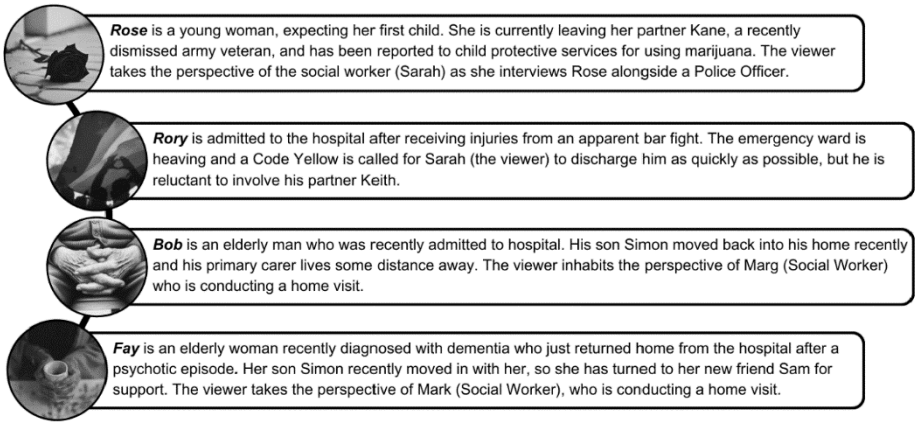

Figure 1 - Synopses of developed VR simulations

Learning Activity Development

It is important to note that the design process also included the development of activities that are to be used to support learning and enhance the VR simulation experience. Learning activities utilized a scaffolded approach, which begins by teaching students' simple tasks with little variability and then progressing to more difficult and complicated tasks as they gain expertise. Figure 2, illustrates the intended learning phases experienced by students which comprise (1) a pre-VR briefing session conducted by the lecturer, (2) VR simulation sessions where students experience the scenario, (3) a post-VR reflection of the experience and how it relates to course content, and (4) debrief sessions conducted by the lecturer.

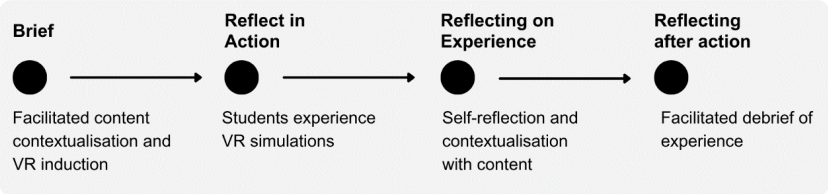

Figure 2. Learning phases

Method

Participants

Given the co-design approach to our social work VR design research, it was imperative to adopt a research method that captured the collaborative insights gained about the simulation design process. To achieve this, purposive sampling was employed to recruit members of the community advisory group who were engaged in co-designing the VR simulations. A total of 12 out of the 14 members of the community advisory group voluntarily agreed to participate in interviews for this study. Four members of the community advisory group disclosed having had lived experiences of domestic and family violence, three identified as VR or media production experts, four were social work academics and

practitioners, one a screenwriter, three were actors and four interdisciplinary practitioners from education, health and creative arts. Six community advisory members identified with multiple categories, resulting in the total number of participant categories exceeding the number of interviewees reflected.

Procedure

University XXXX ethics approval was granted prior to conducting the study. Participants were provided with a flyer and information sheet describing study details, confidentiality, and anonymity. Before engaging in the interview, participants who voluntarily agreed to participate completed and returned a signed consent form. Interviews were conducted online or in-person during August 2023. Semi-structured interview questions focused on the process of designing the VR simulations, including prompting discussions about scenario development, script writing, virtual reality design, learning outcomes, and considerations for implementation. The data collated was reflective of the information obtained during the interviews about the design process.

Analysis

We employed thematic analysis as described by Clarke and Braun (2017) to interpret the data, focusing on deriving meaning rather than seeking an absolute truth, because we recognised that each advisor's experience with VR design development would be different. As such, we sought to inductively present the collective design themes described in the data. This was an important methodological approach, as it enhanced the rigour of the design-based research, by reflecting on the valuable insights and procedural knowledge presented across each of the community of design developers. To capture the presenting themes, the authors searched the transcribed data to find repeated patterns, while undergoing a process of deconstruction and synthesis (Liamputtong, 2019). Qualitative data analysis software NVIVO

was used to aid in the search for themes based on clusters identified in the system (Braun & Clarke, 2022). Clusters were coded and refined until each clearly reflected the themes that collectively depicted procedural knowledge about VR simulation design processes for social work education about DFV (Clarke & Braun, 2017). The themes are presented below.

Results

The findings were guided by an examination of two overarching concepts: design processes and design outcomes. The identified themes for *design processes* are realism, immersion and authenticity. The presenting themes associated with *design outcomes* are social justice, intersectionality, and empowerment. It should also be noted that to protect participant anonymity, study participants are not reflected in the findings according to their community advisory role. Instead, participants are captured as either a designer (e.g., D1) or expert advisor (e.g., EA2).

Design processes

Theme 1: Realism

Realism was identified as an important focus in the design process. Participants identified that an array of considerations were necessary to support the development of 'realism', which was important across multiple stages of the design process e.g., script writing, technology selection, production, post-production and implementation.

D4: I think the way that we went about the entire process of this project, from its conception…. through to the technology used to shoot it, all of those as being ways to sort of go towards the same goal of realism… from choosing appropriate locations and making it look believable, to having actors who made it look believable.

EA12: What was scripted, and… recorded was so true to life in terms of the chaos… there's a visceral quality that's, you know, incredibly hard to describe to people unless you see and feel it.

Emotional realism was an important design feature developed within the script, character development and actor selection.

EA8: They could really stand in [the characters] shoes and sort of try and get how she feels in that moment and why she's saying the things she is in that moment and being so resistant.

D10: It just gives you an appreciation and empathy towards what others are going through.

In the production, the technology and design techniques used were important 'realism' design features.

D3: We've recorded this with a 360-degree camera. it records a 360 degree sphere around itself and, and then we, played to that camera as though it's a first person narrative. That was a creative choice because we want the people viewing this to actually feel… feel the reactions that they would if they were inserted into that scenario.

D4: With the 360 I was almost one of the characters in the scene and I had to think about it in those terms…. So it was a real interesting change between, you know, even the way I moved the camera was a different thing. I was walking it up and down and moving it like a head would.

D3: The other one is audio.. you will feel you're in the space as soon as you cut off the vision. But audio is what brings the emotion into the fold… We've made it realistic by using spatial audio as well.. if you want to overpower with emotion… get creative with the sound design.

Theme 2: Immersion

Participants described the 360-degree cameras as being an important feature to sever reality, engulf the senses and to support users to gain greater control over the learning experience.

D3: The 360... it gets you in straightaway... its always fascinated me how little we need as humans to sever reality.

D4: What 360 lets you do is put a lot of that control back on the actual user... and even enhancing that even more by putting them into a VR headset environment. ... does that to eliminate all the distractions around... and completely engulfs the persons sense I suppose in that environment which is very powerful.

Immersion was identified as a powerful learning tool for the following reasons:

EA12: It's a little different than TV ... it feels like I am in it... that helps bridge students learning and understanding of theory to practice. I know this stuff, but when I'm embodied there, what do I do? That's the powerful thing about this particular modality and the stories that you've crafted in that modality actually would help students to bridge that gap.

Theme 3: Authenticity

In achieving authentic experiences, participants expressed the importance of design processes that collected a diversity of perspectives. This was important in the creation of scenarios and situations that genuinely reflected social work practice.

EA12: You've had lots of people contribute to the, the story... and there's an authenticity to it, it didn't feel that you artificially wanted to go, we must represent this! It was... this came about from consultations... by way of just because the foundation was so consultative, you captured a very diverse group of people.

Role selection was also identified as an important strategy to enhance authenticity in design.

EA1: Having a real nurse respond to the patient as well, and a psych nurse… because she handled that context really well. I think who you selected was very important. Was very useful and made it very realistic.

In the pursuit of authenticity, participants also reflected on the importance of actors being aware of the 360-degree approach to the production. In a standard production, actors would avoid making eye contact with the camera, but in this instance, actors needed to engage with the camera to support the development of a more authentic portrayal of a social work interaction.

D10: Having the actors engage with the camera… might be a bit different and challenging for them. but certainly when they talk closely to the camera, you know, you get an interesting look and feel to the whole set up.

EA2: You need to realise that acting in a 3D film like that is much more like a stage experience. With this it's much more learning an entire script and filming just as you would on a stage.

Authentic design processes also evoke emotional connection between the user and the simulated characters. Participants reflected on design processes that supported the development of emotional authenticity.

D3: The camera placement in 'Bob's' a great, great one. I mean you're placing a camera specifically so that it engages a different emotional sort of response. I think those emotions are really interesting to try and capture and it was mostly in the scripts.

D4: The mental health scene in the hospital. I mean if you didn't get a visual, visceral reaction from being in that room, there's something wrong with you. That was the acting on that was pretty fantastic. And in both scenes and I think if you were witness to some of that, you would have felt it.

Lastly, participants recognised that authenticity extended to the way that the script was designed and paced, noting that opportunities to explore the virtual environment were a necessary component of the design process, to allow participants to explore and assess risks in the surrounding environment as they would in a 'real' social work context.

D4: What I liked about it too was there was enough time in all of the scripts for the students to have moments where they could just look around and have a look at the environment. And that was very important because… this lets them tour them… its been well designed to grab their attention when it needs to, but also give them just a little bit of time to just notice, those clues.

EA12: So, I think in that way it captures how one would be as a social worker in that environment and being able to home in on different elements, I think is what makes it far more an authentic representation of reality, than, you know, just one person talking to camera.

Design outcomes

Theme 4: Social justice

As a mechanism to support the attainment of social justice, VR simulations were identified as a pedagogical tool with promising potential to support social work learners directly and indirectly. For social work learners, achieving social justice was seen as providing them opportunities to be exposed to practice contexts in safe and supportive ways.

D4: Its extremely important to have the ability to give our students these kinds of experiences in a semi-safe environment before they have to… meet it for the first time. So that when get there, they might not be quite as overwhelmed, or they might be a little bit more alert, focused, looking out for these things already. And have a little bit of a head start.

EA2: Any of the caring professions get exposed to some pretty dark things sometimes… the first time you experience dark things like that is actually in the field, that's probably not a good thing either. Better to have it in a safe environment and learn how to deal with it.

Nurturing socially just outcomes was also thought possible through better preparing social workers to support the service-users that social work graduates will later serve.

EA11: One of the most important things is finding ways to be able to work with the precarious triangulation of other people being involved in this scenario who might be less sensitive to the realities of the scenario and as such potentially may bring judgement or language that just escalates conflict as opposed to being able to find a kind of safe space to be able to talk someone down to a place, where.. a real conversation can happen. And that, that person, that client, that stakeholder feels that they're being heard.

EA1: Its beyond the textbook reading. Its actually immersive and you feel it.. it's a really reflective process of behaviours and what our potential outcomes could be.

Lastly, social justice was also thought to be attained because students might be able to sooner identify if the profession is the right fit for them. We recognise that social work is a rewarding profession, but it will not suit every individual. This is often discovered during a student's first placement, which is sometimes not positioned until the third year of study. Participants established that an outcome of the developed VR simulations presented earlier opportunities to make informed choice about their study fit and their choice of career moving forward.

D10: From a learning and teaching point of view it would give them a sense of whether they want do this as a career, knowing they're going to be put in these confronting situations... And if it is something that they want to do, it would, I guess, give them firsthand abilities to be able to deal with the situations better for when they come into them in real life.

Theme 5: Intersectionality

Study participants understood that an important outcome of the VR simulations was the ability to connect with a diversity of simulated characters and to understand intersectionality. This is an important design feature as it enhances learning opportunities through engagement, emotional connection and the ability to distinguish perspectives.

EA6: Whenever you do anything like this, you need, when people watch it, they need to be able to relate to different aspects of it or different people, I suppose, And I think you captured that.

The way this was achieved was through connection with a diversity of stakeholders, including those with lived experiences of DFV.

D3: *I mean the amount of work that was put into figuring out exactly what to actually have in there was insane. The amount of people you need to talk to... and so you've got that sort of like you've got a subject expert, you got like lived experience.*

This was an important design-outcome in achieving an organic representation of intersectionality.

EA12: In terms of knowledge... for social work students to really see... that each person comes with their absolute unique story and experience of whether it's their culture, whether its their presenting issue, whether its an illness... so in that way their knowledge is tested and

their ability to then translate or transmute that into skills with different individual people, gets strengthened because they are encountering it immediately.

Theme 6: Empowerment

An identified design outcome was empowerment – both for the learners, but also for those members of the community advisory group with lived experience of DFV. Participants appreciated that learners could build confidence through their application of theory to practice.

EA12: And if you are confident, you can draw on your knowledge and we know what anxiety does to our thinking and out cognitive ability and if we've never sort of seen… or if we don't know how we are going to react…. but actually, you know, several times through it, I was like, 'oh okay now I worked out what to focus on and now I have a little bit of a repertoire of what I could say'. I feel more confident that I am going to be helpful in those situations. And I think that's the aim of the game.

For participants with lived experience of DFV, being involved in the design-process led them to feel more empowered about what they had experienced and since overcome.

EA11: I was drawing upon my own lived experience to try to find something authentic. And the good moments were I came away from it feeling really quite empowered. Kind of I won't say I fully processed it, but it helped me unpack the reality of it through engaging in the fiction. So even in the performance of it, it was at some level therapeutic for me.

Discussion

The findings in this study are novel in that it produces procedural knowledge about how to engage in the development of VR simulation for the education of social workers about DFV. Further, this procedural knowledge was notably influenced by the input of the

community of advisors involved. This is important because DFV is an area of social work practice that social workers must be adequately equipped to respond to (Danis & Lockhart, 2003). It is also an area of social work practice that presents a diverse range of complexities, often requiring specialised social work knowledge and skillsets (Danis & Lockhart, 2003). Kolb (1984) argues that knowledge must be developed through experience. The findings in this study depict the key design principles of focus when developing virtual reality simulations, a resource that affords users the opportunity to gain realistic practice experiences about DFV, in scaffolded and supported ways. The focal areas that were identified in the design were realism, immersion and authenticity.

Across each stage of the design project, strategies were implemented to support the development of these key principles. Participants reflected on techniques used to support the development of scenarios in a 360-degree view, spatial audio, capturing a first-person account directed to the camera, authenticity in story development, role selection, virtual environmental considerations, and camera movement. The outcome of these findings is unique compared to existing studies focused on VR development for social work education about DFV (Lie et al., 2023; Simpson et al., 2023) as they offer details about crucial steps in the design process, not just from the perspective of the authors, but from each of the community advisors, who were influential in the development of this project. The insights reflected offer diverse discernments into the procedural knowledge needed to replicate or expand on this study. The findings showcase how it is possible to create immersive educational experiences that feel authentic and realistic, using technologies like 360-degree video and VR.

The findings are also significant in demonstrating how VR simulation development for social work education supports the mission of the social work profession. Social justice, empowerment and intersectionality are social work values (AASW, 2020), and the themes

identified in the design outcomes. Through the development and application of the VR simulations, social work academics can empower social work learners to safely develop graduate competencies, while not exposing service users to risk of harm. Empowerment was also attained through providing people with lived experiences of DFV as an opportunity to collectively influence social work education about DFV. This was meaningful, because not only does it enhance realism in design, but it also provides an opportunity to influence the change needed to address the problems and gaps identified in social workers' responsiveness to DFV (Author et al., 2024). This process is identified within feminist thought as consciousness raising: the ability to increase an individual's awareness of the root causes of DFV e.g., broader structures of power inequality (Healy, 2014). These findings are consistent with research indicating victim-survivors who participate in video and filmmaking (e.g., digital storytelling) are empowered to explore the realities of their experiences and subsequently process new meaning and outcomes through this exposure (Tuval-Mashiach & Patton, 2015).

Social justice is a primary objective in the field of social work (AASW, 2020). The attainment of social justice also applies to our social work students, who can, to varying degrees or for various reasons, be vulnerable in their positions as learners. The necessity for this safeguard is because social work practice precipitate harm to the student (social worker) or service-user. There was quorum among study participants that VR simulations offer students a resource that allows them to practice their skills through being able to make errors safely, or observe errors being made.

Lastly, the findings revealed that the diversity of viewpoints captured through the community advisory group, including having representation from those with a diversity of lived experiences of DFV, were useful in enriching both the design process and the design outcomes. Social workers must be acutely aware of the complex interplay of social oppressions that can be experienced by individuals and communities. We must therefore

acknowledge the multiple inequalities that victim-survivors of DFV can experience. This finding is significant because the study's insights suggest that through the application of the VR simulations, social work learners benefit through having access to diverse perspectives and, subsequently, greater propensity to develop insights about the multiple ways of identifying DFV risk, prevention and intervention (AASW, 2023).

Strengths and Limitations

A key limitation with any qualitative study is that the findings are not considered generalizable. However, for the purpose of this study, which was to reflect the voices of the community advisory group involved in the design process, 12 of the 14 members agreed to participate in the interviews, resulting in an 85% response rate. This was significant in attaining adequate representation and adding to the body of developing literature in this context. A noted design limitation was also that, to attain realism in the design of the VR simulations, the authors chose to forego interactivity (being the degree to which users could influence the virtual environment). Future studies should explore how interactivity and realism can co-exist in the design process. A further limitation to the application and use of VR simulations is that the use of VR headset gear may not be accessible to all users (for some, it can cause virtual motion sickness). Subsequently, the team sought to ensure that all students are still able to access the 360-degree experience using a two-dimensional computer. While there is less likely to be a complete severing of reality using this platform, immersion is still achieved through audio and character connection. Lastly, a study limitation could be that we did not evaluate the efficacy of this design-approach with social work students. It should be noted however that this study's aim was not to investigate the efficacy of VR simulations, but to show how they could be built using a systematic design approach that is discipline informed.

Conclusion

This project offers procedural insights into the development of VR simulations for social work education about DFV. The outcome of the design-process was four VR learning simulations grounded in principles of realism, authenticity, immersion, social justice, intersectionality, and empowerment. This alignment with both the social work profession and learning theories (Kolb, 1984) enhances opportunities for social work students to feel equipped and prepared to respond to DFV in real-world practice, empowering educators to optimise the benefits of simulation-based education.

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6.3. Links and implications

6.3.1. Iterating

'Iterating' in design-based research is the stage arguably related to the establishment of particularisation (Kali & Hoadley, 2021). Throughout the design-based research in this thesis, data was collated and analysed by the author and members of the community advisory group at intersecting stages to inform decision-making and particularisation in design. Refining processes in design-based research are not linear, but rather, an iterative process (Easterday et al., 2014). Due to the complexity of educational environments and a limited ability to predict intervention effects in these contexts, 'testing and iterating' in educational design development is not universally recognised as a vital step (Easterday et al., 2014), though it can assist with ensuring designers' ideas and assumptions are held accountable during the design process (Hoadley & Campos, 2022). In this design-based study, the community advisory group were essential in the process of 'testing' design ideas, cross-checking theoretical propositions, the design solutions presented, and simulation prototypes deployed. The success of the design process, especially in informing the phase of 'iteration' deployed in this thesis, along with the attainment of the realisation of practical and theoretical goals was largely attributable to the community advisory groups' contributions (Easterday et al., 2014). This was especially true because each advisory member brought to the design process their own unique set of knowledge and expertise, including expertise across script writing, production and technology, social work curriculum, and lived experiences of domestic and family violence. This knowledge was collectively used to formatively evaluate each stage of the design process.

The iterating stages of design were also used to define and refine the script and scenario as it was being developed. The design process began with a concept: there needed to be better access to knowledge and true-to-life practice examples of domestic and family violence in social work education. Based on the data collated in Study 1, further iterations of the script were developed to better define scenario details and particularise simulation elements to make concepts more real and relevant to the gaps in social workers knowledge. As an example, community members with expertise in script writing made observations about earlier scripts developed, suggesting that the author should "show as opposed to tell" the narrative, and described "less as being more" in terms of the scenarios being developed. This

information was used to guide further iterations of scripts developed. Members of the advisory group who simultaneously acted in the production also expressed concerns about the length of the scripted lines (and worries about needing to deliver these lines in large ‘chunks’). The technological affordances of VR simulations meant that gentle delivery of scenario changes during each simulated experience were necessary to ensure that learners weren’t disoriented by the experience (a common side-effect of VR simulation). Technology advisory members supported the author in the development of these considerations. Members of the advisory group with lived experiences of DFV presented other nuanced ways that DFV can be manifested. Each stage of feedback provided was used to guide further iterations of the scripts developed. See Appendix C for the various iterations of scripts developed based on the data collated across the design phases and the feedback given by advisory group members.

Iteration also occurred through modification of the simulation based on issues that presented during production. For example, during the elder abuse scenario, community advisory members provided feedback about details in the set design such as adding additional complexities that might suggest deteriorating health concerns related to the service user’s dementia. An example of this was leaving the milk out on the counter during the scene. Other clutter was added to the simulated experience. This was an important feature iteratively implemented into the VR simulation, as it added additional complexities for social work learners to navigate (a realistic practice portrayal, given DFV is rarely an isolated concern or problem for service-users, but rather, is a complex interplay of individual and environmental factors that social workers must be acutely aware of). Other iterations were made postproduction once community advisory members viewed and watched back the videos. For example, spatial sounds were added, and changed iteratively postproduction (e.g., adding background noise such as a mower and removing other background sounds that were identified as less effective in attaining realism). Engaging in the process of iteration provided assurance that the practical and theoretical goals of the were study achieved. However, it should be noted that this iterative process will continue post PhD, as summative evaluations of the VR simulations with social work students are conducted.

6.3.2. Reflecting

The ‘reflecting’ phase in this thesis was informed by an examination of all data collated throughout the stages of design-based research, reviewing it in relation to the overarching design conjectures, learning theories and learning objectives formed (Hoadley & Campos, 2022). Following this step, the learning theories, design conjectures and learning objectives were analysed in relation to the actions that were assessed to have led to potential changes in the community advisory groups experiences of the VR simulations. Here, the author first revisits the learning theories, conjectures and learning objectives used to systematically develop a VR simulation for social work curricula aimed at educating social work students about DFV.

The research was also guided by D. Kolb’s (1984) theory of experiential learning. Along with the data collated about the potential for the VR simulations to redress the identified problem areas, VR simulations were also selected as the technological media because it affords learners an opportunity to complete a full learning cycle. D. Kolb (1984) describes the learning cycle as concrete learning (experience), reflective observation, abstract conceptualisation and active experimentation. The immersive experience affords the learner opportunities to make sense of the simulation, while simultaneously being able to think critically about what is being experienced. As the simulations situate the learner in an acting position, that is, as the social worker in the experience, they can control the experience through their viewing perspective. The scaffolded learning activities will enable social work learners’ opportunities to reflect on the experience, building new insights and knowledge.

The learning objectives formulated, based on the findings captured in Study 1, Article 1, are (1) enhanced recognition of the complexities of personal, social, and cultural identities for those experiencing DFV, (2) insight into the complexities of DFV risk, including the subtler proponents of power and control, (3) skills in the selection of interventions most likely to address individual service-users’ needs and circumstances (promoting values supportive of self-determination and service-user agency), and (4) critical reflection and awareness of self through immersive exposure when engaging in DFV prevention and intervention.

The conjectures produced based on data collated in Study 2, Article 2, were (1) users can develop emotional engagement through design-mediators such as

camera position and the use of real-actors in 360-degree virtual simulations, (2) using a 360-degree VR design can support learners to better grasp the complexity of risk factors, (3) capturing the voices of those with lived experiences of DFV promotes realism, (4) VR simulations are an influential pedagogical tool to address inadequacies in opportunities to practice skill development in the context of DFV training. D. Kolb (1984) experiential learning theory served as the foundation for developing the VR simulations and the supporting learning activities.

While it was not possible to test all hypothesised design conjectures or learning objectives presented in articles one and two during this study, as future iterative and summative evaluations with social work learners are yet to come, the design outcomes identified in Article 3 (as presented in this chapter of the thesis) demonstrate that the VR simulations show promise as a learning tool that can support the established design conjectures proposed. For example, it was hypothesised following Study 1, Article 1, that the VR simulations could address gaps concerning learners' recognition of the complexities of DFV risk factors. Subsequently, it was conjectured in Study 2, that the 360-degree simulation design could support learners to develop these skills through the affordances enabled when able to explore 360-degree virtual environments.

This was particularly relevant when embedding some of the less obvious warning signs of DFV, e.g., in the scenario 'Rose' the partner, and perpetrator of DFV left a 'rose' at the residence, despite DFV protection orders being in place that should have prevented the character Kane from attending the residence. In the simulation, the rose left at the residence is only subtly referred to, leaving it up to the learners to review and assess the potential significance of the act. This was informed by a real example of a DFV incident, and during that time the act was minimised by police who attended the residence. The ramifications for the victim-survivor were significant. The findings in the qualitative study, presented in Article 3, revealed that a noted design outcome of the VR experience was the ability for users to practice exploring environmental risk factors in safe and supported contexts, because of the affordances enabled through 360-degree simulations. This suggests that this design feature may lead to positive changes in the development of learner competencies about the complexity of DFV risk (particularly complexities that are attributed to environmental causes or issues).

Findings in Study 1, Article 1, also reflected that social work learners lacked insight into DFV risk and nuances in power and control, and their knowledge of interventions that promote self-determination and service-user agency were at times problematic. The design conjecture that learners will benefit from VR through opportunities to acquire enhanced conceptual understandings will be further evaluated in the subsequent summative evaluations scheduled to occur. However initial insights captured in the data collated in Article 3, suggest that the VR simulations have potential to empower learners to navigate the complexities of knowledge and skills needed to respond to DFV in practice. This is because Study 3, Article 3, study participants recognised that learners could practice these skills repetitiously through access to the VR simulations, building their confidence, while also developing an intersectional understanding of the nuanced experiences of DFV.

It was also hypothesised that capturing the lived experiences of DFV victim-survivors would enhance the portrayal of realistic social work practice examples of DFV and produce simulations that capture diverse lived experiences of DFV. The study findings, as captured in the data collated and reflected in Article 3, support this hypothesis, particularly because a design outcome noted was that the VR simulations enabled users to connect with a diversity of simulated characters, was emotionally real and reflective of service users' experiences. The design processes that supported this outcome was the community design approach that was used to inform the script and VR simulation productions. Other design features, such as 360-degree design which severed users' realities (meaning, replacing the sensory experience of the real world by, for example, using a headset, that replaces one's vision and hearing), spatial audio, and camera-position (e.g., the simulated characters speaking to the camera and situating the simulations from the lens of a social worker) also supported study participants experience of realism in the VR simulations. This is an important finding, given the concerns presented in Study 1, Article 1, about social work participants' abilities to recognise complexities of personal, social and cultural identities of DFV. This finding directly correlates with the formulated learning objective: fostering critical reflection and awareness of self through immersive exposure when engaging in DFV prevention and intervention. An interesting additional insight, as described in Article 3, was that being involved in the VR simulation design process was empowering for advisory members with lived experience of DFV. This is an important feature to reflect on during the design-

process, particularly in social work, a profession that seeks to support vulnerable, marginalised or oppressed members of communities to regain control and agency in their lives.

Another challenge presented in the data collated in Study 1, Article 1, was that social work learners lacked the ability to perspective take. Perspective-taking is an important skill in social work, directly linked to practice competencies in decision-making and critical refection (e.g., practitioners who lack capabilities in perspective-taking are more likely to find it difficult to engage in decision-making that empowers or nurtures agency in service users and will find it difficult to introspect and build awareness about how they may be influencing interactions with service-users) (Fook, 2022). A conjecture developed in Study 2, Article 2, was that the VR simulation can develop emotional engagement for users, through the developed design-mediators such as camera position and the use of real-actors in 360-degree virtual simulations. The data captured in Study 3, Article 3, supported this design conjecture, revealing that the VR simulations present opportunities for users to build emotional connection with simulated characters, and develop empathy, through design features that promoted realism and authenticity.

As noted, not all design conjectures could be assessed during the thesis. For example, the author was not able to evaluate whether social work learners' engagement with the VR simulations supported a reduction in the problematic attitudes and beliefs noted in Study 1, Article 1. Additionally, while structural causes of DFV were embedded into the design of the simulations through script development, production considerations and scenario focus, a limitation within these findings concerns the possibility for greater examination of structural analysis of DFV as an output of the virtual simulations. Due to the diversity of community advisors who presented with varying degrees of understanding of system level thinking, this outcome did not feature as an in-depth finding within the inductive analysis of the qualitative interviews. Future research conducted with student learners will address how effectively the virtual simulations cultivate competencies aimed at redressing individualistic thought, and shift focus to systemic root causes of DFV. However, the author broaches such conclusive statements with caution. Learning is a multifaceted process and drawing grand conclusions, such as this, is unlikely to be directly correlated with the VR simulations alone. Nonetheless, future summative evaluations of the designed VR simulations are scheduled to occur in 2024. During this time,

there will be opportunities to further assess which design actions or circumstances might assist with informing changes in social work learners' knowledge, attitudes, and self-efficacy of social work and DFV practice. The author therefore acknowledges that the design conjecture formulated in Chapter 5, positing that the developed VR simulations might lead to a reduction in problematic knowledge, attitudes and beliefs about DFV, will be evaluated in future iterations.

6.3.3. Procedural knowledge

Design-based researchers posit that the end point of design-based research often supersedes the artifacts or interventions produced (Hoadley & Campos, 2022). One of these outcomes can be the development of prescriptive knowledge, used to depict or describe the methodology used to achieve a design artifact (Edelson, 2002). Through engagement in design-based research, the author was able to develop procedural knowledge about the process of development for VR simulations that will be used to educate social workers about DFV. This was informed by the reflections presented in Study 3, Article 3, and the above examination of design conjectures and outcomes. The benefit of procedural knowledge is the generation of new knowledge about the intricate procedures involved in a design process. This enables quick access to information for others interested in developing VR simulations, expediting the outcome. It is important that all social workers are adequately prepared to respond to DFV. The procedural knowledge presented supports other social work educators to understand these design processes and outcomes.

Table 6.1 Procedural knowledge – VR simulations for social work education about DFV

Steps	***What and why***
1. Develop a community advisory group	The establishment of a community advisory group, inclusive of those with lived experiences of DFV, is integral to the design process in co-creating both emotionally and physically realist VR simulations about DFV. The community advisory group should be consulted across each iterative stage of the

Steps	*What and why*
	design process and used to collate diverse perspectives that are reflective of an authentic practice experience.
2. Ground the problem	Collate data that captures the nuances or problem areas requiring redress during the design of the VR simulations. This ensures that the design mediators are purposefully informed. This VR simulation used survey research to capture the problem areas in social workers preparedness to respond to DFV, though other research approaches, such as systematic literature reviews could be used to inform this step (this is dependent on the data available at the time).
3. Develop design conjectures	Conduct research to identify and evaluate immersive technologies and design mediators useful in building simulations that are realistic and maximise engagement and control, while also potentially suited to address the problem areas depicted in the previous step. This is important in building accountable design strategies, more likely to meet the learning needs of users.
4. Technology selection	Review and select technologies that optimise opportunities for user control over the learning environment to enhance engagement (e.g., 360-degree formats that enable users to have control over what they observe within the 360-degree simulation). Select technology inputs (e.g., spatial audio inputs) to simulate real-world scenarios.

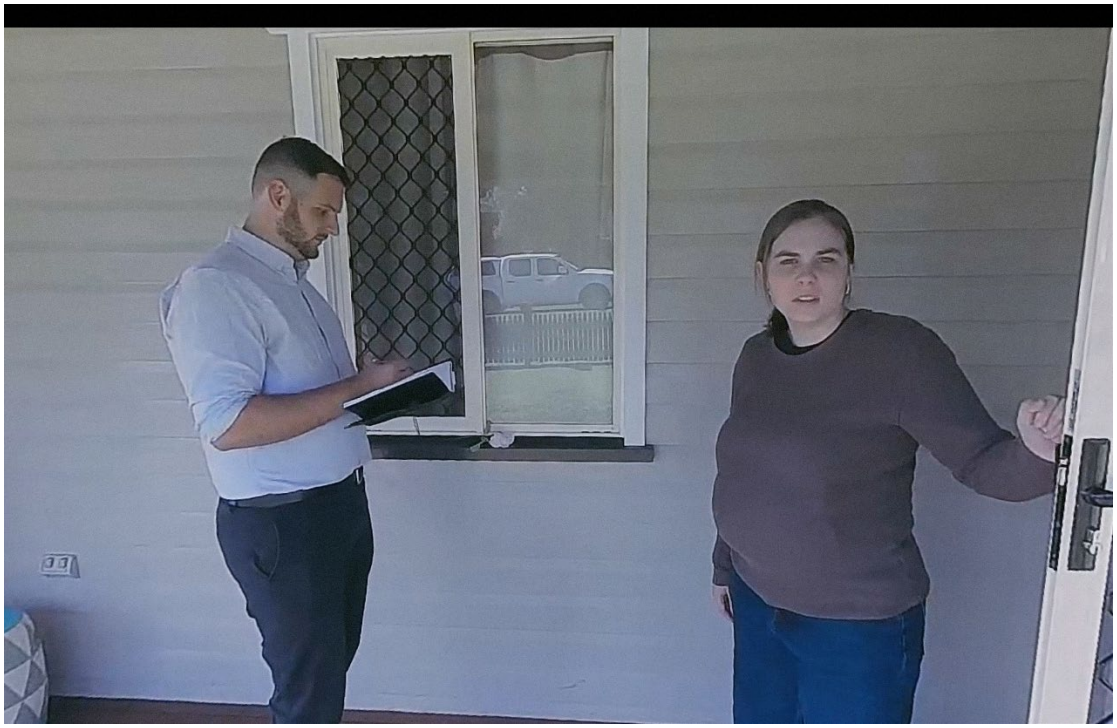
Steps	*What and why*
5. Script development	Utilise scripting strategies and techniques to write realistic dialogue and scenarios. The community advisory group is especially important during this stage. Ensure alignment with learning objectives and social work learners as the target audience. Script development must also consider the technological media chosen (e.g., if using 360-degree VR technology, script pacing should be considered).
7. Source location and props	Review and source locations likely to reflect realism and authenticity in practice. For example, if the scenario is contextualised in a hospital, consider filming in hospital simulation suites often available as learning and teaching spaces at universities. The community advisory group are important in informing this design step especially because it is important to ensure negative stereotypes are not reinforced in location and prop selection.
8. Production	Embed spatial audio techniques to enhance sensory immersion and realism. Ensure camera placement/positioning is reflective of realism. For example, positioned in such a way that it would feel as though this is how the social worker might be positioned in the setting. This is also important in immersing users into the simulation. Ensure there are production experts available to aid in this step (e.g., VR technicians, and audio and film producers).

Steps	*What and why*
9. Iterate and edit	Conduct usability testing and iteration to refine script/scenario development, pre- and post-production, and immersion techniques based on user feedback. Identify strengths and weaknesses and areas for improvement in the design across each iterative stage.
10. Output	Development of VR simulations ready for implementation into social work curriculum. Design accompanying learning activities that scaffold the VR simulation experiences, enabling learners to build knowledge and insights in a staged manner.

The artifacts created by engaging in this design process are four VR simulations focussed on intersectional experiences of DFV. The scenarios depict elder abuse against a man named ‘Bob’ and separately a female named ‘Fiona’. The second scenario simulates the experience of a gay man named ‘Rory’ who is currently in an emergency department of a hospital ward. The final scenario, ‘Rose’ focusses on her experiences of DFV at the hands of her ex-partner, an ex-defence member. Rose is pregnant. To review the 360-degree VR simulations, see Appendix D, VR simulation films. Embedded into this section is a presentation of stills from the VR simulations, along with pictures collated of the simulations in use. The VR simulations are also scaffolded with learning activities. These simulations are necessary to support learning and enhance the experience of the VR simulations in learning and teaching. These sessions include pre and post VR briefing activities, that were founded in knowledge of experiential learning theory (D. Kolb, 1984) and the need to develop learning opportunities for social work students that enable them to reflect on the simulated experiences. See Appendix E, to review the developed learning activities.

VR simulation in use

VR simulation in use



'Rose'- child protection investigation and assessment

'Bob' – elder abuse

'Rory'- emergency department visit

'Fay'- elder abuse

This chapter describes the systematic approach used to inform the development of procedural knowledge about VR simulations to support the education of social workers about DFV. The chapter also presents Article 3, the summary of the design-based research approach and the qualitative reflections of the design processes and outcomes informed by interviews with the community

advisory group. The final two stages of design-based research are further expanded in the chapter sections, ‘iterating’ and ‘reflecting’, detailing the necessary stages in being able to produce the prescriptive knowledge described. During this phase, the learning theories, design conjectures, and learning objectives are analysed across the stages of data collated. The chapter concludes with a presentation of the designed VR artifacts and accompanying learning materials. The next chapter presents a discussion about the design-based research approach, the study limitations, and broader study significance.

CHAPTER 7: DISCUSSION AND CONCLUSION

7.1. Introduction

As presented throughout this thesis, DFV is a pervasive issue affecting women and girls, alongside other marginalised groups of people, at significant rates globally (WHO, 2021). Prevention efforts are at the forefront of public response, and social workers are essential to this cause. This is because social workers are uniquely trained and positioned to consider systemic causes in their pursuits for justice, issues that arguably exacerbate and enable the incidence of DFV to prevail. Tertiary social work programs are essential in preparing social work graduates to respond to DFV in practice. Despite these efforts, the preparedness of social workers to respond to DFV has been questioned. As such, this study sought to build an innovative teaching resource to support the development of social work education about DFV. To do this, the author engaged in exploratory design-based research to systematically develop procedural knowledge about designing VR simulations focussing on social work practice and the different intersectional experiences of DFV. Data was collated through the respective stages of the design-based research, drawing on quantitative survey research, a scoping review and qualitative interviews with thematic analysis.

This chapter considers the key findings as exposed during studies one, two and three, and details how these individually addressed gaps in theoretical, practical and experiential knowledge. This chapter discusses how each iterative study findings were integral to design-based research, the methodology employed to inform the outcomes in this study (procedural knowledge of VR development for social work education about DFV, and four accompanying VR artifacts). This thesis concludes with a presentation of implementation considerations, study limitations, and opportunities for future research.

7.2. Study 1: unveiling graduate readiness to respond to domestic and family violence in Australian social work programs

During this thesis, the author conducted a quantitative survey, which was completed by 193 social work students or new social work graduates, eligible for membership with the AASW. The study was conducted to identify social workers' educational needs about DFV, a necessary step in grounding the design-based

research. To ascertain the areas of development that needed to be considered in the design of the VR simulations for social workers' education about DFV, the author sought to examine the state of preparedness of Australian social workers to respond to DFV, an underdeveloped area of research. Through inferential statistics and descriptive analysis, the findings revealed that there are gaps in social workers' preparedness to recognise warning signs of DFV (e.g., gender as a risk factor for DFV), that they struggled to identify reasons for remaining in DFV relationships, and that they self-reported requiring further training to support their preparedness to respond to DFV. Interestingly, the study findings revealed the training types measured in the survey (e.g., lecture, workshop, video) and current hours associated with DFV training, did not significantly or positively influence social workers' preparedness to respond to DFV.

7.2.1. Study significance

These findings were significant in confirming the design approach and the decision to develop novel approaches, such as VR simulations, to support the education of social workers about DFV. The findings were then used to aid in the process of vision setting and theorising of the design strategies. As a result, the author began storyboarding narratives for the simulations that could be used to develop social workers' exposure to more nuanced warning signs of DFV, build social workers' understandings of the complexities surrounding victim-survivors' decisions to remain in relationships characterised by DFV (specifically as concerns systemic risk factors), and build insights into the intersectional nature of DFV. Based on the identified findings, the author also focussed on building educational opportunities within the VR simulations that could support social workers to develop greater insight and understanding into gender-based causes of DFV. The full exploration of the ways that the data was used to guide the grounding stage of the VR simulations is presented in Chapter 4. Importantly, this data was significant to the process of design-based research, as the findings ensured that the VR simulations were grounded in social workers' needs, making sure that the designed outputs were built with purpose.

Beyond the role that these findings fulfilled in the design-based research pursued in this thesis, the study was novel and contributed significantly to the field of social work broadly by addressing noted gaps in the understanding of Australian

social workers preparedness to respond to DFV. The study is important in broadly showcasing the areas to target in social work training about DFV, specifically enhancing the depth of education about conceptual notions of DFV. The findings also alluded to a possible drift away from the use of feminist praxis being used by social workers to understand DFV. It might be argued that a return to more prominent feminist theoretical frames of reference (including intersectionality) could be useful when addressing the noted gaps in social workers understanding of DFV, particularly where they individualised or pathologised victim-survivors experiences of DFV. It also became evident that the quality of social work training is unclear. This finding was significant in informing what the gaps are and where future research should be established. Lastly, the study results demonstrated that 45.3% of social workers had professional or personal experiences of DFV. This finding is significant for social work scholars, as it is an important factor to consider in developing trauma-informed and scaffolded learning opportunities that nurture student's lived experiences of DFV. Social workers have a duty of care to ensure that social work learners with lived experiences of DFV are appropriately supported during their studies. Overall, the insights gleaned from Study 1 are particularly beneficial for social work scholars and social work curriculum developers seeking to build graduate competencies for social work, as aligned with AASW practice standards.

7.3. Study 2: virtual simulations to educate social work students about domestic and family violence: a scoping review

Study 2, Article 2, built on the design knowledge attained during Study 1. The second study completed in this thesis was a scoping review, examining existing published literature that focussed on the use and implementation of virtual simulations to educate social workers about DFV. A total of seven articles were identified, each depicting an array of virtual simulation approaches such as gaming-based learning, video clinics and digital storytelling. Two articles described using VR simulations to educate social workers about DFV (Lie et al., 2023; Simpson et al., 2023). Lie et al. (2023) designed a VR simulation to support users to learn about elder abuse and stimulate empathy, while Simpson et al. (2023) developed a VR simulation that supported learners to develop an understanding of a child protection home visit, where DFV was an identified concern. There were differences in the approaches to simulation design noted in the two examples of VR simulations

presented, namely Simpson et al. (2023) used avatars in their simulations, while Lie et al. (2023) used 'real' people. Participants in Lie et al. (2023) study felt more immersed in the scenario and identified with the learning experience as realistic. There were numerous issues in study participants experience of the VR simulation with avatars, and users reported difficulty with feeling present, or connected to the learning experience.

7.3.1. Study significance

These study findings were significant in informing the outcomes achieved in the design-based research employed in this thesis. This is because they were used to develop hypotheses about which design approaches were best positioned to achieve the learning and teaching goals that were developed based on the problem analysis conducted in Study 1. This stage of design-based research was significant because it supported the author to make decisions about the design-process in the most informed way possible (Edelson, 2002). Hoadley and Campos (2022) further purport that knowledge is fungible, described as "discoveries that are useable by all if published as well" (p. 215). The use of knowledge published in this scoping review was integral to the process of VR simulation, and the deliberate selection of the chosen design mediators. This included knowledge that helped confirm the technological media of choice, because it was evidenced to be an effective tool to build empathy and emotional engagement, understanding of multiple realities and social insights. Other design mediators, such as the use of 360-degree cameras, and the use of 'real' actors became important insights gleaned from Study 2. The importance of co-design and the protocols to support this process were another established finding through this scoping review. The findings also highlighted the need to ensure people with lived experiences of DFV were reflected in the co-design approach. The full exploration of integral design knowledge ascertained through the scoping review is depicted in Chapter 5. As Edelson (2022) describes, the benefit is better design outcomes that are more reflective of informed design strategies.

The data collated in this study was also significant in supporting future pedagogical developments in social work education about DFV. As will be explored further in the subsequent section, advances in technology are occurring at expediated rates, and there is a strong likelihood that technologies such as virtual simulations will become more mainstream in the future of social work education. The

findings reflected in this review collate the current body of knowledge that is known about virtual simulations focussed on DFV, along with its application and implementation for social work education. This is an area of social work education with a limited body of knowledge available. Therefore, the findings are a pioneering contribution, offering valuable support to social work scholars and educators as they draw on the insights of a small number of others who have navigated this process before them. Reflecting on the knowledge shared by others is beneficial because it can accelerate the development of virtual simulations focussed on DFV, through understanding design strategies that are proven to be effective. It also aids scholars in unearthing design pitfalls before potentially making these mistakes themselves, which could otherwise result in prolonged learning and teaching opportunities for social work students. The study findings are further far-reaching, as educators and scholars in other disciplines that are interested in developing virtual reality simulations about DFV are also likely to benefit through the contemporary insights made readily available. Therefore, the data collected in this study were both significant to the design-based research employed in this thesis, but also more broadly, in making accessible key findings about virtual simulations for social work education about DFV.

7.4. Study 3: a blueprint for domestic and family violence education in social work through virtual reality design

Study 3, Article 3, was informed by the design knowledge cultivated during Study 1 and Study. The final study conducted in this thesis was dedicated to building procedural knowledge about the process of creating VR simulations for social work education about DFV. This is what Edelson (2002) describes as procedural design principles: the guidelines for the process of design, rather than the product. The procedural design principles or procedural knowledge revealed in this thesis was produced through a reflective process in design-based research and supported by qualitative interviews conducted with the community advisory group involved in the developed VR simulations. A total of twelve interviews were conducted with the community advisory group, and thematic analysis was employed to reflect the key themes depicted about design processes, and design outcomes. The themes unveiled about design processes were realism, immersion, and authenticity, while the themes presented for design outcomes were social justice, intersectionality and

empowerment. Chapter 6 concludes with a prescriptive presentation of the methodology employed to produce the design artifacts, being the VR simulations for social work education about DFV.

7.4.1. Study significance

Engaging in the process of design-based research holds inherent significance as a research approach of its own merit. While educators can employ an array of approaches to develop or refine learning and teaching materials, design-based research is especially helpful because it is goal-directed and practical (Edelson, 2002, p. 119). This is especially important because educational contexts notoriously present complex challenges that make educational design difficult to capture using solely traditional research methodologies (Edelson, 2002). Education is also arguably a design endeavour, so research methodologies that support the development of design activities, materials, and systems, are argued to be the most effective (Hoadley & Campos, 2022). Through engaging in this design-based research methodology, the author was able to produce “prescriptive theories, design frameworks and design methodologies that provide educators and designers with applicable research products” (Edelson, 2002, p. 119). The design-based research is especially effective in education design because the researcher is directly involved in the improvement of education (Edelson, 2002; Hoadley & Campos, 2022). In other words, they are not impartial observers who, might otherwise be required to remain removed from the process. This is important because the researcher as educator, and educator as researcher, can facilitate a deep understanding of the complexities in educational contexts, supporting tailored design interventions that are more reflective of educator and user needs.

The co-design approach to design-based research was an equally influential design strategy, with far-reaching benefits. The insights provided by the community advisors during the development of the procedural knowledge and VR artefacts presented diverse discernments that were critical to the development of an accurate representation about the procedural knowledge produced. The use of qualitative interviews to reflect the key design themes was a novel approach in the presentation of this procedural knowledge. Olcon et al. (2023) supports these sentiments, arguing that the support of community in simulation development is beneficial because it nurtures an exchange of knowledge and resources that enhances the simulation

output. Importantly, the author sought to include those with lived experience of DFV in the community advisory group. Again, this was novel, because existing virtual simulation approaches used to educate social workers about DFV either did not do this or did not make this explicit in their published studies. Olcon et al. (2023) notes that reflecting the lived experiences of service users is critical in simulation design because it centralises the voice of lived experience and challenges dominant discourses that can further oppress or dehumanise already vulnerable members of communities. It is also important to ensure that appropriate checks and balances are considered, and that the ownership of the narratives or stories depicted in the simulations are appropriately managed. It is a means to ensure that an ethic of care is demonstrated in simulation design that describes the lived experiences of those affected by DFV. This in turn supports social work learners to build practice knowledge that is informed by a diversity of perspectives, while simultaneously being offered opportunities to build knowledge and empathy through being afforded learning opportunities that are grounded in real practice examples. Further, the study findings found that the involvement of those with lived experiences of DFV was therapeutic and affirming. These sentiments were also shared through Sapouna's (2021) research, noting that those with lived experiences of mental health issues reported a sense of reciprocal benefit in being involved in the design and development of social work education. Importantly, this approach is significant in the field of social work as it aligns with feminist theoretical insights, promotes empowerment, and builds a collective platform for those affected by DFV to influence education about DFV.

The procedural knowledge developed through the process of design-based research in this study is noteworthy in the field of social work as it supports future developmental approaches in social work training. This is noteworthy, as Article 3 describes, the procedural knowledge produced through Study 3, is unique in comparison to existing studies focussed on VR simulation in social work, as unlike Lie et al. (2023) and Simpson et al. (2023), the author sought to present prescriptive knowledge about the design process. The procedural knowledge that is presented in this thesis demonstrates the strategies employed in creating realistic and immersive educational experiences, using design strategies such as 360-degree video and VR. Resources such as VR simulations are going to become increasingly prevalent as a pedagogical approach because of new technological advances such as the Apple

Vision Pro, a spatial computer that enables users to blend digital content and apps into their physical space using their eyes, hands and voice (Apple Inc, 2024). We are only at the beginning stages of these new advances; however, VR simulations are technological mediums that will become readily accessible through platforms such as the Apple Vision Pro, and likely, other future iterations of this. It is therefore vital that social work scholars, practitioners, and educators build a collective awareness of virtual simulation strategies that have previously worked, understand what hasn't, and build awareness about how best to build upon existing approaches. The procedural knowledge produced through Study 3, Article 3, affords educators opportunities in a newly emerging area of social work research, to develop early insights about VR development. This supports social work scholars to take a leading position in the innovative technological field of education, values that are supported and promoted by the social work profession (AASW, 2020).

The produced design artifact itself is a significant contribution to the field of social work, as it presents future learning and teaching opportunities for social work students to be exposed to practice examples about DFV that enables them to learn through experience. The need to increase opportunities to be exposed to practice experiences beyond those provided through social work placements is enhanced in the current political climate, where the AASW is currently reviewing ASWEAS (AASW, 2023) practice standards, particularly as relates to field education. This includes consideration of less restrictive standards about placement hours. While beyond the scope of this thesis, there are arguments both for and against this change, with some scholars' reporting concern that it may hinder the learning opportunities for social workers. In the ASWEAS (AASW, 2023) current form, as discussed during this thesis, the practice opportunities afforded to social work students during placement do not guarantee exposure to DFV practice experiences either. For this reason, the designed VR artifacts are a promising tool that can be used to support these gaps in ensuring social workers are socialised into DFV practice with scaffolded learning opportunities, prior to entering the profession.

Again, the author reiterates the stance that simulations should not replace field education: this is a valuable learning opportunity that social work students are afforded during their degree. However, being able to offer social work students guaranteed opportunities to be exposed to the complexities of DFV through VR simulation artifacts, such as those developed during the thesis, are significant in

providing learners pathways to build a deeper cognitive understanding about, and empathy toward, those affected by DFV. This is significant, given the findings revealed in Study 1, noting gaps in social workers' knowledge, attitudes, and sense of self-efficacy about DFV. It is hypothesised that the implementation of the VR artifacts will support the development of social work graduates who are more prepared to respond to DFV as a result. It is also hypothesised that social work students will be afforded earlier insights about how they recognise and respond to reports of DFV, an important social work skill in critical self-reflection and attribute required for social work practice (AASW, 2020). These findings support recommendations in the National Plan, seeking to ensure that there is a community of individuals who are adequately prepared to respond to DFV. Social workers are integral to this endeavour, especially as they are very likely to be exposed to vulnerable individuals affected by DFV by nature of the work they do. They are also uniquely positioned to support prevention efforts through their training that equips them to address the systemic causes of oppression.

7.5. Implementation considerations

The VR simulations will be embedded into UniSQ's social work programs. The university has built simulation suites, and within this, a room equipped with VR headsets and supporting technology has been established. Students will experience the developed VR simulations as part of third year coursework in the bachelor of social work where there is an on-campus component to the course, or in the MSW (an on-campus offered degree). The simulations will be integrated into the courses to support students to build an array of practice competencies, including but not limited to, providing students with opportunities to build empathy for a service-user based on what they experience through the VR simulation, before for example, practising a supervision session, or completing a risk assessment.

When thinking about how the VR simulations could be used in social work education, the author and the community advisory team considered several challenges. One of these was the possibility that the VR simulations may not be accessible for all (e.g., some students may experience virtual motion sickness). For this reason, the author sought to ensure that the experiences could be presented using a two-dimensional computer. This also means that if students are unable to attend on-campus classes for the window offered, they are still able to benefit from

the learning material by being able to access the simulation externally (though still at the same time as when the academic team are present). While the author recognises that there is less likely to be a complete severing of reality when accessing the VR simulations using a two-dimensional computer (because of the additional affordances enabled using VR headsets), immersion is still possible through the design features available via audio and character connection. Other in-person implementation considerations include ensuring that the VR exposure is not prolonged or frequent. Adequate rest periods will also be afforded to learners as they interact with the equipment.

Another implementation consideration concerns ensuring that students are appropriately exposed to the VR technology, before experiencing the produced simulation outputs focussed on DFV. There is sufficient evidence to suggest that when technology is not appropriately scaffolded in education, learning opportunities can be missed (Pea, 2004). Subsequently the author has built into the learning and teaching activities that accompany this thesis, a 'briefing' phase referred to as the VR introduction (see Appendix E). For context, members of the teaching team with expertise in VR, will conduct a demonstration of how to set up the device properly, including, how to put the headset on, how to safely exit the experience (i.e., take headset off), and explain any risks associated with improper usage pertaining to VR use (e.g., standing up while using the device). It is hoped that this scaffolded support will enable learners to pre-develop a good sense of the equipment and are able to remain fully present in the VR experience, without feeling as though they need to navigate the equipment simultaneously.

Lastly, the author acknowledges the need to adopt implementation strategies that are trauma informed. Carello and Butler (2015) describe being trauma informed as understanding "the ways in which violence, victimisation, and other traumatic experiences may have impacted the lives of the individuals involved and to apply that understanding to the design of systems and provisions of services so they accommodate trauma survivors' needs" (p. 264). Being trauma-informed was especially important given that 45.3% of social work Study 1 participants reported having either personal or professional experiences of DFV. As such, the author acknowledges the risk of inducing psychological distress through virtual reality embodiment in the immersive VR experience, including exposure to potentially distressing content about DFV.

For this reason, the VR simulation experiences will be offered in a controlled environment, during synchronous classes, with oversight of members of the academic team to offer support when and where needed. Students will be informed about the nature of the content of the VR simulations ahead of time, so that they are appropriately prepared for the content they will be exposed to. Members of the academic team have experience identifying risks and working with people exhibiting distress or trauma symptoms. Students unable to engage in the experience, will be discretely offered alternative learning material to support the development of graduate competencies in these instances. The implementation of these additional measures seeks to reduce the potential of re-traumatisation, while also maximising emotional safety (Carello & Butler, 2015). However, it is also necessary to acknowledge that while the VR content does deal with sensitive topics (DFV), exposure to DFV during coursework is necessary to build required social work graduate attributes. Access to the material through the VR experiences, enables students the opportunities to be predisposed to this in a scaffolded and supported way, prior to potentially experiencing this directly (such as during student placements). Ensuring students are aware of the link between the VR experiences and their learning intent is an important curriculum strategy. The scaffolded learning afforded through the VR experiences is depicted in Appendix E, the learning phases.

Currently summative assessments have not been developed as part of the learning and teaching package that accompanies the created VR simulations for social work education about DFV. While the learning activities do reflect formative opportunities for feedback, future developments of the scaffolded learning materials will include building summative assessments that follow exposure to the VR simulations.

7.6. Limitations and opportunities for future research

While this study adds to the development of learning and teaching resources that can be used to enhance the education and preparedness of social workers to respond to DFV, there are limitations. This section depicts these limitations and reinforces the needs for future research that supports the development of innovative approaches to social work education about DFV. The limitation presented in Study 3, Article 3, was to fulfill the design goal of realism, the author and supporting design

team, chose to largely forego interactivity. Interactivity in VR simulation is a technological affordance that enables users to manipulate elements within the virtual environment (Simpson et al., 2023). Interactivity in learning and teaching positively impacts the learning experience by enhancing the learner's sense of agency and control over the experience. Further interactivity is argued to be used to nurture a greater sense of understanding of core concepts and retention of knowledge (Simpson et al., 2023). The attainment of interactivity in VR development can however mean that other design sacrifices must be made. This is especially true as concerns realism because complex interactions can result in limited choices about what graphics can be used to support interactive mediums. In consultation with the community advisory group and the findings depicted in earlier stages of the design-based research, the attainment of realism was identified as more important at this stage of the study. Further, the author sought to develop design aspects that could be used to support a sense of agency and control using 360-degree video. However, as stated in Article 3, future research should explore how interactivity and realism might co-exist.

A second study limitation concerns the diversity and complexity of scenarios. While the author sought to build VR simulations that focussed on multiple realities of DFV, future research should focus on building a bank of simulations that can be used to meet a greater diversity of learning goals, as it is recognised that this will vary across educational contexts. To achieve this goal, future iterations of VR simulations should embrace an even greater multiplicity in storytelling. In other words, future studies should broaden the scope of views and perspectives captured within the community advisory group, especially the views of those with lived experiences of DFV. This ensures that the learning and teaching opportunities are likely to resonate with a greater number of learners, as this supports them to make sense of content in a way that is meaningful to their learning.

A final study limitation is that the VR experiences and their accompanying learning objectives have not yet undergone a summative evaluation. While this is true, Edelson (2002) argues that relative certainty is typical of design-based research because it is more concerned with novelty and usefulness. Therefore design-based research should not be assessed according to the same standards as other empirical research methodologies (Edelson, 2002; Hoadley & Campos, 2022). This is because useful theories or design approaches might be prematurely discarded

before being able to be fully refined or developed (Edelson, 2002). Formative evaluations were carried out via qualitative interviews conducted with the community advisory team. Design themes were collated and these reflected design outcomes that represented both the novelty and usefulness of the VR artifacts.

Nonetheless, future evaluations are scheduled, during which time the VR simulations will be embedded into social work curriculum and the learning theories measured according to empirical findings. Future research will be cross-institutional, with Western Sydney University having confirmed their interest to partake in the study. Indeed, the author has pursued UniSQ ethics approval to initiate this next phase of research. The research will draw on both quantitative and qualitative measures to further evaluate the effectiveness of the experience for social work students in these programs. This stage of research will be offered to over 300 social work students enrolled in the program. Participation in the research will be voluntary, though the learning experience will be available to all students enrolled across the respective programs. These future stages of design research will be most important in identifying the scalability of the research across universities, while also presenting findings useful for education administrators and policymakers (Edelson, 2002). There is also scope for the procedural knowledge developed to be applied to other complex areas of social work practice e.g., mental health or child abuse. This will also be considered in future iterations of research.

7.7. Current impact

To date, the research findings have been shared with over one hundred social work scholars, practitioners and students who attended the 2023 Australian and New Zealand Social Work and Welfare Education and Research (ANZSWWER) symposium, in a presentation titled “Virtual Reality Design for Tertiary Social Work Education - Designing to Build Competency and Empathy about DFV”. The same findings were shared in a poster presentation at the STOP Domestic and Family Violence Conference held at Tasmania in 2023, an event attended by approximately 500 community attendees. The VR simulation artifacts were also showcased during a co-presented keynote at the National Field Education Network symposium, an event affiliated with the ANZSWER. This presentation was titled “Showcasing Simulation for Social Work Field Education: Exploring Possibilities”. Through sharing this research, the author was able to present valuable insights gained about the

innovative approaches that are possible and that can be used to support social work education about DFV. It is hoped that sharing the knowledge gained from the research will positively influence the future direction of social work education and practice, and lead to improved outcomes for individuals and communities affected by DFV.

The research has also been used as an impetus for future research that builds on the existing VR simulations, with the new material more specifically focussed on building social workers empathy for DFV victim-survivors. This has led to the successful attainment of a learning and teaching grant valued at $9,377. The author (and a colleague) attained a further $5000 through a performance bonus received via participation in the CSIRO innovation program, a program dedicated to supporting researchers to develop the skills they need to fast-track innovation in technology and prepare them to be able to present this to the market. The author was accepted into the CSIRO innovation program based on the VR simulations created through the study to date. The grant and funding outputs will be used to build a bank of learning resources focussed on work-integrated and career developed education experiences for UniSQ social work and human services students. The anticipated impact is that social work students will build a greater sense of empathy by being immersed in social work practice experiences from the first-person perspective of a victim-survivor. Indirectly, the use of the VR social work teaching tool is anticipated to enable a greater number of graduate social work professionals who enter the workforce to be skilled in recognising and responding to the issue of domestic and family violence. As such, community benefit is anticipated through enhanced pre-service social work practitioner skill development.

7.8. Conclusion

This chapter summarised the three data collection stages of design-based research, and following, described the significance of the respective studies in informing the design-based methodological approach. Each iterative study contributed significantly to the field, and this was also described in the chapter. The overarching significance of the procedural knowledge developed through the iterative stages of design-based research was also detailed. The implementation considerations, including the steps considered to address potential challenges was also presented in this chapter. The thesis concluded with a discussion of the

overarching study limitations and future research opportunities. Lastly, the current impact of the research was described.

Tertiary social work programs are fundamental in training social workers to be adequately prepared to respond to DFV post completion of their qualifications. This is because social workers are uniquely positioned, by nature of their role, to support communities with DFV prevention and intervention endeavours. As explored throughout this thesis, there is evidence to suggest social work responses are not always aligned with the mission of the profession, and social workers may, either intentionally or unintentionally, display problematic attitudes and beliefs about victim-survivors. Further, there were gaps in social workers knowledge of DFV. Importantly, social workers overwhelmingly reported wanting to access increased training about DFV. The ASWEAS (AASW, 2023) standards support the continued improvement of social work and social work education, and innovative approaches such as virtual simulations are attracting increased attention. This growth is derivative of technological advances such as the Apple Vision Pro, which have the potential to exponentially change the pedagogy of higher education, and in this instance, shift the way social workers can be exposed to complexities such as DFV. The procedural knowledge produced during this thesis is going to become increasingly relevant as technological advances continue. The knowledge produced through this thesis is especially important in developing strategies to advance social work education, and aids others who might be interested in building VR simulations to support the education of social workers about DFV.

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APPENDIX A

Semi-structured interview questions:

1. Could you describe your contribution to the VR production (i.e., what was your area of specialty?
2. Did you believe the VR experiences to be something that could be true?
3. What were the memorable (good/bad) moments of the experiences?
4. Were you distracted at any point (both inside and outside) of the experiences?
5. Were there any specific emotions you felt during the experiences?
6. Were there any notable social or cultural dynamics in the experiences?
7. What was important/notable from a design perspective?
8. What was important/notable form a social work practice perspective? *this question will be targeted more specifically for social workers).
9. Using these experiences as a teaching tool, what learning objectives/outcomes do you identify?
10. Is there anything you think could or should be done differently?

APPENDIX B

Vision setting:

Preliminary Themes in survey:

Beliefs (significance in responses either True/Unsure):

- Some demonstrated beliefs that suggested DFV can be at times excusable (e.g. drug/alcohol use, a woman making someone so angry they will hit her, if they are sorry for what they have done).
- Belief that a victim survivor who does not leave the abusive partner is partly responsible for the abuse continuing
- It's common for sexual assault accusations to be used as a way of getting back at men
- Number of unsure notes for women finding it flattering to be pursued, even if they are not interested
- Since some women are so sexual in public, it's not surprising that some men think they can touch women without permission
- When a man is very sexually aroused, he may not realise a woman does not want to have sex with him
- In the workplace men generally make more capable bosses then women.
- Men should take control in relationships and be the head of the household/women prefer a man to be in charge of the relationship
- It's okay for men to make sexist jokes about women when among friends
- Unsures: Women exaggerate how unequally they are treated in Australia/women mistakenly interpret innocent remarks as sexist;
- Women fail to appreciate all that men do for them.
- Discrimination is no longer a problem in the workforce.
- Women who step out of traditional roles are a major cause of DFV

- A belief that healthcare workers don't know how to respond to DFV

Knowledge

- Mixed findings re legal reporting requirements for child abuse, DFV and elder abuse;
- Most felt they knew signs and symptoms of DFV;
- Consistently lower on how to document DFV in a clinical case note/file;
- Low on referral sources/and how to develop a safety plan;
- Knowledge of link between risk and pregnancy mixed as was determining danger/risk of lethality
- Less confidence about perpetrators of DFV e.g., mixed findings re knowledge of WHY men using violence – some reported it was because they had trouble controlling anger;
- Knowing how to fulfill reporting requirements for elder abuse was lower;
- DO NOT understand gender (being a woman) as greatest risk factor of DFV (a lot responded with family history of abuse and abusing alcohol/drugs as being greatest risk factor);
- Lack of understanding about how substance abuse can be a risk factor in a victim/survivor, also frequent injuries.
- General lack of understanding about why people can't leave (e.g., children, religious beliefs, financial dependence, fear of retribution, love, isolation).
- Lack of understanding re what stage of change a person is in when they deny that there is a problem, make plans to leave, start thinking the abuse isn't their fault, continues changing behaviour.
- Sig discrepancies as concerns having the necessary skills to discuss abuse with different cultures/ethnicities/LGBTQIA+/Males
- Lack of knowledge re legal requirements as concerns DFV for all people including child abuse and elder abuse

Social worker won't be seen- only the victim and other characters

Get students to reflect on their emotions/values/any value discrepancies at the end (see questions.

INFORMING EACH VARIATION OR SCENARIO IS INTESECTIONALITIES

SCENARIO ONE

4 actors in **rose scenario**-

Context: Victim survivor is the partner of a defence force member. Want to showcase the additional barriers that the victim survivor experiences as additional and unique due to the culture of the defence force and added barriers of separation. Fake apartment (Ipswich)

Characters:

- 2 x police (CPIU- plain clothes police officers);
- Victim survivor (in her interactions, and pregnant);
- Social Worker employed for Child Protection (present because of pregnancy).

Scene:

- Starts with aggressive dog; police officers/social worker goes to enter the home/unit.
- The woman will have called contacting police for assistance due to the rose being left in the patio/front doorstep.
- The victim survivor will talk about her partner who identifies as a First Nations Person- she will speak about how he found his calling as a service personnel as he found a family in the defence force. His biological family were separated due to drug addiction/alcohol abuse and time spent incarcerated.
- The victim survivor will speak to the hypermasculine culture embedded within the defence force and speak to their entitlements (which protects the perpetrator) and cultivates a power imbalance. Financial instabilities as a result for the victim survivor needing to trail the spouse.

- Acknowledge risks associated with reporting IPV for service personnel and reluctance to ask for support.
- Want to showcase the **cycle of abuse based on survey feedback**… (where is this woman at having left the relationship)?
- Get the CPIU officer to say that he has have interviewed the perpetrator and that he is remorseful. Have the victim survivor speak to the many times they have apologised before. **Following ask participants to reflect on why/why not apologising does not excuse the occurrence of DFV? Can they identify how this is part of the tactic of DFV?**
- In story, want to have the police officer empathise with the defence worker, and imply the victim survivor as 'ungrateful' for what the perpetrator has done to support her in his line of duty.
- The victim survivor will report on the expectations that in the defence force, she had to move a lot, was isolated, was expected to be the nurturer, fulfilling the role of stay-at-home mother, while her partner was the breadwinner (despite attempts to seek work and permanency in her career). (Want here to showcase discrimination in the workforce still be prevalent, due to the structure of systems, such as the defence force).
- Also want this victim survivor to speak to wanting a career – and this being a point of contention in the relationship and a contributing factor as concerned the DFV.
- Want the police officer to respond with a comment/implying that the victim survivor wanting to work created pressure for the man (speak to macro cultural risk factors)!!!
- Because of the lack of understanding re what stage of change a person is in, get this victim survivor to name that they have left the relationship, and remained separated (**maintenance**).
- Because pregnant, feature some of the risk factors here, including pregnancy as being part of the lethality risk factor and having left the relationship. Also include victim survivors disclosures of her reliance financially on him for

support (financial dependency), pregnancy options affiliated with being part of the defence force (their medical supports/health care coverage); threats when disclosed wanted to abort (e.g., legal ramifications). Risk factor: Pressured or forced conception.

- Reflection point: Impacts goes further beyond the experience of DFV, likely to be an indicator of homicide risks, affects parenting ability (fear the child will be used as a tactic of the abuse), people not feeling ready to parent, people have decision making curtailed by the pregnancy; experiences are always unique.
- Get victim survivor to speak about how she would use sex to prevent violent escalations while in the relationship (feed into character of being overtly sexually). **Use as a reflection opportunity to check in with values/beliefs.**

SCENARIO TWO

Elder abuse incident: DFV incident where adult son watches pornography while friends are home/social worker there. Could use an office space, dressed as a bedroom? Note red flags- most commonly reported tactic of elderly abuse is psychological/financial abuse. Sons predominantly perpetrators of DFV as concerns elder abuse.

Characters:

- Elderly Mother (of non-western ethnicity), present with bruising and some vagueness
- Geriatric/Gerontological Social Worker (the SW can be the camera person) so the main person acting will be the elderly person.

SCENE:

- Want the social worker to be engaged in a home visit with an elderly woman following a referral from the hospital (recent hospital admission, following a psychotic episode in response to trial medication) and a diagnosis of dementia.
- Despite the diagnosis, the woman is assessed as having capacity to make decisions. (Feeds into: incapacity being used as a way to enact family violence.

- During the visit, loud ‘sex noises’ should be heard coming from the living room (showcase flashes of a tv) during the visit, which is to occur in the middle of the day.
- The elderly women will get up, embarrassed, and close the door, excusing her adult son present in the living room. The woman will describe how she doesn’t have many friends visit anymore because her son makes them uncomfortable with his choice of entertainment.
- The elderly women will insinuate abuse as concerns the son selling off valuable items in the home, under the provision of Power of Attorney (POA).
- Pressure from son to move woman into an aged care facility.
- Want the victim survivor to excuse the son’s behaviour throughout.
- At some point in the discussion, have the SW ask the woman if she is a victim of DFV? The woman will say no. During the reflection, get the participants to reflect on whether this was the best way of asking the woman about DFV. Why/Why not.
- Because of the lack of understanding re what stage of change a person is in, get this victim survivor to deny that there is a problem (**pre-contemplation**).
- The social worker will pressure the woman to acknowledge the relationship as DFV.
- Feature legal issues in this scenario- power of attorney (POA) is a legally binding document in which an individual gives another person or trustee the power to act for them and make decisions on their behalf. Feature the misuse of the POA.
- The son is the POA.
- The victim survivor will abruptly ask the social worker to leave.

SCENARIO THREE

Homosexual man experiencing DFV

Feature some of the attitudes that exacerbate the experience of DFV (intersectional risk factors) e.g. not being asked about DFV when presented with bruising

Characters:

- Homosexual man
- Emergency Hospital Social Worker
- Viewer (SW doing the observations/notetaking only)

SCENE:

- Start the scene where it exposes the VR participant to just darkness and words being shouted (as if it is in their head). Will fade into light and the view of a battered man in a hospital (a space that replicates a clinic room will suffice e.g., old medical space on Toowoomba campus?). This is about building empathy and a reality of what that person faces.
- The man will present to the hospital for suicidal ideation (nothing more) but will present with bruising, and will disclose drug misuse (note the connection to survey and getting participants to identify why this might be a risk factor for DFV - coping mechanism, way to escape) and also whether they query bruising as a risk factor (evidence suggests because of cultural norms, DFV is often not on the radar because of cultural beliefs about gay men experiencing DFV;
- Because of the lack of understanding re what stage of change a person is in, get this victim survivor to name to start thinking the abuse isn't their fault (**contemplation**), however want him to advise he is not able to leave (want participants to reflect on their beliefs in thinking the victim survivor must remain in the relationship) which will be disclosed to do with societies beliefs about being a gay man in a DFV relationship, limited help/services, and fear of retribution.
- The social worker should support the person's decision to remain in the relationship (the social worker needs to present as supportive of their decision and ability to manage themselves). **Ask participants to reflect on what they felt about this and why?**

Through acknowledging the affordances of the technology, will use reflective activities to enhance the learning/skills development:

Reflections:

List the specific take away from the scenarios

WHY is this important for SW to understand: Often victims experience a wide range of negative support responses, such as blame or humiliation. Research indicates that these negative social support responses are a better predictor of poor outcomes than the initial violence itself.

- Ask participants what is the common denominator across each scenario? Response: Males as the perpetrators. Why? Because research evidence still suggests that DFV is by large, perpetrated by men. This does not diminish the experience of men as victims of DFV (the experience of DFV is not exclusive to women) but is necessary because there are gendered risk factors and responses that do need to be considered in the fight against DFV; and is important as it allows us to shine a spotlight on sexism, gender stereotyping and patriarchal systems that oppress and discriminate against women and girls. **Patriarchy has no gender – the enemy of feminism isn't men; it is patriarchy. Patriarchy is not men; it is a system.**
- "Many men who present as victims of DFV are the predominant aggressor and presenting as a victim is a tactic of abuse".
- Ask to reflect on how they would record clinically incidents of DFV or suspected incidents (emphasise the need to consult with the victim survivor) necessary as its empowering where they have been long disempowered - part of the intervention). Can reflect on what this might mean for organisational reporting requirements- and/or ensure requirements are transparently disclosed at the onset. Observations should always be noted, irrespective of whether abuse is disclosed or not. Why/Why not? One of the greatest limitations for people staying in relationships, is fear of not being believed. A track record can be used to support their case if needed once reach other stages of change. Also, this demonstrates a pattern – which is again one of the defining features of what constitutes DFV.

- A victim survivor should always be asked about DFV, even if you think you can recognise this on your own. How they ask is important. Following scenario two, reflect on how this could have been managed differently?
- Were there differences in how comfortable/confident you felt you could support male vs female vs elderly client?
- Reflect on what participants felt following Scenario three – where the victim stayed. What did they feel they could do to help as social workers, or did they feel that there was little they could do to assist? Why do they think they stayed? What beliefs/attitudes did they feel about having stayed?
- Following scenario one, what values/beliefs presented following, focussing on overtly sexualised behaviour? Use as a teaching opportunity.
- Also, scenario one- Reflection point: Impacts goes further beyond the experience of DFV, likely to be an indicator of homicide risks, affects parenting ability (fear the child will be used as a tactic of the abuse), people not feeling ready to parent, people have decision making curtailed by the pregnancy; experiences are always unique.
- As a social worker, what questions would/could you ask about reproductive coercion?
- Identify the risk factors detected across each scenario- can speak to intersectionality here.
- Scenario two: - Majority of the perpetrators of elder abuse were the children (sons 40% and daughters 27%).
- Physical abuse most common with those suffering dementia.

Safety planning:

- What did students notice about what went well in the social workers responses/support offered to victim-survivors across each scenario?
- What language was used to either ask the victim-survivors about DFV, or how to offer support?
- Were there problems in social workers responses- why/why not?

- What level of agency was given to victim-survivors across each scenario? Where this was identified a problem, reflect on why this was so?
- Engage in activities that reflect safety planning considerations but ensure this is reflective of the views and wishes of the victim-survivors as shared in the simulation.
- Students should measure safety across the following areas e.g., identify emergency contacts; safety places the victim-survivor might feel comfortable going to as needed; a plan for who the victim-survivor could contact without the perpetrator being aware; emergency bags; measures for children's safety; copies of legal or identification documents; working towards some measure of financial independence; technology safety; community resources; DFVO's or protection orders; self-care; community resources; coded way of being away to demonstrate safety; and regular reviews.
- Resources available about safety planning have been established by the Domestic Violence Action Centre, Queensland, Australia. These resources will be shared as part of learning and teaching in developing student's competencies in safety planning, as aligned with feminist theoretical approaches that empower, as opposed to disempower service-users.
- These resources will be applied directly to the narratives provided in the virtual simulations.
- See resources here: https://dvac.org.au/our-services/safety-planning/

Risk Assessments:

- The complexities and subtle risk factors of DFV need to be reflected in during the risk assessments e.g., did students notice the 'rose'. What might this mean as a risk? What does this say about coercive control?
- How are warning signs of DFV reflected in the elder abuse sign? What might the pornography mean (e.g., is this depictive of an act of sexual abuse?)
- Student's need to be able to reflect on the risk of having recently left the relationship? What might this mean for Rose?
- What are the added systemic complexities of risk across each scenario?

- What are intersectional complexities of risk e.g., LGBTQIA scene? How does cultural/social ideologies and gendered stereotypes affect help-seeking behaviour and/or ongoing risk of exposure to DFV?
- Explore existing risk assessment frameworks e.g., National Risk Assessment Principles for DFV (ANROWS): https://www.anrows.org.au/research-program/national-risk-assessment-principles/

APPENDIX C

Scripts:

'Rose':

The VR simulation 'Rose' describes a child protection investigation about a character named Rose. Child safety officer, 'Sarah' and police officer, 'Constable Rodgers' arrive at the home following a notification about a breach of a domestic and family violence order, and concerns about domestic and family violence in the relationship between Rose and her ex-partner 'Kane'. Rose is pregnant with her first child. The notified concerns also report that Rose has been using marijuana during her pregnancy. Rose was the first of the scripts to be developed and took the longest to develop because the author needed to navigate new learnings in script writing. The following png files (which have both been included dependent on examiner preference) depict the depict the eight iterative stages of script development as concerns Rose.

Rose

Script for Home Visit Scenario

Overview

A rose is left on the front door of Rose from her ex-partner Kane (not in the film), and the cops (Constable Rodgers and Davies) and social worker (Sera) are tasked with identifying any issues with Rose's ability to care for her unborn child.

Cast

Rose - TBC

Constable Rodgers – TBC

Constable Davies – TBC

Sera – TBC/Camera

Location

House with front yard and full-height gate – TBC

Scene 1

Outside the house, Constable Rodgers and Constable Davies meet with Sera to discuss the case. They are ambushed by an aggressive dog as they attempt to open the front gate.

Sera sits in the car, flicking through documentation of the case. Documents are closed and Sera exits the car to meet Constable Rodgers (who is walking towards her)

C R:	"Morning. We spoke on the phone. I'm Constable Rodgers." *points to ***C D**** "and this is my partner Constable Davies"
C D:	*Nods while grunting apathetically*
S	"Hi! I'm Sera from the Department of Child Safety."
C R:	"Is there anything we need to know about Rose's situation before heading in?"
S:	"Rose is 27 weeks pregnant with her first child and has recently presented to the hospital after sustaining life-threatening injuries to the unborn child. As you would be aware, a domestic and family violence order has been actioned with Kane named as the respondent and Rose the aggrieved." "In addition to this, we know that Rose is currently unemployed. Kane is currently unemployed after having lost his job in the Defence Force."
C R:	"Yep, I know about the DVO. He doesn't have a prior record. Anything else?"
S:	"Nothing further at this stage, though we are waiting on some additional checks to come through."
C R:	*looks at ***C D**** "Let's get this over with"
C D:	*exasperated*

"Yep"

Anon: "Watch out for the dog!"

*Dog aggressively shakes front gate as ***C R*** attempts to open it

R: "Major! Major!! Get off it!"

"Hang on, I'll chain him up"

Scene 2

At the front porch, Rose, the cops, and Sera discuss the background of her abuse and the conditions surrounding the breach of DVO committed by Kane

Sera follows the cops and Rose into the Dining Room

C R: "Rose, I'm Constable Rodgers, this is my partner Constab..."

R: **Rose interrupts**
"I know who you f***ing are. You're all the bloody same; useless pigs. I called you a week ago and you're lucky I'm not already f***ing dead!"

C R: "Rose, we can't help with you yelling at..."

R: **Rose interrupts again**
"Help (*scoff*)... where were you when *he* blatantly ignored the bit of paper that's *supposed* to be my one bit of protection ..."

C R: "I assume you are referring to the DVO"

R: "Yeah, that piece of rubbish, fat load of good it does."

C R: "Rose, the DVO is in place to protect you from further harm."

R: "And this is evidence of that?"

R: **Rose turns to the rose left on the table**
"I came home to this being left on the front steps yesterday evening. He's always there, always reminding me he can reach me whenever he wants. DVO or no DVO."

C R: "Have you reported this as a breach?"

R: Another thing on my long list of tasks to complete. WHY am *I* always the one responsible for chasing up matters, when HE's the one causing the problems.

C R: Well Rose, it seems to me that you want to make life difficult for yourself. How can anyone help you, when you don't seem to want to help yourself.

R: **yelling**
who the F*** are you to tell me that I haven't done anything to try and stop this. You don't know me, or the half of what I have been through!!!
Rose notices Sera and turns to confront her

R: "Who the fuck are you?

S: "I didn't get to introduce myself before. I'm Sera and I work for child safety. I'm here because an unborn child protection notification has been generated, warranting a child protection investigation and assessment."

R: "Oh, piss off! Just what I need. Kane's bloody at it again, manipulating the system to make me out to be the bad guy. I'm fucking sick of it! What hope do I have, I'll never bloody get away."

S: "Rose, I hear that you are upset. But rightly or wrongly, an investigation has been generated, because allegations were made that meet the requirements to be further

assessments. We really hope that today you feel you have an opportunity to be heard, and have the right to reply you are entitled."

R: "If I talk, will you fuck off?"

S: "We would like to hear from you and following Kane. Part of our investigation can also involve conducting checks with other agencies, departments, or supports you have been working with. It would be helpful if you consented to us reaching out to them, though know that under our legislation we can make these requests without consent."
"We will then make a determination about whether there is an unacceptable risk of harm to the baby once born."

R: "Sounds like I don't have much choice anyway. I'm used to that. Whatever, fine... what do you want to know."

S: "The allegations indicate that you are currently using marijuana, and there is concern that this places your unborn child at unacceptable risk of harm."

R: "How else am I meant to cope with Kane's bullshit. It's not much... I'll do a drug test if you need me to!"

S: "If you consent to that, we can certainly arrange a QML referral Rose. But for now, tell me more about what you mean when you speak about needing to cope with Kane?"

R: "Where do you want me to fucking start?"

S: "How about you start with the last time something led you to feel that you needed to use marijuana?"

R: "Um, well it's all of it really... it feels hard to pinpoint one thing. Kane just made me feel so small over time. He used to tell me that no one could ever love me. One of his favourite things to say to me when I did something to upset him, was that he loved me 10% less than he did the day before.
pause
"It wasn't always like this though, when it started, I felt like I was on cloud nine! He was so charming... he was this young guy in a uniform, full of promises about our life would be like together. Kane made me feel like I was his favourite person. He was great at that you know, making me feel like it was just him and I against the world."

S: "So, it got worse over time?"

R: "Yeah definitely. I am not even sure I realised what was happening until it felt like it was too late. Like, to start with it was little things. There was one night when we had been out drinking with some friends of mine from school, and Kane told me after that my bestie Jules had come onto him. I was so mad at her, I refused to talk to her again. She called for weeks. I feel so bad about it now, cause it was just Kane making up shit, but it worked you know.
"The irony I guess was that he was the one who would grab my friend's ass and tits when we were out, like it was nothing. And I said nothing. He always had a great excuse and even when my friends got upset, I minimised or justified it."

C R: **wryly smiles**

R: **turns to **C R****
"You get a kick out of this, don't you?"

C R: **Dryly** "Not at all Rose"

R: "The irony was that if I was to talk to another guy or ask to go out without him, well, all hell would break loose."

"Kane also hated my parents, he said that they didn't like him and it wasn't fair that they hadn't given him a fair go. I couldn't work it out... I had found someone who could provide for me. What wasn't there to like. So yeah, I cut Mum and Dad out too."
"Eventually, Kane started telling me what I could and couldn't wear. He would tell me I looked like a slut or told me that I was a frigid bitch. I couldn't win.
"One time when we were driving out to visit his family we got into a fight and he booted me out of the car and left me on the side of the road with no phone and no way home. I was left like that for over half an hour. I couldn't stop crying."

S: **nodding**
"What happened after this?"

R: "We moved in together eventually. He said it would be better, that I wouldn't have to worry about money. I kept saying I wanted to contribute, be he said it would be easier if I didn't have to worry about work. I had a part-time job at the time, at the store, but whenever I tried to discuss something bigger for myself, he wasn't supportive or would find a way of convincing me that this was better for us."
"We moved for the first time then... Kane was posted interstate. I lost contact with anyone left I still spoke to. I got bored, and Kane could tell. I enrolled to do a diploma in teaching. Kane was okay with it cause it kept me home."
"Problem was I was completely reliant on Kane for money and I found it hard to get jobs because we moved a bit. He would give me cash to go and buy groceries, but it was never more than $60 and that was supposed to get us through the week. If it didn't last the week, he would call me all sorts of names and tell me I had to make it up to him in other ways. That wasn't so bad, he didn't always ask my permission for sex anyway, in the end it felt easier being a willing participant. If I couldn't control what else was going on around me, at least I could control how I was in bed.
"I ran out of money one week though and had run out of the pill. I told Kane, but he said it was my duty to fuck him anyway."
"That's how I ended up in this predicament."

S: "Do you mean being pregnant?"

R: "Yeah. I think he wanted me pregnant, like it somehow made me *his*. I threatened to have an abortion, but he threatened me with all sanctions of legal recourse. I knew I was in trouble then."
"I started to feel suffocated, like I had no options or way out. I said I wanted to see my family, to tell them you know. It got bad then. I think Kane sensed I wanted out. That was the incident that led to the DVO – I ended up in hospital because of it. I thought the baby was going to die. I kept trying to stop him from kicking the baby."
"He lost his job soon after this. I let them put in for the DVO and that's where we are now. That really pissed him off. I think I had 100 missed phone calls on the day they made a decision to step him down. I answered some cause I sort of felt bad you know. I didn't want him to lose his job. I still love him in a way. I want my baby to be able to spend time with their dad, you know like I got to as a kid growing up."

S: "Tell me about your family growing up?"

R: "I had a good upbringing, Mum and Dad were always supportive. We are taking again now too, and they want to be there for me and the baby when she is born. Kane wasn't as lucky growing up. I think that's part of why he is the way he is. Kane is a Kamilaroi

man, but was separated from his family growing up because of drug addiction and alcohol abuse. I think this is why Kane felt so passionate about the Defence Force – he really found a family there."

C R: **interrupts**
"I've met with Kane and he served in Iraq didn't he?"

R: "Yes, Kane did some time there before we met. He dealt with some pretty heavy things when there."

C R: "Seems our country owed Kane a great deal of gratitude for his service."

R: "No one is disputing that. Doesn't excuse what he has done to me though!"

C R: "During my investigations, Kane also acknowledged that he had behaved in ways that he is truly remorseful for."

R: "Kane is always sorry. But nothing ever changes."

C R: "Do you think you could've contributed in some ways? I mean you studying and wanting to work can't have made things easy on Kane while trying to excel in the Defence Force."

R: "I see where this is going, it's my fault, of course.

C R: "Rose..."

R: "It can't possible have anything to do with Kane. Kane could've gotten help. But he was so paranoid about accessing supports because he thought that would mea he would lose his job. He would talk to his mates, but that often made it worse. We were stuck, even with all the defence services at our disposal, Kane's constant need for control meant we couldn't access any of them!!"
"I don't know why I am bothering trying to explain this to you. It seems you have already made you mind up."

C R: "It's not my job to take side Rose. I am just merely pointing out some alternative possibilities."

R: **looks to Sera, defeated**
"So what's next?"

S: "I want to know a bit more about what your antenatal care arrangements look like?"

R: "I haven't organised anything. I have met with my GP, but that was as far as I got."

S: "Okay. I think it is important that follow up on this Rose, for both yours and the baby's wellbeing. Also, because you have disclosed that you are using marijuana, your baby's health could be impacts by this, and from a Child Safety perspective, this is a risk factor.

R: "I was going to access that all through Kane's work but can't do that now. I am not sure where to start."

S: "I can make some referrals for you. Would you like that?"

R: "Yes please"

S: "I appreciate that there is still time but have you set up a nursery or do you have anything for the baby yet?"

R: "Yeah, I have some things in place."

S: "Could you show us please?"

R: "Sure, follow me."

Scene 3

Rose in the nursery, C R at the doorway, and S (camera) just inside.

R: "Its not much, just some things that Mum and Dad have brought over."

S: "Has Kane contributed in any way?"

R: "No"

S: "Do you think Kane will want contact with the baby when born?"

R: "I'm not sure. I hope so. I mean I don't want to be with him anymore, but I still want him in the baby's life."
"I don't think I can do this on my own. I don't know what kind of Mum I will be, I wasn't ready for this."

S: "Sometimes we surprise ourselves. Are you worried about how Kane might be with the baby?"

R: "Sure. I mean Kane has already contacted you guys hasn't he... I can't see the emotional abuse stopping because of the baby. But that's towards me you know."

S: "I can't disclose who the notifier is Rose, but I do want to explore with you what supports we might be able to link you with as concerns domestic and family violence. Would you be interested in this?"

R: "It can't hurt"

S: "Okay great. I will keep in touch and connect about putting through some referrals to domestic and family violences services local to you. Will you have any other supports in place for when the baby is born?"

R: "Yes, Mum and Dad. Mum is going to come star with me when the baby is first born."

S: "Okay, great. Is there anything else you wanted to speak with me about today?"

R: "No, I think that's it for now."

S: "Well, we will leave you be. Are you right to show us the door?"

R: "Sure, this way."

Scene 4

Wrap up discussion on front porch

S: "Thank you for your time today and for being so forthright in your disclosures. I commend you for taking the steps needed to keep yourself and your baby safe. The next step in the investigation is to follow up with Kane. I will be in touch with you again after this. I would also need to see you connect with the services I referred, including the completion of a drug test, the DFV support services, and antenatal care to check on the progress of your baby. Will you do this for me?"

R: Yes, I can make that happen

S: "Okay, thanks Rose. I will also give you my card- you can find my contact details here. If you have any questions, or anything else you want to discuss, please do reach out. Otherwise, I will be in touch again soon."

#24263 – 3D VR Script

Home Visit DFV Scenario

Script Version	1.2
Date:	Wednesday, 11 January 2023
Location/s:	TBC
Cast:	Constable Rodgers (Police Officer 1): *Serious, blunt, slightly chauvinistic. Black T-Shirt, plain pants. Veteran.* Constable Alfonso (Police Officer 2): *Non-talkative, and Serious. Black T-Shirt, plain pants.* Rose (Victim/Survivor): *Pregnant, confrontational, and self-reliant.* Sarah (Social Worker):
Writer/s	Krystal Schaffer

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SCENE 2 – [INSERT SCENE TITLE] ERROR! BOOKMARK NOT DEFINED.

Overview Error! Bookmark not defined.

Storyboard Error! Bookmark not defined.

Scene 1 – Entering the Property

Overview

Social worker exits their vehicle to attend the property of a DFV victim alongside two plain-clothed police. The aim of this scene is to replicate a realistic scenario whereby a social worker attends a property with a dangerous dog. This scene will be experienced first person from the perspective of the social worker.

Location

TBC

Cast

Constable Rodgers: TBA

Constable Alfonso: TBA

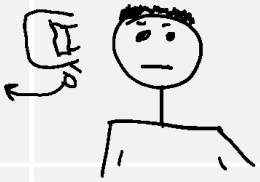
Sarah (Social Worker): TBA

Neighbour: TBA (Voice Only)

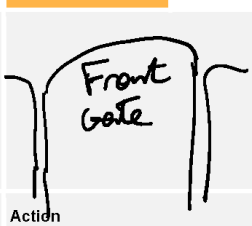
Rose: TBA (Voice-Only)

Storyboard

Commented [JR1]: Add more "like" to Rose's dialogue

Shot #: 001	Shot #: 002	Shot #: 003
		
Action Sarah sits in car flicking through documentation. Documentation includes: - Genogram (Relationships) - Rose's information (i.e. age) - "Department of Child Safety" (or similar) - referral (i.e. "10 day notification") - primary concerns (i.e. DV, marijuana, hospital visit) - Detail Sarah as CSO (investigator)	**Action** Sarah exits the car and walks towards Const. Rodgers to	**Action** Const. Rodgers and Sarah greet and brief. First person

Dialogue n/a	**Dialogue** n/a	**Dialogue** *C R*: Morning. We spoke earlier about our joint police and Child Safety investigation. *S*: Yes. I'm Sarah, pleased to meet you. C R: I'm Constable Rodgers (*points to Alfonso*) and this is my partner, Constable Alfonso. *C A*: *grunts and nods* *C R*: Is there anything we need to know about Rose's situation before heading in? *S*: *Reads documents* Rose is 27 weeks pregnant with her first child and was recently admitted to hospital after a domestic violence altercation. Police took out a DVO following reports from the Hospital, with Kane named as the respondent and Rose the aggrieved. *C R*: I am aware of the DVO, we're here to follow up on the alleged breach. Worth flagging, though, that Kane doesn't have a prior record. Anything else? *S*: Not at this stage. C R: *looks at C A* Let's get this over with *C A*: *grunts exasperated*
 **FX** n/a	**FX** n/a	**FX** n/a

Shot #: 004	Shot #: 005
	
Action Everyone walking towards the front gate, as Const. Rodgers goes to open the gate Neighbour warns them of an aggressive dog. Stop and look for voice, proceed anyway.	**Action** Aggressive dog attacks the gate and Rose yells at/restrains dog
Dialogue Neighbour: "Watch out for the dog!"	**Dialogue** *C R*: "Ah!" *C A*: *grunt* *Rose (off-screen, behind gate)*: "Major! Major!! Get off it!" "Hang on, I'll chain him up"
FX	**FX** Fade to black for cut scene

Scene 2 – Introducing the Situation

Overview

Const. Rogers and Sarah begin talking to Rose about the alleged DVO breach and gather background information on the front porch. The rose is left on the front doorstep, and they also discuss a 10-day child protection notification for child neglect as a result of Rose's alleged marijuana use.

House and Rose present well; clean, but under-resourced (minimal, but not in an attempt to be trendy).

Location

Entryway/Front door/Porch

Cast

Constable Rodgers: TBA

Constables Alfonso: TBA

Sarah (Social Worker): TBA

Rose: TBA

Storyboard

Shot #: 001	Shot #: 002	Shot #: 003
Action Everyone stands at front door/porch, discussing. Rose cuts off C R, and they discuss the DVO/rose breach	**Action** Rose turns to the rose left on the front doorstep.	**Action** Rose notices Sarah and turns to confront her.
Dialogue *C R*: "Rose, I'm Constable Rodgers, this is my partner Constab…" *Rose interrupts* *R*: "I know who you f***ing are. I called you a week ago, you're lucky I'm not already f***ing dead! " C R: Rose, we can't help with you yelling at… *Rose intercepts again* R: Help (*scoff*)… where the fuck were you when 'he' completely ignored the DVO, my 'supposed' protection … C R: Rose, the DVO is in place to protect you from further harm. R: **gesture towards the rose**	**Dialogue** **Dialogue** *R*: And "who the fuck are you!?" *looks towards Sarah* *S*: "I didn't get to introduce myself before. I'm Sarah and I work for child safety. The police and I are here to conduct a joint Child Protection Investigation. *R*: "Oh, piss off! Just what I need. Kane's bloody at it again, manipulating the system to make me out to be the problem. It was him who reported wasn't it? S: We are legally unable to disclose who the notifiers are. R: I'm fucking sick of it! What hope do I have" S: Rose, I hear that you are upset. But right or wrong, an	

And this is the evidence of that? He's always there...always reminding me he can get to me whenever he wants. The DVO's just a piece of shitty paper! C R: Well Rose, it seems to me that you want to make life difficult for yourself. How can anyone help you, when you don't seem to want to accept the help being offered. R: *yelling* who the fuck are you to speak to me like that. You don't know me, or the half of what I have been through!!!	investigation has been generated, because allegations were made that meet the requirements for a full assessment. We really hope that today you feel you have an opportunity to be heard and have the right of reply you are entitled to. R: If I talk, will you fuck off. S: We would like to hear from you and Kane. Part of our investigation can also involve conducting checks with other agencies, departments, or supports you have been working with. It would be helpful if you consented to us reaching out to them, though know that under our legislation we can make these requests without consent. R: You can do what!!! S: The Act gives us the power to collect information so we are able to make a fully informed determination about whether there is an unacceptable risk of harm to the baby once born. R: Sounds like I don't have much choice anyway. I'm used to that. Whatever, fine... what do you want to know. *Rose reluctantly opens door to let CR, CA and S into home. Each walk through the door*	
FX	**FX** Fade to black for cut scene.	**FX**

Scene 3 – Interviewing Rose

Overview

Constable Rogers and Sarah begin to talk to Rose about the situation with a rose being left on the porch by the Perpetrator. The rose will be left on the front doorstep.

A notification has been made triggering a 10-day child protection notification for child neglect as a result of allegations being made concerning domestic and family violence between Kane and Rose; and Rose's alcohol use while pregnant. A used ashtray made out of a beer can with half smoked cigarette on the side.

Location

Entryway/Front door.

Cast

Constable Rodgers:

Constables Alfonso:

Social Worker- Sarah:

Rose:

Storyboard

Shot #: 004

Action

Rose, CR, CA and S enter the kitchen where there is a dining table. Rose invites each to sit down- C R and S follow suit. C A remains standing.

Dialogue

S: We might start by explaining to you what the allegations are if this is okay with you.

R: *Nods*

S: The allegations indicate that you are currently using marijuana, and there is concern that this places your unborn child at unacceptable risk of harm.

R: How else am I meant to cope with Kane's bullshit. It's not much… I'll do a drug test if you need me to!

S: If you consent to that, we can certainly arrange a pathology referral.

But for now, tell me the last time something led you to use marijuana.

R: Um… it's hard to pinpoint one thing, Kane makes me feel shit and a blunt takes the edge off. He tells me that no one could ever love a "fat bitch" like me and if I upset him, he says he loves me 10% less than yesterday.

Pause, looking out the window

He used to be so fucking charming...

Pause

Hot (pause), 'that uniform', full of promises. He was the world's best 'future faker' and made me feel special. It was addictive.

Commented [JR2]: Please change this word for something more evocative

S: So, it got worse over time?

R: Yeah, like, to start with it was little things. One night, we were drinking with my friends from school, and Kane told me that my bestie hit on him. I never talked to her again... and she called for weeks.

Pause

It's funny that I ever bought into that bullshit, when he was the one who grabbing my friend's ass and tits like it was nothing. And I said nothing! He always had some dogshit excuse!

C R: *smirking*

R: *looking at C R*

You getting a kick out of this?

C R: Not at all Rose

R: *rolls her eyes and continues talking to Sarah*

And if I was to talk to another guy or go out without him, all hell would break loose. He used to say to "it was immature" and "my friends were no good". One fucking rule for him!

He started telling me what to wear. Short skirts, tits out and then he'd call me a fucking slut when people looked. But if he wasn't there, I had to cover up. I couldn't win.

He hated *my* parents, but his were fucking "perfect". He left me on the side of the road on the way to theirs once, no phone, no way home. His mum picked me up an hour later and acted like nothing happened! And, like, I wasn't allowed to call my fucking dad!?

S: *nodding*

"It sounds like you didn't have much of a support network"

R: Yeah, and then Kane was posted interstate and I lost contact with anyone I still spoke to. I enrolled to do a diploma in education support because I was bored, and Kane was okay with it "as long as it kept me at home". It didn't matter anyway! I couldn't get jobs as the Defence moved him around and I was completely reliant on his money. Fifty bucks a week, and I was expected to pay for groceries!

And the bloody names he'd call me if it didn't last the week..

pause

I had to make up for it in other ways. Not like he asked for my bloody permission usually. It was easier to play along..

slight smirk illustrating a sliver of empowerment

I'm damn good in bed.

looks forlorn

One week, we ran out of money and I had none of the pill left, but he said "it's my duty to fuck him anyway". *looks down at her belly*

S: Is that how you got pregnant?

R: *Nod*. I think he wanted me pregnant, like it somehow made me 'his'. I felt suffocated. I tried to have an abortion. It got bad then. Kane had been out drinking. *start shaking and presenting as visibly upset/uncomfortable*

Sarah offers Rose a tissue

R: I thought I was going to fucking die.

pause

R: A nurse at the hospital asked if I wanted to speak with a social worker, and when I said "no", she said "is home the place you really think you can heal?". That hit home. I let them refer me then, and the police put the DVO in place.

That really pissed Kane off. I had hundreds of missed phone calls the day he was fired.

Exasperated and sick of talking from having to relive the trauma

Can we stop talking about it now.

S: I know this is hard, we won't take up too much more of your time. I just need to know about your antenatal care arrangements?

R: I saw a GP, and the hospital did a check, but that's as far as I got. I was going to access all this through Kane's work, but I can't do that now.

S: Okay. I think it important that you follow up on this Rose, for both yours and the baby's wellbeing. Also, because you have disclosed that you are using marijuana, your baby's health could be impacted by this. I can make some referrals for you. Would you like that?

R: *nods*

S: I appreciate that there is still time but have you set up a nursery or do you have anything for the baby yet?

R: Yeah, I can show you the nursery

FX

Fade to black for cut scene.

Shot #: 005

Action

Fade to Black transition

Show basic nursery (bassinet in messy room, not prepared)

Dialogue

***Sera, Rose and C R enter the room, C D will wait back in kitchen).**

R: It's just some things Mum and Dad brought over *gesturing into the room*. No help from Kane.

S: Do you think Kane will want contact with the baby?

R: I am not sure. I don't think I can do this on my own. I don't know what kind of Mum I will be, I wasn't ready for this.

S: Sometimes we surprise ourselves. Tell me about your family growing up?

R: Mum and Dad were always supportive parents. We are talking again now too, and they want to be there for me and the baby.

S: What about Kane's family?

R: Kane wasn't as lucky growing up. He never said much, but I reckon his dad was abusive. I think that's why he...

C R: *interrupts* I've met with Kane and he served in Iraq didn't he?

R: Yeah, Kane did some time there before we met and dealt with some pretty heavy shit.

C R: Seems our country owes Kane a great deal of gratitude.

R: Doesn't excuse what he has done to me though!

C R: During my investigations, he says is remorseful for his actions.

R: He's always sorry. Nothing ever changes.

C R: What about the part you played?

R: Oh it's my fucking fault!?

C R: Rose...

Interrupts Kane could've gotten help, but he was so paranoid about losing his job. Talking to his mates made it worse. Even with all the defence services, Kane's constant need for control meant we didn't access any of it!!

I don't know why I am explaining this to you. You've already made up your mind.

C R: I'm not taking sides Rose, just pointing out different perspectives.

R: *looks to Sera and sighs/defeated*

S: Are you worried about how Kane might be with the baby?

R: Sure, I mean, Kane has already contacted you guys hasn't he...??

S: Children being exposed to domestic and family violence is something that is evidenced to cause harm in both the short-term and long-term. And not to alarm you, periods of separation tend to be the most at risk times for victim-survivors of domestic and family violence. Do you have much information about this?

R: The social worker at the hospital spoke to me about this and we developed a safety plan. I have an alarm that notifies police, and my home has been flagged as high alert. I am also having counselling with a DFV specialist.

S: Great to hear you are accessing supports. I was also going to ask about a safety plan. Would you mind if I grabbed a copy?

Rose nods

S: Will you have any other support after the baby is born?

R: Yes, Mum is going to come stay with me.

S: Okay, great.

C R: We have also taken your details about the alleged breach and will be pursuing this further too.

R: Nods.

S: Do you have any questions Rose or anything else you want to add?

Rose Shakes head

S: Thank you for your time today and for being so forthright in your disclosures. I commend you for taking the steps needed to keep yourself and your baby safe. The next step in the investigation is to follow up with Kane. If you think this helpful, I can let you know when we have spoken with him, just so you are on additional alert. Would this be helpful?

R: Yeah, I guess.

S: Next I will do some of those checks with services. As mentioned, this can help when gathering the information, and from what I can see Rose, you are taking all the right steps to look after yourself and your baby. Here is the referral to do the drug test (*S hands paper to R*), you will just need to take this down to your nearest pathology centre by close of business today. Will you do this for me?

R: Yes, I can make that happen.

S: Okay, great thanks Rose. I will also give you my card- you can find my contact details here. If you have any questions, or anything else you want to discuss, please do reach out. Otherwise, I will be in touch again soon. Are you right to show us to the door?

R: Happily. This way.

FX

Fade to black for cut scene.

Action

Dialogue

FX

#24263 – 3D VR Script

Home Visit DFV Scenario

Script Version	1.3
Date:	Wednesday, 11 January 2023
Location/s:	TBC
Cast:	Constable Rodgers (Police Officer 1): *Serious, blunt, slightly chauvinistic. Black T-Shirt, plain pants. Veteran.* Constable Alfonso (Police Officer 2): *Non-talkative, and Serious. Black T-Shirt, plain pants.* Rose (Victim/Survivor): *Pregnant, confrontational, and self-reliant.* Sarah (Social Worker):
Writer/s	Krystal Schaffer

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SCENE 2 – [INSERT SCENE TITLE] **2**

Overview **2**

Storyboard **2**

Scene 1 – Entering the Property

Overview

Social worker exits their vehicle to attend the property of a DFV victim alongside two plain-clothed police. The aim of this scene is to replicate a realistic scenario whereby a social worker attends a property with a dangerous dog. This scene will be experienced first person from the perspective of the social worker.

Location

TBC

Cast

Constable Rodgers: TBA

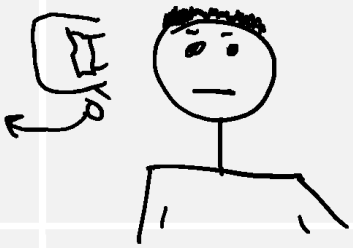
Constable Alfonso: TBA

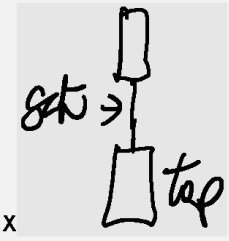
Sarah (Social Worker): TBA

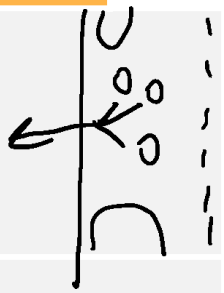
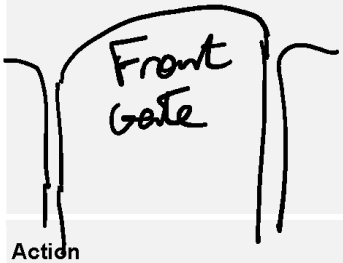
Neighbour: TBA (Voice Only)

Rose: TBA (Voice-Only)

Storyboard

Shot #: 001	Shot #: 002	Shot #: 003
		
Action Sarah sits in car flicking through documentation. Documentation includes: - Genogram (Relationships) - Rose's information (i.e. age) - "Department of Child Safety" (or similar) - referral (i.e. "10 day notification") - primary concerns (i.e. DV, marijuana, hospital visit) - Detail Sarah as CSO (investigator)	**Action** Sarah exits the car and walks towards Const. Rodgers to	**Action** Const. Rodgers and Sarah greet and brief. First person

Dialogue n/a	**Dialogue** n/a	**Dialogue** *C R*: Morning. We spoke earlier about our joint police and Child Safety investigation. *S*: Yes. I'm Sarah, pleased to meet you. C R: I'm Constable Rodgers (*points to Alfonso*) and this is my partner, Constable Alfonso. *C A*: *grunts and nods* *C R*: Is there anything we need to know about Rose's situation before heading in? *S*: *Reads documents* Rose is 27 weeks pregnant with her first child and was recently admitted to hospital after a domestic and family violence altercation. Police took out a DVO following reports from the Hospital, with Kane named as the respondent and Rose the aggrieved. *C R*: I am aware of the DVO, we're here to follow up on the alleged breach. Also flagging, Kane doesn't have a prior record. Anything else? *S*: Not at this stage. C R: *looks at C A* Let's get this over with *C A*: *grunts exasperated*
 **FX** n/a	**FX** n/a	**FX** n/a

Shot #: 004	Shot #: 005
	
Action Everyone walking towards the front gate, as Const. Rodgers goes to open the gate Neighbour warns them of an aggressive dog. Stop and look for voice, proceed anyway.	**Action** Aggressive dog attacks the gate and Rose yells at/restrains dog
Dialogue Neighbour: "Watch out for the dog!"	**Dialogue** *C R*: "Ah!" *C A*: *grunt* *Rose (off-screen, behind gate)*: "Major! Major!! Get off it!" "Hang on, I'll chain him up"
FX	**FX** Fade to black for cut scene

Scene 2 – Introducing the Situation

Overview

Const. Rogers and Sarah begin talking to Rose about the alleged DVO breach and gather background information on the front porch. The rose is left on the front doorstep, and they also discuss a 10-day child protection notification for child neglect as a result of Rose's alleged marijuana use.

House and Rose present well; clean, but under-resourced (minimal, but not in an attempt to be trendy).

Location

Entryway/Front door/Porch

Cast

Constable Rodgers: TBA

Constables Alfonso: TBA

Sarah (Social Worker): TBA

Rose: TBA

Storyboard

Shot #: 001	Shot #: 002	Shot #: 003
Action Everyone stands at front door/porch, discussing. Rose cuts off C R, and they discuss the DVO/rose breach	**Action** Rose turns towards Sarah abruptly	**Action** Rose notices Sarah and turns to confront her.
Dialogue *C R*: "Rose, I'm Constable Rodgers, this is my partner Constab…" *Rose interrupts* *R*: "I know who you fucking are. I called you a week ago, you're lucky I'm not already fucking dead! " C R: Rose, we can't help if you're yelling... *Rose intercepts* R: Help!? *scoff* where the fuck was your "help" when 'he' ignored the DVO! C R: Rose, the DVO is in place to protect you from further harm. R: **gesture towards the rose** And this is the evidence of that?	**Dialogue** *R*: And "who the fuck are you!?" *looks towards Sarah* *S*: "I didn't get to introduce myself before. I'm Sarah and I work for child safety. The police and I are here to conduct a joint Child Protection Investigation. *R*: "Oh, piss off! Just what I need. Kane's fucking at it again, manipulating the system to make me out to be the problem. It was him who reported wasn't it? S: We are legally unable to disclose who the notifiers are. R: I'm fucking sick of it! What hope do I have" S: Rose, I hear that you are upset. But right or wrong, an investigation has been generated, because allegations were made that meet the requirements for a full assessment. We really hope that	

He's always there...always reminding me he can get to me whenever he wants. The DVO's just a shitty piece of paper! C R: Well Rose, you don't have to make it so difficult for yourself. How can anyone help you, when you respond to their offers with such disregard? R: *yelling* who the fuck are you to speak to me like that. You don't know the half of what I've been through!!!	today you feel you have an opportunity to be heard and have the right of reply you are entitled to. R: If I talk, will you fuck off. S: We would like to hear from you and Kane. Part of our investigation can also involve conducting checks with other agencies, departments, or supports you have been working with. It would be helpful if you consented to us reaching out to them, though know that under our legislation we can make these requests without consent. R: You can do what!!! S: The Act gives us the power to collect information so we are able to make a fully informed determination about whether there is an unacceptable risk of harm to the baby once born. R: Sounds like I don't have much choice anyway. I'm used to that. Whatever, fine... what do you want to know. *Rose reluctantly opens door to let CR, CA and S into home. Each walk through the door*	
FX	**FX** Fade to black for cut scene.	**FX**

Scene 3 – Interviewing Rose

Overview

Constable Rogers and Sarah begin to talk to Rose about the situation with a rose being left on the porch by the Perpetrator. The rose will be left on the front doorstep. A notification has been made triggering a 10-day child protection notification for child neglect as a result of allegations being made concerning domestic and family violence between Kane and Rose; and Rose's alcohol use while pregnant. A used ashtray made out of a beer can with half smoked cigarette on the side.

Location

Entryway/Front door.

Cast

Constable Rodgers:

Constables Alfonso:

Social Worker- Sarah:

Rose:

Storyboard

Shot #: 004

Action

Rose, CR, CA and S enter the kitchen where there is a dining table. Rose invites each to sit down- C R and S follow suit. C A remains standing.

Dialogue

S: We might start by explaining to you what the allegations are if this is okay with you.

R: *Nods*

S: The allegations indicate that you are currently using marijuana, and there is concern that this places your unborn child at unacceptable risk of harm.

R: How else am I meant to cope with Kane's bullshit. It's not much... I'll do a drug test if you need me to!

S: If you consent to that, we can certainly arrange a pathology referral.

But for now, tell me the last time something led you to use marijuana.

R: Um… it's hard to pinpoint one thing, Kane makes me feel shit and a blunt takes the edge off. He tells me that no one could ever love a "fat bitch" like me and if I upset him, he says he loves me 10% less than yesterday.

Pause, looking out the window

He used to be so fucking charming...

Pause

Hot (pause), 'that uniform', full of promises. He was the world's best 'future faker' and made me feel amazing, fun and sexy all at once. It was addictive.

S: But it got worse over time?

R: Yeah, like, to start with it was little things. One night, we were drinking with my friends from school, and Kane told me that my bestie hit on him. I never talked to her again... and she called for weeks.

Pause

It's funny that I ever bought into that bullshit, when he was the one who grabbing my friend's ass and tits like it was nothing. And I said nothing! He always had some dogshit excuse!

C R: *smirking*

R: *looking at C R*

You getting a kick out of this?

C R: Not at all Rose

R: *rolls her eyes and continues talking to Sarah*

And if I was to talk to another guy or go out without him, all hell would break loose. He used to tell me "I was immature" and "my friends were no good". One fucking rule for him!

He started telling me what to wear. Short skirts, tits out and then he'd call me a fucking slut when people looked. But if he wasn't there, I had to cover up. I couldn't win.

He hated *my* parents, but his were fucking "perfect". He left me on the side of the road on the way to theirs once, no phone, no way home. His mum picked me up an hour later and acted like nothing happened! And, like, I wasn't allowed to call my fucking dad!?

S: *nodding*

"It sounds like you didn't have much of a support network"

R: Yeah, and then Kane was posted interstate and I lost contact with anyone I still spoke to. I enrolled to do a diploma because I was bored, and Kane was okay with it "as long as it kept me at home". It didn't matter anyway! I couldn't get jobs as the Defence moved him around and I was completely reliant on his money. Fifty bucks a week, and I was expected to pay for groceries!

And the bloody names he'd call me if it didn't last the week..

pause

I had to make up for it in other ways. Not like he needed my permission anyway. It was easier to play along..

slight smirk illustrating a sliver of empowerment

I'm damn good in bed.

looks forlorn

One week, we ran out of money and I had none of the pill left, but he said "it's my duty to fuck him anyway". *looks down at her belly*

S: Is that how you got pregnant?

R: *Nod*. I think he wanted me pregnant, like it somehow made me 'his'. I felt suffocated. I tried to have an abortion. It got bad then. Kane had been out drinking. *start shaking and presenting as visibly upset/uncomfortable*

Sarah offers Rose a tissue and a break

R: I thought I was going to fucking die.

pause

R: A nurse at the hospital asked if I wanted to speak with a social worker, and when I said "no", she said "is home the place you really think you can heal?". That hit a nerve. I let them refer me then, and the police put the DVO in place.

That really pissed Kane off. I had hundreds of missed phone calls the day he was fired.

Exasperated and sick of talking from having to relive the trauma

Can we stop talking about it now.

S: I know this is hard, we won't take up too much more of your time. I just need to know about your antenatal care arrangements?

R: I saw a GP, and the hospital did a check, but that's as far as I got. I was going to access all this through Kane's work, but I can't do that now.

S: Okay. I think it important that you follow up on this Rose, for both yours and the baby's wellbeing. Also, because you have disclosed that you are using marijuana, your baby's health could be impacted by this. I can make some referrals for you. Would you like that?

R: *nods*

S: I appreciate that there is still time but have you set up a nursery or do you have anything for the baby yet?

R: Yeah, I can show you the nursery

FX

Fade to black for cut scene.

Shot #: 005

Action

Fade to Black transition

Show basic nursery (bassinet in messy room, not prepared)

Dialogue

Sarah, Rose and C R enter the room, C D will wait back in kitchen).

R: It's just some things Mum and Dad brought over *gesturing into the room*. No help from Kane.

S: Do you think Kane will want contact with the baby?

R: I am not sure. I don't think I can do this on my own. I don't know what kind of Mum I will be, I wasn't ready for this.

S: Sometimes we surprise ourselves. Tell me about your family growing up?

R: Mum and Dad were always supportive parents. We are talking again now too, and they want to be there for me and the baby.

S: What about Kane's family?

R: Kane wasn't as lucky growing up. He never said much, but I reckon his dad was abusive. I think that's why he...

C R: *interrupts* I've met with Kane and he served in Iraq didn't he?

R: Yeah, Kane did some time there before we met and dealt with some pretty heavy shit.

C R: Seems our country owes Kane a great deal of gratitude.

R: Doesn't excuse what he has done to me though!

C R: During my investigations, he speaks about being remorseful for his actions.

R: He's always sorry. Nothing ever changes.

C R: What about the part you played?

R: Oh it's my fucking fault!?

C R: Rose...

Interrupts Kane could've gotten help, but he was so paranoid about losing his job. Talking to his mates made it worse. Even with all the defence services, Kane's constant need for control meant we didn't access any of it!!

I don't know why I am explaining this to you. You've already made up your mind.

C R: I'm not taking sides Rose, just pointing out different perspectives.

R: *looks to Sera and sighs/defeated*

S: Are you worried about how Kane might be with the baby?

R: Sure, I mean, Kane has already contacted you guys hasn't he...??

S: Children being exposed to domestic and family violence is something that is evidenced to cause harm in both the short-term and long-term. And not to alarm you, periods of separation tend to be the most at risk times for victim-survivors of domestic and family violence. Do you have much information about this?

R: The social worker at the hospital spoke to me about this and we developed a safety plan. I have an alarm that notifies police, and my home has been flagged as high alert. I am also having counselling with a domestic and family violence specialist.

S: Great to hear you are accessing supports. I was also going to ask about a safety plan. Would you mind if I grabbed a copy?

Rose nods

S: Will you have any other support after the baby is born?

R: Yes, Mum is going to come stay with me.

S: Okay, great.

C R: We have also taken your details about the alleged breach and will be pursuing this further too.

R: Nods.

S: Do you have any questions Rose or anything else you want to add?

Rose Shakes head

S: Thank you for your time today and for being so forthright in your disclosures. Well done on taking positive steps to keep yourself and your baby safe. The next step in the investigation is to follow up

with Kane. If you think this helpful, I can let you know when we have spoken with him, just so you are on additional alert. Would this be helpful?

R: Yeah, I guess.

S: Next I will do some of those checks with services. As mentioned, this can help when gathering the information, and from what I can see Rose, you are taking all the right steps to look after yourself and your baby. Here is the referral to do the drug test (*S hands paper to R*), you will just need to take this down to your nearest pathology centre by close of business today. Will you do this for me?

R: Yes, I can make that happen.

S: Okay, great thanks Rose. I will also give you my card- you can find my contact details here. If you have any questions, or anything else you want to discuss, please do reach out. Otherwise, I will be in touch again soon. Are you right to show us to the door?

R: Happily. This way.

FX

Fade to black for cut scene.

Action

Dialogue

FX

#24263 – 3D VR Script

Home Visit DFV Scenario

Script Version	1.4
Date:	Wednesday, 11 January 2023
Location/s:	TBC
Cast:	Constable Rodgers (Police Officer 1): *Serious, blunt, slightly chauvinistic. Black T-Shirt, plain pants. Veteran.* Constable Alfonso (Police Officer 2): *Non-talkative, and Serious. Black T-Shirt, plain pants.* Rose (Victim/Survivor): *Pregnant, confrontational, and self-reliant.* Sarah (Social Worker):
Writer/s	Krystal Schaffer

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SCENE 1 – [INSERT SCENE TITLE] 2

Overview 2

Storyboard 2

SCENE 2 – [INSERT SCENE TITLE] ERROR! BOOKMARK NOT DEFINED.2

Overview Error! Bookmark not defined.2

Storyboard Error! Bookmark not defined.2

Scene 1 – Entering the Property

Overview

Social worker exits their vehicle to attend the property of a DFV victim alongside two plain-clothed police. The aim of this scene is to replicate a realistic scenario whereby a social worker attends a property with a dangerous dog. This scene will be experienced first person from the perspective of the social worker.

Location

TBC

Cast

Constable Rodgers: TBA

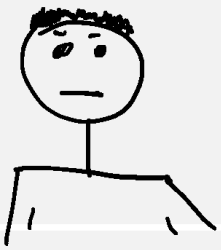
Constable Alfonso: TBA

Sarah (Social Worker): TBA

Neighbour: TBA (Voice Only)

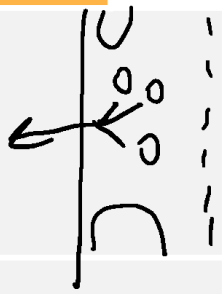
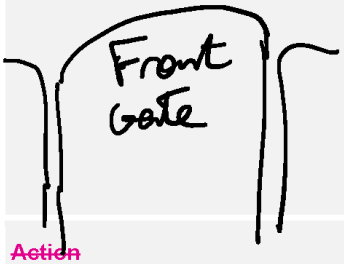
Rose: TBA (Voice-Only)

Storyboard

Shot #: 001	Shot #: 002	Shot #: 003
		
Action ~~Sarah sits in car flicking through documentation.~~ ~~Documentation includes:~~ - ~~Genogram (Relationships)~~ - ~~Rose's information (i.e. age)~~ - ~~"Department of Child Safety" (or similar)~~ - ~~referral (i.e. "10 day notification")~~ - ~~primary concerns (i.e. DV, marijuana, hospital visit)~~ - ~~Detail Sarah as CSO (investigator)~~	~~**Action**~~ ~~Sarah exits the car and walks towards Const. Rodgers to~~	~~**Action**~~ ~~Const. Rodgers and Sarah greet and brief. First person~~

Sarah approaches C R and C A. All three walk up the driveway while introducing the situation. Hear Rose yelling at the dog in the background. Fade to Black to transition to Scene 2		
Dialogue ~~n/a~~ ***C R*: Hey Sarah. We spoke earlier about our joint police and Child Safety investigation.** I'm Constable Rodgers (*points to Alfonso*) and this is my partner, Constable Alfonso. ***C A*: *grunts and nods*** ***C R*: Is there anything we need to know about Rose's situation before** *dog aggressively attacks the fence, interrupting the flow of C R's dialogue* **heading in?** ***S*: Rose is 27 weeks pregnant with her first child and was recently admitted to hospital after a domestic and family violence altercation. Police took out a DVO following reports from the Hospital, with Kane named as the respondent and Rose the aggrieved.** *Rose yelling at the dog in the background, unaware of the cops* ***C R*: I am aware of the DVO, we're here to follow up on the alleged breach. Also flagging, Kane doesn't have a prior record. Anything else?** ***S*: Not at this stage.** C R: *looks at C A* ***C A*: *grunts exasperated*** ~~*C R*: Hey Sarah. We spoke earlier about our joint police and Child Safety investigation.~~ ~~*S*: Yes. I'm Sarah, pleased to meet you.~~ ~~C R: I'm Constable Rodgers (*points to Alfonso*) and this is my partner, Constable Alfonso.~~ ~~*C A*: *grunts and nods*~~ ~~*C R*: Is there anything we need to know about Rose's situation before heading in?~~ ~~*S*: *Reads documents*~~ ~~Rose is 27 weeks pregnant with her first child and was recently admitted to hospital after a domestic and family violence altercation. Police took out a DVO following reports from the Hospital, with Kane named as the respondent and Rose the aggrieved.~~ ~~*C R*: I am aware of the DVO, we're here to follow up on the alleged breach. Also flagging, Kane doesn't have a prior record. Anything else?~~ ~~*S*: Not at this stage.~~ ~~C R: *looks at C A*~~ ~~Let's get this over with~~ ~~*C A*: *grunts exasperated*~~	Dialogue n/a	Dialogue

 FX n/a	~~FX~~ ~~n/a~~	~~FX~~ ~~n/a~~

Shot #: 004	Shot #: 005
	
~~Action~~ ~~Everyone walking towards the front gate, as Const. Rodgers goes to open the gate Neighbour warns them of an aggressive dog.~~ ~~Stop and look for voice, proceed anyway.~~	~~Action~~ ~~Aggressive dog attacks the gate and Rose yells at/restrains dog~~
~~Dialogue~~ ~~Neighbour: "Watch out for the dog!"~~	~~Dialogue~~ ~~*C R*: "Ah!"~~ ~~*C A*: *grunt*~~ ~~*Rose (off-screen, behind gate)*: "Major! Major!! Get off it!"~~ ~~"Hang on, I'll chain him up"~~
~~FX~~	~~FX~~ ~~Fade to black for cut scene~~

Scene 2 – Introducing the Situation

Overview

Const. Rogers and Sarah begin talking to Rose about the alleged DVO breach and gather background information on the front porch. The rose is left on the front doorstep, and they also discuss a 10-day child protection notification for child neglect as a result of Rose's alleged marijuana use.

House and Rose present well; clean, but under-resourced (minimal, but not in an attempt to be trendy).

Location

Entryway/Front door/Porch

Cast

Constable Rodgers: TBA

Constables Alfonso: TBA

Sarah (Social Worker): TBA

Rose: TBA

Storyboard

Shot #: 001	Shot #: 002	Shot #: 003
Action Everyone stands at front door/porch, discussing. Rose cuts off C R, and they discuss the DVO/rose breach	**Action** Rose turns towards Sarah abruptly	**Action** Rose notices Sarah and turns to confront her.
Dialogue *C R*: "Rose, I'm Constable Rodgers, this is my partner Constab…" *Rose interrupts* *R*: "I know who you fucking are. I called you a week ago, you're lucky I'm not already fucking dead! "	**Dialogue** *R*: And "who the fuck are you!?" *looks towards Sarah* *S*: "I didn't get to introduce myself before. I'm Sarah and I work for child safety. The police and I are here to conduct a joint Child Protection Investigation.	

C R: Rose, we can't help if you're yelling... *Rose intercepts* R: Help!? (*scoff* where the fuck was your "help" when 'he' ignored the DVO! C R: Rose, the DVO is in place to protect you from further harm. R: **gesture towards the rose** And this is the evidence of that? He's always there...always reminding me he can get to me whenever he wants. The DVO's just a shitty piece of paper! C R: Well Rose, you don't have to make it so difficult for yourself. How can anyone help you, when you respond to their offers with such disregard? R: *yelling* who the fuck are you to speak to me like that. You don't know the half of what I've been through!!!	*R*: "Oh, piss off! Just what I need. Kane's fucking at it again, manipulating the system to make me out to be the problem. It was him who reported wasn't it? S: We are legally unable to disclose who the notifiers are. R: I'm fucking sick of it! What hope do I have" S: Rose, I hear that you are upset. But right or wrong, an investigation has been generated, because allegations were made that meet the requirements for a full assessment. We really hope that today you feel you have an opportunity to be heard and have the right of reply you are entitled to. R: If I talk, will you fuck off. S: We would like to hear from you and Kane. Part of our investigation can also involve conducting checks with other agencies, departments, or supports you have been working with. It would be helpful if you consented to us reaching out to them, though know that under our legislation we can make these requests without consent. R: You can do what!!! S: The Act gives us the power to collect information so we are able to make a fully informed determination about whether there is an unacceptable risk of harm to the baby once born. R: Sounds like I don't have much choice anyway. I'm used to that. Whatever, fine... what do you want to know. *Rose reluctantly opens door to let CR, CA and S into home. Each walk through the door*	

FX	**FX** Fade to black for cut scene.	**FX**

Scene 3 – Interviewing Rose

Overview

Constable Rogers and Sarah begin to talk to Rose about the situation with a rose being left on the porch by the Perpetrator. The rose will be left on the front doorstep. A notification has been made triggering a 10-day child protection notification for child neglect as a result of allegations being made concerning domestic and family violence between Kane and Rose; and Rose's alcohol use while pregnant. A used ashtray made out of a beer can with half smoked cigarette on the side.

Location

Entryway/Front door.

Cast

Constable Rodgers:

Constables Alfonso:

Social Worker- Sarah:

Rose:

Storyboard

Shot #: 004

Action

Rose, CR, CA and S enter the kitchen where there is a dining table. Rose invites each to sit down- C R and S follow suit. C A remains standing.

Dialogue

S: We might start by explaining to you what the allegations are if this is okay with you.

R: *Nods*

S: The allegations indicate that you are currently using marijuana, and there is concern that this places your unborn child at unacceptable risk of harm.

R: How else am I meant to cope with Kane's bullshit. It's not much... I'll do a drug test if you need me to!

S: If you consent to that, we can certainly arrange a pathology referral.

But for now, tell me the last time something led you to use marijuana.

R: Um… it's hard to pinpoint one thing, Kane makes me feel shit and a blunt takes the edge off. He tells me that no one could ever love a "fat bitch" like me and if I upset him, he says he loves me 10% less than yesterday.

Pause, looking out the window

He used to be so fucking charming...

Pause

Hot (pause), 'that uniform', full of promises. He was the world's best 'future faker' and made me feel amazing, fun and sexy all at once. It was addictive.

S: But it got worse over time?

R: Yeah, like, to start with it was little things. One night, we were drinking with my friends from school, and Kane told me that my bestie hit on him. I never talked to her again... and she called for weeks.

Pause

It's funny that I ever bought into that bullshit, when he was the one who grabbing my friend's ass and tits like it was nothing. And I said nothing! He always had some dogshit excuse!

C R: *smirking*

R: *looking at C R*

You getting a kick out of this?

C R: Not at all Rose

R: *rolls her eyes and continues talking to Sarah*

And if I was to talk to another guy or go out without him, all hell would break loose. He used to tell me "I was immature" and "my friends were no good". One fucking rule for him!

He started telling me what to wear. Short skirts, tits out and then he'd call me a fucking slut when people looked. But if he wasn't there, I had to cover up. I couldn't win.

He hated *my* parents, but his were fucking "perfect". He left me on the side of the road on the way to theirs once, no phone, no way home. His mum picked me up an hour later and acted like nothing happened! And, like, I wasn't allowed to call my fucking dad!?

S: *nodding*

"It sounds like you didn't have much of a support network"

R: Yeah, and then Kane was posted interstate and I lost contact with anyone I still spoke to. I enrolled to do a diploma because I was bored, and Kane was okay with it "as long as it kept me at home". It didn't matter anyway! I couldn't get jobs as the Defence moved him around and I was completely reliant on his money. Fifty bucks a week, and I was expected to pay for groceries!

And the bloody names he'd call me if it didn't last the week..

pause

I had to make up for it in other ways. Not like he needed my permission anyway. It was easier to play along..

slight smirk illustrating a sliver of empowerment

I'm damn good in bed.

looks forlorn

One week, we ran out of money and I had none of the pill left, but he said "it's my duty to fuck him anyway". *looks down at her belly*

S: Is that how you got pregnant?

R: *Nod*. I think he wanted me pregnant, like it somehow made me 'his'. I felt suffocated. I tried to have an abortion. It got bad then. Kane had been out drinking. *start shaking and presenting as visibly upset/uncomfortable*

Sarah offers Rose a tissue and a break

R: I thought I was going to fucking die.

pause

R: A nurse at the hospital asked if I wanted to speak with a social worker, and when I said "no", she said "is home the place you really think you can heal?". That hit a nerve. I let them refer me then, and the police put the DVO in place.

That really pissed Kane off. I had hundreds of missed phone calls the day he was fired.

Exasperated and sick of talking from having to relive the trauma

Can we stop talking about it now.

S: I know this is hard, we won't take up too much more of your time. I just need to know about your antenatal care arrangements?

R: I saw a GP, and the hospital did a check, but that's as far as I got. I was going to access all this through Kane's work, but I can't do that now.

S: Okay. I think it important that you follow up on this Rose, for both yours and the baby's wellbeing. Also, because you have disclosed that you are using marijuana, your baby's health could be impacted by this. I can make some referrals for you. Would you like that?

R: *nods*

S: I appreciate that there is still time but have you set up a nursery or do you have anything for the baby yet?

R: Yeah, I can show you the nursery

FX

Fade to black for cut scene.

Shot #: 005

Action

Fade to Black transition

Show basic nursery (bassinet in messy room, not prepared)

Dialogue

***Sarah, Rose and C R enter the room, C D will wait back in kitchen).**

R: It's just some things Mum and Dad brought over *gesturing into the room*. No help from Kane.

S: Do you think Kane will want contact with the baby?

R: I am not sure. I don't think I can do this on my own. I don't know what kind of Mum I will be, I wasn't ready for this.

S: Sometimes we surprise ourselves. Tell me about your family growing up?

R: Mum and Dad were always supportive parents. We are talking again now too, and they want to be there for me and the baby.

S: What about Kane's family?

R: Kane wasn't as lucky growing up. He never said much, but I reckon his dad was abusive. I think that's why he...

C R: *interrupts* I've met with Kane and he served in Iraq didn't he?

R: Yeah, Kane did some time there before we met and dealt with some pretty heavy shit.

C R: Seems our country owes Kane a great deal of gratitude.

R: Doesn't excuse what he has done to me though!

C R: During my investigations, he speaks about being remorseful for his actions.

R: He's always sorry. Nothing ever changes.

C R: What about the part you played?

R: Oh it's my fucking fault!?

C R: Rose...

Interrupts Kane could've gotten help, but he was so paranoid about losing his job. Talking to his mates made it worse. Even with all the defence services, Kane's constant need for control meant we didn't access any of it!!

I don't know why I am explaining this to you. You've already made up your mind.

C R: I'm not taking sides Rose, just pointing out different perspectives.

R: *looks to Sera and sighs/defeated*

S: Are you worried about how Kane might be with the baby?

R: Sure, I mean, Kane has already contacted you guys hasn't he...??

S: Children being exposed to domestic and family violence is something that is evidenced to cause harm in both the short-term and long-term. And not to alarm you, periods of separation tend to be the most at risk times for victim-survivors of domestic and family violence. Do you have much information about this?

R: The social worker at the hospital spoke to me about this and we developed a safety plan. I have an alarm that notifies police, and my home has been flagged as high alert. I am also having counselling with a domestic and family violence specialist.

S: Great to hear you are accessing supports. I was also going to ask about a safety plan. Would you mind if I grabbed a copy?

Rose nods

S: Will you have any other support after the baby is born?

R: Yes, Mum is going to come stay with me.

S: Okay, great.

C R: We have also taken your details about the alleged breach and will be pursuing this further too.

R: Nods.

S: Do you have any questions Rose or anything else you want to add?

Rose Shakes head

S: Thank you for your time today and for being so forthright in your disclosures. Well done on taking positive steps to keep yourself and your baby safe. The next step in the investigation is to follow up with Kane. If you think this helpful, I can let you know when we have spoken with him, just so you are on additional alert. Would this be helpful?

R: Yeah, I guess.

S: Next I will do some of those checks with services. As mentioned, this can help when gathering the information, and from what I can see Rose, you are taking all the right steps to look after yourself and your baby. Here is the referral to do the drug test (*S hands paper to R*), you will just need to take this down to your nearest pathology centre by close of business today. Will you do this for me?

R: Yes, I can make that happen.

S: Okay, great thanks Rose. I will also give you my card- you can find my contact details here. If you have any questions, or anything else you want to discuss, please do reach out. Otherwise, I will be in touch again soon. Are you right to show us to the door?

R: Happily. This way.

FX

Fade to black for cut scene.

Action
Dialogue
FX

Script Read-through (v1.5)

Scene 1 (Entrance)

CR: “Hey Sarah. We spoke earlier about our joint police and Child Safety investigation. I’m Constable Rodgers (*points to Alfonso*) and this is my partner, Constable Alfonso.”

CA grunts and nods

CR: “Can you give us a quick recap of your child safety investigation?”

S: “Rose is 27 weeks pregnant with her first child and was recently admitted to hospital after a domestic and family violence altercation. Police took out a DVO following reports from the Hospital, with Kane named as the respondent and Rose the aggrieved.”

CR: *dismissively* “Thanks, I’m across the DVO, we’re here to follow up on the alleged breach. Anything else?”

S: “Not at this stage.”

CR and CA share a judgemental look

R bursts out the front door, yelling at the dog

R looks directly at S and quickly to C R

R: “What the fuck do you want now?”

CR: “Rose, we can't help if you’re yelling…”

Rose intercepts

R: “Help!?” *scoff*
“Where the fuck was your “help” when ‘he’ ignored the DVO!”

CR: “Rose, the DVO is in place to protect you from further harm.”

Rose gestures towards the rose

R: “And this is the evidence of that? He’s always there...always reminding me he can get to me whenever he wants. The DVO’s just a shitty piece of paper!”

CR: “Well, Rose, you don’t have to make it so hard for yourself. How can anyone help you when you’re this difficult?”

R: *yelling* "Who the fuck are you to speak to me like that. You don't know the half of what I've been through!!!"

R: "And "who the fuck are you!?"

looks towards Sarah (camera)

S: "Sorry, I didn't get to introduce myself before. I'm Sarah and I work for child safety. The police and I are here to conduct a joint Child Protection Investigation."

R: "Oh, piss off! He reported me, didn't he?

S: "Rose, I hear that you are upset. We hope to give you the opportunity to feel heard."

R: "If I talk, will you fuck off."

Scene 2: Dining Room

S: "We might start by explaining to you what the allegations are if this is okay with you."

Rose nods

S: "The allegations indicate that you are currently using marijuana, and there is concern that this places your unborn child at unacceptable risk of harm."

R: "How else am I meant to cope with Kane's bullshit. It's not much... I'll do a drug test if you need me to!"

S: "If you consent to that, we can certainly arrange a pathology referral. But for now, tell me the last time something led you to use marijuana."

R: "Um… it's hard to pinpoint one thing, Kane makes me feel shit and a blunt takes the edge off. He tells me that no one could ever love a "fat bitch" like me and if I upset him, he says he loves me 10% less than yesterday."

Pause, Rose looks out the window

"He used to be so fucking charming..."

Pause

"Hot (pause), 'that uniform', full of promises. He was the world's best 'future faker' and made me feel amazing, fun and sexy all at once. It was addictive."

S: "But it got worse over time?"

R: “Yeah, like, to start with it was little things. One night, we were drinking with my friends from school, and Kane told me that my bestie hit on him. I never talked to her again... and she called for weeks.”

Pause

“It's funny that I ever bought into that bullshit, when he was the one who grabbing my friend's ass and tits like it was nothing. And I said nothing! He always had some dogshit excuse!”

CR smirks

R: *looking at CR* You getting a kick out of this?

CR: “Not at all Rose”

R: *rolls her eyes and continues talking to Sarah*

“And if I was to talk to another guy or go out without him, all hell would break loose. He used to tell me “I was immature” and “my friends were no good”. One fucking rule for him!”

“He started telling me what to wear. Short skirts, tits out and then he’d call me a fucking slut when people looked. But if he wasn’t there, I had to cover up. I couldn’t win.”

“He hated my parents, but his were fucking “perfect”. He left me on the side of the road on the way to theirs once, no phone, no way home. His mum picked me up an hour later and acted like nothing happened! And, like, I wasn’t allowed to call my fucking dad!?”

S: *nodding* “It sounds like you didn’t have much of a support network”

R: “Yeah, and then Kane was posted interstate and I lost contact with anyone I still spoke to. I enrolled to do a diploma because I was bored, and Kane was okay with it “as long as it kept me at home”. It didn’t matter anyway! I couldn’t get jobs as the Defence moved him around and I was completely reliant on his money. Fifty bucks a week, and I was expected to pay for groceries!”

“And the bloody names he’d call me if it didn’t last the week..”

pause

“I had to make up for it in other ways. Not like he needed my permission anyway. It was easier to play along..”

slight smirk illustrating a sliver of empowerment “I’m damn good in bed.”

looks forlorn “One week, we ran out of money and I had none of the pill left, but he said “it’s my duty to fuck him anyway”.

looks down at her belly

S: “Is that how you got pregnant?”

R: *Nod*. “I think he wanted me pregnant, like it somehow made me ‘his’. I felt suffocated. I tried to have an abortion. It got bad then. Kane had been out drinking.” *start shaking and presenting as visibly upset/uncomfortable*

Sarah offers Rose a tissue and a break

R: “I thought I was going to fucking die.”

pause

R: “A nurse at the hospital asked if I wanted to speak with a social worker, and when I said “no”, she said “is home the place you really think you can heal?”. That hit a nerve. I let them refer me then, and the police put the DVO in place.”

“That really pissed Kane off. I had hundreds of missed phone calls the day he was fired.”

Exasperated and sick of talking from having to relive the trauma

“Can we stop talking about it now.”

S: “I know this is hard, we won't take up too much more of your time. I just need to know about your antenatal care arrangements?”

R: “I saw a GP, and the hospital did a check, but that’s as far as I got. I was going to access all this through Kane’s work, but I can’t do that now.”

S: “Okay. I think it important that you follow up on this Rose, for both yours and the baby’s wellbeing. Also, because you have disclosed that you are using marijuana, your baby’s health could be impacted by this. I can make some referrals for you. Would you like that?”

Rose nods

S: “I appreciate that there is still time but have you set up a nursery or do you have anything for the baby yet?”

R: “Yeah, I can show you the nursery”

Scene 3: Nursery

R: "It's just some things Mum and Dad brought over"
gesturing into the room. "No help from Kane."

S: "Do you think Kane will want contact with the baby?"

R: "I am not sure. I don't think I can do this on my own. I don't know what kind of Mum I will be, I wasn't ready for this."

S: "Sometimes we surprise ourselves. Tell me about your family growing up?"

R: "Mum and Dad were always supportive parents. We are talking again now too, and they want to be there for me and the baby."

S: "What about Kane's family?"

R: "Kane wasn't as lucky growing up. He never said much, but I reckon his dad was abusive. I think that's why he..."

CR: *interrupts* "I've met with Kane and he served in Iraq didn't he?"

R: "Yeah, Kane did some time there before we met and dealt with some pretty heavy shit."

CR: "Seems our country owes Kane a great deal of gratitude."

R: "Doesn't excuse what he has done to me though!"

CR: "During my investigations, he speaks about being remorseful for his actions."

R: "He's always sorry. Nothing ever changes."

CR: "What about the part you played?"

R: "Oh it's my fucking fault!?"

CR: "Rose..."

R: *interrupts* "Kane could've gotten help, but he was so paranoid about losing his job. Talking to his mates made it worse. Even with all the defence services, Kane's constant need for control meant we didn't access any of it!!"

"I don't know why I am explaining this to you. You've already made up your mind."

CR: "I'm not taking sides Rose, just pointing out different perspectives."

Rose looks to Sera and sighs/defeated

S: “Are you worried about how Kane might be with the baby?”

R: “Sure, I mean, Kane has already contacted you guys hasn’t he...??”

S: “Unfortunately, we can’t disclose who the notifier is. Children being exposed to domestic and family violence is something that is evidenced to cause harm in both the short-term and long-term. And not to alarm you, periods of separation tend to be the most at risk times for victim-survivors of domestic and family violence. Do you have much information about this?”

R: “The social worker at the hospital spoke to me about this and we developed a safety plan. I have an alarm that notifies police, and my home has been flagged as high alert. I am also having counselling with a domestic and family violence specialist.”

S: “Great to hear you are accessing supports. I was also going to ask about a safety plan. Would you mind if I grabbed a copy?”

Rose nods

S: “Will you have any other support after the baby is born?”

R: “Yes, Mum is going to come stay with me.”

S: “Okay, great. Part of our investigation can also involve conducting checks with other agencies, departments, or supports you have been working with. It would be helpful if you consented to us reaching out to them but know that the Act gives us the power to collect information, without consent.”

R: “You can do what!?”

S: “We do this so we can make a fully informed determination about whether there is an unacceptable risk of harm to the baby once born. But from what I can see Rose, you are taking all the right steps to look after yourself and your baby.”

slight pause. Rose looks apathetic

CR: “We have also taken your details about the alleged breach and will be pursuing this further too.”

Rose nods

S: Do you have any questions or anything else you want to add?

Rose Shakes head

S: “Thank you for your time today and for being so forthright in your disclosures. Well done on taking positive steps to keep yourself and your baby safe. The next step in the investigation is to follow up with Kane. I can let you know when that happens, if that’s helpful?”

R: “Yeah, I guess.”

S: “Here is the referral form for the drug test.”

S hands paper to R

“You just need to take this and your ID down to the nearest pathology centre by close of business today. Will you do this for me?”

R: “Yes, I can make that happen.”

S: “Okay, great, thanks Rose. I will also give you my card- you can find my contact details here. If you have any questions or anything else you want to discuss, please do reach out. Otherwise, I will be in touch again soon. Are you right to show us to the door?”

R: *wryly* “Happily. This way.”

Script Read-through (v1.6)

Scene 1 (Entrance)

CR: "Hey Sarah. We spoke earlier about our joint police and Child Safety investigation. I'm Constable Rodgers (*points to Alfonso*) and this is my partner, Constable Alfonso."

CA grunts and nods

CR: "Can you give us a quick recap of your child safety investigation?"

Dog attacks gate when camera is next to the gate

S: "Rose is 27 weeks pregnant with her first child and was recently admitted to hospital after a domestic and family violence altercation. Police took out a DVO following reports from the Hospital, with Kane named as the respondent and Rose the aggrieved."

Rose yelling at the Dog

CR: *dismissively* "Thanks, I'm across the DVO, we're here to follow up on the alleged breach. Anything else?"

S: "Not at this stage."

CR knocks on door

Scene 2: Front Door

R: "What the fuck do you want now?"

CR: "Rose, we can't help if you're yelling..."

Rose intercepts

R: "Help!?" *scoff*
"Where the fuck was your "help" when 'he' ignored the DVO!"

CR: "Rose, the DVO is in place to protect you from further harm."

Rose gestures towards the rose

R: "And this is the evidence of that? He's always there...always reminding me he can get to me whenever he wants. The DVO's just a shitty piece of paper!"

CR: “Well, Rose, you don’t have to make it so hard for yourself. How can anyone help you when you’re this difficult?”

R: *yelling* “Who the fuck are you to speak to me like that. You don’t know the half of what I’ve been through!!!”

R: “And “who the fuck are you!?”

looks towards Sarah (camera)

S: “Sorry, I didn’t get to introduce myself before. I’m Sarah and I work for child safety. The police and.

Rose interrupts

R: “Oh, piss off! He reported me, didn’t he?

S: “Rose, I hear that you are upset.”

R: “Do you fucking blame me!?”

S: “Rose, we hope to give you the opportunity to feel heard.”

R: “If I talk, will you fuck off.”

Scene 3: Dining Room

S: “We might start by explaining to you what the allegations are.”

Rose nods

S: “One of the concerns is that you are using marijuana.”

R: “How else am I meant to cope with Kane’s bullshit. It's not much... I’ll do a drug test if you need me to!”

S: “If you consent to that, we can certainly arrange a pathology referral. But for now, tell me the last time something led you to use marijuana.”

R: “Um… it’s hard to pinpoint one thing, Kane makes me feel shit and a blunt takes the edge off. He tells me that no one could ever love a “fat bitch” like me and if I upset him, he says he loves me 10% less than yesterday.”

Pause, Rose looks out the window

“He used to be so fucking charming...”

"He was the world's best 'future faker' and made me feel amazing, fun and sexy all at once. It was addictive."

S: "But it got worse over time?"

R: "Yeah, like, to start with it was little things. One night, we were drinking with my friends from school, and Kane told me that my bestie hit on him. I never talked to her again... and she called for weeks."

Pause

"It's funny that I ever believed that bullshit, when he was grabbing my friend's ass and tits. And I said nothing! He always had some dogshit excuse!"

CR smirks

R: *looking at CR* You getting a kick out of this?

CR: "Not at all Rose"

R: *rolls her eyes and continues talking to Sarah*

"And if I was to talk to another guy or go out without him, all hell would break loose. He used to tell me "I was immature" and "my friends were no good". One fucking rule for him!"

"He started telling me what to wear. Short skirts, tits out and then he'd call me a fucking slut when people looked. But if he wasn't there, I had to cover up. I couldn't win."

"He hated my parents, but his were fucking "perfect". He left me on the side of the road on the way to theirs once, no phone, no way home. His mum picked me up an hour later and acted like nothing happened! And, like, I wasn't allowed to call my fucking dad!?"

S: *nodding* "It sounds like you didn't have much of a support network"

R: "Yeah, and then Kane was posted interstate and I lost contact with anyone I still spoke to. I enrolled to do a diploma because I was bored, and Kane was okay with it "as long as it kept me at home". It didn't matter anyway! I couldn't get jobs as the Defence moved him around and I was completely reliant on his money. Fifty bucks a week, and I was expected to pay for groceries!"

"And the bloody names he'd call me if it didn't last the week.."

"I had to make up for it in other ways. Not like he asked for permission anyway. It was easier to play along.."

empowered "I'm damn good in bed."

"One week, we ran out of money and I had none of the pill left, but he said "it's my duty to fuck him anyway".

looks down at her belly

R: "I think he wanted me pregnant, like it somehow made me 'his'. I felt suffocated. I tried to have an abortion. It got bad then. Kane had been out drinking."

start shaking and presents as visibly upset/uncomfortable

"I thought I was going to fucking die."

pause

S: "Do you need to take a break?"

Rose shakes lead

R: "A nurse at the hospital asked if I wanted to speak with a social worker, and when I said "no", she said "is home the place you really think you can heal?". That hit a nerve. I let them refer me then, and the police put the DVO in place."

"That really pissed Kane off. I had hundreds of missed calls the day he was fired."

Exasperated and sick of talking from having to relive the trauma

"Can we stop talking about it now."

S: "I know this is hard, we won't take up too much more of your time. I just need to know about your antenatal care arrangements?"

R: "I saw a GP, and the hospital did a check, but that's as far as I got. I was going to access all this through Kane's work, but I can't do that now."

S: "Okay. I think it important that you follow up on this Rose, for both yours and the baby's wellbeing. Also, because you have disclosed that you are using marijuana, your baby's health could be impacted by this. I can make some referrals for you. Would you like that?"

Rose nods

S: "I appreciate that there is still time but have you set up a nursery or do you have anything for the baby yet?"

R: “Yeah, I can show you the nursery”

Scene 4: Nursery

R: “It's just some things Mum and Dad brought over”
gesturing into the room. “No help from Kane.”

S: “Do you think Kane will want contact with the baby?”

R: “I am not sure. I don’t think I can do this on my own. I don’t know what kind of Mum I will be, I wasn’t ready for this.”

S: “Sometimes we surprise ourselves. Tell me about your family growing up?”

R: “Mum and Dad were always supportive parents. We are talking again now too, and they want to be there for me and the baby.”

S: “What about Kane’s family?”

R: “Kane wasn’t as lucky growing up. He never said much, but I reckon his dad was abusive. I think that’s why he...”

CR: *interrupts* “I’ve met with Kane and he served in Iraq didn’t he?”

R: “Yeah, Kane did some time there before we met and dealt with some pretty heavy shit.”

CR: “Seems our country owes Kane a great deal of gratitude.”

R: “Doesn’t excuse what he has done to me though!”

CR: “During my investigations, he speaks about being remorseful for his actions.”

R: “He’s always sorry. Nothing ever changes.”

CR: “What about the part you played?”

R: “Oh, it's my fucking fault!? Kane could’ve gotten help, but he was so paranoid about losing his job. Talking to his mates made it worse. Even with all the defence services, Kane’s constant need for control meant we didn’t access any of it!!”

“I don’t know why I am explaining this to you. You’ve already made up your mind.”

CR: “I’m not taking sides Rose, just pointing out different perspectives.”

Sarah cuts CR off

S: “I’m not sure this is entirely helpful. Are you worried about how Kane might be with the baby?”

R: “Sure, I mean, Kane has already contacted you guys hasn’t he...??”

S: “Unfortunately, we can’t disclose who the notifier is. But I am worried as domestic and family violence is something that is evidenced to cause harm in both the short-term and long-term to children. And not to alarm you, periods of separation tend to be the most at risk times for victim-survivors of domestic and family violence. Do you have much information about this?”

R: “The social worker at the hospital spoke to me about this, and we developed a safety plan. I have an alarm that notifies police, my home has been flagged as high alert, and I’m having counselling with a domestic and family violence specialist.”

S: “Great to hear you are accessing supports. I was also going to ask about a safety plan. Would you mind if I grabbed a copy?”

Rose nods

S: “Will you have any other support after the baby is born?”

R: “Yes, Mum is going to come stay with me.”

S: “Okay, great. Part of our investigation can also involve conducting checks with other agencies, departments, or supports you have been working with. It would be helpful if you consented to us reaching out to them but know that the Act gives us the power to collect information, without consent.”

R: “You can do what!?”’

S: “We do this so we can make a fully informed determination about whether there is an unacceptable risk of harm to the baby once born. But from what I can see Rose, you are taking all the right steps to look after yourself and your baby.”

“Constable Rodgers, do you have questions or anything else you want to add?”

CR: “We will do our due diligence. The alleged breach will be pursued.”

S: “Rose, do you have any questions?”

Rose shakes head

“Rose” Script 1.7 – Script Version

Scene 1 (Entrance)

CR: “Morning, Sarah. We spoke earlier about our joint police and Child Safety investigation. I’m Constable Rodgers (*points to Alfonso*), and this is my partner, Constable Alfonso.”

CA grunts and nods

CR: “Can you give us a quick recap of your child safety investigation?”

S: “Rose is 27 weeks pregnant with her first child and was recently admitted to the hospital after a domestic and family violence altercation. Police took out a DVO following reports from the Hospital, with Kane named as the respondent and Rose the aggrieved.”

CR: *dismissively* “Thanks, I’m across the DVO, we’re here to follow up on the alleged breach. Anything else?”

Dog attacks gate when the camera is next to the gate

Rose yelling at the Dog

S: “Woah… that gave me a fright. What was I saying…. Sorry no, not at this stage.”

CR knocks on door

Scene 2: Front Door

R: "What the fuck do you want now?"

CR: "Rose, we can't help if you're yelling..."

Rose intercepts

R: "Help!?" *scoff*
"Where the fuck was your "help" when 'he' ignored the DVO!"

CR: "Rose, the DVO is in place to protect you from further harm."

Rose gestures towards the rose

R: "And this is the evidence of that? He's always there...always reminding me he can get to me whenever he wants. The DVO's just a shitty piece of paper!"

CR: "Well, Rose, you don't have to it harder than it has to be. How can anyone help you when you're this difficult?"

R: *yelling* "Who the fuck are you to speak to me like that. You don't know the half of what I've been through!!!"

"And "who the fuck are you!?"

looks towards Sarah (camera)

S: "Sorry, I didn't get to introduce myself before. I'm Sarah and I work for child safety. The police and…

Rose interrupts

R: "Oh, piss off! He reported me, didn't he?

S: "Rose, I hear that you are upset."

R: "Do you fucking blame me!?"

S: "Rose, while confronting, we do hope to give you the opportunity to feel heard today."

R: "And how do you suppose that?"

S: "We would like to let you know about the concerns, and let you tell us what's been happening."

R: "If I talk, will you fuck off."

Scene 3: Dining Room

S: "We might start by explaining to you what the allegations are."

Rose nods

S: "One of the concerns is that you are using marijuana."

R: "How else am I meant to cope with Kane's bullshit. It's not much... I'll do a drug test if you need me to!"

S: "If you consent to that, we can certainly arrange a pathology referral. But for now, tell me the last time something led you to use marijuana."

R: "Um… it's hard to pinpoint one thing, Kane makes me feel shit and a blunt takes the edge off. He tells me that no one could ever love a "fat bitch" like me and if I upset him, he says he loves me 10% less than yesterday."

Pause, Rose looks out the window

"He used to be so fucking charming..."

"He was the world's best 'future faker' and made me feel amazing, fun and sexy all at once. It was addictive."

S: "But it got worse over time?"

R: "Yeah, like, to start with it was little things. One night, we were drinking with my friends from school, and Kane told me that my bestie hit on him. I never talked to her again... and she called for weeks."

Pause

"It's funny that I ever believed that bullshit, when he was grabbing my friend's ass and tits. And I said nothing! He always had some dogshit excuse!"

CR smirks

R: *looking at CR* You getting a kick out of this?

CR: "Not at all Rose"

R: *rolls her eyes and continues talking to Sarah*

"And if I was to talk to another guy or go out without him, all hell would break loose. He used to tell me "I was immature" and "my friends were no good". One fucking rule for him!"

"He started telling me what to wear. Short skirts, tits out and then he'd call me a fucking slut when people looked. But if he wasn't there, I had to cover up. I couldn't win."

"He hated my parents, but his were fucking "perfect". He left me on the side of the road on the way to theirs once, no phone, no way home. His mum picked me up an hour later and acted like nothing happened! And, like, I wasn't allowed to call my fucking dad!?"

S: *nodding* "It sounds like you didn't have much of a support network"

R: "Yeah, and then Kane was posted interstate and I lost contact with anyone I still spoke to. I enrolled to do a diploma because I was bored, and Kane was okay with it "as long as it kept me at home". It didn't matter anyway! I couldn't get jobs as the Defence moved him around and I was completely reliant on his money. Fifty bucks a week, and I was expected to pay for groceries!"

"And the bloody names he'd call me if it didn't last the week.."

"I had to make up for it in other ways. Not like he asked for permission anyway. It was easier to play along.."

empowered "I'm damn good in bed."

"One week, we ran out of money and I had none of the pill left, but he said "it's my duty to fuck him anyway".

looks down at her belly

R: "I think he wanted me pregnant, like it somehow made me 'his'. I felt suffocated. I tried to have an abortion. It got bad then. Kane had been out drinking."

start shaking and presenting as visibly upset/uncomfortable

"I thought I was going to fucking die."

pause

S: "Do you need to take a break?"

Rose shakes lead

R: "A nurse at the hospital asked if I wanted to speak with a social worker, and when I said "no", she said "is home the place you really think you can heal?". That hit a nerve. I let them refer me then, and the police put the DVO in place."

"That really pissed Kane off. I had hundreds of missed calls the day he was fired."

Exasperated

“Can we stop talking about it now.”

S: “I know this is hard, we won't take up too much more of your time. I just need to know about your antenatal care arrangements?”

R: “I saw a GP, and the hospital did a check, but that’s as far as I got. I was going to access all this through Kane’s work, but I can’t do that now.”

S: “Okay. I think it important that you follow up on this Rose, for both yours and the baby’s wellbeing. Also, because you have disclosed that you are using marijuana, your baby’s health could be impacted by this. I can make some referrals for you. Would you like that?”

Rose nods

S: “I appreciate that there is still time but have you set up a nursery or do you have anything for the baby yet?”

R: “Yeah, I can show you the nursery”

Scene 4: Nursery

R: "It's just some things Mum and Dad brought over"
gesturing into the room. "No help from Kane."

S: "Do you think Kane will want contact with the baby?"

R: "I am not sure. I don't think I can do this on my own. I don't know what kind of Mum I will be, I wasn't ready for this."

S: "Sometimes we surprise ourselves. Tell me about your family growing up?"

R: "Mum and Dad were always supportive parents. We are talking again now too, and they want to be there for me and the baby."

S: "What about Kane's family?"

R: "Kane wasn't as lucky growing up. He never said much, but I reckon his dad was abusive. I think that's why he..."

CR: *interrupts* "I've met with Kane and he served in Iraq didn't he?"

R: "Yeah, Kane did some time there before we met and dealt with some pretty heavy shit."

CR: "Seems our country owes Kane a great deal of gratitude."

R: "Doesn't excuse what he has done to me though!"

CR: "During my investigations, he speaks about being remorseful for his actions."

R: "He's always sorry. Nothing ever changes."

CR: "What about the part you played?"

R: "Oh, it's my fucking fault!? Kane could've gotten help, but he was so paranoid about losing his job. Talking to his mates made it worse. Even with all the defence services, Kane's constant need for control meant we didn't access any of it!!"

"I don't know why I am explaining this to you. You've already made up your mind."

CR: "I'm not taking sides Rose, just pointing out different perspectives."

Sarah cuts CR off

S: "I'm not sure this is entirely helpful. Are you worried about how Kane might be with the baby?"

*CR disengages in the conversation (through body posture etc.)

R: “Sure, I mean, Kane has already contacted you guys hasn’t he...??”

S: “Unfortunately, we can’t disclose who the notifier is Rose. But I am worried as domestic and family violence is something that is evidenced to cause harm in both the short-term and long-term to children. And not to alarm you, periods of separation tend to be the most at-risk times for victim-survivors of domestic and family violence. Do you have much information about this?”

R: “The social worker at the hospital spoke to me about this, and we developed a safety plan. I have an alarm that notifies police, my home has been flagged as high alert, and I’m having counselling with a domestic and family violence specialist.”

S: “Great to hear you are accessing supports. I was also going to ask about a safety plan. Would you mind if I grabbed a copy?”

Rose nods

S: “Will you have any other support after the baby is born?”

R: “Yes, Mum is going to come stay with me.”

S: “Okay, great. Part of our investigation can also involve conducting checks with other agencies, departments, or supports you have been working with. It would be helpful if you consented to us reaching out to them but know that the Act gives us the power to collect information, without consent.”

R: “You can do what!?”

S: “We do this so we can conduct a fully informed investigation. But from what I can see Rose, you are taking all the right steps to look after yourself and your baby.”

“Constable Rodgers, do you have questions or anything else you want to add?”

CR: *abruptly stated while looking at CA* “We will do our due diligence. The alleged breach will be investigated.”

S: “Rose, do you have any questions?”

Rose shakes head

“Rose” Script 1.8 – Script Version

Scene 1 (Entrance)

CR: “Morning, Sarah. We spoke earlier about our joint police and Child Safety investigation. Can you give me a quick recap of your child safety investigation?”

S: “Rose is 27 weeks pregnant with her first child and was recently admitted to the hospital after a domestic and family violence altercation. Police took out a DVO following reports from the Hospital, with Kane named as the respondent and Rose the aggrieved.”

CR: *dismissively* “Thanks, I’m across the DVO, we’re here to follow up on an alleged breach. Anything else?”

Dog attacks gate when the camera is next to the gate

Rose yelling at the Dog

S: “Woah… that gave me a fright. What was I saying…. Sorry no, not at this stage.”

CR knocks on door

Scene 2: Front Door

R: "What the fuck do you want now?"

CR: "Rose, we can't help if you're yelling..."

Rose intercepts

R: "Help!?" *scoff*
"Where the fuck was your "help" when 'he' ignored the DVO!"

CR: "Rose, the DVO is in place to protect you from further harm."

Rose gestures towards the rose

R: "And this is the evidence of that? He's always there...always reminding me he can get to me whenever he wants. The DVO's just a shitty piece of paper!"

CR: "Well, Rose, you don't have to it harder than it has to be. How can anyone help you when you're this difficult?"

R: *yelling* "Who the fuck are you to speak to me like that. You don't know the half of what I've been through!!!"

"And "who the fuck are you!?"

looks towards Sarah (camera)

S: "Sorry, I didn't get to introduce myself before. I'm Sarah and I work for child safety. The police and…

Rose interrupts

R: "Oh, piss off! He reported me, didn't he?

S: "Rose, I hear that you are upset."

R: "Do you fucking blame me!?"

S: "Rose, while confronting, we do hope to give you the opportunity to feel heard today."

R: "And how do you suppose that?"

S: "We would like to let you know about the concerns, and let you tell us what's been happening."

R: "If I talk, will you fuck off."

Scene 3: Dining Room

S: "We might start by explaining to you what the allegations are."

Rose nods

S: "One of the concerns is that you are using marijuana."

R: "How else am I meant to cope with Kane's bullshit. It's not much... I'll do a drug test if you need me to!"

S: "If you consent to that, we can certainly arrange a pathology referral. But for now, tell me the last time something led you to use marijuana."

R: "Um… it's hard to pinpoint one thing, Kane makes me feel shit and a blunt takes the edge off. He tells me that no one could ever love a "fat bitch" like me and if I upset him, he says he loves me 10% less than yesterday."

Pause, Rose looks out the window

"He used to be so fucking charming..."

"He was the world's best 'future faker' and made me feel amazing, fun and sexy all at once. It was addictive."

S: "But it got worse over time?"

R: "Yeah, like, to start with it was little things. One night, we were drinking with my friends from school, and Kane told me that my bestie hit on him. I never talked to her again... and she called for weeks."

Pause

"It's funny that I ever believed that bullshit, when he was grabbing my friend's ass and tits. And I said nothing! He always had some dogshit excuse!"

CR smirks

R: *looking at CR* You getting a kick out of this?

CR: "Not at all Rose"

R: *rolls her eyes and continues talking to Sarah*

"And if I was to talk to another guy or go out without him, all hell would break loose. He used to tell me "I was immature" and "my friends were no good". One fucking rule for him!"

"He started telling me what to wear. Short skirts, tits out and then he'd call me a fucking slut when people looked. But if he wasn't there, I had to cover up. I couldn't win."

"He hated my parents, but his were fucking "perfect". He left me on the side of the road on the way to theirs once, no phone, no way home. His mum picked me up an hour later and acted like nothing happened! And, like, I wasn't allowed to call my fucking dad!?"

S: *nodding* "It sounds like you didn't have much of a support network"

R: "Yeah, and then Kane was posted interstate and I lost contact with anyone I still spoke to. I enrolled to do a diploma because I was bored, and Kane was okay with it "as long as it kept me at home". It didn't matter anyway! I couldn't get jobs as the Defence moved him around and I was completely reliant on his money. Fifty bucks a week, and I was expected to pay for groceries!"

"And the bloody names he'd call me if it didn't last the week.."

"I had to make up for it in other ways. Not like he asked for permission anyway. It was easier to play along.."

empowered "I'm damn good in bed."

"One week, we ran out of money and I had none of the pill left, but he said "it's my duty to fuck him anyway".

looks down at her belly

R: "I think he wanted me pregnant, like it somehow made me 'his'. I felt suffocated. I tried to have an abortion. It got bad then. Kane had been out drinking."

start shaking and presenting as visibly upset/uncomfortable

"I thought I was going to fucking die."

pause

S: "Do you need to take a break?"

Rose shakes lead

R: "A nurse at the hospital asked if I wanted to speak with a social worker, and when I said "no", she said "is home the place you really think you can heal?". That hit a nerve. I let them refer me then, and the police put the DVO in place."

"That really pissed Kane off. I had hundreds of missed calls the day he was fired."

Exasperated

"Can we stop talking about it now."

S: "I know this is hard, we won't take up too much more of your time. I just need to know about your antenatal care arrangements?"

R: "I saw a GP, and the hospital did a check, but that's as far as I got. I was going to access all this through Kane's work, but I can't do that now."

S: "Okay. I think it important that you follow up on this Rose, for both yours and the baby's wellbeing. Also, because you have disclosed that you are using marijuana, your baby's health could be impacted by this. I can make some referrals for you. Would you like that?"

Rose nods

S: "I appreciate that there is still time but have you set up a nursery or do you have anything for the baby yet?"

R: "Yeah, I can show you the nursery"

Scene 4: Nursery

R: "It's just some things Mum and Dad brought over"
gesturing into the room. "No help from Kane."

S: "Do you think Kane will want contact with the baby?"

R: "I am not sure. I don't think I can do this on my own. I don't know what kind of Mum I will be, I wasn't ready for this."

S: "Sometimes we surprise ourselves. Tell me about your family growing up?"

R: "Mum and Dad were always supportive parents. We are talking again now too, and they want to be there for me and the baby."

S: "What about Kane's family?"

R: "Kane wasn't as lucky growing up. He never said much, but I reckon his dad was abusive. I think that's why he..."

CR: *interrupts* "I've met with Kane and he served in Iraq didn't he?"

R: "Yeah, Kane did some time there before we met and dealt with some pretty heavy shit."

CR: "Seems our country owes Kane a great deal of gratitude."

R: "Doesn't excuse what he has done to me though!"

CR: "During my investigations, he speaks about being remorseful for his actions."

R: "He's always sorry. Nothing ever changes."

CR: "What about the part you played?"

R: "Oh, it's my fucking fault!? Kane could've gotten help, but he was so paranoid about losing his job. Talking to his mates made it worse. Even with all the defence services, Kane's constant need for control meant we didn't access any of it!!"

"I don't know why I am explaining this to you. You've already made up your mind."

CR: "I'm not taking sides Rose, just pointing out different perspectives."

Sarah cuts CR off

S: "I'm not sure this is entirely helpful. Are you worried about how Kane might be with the baby?"

*CR disengages in the conversation (through body posture etc.)

R: “Sure, I mean, Kane has already contacted you guys hasn’t he...??”

S: “Unfortunately, we can’t disclose who the notifier is Rose. But I am worried as domestic and family violence is something that is evidenced to cause harm in both the short-term and long-term to children. And not to alarm you, periods of separation tend to be the most at-risk times for victim-survivors of domestic and family violence. Do you have much information about this?”

R: “The social worker at the hospital spoke to me about this, and we developed a safety plan. I have an alarm that notifies police, my home has been flagged as high alert, and I’m having counselling with a domestic and family violence specialist.”

S: “Great to hear you are accessing supports. I was also going to ask about a safety plan. Would you mind if I grabbed a copy?”

Rose nods

S: “Will you have any other support after the baby is born?”

R: “Yes, Mum is going to come stay with me.”

S: “Okay, great. Part of our investigation can also involve conducting checks with other agencies, departments, or supports you have been working with. It would be helpful if you consented to us reaching out to them but know that the Act gives us the power to collect information, without consent.”

R: “You can do what!?”

S: “We do this so we can conduct a fully informed investigation. But from what I can see Rose, you are taking all the right steps to look after yourself and your baby.”

“Constable Rodgers, do you have questions or anything else you want to add?”

CR: *abruptly stated while looking at CA* “We will do our due diligence. The alleged breach will be investigated.”

S: “Rose, do you have any questions?”

Rose shakes head

‘Bob’:

The VR simulation ‘Bob’ depicts a scenario about elder abuse. Bob receives a home visit from a hospital social worker after a recent admission to hospital, following a psychotic episode in response to trail medication and a dementia diagnosis. During the home visit, pornography can be heard being watched from elsewhere in the home. It is discovered that the son ‘Simon’ has recently returned home. Bob is embarrassed by his son’s behaviour but minimises this in discussion with the social worker. There is also evidence to suggest that Bob may be being coerced into entering a nursing home. The social worker, ‘Mark’ attempts to discuss concerns about DFV, but this is not well received. Mark does not demonstrate a good awareness of the verbal cues in the scenario, and it crescendos with Bob asking Mark to leave. It should be noted that this scenario evolved from the script ‘Esther/Fay’ but given the importance of highlighting alternative experiences of elder abuse, ‘Bob’ was born. The following scripts depict the four iterative stages of development.

#24265 – 3D VR Script

Age care home visit: Elder Abuse

Script Version	1.1
Date:	Tuesday, 18 April 2023
Location/s:	TBC
Cast:	Esther (Victim/Survivor): *Elderly mother (of non-western ethnicity) present with some bruising and vagueness* Grace (Geriatric/Gerontological Social Worker)
Writer/s	Krystal Schaffer

Table of Contents

SCENE 1 – [INSERT SCENE TITLE] **2**

Overview **2**

Storyboard **3**

SCENE 2 – [INSERT SCENE TITLE] ERROR! BOOKMARK NOT DEFINED.

Overview Error! Bookmark not defined.

Storyboard Error! Bookmark not defined.

Scene 1 – Setting the scene

Overview

- Social worker is engaged in a home visit with Esther, a 79-year-old woman, following a referral from the hospital (Esther had a recent hospital admission, following a psychotic episode in response to trial medication) and a diagnosis of dementia. Esther's 45-year-old son Jamal has recently moved back in with Esther following a recent separation from his wife (the son will not be seen in the experience, though will be heard). The scene will commence with the social worker and Esther sitting together in the dining room of Esther's home. This scene will be experienced first person from the perspective of the social worker.

SCENE:

- Want the social worker to be engaged in a home visit with an elderly woman following a referral from the hospital (recent hospital admission, following a psychotic episode in response to trial medication) and a diagnosis of dementia.
- Despite the diagnosis, the woman is assessed as having capacity to make decisions. (Feeds into: incapacity being used as a way to enact family violence.
- During the visit, loud 'sex noises' should be heard coming from the living room (showcase flashes of a tv) during the visit, which is to occur in the middle of the day.
- The elderly women will get up, embarrassed, and close the door, excusing her adult son present in the living room. The woman will describe how she doesn't have many friends visit anymore because her son makes them uncomfortable with his choice of entertainment.
- The elderly women will insinuate abuse as concerns the son selling off valuable items in the home, under the provision of Power of Attorney (POA).
- Pressure from son to move woman into an aged care facility.
- Want the victim survivor to excuse the son's behaviour throughout.
- At some point in the discussion, have the SW ask the woman if she is a victim of DFV? The woman will say no. During the reflection, get the participants to reflect on whether this was the best way of asking the woman about DFV. Why/Why not.
- Because of the lack of understanding re what stage of change a person is in, get this victim survivor to deny that there is a problem (**pre-contemplation**).
- The social worker will pressure the woman to acknowledge the relationship as DFV.
- Feature legal issues in this scenario- power of attorney (POA) is a legally binding document in which an individual gives another person or trustee the power to act for them and make decisions on their behalf. Feature the misuse of the POA.
- The son is the POA.
- The victim survivor will abruptly ask the social worker to leave.

Location

TBC

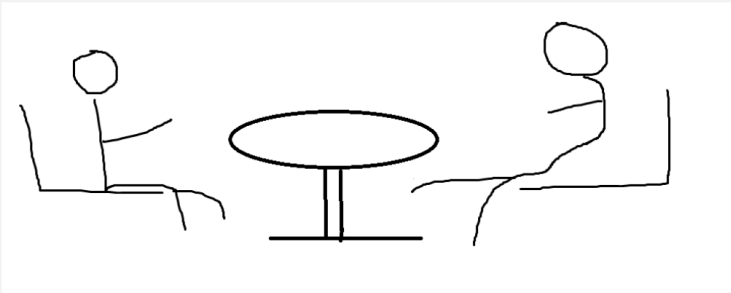
Cast

Esther (Victim/Survivor):

Grace (Geriatric/Gerontological Social Worker)

Storyboard

Shot #: 001



Action

Grace and Esther sit together in the kitchen/dining room of Esther's home. Grace flicks through a file she has brought with her following Grace's recent hospital admission.

Dialogue

G: Esther, thanks again for being available for our appointment today.

E: Oh that's okay love. Grace from the, ah, geriatric unit in the hospital you said?

G: Nods

E: Can I get you anything to eat or drink?

G: Oh no thank you. I have just eaten.

E: Oh please, you must be thirsty. I can't have you come all this way without giving you anything for your time.

G: Okay, a glass of water would be lovely, thanks Esther.

E: Wonderful,

Esther gets up to get a glass of water

"ah water you said, wasn't it?

G nods again

E: here you go dear

hands G glass of water

G: How have you been feeling since leaving the hospital last week?

E: Much better, thank you. The medication they gave me for that dementia they keep telling me I have really knocked me about!

G: Your sister got quite a fright; when she was at the hospital said you were very unlike yourself.

E: I wasn't sleeping love. I don't think that helps. And my sister worries too much.

G: That's what family do *smiles*. Your sister is your main support here?

E: Yes love, we depend quite heavily on one another, been that way since we moved from Turkey all those years ago.

G: It's so wonderful you have her to help, and she lives close by too?

E: Only half hour away. Not far.

G: Do you remember anything else about the lead up to your hospital visit?

E: Not really dear. Only what I have been told. *Hear clanging in the background*.

E changes topic My son, Jamal lives here you know. His name means handsome *gestures to G in suggestive manner*

*Esther yells to Jamal "Jamal come meet …. sorry dear, what did you say your name was again"

G: *Smiles* my name is Grace, Esther. I am the social worker at the hospital.

E: "Grace is with us today Jamal".

Jamal shouts back from another room: "I'm busy"

E: *quietly* He works so hard, but he lost his job recently. That's been so tough on him!

G: How long has Jamal lived with you?

E: About three or four months, since he and his wife separated.

G: I didn't realise you had children Esther. You didn't mention him when we chatted at the hospital.

E: Didn't I dear? It must have slipped my mind.

G: Was your son aware of what occurred in the lead up to your hospital admission?

E: He has plenty on his plate already without worrying about me. *E looks away sadly*

Grace notices a retirement home brochure on the table

G: Are you looking at moving Esther?

E: Not particularly dear. *whispers* Jamal gave it to me. He says I can't look after myself. *voice slightly raised* But that's not true! The hospital said I was still okay, didn't they love!

G: Yes Esther, the doctors and the allied health team at the hospital ran tests and the allied health team felt confident that you are fully able to continue residing independently.

E: That's what I told him. Maybe you could tell him dear? He doesn't believe me.

G: I am happy to discuss this with Jamal as well. Would you like me to invite Jamal to our appointment today?

E: Not now dear, he is busy, please leave him be today.

Suddenly loud sex noises, and flashes of lights from a television can be heard/seen in the kitchen area. Esther presents a visibly distressed and embarrassed

E: *moves to the doorway and speaks to Jamal in the other room* Jamal, love, we have Grace with us today remember. Could you please watch something else?

there is no response, the volume (sex sounds) gets louder

E: *Esther returns to face Grace* Grace, I am sorry dear, we need to move rooms. Jamal needs his space.

FX

Fade to black for cut scene

Shot #: 002

Action

Cut to Esther and Grace sitting in another location of the house e.g., front room/Esther's bedroom.

Dialogue

E: Now this is much better. I am truly sorry dear. He forgets his manners sometimes.

G: Is this common behaviour Esther?

E: *defensive* not always *pause* you must remember that his wife has left him, so I understand he has needs. *pause and sigh* I do miss my friends though.

G: Your friends?

E: My friends used to visit, but a lot refuse now. I have tried to speak with Jamal about it. He tells me to stop being such a prude.

G: How does that make you feel?

E: Its... tears up/gets sad.

G offers E a tissue

E: I worry for him is all. And the costs are quite a lot love, with no income, Jamal hasn't been able to afford each of his subscriptions. I help out of course- I could never see him without!

G: Have you been able to share with Jamal your worries?

E: Oh not really dear, he said he could get into trouble with police if they caught wind of his 'indiscretions'. And if he doesn't pay, they might report him. I don't want that! We all make mistakes. *Pause* You won't say anything will you?

G: I do have some mandatory reporting requirements Esther. Does this involve indecent acts against children in the films he watches?

E: Oh no, no, nothing like that.

G: Esther, I am curious about the dynamics in your relationship with Jamal. How would you describe your relationship?

E: My son is a good man! I love him.

G: Hmm, I can see that you love him very much Esther. But I also hear that sometimes you speak about behaviours that worry or concern you?

E: I... I.. I am not sure I know what you mean dear. I do have a tendency to waffle sometimes love. Forgive me.

G: Grace I am worried that what you are experiencing is something called elder abuse. This is any act within a relationship of trust that harms an older person. It can be physical, sexual, financial or psychological abuse or neglect and includes DFV.

E: Absolutely not. Not me, or my Jamal! I think it's time you left. I don't want you to come back to my home.

Call the Elder Abuse Helpline (9am to 5pm, Monday to Friday) for free and confidential advice for anyone experiencing elder abuse or who suspects someone they know may be experiencing elder abuse. Phone 1300 651 192 (Queensland only) or (07) 3867 2525 (rest of Australia).

Seniors experiencing DFV can also seek help from a local DFV support service.

Legal support is available for seniors experiencing elder abuse, as well as other support services.

FX

Fade to black for cut scene.

Action

Dialogue

FX

#24265 – 3D VR Script

Home visit: Elder Abuse

Script Version	1.2
Date:	Tuesday, 18 April 2023
Location/s:	TBC
Cast:	Bob (Victim/Survivor): *Elderly father present with some bruising and vagueness* Mark (Geriatric/Gerontological Social Worker)
Writer/s	Krystal Schaffer

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SCENE 2 – [INSERT SCENE TITLE] ERROR! BOOKMARK NOT DEFINED.

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Scene 1 – Setting the scene

Overview

- Social worker is engaged in a home visit with Bob, a 79-year-old man, following a referral from the hospital (Bob had a recent hospital admission, following a psychotic episode in response to trial medication) and a diagnosis of dementia. Bob's 45-year-old son Simon has recently moved back in with Bob following a recent separation from his wife (the son will not be seen in the experience, though will be heard). The scene will commence with the social worker and Bob sitting together in the dining room of Bob's home. This scene will be experienced first person from the perspective of the social worker.

Include:

- Hygiene issues (e.g., dirty fingernails)
- Calendar on the wall being unmarked/unread
- Social worker speaking obnoxiously (being loud unnecessarily, without asking if this needed)

SCENE:

- Want the social worker to be engaged in a home visit with an elderly man following a referral from the hospital (recent hospital admission, following a psychotic episode in response to trial medication) and a diagnosis of dementia.
- Despite the diagnosis, the man is assessed as having capacity to make decisions. (Feeds into: incapacity being used as a way to enact family violence).
- During the visit, loud 'sex noises' should be heard coming from the living room (showcase flashes of a tv) during the visit, which is to occur in the middle of the day.
- The elderly man will get up, embarrassed, and close the door, excusing the adult son present in the living room. The man will describe how he doesn't have many friends visit anymore because the son makes them uncomfortable with his choice of entertainment.
- The elderly man will insinuate abuse as concerns the son selling off valuable items in the home, under the provision of Power of Attorney (POA).
- Pressure from son to move man into an aged care facility.
- Want the victim survivor to excuse the son's behaviour throughout.
- At some point in the discussion, have the SW ask the man if he is a victim of DFV? The man will say no. During the reflection, get the participants to reflect on whether this was the best way of asking the about DFV. Why/Why not.
- Because of the lack of understanding re what stage of change a person is in, get this victim survivor to deny that there is a problem (**pre-contemplation**).
- The social worker will pressure the man to acknowledge the relationship as DFV.
- Feature legal issues in this scenario- power of attorney (POA) is a legally binding document in which an individual gives another person or trustee the power to act for them and make decisions on their behalf. Feature the misuse of the POA.
- The son is the POA.
- The victim survivor will abruptly ask the social worker to leave.

Location

TBC

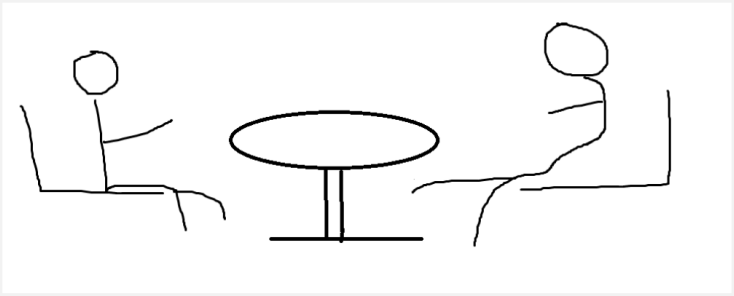
Cast

Bob (Victim/Survivor):

Mark (Geriatric/Gerontological Social Worker)

Storyboard

Shot #: 001



Action

Mark and Bob sit together in the kitchen/dining room of Bob's home. Mark flicks through a file he has brought with him following Robert's recent hospital admission.

Dialogue

M: (*said loudly) Robert, thanks again for being available for our appointment today.

R: Please, call me Bob. Eh, Mark from the geriatric unit in the hospital you said?

M: Nods

R: Can I get you anything to eat or drink?

M: (*said loudly) Oh no thank you. I have just eaten.

R: No need to yell, I can hear you just fine.

M: Apologies Bob. How have you been feeling since leaving the hospital last week?

R: Much better, thank you. The medication they gave me for that dementia they keep telling me I have really knocked me about!

M: Your daughter got quite a fright, said you were very unlike yourself.

R: I wasn't sleeping laddie. I don't think that helps. And my daughter worries too much.

M: That's what family do *smiles*. Your daughter is your main support here?

M: Yes, I do depend quite heavily on her, been that way since her mother passed away.

M: It's so wonderful you have her around for help. And she lives close by too?

R: Only half hour away. Not far.

M: Do you remember anything else about the lead up to your hospital visit?

R: Not really. Only what I have been told. *Hear clanging in the background*.

R changes topic Oh I forget myself. Have you met my son Simon?

*Bob yells to Simon “Simon, come meet …. sorry laddie, what did you say your name was again”

M: *Smiles* my name is Mark, Bob. I am the social worker at the hospital.

R: “Mark is with us today Simon”.

Simon shouts back from another room: “I’m busy”

R: *quietly* He works so hard, but he lost his job recently. That’s been so tough on him!

M: How long has Simon lived with you?

R: About three or four months, since he and his wife separated.

M: I didn’t realise you had children Bob. You didn’t mention him when we chatted at the hospital.

R: Didn’t I? It must have slipped my mind.

M: Was your son aware of what occurred in the lead up to your hospital admission?

R: He has plenty on his plate already without worrying about me. *R looks away sadly*

Mark notices a retirement home brochure on the table

M: Are you looking at moving Bob?

R: Not particularly laddie. *whispers* The kids gave it to me. They say I can't look after myself. *voice slightly raised* But that’s not true! The hospital said I was still okay, didn’t they!

M: Yes Bob, the doctors and the allied health team at the hospital ran tests and the allied health team felt confident that you are fully able to continue residing independently. Besides you have choice and control to make decisions such as this anyway.

R: That’s what I told them. Maybe you could tell them? They don’t believe me.

M: I am happy to discuss this with your children. Would you like me to invite Simon to our appointment today?

R: No not now! He is busy, please leave him be today.

Suddenly loud sex noises, and flashes of lights from a television can be heard/seen in the kitchen area. Bob presents a visibly distressed and embarrassed

R: *moves to the doorway and speaks to Simon in the other room* Simon, mate, we have Mark with us today remember. Could you please watch something else?

there is no response, the volume (sex sounds) gets louder

M: *Bob returns to face Mark* Mark, I am sorry, but we need to move rooms. Simon needs his space.

FX

Fade to black for cut scene

Shot #: 002

Action

Cut to Bob and Mark sitting in another location of the house e.g., front room/Bob's bedroom.

Dialogue

R: Now this is much better. Please accept my apology. He forgets his manners sometimes.

M: Is this common behaviour Bob?

R: *defensive* not always *pause* you must remember that his wife has left him, so I understand he has needs. *pause and sigh* I do miss being able to welcome company in my home.

M: Your friends?

R: My friends used to visit, but a lot refuse now. I have tried to speak with Simon about it. He tells me to stop being such an uptight grump.

M: How does that make you feel?

R: Its... tears up/gets sad.

M offers R a tissue

R: I worry for him is all. And the costs can be quite exorbitant, with no income, Simon hasn't been able to afford each of his subscriptions. I help out of course- I could never see him without!

M: Have you been able to share with Simon your worries?

R: Oh not really, I have made mention of some concerns, he said he could get into trouble with police if they caught wind of his 'indiscretions'. We all have some guilty pleasures. *Pause* You won't say anything will you?

M: I do have some mandatory reporting requirements Bob. Does this involve indecent acts against children in the films he watches?

R: Oh no, no, nothing like that.

M: Bob, I am curious about the dynamics in your relationship with Simon, and even your daughter. How would you describe your relationship?

R: My children are good kids, and my son is a good man! I love them.

M: Hmm, I can see that you love them very much Bob. But I also hear that sometimes you speak about behaviours that worry or concern you?

R: I... I.. I am not sure I understand what you are suggesting. I do have a tendency to waffle sometimes. Forgive me.

M: Bob, I am worried that what you are experiencing is something called elder abuse. This is any act within a relationship of trust that harms an older person. It can be physical, sexual, financial or psychological abuse or neglect and includes DFV.

R: Absolutely not. Not me, or my Simon! I think it's time you left. I don't want you to come back to my home you understand me.

M: I have offended you, I am sorry Bob. Could I leave some numbers for you to reach confidential services available to those experiencing elder abuse?

R: My name is Robert! And I said LEAVE!

FX

Fade to black for cut scene.

Action

Dialogue

FX

#24265 – 3D VR Script

Home visit: Elder Abuse

Script Version	1.3
Date:	Tuesday, 18 April 2023
Location/s:	TBC
Cast:	Bob (Victim/Survivor): *Elderly father present with some bruising and vagueness* Mark (Geriatric/Gerontological Social Worker)
Writer/s	Krystal Schaffer

Table of Contents

SCENE 1 – [INSERT SCENE TITLE] **2**

Overview **2**

Storyboard **3**

SCENE 2 – [INSERT SCENE TITLE] ERROR! BOOKMARK NOT DEFINED.

Overview Error! Bookmark not defined.

Storyboard Error! Bookmark not defined.

Scene 1 – Setting the scene

Overview

- Social worker is engaged in a home visit with Bob, a 79-year-old man, following a referral from the hospital (Bob had a recent hospital admission, following a psychotic episode in response to trial medication) and a diagnosis of dementia. Bob's 45-year-old son Simon has recently moved back in with Bob following a recent separation from his wife (the son will not be seen in the experience, though will be heard). The scene will commence with the social worker and Bob sitting together in the dining room of Bob's home. This scene will be experienced first person from the perspective of the social worker.

Include:

- Hygiene issues (e.g., dirty fingernails)
- Calendar on the wall being unmarked/unread
- Social worker speaking obnoxiously (being loud unnecessarily, without asking if this needed)

SCENE:

- Want the social worker to be engaged in a home visit with an elderly man following a referral from the hospital (recent hospital admission, following a psychotic episode in response to trial medication) and a diagnosis of dementia.
- Despite the diagnosis, the man is assessed as having capacity to make decisions. (Feeds into: incapacity being used as a way to enact family violence).
- During the visit, loud 'sex noises' should be heard coming from the living room (showcase flashes of a tv) during the visit, which is to occur in the middle of the day.
- The elderly man will get up, embarrassed, and close the door, excusing the adult son present in the living room. The man will describe how he doesn't have many friends visit anymore because the son makes them uncomfortable with his choice of entertainment.
- The elderly man will insinuate abuse as concerns the son selling off valuable items in the home, under the provision of Power of Attorney (POA).
- Pressure from son to move man into an aged care facility.
- Want the victim survivor to excuse the son's behaviour throughout.
- At some point in the discussion, have the SW ask the man if he is a victim of DFV? The man will say no. During the reflection, get the participants to reflect on whether this was the best way of asking the about DFV. Why/Why not.
- Because of the lack of understanding re what stage of change a person is in, get this victim survivor to deny that there is a problem (**pre-contemplation**).
- The social worker will pressure the man to acknowledge the relationship as DFV.
- Feature legal issues in this scenario- power of attorney (POA) is a legally binding document in which an individual gives another person or trustee the power to act for them and make decisions on their behalf. Feature the misuse of the POA.
- The son is the POA.
- The victim survivor will abruptly ask the social worker to leave.
- Bob can be confrontational, but this anger is a culmination of his fear

Location

TBC

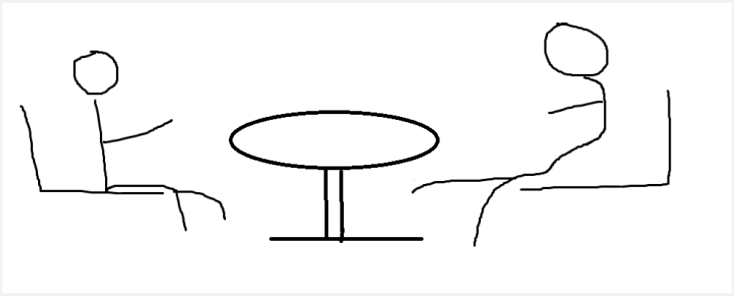
Cast

Bob (Victim/Survivor):

Mark (Geriatric/Gerontological Social Worker)

Storyboard

Shot #: 001



Action

Mark and Bob sit together in the kitchen/dining room of Bob's home. Mark flicks through a file he has brought with him following Robert's recent hospital admission.

Dialogue

M: (*said loudly) Robert, thanks again for being available for our appointment today.

R: Please, call me Bob. Eh, Mark from the geriatric unit in the hospital you said?

M: Nods

R: Can I get you anything to eat or drink?

M: (*said loudly) Oh no thank you. I have just eaten.

R: No need to yell, I can hear you just fine.

M: Apologies Bob. How have you been feeling since leaving the hospital last week?

R: Much better, thank you. The medication they gave me for that dementia they keep telling me I have really knocked me about!

M: Your daughter got quite a fright, said you were very unlike yourself.

R: I wasn't sleeping laddie. I don't think that helps. And my daughter worries too much.

M: That's what family do *smiles*. Your daughter is your main support here?

M: Yes, I do depend quite heavily on her, been that way since her mother passed away.

M: It's so wonderful you have her around for help. And she lives close by too?

R: Only half hour away. Not far.

M: Do you remember anything else about the lead up to your hospital visit?

R: Not really. Only what I have been told. *Hear clanging in the background*.

R changes topic Oh I forget myself. Have you met my son Simon?

*Bob yells to Simon “Simon, come meet …. sorry laddie, what did you say your name was again”

M: *Smiles* my name is Mark, Bob. I am the social worker at the hospital.

R: “Mark is with us today Simon”.

Simon shouts back from another room: “I’m busy”

R: *quietly* He works so hard, but he lost his job recently. That’s been so tough on him!

M: How long has Simon lived with you?

R: About three or four months, since he and his wife separated.

M: I didn’t realise you had children Bob. You didn’t mention him when we chatted at the hospital.

R: Didn’t I? It must have slipped my mind.

M: Was your son aware of what occurred in the lead up to your hospital admission?

R: He has plenty on his plate already without worrying about me. *R looks away sadly*

Mark notices a retirement home brochure on the table

M: Are you looking at moving Bob?

R: Not particularly laddie. *whispers* The kids gave it to me. They say I can't look after myself. *voice slightly raised* But that’s not true! The hospital said I was still okay, didn’t they!

M: Yes Bob, the doctors and the allied health team at the hospital ran tests and the allied health team felt confident that you are fully able to continue residing independently. Besides you have choice and control to make decisions such as this anyway.

R: That’s what I told them. Maybe you could tell them? They don’t believe me.

M: I am happy to discuss this with your children. Would you like me to invite Simon to our appointment today?

R: No not now! He is busy, please leave him be today.

Suddenly loud sex noises, and flashes of lights from a television can be heard/seen in the kitchen area. Bob presents a visibly distressed and embarrassed

R: *moves to the doorway and speaks to Simon in the other room* Simon, mate, we have Mark with us today remember. Could you please watch something else?

there is no response, the volume (sex sounds) gets louder

M: *Bob returns to face Mark* Mark, I am sorry, but we need to move rooms. Simon needs his space.

FX

Fade to black for cut scene

Shot #: 002

Action

Cut to Bob and Mark sitting in another location of the house e.g., front room/Bob's bedroom.

Dialogue

R: Now this is much better. Please accept my apology. He forgets his manners sometimes.

M: Is this common behaviour Bob?

R: *defensive* not always *pause* you must remember that his wife has left him, so I understand he has needs. *pause and sigh* I do miss being able to welcome company in my home.

M: Your friends?

R: My friends used to visit, but a lot refuse now. I have tried to speak with Simon about it. He tells me to stop being such an uptight grump.

M: How does that make you feel?

R: Its... tears up/gets sad.

M offers R a tissue

R: I worry for him is all. And the costs can be quite exorbitant, with no income, Simon hasn't been able to afford each of his subscriptions. I help out of course- I could never see him without!

M: Have you been able to share with Simon your worries?

R: Oh not really, I have made mention of some concerns, he said he could get into trouble with police if they caught wind of his 'indiscretions'. We all have some guilty pleasures. *Pause* You won't say anything will you?

M: I do have some mandatory reporting requirements Bob. Does this involve indecent acts against children in the films he watches?

R: Oh no, no, nothing like that.

M: Bob, I am curious about the dynamics in your relationship with Simon, and even your daughter. How would you describe your relationship?

R: My children are good kids, and my son is a good man! I love them.

M: Hmm, I can see that you love them very much Bob. But I also hear that sometimes you speak about behaviours that worry or concern you?

R: I... I.. I am not sure I understand what you are suggesting. I do have a tendency to waffle sometimes. Forgive me.

M: Bob, I am worried that what you are experiencing is something called elder abuse. This is any act within a relationship of trust that harms an older person. It can be physical, sexual, financial or psychological abuse or neglect and includes DFV.

R: Absolutely not. Not me, or my Simon! I think it's time you left. I don't want you to come back to my home you understand me.

M: I have offended you, I am sorry Bob. Could I leave some numbers for you to reach confidential services available to those experiencing elder abuse?

R: My name is Robert! And I said LEAVE!

FX

Fade to black for cut scene.

Action

Dialogue

FX

#24265 – 3D VR Script

Home visit: Elder Abuse

Script Version	1.4
Date:	Tuesday, 18 April 2023
Location/s:	TBC
Cast:	Bob (Victim/Survivor): *Elderly father present with some bruising and vagueness* Mark (Geriatric/Gerontological Social Worker)
Writer/s	Krystal Schaffer

Table of Contents

SCENE 1 – [INSERT SCENE TITLE] **2**

Overview **2**

Storyboard **3**

SCENE 2 – [INSERT SCENE TITLE] ERROR! BOOKMARK NOT DEFINED.

Overview Error! Bookmark not defined.

Storyboard Error! Bookmark not defined.

Scene 1 – Setting the scene

Overview

- Social worker is engaged in a home visit with Bob, a 79-year-old man, following a referral from the hospital (Bob had a recent hospital admission, following a psychotic episode in response to trial medication) and a diagnosis of dementia. Bob's 45-year-old son Simon has recently moved back in with Bob following a recent separation from his wife (the son will not be seen in the experience, though will be heard). The scene will commence with the social worker and Bob sitting together in the dining room of Bob's home. This scene will be experienced first person from the perspective of the social worker.

Include:

- Hygiene issues (e.g., dirty fingernails)
- Calendar on the wall being unmarked/unread
- Social worker speaking obnoxiously (being loud unnecessarily, without asking if this needed)

SCENE:

- Want the social worker to be engaged in a home visit with an elderly man following a referral from the hospital (recent hospital admission, following a psychotic episode in response to trial medication) and a diagnosis of dementia.
- Despite the diagnosis, the man is assessed as having capacity to make decisions. (Feeds into: incapacity being used as a way to enact family violence).
- During the visit, loud 'sex noises' should be heard coming from the living room (showcase flashes of a tv) during the visit, which is to occur in the middle of the day.
- The elderly man will get up, embarrassed, and close the door, excusing the adult son present in the living room. The man will describe how he doesn't have many friends visit anymore because the son makes them uncomfortable with his choice of entertainment.
- The elderly man will insinuate abuse as concerns the son selling off valuable items in the home, under the provision of Power of Attorney (POA).
- Pressure from son to move man into an aged care facility.
- Want the victim survivor to excuse the son's behaviour throughout.
- At some point in the discussion, have the SW ask the man if he is a victim of DFV? The man will say no. During the reflection, get the participants to reflect on whether this was the best way of asking the about DFV. Why/Why not.
- Because of the lack of understanding re what stage of change a person is in, get this victim survivor to deny that there is a problem (**pre-contemplation**).
- The social worker will pressure the man to acknowledge the relationship as DFV.
- Feature legal issues in this scenario- power of attorney (POA) is a legally binding document in which an individual gives another person or trustee the power to act for them and make decisions on their behalf. Feature the misuse of the POA.
- The son is the POA.
- The victim survivor will abruptly ask the social worker to leave.
- Bob can be confrontational, but this anger is a culmination of his fear

Location

TBC

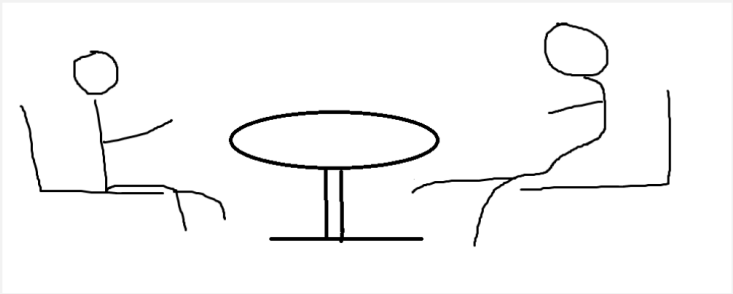
Cast

Bob (Victim/Survivor): Bob will wear daggy shorts, stained shirt and mis-matched socks with thongs.

Mark (Geriatric/Gerontological Social Worker)

Storyboard

Shot #: 001



Action

Mark and Bob sit together in the kitchen/dining room of Bob's home. Mark flicks through a file he has brought with him following Robert's recent hospital admission.

Dialogue

M: (*said loudly) Robert, thanks again for being available for our appointment today.

R: Please, call me Bob. Eh, Mark from the geriatric unit in the hospital you said?

M: Yes *abruptly*.

R: Can I get you anything to eat or drink?

M: (*said loudly) Oh no thank you. I have just eaten.

R: No need to yell, I can hear you just fine.

M: Apologies Bob. How have you been feeling since leaving the hospital last week?

R: Much better, thank you. The medication they gave me for that dementia they keep telling me I have really knocked me about!

M: Your daughter got quite a fright when we spoke to her on the phone, said you were very unlike yourself.

R: I wasn't sleeping laddie. I don't think that helps. And my daughter worries too much.

M: That's what family do *smiles*. Your daughter is your main support?

M: Yes, I do depend quite heavily on her, been that way since her mother passed away. I don't see her as often as I'd like though.

M: It's so wonderful you have her around for help. And she lives close by too?

R: Only half hour away. Not far.

M: Do you remember anything else about the lead up to your hospital visit?

R: Not really. Only what I have been told. *Hear clanging in the background*.

R changes topic Oh I forget myself. Have you met my son Simon?

*Bob yells to Simon “Simon, come meet …. sorry laddie, what did you say your name was again”

M: *Smiles* my name is Mark, Bob *said with a hint of sarcasm*. I am the social worker at the hospital.

R: “Mark is with us today Simon”.

Simon shouts back from another room: “I’m busy”

R: *quietly* He works so hard, but he lost his job recently. That’s been so tough on him!

M: How long has Simon lived with you?

R: About three or four months, since he and his wife separated.

M: I didn’t realise you had children Bob. You didn’t mention him when we chatted at the hospital.

R: Didn’t I? It must have slipped my mind.

M: Was your son aware of what occurred in the lead up to your hospital admission?

R: He has plenty on his plate already without worrying about me. *R looks away sadly*

Mark notices a retirement home brochure on the table

M: Are you looking at moving Bob?

R: Not particularly laddie. *whispers* The kids gave it to me. They say I can't look after myself. *voice slightly raised* But that’s not true! The hospital said I was still okay, didn’t they!

M: Yes Bob, the doctors and the allied health team at the hospital ran tests and the allied health team felt confident that you are fully able to continue residing independently. Besides you have choice and control to make decisions such as this anyway.

R: That’s what I told them. Maybe you could tell them? They don’t believe me.

M: I am happy to discuss this with your children. Would you like me to invite Simon to our appointment today?

R: No not now! He is busy, please leave him be today.

Suddenly loud sex noises, and flashes of lights from a television can be heard/seen in the kitchen area. Bob presents a visibly distressed and embarrassed

R: *moves to the doorway and speaks to Simon in the other room* Simon, mate, we have Mark with us today remember. Could you please watch something else?

there is no response, the volume (sex sounds) gets louder

M: *Bob returns to face Mark* Mark, I am sorry, but we need to move rooms. Simon needs his space.

FX

Fade to black for cut scene

Shot #: 002

Action

Cut to Bob and Mark sitting in another location of the house e.g., front room/Bob's bedroom.

Dialogue

R: Now this is much better. Please accept my apology. He forgets his manners sometimes.

M: Is this common behaviour Bob?

R: *defensive* not always *pause* you must remember that his wife has left him, so I understand he has needs. *pause and sigh* I do miss my friends though, they won't come over no more.

M: Your friends?

R: My friends used to visit, but a lot refuse now. I have tried to speak with Simon about it. He tells me to stop being an uptight old bastard.

M: How does that make you feel?

R: Its... *Bob becomes despondent, stoic and shuts down*.

R: I worry for him is all. And the costs can be huge with no income, Simon hasn't been able to afford each of his T.V subscriptions. I help out of course- I could never see him without!

M: Have you talked with Simon about your worries?

R: Oh not really, I have made mention of some concerns, he said he could get into trouble with police if they caught wind of his 'indiscretions'. We all have some guilty pleasures. *Pause* You won't say anything will you?

M: I do have some mandatory reporting requirements Bob. Does this involve indecent acts against children?

R: Oh no, no, nothing like that.

M: Bob, I am curious about the dynamics in your relationship with Simon, and even your daughter. How would you describe your relationship?

R: My children are good kids, and my son is a good man! I love them.

M: Hmm, I can see that you love them very much Bob. But I also hear that sometimes you speak about behaviours that worry or concern you?

R: I... I.. I am not sure I understand what you are suggesting. I do have a tendency to waffle sometimes. Forgive me.

M: Bob, I am worried that what you are experiencing is something called elder abuse. This is any act within a relationship of trust that harms an older person. It can be physical, sexual, financial or psychological abuse.

R: Absolutely not. Not me, or my Simon! I think it's time you left. I don't want you to come back to my home you understand me.

M: I have offended you, I am sorry Bob. Could I leave some information for you access confidential support services for those experiencing elder abuse?

R: My name is Robert! And I said LEAVE!

FX

Fade to black for cut scene.

Action

Dialogue

FX

‘Fay’:

This simulation was born of the same script as Bob, though was developed to showcase other nuanced experiences of elder abuse. Fay is also of a different age bracket to Bob- she is younger, though is suffering from early onset dementia. Fay (originally ‘Esther’ but changed due to a request from the actor to improve character connection) describes the adult son as engaging in acts of DFV while in the home. In addition, Fay speaks to having formed a recent connect with a man named ‘Sam’ online. Fay is sending Sam money. The social worker attempts to vocalise their worries about the behaviours being inflicted on Fay. The social worker is met with fear and resistance. The following three iterative scripts depict the simulation about Fay.

#24265 – 3D VR Script

Age care home visit: Elder Abuse

Script Version	1.1
Date:	Tuesday, 18 April 2023
Location/s:	TBC
Cast:	Esther (Victim/Survivor): *Elderly mother (of non-western ethnicity) present with some bruising and vagueness* Grace (Geriatric/Gerontological Social Worker)
Writer/s	Krystal Schaffer

Table of Contents

SCENE 1 – [INSERT SCENE TITLE] **2**

Overview **2**

Storyboard **3**

SCENE 2 – [INSERT SCENE TITLE] ERROR! BOOKMARK NOT DEFINED.

Overview Error! Bookmark not defined.

Storyboard Error! Bookmark not defined.

Scene 1 – Setting the scene

Overview

- Social worker is engaged in a home visit with Esther, a 79-year-old woman, following a referral from the hospital (Esther had a recent hospital admission, following a psychotic episode in response to trial medication) and a diagnosis of dementia. Esther's 45-year-old son Jamal has recently moved back in with Esther following a recent separation from his wife (the son will not be seen in the experience, though will be heard). The scene will commence with the social worker and Esther sitting together in the dining room of Esther's home. This scene will be experienced first person from the perspective of the social worker.

SCENE:

- Want the social worker to be engaged in a home visit with an elderly woman following a referral from the hospital (recent hospital admission, following a psychotic episode in response to trial medication) and a diagnosis of dementia.
- Despite the diagnosis, the woman is assessed as having capacity to make decisions. (Feeds into: incapacity being used as a way to enact family violence.
- During the visit, loud 'sex noises' should be heard coming from the living room (showcase flashes of a tv) during the visit, which is to occur in the middle of the day.
- The elderly women will get up, embarrassed, and close the door, excusing her adult son present in the living room. The woman will describe how she doesn't have many friends visit anymore because her son makes them uncomfortable with his choice of entertainment.
- The elderly women will insinuate abuse as concerns the son selling off valuable items in the home, under the provision of Power of Attorney (POA).
- Pressure from son to move woman into an aged care facility.
- Want the victim survivor to excuse the son's behaviour throughout.
- At some point in the discussion, have the SW ask the woman if she is a victim of DFV? The woman will say no. During the reflection, get the participants to reflect on whether this was the best way of asking the woman about DFV. Why/Why not.
- Because of the lack of understanding re what stage of change a person is in, get this victim survivor to deny that there is a problem (**pre-contemplation**).
- The social worker will pressure the woman to acknowledge the relationship as DFV.
- Feature legal issues in this scenario- power of attorney (POA) is a legally binding document in which an individual gives another person or trustee the power to act for them and make decisions on their behalf. Feature the misuse of the POA.
- The son is the POA.
- The victim survivor will abruptly ask the social worker to leave.

Location

TBC

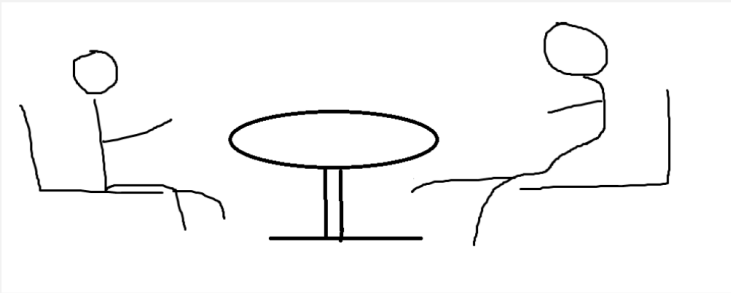
Cast

Esther (Victim/Survivor):

Grace (Geriatric/Gerontological Social Worker)

Storyboard

Shot #: 001



Action

Grace and Esther sit together in the kitchen/dining room of Esther's home. Grace flicks through a file she has brought with her following Grace's recent hospital admission.

Dialogue

G: Esther, thanks again for being available for our appointment today.

E: Oh that's okay love. Grace from the, ah, geriatric unit in the hospital you said?

G: Nods

E: Can I get you anything to eat or drink?

G: Oh no thank you. I have just eaten.

E: Oh please, you must be thirsty. I can't have you come all this way without giving you anything for your time.

G: Okay, a glass of water would be lovely, thanks Esther.

E: Wonderful,

Esther gets up to get a glass of water

"ah water you said, wasn't it?

G nods again

E: here you go dear

hands G glass of water

G: How have you been feeling since leaving the hospital last week?

E: Much better, thank you. The medication they gave me for that dementia they keep telling me I have really knocked me about!

G: Your sister got quite a fright; when she was at the hospital said you were very unlike yourself.

E: I wasn't sleeping love. I don't think that helps. And my sister worries too much.

G: That's what family do *smiles*. Your sister is your main support here?

E: Yes love, we depend quite heavily on one another, been that way since we moved from Turkey all those years ago.

G: It's so wonderful you have her to help, and she lives close by too?

E: Only half hour away. Not far.

G: Do you remember anything else about the lead up to your hospital visit?

E: Not really dear. Only what I have been told. *Hear clanging in the background*.

E changes topic My son, Jamal lives here you know. His name means handsome *gestures to G in suggestive manner*

*Esther yells to Jamal "Jamal come meet …. sorry dear, what did you say your name was again"

G: *Smiles* my name is Grace, Esther. I am the social worker at the hospital.

E: "Grace is with us today Jamal".

Jamal shouts back from another room: "I'm busy"

E: *quietly* He works so hard, but he lost his job recently. That's been so tough on him!

G: How long has Jamal lived with you?

E: About three or four months, since he and his wife separated.

G: I didn't realise you had children Esther. You didn't mention him when we chatted at the hospital.

E: Didn't I dear? It must have slipped my mind.

G: Was your son aware of what occurred in the lead up to your hospital admission?

E: He has plenty on his plate already without worrying about me. *E looks away sadly*

Grace notices a retirement home brochure on the table

G: Are you looking at moving Esther?

E: Not particularly dear. *whispers* Jamal gave it to me. He says I can't look after myself. *voice slightly raised* But that's not true! The hospital said I was still okay, didn't they love!

G: Yes Esther, the doctors and the allied health team at the hospital ran tests and the allied health team felt confident that you are fully able to continue residing independently.

E: That's what I told him. Maybe you could tell him dear? He doesn't believe me.

G: I am happy to discuss this with Jamal as well. Would you like me to invite Jamal to our appointment today?

E: Not now dear, he is busy, please leave him be today.

Suddenly loud sex noises, and flashes of lights from a television can be heard/seen in the kitchen area. Esther presents a visibly distressed and embarrassed

E: *moves to the doorway and speaks to Jamal in the other room* Jamal, love, we have Grace with us today remember. Could you please watch something else?

there is no response, the volume (sex sounds) gets louder

E: *Esther returns to face Grace* Grace, I am sorry dear, we need to move rooms. Jamal needs his space.

FX

Fade to black for cut scene

Shot #: 002

Action

Cut to Esther and Grace sitting in another location of the house e.g., front room/Esther's bedroom.

Dialogue

E: Now this is much better. I am truly sorry dear. He forgets his manners sometimes.

G: Is this common behaviour Esther?

E: *defensive* not always *pause* you must remember that his wife has left him, so I understand he has needs. *pause and sigh* I do miss my friends though.

G: Your friends?

E: My friends used to visit, but a lot refuse now. I have tried to speak with Jamal about it. He tells me to stop being such a prude.

G: How does that make you feel?

E: Its... tears up/gets sad.

G offers E a tissue

E: I worry for him is all. And the costs are quite a lot love, with no income, Jamal hasn't been able to afford each of his subscriptions. I help out of course- I could never see him without!

G: Have you been able to share with Jamal your worries?

E: Oh not really dear, he said he could get into trouble with police if they caught wind of his 'indiscretions'. And if he doesn't pay, they might report him. I don't want that! We all make mistakes. *Pause* You won't say anything will you?

G: I do have some mandatory reporting requirements Esther. Does this involve indecent acts against children in the films he watches?

E: Oh no, no, nothing like that.

G: Esther, I am curious about the dynamics in your relationship with Jamal. How would you describe your relationship?

E: My son is a good man! I love him.

G: Hmm, I can see that you love him very much Esther. But I also hear that sometimes you speak about behaviours that worry or concern you?

E: I... I.. I am not sure I know what you mean dear. I do have a tendency to waffle sometimes love. Forgive me.

G: Grace I am worried that what you are experiencing is something called elder abuse. This is any act within a relationship of trust that harms an older person. It can be physical, sexual, financial or psychological abuse or neglect and includes DFV.

E: Absolutely not. Not me, or my Jamal! I think it's time you left. I don't want you to come back to my home.

Call the Elder Abuse Helpline (9am to 5pm, Monday to Friday) for free and confidential advice for anyone experiencing elder abuse or who suspects someone they know may be experiencing elder abuse. Phone 1300 651 192 (Queensland only) or (07) 3867 2525 (rest of Australia).

Seniors experiencing DFV can also seek help from a local DFV support service.

Legal support is available for seniors experiencing elder abuse, as well as other support services.

FX

Fade to black for cut scene.

Action

Dialogue

FX

#24265 – 3D VR Script

Home visit: Elder Abuse

Script Version	1.2
Date:	Tuesday, 18 April 2023
Location/s:	TBC
Cast:	Esther (Victim/Survivor): *Elderly father present with some bruising and vagueness* Mark (Geriatric/Gerontological Social Worker)
Writer/s	Krystal Schaffer

Table of Contents

SCENE 1 – [INSERT SCENE TITLE] **2**

Overview **2**

Storyboard **3**

SCENE 2 – [INSERT SCENE TITLE] ERROR! BOOKMARK NOT DEFINED.

Overview Error! Bookmark not defined.

Storyboard Error! Bookmark not defined.

Scene 1 – Setting the scene

Overview

- Social worker is engaged in a home visit with Esther, a 79-year-old woman, following a referral from the hospital (Esther had a recent hospital admission, following a psychotic episode in response to trial medication) and a diagnosis of dementia. Esther's 45-year-old son Simon has recently moved back in with Esther following a recent separation from his wife (the son will not be seen in the experience, though will be heard). The scene will commence with the social worker and Esther sitting together in the dining room of Esther's home. This scene will be experienced first person from the perspective of the social worker.

Include:

- Hygiene issues (e.g., dirty fingernails)
- Calendar on the wall being unmarked/unread
- Social worker speaking obnoxiously (being loud unnecessarily, without asking if this needed)

SCENE:

- Want the social worker to be engaged in a home visit with an elderly woman following a referral from the hospital (recent hospital admission, following a psychotic episode in response to trial medication) and a diagnosis of dementia.
- Despite the diagnosis, the woman is assessed as having capacity to make decisions. (Feeds into: incapacity being used as a way to enact family violence).
- During the visit, loud 'sex noises' should be heard coming from the living room (showcase flashes of a tv) during the visit, which is to occur in the middle of the day.
- The elderly woman will get up, embarrassed, and close the door, excusing the adult son present in the living room. The woman will describe how she doesn't have many friends visit anymore because the son makes them uncomfortable with his choice of entertainment.
- The elderly woman will insinuate abuse as concerns the son selling off valuable items in the home, under the provision of Power of Attorney (POA).
- Pressure from son to move woman into an aged care facility.
- Want the victim survivor to excuse the son's behaviour throughout.
- At some point in the discussion, have the SW ask the woman if she is a victim of DFV? The woman will say no. During the reflection, get the participants to reflect on whether this was the best way of asking the about DFV. Why/Why not.
- Because of the lack of understanding re what stage of change a person is in, get this victim survivor to deny that there is a problem (**pre-contemplation**).
- The social worker will pressure the woman to acknowledge the relationship as DFV.
- Feature legal issues in this scenario- power of attorney (POA) is a legally binding document in which an individual gives another person or trustee the power to act for them and make decisions on their behalf. Feature the misuse of the POA.
- The son is the POA.
- The victim survivor will abruptly ask the social worker to leave.

Location

TBC

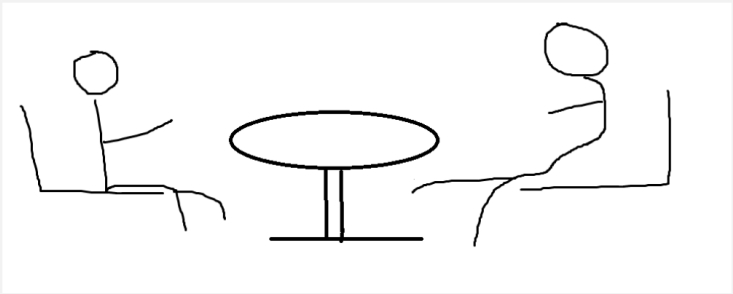
Cast

Esther (Victim/Survivor):

Mark (Geriatric/Gerontological Social Worker)

Storyboard

Shot #: 001



Action

Mark and Esther sit together in the kitchen/dining room of Esther's home. Mark flicks through a file he has brought with him following Esther's recent hospital admission.

Dialogue

M: (*said loudly) Esther, thanks again for being available for our appointment today.

E: That's okay love. Eh, Mark from the geriatric unit in the hospital you said?

M: Nods

E: Can I get you anything to eat or drink?

M: (*said loudly) Oh no thank you. I have just eaten.

E: Oh please, you must be thirsty. I can't have you come all this way without giving you anything for your time.

G: Okay, a glass of water would be lovely, thanks Esther.

E: Wonderful,

Esther gets up to get a glass of water

"ah water you said, wasn't it?

G nods again

E: here you go dear

hands G glass of water

M: How have you been feeling since leaving the hospital last week?

E: Much better, thank you. The medication they gave me for that dementia they keep telling me I have really knocked me about!

M: Your daughter got quite a fright, said you were very unlike yourself.

E: I wasn't sleeping love. I don't think that helps. And my daughter worries too much.

M: That's what family do *smiles*. Your daughter is your main support here?

M: Yes, I do depend quite heavily on her, been that way since her mother passed away.

M: It's so wonderful you have her around for help. And she lives close by too?

E: Only half hour away. Not far.

M: Do you remember anything else about the lead up to your hospital visit?

E: Not really dear. Only what I have been told. *Hear clanging in the background*.

E changes topic

E: My son, Simon lives here you know.

Esther yells to Simon

E: "Simon, come meet …. sorry dear, what did you say your name was again"

M: *Smiles* my name is Mark, Esther. I am the social worker at the hospital.

E: "Mark is with us today Simon".

Simon shouts back from another room: "I'm busy"

E: *quietly* He works so hard, but he lost his job recently. That's been so tough on him!

M: How long has Simon lived with you?

E: About three or four months, since he and his wife separated.

M: I didn't realise you had children Esther. You didn't mention him when we chatted at the hospital.

E: Didn't I dear? It must have slipped my mind.

M: Was your son aware of what occurred in the lead up to your hospital admission?

E: He has plenty on his plate already without worrying about me. *E looks away sadly*

Mark notices a retirement home brochure on the table

M: Are you looking at moving Esther?

E: Not particularly dear. *whispers* The kids gave it to me. They say I can't look after myself. *voice slightly raised* But that's not true! The hospital said I was still okay, didn't they love!

M: Yes Esther, the doctors and the allied health team at the hospital ran tests and the allied health team felt confident that you are fully able to continue residing independently. Besides you have choice and control to make decisions such as this anyway.

E: That's what I told them. Maybe you could tell them? They don't believe me.

M: I am happy to discuss this with your children. Would you like me to invite Simon to our appointment today?

E: No not now! He is busy, please leave him be today.

Suddenly loud sex noises, and flashes of lights from a television can be heard/seen in the kitchen area. Esther presents a visibly distressed and embarrassed

E: *moves to the doorway and speaks to Simon in the other room* Simon, love, we have Mark with us today remember. Could you please watch something else?

there is no response, the volume (sex sounds) gets louder

Esther returns to face Mark

E: Mark, I am sorry, but we need to move rooms. Simon needs his space.

FX

Fade to black for cut scene

Shot #: 002

Action

Cut to Esther and Mark sitting in another location of the house e.g., front room/Esther's bedroom.

Dialogue

E: Now this is much better. I am truly sorry dear. He forgets his manners sometimes.

M: Is this common behaviour Esther?

E: *defensive* not always *pause* you must remember that his wife has left him, so I understand he has needs. *pause and sigh* I do miss my friends though.

M: Your friends?

E: My friends used to visit, but a lot refuse now. I have tried to speak with Simon about it. He tells me to stop being such a prude.

M: How does that make you feel?

E: Its... tears up/gets sad.

M offers E a tissue

E: I worry for him is all. And the costs can be quite a lot love, with no income, Simon hasn't been able to afford each of his subscriptions. I help out of course- I could never see him without!

M: Have you been able to share with Simon your worries?

E: Oh not really dear, he said he could get into trouble with police if they caught wind of his 'indiscretions'. And if he doesn't pay, they might report him. I don't want that! We all make mistakes. *Pause* You won't say anything will you?

M: I do have some mandatory reporting requirements Esther. Does this involve indecent acts against children in the films he watches?

E: Oh no, no, nothing like that.

M: Esther, I am curious about the dynamics in your relationship with Simon, and even your daughter. How would you describe your relationship?

E: My children are good kids, and my son is a good man! I love them.

M: Hmm, I can see that you love them very much Esther. But I also hear that sometimes you speak about behaviours that worry or concern you?

E: I... I.. I am not sure I understand what you are suggesting. I do have a tendency to waffle sometimes love. Forgive me.

M: Esther, I am worried that what you are experiencing is something called elder abuse. This is any act within a relationship of trust that harms an older person. It can be physical, sexual, financial or psychological abuse or neglect and includes DFV.

E: Absolutely not. Not me, or my Simon! I think it's time you left. I don't want you to come back to my home.

M: I have offended you, I am sorry Esther. Could I leave some numbers for you to reach confidential services available to those experiencing elder abuse?

E: *pleadingly* Please leave..

FX

Fade to black for cut scene.

Action

Dialogue

FX

University of Southern Queensland

#24265 – 3D VR Script

Home visit: Elder Abuse

Script Version	1.3
Date:	Tuesday, 18 April 2023
Location/s:	TBC
Cast:	Fay (Victim/Survivor): *Elderly father present with some bruising and vagueness* Mark (Geriatric/Gerontological Social Worker)
Writer/s	Krystal Schaffer

Table of Contents

SCENE 1 – [INSERT SCENE TITLE] **2**

Overview **2**

Storyboard **3**

SCENE 2 – [INSERT SCENE TITLE] ERROR! BOOKMARK NOT DEFINED.

Overview Error! Bookmark not defined.

Storyboard Error! Bookmark not defined.

Scene 1 – Setting the scene

Overview

- Social worker is engaged in a home visit with Fay, a elderly woman, following a referral from the hospital (Fay had a recent hospital admission, following a psychotic episode in response to trial medication) and a diagnosis of dementia. Fay's 45-year-old son Simon has recently moved back in with Fay following a recent separation from his wife (the son will not be seen in the experience, though will be heard). The scene will commence with the social worker and Fay sitting together in the dining room of Fay's home. This scene will be experienced first person from the perspective of the social worker.

Include:

- Hygiene issues (e.g., dirty fingernails)
- Calendar on the wall being unmarked/unread
- Social worker speaking obnoxiously (being loud unnecessarily, without asking if this needed)

SCENE:

- Want the social worker to be engaged in a home visit with a woman following a referral from the hospital (recent hospital admission, following a psychotic episode in response to trial medication) and a diagnosis of early onset dementia.
- Despite the diagnosis, the woman is assessed as having capacity to make decisions. (Feeds into: incapacity being used as a way to enact family violence).
- During the visit, loud 'sex noises' should be heard coming from the living room (showcase flashes of a tv) during the visit, which is to occur in the middle of the day.
- The woman will get up, embarrassed, and close the door, excusing the adult son present in the living room. The woman will describe how she doesn't have many friends visit anymore because the son makes them uncomfortable with his choice of entertainment.
- The woman will insinuate abuse as concerns the son wanting to move mum into a facility and selling off assets.
- Want the victim survivor to excuse the son's behaviour throughout.
- At some point in the discussion, have the SW ask the woman if she is a victim of DFV? The woman will say no. During the reflection, get the participants to reflect on whether this was the best way of asking the about DFV. Why/Why not.
- Because of the lack of understanding re what stage of change a person is in, get this victim survivor to deny that there is a problem (**pre-contemplation**).
- The social worker will pressure the woman to acknowledge the relationship as DFV.
- Feature legal issues in this scenario- power of attorney (POA) is a legally binding document in which an individual gives another person or trustee the power to act for them and make decisions on their behalf. Feature the misuse of the POA.
- The victim survivor will abruptly ask the social worker to leave.
- Old milk left out of fridge on the set
- Has started an online relationship for companionship and is being asked for money

Location

TBC

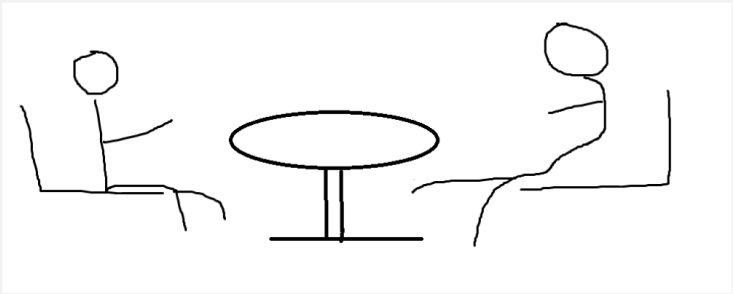
Cast

Fay (Victim/Survivor):

Mark (Geriatric/Gerontological Social Worker)

Storyboard

Shot #: 001



Action

Mark and Fay sit together in the kitchen/dining room of Fay's home. Mark flicks through a file he has brought with him following Fay's recent hospital admission.

Dialogue

M: (*said loudly) Fay, thanks again for being available for our appointment today.

F: That's okay. Eh, Mark from the the hospital you said?

M: Nods

F: Can I get you anything to eat or drink?

M: (*said loudly) Oh no thank you. I have just eaten.

F: Oh please, you must be thirsty. I can't have you come all this way without giving you anything for your time.

M: Okay, a cup of tea would be lovely, thanks Fay.

F: Wonderful,

Fay gets up to make a cup of tea

"ah tea you said, wasn't it?

M nods again

F: here you go

hands M cup of tea using milk that has been sitting out on the table for the day

M: How have you been feeling since leaving the hospital last week?

F: Much better, thank you. The medication they gave me for that dementia they keep telling me I have really knocked me about!

M: Your daughter got quite a fright, said you were very unlike yourself.

F: I wasn't sleeping. I don't think that helps. And my daughter worries too much.

M: That's what family do *smiles*. Your daughter is your main support here?

F: Well, when she is here. She doesn't get to visit as much as I would like. She lives half hour away you see.

M: I wasn't aware. Do you have any other supports?

Hear clanging in the background.

F changes topic

F: My son, Simon lives here you know.

Fay yells to Simon

F: "Simon, come meet …. sorry, what did you say your name was again"

M: *Smiles* my name is Mark, Fay. I am the social worker at the hospital.

F: "Mark is with us today Simon".

Simon shouts back from another room: "I'm busy"

F: *quietly* He works so hard, but he lost his job recently. That's been so tough on him!

M: How long has Simon lived with you?

F: About three or four months, since he and his wife separated.

M: I didn't realise you had another child Fay. You didn't mention him when we chatted at the hospital.

F: Didn't I? It must have slipped my mind.

M: Was your son aware of what occurred in the lead up to your hospital admission?

F: He has plenty on his plate already without worrying about me. *F looks away sadly*

Mark notices an aged care facility brochure specialising in care for those with dementia on the table

M: Are you looking at moving Fay?

F: Not particularly. *whispers* The kids gave it to me. They say I can't look after myself. *voice slightly raised* But that's not true! I have early onset dementia and the hospital said I was still okay, didn't they!

M: Yes Fay, the doctors and the allied health team at the hospital examined you and the team felt confident that you are fully able to continue residing independently. Besides you have choice and control to make decisions such as this anyway.

F: That's what I told them. Maybe you could tell them? They don't believe me.

M: I am happy to discuss this with your children. Would you like me to invite Simon to our appointment today?

F: No not now! *sex noises start subtly in background and F looks to the door* He is busy, please leave him be today.

Sex noises get louder, and flashes of lights from a television can be heard/seen in the kitchen area. Fay presents a visibly distressed and embarrassed

F: *moves to the doorway and speaks to Simon in the other room* Simon, love, we have Mark with us today remember. Could you please watch something else?

there is no response, the volume (sex sounds) gets louder

Fay returns to face Mark

F: Mark, I am sorry, but we need to move rooms. Simon needs his space.

FX

Fade to black for cut scene

Shot #: 002

Action

Cut to Fay and Mark sitting in another location of the house e.g., front room/Fay's bedroom.

Dialogue

F: Now this is much better. I am truly sorry. He forgets his manners sometimes.

M: Is this common behaviour Fay?

F: *defensive* not always *pause* you must remember that his wife has left him, so I understand he has needs. *pause and sigh* I do miss my friends though.

M: Your friends?

F: My friends used to visit, but not now. I have tried to speak with Simon about it. He tells me to stop being such a prude. Not all is lost though, I still have Sam.

M: Oh. Tell me about Sam?

F: Sam is my friend. We talk every day, mostly online but sometimes via text and phone calls. I feel less alone now.

M: How long have you known Sam?

F: A few weeks now, but it feels like forever. *smiles*

M: Sounds like Sam brightens your day. Does he visit in person?

F: Not yet, but he promises he will soon. Money is tight for him at the moment. If Simon would just let me send some money through to him, I know Sam would come here in a heartbeat. Instead, I have to keep giving money to Simon!

M: How does that make you feel?

F tears up/gets sad.

* Fay grabs tissues on table*

F: I worry for him is all. And the costs can be quite a lot, with no income. I could never see him without!

M: Have you talked to Simon about your worries?

F: Not really, he said he could get into trouble with police. I don't want that! *Pause* You won't say anything will you?

M: I do have some mandatory reporting requirements Fay. Do the films involve indecent acts against children?

F: Oh no, no, nothing like that.

M: Fay, I am curious about the dynamics in your relationship with Simon, and even with Sam. How would you describe these relationships?

F: Sam is kind, and my son is a good man! I care for them both very much.

M: Hmm, I can see that you love them very much Fay. But I also hear that sometimes you speak about behaviours that worry or concern you?

F: I... I.. I am not sure I understand what you are suggesting. I do have a tendency to waffle sometimes. Forgive me.

M: Fay, I am worried that what you are experiencing is something called elder abuse. This is any act within a relationship of trust that harms a person. It can be physical, sexual.....

F interrupts

F: Absolutely not. Not me, Sam or my Simon! I think it's time you left.

M: I have offended you, I am sorry Fay. I am just concerned for your safety.

F: "I don't want you to come back to my home."

Fay presents as visibly upset

M: Could I leave some information for you to access support services for those experiencing elder abuse?

F: *pleadingly* Please leave..

FX

Fade to black for cut scene.

Action
Dialogue
FX

‘Rory’:

The VR simulation about Rory first positions the social worker into a busy emergency department at the hospital. The scene showcases the chaos that can accompany these types of social work practice contexts. Following, the social worker is immediately thrown into discharge planning of a patient named ‘Rory. The patient has presented to the hospital following a reported physical assault the night prior. The scenario presents a situation where the social worker makes assumptions about Rory and the incident. The scenario also presents common stereotypes that are reported to have been experienced by men who have experienced DFV in relationships. The following png’s depict the four iterative scripts developed. Please also note that the character was first named ‘Paul’ but as the character was further developed, so did the name.

Paul

Hospital Scene

Overview

Exploration of suicidal ideation (with no plan) within a hospital setting. Paul is a homosexual man who has been a victim of DV. Sarah (social worker) will be called to a Code Yellow (discharging a patient) and is flustered (due to hectic working conditions) and fails to notice subtle hints of DV in Paul's presentation. Sarah embodies problematic attitudes (i.e. homosexual men are not masculine).

Paul will speak to events like being outed as homosexual, name-calling, and public humiliation. He indicates that his experiences with his partner might amount to domestic and family violence (i.e. fearful of negative responses), but he isn't sure. Sarah misses out on these details.

Ideas

- Paul called a DV hotline but was dismissed "What you're experiencing isn't DV, sir, it's just boys being boys."
- Sarah is being pressured to discharge as quickly as possible and subsequently misses DV

Location

UniSQ Nursing Simulation Labs (2nd Floor of W Block)

Scene 1

Inside Sarah's office, hectic hospital conditions around the office. Sarah frantically tries to manage their schedule while patients yell, hospital equipment makes noises, and phones ring. Sarah is called to a code yellow.

Social Worker sits at their desk

K: "Can you get Paul out of here? We need 10 more beds free by lunch!"

Scene 2

Sarah misses clues of DV based on pressures from the multi-disciplinary team to discharge Paul (i.e. need x amount of beds by 10 am) and assumes the altercation was from a night out on the town. It isn't until Paul becomes fearful of his partner coming to collect him (and Paul's indication that he might be experiencing DV) that the social worker begins to unpack the reality of the situation.

SW: "Hey Paul, I hear you're here due to an altercation last night"

SW: "Is there anyone we can contact to come and pick you up?"

P: "I'm not really sure I want them to come…"

S notices old injuries on arm

SW: "Have you been in contact with any support services?"

P: "I rang the DV hotline the other day, but they…

Rory

Hospital Scene

Overview

Exploration of suicidal ideation (with no plan) within a hospital setting. Rory is a homosexual man who has been a victim of DV. Sarah (social worker) will be called to a Code Yellow (discharging a patient) and is flustered (due to hectic working conditions) and fails to notice subtle hints of DV in Rory's presentation. Sarah embodies problematic attitudes (i.e. homosexual men are not masculine).

Rory will speak to events like being outed as homosexual, name-calling, and public humiliation. He indicates that his experiences with his partner might amount to domestic and family violence (i.e. fearful of negative responses), but he isn't sure. Sarah misses out on these details.

Ideas

- Rory called a DV hotline but was dismissed "What you're experiencing isn't DV, sir, it's just boys being boys."
- Sarah is being pressured to discharge as quickly as possible and subsequently misses DV
- No privacy- open plan. People moving in the space. Phones ringing (desk phones), mobiles, lots of background noise.
- On the ward, people walking around, phones ringing, people talking, emergency alarms going off. Attention. "Nurse, Nurse". "I don't want to". Subtle mention of code black (security).
- Beeping; have machines, at different times. Cone of silence curtain. Lots of visitors. Noise in corridor still. Background conversations. Sensitive conversations occurring in private, trying not to raise voices.
- People with dementia will sometimes do lots of calling out.
- Refer patient at 8.30AM in a multidisciplinary meeting, and they want them discharged that morning. Preferably not admit them in the first place. Code yellow is that the hospital is at capacity (an internal emergency).
-

Location

UniSQ Nursing Simulation Labs (2nd Floor of W Block)

Scene 1

SW Sitting/standing at the nurse's station, hectic hospital conditions around the office. Sarah frantically tries to manage their schedule while patients yell, hospital equipment makes noises, and phones ring. Sarah is called to a code yellow.

Social Worker sits/stands at their desk, Jo is behind rummaging through equipment, Mourning Person is partially seen in Bed 01 crying alongside a bed with the legs of a mannequin visible underneath bed sheets

Scene begins, beeping of monitors heard; phones ringing non-stop; groaning, hear crying, pages

Doctor walk past corridor

Nurse 01 walks past Sarah at the desk, holding medical equipment, and acknowledges Sarah briefly.

Peter reacts to Nurse 01's presence, clanging heard, Peter hastily exits bed

Peter: "Don't fucking touch me! Where's the other nurse!? Where's Jo!!!"

Jo walks up to Peter

Jo: "I'm here, Peter. It's ok, Dr Fargo is on their way."

Jo and Nurse 01 walk Peter back to his bed

Patient 02 hobbles past the window on crutches

Patient 01 hobbles past the window on crutches

Nurse 02 wheels Patient 02 out in a wheelchair

Nurse 02: "We're drowning, Sarah, we need beds!!!"

Nurse 02/Patient 02 go the opposite direction to Patient 01

**Kent walks past Patient 02 in the corridor with purpose and enters Nurse **

Option 1

Kent: "Sarah, bed two needs discharge planning now! **pause** "MOVE!!!"

Quick fade to black

Option 2

Kent: "Sarah, bed two needs discharge planning now!

Kent walks towards the door, as Sarah's heartbeat increases in volume, the screen pulsates with blur

"Move!"

Quick fade to black

Scene 2

Sarah misses clues of DV based on pressures from the multi-disciplinary team to discharge Rory (i.e. need x amount of beds by 10 am) and assumes the altercation was from a night out on the town. It isn't until Rory becomes fearful of his partner coming to collect him (and Rory's indication that he might be experiencing DV) that the social worker begins to unpack the reality of the situation.

Sarah: "Afternoon, Rory, my name is Sarah. I am a social worker at the hospital. The doctors have given you the all clear for discharge, so I'm here to see how we might be able to get you home. How does that sound?"

Rory: "Alright.. I guess"

Sarah: "Looks like you've been in some sort of fight?"

Rory: "You could say that."

Sarah: "Were you using drugs?"

Rory: "No".

Sarah: "Drinking"

Rory: "We'd only had one glass of wine"

Sarah: "Right. And when you say 'we' are you referring to those you were out drinking with?"

Rory: *considers the question before responding* "Ah, yeah, but I would rather not name them. I have already told the nurse I am not interested in pressing charges."

Sarah: "Is there anyone we can contact to come and pick you up?"

Rory: "I'm not really sure I want them to come…"

Rory attempts to hide old injuries on his arms

Sarah: Rory, I can't help but notice old bruising on your arm. Have you experienced this type of physical violence before?"

Rory: "It was my fault, I was drunk and forgot where we were. I know he doesn't like it when I hold him in public."

Sarah: "Rory do you know much about domestic and family violence?"

Rory: "Yeah, but that's a women's issue!"

Sarah: "Domestic and family violence doesn't discriminate. Have you ever been in contact with any support services?"

Rory: "I rang the DV hotline the other day. I don't know what I was thinking. They said they didn't have funding to help me. "

Sarah: "What prompted you to make the call?"

Rory: He can get quite jealous *touches bruises on arm*. Afterwards, he tells me to stop being such a 'pussy'. He's right, I shouldn't have come. I just need to 'man' up."

Sarah: "No person should feel scared or unsafe in relationships. This is a basic human right."

Rory: "Forget I said anything. I have made it sound worse than it is. I can't do better than him anyway".

Kent: **Through the curtains, not seen** "Sarah, I need you in bed three"

Cut scene

Rory

Hospital Scene

Overview

Rory is a homosexual man who has been a victim of DV. Sarah (social worker) will be called to a Code Yellow (discharging a patient) and is flustered (due to hectic working conditions) and fails to notice subtle hints of DV in Rory's presentation. Sarah embodies problematic attitudes (i.e. homosexual men are not masculine).

Rory will speak to events like being outed as homosexual, internalised homophobia, name-calling, and public humiliation. He indicates that his experiences with his partner might amount to domestic and family violence (i.e. fearful of negative responses), but he isn't sure. Sarah misses out on these details.

Ideas

- Rory called a DV hotline but was dismissed "What you're experiencing isn't DV, sir, it's just boys being boys."
- Sarah is being pressured to discharge as quickly as possible and subsequently misses DV
- No privacy- open plan. People moving in the space. Phones ringing (desk phones), mobiles, lots of background noise.
- On the ward, people walking around, phones ringing, people talking, emergency alarms going off. Attention. "Nurse, Nurse". "I don't want to". Subtle mention of code black (security).
- Beeping; have machines, at different times. Cone of silence curtain. Lots of visitors. Noise in corridor still. Background conversations. Sensitive conversations occurring in private, trying not to raise voices.
- People with dementia will sometimes do lots of calling out.
- Refer patient at 8.30AM in a multidisciplinary meeting, and they want them discharged that morning. Preferably not admit them in the first place. Code yellow is that the hospital is at capacity (an internal emergency).
-

Location

UniSQ Nursing Simulation Labs (2nd Floor of W Block)

Scene 1

SW Sitting/standing at the nurse's station, hectic hospital conditions around the office. Sarah frantically tries to manage their schedule while patients yell, hospital equipment makes noises, and phones ring. Sarah is called to a code yellow.

Social Worker sits/stands at their desk, Jo is behind rummaging through equipment, Mourning Person is partially seen in Bed 01 crying alongside a bed with the legs of a mannequin visible underneath bed sheets

Scene begins, beeping of monitors heard; phones ringing non-stop; groaning, hear crying, pages beep

Doctor walk past corridor

Nurse 01 walks past Sarah at the desk, holding medical equipment, and acknowledges Sarah briefly.

Peter reacts to Nurse 01's presence, clanging heard, Peter hastily exits bed and walks down the ward

Peter: "Don't fucking touch me! Where's the other nurse!? Where's Jo!!!"

Peter repeats Jo's name etc.

Jo walks up to Peter

Jo: "I'm here, Peter. It's ok, Dr Fargo is on their way."

Jo and Nurse 01 walk Peter back to his bed and Peter pushes Nurse 01 off him while grumbling about Dr Fargo's tardiness

Patient 01 hobbles past the window on crutches

Nurse 02 wheels Patient 02 out in a wheelchair

Nurse 02: *exasperated*

"We're drowning, Sarah, we need beds emptied!!!"

Nurse 02/Patient 02 go the opposite direction to Patient 01

Kent walks past Patient 02 in the corridor with purpose and enters

Option 1

Kent: "Sarah, bed two needs discharge planning now! *pause* "MOVE!!!"

Quick fade to black

Option 2

Kent: "Sarah, bed two needs discharge planning now!

Kent walks towards the door, as Sarah's heartbeat increases in volume, the screen pulsates with blur

Kent looks back at Sarah

"I said now, Sarah!"

* fade to black*

****** Record Kent's lines for scene two before leaves*******

Scene 2

Sarah misses clues of DV based on pressures from the multi-disciplinary team to discharge Rory (i.e. need x amount of beds by 10 am) and assumes the altercation was from a night out on the town. It isn't until Rory becomes fearful of his partner coming to collect him (and Rory's indication that he might be experiencing DV) that the social worker begins to unpack the reality of the situation.

Make sure clocks are set correctly or not visible.
Rory doesn't look directly at Sarah
Sarah: "Afternoon, Rory, my name is Sarah. I am a social worker at the hospital and am here to get you home.

Pause, and no reaction from Rory

How does that sound?"

Rory: "Fine… "

Sarah: "Looks like you've been in some sort of fight?"

Rory: "You could say that."

Sarah: "Were you using drugs?"

Rory: "No".

Sarah: "Drinking"

Rory: "We'd only had a few"

Sarah: "Right. And who is 'we'?"

Rory: *considers the question before responding* "Ah, it doesn't matter. I am not interested in pressing charges."

Sarah: "Is there anyone we can contact to come and pick you up?"

Rory: "I'm not really sure I want them to come…"

Rory attempts to hide old injuries on his arms

Sarah changes her tone, becomes more empathetic, speaks slower, and genuinely wants to know more.

Sarah: Have you experienced this type of physical violence before?"

Rory: "It was my fault, I was drunk and forgot… I know he doesn't like being held in public."

Sarah: I know this is hard Rory, but I am concerned for your safety. Can you tell me anything more about the person you're referring to?

Rory remains silent

Sarah: "Rory do you know much about domestic and family violence?"

Rory: "Yeah, but that only happens to women!"

Sarah: "While Domestic and family violence can disproportionately affect women, it otherwise doesn't discriminate. Have you ever been in contact with any support services?"

Rory: "I rang the DV hotline the other day, but they couldn't help me. I don't know what I was thinking"

Sarah: "What prompted you to make the call?"

Rory: My partner can get quite jealous *touches bruises on arm*. Afterwards, he tells me to stop being such a 'pussy'. *pause* I just need to 'man' up."

Sarah: "Rory, no person should feel scared or unsafe in relationships. This is a basic human right."

Rory interrupts Sarah

Rory: "Forget I said anything. I have made it sound worse than it is.

Kent speaks over the top.

Kent: **Through the curtains, not seen** "Sarah, I need you in bed three"

Cut scene

Rory

Hospital Scene

Overview

Rory is a homosexual man who has been a victim of DV. Sarah (social worker) will be called to a Code Yellow (discharging a patient) and is flustered (due to hectic working conditions) and fails to notice subtle hints of DV in Rory's presentation. Sarah embodies problematic attitudes (i.e. homosexual men are not masculine).

Rory will speak to events like being outed as homosexual, internalised homophobia, name-calling, and public humiliation. He indicates that his experiences with his partner might amount to domestic and family violence (i.e. fearful of negative responses), but he isn't sure. Sarah misses out on these details.

Ideas

- Rory called a DV hotline but was dismissed "What you're experiencing isn't DV, sir, it's just boys being boys."
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- People with dementia will sometimes do lots of calling out.
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Location

UniSQ Nursing Simulation Labs (2nd Floor of W Block)

Scene 1

SW Sitting/standing at the nurse's station, hectic hospital conditions around the office. Sarah frantically tries to manage their schedule while patients yell, hospital equipment makes noises, and phones ring. Sarah is called to a code yellow.

Social Worker sits/stands at their desk, Jo is behind rummaging through equipment, Mourning Person is partially seen in Bed 01 crying alongside a bed with the legs of a mannequin visible underneath bed sheets

Scene begins, beeping of monitors heard; phones ringing non-stop; groaning, hear crying, pages beep

This goes for around 30 secs

30 secs in Michael walks past *Doctor walk past corridor*

Nurse 01 walks in from front door, overlaps with Michael, past Sarah (SW) at the desk, holding medical equipment, and acknowledges Sarah briefly.

Peter reacts to Nurse 01's presence, clanging heard, Peter hastily exits bed and walks down the ward

Peter: "Don't fucking touch me! Where's the other nurse!? Where's Jo!!!"

Peter repeats Jo's name etc.

*Nurse 03 enters ward, rummages through equipment at back of nursing station, eventually grab some equipment and hurriedly walk out the ward (timing of exit irrelevant).

Jo walks up to Peter

Jo: "I'm here, Peter. It's ok, Dr Fargo is on their way."

Patient 01 hobbles past the window on crutches

Nurse 01 and Nurse 02 (Jo) walk Peter back to his bed and Peter pushes Nurse 01 off him while grumbling about Dr Fargo's tardiness *Peter continues to be vocal during the remainder of the scene.*

As soon Peter passes, Nurse 04 wheels Patient 02 out in a wheelchair

Nurse 04: "We're drowning, Sarah, we need beds emptied!!!"

Nurse 04/Patient 02 go the opposite direction to Patient 01 in corridor

Kent walks past Patient 02 in the corridor with purpose and enters

Kent: "Sarah, bed two needs discharge planning now!

Kent walks towards the exit, as Sarah's heartbeat increases in volume, the screen pulsates with blur

Kent looks back at Sarah

Nurse 01 runs out of the ward, past Kent

Kent: "I said now, Sarah!"

* fade to black*

****** Record Kent's lines for scene two before leaves*******

***** Record a de-escalation of Peter and Jo and get some sound of Sarah mourning*****

Scene 2

Sarah misses clues of DV based on pressures from the multi-disciplinary team to discharge Rory (i.e. need x amount of beds by 10 am) and assumes the altercation was from a night out on the town. It isn't until Rory becomes fearful of his partner coming to collect him (and Rory's indication that he might be experiencing DV) that the social worker begins to unpack the reality of the situation.

Make sure clocks are set correctly or not visible.
Rory doesn't look directly at Sarah
Sarah: "Afternoon, Rory, my name is Sarah. I am a social worker at the hospital and am here to get you home.

Pause, and no reaction from Rory

How does that sound?"

Rory: "Fine… "

Sarah: "Looks like you've been in some sort of fight?"

Rory: "You could say that."

Sarah: "Were you using drugs?"

Rory: "No".

Sarah: "Drinking"

Rory: "We'd only had a few"

Sarah: "Right. And who is 'we'?"

Rory: *considers the question before responding* "Ah, it doesn't matter. I am not interested in pressing charges."

Sarah: "Is there anyone we can contact to come and pick you up?"

Rory: "I'm not really sure I want them to come…"

Rory attempts to hide old injuries on his arms

Sarah changes her tone, becomes more empathetic, speaks slower, and genuinely wants to know more.

Sarah: Have you experienced this type of physical violence before?"

Rory: "It was my fault, I was drunk and forgot… I know he doesn't like being held in public."

Sarah: I know this is hard Rory, but I am concerned for your safety. Can you tell me anything more about the person you're referring to?

Rory remains silent

Sarah: "Rory do you know much about domestic and family violence?"

Rory: "Yeah, but that only happens to women!"

Sarah: "While Domestic and family violence can disproportionately affect women, it otherwise doesn't discriminate. Have you ever been in contact with any support services?"

Rory: "I rang the DV hotline the other day, but they couldn't help me. I don't know what I was thinking"

Sarah: "What prompted you to make the call?"

Rory: My partner can get quite jealous *touches bruises on arm*. Afterwards, he tells me to stop being such a 'pussy'. *pause* I just need to 'man' up."

Sarah: "Rory, no person should feel scared or unsafe in relationships. This is a basic human right."

Rory interrupts Sarah

Rory: "Forget I said anything. I have made it sound worse than it is.

Kent speaks over the top.

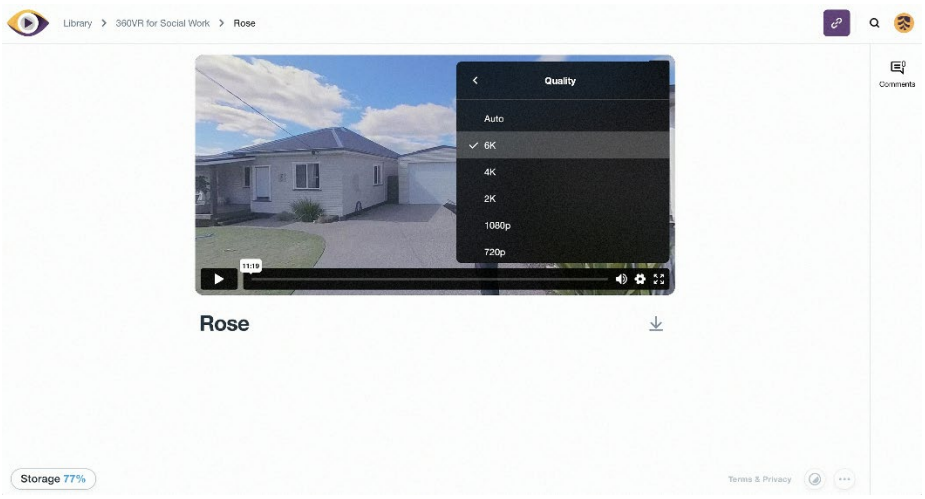
Kent: **Through the curtains, not seen** "Sarah, I need you in bed three"

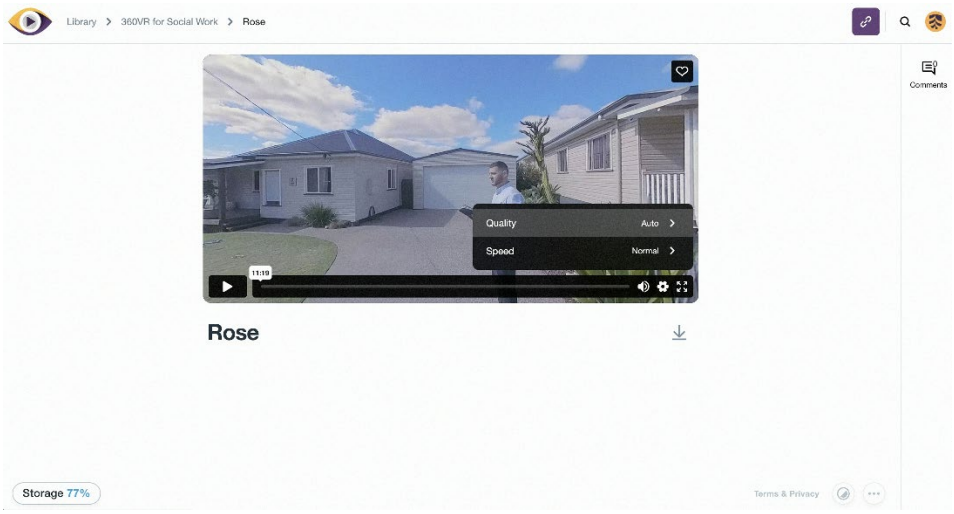
Cut scene

APPENDIX D

VR simulation videos:

Please access the simulations via the following links (though please note, selecting the highest quality setting and waiting for the simulations to download in full, before watching them will ensure the best quality of experience. The attached image demonstrates how to set the image to the highest available quality):





'Rory' VR simulation:
https://vimeo.com/user10756933/review/863417496/a54817150b

'Rose' VR simulation:
https://vimeo.com/user10756933/review/864211144/ee9254b8df

'Fay' VR simulation:
https://vimeo.com/user10756933/review/863399439/f874dc5656

'Bob' VR simulation:
https://vimeo.com/user10756933/review/860049717/4d54593145

APPENDIX E

Learning phases:

1. Brief: facilitated content contextualisation and VR introduction	
VR introduction	VR technician, along with social work academics to facilitate onboarding of the VR simulations, using headsets: • Members of the teaching team with expertise in VR, will conduct a demonstration of how to set up the device properly, including, how to put the headset on, how to safely exit the experience (i.e., take headset off), and explain any risks associated with improper usage pertaining to this experience (e.g., standing up while using the device). • Instructions on how to use the device to watch the video (i.e., how to press play/pause) will be provided, including the usage of any auxiliary equipment (i.e., controller input within a VR setting). • The participant will be safely seated and will be assisted to set the device up comfortably before being provided the opportunity to familiarise themselves with the technology (i.e., looking around the default VR home

	environment or watching a short 360 video).
DFV content	To prepare, students engage in 5 x weeks of teacher-led course content grounding them in DFV knowledge, skills in working with victim-survivors and perpetrators, and intervention strategies. Topics of focus include: • Identifying and defining various forms of domestic and family violence • Understanding the history of social work responses to domestic and family violence • Theories of domestic and family violence • Intersections of gender, culture and ethnicity in understanding causes of domestic and family violence • Working with people who use violence • Primary, Secondary and Tertiary responses to domestic and family violence in Australia. • Engaging in critically reflexive domestic and family violence practice Students will then use UniSQ skills-share studios (simulations suites),

	where access to VR equipment is available during seminars scheduled across a 4-week period.

2. Reflect in action: students experience the VR simulations (or variation of based on what is accessible e.g., students who struggle with VR headsets can watch 360-degree experience on a two-dimensional computer)

3. Reflect on experience: self-reflection and contextualisation with content	
Identify the key take-aways	Individually reflect on each of the simulated scenarios. As a group, discuss what these observations were.
Discuss impact: as a group explore the impact of these observations as this relates to social work practice	Discuss how these observations influence social work practice. The following prompts can be used to guide the learning experience: - Note that victim-survivors of DFV often experience negative support responses. What was noted in the scripted responses in the simulated scenes, and why might this be problematic. - Identity common threads or risk factors across each scene (e.g., perpetrators of DFV as male) and discuss the implications. - Reflect on the broader systemic level influences that might be shaping the individual experiences presented in the simulations (e.g., patriarchy, gender stereotyping and systemic

	discrimination) and identify what broader impacts might be presenting.
Map which social work values were or were not influencing responses in the VR simulations	Reflect on and map out what social work values might have been informing social work responses: - Why might this be occurring? (*prompt: how were victim-survivors choices understood?) - Discuss as a group how scenarios might have been managed differently? Why/why not? - Identify how to draw on social work code of ethics (AASW, 2021) to lead these responses.
Critically self-reflect	Engage in a process of introspection: - Unpack what learners individually noticed about themselves during the simulated experiences e.g., emotions felt, concerns or worries? - What values informed these thoughts/feelings/beliefs? - How do those values/thoughts/feelings align with values of social work? - Where they don't align, how will you navigate this? - What might be the impact on service-users where the alignment is incongruent?

3. Reflecting after action: facilitated learning activities that build social work skills and competencies

Practice developing interview questions	- As individuals and as a group develop strategies to interview service-users that empower them. - Social work values will inform this activity e.g., agency and empowerment. - Develop questions that a social worker could ask about reproductive control, and how this correlates with acts of DFV.
Practice assessing risk and protective factors (e.g., develop a psychosocial risk assessment). The National Risk Assessment Principles for DFV (ANROWS): https://www.anrows.org.au/research-program/national-risk-assessment-principles/ will be used to support this activity.	- As individuals first, and then as a group, map the risk factors detected across each scenario (environmental and systemic risk factors should be accounted for). - Discuss how intersectionality is influencing the experiences of DFV. - Draw on evidence to inform these discussions (e.g., statistics about elder abuse, types of DFV behaviours, and lethality risks). - Measure lethality risk as part of this activity.
Develop skills in conducting anti-oppressive interventions and safety plans (e.g., based on http://dvac.org.au/our-services/safety-planning approach).	- Following each simulation experience, discuss and note what went well in the social workers' response to the victim-survivors (this includes the language used by the social worker).

	- Identify the problems in social workers' response and discuss reasons for these issues; reflect on the level of agency in decision-making given to the victim-survivor. - Revisit the previously conducted risk assessments. - Use these reflections to formulate a safety plan. Consideration of the language used in safety planning will inform this activity. Planning across key areas of physical and emotional safety, contact plans, emergency packs, dependent children's safety, financial independence, technological safety, community resources, protection orders, and self-care should be considered. - Draw on the narratives presented in the simulations to enhance understanding and application.