





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.

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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 may 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; McMahan *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; McMahan *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 health-care 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, there 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 ($F(5, 183) = 4.43, p \leq 0.001, \eta p^2 = 0.108$).

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. Alarming, 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, 0.107)	-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.

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