

Aligning the Personal with the Professional: Lived Experience as Motivation for Further Education and Employment in Domestic and Family Violence

Editors Choice

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Abstract

Lived experience has been foundational in the development of Family Violence (FV) response. Over time however, as the sector gradually became more professionalised via formal education and minimum qualification standards, the situation regarding lived experience has been rendered more complex. As reported here, we conducted an exploratory study in Melbourne, Australia into the motivations for those undertaking further education with the aim of entering the FV and related sectors, with a particular focus on lived experience as a driving force. A secondary objective was to investigate the related experiences of graduates with lived experience of FV within industry. While the focus is on the Australian context, both in terms of the study and related policies, it is envisaged that the findings also have international relevance. Results indicate that the majority of those undertaking specialised education in the field of FV have lived experience as victim survivors, and that these students bring valuable skills, knowledge and passion to the sector. However, this also has significant ramifications for educational institutes and for industry. The paper discusses a range of associated impacts, as well as support initiatives, and recommends that both educational and workplace reform is required to better support the educational learning journey and subsequent careers of those practitioners with lived experience of family violence.

Keywords: *Domestic and family violence; Lived experience; Trauma survivors, Barriers to education; Community welfare education*

Introduction

Family violence (FV) continues to be one of the most serious social and health issues facing society. While there is no single definition, it is best described as an ongoing pattern of behaviour underpinned by coercion, control and domination, aimed at controlling another through fear (Council of Australian Governments, 2011; State of Victoria, 2016). While FV occurs across all socioeconomic and demographic groups, it predominantly affects women and children (Australian Institute of Health & Welfare [AIHW], 2018), is the leading cause of homelessness for this group (AIHW, 2021a), and the leading preventable contributor towards death and disability for women aged 14 to 44 (Australia's National Research Organisation for Women's Safety [ANROWS], 2016). Within Australia, one woman is killed nearly every week due to FV (Bricknell & Doherty, 2021).

The situation is exacerbated for minority groups (AIHW, 2018) with, for instance, women with disabilities being almost 40 times more likely to experience FV than those without (Australian Bureau of Statistics [ABS], 2017), and Aboriginal women being more than 33 times more likely to be hospitalised due to FV than non-Aboriginal women (AIHW, 2021b). Those who experienced abuse as children, or were witnesses of FV, are also at increased risk (AIHW, 2018). Overall, across Australia, 1 in 6 women and 1 in 16 men have been subjected to physical or sexual violence since the age of 16, while the figure rises to 1 in 4 women and 1 in 6 men for emotional abuse (AIHW, 2018). Such victim survivors are generally referred to as having 'lived experience', which is also "informed and shaped by political, economic, and cultural forces within the context of history, institutions and culture" (Victorian State Government, 2022).

Lived experience has long been entwined within FV specialisation and, indeed, is recognised as a shared experience of many women who became involved in the refuge movement at its very beginnings (Theobald, 2011). However, as the sector gradually became more professionalised, formal education and minimum qualification standards rendered lived experience in the workforce less visible (Safe and Equal, 2022). Many of those with lived experience remain reluctant to disclose for fear of negative consequences in a professional setting (Domestic Violence Victoria [DV Vic], 2020; Lamb et al., 2020; Safe and Equal, 2022), even where they identified benefits in their practice: "I feel I have a unique perspective in contrasting my experience as both a professional as well as someone who has personally experienced family violence [however] I feel constrained by both family court and professional perceptions in sharing my personal story" (DV Vic, 2020, p. 15).

There is a ready acknowledgement that a significant number of practitioners currently employed within the sector identify as victim survivors (DV Vic, 2020; Safe and Equal, 2022; Victorian State Government, 2022), and that "their lived experience, whether historical or current, informs and influences their knowledge and practice in both explicit and implicit ways" (Safe and Equal, 2022, p. 9). In fact, there is a correlation between allied health professionals and a greater likelihood of association with intimate partner and family violence (McLindon et al., 2018). The 2019 census of workforces that intersect with FV put this figure at 14% (Victorian State Government, 2022).

With regard to education, studies have long indicated that a history of personal trauma can be a motivating factor for those working towards qualifications in the helping professions (Black et al., 1993; Gore & Black, 2009; Newcomb et al., 2015; Rompf & Royse, 1994). This is particularly the case amongst older, non-traditional students (Kinsilla, 1998). Additionally, it has been noted that mature students often make informed choices about their studies from the vantage point of their life situation, reflecting more than simply promotional and/or enhanced employment prospects, but a desire for self-improvement and self-empowerment (Evans, 2007; Peters, 2000).

Relatedly, Evans (2007) found that over 70% of FV victim survivors surveyed had sought some type of retraining post-relationship, most of which centred within the health and community services fields. DV Vic (2020, p. 12) also noted that “a number of survivor advocates wanted to join the family violence workforce and were interested in opportunities for skill development that could support them to move into this work in an ongoing way.” As such, for those with lived experience, the decision to undertake further education can be aspirational, often underpinned by the attempt to redress both public and private power inequalities and to regain control (Tett & Merrill, 2001).

Particularly relevant here is the work of Newcomb et al. (2015, p. 65), which draws on the Jungian characterisation of the wounded healer as a transformational professional, “By developing insight into the experiences of *wounded healer* students and the potential practice challenges they face, a pedagogical approach to suit their learning needs can be developed.” Newcomb et al. (2015) argued that the focus should be on the resilience that such students bring to the table, and that resilience is linked to emotional competence. They note the increased likelihood of countertransference, particularly regarding self-disclosure; however, they also argued that “assuming self-disclosure is poor practice implies a narrow understanding of the practice realities” for many graduates (Newcomb et al., 2015, p. 61).

However, there are also correlations between lived experience of FV and the heightened risk of a range of negative mental health issues such as depression, trauma symptoms and self-harm (Humphreys & Thiara, 2003) and also post-traumatic stress disorder (Gilroy et al, 2020). Additionally, the transition to higher education itself, and associated pressures, represent an increase in risk for either the onset or the worsening of pre-existing mental health issues (Le & Raposa, 2021). Such issues directly influence student attrition rates, with mental health being recorded as a bigger contributor to overall attrition than academic difficulties (Australian Government, 2017).

Nevertheless, not all higher education institutions have formal mental health strategies in place (Australian Government, 2017), and this lack is often exacerbated by under-resourced student support services (Wada et al., 2019). For example, a recent report on improving student retention, completion and success found that counseling services at higher education institutions were often overloaded and current resources could not assist all who required their services (Australian Government, 2017).

In addition, it is envisaged that available statistics represent an *iceberg effect*, as studies indicate that many students appear reluctant to access support due to the stigma associated with issues of mental health (Pompeo-Fargnoli, 2022; Wada et al., 2019). This is despite evidence suggesting that concealing mental health issues adds to overall psychological pain (Frawley, 2016). The perception, and reality, of social stigma can be exacerbated if the student is also a FV victim survivor and this cohort have, in fact, been described as “silenced by stigma” (Hagan, 2018).

As such, students who undertake qualifications related to their own lived experience bring a unique set of implications for all involved. Attrition can represent not just a loss of time and money, but a loss of hope. However, there are related gaps in evidence around the motivations of students undertaking specialised education in FV, and associated support requirements. As such, the primary objective of this study was to add to the knowledge base in this regard, with a particular emphasis on lived experience as a driving force. Secondary objectives were to examine the educational and industry experiences of these students, and to explore their perceptions of associated strengths and weaknesses. While the focus here is on the Australian context, both the study itself and related policies, it is envisaged that the findings also have international relevance. It is anticipated that they will assist in addressing current attrition rates amongst students with mental health issues associated with their lived experience of FV, and also maximise opportunities for targeted support and skills development throughout their learning journey. The results also have implications for the FV and related sectors, not just relative to resilience across emerging practitioners, but with wraparound supports and valuing of ‘wounded healers’ as transformational professionals within the workforce itself.

Method

Participants completed a cross-sectional survey exploring the motivations of students undertaking postgraduate studies in FV, with a particular focus on related lived experience as a motivating factor. The survey, conducted in June 2022, was disseminated to 62 alumni (those having completed studies within the past 4 years) and 33 current students of the Graduate Certificate in Family Violence (GCFV) at Chisholm Institute in Melbourne, Australia. The GCFV is a postgraduate qualification that provides the skills and knowledge for graduates to enter the FV workforce as entry-level practitioners. Notably, acceptance into the GCFV often requires a combination of existing educational qualifications and industry experience in related fields, meaning that it attracts a more mature cohort than a bachelor degree program. This is illustrated by the demographics of the survey participants here, with 54.6% being aged 31-50, and a further 33.9% aged 50 plus (see Table 1). The cohort is also predominantly female (approximately 90%).

The survey was divided into three sections, with the first section containing questions on demographics, current employment, and motivations for undertaking further studies. The second section was for those participants who identified as having lived experience of FV, with questions regarding the context and subsequent impacts on studies. The third and final section was for those who identified as having lived experience *and* who were also currently employed in tiers 1-4 of the FV and/or universal service system.

Questions in this section included any negative effects of the lived experience either personally or professionally in relation to their work, and the participants' accessing of assistance, either formally or informally, within their workplace, as well as the rating of formal supports available.

To assist in distinguishing between types of employment, and therefore the related exposure to clients impacted by FV themselves, the study drew on the workforce tiers used within the FV Capability Framework developed by Family Safety Victoria (2017). If currently employed, participants were required to self-select into one of the following:

- Tier 1: Specialist FV and sexual assault practitioners;
- Tier 2: Workers in core support services or intervention agencies (such as court services, Police, Child Protection, Child and Family Services and Homelessness services);
- Tier 3: Workers in mainstream services and non-FV specific agencies (such as health care services, drug and alcohol services, housing, mental health services, Centrelink, maternal and child health services, CALD services, LGBTI services, youth, disability, aged care services);
- Tier 4: Workers in universal services and organisations (such as education, sport and recreation and faith-based institutions)

No questions regarding the types of FV were asked (as in physical, sexual or psychological), or its prevalence – rather the focus was on whether the participant identified as having related lived experience or not. Participants were also asked about the context of the relationship in which the violence occurred, and whether they identified as a perpetrator or a victim-survivor.

The survey instrument was chosen primarily for reach of dissemination. It was considered particularly important that alumni experience be included in the dataset, and communications are more constrained regarding this target group. Whilst predominantly quantitative, the survey also collected a limited amount of qualitative data. Three open-ended questions were included. The qualitative data, in the main, was used to illustrate the quantitative findings and to enable any dissonance, if applicable, to be identified and explored. Thematic evaluation was used to extract primary themes and motifs across participant responses.

The survey was anonymous and voluntary, and completion indicated consent. Dissemination was predominantly via Google forms, however, some hard copy surveys were made available on campus for those students who preferred this mode. Class time was not used for completion, and collection was arranged to prioritise anonymity. Ethics approval was received from the Chisholm Institute Scholarship, Research & Ethics Committee (Ethics ID: APP002).

Results

Survey responses were received from 53 current or former students (which equates to a response rate of 55.7%). Of these respondents, 92.4% (49) identified as female, while 7.5% (4) identified as male. Table 1 shows the background of the survey participants and indicates that quite a significant number (77.3%) were in tiers 1-4 paid employment at the time, with 35.8% in the specialist FV or sexual assault service areas.

Table 1

Background of Survey Participants

Age range ($n = 53$):	
>31	11.3% (6)
31-50	30.1 % (16)
41-50	24.5% (13)
<50	33.9% (18)
Current student (GCFV)	45.2% (24)
Alumni (GCFV)	54.7% (29)
Currently in paid work within ($n = 41$):	
Tier 1	19
Tier 2	7
Tier 3	10
Tier 4	5
Currently looking for work in tier 1	8

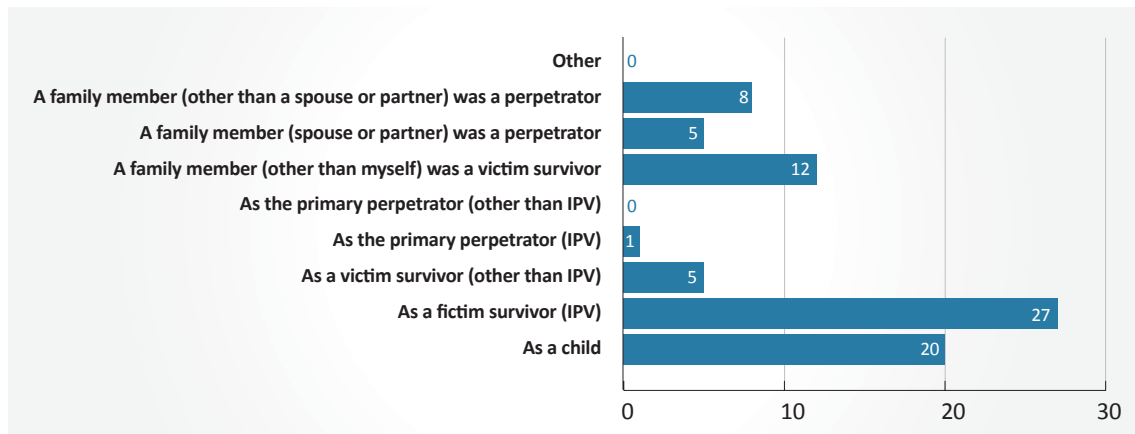
Motivations for undertaking specialist FV studies were varied, with 67.9% (36) participants indicating a desire to enter either tertiary response (21) or primary prevention (15) within the FV sector. Of these, 28% (15) had not yet started to look for work. A total of 47% (25) also expressed a desire to broaden their knowledge base around FV generally, while 15% (8) indicated an intention to progress to further studies after completing the current degree. Almost half of the participants (49%) cited lived experience as a motivating factor for undertaking further education in FV. 26.4% (14) participants were currently working in the FV sector but needed to pursue further education to meet newly revised minimum qualification standards for practitioners. These are related to the Victorian Royal Commission into Family Violence (State of Victoria, 2016), which included a recommendation (# 209), later accepted by the state government, that all FV practitioners hold a social work (SW) degree or equivalent. A set of equivalency principles were subsequently released, with the Chisholm GCFV adjudged as one of the specialised courses meeting these.

Overall, a significant majority (67.9%) of the 53 participants identified as having lived experience of FV, whether or not this was a motivating factor for doing the course. Figure 1 shows a breakdown of the context of the lived experience amongst these 36 participants (multiple responses were permitted). It indicates that the primary source was as a victim survivor of intimate partner violence (IPV) as an adult.

Additionally, 13 of the respondents indicated a combination of having lived experience as a child and also as a victim survivor within an intimate relationship as an adult. The single participant who identified as a primary perpetrator of IPV also identified as a victim survivor of IPV and as having experienced FV as a child.

Figure 1

Context of Participant Lived Experience (n = 35)



Of those participants with lived experience of FV, 74.2% (26) characterised this lived experience as a driving force behind their undertaking further education in the field. Ten of these participants named a combination of types of lived experience as motivation, while a further 11 solely identified their experience as a victim survivor of IPV as an adult. Several cited as motivation a desire to bring about change and/or help in some way due to their own lived experience. As one participant explained: “[there is] a need to be involved and help in some way due to my own lived experience”.

One participant alluded back to her original studies, in the Diploma of Community Services, when she was still in the abusive relationship. It was in a class there that feminism was discussed and, although at first “difficult to swallow”, became the catalyst for “resources, validation, strength to identify etc – that ultimately led to my freedom and breaking the cycle.” The participants also detailed a range of impacts experienced whilst undertaking their studies within the GCFV:

- Triggers and memories from a sibling (child at the time) perpetrator of sexual, physical abuse which was unexpected as the main motivator was FV perpetrated by an intimate partner as an adult.
- Strangely not from the partner relationship (maybe because I had counselling) but regarding a sister who is still a perpetrator of family violence towards my mother in particular and towards myself [when] I visit my parents.
- Yes, I have noticed that some aspects of the course material [have] been challenging and I discovered that I was not ready to undertake [some] as it re-triggered thoughts and feelings about a close family member who is a victim survivor.

- The course has begun building the language and words I need to verbalise my experience and maybe one day be heard by the perpetrators and those family members who just don't understand what was so wrong about the perpetrators' behaviour.
- No more shame.

These responses highlight the potentiality of the course content to be particularly challenging to those with related lived experience. However, the final two responses also indicate that these reactions can be part of a "journey", with skills and knowledge overlaying the lived experience to offer elements of empowerment and transformation.

Of those participants with lived experience of FV, 69.4% (25) were currently employed in tiers 1-4 of the FV and universal service sector/s. A total of 48% (12) of those had never shared details of their own experiences within the workplace, while 36% (9) had divulged only to selected co-workers. Only one participant had shared details with management. The majority of participants with lived experience who were also employed within tiers 1-4 did not feel that their lived experience had a negative effect on them professionally (66.6%); however, three felt that it was a barrier to obtaining work, while four saw it as a barrier to career progression and eight participants feared that others might see the lived experience as undermining their professionalism. One participant spoke about being bullied by management, where "[they] used their knowledge of my past to isolate, devalue and undermine me in work and excuse abusive behaviour etc". Participants also alluded to feeling silenced:

At times, in Reflective Practice sessions, we are told not to disclose lived experience, which is really invalidating, and I feel short sighted. I feel that it could enhance my work, but would need support to be able to use this in a positive way. Sweeping it under the carpet is not validating and not using this as a valuable resource.

Have been told [quietly] on multi occasions by management I shouldn't tell colleagues or employers of my lived exp (whether relevant to DFV, AOD, MH etc) & when I have questioned, I have been told "it will be used against me" and/or "I won't be trusted to do role" and/or "inappropriate" or placing colleagues in "situation" etc.

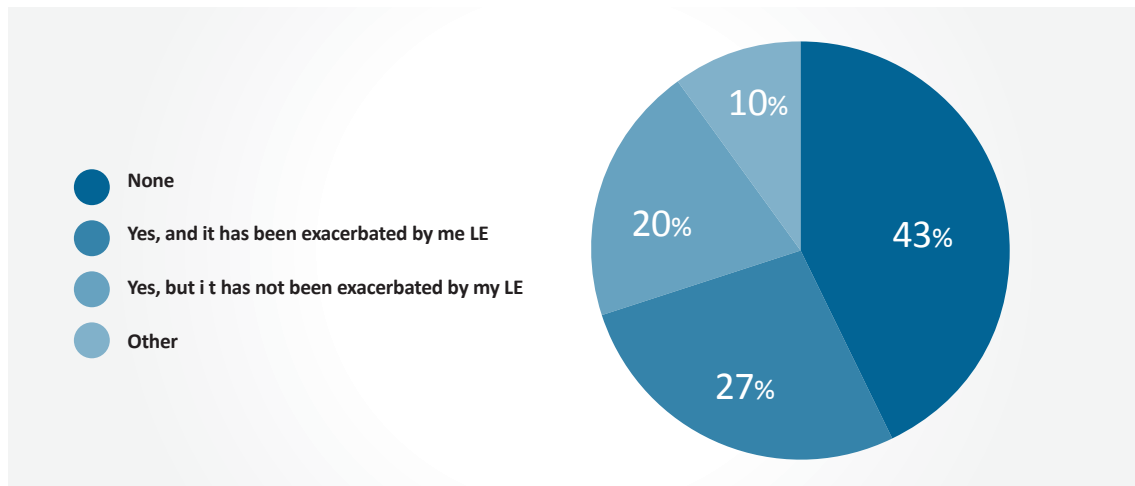
Of those participants with lived experience who were also employed within tiers 1-4 of the service sector, 40% felt that their own experiences had never had an impact on them personally in relation to their work. Ten participants felt that they had been triggered at times as a result of their work, while a further four feared early burnout. One spoke about how "direct experience and observation of individuals & colleagues in sector employing common FV tactics used by perps of FV are direct & overt, yet continue not to be held accountable by org[anisation]".

Five participants had accessed professional support to assist, and four cited personal support/s. Despite the low number drawing on professional support, the majority (69%) rated support/s offered through their employment as either excellent or good. Only four participants rated these as poor. One participant from tier 1 added "EAP really poor source – though there are convos [conversations] at present that aim to improve some."

The participants were also asked whether they believed that their work had ever had a negative impact on their personal lives in terms of vicarious trauma. Some of the qualitative data was ambiguous, such as the participant who wrote: “I have been quiet and withdrawn when working with victim survivors and need space, however I could not call this an impact.” Figure 2 shows the overall results.

Figure 2

Negative Impact of Work on Personal Life (N = 30)



Participants with lived experience who were employed within tiers 1–4 of the FV and universal service sector were also asked what (if any) positives they felt that their own, related experiences might bring to their work. Responses were received from 24 participants (92% of those applicable here), with words such as “understanding” (15) and “empathy” (8) dominating the narrative. Some examples are:

- Empathy, desire for change, dog headed in teaching others at work, passionate for change, more adaptive to reforms promoting therapeutic jurisprudence than more law based colleagues.
- My knowledge, understanding, and insight that can't be taught.
- Empathy and a level of understanding, but also an awareness that this can only come once there has been some healing, or you are potentially placing a worker in a position of further traumatization.
- I have loved that my lived experience has given me great capacity to sit with others' pain, manage competing priorities in a fast paced environment and appreciate the strength of people to address and recover from trauma.
- Understanding/empathy. Realistic outlook. Rapport/client connect. Passion and drive. Creative thinking (in practice).

- I have a deep level of understanding, empathy and have a strong trauma-informed lens as a result. It gives me energy to be a fierce advocate for victim survivors.
- It has been central to my understanding and commitment to the work but it has been important to be able to hold space between my experience and clients experience. Need to stand back from assuming I know what that's like for them.
- Understanding the many barriers in reporting, I love that I can tell women "this is not your fault... you have a right to live without fear... your child is also a victim and needs to be protected" because women don't necessarily know this to be true. I feel like I can say this and it "means" something because I have been there; I can say this with conviction and feel so honoured to be supporting women who are experiencing DFV.

Discussion

The findings of this study indicate that the majority of those undertaking specialised education in the field of FV are motivated by a desire to find, or to bolster, employment in tier 1 of the sector. While the voluntary nature of participation in the study negates classification as a representational sample, the results strongly suggest that a significant number of those currently entering the FV workforce do so with lived experience. Furthermore, for almost half of all participants in the current study (49%), this lived experience was a driving force. The cohort ample in this study also indicate that the figure of 14% of practitioners having lived experience put forward by the 2019 census of workforces that intersect with FV (Victorian Government, 2022), is on the low side with respect to the FV sector itself.

However, this cohort of wounded healers (Newcomb et al., 2015) do not necessarily carry a relatedly increased vulnerability into the workforce. In fact, it may well be the opposite, in that the "successful address of personal trauma through their work [is] suggestive of increased resilience" (Jenkins et al., 2011, p. 2407). The participants in this study, in the main, appeared to be more impacted by organisational issues than their personal histories. A minority (23%) identified negative impacts stemming from the crossover of lived experience and practice; however, even here several alluded to the influence of workplace response. An example was the participant who acknowledged a crossover before adding "Yes... management would comment I am sensitive and emotionally burnt out."

This study supports other research indicating that altruism is a motivating factor for entering the helping professions (such as Jenkins et al., 2011; Newcomb et al., 2015). Furthermore, once there, it has been found that practitioners with lived experience were also more likely to attend additional FV training and "may have spent greater time confronting their personal trauma histories motivating them to support others recovering from trauma" (McLindon et al., 2018, p. 5). Increased understanding, insight and empathy were common themes cited by the participants with lived experience within this study. In short, such professionals may hold more sensitive, empathetic attitudes and their lived experience may be more of a facilitator than a barrier, towards the care of patients who are themselves experiencing FV (McLindon et al., 2019). The findings here also indicate that resilience itself may also assist in setting professional boundaries.

There appears to be a discord, however, between a policy approach that recognises victim survivors of FV as “holding valuable knowledge and expertise” (DV Vic, 2020, p. 19) and in-practice perceptions by practitioners with lived experience, as indicated within this study, of being stigmatised and/or silenced. This response may well be exacerbated by an adherence to the “wounded healer stereotype”, which more closely represents *fears* about incompetence, rather than reality (Newcomb et al., 2015, p. 66). It may also be that the steady increase in input from FV survivor advocates, while extremely valuable, has enabled a division between types of professionalism within the workforce – a distinction that does not easily fit practitioners with lived experience who occupy a greyer area between victim survivor and professional practitioner. Safe and Equal (2022) acknowledged the associated issues with lived experience within the FV workforce and identify the need for a welcoming workplace culture that is reinforced by appropriate infrastructure and education.

This study supports the need for workplace reform in this regard. A set of sector-led organisational principles would appear beneficial, along with management and recruitment guidelines towards purposeful disclosure, as well as targeted professional development training and promulgation of responsive employee access programs (EAPs). McLindon et al. (2019, p. 8), while discussing the broader helping professions, called for the promotion of a safe and supportive workplace via the incorporation of “reflection, safety information, emotional psychoeducation, referral [and] workplace support”. Newcomb et al. (2015) detailed a range of self-care strategies but warned that these should not be seen as merely the responsibility of individual workers but as an organisational duty of care. The findings of this study support that need, and also the call from DV Vic (2020, p. 21) for “further discussion about how to value and harness the strengths and insights of the workforce’s lived experience”.

Furthermore, the findings here strongly suggest that such a discussion should also include supporting pathways *into* the workforce. Within Victoria currently, this would most likely be via a qualification such as the Bachelor of Social Work or an equivalent postgraduate degree (the GCFV used in this study being just one example). Many education providers now include lived experience within the professional experience pathways for entry into specialised qualifications, and there have also been calls for clear education pathways for survivor advocates (Lamb et al., 2020). It would appear beneficial for a peak body in this space to be resourced to collate a suite of potential pathways, and relevant qualifications, to provide objective advice to prospective students in this space. This could be via their website or in the dissemination of resources such as career bullseye posters. Case studies illustrating the most common pathways would also be useful here.

Additionally, given the clear benefits brought by those with lived experience into the sector and the continuing need for qualified practitioners, consideration should be given to a skills subsidy, with lived experience recognised as a form of prior knowledge. Scholarships are another option; however, to ensure that the process remains strengths-based, and that all relevant pathways are supported, it would be both empowering and constructive for these to be student-driven and not institute-driven. This would be particularly beneficial for women

from minority groups, who are over-represented amongst FV statistics (AIHW, 2018; Healey et al., 2013; State of Victoria, 2016) and whose entry points into education, and required qualifications, may be less straightforward. It may be the case, as it was for several participants in this study, that the learning journey begins in the non-tertiary sector, at a vocational level. Limiting opportunities and support to postgraduate qualifications, which have higher entry requirements, may further marginalise those most in need.

Educational institutes could consider the appointment of a lived experience academic, who would provide additional support and advocacy, as well as advise on the pedagogy of related delivery and content. Of particular interest in this regard is the work of Curtin University with their “Valuing Lived Experience Project” (Dorozenko et al., 2016). With a specific focus on mental health, this initiative sought to embed lived experience within the social work curriculum, with the proposal that part of this capacity building was to “challenge existing structures within universities, and strengthen the ability of academics to work with lived experience and value based ways” (2016, p. 16).

Assisting those with lived experience on this learning journey would assist in the “confronting of their personal trauma histories” (Jenkins et al., 2011), and pay dividends not just through the successful completion of their studies, but into the workforce itself. This was evidenced by one study participant here who said, regarding her lived experience: “It was [a negative] in the beginning but doing the course changed my fears and made me more stronger.” Support in this regard is especially pertinent given the correlations between lived experience of FV and heightened risk of negative mental health issues (Gilroy et al., 2020), with those experiencing the latter being almost twice as likely to drop out of vocational and/or higher education studies (Hofstra, 2021). Welford et al. (2021) also identified those with lived experience of disadvantage and/or trauma as facing a range of barriers, circumstantial, motivational, and external, often interacting to compound associated difficulties. As one victim survivor phrased it: “[I have] a sleigh full of bloody baggage” (Welford et al., 2021).

It has long been considered best practice for higher education institutions to have a mental health policy and strategy in place and yet few do (Australian Government, 2017). The findings of this study suggest that such strategies should include wraparound supports and resources for students with lived experience related to their studies. While this study has focussed on FV, it would likely have implications for a range of qualifications within the helping professions, such as mental health courses, alcohol and other drugs, youth work, counselling and social work.

Various studies have put forward a range of initiatives designed to offset the impacts of mental health challenges. These include student readiness questionnaires, which allow for self-identification of learning needs and/or setting educational goals (Hofstra, 2021), mentors (Le & Raposa, 2021), and affirmation style text messaging (Nolan et al., 2009) as well as initiatives such as reflective writing, journaling, and providing guidance on self-disclosure and resources for self-care (Newcomb et al., 2015).

Finally, returning to the focus on resilience mentioned earlier in this paper, it has been suggested that “embedding skills such as resilience into the curriculum and providing mandatory mental health training to teachers and lecturers” would also prove useful (Australian Government, 2017, p. 29).

A particularly important element appears to be fostering a sense of belonging (Wada et al., 2019), along with relationships that provide emotional support to students (Hagel et al., 2012). This could mean peer support from others with lived experience, facilitated support groups, or communities of practice amongst the student group that may well continue into their professional lives. The underlying theme being to offer an environment where students with lived experience can give, and receive, support and camaraderie: “working with someone as a peer really gives us a unique point of contact. Everyone is an individual on their unique path, and we may have different experiences... but we can [work together] to overcome complex issues in our lives” (Ralph et al., n.d., p. 10). This supportive learning environment also responds to a strengths-based approach that appreciates the resilience exhibited by many students with trauma-related challenges (Frawley, 2016). As one of the students in this study wrote: “This has had significant positive impact on me personally, being able to use the language and meaning to my own and mother’s experiences within an academic and gender-informed framework.”

As intimated above, it is also important to recognise that no lived experience is identical to another (Safe and Equal, 2022). In fact, “the complexity of the lived experience of wounded healer students... deserves attention in order to enable understanding of how transformation can occur for emerging practitioners with a history of... adversity” (Newcomb et al., 2015, p. 65). It may indeed be that this very complexity explains why a consistent framework for educating such students has not yet been developed (Newcomb et al., 2015).

For many students with lived experience of trauma, the decision to enter higher education is an aspirational one. In some cases, particularly for mature students, this represents an attempt to regain control over their lives (Tett & Merrill, 2001). Evans (2007) found that FV victim survivors who return to education, do so in a deliberate attempt to validate their life experience/s and extract something positive from what was essentially a negative experience. As this study demonstrates, victim survivor practitioners also hold the potential to become a significant asset to the FV and related sectors. With the increasing professionalism of the workforce, however, educational institutions also act as de facto gatekeepers into related careers. With this in mind, it is imperative that such students are not let down by the very institutions that provide the learning journey. More simply, “if the students have failed themselves, the university has failed the students” (Winchester & Lees, 2014).

The lived experience movement is a human rights movement. As such, “empowerment and participation by people with a lived experience is considered essential internationally to progress this human rights agenda” (Byrne, 2017, p. 1). Graduates with lived experience go on to enter the sector as ‘wounded healers’, and universities play a crucial role in not only educating such students, but also providing a space of “authentic transformation” (Newcomb et al, 2015, p. 65).

This includes the provision of wraparound support services and shifts in pedagogy to better support such students. This support should be echoed within the sector itself, alongside a more overt acknowledgement of the co-existence of lived experience and professional practice. A strengths-based approach acknowledges and validates the skills and knowledge that lived experience carries. As one of the participants expressed it: “[Studying] enhances my understanding, response and initially enhanced my curiosity/desire to learn and reflect. I still have the same curiosity/desire to learn but it is on a different level now, more about knowledge and practice capability extension.” Another student said, more simply, “Knowledge is power.”

Limitations

The main limitation of this study was the concentration on alumni and current students of a specialised qualification. It may be the case that a more generic qualification, such as a Bachelor of Social Work, would have recorded a lower rate of FV victim survivor students. Similarly, even within the cohort used, it may be that given the nature of the survey, FV victim survivors were more motivated to partake. Attempts were made to offset this with survey design; however, it must be acknowledged that this may have impacted participation.

Considerable efforts were also made to negate selection bias by wide dissemination of the survey instrument, and a series of reminders to current and past students. In addition, the survey was made available both in hard copy and online. These efforts were rewarded by a 55% response rate, which is comparable to similar studies.

Furthermore, the small sample used in this study of primarily Chisholm-based students and alumni does limit assumptions being made about the broader Australian population. Nevertheless, this study identifies patterns of lived experience as a motivator to enter the FV workforce that may be prevalent in broader Australian culture. It is recommended that future studies attempt to replicate the results here in a larger Australian cohort.

Conclusion

The findings of this research indicate that a significant number of those undertaking specialised education in the field of FV, with the intention of obtaining employment in tier 1 workforces, do so with lived experience of FV. The learning journey undertaken by these victim survivors can also be one of personal healing, with the potential to professionalise a unique meld of knowledge, skills and passion. This study adds to a body of evidence demonstrating that lived experience can be an additional asset, rather than a liability, for practitioners. However, wraparound services are required to ensure that this asset is realised, and supported, from the point of entry into the education system, through to a successful career within the sector.

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