

# **GENDER-BASED VIOLENCE TRAINING PROGRAMS:**

**ONLINE, FACE-TO-FACE AND BLENDED FORMATS**

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**LEARNING NETWORK**

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Training curriculums on gender-based violence (GBV) have been developed across sectors, such as education, health, social services, violence against women (VAW), justice, services for indigenous peoples, and settlement services. With an increasing need for these types of educational programs, traditional face-to-face learning opportunities have given way to the economical and widely accessible option of e-learning (i.e., online learning). Blended learning has emerged as a third approach and includes a combination of traditional face-to-face and e-learning. Yet, limited research has examined the advantages and disadvantages of online learning, including its effectiveness for improving learner outcomes compared to face-to-face or blended learning programs. While systematic and meta-analyses exist on the latter in the fields of education and health (e.g., Liu et al., 2016), little is available in the context of GBV and is of varying quality.

This report highlights the components and potential strengths and weaknesses of online, face-to-face, and blended learning approaches that may be of particular relevance to the development of GBV curriculums. Existing gaps in the current literature are also discussed, with suggestions for future research and evaluation. Readers are reminded to view findings as tentative given the emerging state of this body of evidence.

## ONLINE TRAINING

Online training or e-learning involves instruction delivered over the Internet to learners anywhere with access to a web-browser. There are two primary forms of e-learning: synchronous, or instructor-facilitated, and asynchronous, or self-directed. Given limited available research, it was not possible for this report to adequately distinguish between these two formats in our discussion of outcomes. Accordingly, the following information refers to online learning more generally.

Though rapidly developing, online training lacks the established models for optimizing learning which are characteristic of face-to-face environments (Bartley & Golek, 2004). Nevertheless, online training has a variety of features which make it appealing, and may be especially important to organizations developing or consuming GBV training.

Online learning is an economical method in its delivery, as well as its capacity to be utilized many times and easily updated (Bartley & Golek, 2004; Herschell et al., 2015). Although online learning programs may require a larger initial investment to develop multimedia resources, it becomes less expensive than face-to-face and blended learning in the long-term, with its costs tending to decrease over time (Hilton & Ham, 2014). For organizations looking for existing training options for employees or individuals seeking training for their professional development, online education reduces costs associated with travel and time taken off of work (Bartley & Golek, 2004). In addition, registration for online GBV training is often free, whereas many face-to-face initiatives include a cost.

Beyond its cost savings, training conducted in an online format has the capacity to reach more people than might be accomplished with face-to-face or blended modalities, and to do so more often and as, or potentially more, efficiently (Bartley & Golek, 2004). For example, it can be difficult for individuals who do not work or live in an urban area to access many face-to-face trainings (e.g. professionals in a rural or northern community). Indeed, options for education in rural and remote areas are often quite limited due to cost and distance (Bennett-Levy & Perry, 2009), and the limited availability of training can be a barrier to practice (Dimmeff et al., 2009). This makes online programs particularly useful in that they allow access to training irrespective of geographical distance (Rheingold et al., 2012). Further, the convenience and flexibility of online training

**ONLINE LEARNING:**  
educational instruction delivered over the Internet to learners anywhere with access to a web-browser.

**FACE-TO-FACE LEARNING:**  
educational instruction involving direct contact between instructor and learner(s), where both are physically within each other's presence.

**BLENDED LEARNING:**  
educational instruction delivered partly over the Internet and partly in person.

Current e-learning environments can be divided into two categories: synchronous and asynchronous.

### **SYNCHRONOUS FORMATS**

require students to enroll in a course/program that is paced at particular intervals that must be attended or completed according to a specific schedule. Common features include: virtual classrooms, scheduled online tests/evaluations.

### **ASYNCHRONOUS FORMATS**

involve students beginning and completing a training course at different times, according to their own schedule. Common features include message boards, discussion groups, and self-paced courses.

(i.e. can be completed from home and/or around one's work schedule) contributes to ease of access for workers with demanding schedules (Cerijo, 2006; Ruzek, 2010; Paranal et al., 2012; Means et al., 2013; Heck et al., 2015). This may be of particular value for members of the GBV sector who juggle competing work and family demands or who work shifts or long hours, for example. Online education generally allows learners to work at their own pace rather than having to be in a particular location at a particular time, providing individuals with more control over their learning (Bartley & Golek, 2004).

The learner-centeredness of online training contributes to its favourable review by many participants. In addition, studies involving employees of child-serving organizations (e.g. sexual abuse counselors, child health clinicians) indicate high ratings of effectiveness and usefulness regarding online programs (Paranal et al., 2012; Rheingold et al., 2012; Herschell et al., 2015). The effectiveness of online training is generally supported by existing research, though limited. Most evidence stems from analyses of online learning involving students taking courses rather than workers completing training. Nevertheless, an online format for knowledge acquisition appears to be broadly effective, regardless of type of content or learner (Means et al., 2013). Students also appear to perform modestly better in online learning conditions compared to those in a face-to-face setting (Means et al., 2013; Wiecha et al., 2006).

Available research on training programs specifically supports the effectiveness of online training, finding no difference between it and face-to-face alternatives (Benjamin et al., 2007; Rheingold et al., 2012; Stein et al., 2015). For example, one study comparing an online domestic violence training program for physicians to a classroom-based approach found that both formats similarly improved knowledge, confidence, and attitudes (Harris et al., 2002). This study, however, relied on participants' subjective ratings (e.g. whether participants felt they learned something)

rather than objective measures (e.g. a set of knowledge-testing questions with correct or incorrect answers). Equal effectiveness between face-to-face and online formats has also been found for trainings on child sexual abuse (Rheingold et al., 2011), psychotherapy for bipolar disorder (Stein et al., 2015), and domestic violence risk assessment (Hilton & Ham, 2011). Again, however, this research faces limitations in its ability to determine whether the desired changes actually did occur as a result of the training program itself, rather than due to other factors (e.g. reliance on participants' subjective assessments, no random assignment of participants).

In general, online training appears to lend itself well to knowledge acquisition and attitude improvement (Means et al., 2013; Ruzek, 2010; Bennett-Levy & Perry, 2009; Fridrici & Lohaus, 2008; Harris et al., 2002). This is supported by the limited number of studies using random assignment and a pre/post-test design (Heck et al., 2015; Williams et al., 2009; Gega, Norman & Marks, 2007; Cohen et al., 2006), although participants tend to be clinicians or healthcare providers, who make up only part of a much wider group of individuals working in the GBV sector. Evaluated training programs also tend to be on specific therapeutic or screening techniques, rather than other issues that are of importance to GBV work (e.g. feminist/anti-racist/anti-oppression framework, harm reduction, creating a safe space for disclosure). The effectiveness of online training specific to shelter workers, public educators, or sexual violence advocates, for example, has yet to be assessed.

Given that the GBV sector is constantly evolving with new knowledge, approaches, and resources, online training can represent an important medium for informing practice through its capacity to be updated easily, frequently, and less expensively. Online training is highlighted as being able to "keep up with change" and subsequently "keep knowledge current" (Ruzek, 2010; Bartley & Golek, 2004). Accordingly, it can serve as a

suitable format for the continuing education of individuals working in the area of GBV. It also provides a manner in which workers can connect and collaborate through social networking (Means et al., 2013), which may become of increasing relevance in this digital age. Finally, online training provides a useful format for reflective practice through components such as blogging, pausing a presentation to absorb, or revisiting a particular section to reflect (Bennett-Levy & Perry, 2009). Reflective practice has been identified as a core competency for domestic violence and sexual violence training (see Broll et al., 2012) and is generally valued in the GBV sector. It should be noted, however, that participants of online training programs dealing with sensitive issues (e.g. stories of abuse) indicated that they would have preferred face-to-face training with an individual present to help process emotions and to discuss the issues with others in a more personal manner (Rheingold et al., 2012).

Other limitations of online training include sustaining continuous costs for platform maintenance and updating (Wuensch et al., 2008); constraints engaging learners in 'real time' role plays to apply the skills they are learning, which may be essential for individuals involved in activities such as counseling (Bennett-Levy & Perry, 2009); technical problems and/or learning contingent on a user's familiarity with technology (Bartly & Golek, 2004; Rheingold et al., 2012); learners' feelings of isolation in virtual learning environments (Hara, 2000); and low completion rates (Stone et al., 2005; Fridrici & Lohaus, 2008; Heck et al., 2015). In fact, completion rates for voluntary online training courses hover around 20% (Long, Dubois & Faley, 2009). Research on open online courses offered by post-secondary institutions finds completion rates as low as 2% to 14% (Perna et al., 2014). There is potential for higher completion rates, however, as one study on domestic violence risk assessment training reports an online completion rate of 86% (Hilton & Ham, 2014). Ultimately, more rigorous evaluations of online GBV training are needed.

## KEY TERMS

**RANDOM ASSIGNMENT OF PARTICIPANTS:** An experimental technique for assigning participants to different groups (e.g. a group participating in a training program and a group not participating in the program). Participants are assigned by chance.

**CONTROL GROUP:** The group in an experiment or study which does not receive the "intervention" (e.g. participating in a training program). This group is then used as a benchmark to measure results of the intervention group.

**RANDOMIZED CONTROL TRIAL:** A study in which participants are assigned at random (by chance alone) to one of several groups involved in testing the intervention.

**PRE/POST-TEST DESIGN:** An experimental design where participants in both the intervention and control group are given a set of questions prior to and after the intervention. The goal is to compare participant groups and measure the degree of change occurring as a result of the intervention.

## FACE-TO-FACE TRAINING

There are many established models for optimizing face-to-face learning (Bartley & Golek, 2004), although face-to-face training has the same limitations as online training in terms of existing evaluations of its effectiveness. Further, there is more existing literature on the advantages of online training than exists for face-to-face efforts. Nevertheless, there are still elements of face-to-face training amenable to the GBV sector.

Typically, participants not completing the training course is not a concern with face-to-face training as it is less anonymous and more personal than online formats. In a recent study of domestic violence risk assessment training, 100% of participants completed the face-to-face program (Hilton & Ham, 2014). The face-to-face model can be held in a large or small group setting, where participants engage in frequent and ongoing interaction (Sankar & Sankar, 2010). This can be an effective modality for introducing new, unfamiliar, or sensitive topics (Payne et al., 2006; Sankar & Sankar, 2010). In a survey of social services workers' perceptions of domestic violence training, participants valued aspects of face-to-face training related to the sharing of personal experiences and being provided with immediate feedback (Payne et al., 2006). For difficult or sensitive topics, participants appear to also value "live" emotional support (Rheingold et al., 2012).

Other aspects of face-to-face training contributing to participant satisfaction and learning include: being able to read body language, participate in synergistic group discussion, and to ask questions which receive immediate answers (Towmey, 2004). When using online formats (especially asynchronous formats), responses from facilitators or other participants may take longer periods of time, whereas face-to-face communication is faster and more efficient (Wuensch et al., 2008). While communication can be clear and effective in an online format, there is less room for misinterpretation in face-to-face discussions as participants can attend to non-verbal cues (e.g. body language, facial expression) and tone of voice (Barrera et al., 2010). These aspects of face-to-face environments may be more useful to individuals with certain learning styles.

Face-to-face training also provides participants with the ability to practice skills learned through such activities as role-playing with course facilitators/instructors or other participants (Bennett-Levy & Perry, 2009). Little research is available on whether face-to-face training is superior to online training for application of knowledge/skills learned; however, it is clear that face-to-face training involves a human interaction component that differs in quality from online interactions. With regard to the GBV sector, training on working with survivors of violence may benefit from a face-to-face component.

One limitation of face-to-face training is that it typically has limited offerings of courses (Ruzek, 2010). This is related to the tendency for this type of training to be expensive and inefficient, involving transportation, acquiring physical space, the use of facilitators, printing of materials, and so forth. Face-to-face training also occurs in a specified time and space and at the instructor's pace, which may not work for individuals with busy or conflicting schedules.

Although current evidence demonstrates no significant differences in the effectiveness of face-to-face training compared to online training for knowledge development (Rheingold et al., 2012; Stein et al., 2015), its high completion rates and capacity for high quality personal interaction components may make it ideal for some GBV initiatives.

## **BLENDED TRAINING**

Blended training involves a combination of face-to-face and e-learning (synchronous or asynchronous) approaches. These types of courses involve a substantial portion of material delivered over the internet, with the remainder in-person. Blended formats are increasing in popularity, combining the strengths of online and face-to-face formats while aiming to overcome their respective limitations (Lee, 2010; Liu, 2016).

Utilizing a blended format for education and training has been deemed a "powerful strategy" with the capacity to expand and enhance the learning experience of participants (Duhaney, 2004). Blended learning can facilitate a variety of learning styles, providing learners with material in multiple formats. It has been found to be appreciated by learners, giving them the opportunity to absorb information on their own and then ask questions and practice skills in a real life scenario (Kupetz & Ziegenmeyer, 2005; Lee, 2010). In this regard, it may offer a promising option for GBV training.

When engaging in blended training, it is important to determine the appropriate balance of online and face-to-face learning environments or learner outcomes may be compromised (Duhaney, 2004). Researchers also suggest piloting a blended program with a small group before scaling it to be larger in size (Duhaney, 2004). In this regard, blended training does not offer the same cost-effectiveness as online-only modules, and may be

more time consuming to develop. This may not be suitable for GBV organizations with limited budgets or who are looking to launch training relatively quickly. Participants are also tasked with having to be present for in-person sessions, which can involve the same disadvantages as face-to-face training in terms of travel for rural or remote participants, but may offer more flexibility in that in-person sessions occur less often.

Like its online and face-to-face counterparts, research on blended learning is limited. Research involving students in an educational setting finds blended formats to have a larger advantage in terms of effectiveness relative to face-to-face instruction (Means et al., 2013). Studies comparing blended and purely online learning find no significant difference in learning between the two (Lim, Morris & Kupritz, 2007). Blended learning has also been found to provide clearer and more “learner-centred” instructions than online delivery (Lim et al., 2007) and satisfaction among learners appears higher than in purely online or traditional face-to-face courses (Garrison & Kanuka, 2004). Despite some evidence of its effectiveness, research has yet to examine completion rates for blended training programs.

Blended learning is also promising in the education of health professions. A recent systematic review and meta-analysis found that blended instruction was more effective than or at least as effective as traditional face-to-face instruction or purely online learning for a wide range of learners and disciplines within the health sector (Liu et al., 2016). Additionally, this analysis suggested that learner’s gain in knowledge may vary depending on the method of blended learning used, and that future research should compare blended methods.

## CONCLUSION AND FUTURE CONSIDERATIONS

With continuing advancement in GBV training, it is important to understand the advantages and disadvantages associated with available educational options in order to determine which may best suit an organization’s or individuals’ needs or purpose. Table 1 compares online, face-to-face, and blended formats.

Key advantages to online training include its cost-effectiveness, flexibility, and sustainability. Based on the evolving nature of the GBV sector and the widespread need for services, online learning may be an appealing option to increase training without increasing cost, especially given the financial realities many organizations face. With emerging research supporting the effectiveness of online learning in general and in the context of GBV training, it appears to be a promising direction.

There are instances, however, where face-to-face training may be preferable. For example, addressing sensitive topics and teaching skills requiring interaction and practice may be best accomplished in a “live” environment. While face-to-face learning is more expensive than its online counterpart, its high completion rate may compensate for its cost, especially where the goal is to teach/learn a certain topic or skill. Research demonstrates that learners value face-to-face training in these instances. Still, it should be noted that face-to-face training is limited in the number of times it can be offered and its geographical reach.

Combining elements of online learning with a face-to-face component is a potential solution to the existing limitations of each format on its own. Blended training is capable of offering learners some flexibility and includes many of the advantages of online training, while allowing for face-to-face opportunities to clarify or practice applying knowledge or skills learned. Through utilizing aspects of online and face-to-face learning, blended programs are able to accommodate varying learning styles. The initial development of these programs, however, can be costly and time-consuming. It is also important to find the appropriate balance between each component, which may not always be feasible for organizations seeking quick and affordable training.

Overall, organizations and individuals working in the GBV sector should consider the aims they wish to accomplish with training and carefully weigh the advantages and disadvantages of each format in assessing its capability to meet specific goals.

Table 1. Comparing Educational Training Formats

ONLINE TRAINING		FACE-TO-FACE TRAINING		BLENDED TRAINING	
ADVANTAGES	DISADVANTAGES	ADVANTAGES	DISADVANTAGES	ADVANTAGES	DISADVANTAGES
Cost effective	Not well-suited to practicing skills learned (e.g. “real time” role-playing)	High completion rate	Expensive	Accommodates various learning styles	Requires finding “the right balance” between online and face-to-face components
Easily updatable to remain current	Technical problems can deter learners	Personal interaction	Limited to particular time and place	Combines many of the advantages of online and face-to-face training	Initial start-up can be costly and time-consuming
Can be offered more frequently and used many times	Low completion rate	Suitable for introducing new, unfamiliar or sensitive topics	Typically moves at facilitator/instructor’s pace	Face-to-face opportunities for clarification and practice	
Long-term sustainability	Delayed responses to questions	Immediate feedback/ answers to questions	Limited offerings	High learner satisfaction	
Far-reaching capacity	No “live” support for sensitive or difficult issues	“Live” emotional support	Less accessible to participants outside of geographic area where training takes place	Offers participants some flexibility	
Convenience/ Flexibility		Can read body language, facial expressions, etc.			
Learner-centred/ directed		Can practice skills learned (e.g. role-playing)			

With limited available research comparing traditional face-to-face, online, and blended training, especially for GBV-specific curriculums, it is clear that more work is needed in this area. Specific considerations are as follows:

- Design and conduct evaluations for face-to-face, online and blended GBV training that include an objective assessment of participant gains in knowledge (e.g. randomized control trial with pre-/post-test design).
- Compare face-to-face, online and blended GBV training to determine if learning outcomes are similar across formats, or if specific outcomes benefit more from one format than the other.
- Incorporate an application of skills component in addition to a knowledge component into pre/post-tests to compare whether and how this may differ based on training format.
- Compare the effectiveness of different blended instructional/training methods for GBV curriculums for different groups in different learning contexts (e.g. pre-service; continuing education for service providers).

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