



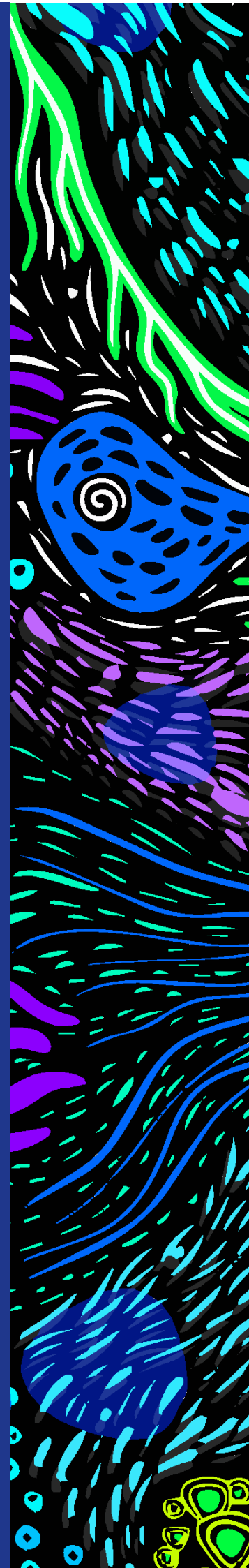
CEVAW

ARC Centre of Excellence for the
Elimination of Violence Against Women

Evaluation of the Train the Trainer Program

Report prepared for the eSafety
Commissioner

May 2026



Australian Research Council Centre of Excellence for the Elimination of Violence Against Women

Evaluation of the *Train the Trainer* Program: Report prepared for the eSafety Commissioner

Traditional Custodians

The Australian Research Council Centre of Excellence for the Elimination of Violence Against Women acknowledges the Traditional Custodians of the lands on which our various nodes stand and whose cultures and customs have nurtured and continue to nurture these lands since the Dreamtime. We pay our respects to Elders past and present. We extend our respects to all Aboriginal, Torres Strait Islander, and other Indigenous peoples around the world.

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Executive summary

About this report

In 2024, eSafety commissioned the Australian Research Council Centre of Excellence for the Elimination of Violence Against Women (CEVAW) to evaluate the eSafety and Pacific Community (SPC) frontline Train the Trainer program on technology-facilitated gender-based violence (TFGBV). The program was initially run in Fiji in November 2024, with frontline responders working across 11 countries (Fiji, Samoa, Tonga, Kiribati, Vanuatu, Tuvalu, Papua New Guinea, Federated States of Micronesia, Republic of the Marshall Islands and Solomon Islands).

This report draws together the key findings from the three-stage evaluation of the training program which sought to assess whether the program improved frontline workers' confidence and knowledge on TFGBV, whether it changed the behaviour and practice of frontline workers in responding to, and supporting, victim-survivors of TFGBV, and whether there are gaps in the training program that need to be addressed. It also provides recommendations from across the three stages of the evaluation.

What was examined?

The *Train the Trainer* program was evaluated through a pre-training survey to attain the baseline knowledge of those participating in the program, followed by surveys and interviews immediately after the training was completed (November 2024), as well as again at six months (May 2025) and 12 months (November 2025) post-training completion. Each stage was designed to capture frontline workers' understanding, confidence levels, the integration of the training into practice, any changes to their practice at an individual level or organisational level, and any emerging gaps in knowledge. This evaluation was largely process-driven, meaning it sought to understand how frontline workers were understanding and delivering the knowledge through practice, in contrast to their baseline knowledge captured in the first survey.

What was found?

Effectiveness of the training

The post-training surveys found that the *Train the Trainer* workshop had a strong positive impact on frontline workers. Immediately after the training, 75% of frontline workers reported that the training had changed the way they work. Notably, 95% of frontline workers felt confident in recognising signs of TFGBV and 100% felt prepared for practical safety planning. The training was considered highly effective, with 95% of frontline workers agreeing the content was relevant and met their expectations. Importantly, 90% of frontline workers felt capable of delivering the training to others.

After six months, the effectiveness of the training was evident, with 75% of frontline workers reporting that the training had changed the way they work, and the majority reporting that they were using the training to conduct awareness raising sessions and deliver training within their organisations and communities. The results show that 33% of frontline workers adopted a more survivor-centred, empathetic approach, including becoming more patient, listening actively and guiding victim-survivors through referral pathways.

After 12 months, the survey showed that overall confidence levels remained relatively strong across the majority of the training content areas, with practical safety planning showing the highest concentration at the confident level of 55%. The frontline workers reported sustained application and impact of the training in their practice, with the majority noting they have used the information covered in the training and changed the way they work as a result. Notably, several responses reflected broader systemic reflection, such as critically analysing policies and organisational culture.

These changes from immediately after the training, six months and 12 months post training are significant compared to the pre-training survey, which showed that frontline workers lacked confidence in several key areas, including referral options, practical safety planning, and culturally competent responses to TFGBV.

Challenges when supporting victim-survivors

All of the frontline workers we interviewed reported that the lack of resources was the biggest challenge they face when supporting victim-survivors. These resources were largely structural,

such as safe housing and staffing. In the six month post-training survey, frontline workers identified systemic issues as the biggest barriers when supporting victim-survivors, including legal frameworks, policing, cultural challenges and organisational capacity. In the 12 months post-training survey, frontline workers identified similar issues as previously, with the most significant challenges being structural and systemic, including gaps in legal frameworks, insufficient enforcement of TFGBV laws, limited financial and service resources and ongoing capacity issue within law enforcement and shelters.

Recommendations for broader systemic responses to TFGBV

Training beyond frontline responders: Equipping different groups (including young people, students, responders such as police and health workers, and government officials) with the knowledge and skills to recognise and address TFGBV. Community awareness programs could also help address barriers for help-seeking, including stigmatising attitudes, lack of confidentiality, and cultural and religious norms reinforcing patriarchal attitudes.

Limited systemic progress: There has been limited progress in policies, laws and social attitudes toward TFGBV (e.g. limited or no policy change, the existence of legislation but insufficient awareness, the need for stronger inter-agency collaboration and concerns about social attitudes) and a need for multi-sector collaboration and comprehensive reform.

Government funding and technical support: Increases in funding and support to enable effective and reliable support for victim-survivors would improve responses to TFGBV.

Recommendations for the continued effective implementation of the *Train the Trainer* program

Refresher training: This could include refresher sessions, quarterly modules and/or annual revisions. Frontline workers considered most of the topics in the training very useful for future training, including assessing risk, safety planning, referral options and addressing the needs of women with a disability or young people.

Training specific to supporting marginalised groups: The inclusion of topics addressing marginalised groups (e.g., diverse sexual orientation, gender identity, gender expression and sex characteristics individuals (SOGIESC), culturally/racially marginalised victim-survivors) and working with perpetrators would improve the training and future responses to TFGBV.

Digital literacy and online reporting mechanisms: Training that improves knowledge about online safety measures and how to report TFGBV cases (e.g., to platforms, online safety commission) would also benefit frontline workers.

Localisation of materials: To better reflect national contexts, materials could be tailored to reflect the cultural and social nuances of each Pacific nation where it is being delivered. Ideally, the training should be delivered in-country as well. This includes the translation of modules into local languages to enhance community reach.

Introduction

Technology-facilitated gender-based violence (TFGBV) is a globally significant human rights, legal, public health and social concern. According to estimates from UN Women (2024), 58% of women and girls worldwide have experienced some form of online harassment. As digital technologies continue to develop, these figures are likely to grow with increased opportunities for committing new and existing forms of violence.

Increasing academic attention has been directed toward TFGBV, with a particular focus on such violence in Australia, the United States, and the United Kingdom (Flynn et al., 2024; Powell et al., 2022, 2024; Sorochinski & Wall, 2025; Woodlock et al., 2020). Commonly reported forms of TFGBV include persistent and unwanted texting and/or phone calls, surveillance apps and tracking devices, and sending harassing or abusive communications. More recently, TFGBV has emerged through the Internet of Things (IoT), which covers abuse undertaken using smart home technologies (Tanczer, 2023), such as voice assistants (Strengers et al., 2024; Phan, 2019) and children's toys (Douglas, 2023; Dragiewicz et al., 2022). While there has been a rapid expansion of studies exploring TFGBV, these have primarily concentrated on the Global North, with few studies focused on how TFGBV is occurring in the Pacific (Flynn et al., 2026; Harkin et al., 2025; Quilty & Flynn, 2025). This is despite consistent reporting around the prevalence of intimate partner violence in the Pacific. For example, in Fiji 64% of women have reported experiencing intimate partner violence since 2011 (FWCC, 2013), and in Samoa, over 46% of women who have ever been in a relationship have experienced abuse by a partner (Samoa Family Health and Safety Study, 2006).

The *TFGBV Train the Trainer Evaluation Project* sought to evaluate the eSafety and the Pacific Community (SPC) *Train the Trainer* Program on TFGBV for frontline workers. The evaluation aimed to understand whether the program improved frontline workers' knowledge of TFGBV, whether it changed the behaviour and practice of frontline workers in responding to, and supporting, victim-survivors of TFGBV, and whether there are gaps in the training program that need to be addressed. It also sought to understand how TFGBV was understood in the broader Indo-Pacific region. The key research questions included:

1. What is the baseline knowledge of frontline workers in the Pacific Islands on TFGBV?
2. How does the training program impact on frontline workers' understanding of TFGBV?
3. How does the training program impact frontline workers' confidence in responding to TFGBV?
4. How are frontline workers integrating the training in their daily practice at an individual level and at an organisational level?
5. Is there evidence of behaviour or policy change post the delivery of the training program?
6. Are there any gaps in knowledge within the training program?

We define 'frontline worker' as a professional whose working role involves supporting victim-survivors of violence and receiving disclosures of violence. These frontline workers are employed across a range of sectors, including sexual, domestic and family violence services; health and legal services; specialist diversity services (such as diverse sexual orientation, gender identity, gender expression and sex characteristics individuals (SOCIEC), multicultural, disability, and youth services); government; and education.

The project was conducted across three project stages between November 2024 and December 2025. This report provides an overview of each of the three evaluation stages, as well as recommendations and implications from the findings.

Methodology

Ethical approval for the research was obtained from the Monash University Human Research Ethics Committee (Project ID: 42785). The evaluation was conducted across three stages. Stage one involved running pre- and post-training surveys with frontline workers who attended the eSafety and SPC frontline worker training workshop run in Nadi, Fiji, in November 2024, and conducting follow-up interviews with a selection of frontline workers who completed the post-training survey. In May 2025, stage two involved running a six month post-training survey with frontline workers who had completed the November 2024 training program. Stage three involved running a survey in November 2025, 12 months after frontline workers completed the training program, and conducting follow-up interviews with a selection of frontline workers

who completed the survey. Below, we provide an overview of the methodology of each evaluation stage.

Surveys

Frontline workers were recruited from the eSafety and SPC frontline worker training workshop on TFGBV run in Nadi, Fiji, in November 2024. The workshop brought together frontline workers who conducted work across 11 countries (Fiji, Samoa, Tonga, Kiribati, Vanuatu, Tuvalu, Papua New Guinea, Federated States of Micronesia, Republic of the Marshall Islands and Solomon Islands). All workshop attendees (n=23) were invited to participate in a pre- and post-training survey, and as part of the post-training survey, they could express an interest in participating in an interview. A total of 16 frontline workers completed both the pre- and post-training surveys, three completed only the pre-training survey, and four completed only the post-training survey.

Stage one

The initial pre- and post-training survey instruments were delivered in paper form and combined a series of closed and open-ended questions. The surveys were handed out and collected by two people and then scanned and saved to a secure server to which only the research team had access. Hard copies were also retained by the lead researcher. Frontline workers were asked to create a unique identifier code to enable tracking of responses across the surveys.

The survey instruments were designed to capture frontline workers' reflections on the nature, forms and impacts of TFGBV, challenges in supporting victim-survivors, the current practice and needs of frontline workers in identifying, responding to and addressing TFGBV, perceptions of the effectiveness of the training, and future training needs. The survey was adapted from existing instruments utilised in sector-led and government research (Cortis et al., 2018; Dorozenko & Chung, 2018; Woodlock, 2015), and previous research undertaken by members of the research team (Flynn et al., 2021, 2023, 2024).

Stage two

In stage two, all frontline workers (n=23) who completed the training workshop on TFGBV run in Nadi, Fiji in November 2024, were contacted via email and invited to participate in a six month post-training survey in May 2025. One frontline worker who had attended the survey

had since left their position, reducing the total number of possible frontline workers to 22. Frontline workers were provided with a link to the survey and given four weeks to complete the survey. A total of 12 frontline workers completed the survey.

The survey instrument was developed online using Qualtrics and included a series of closed and open-ended questions. Frontline workers were asked if they remembered their unique identifier code to enable response tracking. If they did not remember, they were prompted to create a new unique identifier code using the same requirements. This enabled us to track responses across the two stages.

Like the post-training survey in stage one, the survey instrument was designed to capture perceptions of the effectiveness of the training, whether the training had impacted on frontline workers' confidence levels in responding to victim-survivors of TFGBV, whether the survey had impacted on their individual or organisational behaviours/approaches to TFGBV, and future training needs.

Stage three

All frontline workers (n=22) were again contacted via email and invited to participate in a 12 month post-training survey in November 2025. Frontline workers were provided with a link to the survey and given four weeks to complete the survey. A total of nine frontline workers completed the survey.

As with stage two, the survey instrument was developed online using Qualtrics and included a series of closed and open-ended questions. Frontline workers were again asked if they remembered their unique identifier code to enable tracking of responses across all stages. If they did not remember, they were prompted to create a new unique identifier code using the same requirements. This enabled us to track responses across the three stages.

The same survey instrument developed in stage two was used in stage three. A breakdown of respondent demographics for all three stages is provided in Table 1 below¹.

¹ One respondent selected Samoa as their country of work at Stages 1 and 3. As no Samoan organisations participated in the training, this likely reflects cross-country work rather than Samoan organisational representation. One male-identifying respondent appears at Stages 2 and 3; no male-identifying respondents were recorded at Stage 1. This may reflect a respondent who did not attend the training but completed follow-up surveys, or a difference in self-identification at the time of survey completion. Both have been retained in the dataset and reported transparently.

Survey Analysis

Descriptive statistical analysis was performed using data collected through Qualtrics Analytics, with initial processing conducted in the platform. Further analysis was carried out in Excel. Frequency distributions and cross-tabulations were generated to examine key demographic and characteristics of frontline workers, including age, role duration, organisation type and geographic representation. Heat maps were created in Excel to visually depict findings, making patterns in the data more easily interpretable.

Thematic analysis was performed on open-ended responses to capture key concerns, challenges and recommendations. Responses were reviewed and categorised into emerging themes, including barriers to legal and institutional support, gaps in training, and the effectiveness of prevention strategies. These qualitative insights complemented the quantitative findings, providing a more comprehensive understanding of frontline workers' experiences and perspectives on TFGBV.

Table 1: Demographic and professional characteristics of frontline workers across stage one (n=19), 2 (n=12) and 3 (n=9)

Characteristic	Category	Stage one (n=19) %	Stage two (n=12) %	Stage three (n=9) %	Trend
Age	18-24 years	10.5	8.3	0.0	The age profile shifts slightly over time, with early-career frontline workers (18-24 years) present at baseline but absent by stage three. Representation consolidates around the 25-34 age group at 12 months, while mid-career dominance (35-44 years) declines.
	25-34 years	21.1	16.7	33.3	
	35-44 years	36.8	41.7	22.2	
	45-54 years	10.5	25.0	11.1	
	55+ years	10.5	8.3	11.1	
	Not answered	10.5	0.0	22.2	
Gender	Female	89.5	91.7	77.8	Across all three stages, the cohort remains predominantly female. However, stage three shows increased gender diversity, with male and non-binary representation rising compared to earlier waves.
	Male ²	0.0	8.3	11.1	
	Non-binary	0.0	0.0	11.1	
	Transgender	0.0	0.0	0.0	
	Other	10.5	0.0	0.0	
Organisation Type	Domestic and family violence service	68.4	58.3	44.4	Domestic and family violence services consistently represent the largest organisational group, though their
	Sexual assault service	42.1	0.0	0.0	

² A male-identifying respondent is present in both the Stage 2 and Stage 3 data. No male-identifying participants were recorded at Stage 1, which aligns with the known attendee profile of the training workshop. This may indicate a participant who was not present at the training but took part in the follow-up surveys, or a variation in self-reported identity across survey rounds.

	Legal service	42.1	0.0	0.0	proportional dominance declines slightly by stage three. Legal and sexual assault services present at baseline are not retained in follow-up stages. SOGIESC services increase substantially at 12 months, suggesting stronger sustained engagement within this sector.
	Health service	15.8	8.3	11.1	
	Education	10.5	0.0	0.0	
	Government	10.5	16.7	0.0	
	Multicultural service	5.3	0.0	0.0	
	SOGIESC service	5.3	0.0	22.2	
	Youth service	5.3	0.0	11.1	
	Disability service	0.0	0.0	0.0	
	Other	26.3	16.7	11.1	
Country	Fiji	36.8	25.0	22.2	Fiji remains consistently represented across all stages, while Tonga increases in prominence at stage three. Kiribati and Micronesia are not retained at 12 months.
	Kiribati	10.5	16.7	0.0	
	Micronesia	10.5	8.3	0.0	
	Tonga	10.5	8.3	22.2	
	Samoa ³	5.3	0.0	11.1	
	Vanuatu	5.3	0.0	11.1	
	Other	21.1	41.7	33.3	

³ At Stages 1 and 3, one respondent indicated Samoa as their country of work. Given that no Samoan organisations or government agencies were represented at the training, it is probable that this individual operates across several Pacific Island nations, including Samoa, rather than being affiliated with a Samoan organisation.

Current Role Duration	Less than one year	21.1	8.3	0.0	Early-tenure frontline workers (<1 year) decrease across waves, suggesting lower long-term retention among newer staff. By stage three, representation shifts toward practitioners with 1-5 years and those with 11+ years in role. The emergence of 21+ year tenure at 12 months indicates stronger participation from highly experienced professionals in later follow-up.
	1-5 years	36.8	33.3	44.4	
	6-10 years	15.8	50.0	0.0	
	11-15 years	15.8	8.3	22.2	
	16-20 years	5.3	0.0	11.1	
	21+ years	5.3	0.0	22.2	
Work Focus (DV)	Main focus	84.2	75.0	77.8	A strong frontline focus is sustained across all stages, with the majority of frontline workers reporting domestic and sexual violence work as the main focus of their role. Stage two and 3 frontline workers are entirely composed of practitioners directly engaged in DV work.
	Small part	10.5	25.0	22.2	
	Never worked directly	5.3	0.0	0.0	
	Previously worked but not currently	0.0	0.0	0.0	
Experience with DV	Less than one year	0.0	0.0	11.1	Experience levels become more evenly distributed over time. While early-career experience (1-5 years) is dominant at baseline, stage three shows greater representation among mid- and senior-experience practitioners (11-20 years). No frontline workers across stages report more than 21 years of specialised DV experience.
	1-5 years	44.4	41.7	22.2	
	6-10 years	22.2	41.7	22.2	
	11-15 years	16.7	16.7	22.2	
	16-20 years	16.7	0.0	22.2	
	21+ years	0.0	0.0	0.0	
Work Location	Capital city	63.2	66.7	33.3	Stages 1 and 2 are predominantly metropolitan, with capital city representation exceeding 60.0%. stage three reflects a notable
	Rural	21.1	25.0	44.4	

	Regional centre	0.0	8.3	11.1	shift toward rural and remote representation, with rural practitioners comprising the largest group at 12 months.
	Remote	0.0	0.0	11.1	
	Other	0.0	0.0	0.0	
Education	High school / Secondary College	0.0	8.3	22.2	Vocational qualifications remain the most common educational background across all stages. However, stage 3 reflects a decline in university-degree representation and an increase in frontline workers with secondary or sector-delivered training.
	Sector-delivered professional development	0.0	0.0	11.1	
	Certificate / Vocational / TAFE	42.1	33.3	44.4	
	Undergraduate Degree	36.8	41.7	11.1	
	Postgraduate Degree	21.1	16.7	11.1	

Note: Percentages reflect the distribution within each stage. *Participants who selected 'Other' for gender did not specify their gender-identity

Interviews

Initial post-training interviews

Five semi-structured online interviews of approximately 40 minutes duration were conducted with frontline workers in January and February 2025. While 13 frontline workers expressed interest in participating, the busy nature of frontline worker work resulted in only seven frontline workers having capacity, and two of these ultimately withdrew due to workload demands. This outcome demonstrates some of the challenges experienced by frontline workers.

The frontline workers interviewed represented five Pacific Island countries: Fiji, Tonga, Tuvalu, Solomon Islands, and Vanuatu. Ages ranged from 29-69 years, with between seven months and 20+ years' experience in the sector. All frontline workers identified as women. The interviews were designed to supplement the survey data to provide more in-depth insights into challenges in supporting victim-survivors, perceptions of the training and confidence levels in supporting victim-survivors post completing the training. All interviews were recorded and transcribed using either a research assistant or the automated Zoom transcription. The transcripts were then de-identified. Each of the frontline workers were assigned pseudonyms to protect their identity, which are provided in Table 2.

Table 2: Interview respondent pseudonyms

Pseudonym	Country of Origin
Mere	Solomon Islands
Kiana	Vanuatu
Ailana	Tuvalu
Alice	Tonga
Enele	Fiji

12 month post-training interviews

When completing the 12 month post-training survey, frontline workers were also asked to express interest in a follow-up interview to discuss their responses. Eight frontline workers expressed an interest in an interview, but only two ultimately participated in interviews in November 2025.

The frontline workers interviewed represented two Pacific Island countries: Fiji and the Solomon Islands. The interviews were designed to supplement the survey data to provide more in-depth insights into frontline workers' experiences with the training, and whether it had changed their behaviour and confidence levels in responding to TFGBV at both an individual and organisational level.

All interviews were recorded and transcribed using the automated Zoom transcription. The transcripts were then de-identified. Frontline workers were assigned pseudonyms to protect their identities, which are provided in Table 3 below.

Table 1: Interview respondent pseudonyms

Pseudonym	Country of Origin
Mary	Solomon Islands
Alitia	Fiji

Interview analysis

The qualitative data elicited from the interviews were analysed using reflexive thematic analysis (Byrne, 2022; Clarke & Braun, 2021) in Dovetail; a qualitative software program that enables team coding. To begin, a coding frame that reflected the research objectives was developed to guide the analysis. In the first stage, the interview transcripts were read and re-read individually, and initial impressions, codes and ideas were noted under each theme of the coding frame. Next, the research team compared and collated the codes under each theme. Themes were then collectively analysed to ensure that each had sufficient supporting data. The team then selected quotations from the transcripts to support each of the theme.

Stage one findings

“eSafety did a very good job on running the trainees’ training, and they did tap into a very good set of people from different Pacific Island countries with different backgrounds, especially having counsellors on the space, because, from my experience they are very much aware about GBV. But somehow, they are also new to the space of TFGBV. So, it was good to be around them. Hear their experiences. So, it was a good set of training. I don’t think there’s a gap, but I do feel that it is important for us, especially the attendees, to take the key learnings, and to do the extra bit from our end, to take it out during the awareness, and just to take the information forward to as many people as possible”. (Enele)

Top-level summary

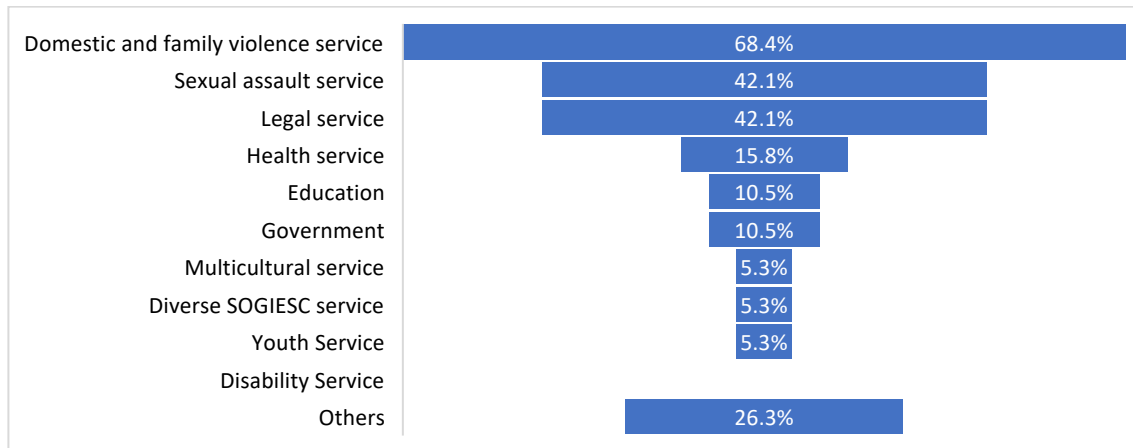
Overall, frontline workers reported a moderate level of confidence in understanding and responding to TFGBV. They were lacking in confidence in several crucial aspects, such as knowledge of criminal laws, evidence collection, and addressing the needs of diverse victim-survivors. The pre-training survey revealed a significant knowledge gap, as well as a need for a more coordinated approach in the sector between government agencies, law enforcement, schools and advocacy groups. Additionally, frontline workers highlighted the need for policy-driven solutions and institutional support, as well as culturally relevant training, particularly in the Tongan language, ensuring that the content is accessible and meaningful to local communities. Frontline workers also highlight key challenges in supporting victim-survivors of TFGBV, including limited awareness and education, weak referral and support systems and gaps in legal and institutional frameworks.

Overview of frontline workers

The majority of frontline workers who participated in the pre- and/or post-training surveys (36.8%) were aged 35-44 years, indicating a mid-career demographic. A smaller proportion were younger (21.1% 25-34 years; 10.5% 18-24 years), suggesting fewer early-career individuals in the sample. As evident in Figure 1, most frontline workers worked in domestic and family violence services (68.4%), followed by sexual assault services and legal services (42.1% each). This indicates that the sample predominantly represents frontline workers dealing with sensitive interpersonal issues. Other sectors like health, education, and

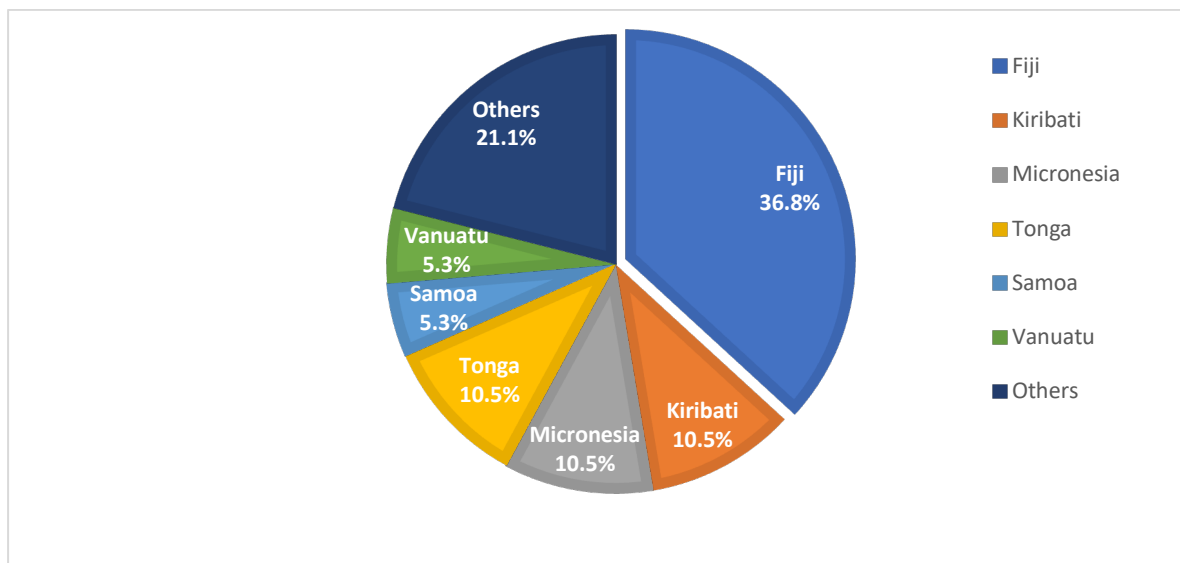
government are represented, though at lower rates, showing diverse, but secondary involvement.

Figure 1: Organisation type



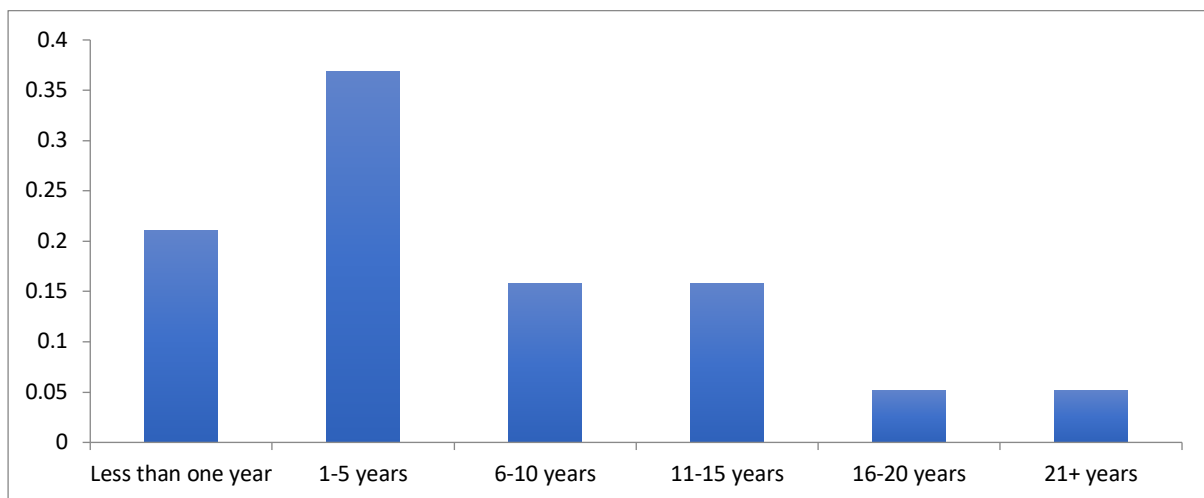
A significant portion of frontline workers (36.8%) worked in Fiji (see Figure 2), with smaller proportions in Kiribati, Micronesia, Tonga, Samoa, and Vanuatu. The “Other” category (21.1%) reflects individuals from other Pacific Island nations or regions (such as Papua New Guinea, the Solomon Islands and Tuvalu), suggesting a diverse geographic spread of frontline workers.

Figure 2: Geographic representation



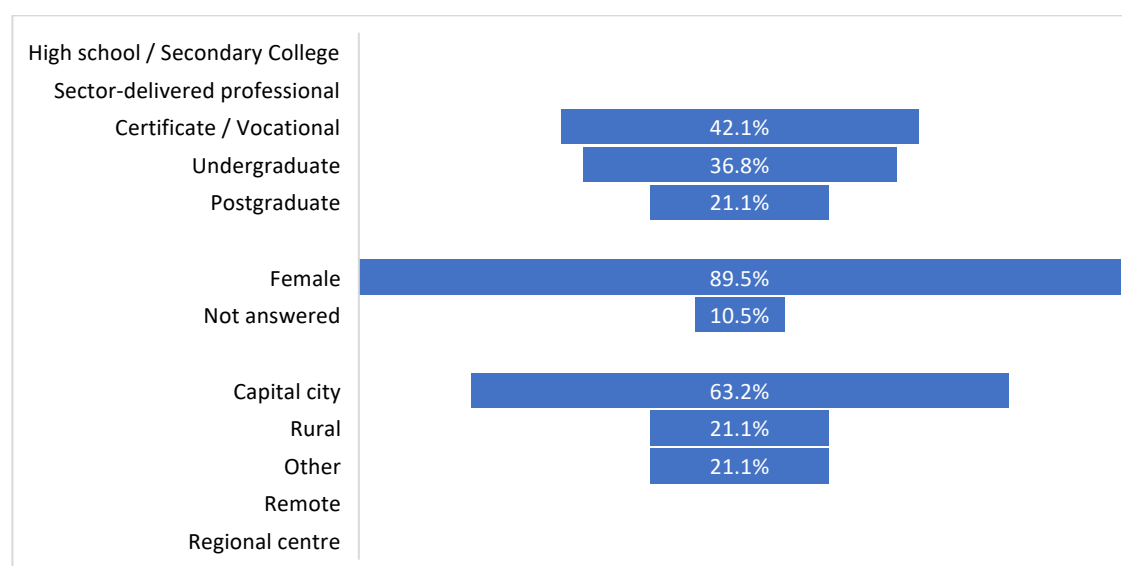
As outlined in Figure 3, the majority of frontline workers (36.8%) had been in their current role for 1-5 years, indicating a relatively stable workforce with some experience in their positions. A smaller proportion (21.1%) were newer to their roles, having less than one year of experience. Those with longer tenure were fewer, with 15.8% in their roles for 6-15 years, and only 10.6% (5.3% each) having 16 or more years of experience. This suggests a mix of fresh perspectives and established expertise within the workforce.

Figure 3: Experience level (current role)



The majority of frontline workers (89.5%) identified as female, underscoring the gendered composition of the workforce (see Figure 4). Education level was notable, with 57.9% holding undergraduate or postgraduate degrees, while 42.1% possessed vocational qualifications, reflecting a blend of academic and practical training backgrounds. Most frontline workers (63.2%) were based in capital cities. Rural areas and “Other” locations each accounted for 21.1% of frontline workers, while no frontline workers reported working in remote or regional centre locations.

Figure 4: Education, gender and work location



Figures 5 to 7 show that across age groups, educational attainments and career stages, a clear narrative emerged about how frontline workers navigate their paths through various organisational roles. Early-career frontline workers, particularly those with less than five years' experience, predominantly joined domestic and family violence services (21.1%), sexual assault services (10.5%) or legal services (10.5%). These sectors remain prominent among those with 6-10 years' experience (15.8% each), reflecting strong retention and career pathways. As individuals transition to mid-career stages (11-15 years), their expertise diversifies into health services, domestic and family violence services, sexual assault service and legal services (10.5% each), while the largest workforce group, aged 35-44 years, displays significant representation in domestic and family violence services (26.3%), sexual assault services (21.1%), and legal services (21.1%).

Figure 5: Experience level (current role) distribution across the type of organisation

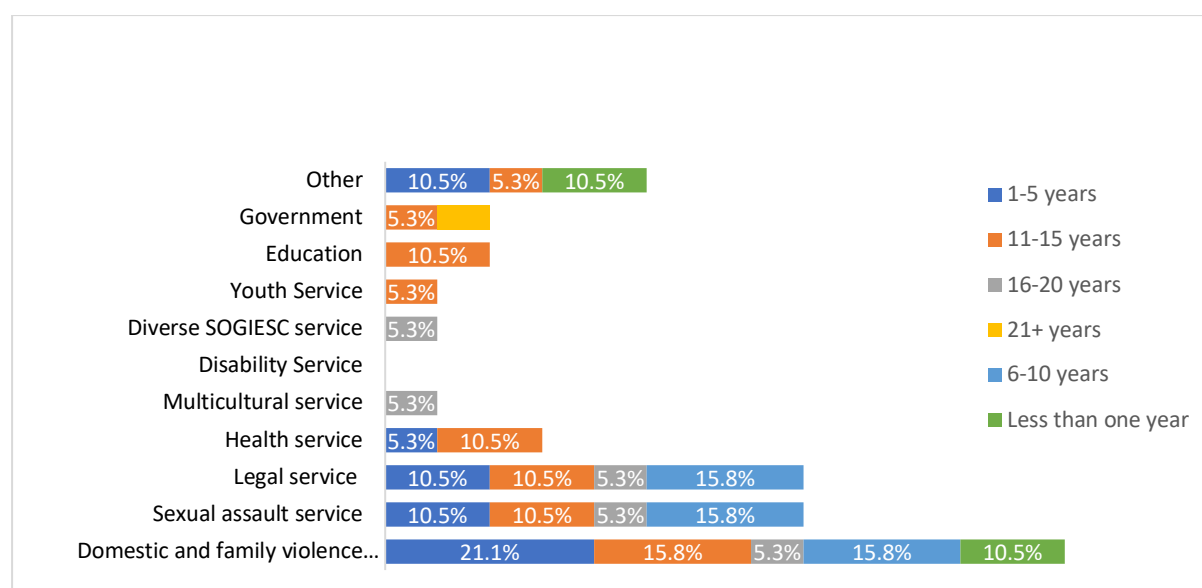
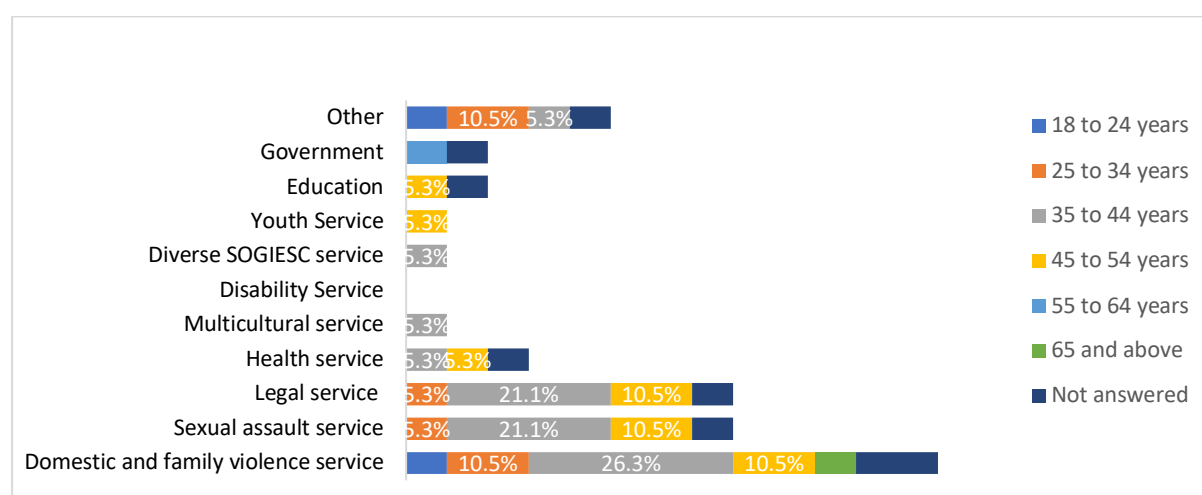
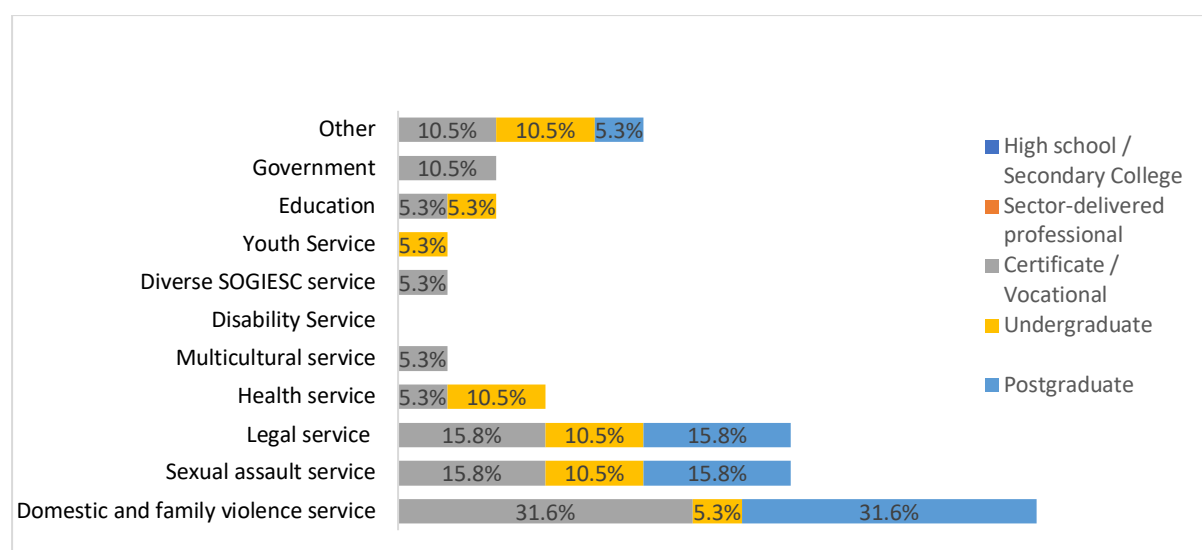


Figure 6: Age level distribution across type of organisation



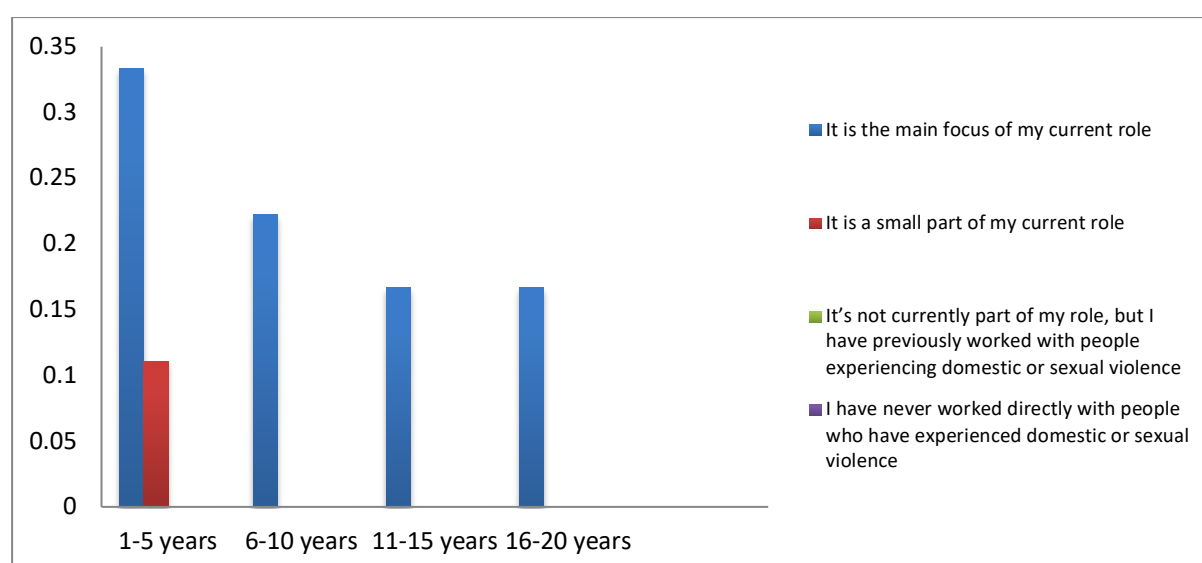
Advanced degrees play a role, with postgraduate holders contributing specialised knowledge across sectors. Senior frontline workers aged 45-54 years bring versatility, engaging equally in domestic and family violence services, legal services, and youth services (10.5% each), while those aged 55-64 years transition into leadership, with 5.3% represented in government roles. Even in later years, frontline workers aged 65+ years remain active, demonstrating a lifelong dedication to advocacy through roles in domestic and family violence services (5.3%). The results suggest a workforce deeply committed to societal wellbeing, where education and experience align to meet evolving frontline workers aspirations.

Figure 7: Level of education across type of organisation



As outlined in Figure 8 below, the data illustrate the cumulative years of experience frontline workers have in addressing domestic or sexual violence, regardless of whether it was gained in their current or past roles. Among frontline workers with 1-5 years of experience, 33.3% reported that addressing domestic or sexual violence is the focus of their current role, while 11.1% indicated it is a small part of their responsibilities. However, no one in this group or any of the more experienced categories (6-10 years, 11-15 years, or 16-20 years) reported previously working with such cases or having no experience in this area. For frontline workers with 6-10 years of experience, 22.2% stated that it is the main focus of their role, while this figure decreased to 16.7% for those with 11-15 years and 16-20 years of experience. The consistent absence of representation in the latter two categories suggests that these roles primarily retain focus on individuals currently engaged in domestic or sexual violence work, rather than transitioning to other types of responsibilities over time.

Figure 8: Cumulative experiences versus frequency of working directly with victim-survivors



Respondent confidence levels pre-training attendance

The heat map below (Figure 9) illustrates several key trends in confidence levels among frontline workers related to TFGBV, before undertaking the training. A significant portion of frontline workers (around 36.0-57.1%) reported moderate confidence across most areas, including recognising signs of TFGBV, assessing risk, and addressing the needs of women, children, and marginalised groups. However, as Figure 1 shows, there was a notable lack of confidence in several crucial aspects, such as knowledge of criminal laws, evidence collection, and addressing the needs of diverse victim-survivors, with a large proportion (ranging from 15.8-26.3%) feeling slightly or not at all confident. While some areas, like referral options and practical safety planning, show higher confidence levels, the overall trend suggested that pre-the *Train the Trainer* workshop, there was a need for further education and training, especially in legal knowledge and culturally competent responses to TFGBV. This highlighted a gap in expertise and underscored the importance of capacity-building to improve confidence in TFGBV.

Figure 9: Heat Map. Key trends in confidence levels among frontline workers related to TFGBV pre-training

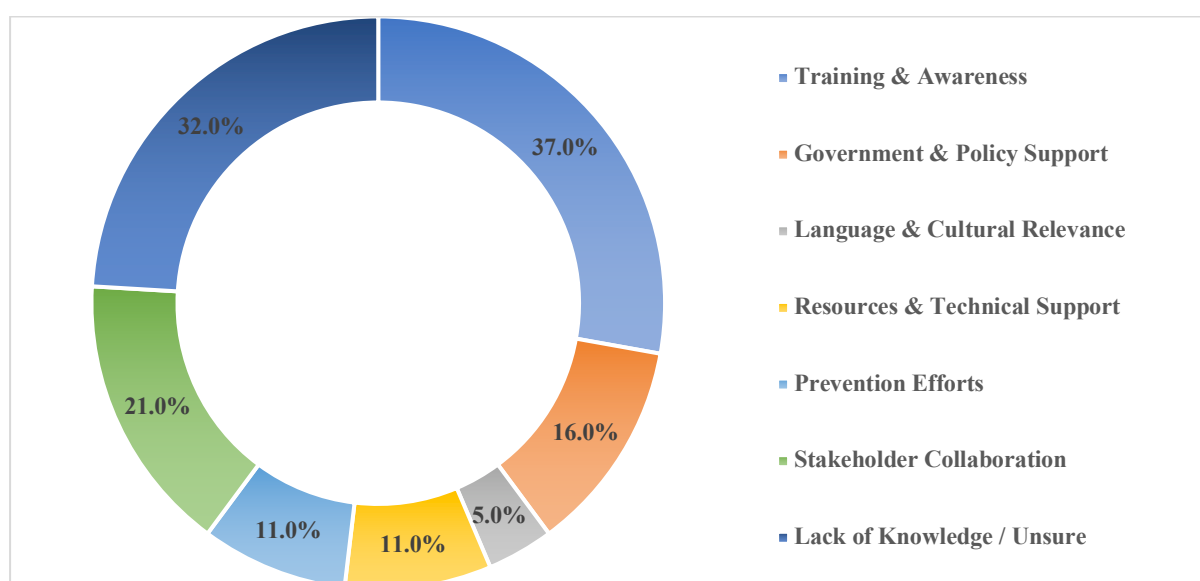
	Not at all Confident	Slightly Confident	Moderately Confident	Confident	Very Confident
Recognising the signs of different forms of TFGBV	0.0%	14.3%	57.1%	28.6%	0.0%
Knowledge of the criminal laws addressing different forms of TFGBV in your country	15.8%	26.3%	42.1%	10.5%	5.3%
Knowledge of how to collect evidence and document TFGBV	21.1%	26.3%	36.8%	10.5%	5.3%
Assessing risk for women experiencing TFGBV	15.8%	21.1%	47.4%	15.8%	0.0%
Practical safety planning for women experiencing TFGBV	15.8%	26.3%	42.1%	10.5%	5.3%
Knowledge of referral options for women experiencing TFGBV	10.5%	10.5%	15.8%	47.4%	15.8%
Addressing specific needs of women with a disability experiencing TFGBV	21.1%	10.5%	21.1%	42.1%	5.3%
Addressing specific needs of sexual victim-survivors of TFGBV with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC)	21.1%	31.6%	26.3%	10.5%	10.5%
Addressing specific needs of culturally and racially marginalised victim-survivors experiencing TFGBV	5.3%	26.3%	42.1%	26.3%	0.0%
Addressing specific needs of children and young people experiencing TFGBV	5.3%	26.3%	52.6%	10.5%	5.3%
Knowledge on available resources to educate and support women on tech safety	15.8%	10.5%	36.8%	31.6%	5.3%

 Blue for lower percentages
  Red for higher percentages

Sector needs identified pre-training

As outlined in Figure 10, the pre-training insights from frontline workers reveal a significant knowledge gap regarding TFGBV, with 37.0% of responses provided identifying training and awareness as the most prominent theme. This indicated a strong demand for structured learning, as many frontline workers may have had little prior exposure to TFGBV education. Additionally, 32.0% of responses showed uncertainty or a lack of knowledge, suggesting that foundational awareness was needed before more advanced discussions of prevention and response strategies. Another key theme was the importance of multi-sector collaboration, emphasised by 21.0% of responses. Frontline workers recognised that addressing TFGBV requires coordinated efforts among government agencies, law enforcement, schools and advocacy groups, rather than being tackled in isolation. Similarly, 16.0% of responses highlighted the role of government policies and legal frameworks, indicating that frontline workers expected policy-driven solutions and institutional support to strengthen TFGBV prevention and response. Beyond policy and awareness, 11.0% of responses pointed to the need for resources and technical support and prevention efforts, suggesting that training should also equip frontline workers with strategies for mobilising funding, personnel, and technical expertise. Additionally, 5.0% of responses stressed the need for culturally relevant training, particularly in the Tongan language, ensuring that the content is accessible and meaningful to local communities.

Figure 10: Sector needs identified for addressing TFGBV pre-training



Note: Each response could fall into more than one theme, so the frequencies exceed the total number of frontline workers. Percentages are calculated out of 19 responses

Challenges when supporting victim-survivors pre-training

The biggest challenge in supporting victim-survivors of TFGBV reported pre-training appears to be concentrated in three main areas: limited awareness and education (21.1%), weak referral and support systems (15.8%), and gaps in legal and institutional frameworks (15.8%) (see Table 4 below). Frontline workers stressed that victim-survivors, especially young women, often lack the knowledge and confidence to seek help, while providers themselves need more training and skills. Weak referral pathways and the absence of dedicated organisations further hinder survivors' access to support. In addition, laws remain inadequate, and enforcement is slow, leaving perpetrators (often) unpunished. Other barriers included procedural and evidentiary difficulties (10.5%), individual-level challenges such as compassion fatigue (10.5%), and social stigma and victim-blaming (5.3%). Less frequent but notable themes were marginalisation of vulnerable groups, donor-driven or fragmented programs, resource constraints and broader gender inequality.

Table 4: Frontline workers' challenges and barriers in supporting victim-survivors' TFGBV pre-training

Theme	Sub-themes	Frequency of mentions	Percentage
Weak referral and support systems	No organisations specifically for TFGBV (“Referring victims to service providers doesn’t work... no organizations as such”); Need reliable referral pathways (“referral process... recognized by all spaces”); Difficulty directing victims after counselling (“Taking referrals to appropriate services after counselling”)	3	15.8%
Lack of legal and institutional framework	No laws to criminalise TFGBV (“We do not have a strong legal framework”); Lack of police/legal system support and delays (“lack of support in police and legal systems... cases take longer”); Lack of awareness of legislation (“my lack of awareness of legislations in my country”)	3	15.8%
Limited awareness and education	Young women/girls lack awareness and confidence (“Biggest challenge is for young women... to understand the risks and ask for help”); Need for information (“To know more about TFGBV, to learn more about it”, “Need more information on TFGBV and risks”); Lack of skills (“Have no skills on TFGBV”)	4	21.1%
Marginalisation and vulnerability	Barriers for SOGIESC and disability groups (“When victims come from a SOGIESC or from disabled community it becomes difficult”)	1	5.3%
Social stigma and victim-blaming	TFGBV normalised (“TFGBV has been normalized”); Victims blamed (“people often say victims brought this upon themselves”)	1	5.3%
Procedural and evidentiary barriers	Complex court/police process (“court process combined with registration... many survivors not informed”)- Difficulty identifying perpetrators (“challenging... identifying the perpetrator”)	2	10.5%
Donor-driven/fragmented programs	Programs driven by donors, not communities (“mixed messages and programs being donor driven instead of people driven”)	1	5.3%
Resource and capacity constraints	Limited resources, knowledge, capacity (“limited resources for support, not enough knowledge”)	1	5.3%
Individual-level challenges	Compassion fatigue (“Compassionate fatigue”)- Interference from relatives/friends (“Interference of the victims close relatives and friends”)	2	10.5%

Gender inequality	Broader gender inequality as barrier	1	5.3%
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Note: Each subtheme could fall into more than one theme, so the frequencies exceed the total number of frontline workers. Percentages are calculated out of 19 responses.

The most frequently mentioned challenge was the lack of awareness and training among police and legal services (see Table 5 below), with frontline workers noting that police officers often lacked knowledge, were insensitive in their responses, or confused TFGBV with other forms of violence. Another major theme was the absence of strong legal and institutional frameworks. Laws were described as weak or non-existent, leaving police and courts without the authority to act effectively. Where legal mechanisms did exist, frontline workers reported delays and difficulties accessing digital evidence, resulting in perpetrators rarely being held accountable. Frontline workers also described cases not being taken seriously, with police dismissing reports, referring them to village mediation, or encouraging informal compensation. Additional barriers included fear of stigma and lack of confidentiality, cultural and religious norms reinforcing patriarchal attitudes, limited survivor-centred approaches, and insufficient resources or technical expertise.

Table 5: Challenges and barriers in seeking support for TFGBV pre-training

Theme	Sub-themes	Frequency of mentions	Percentage
Lack of legal and institutional framework	No specific laws addressing TFGBV; weak legal framework; police and courts lack authority.	6	32.0%
Lack of training and awareness among police and legal services	Police officers and legal services lack knowledge, training, and technical expertise to handle TFGBV cases.	7	37.0%
Fear of stigmatisation and lack of confidentiality	Victim-survivors fear judgment, embarrassment, and lack trust due to poor confidentiality in services.	4	21.0%
Time delays and lack of evidence	Legal process is slow; evidence is often erased; victim-survivors struggle to access digital proof.	5	26.0%

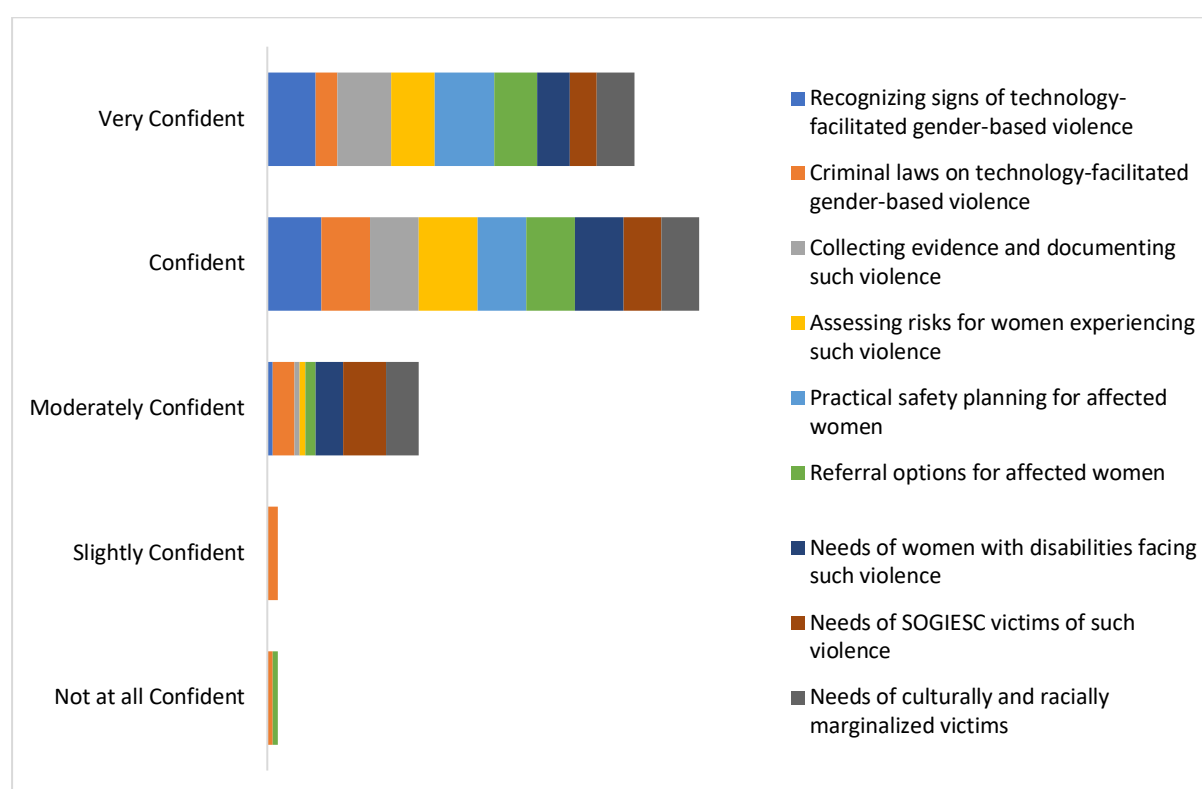
Cultural and social barriers	Patriarchal structures, religious barriers, and social norms prevent victim-survivors from getting justice.	3	16.0%
Lack of victim-survivor-centred approaches	Service providers are not trained or sensitised; perpetrators sometimes have connections to authorities.	4	21.0%
Cases not taken seriously	Police dismiss cases, refer them to informal mediation, or fail to provide proper support.	6	32.0%
Limited support services and resources	Lack of trained personnel, cybersecurity expertise, and survivor-focused services.	3	16.0%

Note: Each subtheme could fall into more than one theme, so the frequencies exceed the total number of frontline workers. Percentages are calculated out of 19 responses.

Respondent confidence levels post-training

The post-training survey results showed a significant increase in frontline responders' confidence in addressing TFGBV (see Figure 11). Notably, 95.0% of frontline workers felt confident in recognising signs of TFGBV, with 45.0% feeling very confident. Similarly, 95.0% expressed confidence in collecting evidence, and 100% felt prepared for practical safety planning, indicating effective training in these areas. However, there remain critical areas for improvement. Only 65.0% felt confident about criminal laws related to TFGBV, with just 20.0% being very confident, highlighting a need for further education on legal frameworks. Additionally, confidence in understanding the needs of women with disabilities was lower, with only 30.0% very confident. Moderate confidence was noted for the specific needs of SOGIESC individuals (25.0%) and culturally marginalised victim-survivors (35.0%). These gaps emphasise the necessity for ongoing training and resources to support marginalised groups effectively.

Figure 11: Post-training frontline responders' confidence in handling TFGBV



Interview frontline workers expanded on their confidence in their knowledge and skills they developed after participating in the training:

I am very confident. I understand the information. I have the skills and understand the process. (Kiana)

One frontline worker noted the usefulness of the resources provided in the training:

I think I'm very confident especially with the training, because [it had] a good set of resources there as well. (Enele)

When asked whether they had the confidence to deliver this training to others, almost all the frontline workers interviewed said yes:

Yes, definitely. (Enele)

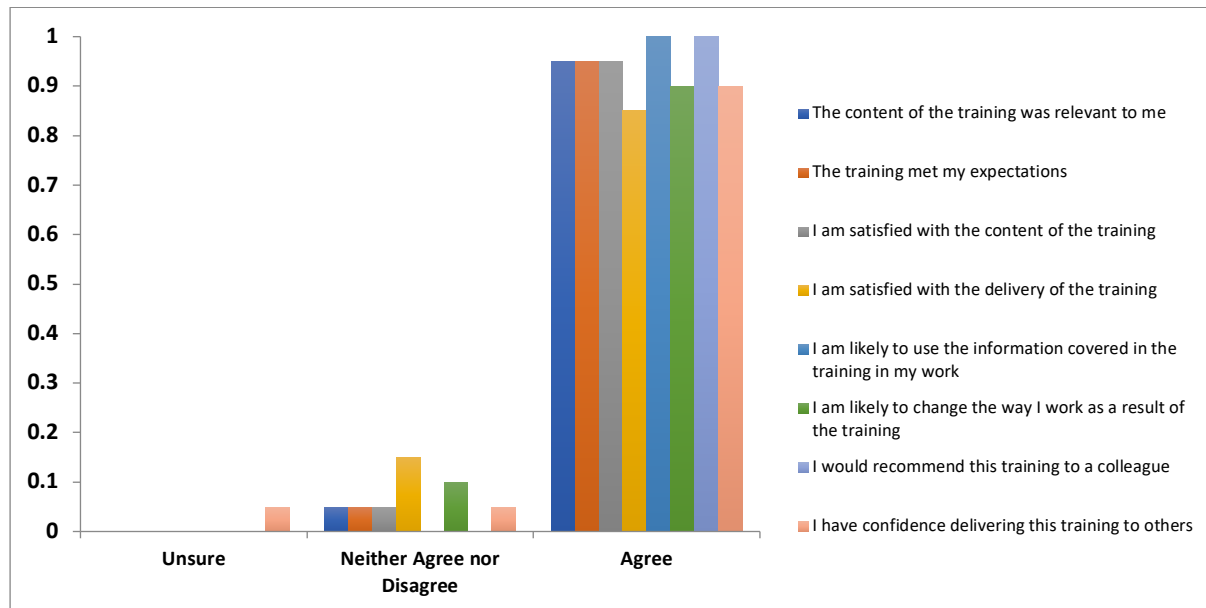
Kiana, for example, referenced the skills and knowledge she gained in the training as the foundation of her confidence:

Yes, I do. As long as I understand the information and I have the skills, facilitation skills and everything. Yes, I do have confidence.

Perceptions of the effectiveness of the training

Overall, the training was considered highly effective immediately post its completion, with 95.0% of frontline workers agreeing that the content was relevant and met their expectations. As outlined in Figure 12, satisfaction with the content and delivery was very high, with 95.0% expressing satisfaction with the content and 85.0% satisfied with the delivery, though there is a small portion (15.0%) who were neutral about the delivery. A significant 100.0% of frontline workers believed they would apply the information in their work, and 90.0% expected to change the way they work because of the training. Additionally, all frontline workers would recommend the training to others, highlighting its value. Confidence in delivering the training to others was also strong, with 90.0% feeling capable of doing so. Overall, the feedback suggests the training was impactful immediately after the training had concluded, though as we discuss in more detail shortly, there may be opportunities for improvement in the delivery aspect for a small portion of frontline workers.

Figure 12: Post-training feedback and respondent confidence overview



Similar comments were identified in the interviews:

I am very satisfied with the training. (Mere)

Enele who does not work in a women's crisis centre, reported that she gained useful insights into what frontline workers are facing on the ground, and how she can incorporate their perspectives into the work she does:

Getting the experiences of what a counsellor's approach would be or what a centre a women's centre approach would be so that was something that was one of the key learnings to see how the approaches and something I like to keep in mind when we do come across such [TFGBV] cases.

She immediately shared the insights and resources she gained from the training when she returned to the office:

I remember coming back to the office and sharing it with the team. There were online resources shared with us as well, which I forwarded to the team to take learnings from.

Kiana was very enthusiastic when she described the relevance of the training and her work:

[I found it] very, very relevant to my management, the training and dissemination of information to clients. And the methods how to train other counsellors.

Frontline workers such as Aliana also discussed the usefulness of the techniques, she learned during the training to help clients:

Training is really fruitful. And it really helps me. It really contributes to my learning journey and my working you know, as a counsellor, it really provides me with techniques as well. Especially in the area that I work providing the first level of support to victims.

The frontline workers who attended the program reported that the information and knowledge they gained through the training had been very useful in their client-facing work:

I was able to utilise TFGBV resources that I've gained and the skills that I gained from the training. (Aliana)

Kiana reported that she had taken the knowledge about TFGBV beyond her workplace and reported that she planned to undertake the training with counsellors in the more remote provinces:

I have been like personally, before, talking about technology, facilitated abuse, tool members of the family and other people.

Continuing the theme of applying the knowledge beyond their workplace, Mere discussed in her interview how she was taking her knowledge about the forms and harms of TFGBV to the level of government policy:

Yesterday we had a knowledge building workshop on women, peace and security, because we are trying to review our national action plan for women, peace and security and then we've talked about cyber security and all this and then I mentioned the tech-facilitated GBV with all the other frontline workers. Most of them, it's new to them and

they really like how I explain to them they have been experiencing that, but they didn't notice.

Challenges when supporting victim-survivors post-training

Almost all the frontline workers we interviewed reported that the lack of resources was the biggest challenge they face when supporting victim-survivors of TFGBV. The primary types of resources identified in the interviews fell into two key categories: infrastructure, such as safe houses, and staffing. Regarding the latter type of resource, frontline workers noted that while more women are coming forward seeking help, the organisations they work for do not have enough staff to provide the counselling services required:

The biggest challenge supporting victim-survivors for technology-facilitated GBV as well as any domestic violence cases I'd say, [is that] currently we don't have enough counselling service. (Mere)

This challenge is compounded by the infrastructural barriers concerning the location of the services, which tend to be clustered in the major cities:

Most of the services are only here in the capital. But we have a lot of women in the provinces that are experiencing the same issue but couldn't get the support. So, like decentralising the services back to the provinces would be I'd say it's a challenge for us, for women in the provinces to access the services. (Mere)

What this means is that women living in rural and remote areas have a more difficult time accessing services and seeking help and are therefore at risk of being further disadvantaged.

Another resource-related issue that was highlighted in the interviews was regarding safe houses for women leaving violent situations:

We're working to have a safe house for survivors. We are still working toward that. But currently, we don't have an existing one in place right now. So that is another challenge that I might mention here. (Ailana)

Enele, who works for an organisation that receives complaints of online harassment from women, reported that the process can be time-consuming when trying to take a social media post down, which is frustrating both for her and victim-survivor:

A lot of the times when in such cases the complainants require us to provide them with immediate assistance. Although we try to do that there are times when it takes a bit of time.

She went on to explain that they also receive complaints that do not violate social media policies, when the post is something that someone's family does not agree with:

We get the post [taken] down, because that particular post has not necessarily gone against any community guidelines. So, they have their own set of restrictions that we are bound to. There are things that we are able to help with, and there are things that we can do very little about. (Enele)

Suggestions to strengthen the training

The most common feedback on strengthening the training identified in the interviews was to have follow-up training sessions in frontline workers' own home countries:

It would be quite good if the facilitators can come to Vanuatu. If they can come in and provide the training to the counsellors here, so that the counsellors can disseminate the information to the clients, and that is how it will spread out to the communities. (Kiana)

Kiana also suggested that future training include information on:

How to deliver the training to the communities ... [so they] can plan something for a day with the women in the community to talk about tech virtual, facilitated abuse. (Kiana)

Related to the feedback about follow-up training sessions, was the desire for contextualised training:

I would say contextualising the training would help us, because the training that I attend to me is okay, but when delivering the training back to our frontliners here and those frontliners go back in the province, we need to contextualise the training so that all of us can understand it on the same page when delivering the training. That's what I can say from my end in terms of improving the training just contextualise it. (Mere)

This was also identified in the survey responses (see Table 6). The most common suggestions for enhancing the training were related to its contextualisation and language adaptation, with five frontline workers mentioning the need to simplify language and use local examples to improve understanding. Other suggestions included providing additional resources, such as pamphlets or activity guides (2 mentions), adapting the training for different experience levels (1 mention), and ensuring ongoing training or follow-up sessions (1 mention). Frontline workers also suggested making the delivery more engaging (1 mention), extending the training duration (1 mention), and addressing mental health aspects like self-care and burnout prevention (1 mention). These suggestions reflect the need for tailored, ongoing support and more engaging, accessible training delivery methods.

Table 6: Most common suggestions to strengthen the training

Theme	Frequency of mentions	Percentage
Contextualisation and language adaptation	5	26.3%
Training delivery for diverse experience levels	1	5.3%
Additional resources for frontline workers	2	10.5%
Training frequency and follow-up	1	5.3%
Engaging delivery methods	1	5.3%
Extended training duration	1	5.3%
Self-care and burnout prevention	1	5.3%

Note: Each subtheme could fall into more than one theme, so the frequencies exceed the total number of frontline workers. Percentages are calculated out of 19 responses.

Regarding the sector's needs for addressing TFGBV, as outlined in Table 7, the most significant need identified was capacity building and training, which appeared in 10 responses, revealing significant knowledge and skill gaps among law enforcement, service providers, and community leaders. Localisation of training and awareness (2 responses) was identified which

highlights the importance of contextualised training through translations and culturally relevant case studies. Frontline workers expressed the need for training to be conducted in local languages, making it more accessible to diverse communities.

The legal and policy frameworks theme (2 responses) suggests a need for stronger laws and regulations across Pacific nations to effectively tackle TFGBV. Some frontline workers also suggested regulating or banning certain apps (e.g., TikTok, Facebook), indicating concerns about digital platforms being used as tools for harassment.

Funding and technical support (2 responses) remain a significant barrier, with frontline workers highlighting the need for financial resources to implement training programs and develop necessary materials. This suggests that even where training initiatives exist, resource constraints may limit their effectiveness. The digital literacy and online reporting mechanisms theme (2 responses) points to a lack of knowledge about online safety measures and how to report TFGBV cases. The mention of platforms like *Take It Down*⁴ indicates that awareness about reporting mechanisms is low and needs to be strengthened. Finally, three frontline workers did not provide a response, which could suggest either a lack of awareness or uncertainty about what the sector needs to effectively address TFGBV.

Table 7: Sector needs identified for addressing TFGBV post-training

Theme	Key responses	Frequency of mentions	Percentage
Capacity building and training	Training needed for police, magistrates, NGOs, service providers, and community leaders.	10	52.6%
	Focus on digital evidence, TFGBV awareness, and enforcement-level understanding.		
	Visual materials for rural training.		
Localisation of training and awareness	Need to translate training materials and develop local case studies.	2	10.5%
	Training should be delivered in local languages for better accessibility.		

⁴ *Take It Down* is a US-based online program designed to prevent non-consensual intimate image abuse of individuals under 18 years old.

Legal and policy frameworks	Ensure all Pacific nations have laws addressing TFGBV.	2	10.5%
	Consider regulation or banning of certain apps (e.g., TikTok, Facebook) to reduce risks.		
Funding and technical support	Funds required for training programs, resource development, and technical support.	2	10.5%
Digital literacy and online reporting mechanisms	Teaching individuals how to report TFGBV cases using online platforms.	2	10.5%
	Digital literacy training to improve online safety.		

Note: Each subtheme could fall into more than one theme, so the frequencies exceed the total number of frontline workers. Percentages are calculated out of 19 responses.

The comparison between pre-training and post-training insights on the sector's needs for addressing TFGBV reveals a shift from general concerns to more specific, actionable priorities. Before the training, 35.0% of responses broadly highlighted the need for awareness and training, whereas post-training, 50.0% of frontline workers explicitly identified skill gaps in digital evidence handling, enforcement-level understanding, and rural accessibility through visual materials. Additionally, pre-training responses showed 25.0% uncertainty (or being unsure), which significantly decreased post-training, suggesting improved confidence in identifying sector needs. While legal and policy concerns were previously mentioned in general terms, post-training responses were more specific, with calls for standardised TFGBV laws across Pacific nations and even potential regulations on digital platforms like TikTok and Facebook. Localisation of training remained a key theme in both datasets, reinforcing the need for translated materials and culturally relevant case studies. A notable post-training development was the recognition of digital literacy and online reporting mechanisms; a theme absent pre-training but later identified as crucial for improving TFGBV case reporting. Lastly, funding and technical support remain ongoing challenges, with frontline workers acknowledging that while training initiatives exist, resource constraints limit their effectiveness.

Figure 9: Heat map: frontline workers' perceived usefulness of future TFGBV training topics pre-training

	Very Useful	Useful	Moderately Useful	Slightly Useful	Not at all Useful
Recognising the signs of different forms of technology-facilitated gender-based violence	78.9%	5.3%	15.8%	0.0%	0.0%
Criminal laws addressing different forms of technology-facilitated gender-based violence in your country	78.9%	10.5%	10.5%	0.0%	0.0%
How to collect evidence and document technology-facilitated gender-based violence	78.9%	10.5%	10.5%	0.0%	0.0%
Assessing risk for women experiencing technology-facilitated gender-based violence	73.7%	15.8%	10.5%	0.0%	0.0%
Practical safety planning with women experiencing technology-facilitated gender-based violence	78.9%	10.5%	10.5%	0.0%	0.0%
Referral options for women experiencing technology-facilitated gender-based violence	78.9%	10.5%	10.5%	0.0%	0.0%
Addressing specific needs of women with a disability experiencing technology-facilitated gender-based violence	78.9%	10.5%	10.5%	0.0%	0.0%
Addressing specific needs of sexual victims of technology-facilitated gender-based violence with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC)	68.4%	15.8%	15.8%	0.0%	0.0%
Addressing specific needs of culturally and racially marginalised victims experiencing technology-facilitated gender-based violence	73.7%	15.8%	10.5%	0.0%	0.0%
Addressing specific needs of young people and children experiencing technology-facilitated gender-based violence	68.4%	15.8%	15.8%	0.0%	0.0%
Resources available to educate and support women on tech safety	78.9%	10.5%	10.5%	0.0%	0.0%
Working with perpetrators of technology-facilitated gender-based violence	57.9%	26.3%	10.5%	0.0%	5.3%
Education for young people and children to prevent technology-facilitated gender-based violence	78.9%	10.5%	10.5%	0.0%	0.0%

Blue for lower percentages Red for higher percentages

The heat map shows that most topics are rated as “very useful”, with the highest-rated areas (78.9%) including recognising signs of TFGBV, legal frameworks, evidence collection, safety planning, referral options and education for prevention. Topics addressing marginalised groups (e.g., SOGIESC individuals, culturally/racially marginalised victim-survivors) and working with perpetrators received slightly lower ratings (57.9%-73.7%), suggesting these areas need more targeted focus. Improving resources and training for these specific needs could enhance perceived relevance and impact.

Stage two findings

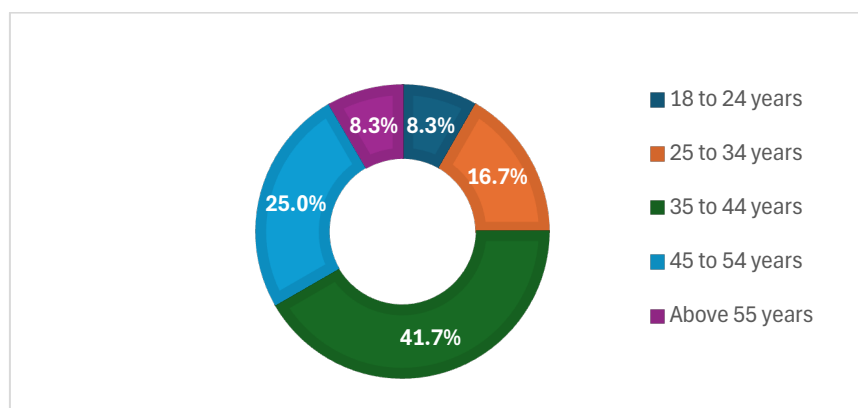
Top-level summary

The stage two findings showed that the *Train the Trainer* workshop had a strong positive impact six month post-training, most frontline workers reported that they had used the training information and were feeling more confident in identifying and supporting victim-survivors of technology-facilitated gender-based violence. A sizable majority (75.0%) reported that the training changed the way they work. Only a few frontline workers expressed uncertainty or disagreement with this notion, and there were no negative responses regarding the ability to identify TFGBV. Most frontline workers reported that the topics covered in the training were very useful. Core practice topics, such as assessing risk, safety planning, referral options, and addressing the needs of women with a disability or young people, each attracted a “very useful” rating from three quarters of frontline workers. The biggest barriers to effective support identified by frontline workers six month post-training included systemic issues such as legal frameworks, policing, cultural challenges and organisational capacity.

Overview of frontline workers

The sample was relatively diverse in age, though it is concentrated in the middle age brackets. The largest group of frontline workers were aged 35- 44 years (41.7%), followed by those aged 45-54 years (25.0%). Smaller proportions fall into younger brackets, with 16.7% aged 25-34 years and 8.3% aged 18-24 years. A further 8.3% were aged above 55 years (see Figure 13). This suggests that the majority of frontline workers are mid-career frontline workers likely to have significant work experience.

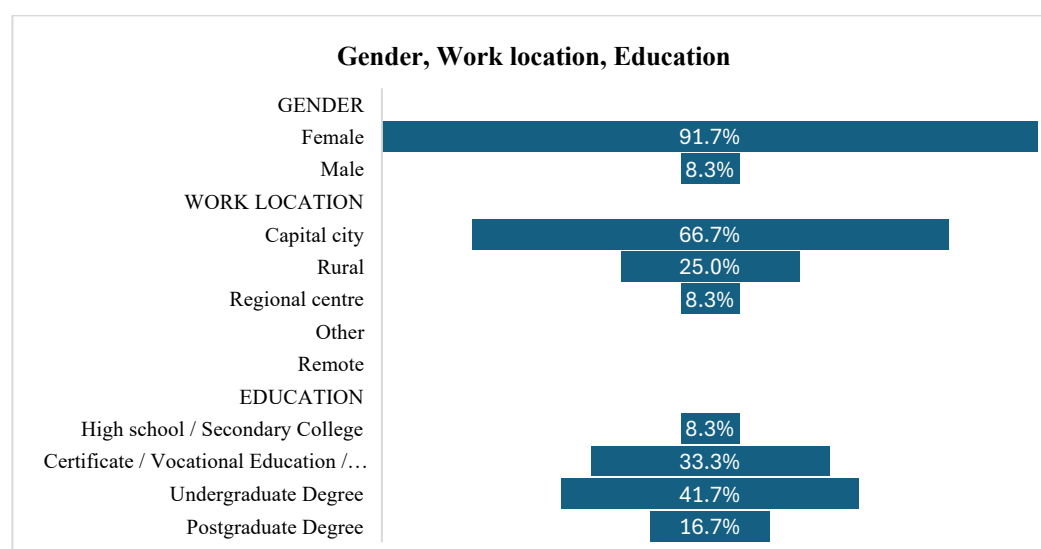
Figure 10: Age distribution of frontline workers, six months post-training



Frontline workers were spread across different Pacific Island nations, though many were grouped under “Other” (41.7%), which reflects individuals from other Pacific Island nations or regions (such as Papua New Guinea, the Solomon Islands and Tuvalu). Among specified countries, Fiji had the highest share of frontline workers (25.0%), followed by Kiribati (16.7%), while Micronesia and Tonga each accounted for 8.3%. No frontline workers reported working in Samoa or Vanuatu.

The majority were employed in domestic and family violence services (58.3%), alongside smaller groups in government (16.7%), health services (8.3%), and other organisations (16.7%). Reflecting broader workforce patterns in this sector, as Figure 14 shows, frontline workers were overwhelmingly female (91.7%), with only one male-identifying respondent.⁵ Most were based in capital cities (66.7%), though there is some representation from rural areas (25.0%) and regional centres (8.3%). Educationally, frontline workers were highly qualified, with the majority holding undergraduate (41.7%) or postgraduate degrees (16.7%), and a significant proportion holding vocational qualifications (33.3%).

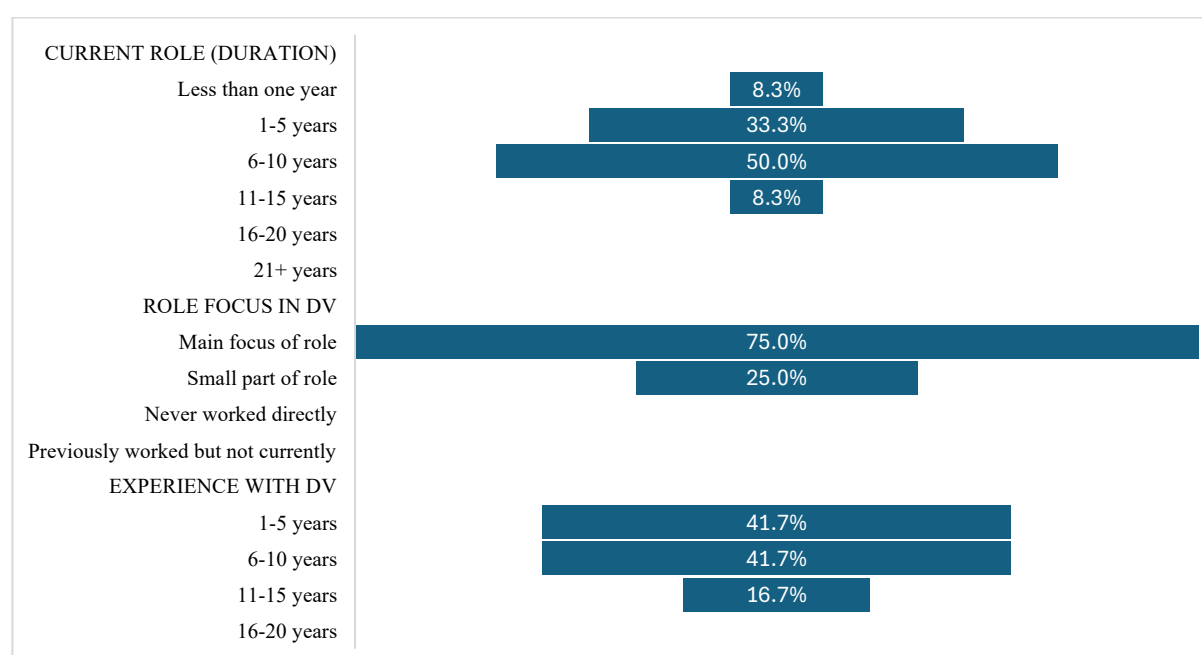
Figure 11: Gender, work location and education levels of frontline workers, six months post-training



⁵ One male-identifying respondent appears at Stages 2 and 3; no male-identifying respondents were recorded at Stage 1. This may reflect a respondent who did not attend the training but completed follow-up surveys, or a difference in self-identification at the time of survey completion. Both have been retained in the dataset and reported transparently.

Most frontline workers were mid-career with considerable experience in their current roles and in the domestic violence sector more broadly. Half of the frontline workers (50.0%) had been in their current role for 6 -10 years, while 33.3% had worked for 1-5 years, 8.3% for less than a year, and another 8.3% for 11 to 15 years, indicating role stability. In terms of sectoral experience, equal proportions (41.7% each) reported having 1-5 years and 6-10 years working within the domestic violence sector, while 16.7% reported having 11-15 years, again reflecting strong mid-level experience but not extended tenure. Importantly, the vast majority (75.0%) identified supporting people experiencing domestic violence as the main focus of their role, the remaining 25.0% reported it as a smaller part of their responsibilities (see Figure 15). Together, these patterns highlight a workforce that is both specialised and experienced, bringing substantial yet mid-range expertise to their roles.

Figure 12: Current role duration, professional experience and role focus of frontline workers, six months post-training



Respondent confidence levels six months post-training

The heat map below (Figure 16) provides a snapshot of how confident frontline workers felt about various TFGBV-related skills six month post the *Train the Trainer* workshop. Recognising signs of TFGBV (41.7% confident, 33.3% very confident), collecting evidence (41.7% confident, 16.7% very confident), assessing risk (25.0% confident, 33.3% very confident), and safety planning and referrals (50.0% confident, 16.7% very confident each)

were the strongest areas. In contrast, knowledge of criminal laws showed lower assurance, 50.0% reported only moderate confidence and fewer frontline workers at either end of the scale. The most evenly spread results were for supporting marginalised groups, women with disabilities, SOGIESC victim-survivors, and culturally or racially marginalised victim-survivors, where around 25.0% of frontline workers placed themselves in each of the slightly, moderately, confident, and very confident categories, and a small minority (8.3%) indicated no confidence at all. This suggests that while frontline workers built strong confidence in general response skills, gaps remain in legal knowledge and in tailoring support for marginalised groups.

Figure 13: Heat Map: key trends in confidence levels among frontline workers related to TFGBV training topics, six months post-training

	Not at all Confident	Slightly Confident	Moderately Confident	Confident	Very Confident
Recognising the signs of different forms of technology-facilitated gender-based violence	0.0%	0.0%	25.0%	41.7%	33.3%
Knowledge of the criminal laws addressing different forms of technology-facilitated gender-based violence in your country	8.3%	8.3%	50.0%	25.0%	8.3%
Knowledge of how to collect evidence and document technology-facilitated gender-based violence	0.0%	16.7%	25.0%	41.7%	16.7%
Assessing risk for women experiencing technology-facilitated gender-based violence	8.3%	0.0%	33.3%	25.0%	33.3%
Practical safety planning for women experiencing technology-facilitated gender-based violence	8.3%	0.0%	25.0%	50.0%	16.7%
Knowledge of referral options for women experiencing technology-facilitated gender-based violence	8.3%	8.3%	16.7%	50.0%	16.7%
Addressing specific needs of women with a disability experiencing technology-facilitated gender-based violence	8.3%	16.7%	25.0%	25.0%	25.0%
Addressing specific needs of sexual victim-survivors of technology-facilitated gender-based violence with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC)	8.3%	25.0%	16.7%	25.0%	25.0%
Addressing specific needs of culturally and racially marginalised victim-survivors experiencing technology-facilitated gender-based violence	0.0%	25.0%	25.0%	25.0%	25.0%

Note: Stage one includes two additional items (Addressing specific needs of children and young people experiencing TFGBV. Knowledge of resources to educate and support women on tech safety) not repeated in Stage two.

Blue for lower percentages Red for higher percentages

Challenges when supporting victim-survivors post-training

The biggest barriers to effective support identified by frontline workers six month post-training included systemic issues such as legal frameworks, policing, cultural challenges and organisational capacity, while individual factors like technical skills and time were less commonly cited (see Table 8). One quarter (25.0%) of frontline workers pointed to gaps in legislation: either there were no laws addressing TFGBV, or existing criminal codes are not enforced. Law-enforcement challenges were equally prominent (25.0%), with frontline workers describing police who fail to prosecute offenders or who are uncooperative. Another 25.0% of frontline workers cited capacity and resource constraints, including that service providers lack knowledge, insufficient resources are available, and there are not enough services for victim-survivors. Cultural and social factors also featured in 25.0% of answers: tribal or community norms discouraged intervention, victim-survivors were reluctant to speak up, and online abuse was normalised on social media. A smaller share of responses (16.7 %) focused on technical skills, noting the need to learn how to remove harmful posts or to develop technological tools to address abuse. Only a single response mentioned time constraints (8.3 %) or reported no current challenges (8.3 %).

Table 8: Frontline workers challenges and barriers in supporting victim-survivor TFGBV, six months post-training

Theme	Sub-themes	Frequency of mentions	Percentage
Legislation and enforcement gaps	Lack of TFGBV-specific laws (“there’s no currently laws specifically covered all ranges of TFGBV... my country currently working on cyber-crime legislation”); Weak or non-implemented laws (“no strong legislation... not enough services to target TFGBV victims”); Non-implementation of existing laws (“lack of coordination and non-implementation of the existing criminal laws for TFGBV”)	3	25.0%
Law-enforcement challenges	Police fail to prosecute (“The Police are the biggest challenge. They fail the victims in prosecuting the ones that are responsible”); Lack of police involvement (“the lack of Police force involvement in this matter is more frustrating”); Resistant/uncooperative police (“Police’s unteachable spirit and uncooperativeness”)	3	25.0%
Awareness, capacity and resources	Service providers/government lack knowledge (“not all service providers and government sectors know well about TFGBV”); Insufficient resources (“Insufficient resources available”); Limited capacity (“not enough capacity to respond to TFGBV”)	3	25.0%
Cultural and social barriers	Cultural/traditional norms (“Tribal boundaries, culture and tradition... provide a barrier to advocate on safety of girls and women”); “Mind your own business” mindset (“People’s mindset says do not interfere... victims were full of silence”); Normalisation of online abuse (“people are normalizing TFGBV and think that social media is a safe and open space”)	3	25.0%
Technical skills and tools	Need to learn to stop viral posts (“I just want to learn more how to delete/stop viral post on Facebook or Messenger”); Identifying technological solutions (“IDENTIFYING TECHNOLOGICAL TECHNIQUES TO ADDRESSING TFGBV”)	2	16.7%
Time constraints	Limited time to support victims	1	8.3%
No challenge mentioned	Respondent indicated no current challenges	1	8.3%

Note: Each subtheme could fall into more than one theme, so the frequencies exceed the total number of frontline workers. Percentages are calculated out of 12 responses.

Respondent confidence levels six months post-training

The findings suggest that the train-the-trainer workshop had a strong positive impact six month post-training, with the vast majority of frontline workers reported using the training information and feeling more confident in identifying and supporting victim-survivors of TFGBV (see Table 9). A sizable majority (75.0%) also said it changed the way they work. Only a few frontline workers expressed uncertainty or disagreement, and there were no negative responses regarding the ability to identify TFGBV.

Table 9: Frontline workers' attitudes and confidence levels, six months post-training

	Frequency (n)	Percentage
I have used the information covered in my training in my work		
Agree	11	91.7%
Unsure	1	8.3%
I have changed the way I work as a result of the training		
Agree	9	75.0%
Disagree	2	16.7%
Neither agree nor disagree	1	8.3%
I feel more confident in my ability to identify TFGBV		
Agree	12	100.0%
I feel more confident in my ability to support TFGBV victims		
Agree	10	83.3%

Neither agree nor disagree	2	16.7%
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The majority of frontline workers noted that they were using the training primarily to conduct awareness sessions and deliver training within their organisations and communities. Around 25.0% emphasised applying it directly to counselling and victim-survivor support, such as helping clients feel safe, listening without judgement and identifying victim-survivors who don't self-report. Around one quarter (25.0%) described increased knowledge and confidence, and a smaller number mentioned legal research or building frontline workers' networks (see Table 10).

Table 10: Frontline workers' self-reported use of training content in work settings, six months post-training

Theme	Sub-themes	Frequency mentions	of Percentage
Counselling and victim support	"Assist victims with counselling"; "let the clients know that they have the right to be safe and then listen to them without judging"; "understand to identify victims of TFGBV even though the victim don't turn themselves in"	3	25.0%
Training and awareness outreach	"Do awareness and training... assist victims with counselling"; "facilitated the training with our community activist and the community members"; "facilitation of other programmes and in discussions sessions"; "we have facilitated TFGBV with our staff and stakeholder ... session with youths"; "I have used the information in training and awareness sessions"; "TFGBV examples shared during gender training and consultations and information sharing"; "I conducted an in-house training... shared in our outreach programs to school and ministries"; "included learnings in my education and awareness sessions in the communities"	8	66.7%

Knowledge and confidence	“I know that I feel more confident in dealing with TFGBV cases”; “it has given me a wider sense of knowledge in TFGBV”; “invested in getting to understand the legislative framework”	3	25.0%
Research and legislative analysis	“I am currently writing my legal research paper on TFGBV in PNG and why our current PNG legislations do not provide for these offences”; “invested in getting to understand the legislative framework”	2	16.7%
Building connections and networks	“I have built more connections especially with people that work in the support space”	1	8.3%

Note: Each subtheme could fall into more than one theme, so the frequencies exceed the total number of frontline workers. Percentages are calculated out of 12 responses.

The thematic analysis suggests that the *Train the Trainer* workshop not only improved frontline workers’ ability to recognise TFGBV, but also encouraged more compassionate and proactive support. As Table 11 shows, around 33.3% of responses highlighted better recognition and vigilance. Frontline workers now take victim-survivors’ complaints more seriously, can identify different forms of TFGBV, and are more alert to warning signs, particularly involving children. Another 33.3% emphasised adopting a more survivor-centred, empathetic approach: they have become more patient, listen more actively, and guide victim-survivors through referral pathways, empowering them with information. One quarter (25.0%) viewed the training as a catalyst for advocacy and information sharing, noting that they speak up against TFGBV and want to expand legal awareness and outreach, especially in rural areas. A smaller proportion indicated increased confidence in the authenticity of information they provide or reported a shift in attitudes, such as no longer trying to justify abusive behaviour. About 16.7% indicated no change or uncertainty about how the training affected their practice.

Table 11: Frontline workers' self-reported shifts in practice, six months post-training

Theme	Sub-themes	Frequency of mentions	Percentage
Improved identification and vigilance	"Identify and take seriously about a victim's complains ... identify the form of TFGBV that victim experienced"; "I can tell that there's a TFGBV involved in the case"; "being more vigilant especially around children; making me more alert to possible situations of the violence"; "understand and know how to identify TFGBV cases"	4	33.3%
Survivor-centred support and empathy	"Provide more support and information to them"; "more effective approach towards TFGBV victim"; "becoming more patient with my clients, giving them time to unpack... be gentle and patient and an active listener"; "guide survivors through the referral pathway ... she is empowered with information and make informed decisions"	4	33.3%
Advocacy and information sharing	"Speaking up against it"; "do more legal awareness and advocacy ... information needs to be shared among the majority of people living in rural areas"; "continue share information across the country"	3	25.0%
Confidence in information authenticity	"Becoming more confident in the authenticity of the information provided to participants in our awareness and workshops"	1	8.3%
Changed attitudes	"I have stopped at finding justification for the act of TFGBV"	1	8.3%
Not applicable/Not aware	"Not applicable"; not aware	2	16.7%

Note: Each subtheme could fall into more than one theme, so the frequencies exceed the total number of frontline workers. Percentages are calculated out of 12 responses

Areas for future training

The overwhelming majority of frontline workers considered most topics "very useful" for future training (see Figure 17). In particular, recognising the signs of TFGBV (91.7%) and education for young people (83.3%) topped the list. Core practice topics, such as assessing risk, safety planning, referral options and addressing the needs of women with a disability or young people each attracted a "very useful" rating from three quarters of

frontline workers (75.0%). Topics receiving slightly lower but still strong “very useful” ratings included criminal laws, collecting evidence and tech-safety resources. Notably, two frontline workers (8.3% each) found criminal laws and tech-safety resources “Not at all Useful”, suggesting differences in perceived relevance or existing competency. The topics with the most varied responses were working with perpetrators and addressing the needs of SOGIESC victim-survivors or culturally and racially marginalised victim-survivors, where just under 60.0% rated them “very useful” and the remainder spread across “useful”, “moderately useful”, and “slightly useful.” This indicates interest but also perhaps less consensus on priority.

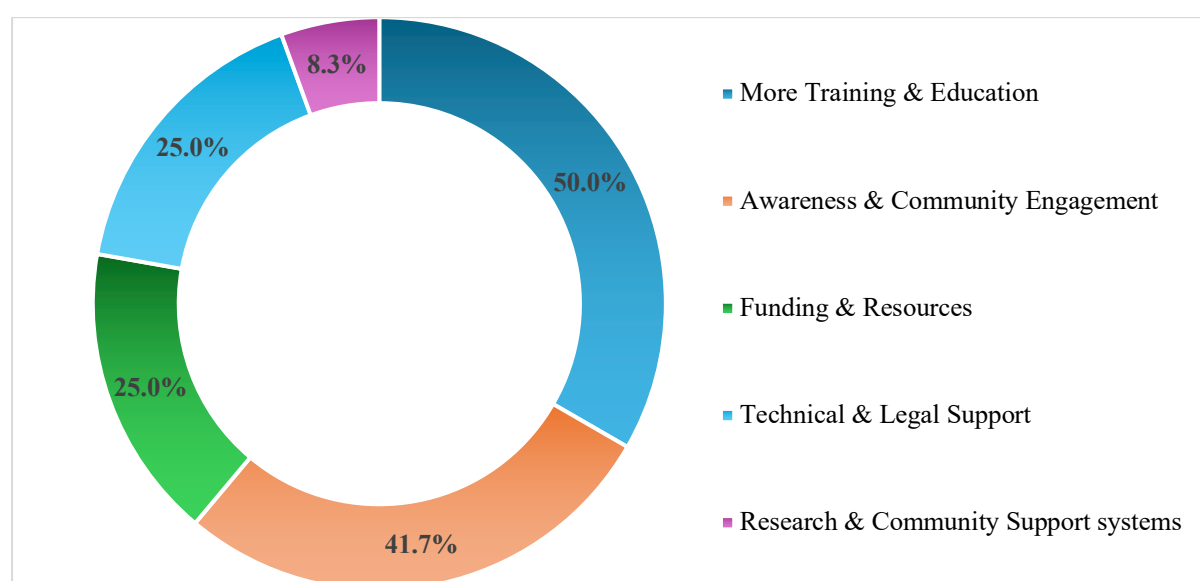
Figure 17: Heat Map. Frontline workers' perceived usefulness of future TFGBV training topics, six months post-training

	Very Useful	Useful	Moderately Useful	Slightly Useful	Not at all Useful
Recognising the signs of different forms of technology-facilitated gender-based violence	91.7%	8.3%	0.0%	0.0%	0.0%
Education for young people and children to prevent technology-facilitated gender-based violence	83.3%	8.3%	0.0%	8.3%	0.0%
Assessing risk for women experiencing technology-facilitated gender-based violence	75.0%	16.7%	8.3%	0.0%	0.0%
Practical safety planning with women experiencing technology-facilitated gender-based violence	75.0%	8.3%	16.7%	0.0%	0.0%
Referral options for women experiencing technology-facilitated gender-based violence	75.0%	16.7%	8.3%	0.0%	0.0%
Addressing specific needs of women with a disability experiencing technology-facilitated gender-based violence	75.0%	16.7%	8.3%	0.0%	0.0%
Addressing specific needs of young people and children experiencing technology-facilitated gender-based violence	75.0%	16.7%	0.0%	8.3%	0.0%
Criminal laws addressing different forms of technology-facilitated gender-based violence in your country	66.7%	16.7%	8.3%	0.0%	8.3%
How to collect evidence and document technology-facilitated gender-based violence	66.7%	8.3%	16.7%	8.3%	0.0%
Resources available to educate and support women on tech safety	66.7%	16.7%	8.3%	0.0%	8.3%
Addressing specific needs of victims of TFGBV with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC)	66.7%	16.7%	16.7%	8.3%	0.0%
Addressing specific needs of culturally and racially marginalised victims experiencing technology-facilitated gender-based violence	66.7%	16.7%	16.7%	8.3%	0.0%
Working with perpetrators of technology-facilitated gender-based violence	66.7%	8.3%	25.0%	8.3%	0.0%

 Blue for lower percentages
  Red for higher percentages

Six months after the training, frontline workers identified a diverse set of sector needs to strengthen responses to TFGBV. The most prominent theme, raised by half of the frontline workers (50.0%), was the call for more training and education. Frontline workers stressed the importance of equipping different groups (including young people, students, frontline workers such as police and health workers, and government officials) with knowledge and skills to recognise and address TFGBV. They also emphasised the need for refresher training and simplified delivery to overcome barriers such as language. Closely linked to awareness and community engagement, 41.7% of frontline workers called for outreach campaigns, advocacy, and embedding TFGBV awareness in schools, communities and the education sector. Frontline workers stressed that awareness should be practical, simplified and culturally accessible so that all community members can identify and respond to abuse. A smaller but significant group (approximately 25.0% of frontline workers) pointed to the need for funding and resources, citing budget support, financial capacity building and resource provision as essential for outreach and program delivery. Another 25.0% emphasised technical and legal support, including strengthening the justice system, improving reporting and tracking of abusive online accounts, and training linked to regulatory and oversight bodies such as the police, Attorney General's office, and the Human Rights Commission. Finally, 8.3% highlighted the importance of research and community support systems, noting the need for further studies into digital safety and stronger protective frameworks (see Figure 18).

Figure 18: Frontline workers' suggestions for sector support, training and education needs, six months post-training

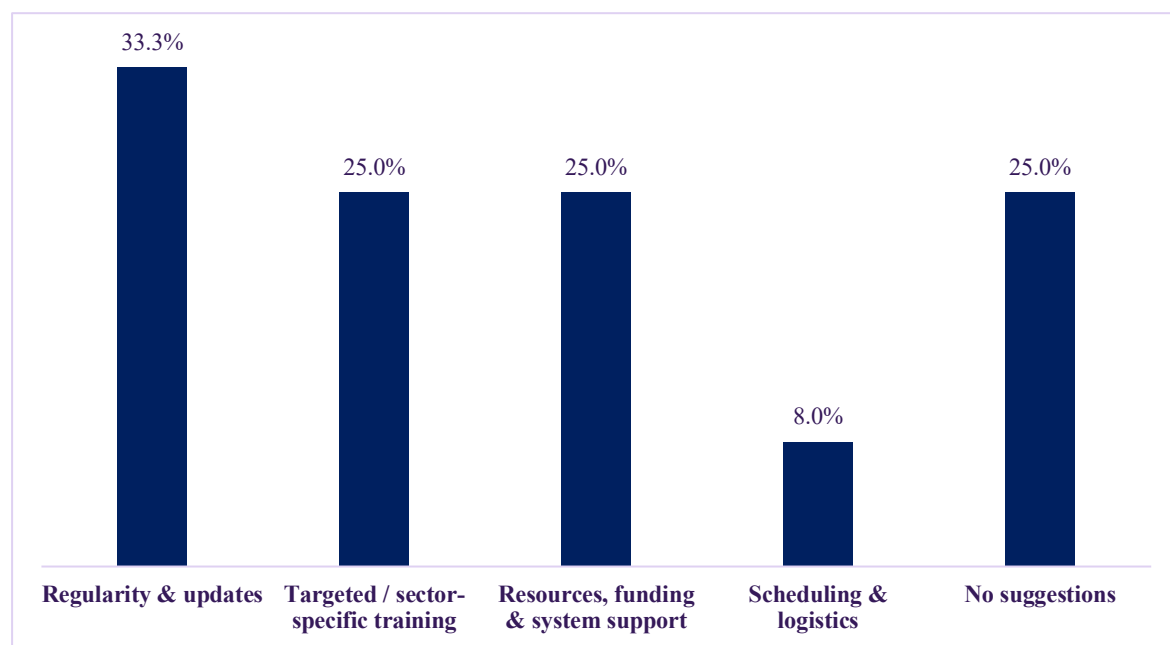


Note: Each response could fall into more than one theme, so the frequencies exceed the total number of frontline workers. Percentages are calculated out of 12 responses.

Suggestions to strengthen the training

Six months after the workshop, frontline workers provided a range of suggestions for improving the training (see Figure 19).

Figure 19: Frontline workers' feedback on improving training relevance, six months post-training



About 33.3% emphasised the need for greater training regularity and updates, including refresher sessions, quarterly modules, or annual revisions. Another 25.0% highlighted the importance of targeted or sector-specific training, suggesting tailored modules for groups such as children, youth, counsellors, and frontline workers in institutions like the police, military, and schools. A further 25.0% focused on resources, funding and system support, calling for sustained assistance through government channels, financial support, and easier access to materials. Finally, a smaller group (8.3%) identified scheduling and logistical challenges, such as advance planning, online access during outreach, and poor network reliability (see Table 14).

Table 12: Frontline workers' feedback on improving training relevance

Theme	Sub-themes	Frequency of mentions	Percentage
Regularity and updates	“Quarterly basis”; “REVISE TRAINING ON YEARLY BASES”; “refresher training”;	4	33.3%

	“quarterly update on the organizers workplan”		
Targeted / sector-specific training	“HOW TO DEAL WITH A CHILD EXPERIENCING TFGBV”; “EDUCATE YOUNG PEOPLE”; “training of trainers in large organisations ... Police Force, the Military, the Public Service, schools”; “A training for us the GBV-Counsellors ... Referral SafeNet Net Work”	3	25.0%
Resources, funding and system support	“Continues support and assistance ... through Government sectors”; “funding support”; “Make resources easily access and available”	3	25.0%
Scheduling and logistics	“Block off dates in advance”; “online meetings whilst on outreach”; “Phone network is not consistent”	1	8.3%
No suggestions / no change	Responses such as “No”, “Not at the moment”, and “None at all”	3	25.0%

Note: Each subtheme could fall into more than one theme, so the frequencies exceed the total number of frontline workers. Percentages are calculated out of 12 responses

Stage three findings

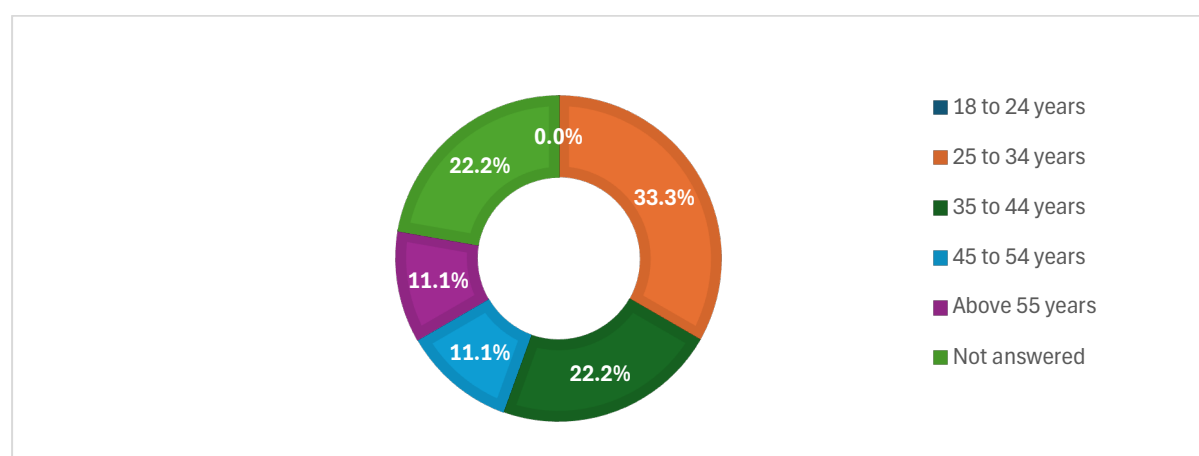
Top-level summary

The 12 month post-training survey and interviews show that overall confidence levels remain relatively strong across most topic areas, with some variations between core practice skills and more specialised areas. The results show that frontline workers are actively using the training to improve identification and referral practices, deliver in-house and community-based training, and engage with multi-sector stakeholders such as police and courts. The training has shown a clear impact beyond individual learning. There are some significant structural challenges that were identified, such as gaps in legal frameworks, insufficient dissemination and enforcement of TFGBV laws, limited financial and service resources, and ongoing capacity issues within law enforcement and shelter systems. Similar to the findings in stage two, the results reinforce the need for multi-sectoral engagement, sustained resourcing and institutional strengthening, alongside workforce training to ensure long-term impact.

Overview of frontline workers

A total of nine frontline workers completed the 12 month post-training survey. The age distribution indicates a predominantly early-to-mid-career cohort. The largest group of frontline workers (33.3%) were aged 25-34 years, followed by 22.2% aged 35-44 years. Smaller proportions were aged 45-54 years (11.1%) and above 55 years (11.1%). No frontline workers were aged 18-24 years (see Figure 20).

Figure 20: Age distribution of frontline workers, 12 months post-training



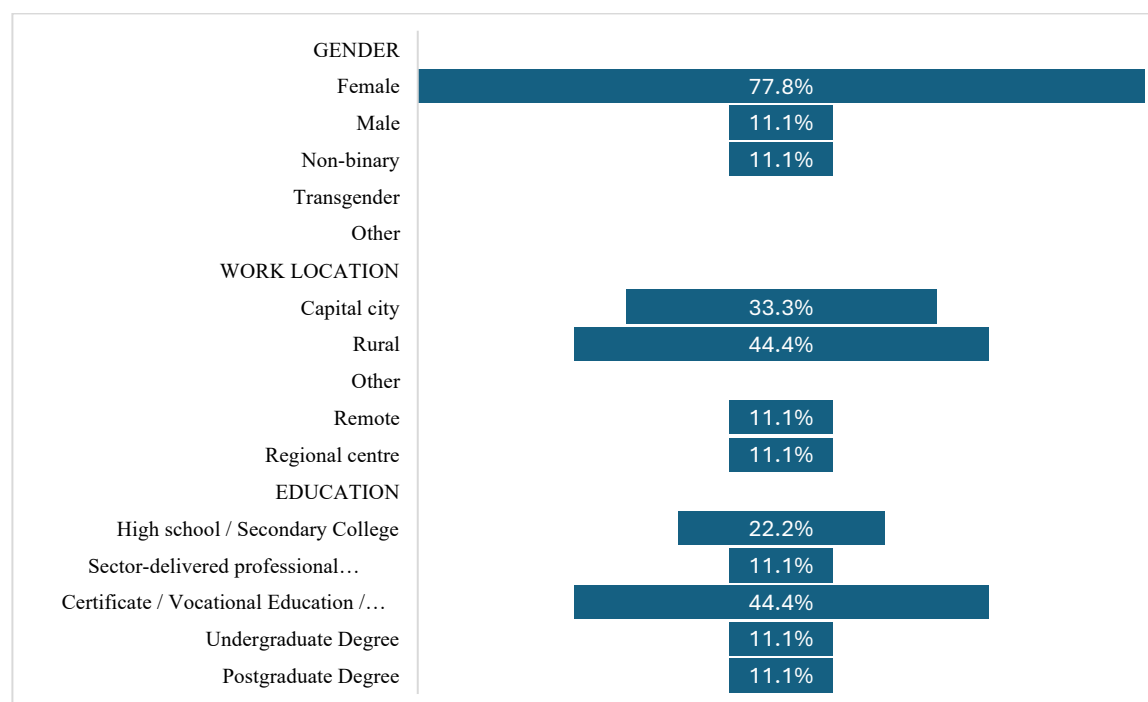
Frontline workers represented a diverse geographic spread across the Pacific region. Fiji and Tonga each accounted for 22.2% of frontline workers, while Samoa and Vanuatu each represented 11.1%.⁶ A further 33.3% selected “Other”, indicating participation from additional Pacific Island nations (such as Solomon Islands and Papua New Guinea). In terms of organisational affiliation, the majority of frontline workers (44.4%) were employed in domestic and family violence services, consistent with earlier stages of the evaluation. SOGIESC services accounted for 22.2%, while health services (11.1%), youth services (11.1%), and other service types (11.1%) comprised the remainder. There were no frontline workers from sexual assault services, legal services, education, government, multicultural services, or disability services at this stage.

As Figure 21 shows, gender representation remained predominantly female (77.8%), though the stage three cohort reflects greater gender diversity than earlier stages. One respondent identified as male (11.1%) and one as non-binary (11.1%).⁷ Work location patterns indicate increased rural representation compared to earlier stages. Nearly half of frontline workers (44.4%) were based in rural areas, followed by 33.3% in capital cities. A smaller proportion worked in remote locations (11.1%) and regional centres (11.1%). Educational attainment reflects a primarily vocationally trained workforce. The largest proportion (44.4%) held a vocational qualification. Smaller proportions reported high school education (22.2%), sector-delivered professional development (11.1%), undergraduate degrees (11.1%), and postgraduate degrees (11.1%).

⁶ One respondent selected Samoa as their country of work at Stages 1 and 3. As no Samoan organisations participated in the training, this likely reflects cross-country work rather than Samoan organisational representation.

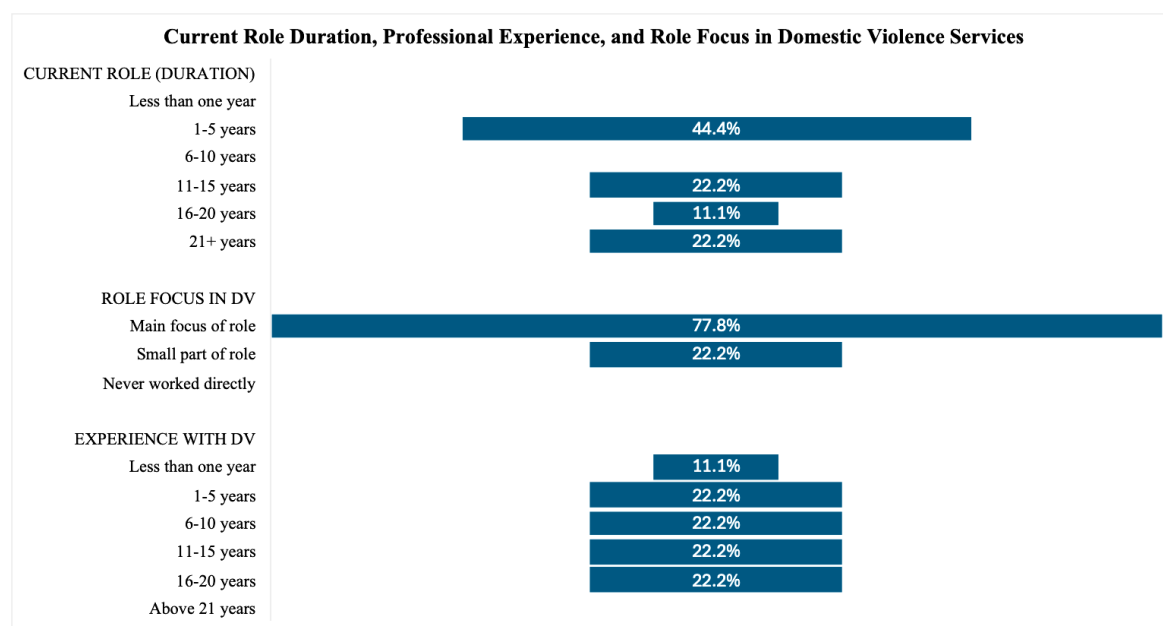
⁷ One male-identifying respondent appears at Stages 2 and 3; no male-identifying respondents were recorded at Stage 1. This may reflect a respondent who did not attend the training but completed follow-up surveys, or a difference in self-identification at the time of survey completion. Both have been retained in the dataset and reported transparently.

Figure 21: Gender, work location and education levels of frontline workers, 12 months post-training



In terms of role tenure, 44.4% of frontline workers had been in their current role for 1-5 years, indicating a stable but relatively early-career group. A further 22.2% had 11-15 years of tenure, and 22.2% had more than 21 years in their current role. Only 11.1% reported 16-20 years of tenure, and none reported less than one year or 6-10 years in their current role. This distribution suggests a mix of emerging practitioners and highly experienced frontline workers. Experience working specifically with domestic and sexual violence cases was evenly distributed across mid-range categories. Two frontline workers each (22.2%) reported 1-5 years, 6-10 years, 11-15 years, and 16-20 years of experience. One respondent (11.1%) reported less than one year of experience, and none reported more than 21 years. Importantly, most frontline workers (77.8%) identified supporting people experiencing domestic or sexual violence as the main focus of their role, while 22.2% indicated it formed a smaller part of their responsibilities. No frontline workers reported never working directly with people experiencing violence.

Figure 22: Current role duration, frontline experience and role focus of frontline workers, 12 months post-training



Respondent confidence levels 12 months post-training

At 12 months post-training, as shown in the heat map below (Figure 23), overall confidence levels remained relatively strong across most topic areas, though there is some variation between core practice skills and more specialised areas. Importantly, no frontline workers reported being “slightly confident” across any item. Recognising signs (33.3% confident, 33.3% very confident), assessing risk (44.4% “confident”, 22.2% “very confident”) and referral pathways (33.3% “confident”, 33.3% “very confident”) remained among the strongest areas of confidence. Practical safety planning showed the highest concentration at the “confident” level (55.6%), though fewer frontline workers reported being “very confident” (11.1%). Collecting evidence and documenting cases (44.4% confident, 11.1% very confident) and knowledge of criminal laws (44.4% “confident”, 11.1% “very confident”) demonstrated moderate strength, but with a consistent minority (22.2%) reporting no confidence. More variation was evident in supporting marginalised groups. For women with disabilities and culturally or racially marginalised victim-survivors, confidence clustered at the moderate and confident levels (33.3% each), with smaller proportions reporting very high confidence (11.1%). Support for SOGIESC victim-survivors showed the highest proportion of moderate confidence (44.4%) and comparatively fewer high-confidence responses.

Figure 23: Heat map: key trends in confidence levels among frontline workers in TFGBV training topics, 12 months post-training

	Not at all Confident	Slightly Confident	Moderately Confident	Confident	Very Confident
Recognising the signs of different forms of technology-facilitated gender-based violence	22.2%	0.0%	11.1%	33.3%	33.3%
Criminal laws addressing different forms of technology-facilitated gender-based violence in your country	22.2%	0.0%	22.2%	44.4%	11.1%
How to collect evidence and document technology-facilitated gender-based violence	22.2%	0.0%	22.2%	44.4%	11.1%
Assessing risk for women experiencing technology-facilitated gender-based violence	22.2%	0.0%	11.1%	44.4%	22.2%
Practical safety planning with women experiencing technology-facilitated gender-based violence	22.2%	0.0%	11.1%	55.6%	11.1%
Referral options for women experiencing technology-facilitated gender-based violence	22.2%	0.0%	11.1%	33.3%	33.3%
Addressing specific needs of women with a disability experiencing technology-facilitated gender-based violence	22.2%	0.0%	33.3%	33.3%	11.1%
Addressing specific needs of victims of technology-facilitated gender-based violence with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC)	22.2%	0.0%	44.4%	22.2%	11.1%
Addressing specific needs of culturally and racially marginalised victims experiencing technology-facilitated gender-based violence	22.2%	0.0%	33.3%	33.3%	11.1%

Note: Stage one includes two additional items (Addressing specific needs of children and young people experiencing TFGBV; Knowledge of resources to educate and support women on tech safety) not repeated in Stage two and 3.

 Blue for lower percentages  Red for higher percentages

In the two interviews, both frontline workers also indicated they were very confident 12 months post training:

I would say very confident, now that I know, just the referral pathways and while working with the stakeholders. [The training] has been helpful, and so I could say now we're very confident. (Alitia)

I'm confident. There are still barriers for help-seeking to deal with but I'm confident when it comes to identifying TFGBV. (Mary)

Challenges when supporting victim-survivors post-training

Stage three findings, as shown in Table 13, indicate that at 12 months post-training, the most significant challenges identified by frontline workers were structural and systemic, rather than individual capability-related. Those who provided substantive responses pointed to gaps in legal frameworks, insufficient dissemination and enforcement of TFGBV laws, limited financial and service resources and ongoing capacity issues within law enforcement and shelter systems. The emphasis on institutional barriers suggests that while training may have strengthened individual knowledge and confidence, broader systems-level constraints continue to impede effective support for victim-survivors. These findings reinforce the need for multi-sectoral engagement, sustained resourcing and institutional strengthening, alongside workforce training to ensure long-term impact.

Table 13: Frontline workers' challenges and barriers in supporting victim-survivors TFGBV, 12 months post-training

Theme	Sub-themes	Frequency of mentions	Percentage
Legislation and legal framework gaps	Need for adequate TFGBV laws; stronger legal coverage; broader dissemination of legal knowledge across sectors	1	11.1%
Awareness, training and capacity building	Need for more TFGBV training; TFGBV is still new in some countries; limited knowledge of impact and response	1	11.1%
Financial and resource constraints	Limited funding for services; insufficient financial support for referral pathways and CSO partnerships	1	11.1%

Law enforcement and service system limitations	Police lack survivor-centred capacity; limited shelter availability; high costs of protection programs	1	11.1%
No substantive response	Non-meaningful entries	5	55.6%

Note: Each subtheme could fall into more than one theme, so the frequencies exceed the total number of frontline workers. Percentages are calculated out of 9 responses.

One of the interview frontline workers identified similar challenges when supporting victim-survivors of TFGBV:

A few challenges we face are around letting the people know more about it. How can we send the information to the general public so that people quickly understand TFGBV? And what are the services that's really available to support those victims and survivors of TFGBV? And how can the law deal with it accordingly? We have services, but they are only looking at physical violence, emotional violence, but the public and other services need to know more about the TFGBV. (Mary)

Respondent confidence levels 12 months post-training

Table 14 indicates that 12 months post-training, a majority of frontline workers continued to report sustained application and impact of the training in their practice. The majority of frontline workers (66.7%) agreed that they have used the information covered in the training and changed the way they work as a result. A total of 66.7% reported increased confidence in identifying TFGBV, while slightly fewer (55.6%) felt more confident in supporting victim-survivors, indicating that practical support skills may require ongoing reinforcement. Strong agreement was also expressed regarding the need for further legal and policy reform (66.7%) and increased regional investment (66.7%), highlighting that frontline workers view systemic and structural improvements as essential to strengthening responses to TFGBV. While a small proportion of frontline workers remained neutral or disagreed, the overall pattern suggests sustained training impact.

Table 14: Frontline workers' attitudes and confidence levels, 12 months post-training

	Frequency (n)	Percentage
I have used the information covered in my training in my work		

Agree	6	66.7%
Neither agree nor disagree	1	11.1%
Disagree	2	22.2%
I have changed the way I work as a result of the training		
Agree	6	66.7%
Neither agree nor disagree	1	11.1%
Disagree	2	22.2%
I feel more confident in my ability to identify TFGBV		
Agree	6	66.7%
Neither agree nor disagree	1	11.1%
Disagree	2	22.2%
I feel more confident in my ability to support TFGBV victims		
Agree	5	55.6%
Neither agree nor disagree	2	22.2%
Disagree	2	22.2%
There is further legal and policy change required in my country to address TFGBV		
Agree	6	66.7%
Neither agree nor disagree	1	11.1%
Disagree	2	22.2%
There is further investment required in the Pacific region to help prevent and respond to TFGBV		
Agree	6	66.7%
Neither agree nor disagree	1	11.1%
Disagree	2	22.2%

Table 15 shows that frontline workers are actively using the training to improve identification and referral practices, deliver in-house and community-based training and engage with multi-sector stakeholders such as police and courts. The emphasis on disseminating knowledge internally and externally suggests that the training has had a multiplier effect beyond individual learning.

Table 15: Frontline workers' self-reported use of training content in work settings, 12 months post-training

Theme	Sub-themes	Frequency of mentions	Percentage
Improved identification and referral	Identifying forms of TFGBV in victim stories; recognising cases and referring to appropriate service providers; integrating TFGBV into awareness programs	1	11.1%
Training dissemination and capacity building	Conducting in-house training for counsellors; delivering training in annual counsellors' programs; facilitating community awareness with government and police units	2	22.2%
Multi-sector engagement	Facilitating sessions with staff, police, and local village courts; collaborating with external stakeholders	1	11.1%
Knowledge sharing within organisations	Presenting TFGBV modules to team members; introducing terminology and strengthening internal understanding	1	11.1%
No substantive response	Non-meaningful entries	5	55.6%

Note: Each subtheme could fall into more than one theme, so the frequencies exceed the total number of frontline workers. Percentages are calculated out of 9 responses.

Table 16 further demonstrates shifts in practice, particularly in strengthened survivor-centred approaches, improved identification and sensitisation when counselling clients, and integration of TFGBV into formal referral pathways. Frontline workers also reported increased confidence in navigating institutional mechanisms, including engagement with national safety and cybercrime bodies. Notably, several responses reflect broader systemic reflection, such as critically analysing policies and organisational culture. While over half of frontline workers did not provide substantive qualitative responses, those who did indicated meaningful and sustained changes in both frontline practice and organisational systems.

Table 16: Frontline workers' self-reported shifts in practice, 12 months post-training

Theme	Sub-themes	Frequency of mentions	Percent age
Increased identification and sensitisation	“Now be able to identify TFGBV when providing counselling... more sensitized when dealing with clients who have experience TFGBV”; providing “in-depth information’s about TFGBV so that they also understand about it”	1	11.1%
Client awareness and digital safety behaviour change	“Victims/survivors have come to realize that images are never deleted from Facebook”; survivors “becoming more careful in their daily use of the digital devices”	1	11.1%
Integration into referral systems	“We have integrated the pathway to TFGBV in our GBV referral pathway”	1	11.1%
Strengthened survivor-centred and systemic practice	“Survivor centred approach is something that is required on a daily”; “critically analyse areas in policy, SOP’s and work culture that needs to be improved”; familiarity with referral pathways including “Online Safety commission” and “CYBER Crimes Unit”	1	11.1%
No substantive response	Non-meaningful entries	5	55.6%

Note: Each subtheme could fall into more than one theme, so the frequencies exceed the total number of frontline workers. Percentages are calculated out of 9 responses.

This was also reflected in the interviews:

I started with our team, and even I assumed many of us knew about new technology. I kept going back to the training because I didn't realize that people needed to be well-versed with that first. There were so many aspects of technology itself that needed to be brought to their awareness before we even went to the ... because with our staff, they were familiar with the gender aspect, they were familiar with the GBV ... because we're using violence against women and girls. (Alitia)

Providing the services, in my work as a counsellor, someone dealing with, gender-based violence, and domestic violence, child abuse. I have noticed that the TFGBV have been one of the contributing factors to domestic violence. (Mary)

Table 17 highlights that despite these positive shifts, frontline workers continue to view systemic strengthening as essential. Key next steps identified include increased investment in ongoing training, particularly given workforce turnover, legal and policy reform to address evolving forms of TFGBV and stronger coordination across GBV referral pathways. The emphasis on multi-sector collaboration and comprehensive reform reinforces earlier findings that while individual confidence and practice have improved, structural and institutional barriers remain.

Table 17: Frontline workers' recommended next steps to address TFGBV, 12 months post-training

Theme	Sub-themes	Frequency of mentions	Percentage
Increased investment in training	“There should be further investment in training for sectors”; “Investment in training because of turnover and need to refine knowledge and practice especially with police and other service providers”	2	22.2%
Legal and policy reform	“Changes to laws and policies to address the issues of TFGBV”; “Need to change laws and policies to suit the ever-evolving GBV space”	2	22.2%
Strengthening referral pathways and coordination	“Urgent need to facilitate TFGBV across the GBV referral pathway service providers and responders”	1	11.1%
Comprehensive, multi-sector approach	“All of the above”; “All the examples stated above needs to be carried out as a way forward in addressing TFGBV in Fiji and the Pacific region”	1	11.1%
No substantive response	Non-meaningful entries	5	55.6%

Note: Each subtheme could fall into more than one theme, so the frequencies exceed the total number of frontline workers. Percentages are calculated out of 9 responses.

Areas for future training

Figure 24 indicates strong and sustained interest in future TFGBV training across all topic areas at 12 months post-training. For nearly all topics, the majority of frontline workers (66.7%) rated them as “very useful”, with only a small minority (22.2%) indicating they would not find them useful. The only exception was training on working with perpetrators, which showed slightly lower intensity of endorsement (55.6% very useful and 22.2% useful). Importantly, no frontline workers selected “moderately” or “slightly useful”, suggesting polarised responses concentrated at the highest and lowest ends of the scale.

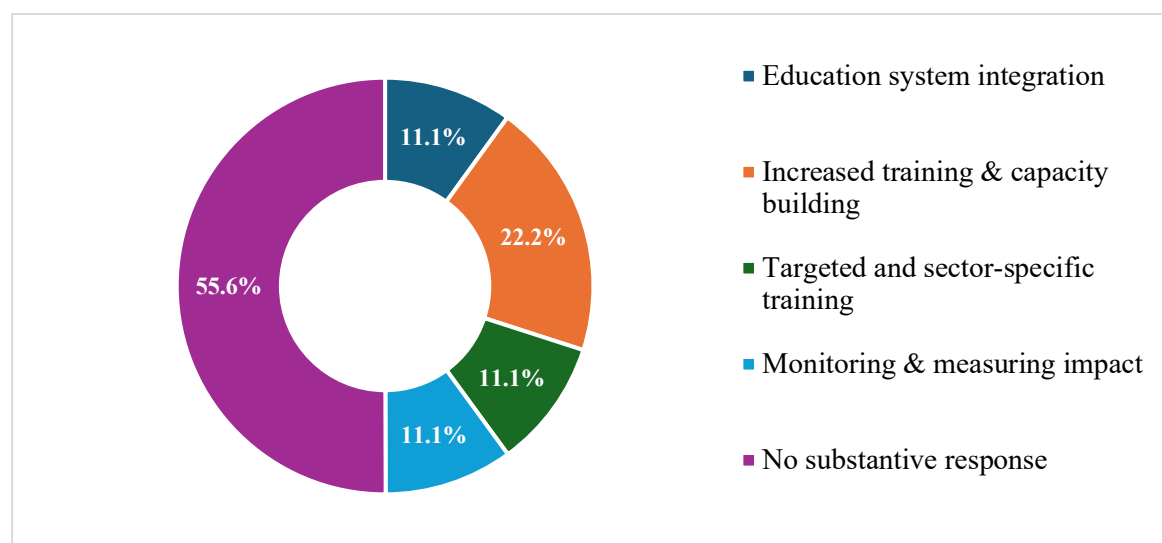
Consistent with this pattern, frontline workers also identified several sector-level priorities to strengthen responses to TFGBV (see Figure 25). Increased training and capacity building were the most frequently identified needs (22.2%), followed by education system integration (11.1%), targeted sector-specific training (11.1%), and improved monitoring and impact measurement (11.1%). While over half of frontline workers (55.6%) did not provide substantive responses, those who did emphasised sustained investment in training, stronger system integration, and structured, sector-wide coordination as critical to strengthening prevention and response efforts across the Pacific region.

Figure 24: Heat map: key trends in confidence levels among frontline workers in TFGBV training topics, 12 months post-training

	Very Useful	Useful	Moderately Useful	Slightly Useful (%)	Not at all Useful (%)
Recognising the signs of different forms of technology-facilitated gender-based violence	66.7%	11.1%	0.0%	0.0%	22.2%
Criminal laws addressing different forms of technology-facilitated gender-based violence in your country	66.7%	11.1%	0.0%	0.0%	22.2%
How to collect evidence and document technology-facilitated gender-based violence	66.7%	11.1%	0.0%	0.0%	22.2%
Assessing risk for women experiencing technology-facilitated gender-based violence	66.7%	11.1%	0.0%	0.0%	22.2%
Practical safety planning with women experiencing technology-facilitated gender-based violence	66.7%	11.1%	0.0%	0.0%	22.2%
Referral options for women experiencing technology-facilitated gender-based violence	66.7%	11.1%	0.0%	0.0%	22.2%
Addressing specific needs of women with a disability experiencing technology-facilitated gender-based violence	66.7%	11.1%	0.0%	0.0%	22.2%
Addressing specific needs of sexual victims of technology-facilitated gender-based violence with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC)	66.7%	11.1%	0.0%	0.0%	22.2%
Addressing specific needs of culturally and racially marginalised victims experiencing technology-facilitated gender-based violence	66.7%	11.1%	0.0%	0.0%	22.2%
Addressing specific needs of young people and children experiencing technology-facilitated gender-based violence	66.7%	11.1%	0.0%	0.0%	22.2%
Resources available to educate and support women on tech safety	66.7%	11.1%	0.0%	0.0%	22.2%
Working with perpetrators of technology-facilitated gender-based violence	55.6%	22.2%	0.0%	0.0%	22.2%
Education for young people and children to prevent technology-facilitated gender-based violence	66.7%	11.1%	0.0%	0.0%	22.2%

 Blue for lower percentages
  Red for higher percentages

Figure 25: Frontline workers suggestions for sector support, training and education needs, 12 months post-training

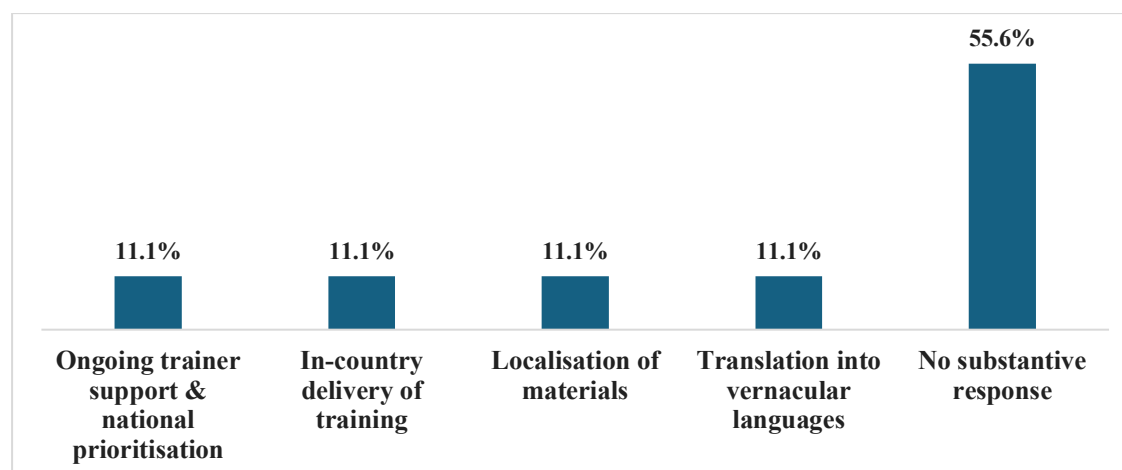


Note: Each response could fall into more than one theme, so the frequencies exceed the total number of frontline workers. Percentages are calculated out of 9 responses.

Suggestions to strengthen the training

Twelve months after the workshop, frontline workers provided a range of suggestions for improving the training (see Figure 26). Among those who offered substantive feedback, the most prominent themes included the need for ongoing support and refresher training for trainers (11.1%), in-country delivery to increase accessibility (11.1%), localisation of materials to better reflect national contexts (11.1%), and translation of modules into vernacular languages to enhance community reach (11.1%). Over half of frontline workers (55.6%) did not provide substantive responses.

Figure 26: Frontline workers' feedback on improving training relevance, 12 months post-training



The interviews reflected the responses in the survey, with frontline workers requesting further refresher training:

I don't really see any gap, but the follow-up, support, like, you give us information and, yeah, ongoing meetings, and that really, really helps us, so that we continue to look through the information and refresh us on what is TFGBV all about. Looking at our reflections, or maybe a refresher on TFGV, what's new, or what could we do. (Mary)

Table 17 indicates that 12 months post-training, frontline workers perceived limited systemic progress in policies, laws, and social attitudes toward TFGBV. Among those who provided substantive responses, reflections were evenly distributed across themes, including limited or no policy change (11.1%), the existence of legislation but insufficient awareness (11.1%), the need for stronger inter-agency collaboration (11.1%), and concerns that social attitudes may have worsened (11.1%). Over half of the frontline workers (55.6%) did not provide substantive reflections.

Table 17: Frontline workers' reflections on policy, law and social attitudes toward TFGBV, six month post-training

Theme	Sub-themes (Direct Quotes)	Frequency (n)	Percentage
Limited or no policy change	"Nothing has changed as yet on policies"; need to involve relevant government sectors to help change laws and policies	1	11.1%

Existing legislation but limited awareness	“Cybercrime Act has been passed... but there is not enough awareness raising done.”	1	11.1%
Need for stronger inter-agency collaboration	“Urgent need to collaborate with our technology department... to address TFGBV.”	1	11.1%
Perceived worsening social attitudes	“Ignorance is bliss... TFGBV seems to have changed for the worse.”	1	11.1%
No substantive response	Non-meaningful entries	5	55.6%

Note: Each subtheme could fall into more than one theme, so the frequencies exceed the total number of frontline workers. Percentages are calculated out of 9 responses.

In the interviews, frontline workers highlighted some areas for future improvement in the training. For example, Alitia described some difficulties in translating the training to local communities in Fiji:

One of the biggest gaps was trying to simplify it, because there's some big words, and one of the things that we do as an organisation, because we work a lot with, with, the iTaukei [Indigenous] community. Most of our materials are translated but I know some of these words that we're using I'm not even sure how we can translate that. (Alitia)

Mary also highlighted the need for TFGBV to be prioritised at a national level in terms of policy:

TFGBV issues should be included and should be prioritised in our country. It's not something to just talk about it and then forget about it. It's really serious. It really matters because [what] the victims or the survivors experienced are some of the most emotional, experiences that the clients have been experiencing, yeah, individually, through the TFGBV.

Key recommendations and conclusion

Overall, we identified seven key recommendations – three related to broader systemic responses to TFGBV, and four specifically related to the continued effective implementation of the *Train the Trainer* program.

Recommendations for broader systemic responses to TFGBV

Training beyond frontline responders: The evaluation found that the training needed to be delivered to a broader set of groups beyond those working directly in the gender-based violence sector. Frontline workers stressed the importance of equipping different groups (including young people, students, frontline workers such as police and health workers, and government officials) with knowledge and skills to recognise and address TFGBV. Community awareness programs could also help address barriers for help-seeking, including stigmatising attitudes, lack of confidentiality, cultural and religious norms reinforcing patriarchal attitudes.

Limited systemic progress: The evaluation showed that there has been limited progress in policies, laws and social attitudes toward TFGBV (e.g. limited or no policy change, the existence of legislation but insufficient awareness, the need for stronger inter-agency collaboration and concerns about social attitudes). Across the three stages of the evaluation, frontline workers reported the need for multi-sector collaboration and comprehensive reform. This highlights that while individual confidence and practice have improved, structural and institutional barriers remain.

Government funding and technical support: Frontline workers called for increased government funding and technical support to implement training programs and develop necessary materials. Additional funding will help workers in supporting victim-survivors across all areas – regional, rural and more urban.

Recommendations for the continued effective implementation of the *Train the Trainer* program

Refresher training: The evaluation found that the training has significantly improved frontline workers' confidence in understanding TFGBV, referral pathways for victim-survivors and training others. Frontline workers emphasised the need for future training to refresh existing knowledge, including updates on emerging technologies and trends (e.g. deepfakes and Artificial Intelligence). This could include refresher sessions, quarterly modules and/or annual revisions. Frontline workers considered most of the topics in the training very useful for future training, including assessing risk, safety planning, referral options and addressing the needs of women with a disability or young people.

Training specific to supporting marginalised groups: The evaluation found that topics addressing marginalised groups (e.g., SOGIESC individuals, culturally/racially marginalised victim-survivors) and working with perpetrators received slightly lower ratings in the post training surveys, suggesting these areas need more targeted focus.

Digital literacy and online reporting mechanisms: The evaluation found that frontline workers would benefit from training that improves knowledge about online safety measures and how to report TFGBV cases (to platforms, online safety commission, “take it down” program).

Localisation of materials: Directly related to the point above, this evaluation found that to better reflect national contexts, materials could be tailored to reflect the cultural and social nuances of each Pacific nation where it is being delivered. Ideally the training should be delivered in country as well. This included the translation of modules into local languages to enhance community reach.

Conclusion

Overall, the three-stage evaluation demonstrates that the training program had a sustained and meaningful impact on frontline responders' confidence, knowledge, and practice in responding to TFGBV. In contrast to pre-training findings, which showed low confidence across key areas such as referral pathways, safety planning, and culturally competent responses, post-training results indicate substantial and enduring improvements. Frontline workers reported increased

confidence immediately following the training, with these gains maintained at six and 12 months, alongside clear changes in practice, including more survivor-centred and empathetic responses and increased delivery of awareness and training activities within their organisations. While the training strengthened individual capability, the evaluation also highlights ongoing structural and systemic barriers, particularly limited resources, gaps in legal frameworks and enforcement, and organisational capacity constraints, which continue to affect frontline responses. These findings affirm the value of the training program, while emphasising the need for broader systemic investment and reform to support and sustain effective responses to TFGBV.

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