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Domestic Abuse Matters

Evaluation of first responder training

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Executive summary

Key findings and implications

- A one-day classroom-based training course for first responders had positive effects for some indicators of knowledge and understanding of coercive control, but no effect for others. The training had no impact on officers' general attitudes to domestic abuse.
- Research from other sectors suggests future iterations of the training should include more interactive and self-reflective learning that simulates practice in responding to cases of domestic abuse.
- Future evaluation of the training should have a pre- and post-test in order to establish baseline levels of knowledge and attitudes.

Introduction

In 2013, coercive and controlling behaviour was included in the cross-government definition of domestic violence and abuse, which has been adopted by the police service as its working definition. In 2015, the enactment of Section 76 of the Serious Crime Act introduced a new offence of 'coercive and controlling behaviour in an intimate or family relationship'. It is therefore crucial that frontline police officers are able to identify the pattern of abusive behaviour that characterises coercive control. A thematic inspection by Her Majesty's Inspectorate of Constabulary (2014) concluded, however, that officers often struggle to identify abusive patterns of behaviour, particularly in the absence of physical violence. The inspection criticised the reliance on e-learning as a method of training delivery. Though evidence from other sectors suggests e-learning can be as effective as classroom training in improving knowledge, HMIC said that e-learning in the police is often complied with but not understood, and limits the opportunity for discussion and reflection. The inspection report recommended the College of Policing review national training on domestic abuse.

There is relatively little evaluation evidence on what training methods are effective in improving police officers' knowledge and attitudes, though evidence from other sectors suggests training integrated into or simulating routine practice may be most effective. To date, there has been no national level training for police officers and staff on how to identify coercive control. To help fill this gap, the College worked with SafeLives, a national domestic abuse charity, to develop a new domestic abuse training programme: Domestic Abuse Matters. The DA Matters programme included classroom training for first responders, which intended to be interactive and improve both their knowledge and understanding of coercive control and its impact on victims, and their wider attitudes to responding to domestic abuse.

The intervention

Domestic Abuse Matters is a programme of activity comprising training for first responders and supervisors, as well as a peer coaching role. The College evaluation was specifically of the impact of the first responder training on officers' knowledge and understanding of coercive control, and their wider attitudes to responding to domestic abuse. The College did not evaluate the peer coaching element of the programme.

The first responder training was a one-day classroom session involving a mixture of videos, PowerPoint presentations, and group discussions. Key learning outcomes were for officers to be able to explain what is meant by the term 'coercive control', understand the effect of

multiple controlling behaviours on victims, and identify why victims can find it difficult to leave an abusive partner. The evaluation also tested for any impact of the training on officers' general attitudes to domestic abuse.

Research methods

To enable causal statements to be made about immediate transfer of knowledge and any improvements in officers' attitudes, a randomised controlled trial was undertaken. There was a two-stage randomisation process. From an initial sample of around 1000 first responders, officers were randomly allocated to one of four training sessions on a specific day. There were 41 sessions in total, across a number of weeks. Once officers were allocated to sessions, the sessions were randomised and eight designated as 'treatment' and eight as 'control'. The total sample for the RCT was consequently 400 officers – 200 in treatment sessions, and 200 in control sessions.

To ensure a high response rate, data collection took place on the day of the training. Officers in control sessions completed a pen-and-paper questionnaire prior to completing the training; officers in treatment sessions completed the evaluation after they had been trained.

The evaluation questionnaire was a mixture of closed questions, on seven point scales, and open, freetext responses. Coding frameworks were developed for data from the freetext questions. Factor analysis was performed on the closed questions, and scales computed from respondents' scores. Intention to treat analysis was performed comparing mean scores between officers in treatment and control sessions. Linear regression models were estimated for scaled variables, controlling for officers' sex and length of service; t-tests were performed for single indicators.

Limited observations were undertaken of treatment group sessions to check whether the content of the training was delivered as intended.

Findings

The training had a positive effect on some of the intended learning outcomes; there was no clear effect on others. There was no impact on officers' general attitudes.

Learning outcome	Impact
Knowledge of coercive control	Medium positive
Understanding of potential risk factors beyond physical violence	No
Understanding why victims' may not engage with the police	No
Understanding practical reasons for not leaving	Small positive
General attitudes to domestic abuse	No

Knowledge of coercive control

The training was found to have had a medium positive effect on first responders' understanding of coercive control. The experimental group were able to provide, on average, a better description of coercive control than those in the control group. In particular, the

experimental group were more likely to identify coercive control as a course of conduct, and entrapment of the victim as a key element. Overall, however, mean scores were relatively low for both groups, and very few officers in either the treatment or control groups highlighted the gendered nature of coercive control.

Understanding coercive control

No improvement was seen in first responders' recognition of the value of specific risk factors beyond physical violence, or for understanding why victims may be reluctant to engage with the police. The training had a small positive effect on officers' recognition of the practical difficulties associated with leaving an abusive partner.

Attitudes to domestic abuse

There was no statistically significant improvement in general attitudes to domestic abuse for officers in the treatment group, compared to those in the control group. Attitudes were however generally positive across both groups.

Conclusions and implications

Findings from this trial showed that classroom-based training for first responders had positive effects for some indicators of knowledge and understanding of coercive control (immediately following the training), but no effect for others. There was no effect on wider attitudes towards domestic abuse. Although a medium effect was observed in favour of the treatment group relative to the control group in relation to knowledge of key aspects of coercive control, knowledge of coercive control overall was low for both groups.

Observations of treatment group sessions suggested that the design and implementation of the training may have contributed to the small or negligible improvements in knowledge and understanding. In particular, the training did not incorporate much interactive, practice-oriented learning that research has shown is most effective in improving knowledge and attitudes. Elements of the training were found to have been delivered inconsistently, or in some cases not delivered at all.

Prior to attending the classroom training, officers in both treatment and control groups were required to undertake several College e-learning products. The rationale for mandating this e-learning as a pre-requisite for the classroom training was that the modules would provide or reinforce knowledge of risk assessment and relevant legislation that would be alluded to but not explained fully during the classroom training. Due to the timetable for implementation of the training, it was not possible to measure officers' knowledge and attitudes either before or after completion of the e-learning. It was not possible therefore to know officers' pre-existing levels of knowledge and understanding, or whether their knowledge and attitudes were improved by undertaking the e-learning.

Key implications from the evaluation are as follows:

- Future iterations of the training should include more interactive and self-reflective learning that simulates practice in responding to cases of domestic abuse.
- Future implementation should try to ensure that the training material is delivered consistently, to time, and in accordance with the learning objectives.
- Future evaluation of the training should have a pre- and post-test in order to establish baseline levels of knowledge and attitudes.

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1. Introduction

The College of Policing has tested the impact of training designed to improve the way police respond to domestic abuse. The training was piloted in Hertfordshire Constabulary in England, in 2015. To enable strong statements to be made about the impact of the training, a randomised controlled trial (RCT) was used to evaluate it. This report provides an overview of the trial, summarises the key findings and presents implications for future practice in this area.

Background

In recent years, research has differentiated coercive and controlling abuse from acts of violence and abuse between intimate partners and other family members that are not underpinned by a continuous pattern of behaviour (see Stark, 2007). Coercive control has been defined as: 'a strategic course of oppressive conduct that is typically characterized by frequent, but low-level physical abuse and sexual coercion in combination with tactics to intimidate, degrade, isolate, and control victims' (Stark, 2013: 18). It involves the 'micro-regulation' of everyday life (see Stark, 2007), and, as a course of conduct, it is different from infrequent acts of violence and abuse that may be prompted by disputes in otherwise healthy relationships. Such 'situational' violence (Johnson, 2008) is committed by both men and women, though the Crime Survey for England and Wales suggests women are more likely to experience all forms of domestic abuse (Office for National Statistics, 2015). Coercive control, by contrast, is highly 'gendered', with men primarily the perpetrators and women the victims (see Stark, 2007; Myhill, 2015). Coercive control has been found to be more frequent and severe than other forms of domestic abuse, and to have a greater impact on victims' physical and mental health. Coercive and controlling perpetrators are also less likely to desist without external intervention (see Myhill, 2015). Coercive control has been identified as a very frequent context for domestic homicide (see Dobash and Dobash, 2015; Campbell et al, 2009; Regan et al, 2007).

Following a consultation process, coercive and controlling behaviour was included in the cross government definition of domestic violence and abuse in 2013 (see Appendix 1). This definition is used also by the police service as its working definition for what constitutes a domestic-related incident. More recently, Section 76 of the Serious Crime Act (2015) introduced a new offence of 'coercive and controlling behaviour in an intimate or family relationship'. The law was enacted on December 29th, 2015, and carries a maximum punishment of five years imprisonment. A perpetrator must be proven to be 'repeatedly or continuously [engaging] in behaviour towards another person ... that is controlling or coercive', and this behaviour must have a 'serious effect' on the victim, defined as causing them to fear violence on at least two occasions, or causing them 'serious alarm or distress which has a substantial adverse effect on [their] usual day-to-day activities.'¹

It is, then, more important than ever that police officers and staff are able to identify patterns of abusive behaviour in order to assess accurately where the risk of harm is greatest, and to hold offenders to account under the new law.

The need for training

In September 2013, Her Majesty's Inspectorate of Constabulary (HMIC) were commissioned by the Home Secretary to conduct an inspection of the police response to domestic abuse. The inspection report – 'Everyone's business: Improving the police response to domestic abuse' – concluded that 'the overall police response to domestic abuse is not good enough'

¹ <http://www.legislation.gov.uk/ukpga/2015/9/section/76/enacted>

(HMIC 2014: 6). As well as observing that domestic abuse was not afforded a high priority relative to acquisitive crime (such as burglary), HMIC noted that officers appeared to lack the skills, knowledge and understanding to deal with domestic abuse effectively, and, in particular, were poorly equipped to identify abuse in the absence of overt physical violence. This situation was in part attributed to a lack of effective training, and over-reliance on e-learning as a method of training delivery. HMIC recommended that the College carry out a review of training and suggested that all relevant officers and staff should be trained to understand the dynamics of different types of abuse, particularly coercive control.

In the absence of national level training for police officers and staff on coercive control specifically, the College worked with a secondee from SafeLives, a national domestic abuse charity, to develop a new domestic abuse training programme: Domestic Abuse Matters. One component of the programme – face-to-face training for first responders – was piloted and evaluated in Hertfordshire Constabulary.

There is relatively little evaluation evidence on what training methods are effective in improving police officers' knowledge and attitudes (Wheller and Morris, 2010). A review of literature from other sectors suggested classroom-based learning can be effective to some extent in increasing knowledge, but that training integrated into routine practice is more effective in terms of increasing knowledge, improving skills and attitudes, and changing behaviour. The review also showed that classroom learning that simulates practice may be more effective than traditional classroom delivery in terms of achieving additional gains in knowledge and critical thinking skills (Wheller and Morris, 2010). The DA Matters first responder training was intended to include interactive elements that focused specifically on the difficulties associated with responding to domestic abuse.

Structure of the report

Chapter 2 of this report provides an overview of the Domestic Abuse Matters programme, and the specific training delivered to first responders (the intervention). Chapter 3 outlines the evaluation design. Findings from the evaluation are presented in Chapter 4, and implications for future practice in this area are discussed in Chapter 5.

2. The intervention

The intervention consisted of a programme of training and support designed to enhance the skills, knowledge and effectiveness of first responders in dealing with domestic abuse. Key components of the programme were:

- one-day face-to-face classroom training for 935 first responders to domestic abuse;
- a peer coaching programme whereby 176 officers who had completed the first responder training received additional training and were given responsibility for the coaching and continuous development of other first responders;
- training for 138 supervisors to support the responders and their coaches; and
- a police area 'health check' to see how well equipped the force were to deal with domestic abuse and to support the implementation of the learning and practice derived from the classroom-based training.

The training was designed by a secondee from SafeLives, a national domestic abuse charity, in conjunction with the College of Policing. The evaluators were involved in the design of the training material, to ensure that the content was consistent with research and evidence on coercive control. The programme was piloted in Hertfordshire Constabulary.

First responder classroom-based learning

The aim of the classroom-based training was to enable first responders to improve their response to domestic abuse by increasing their awareness of coercive and controlling behaviour in intimate relationships and its impact on victims and their willingness to engage with the police.

The training involved a mixture of videos, PowerPoint presentations, and group discussions (see Appendix 2). Specific sessions included the debriefing of video footage from an actual domestic abuse incident, the types of controlling behaviours and tactics used by perpetrators, the challenges associated with leaving an abusive partner, and how perpetrators behave when the police are called. Each training session was delivered by one trainer with a police background and one trainer from a charity/voluntary sector organisation. All trainers had previous experience and expertise in the area of domestic abuse, and a 'train the trainer' event was held prior to the commencement of the training proper.

The intention was for a 'critical mass' of three-quarters of first responders to be trained in order both to encourage attitudinal culture change and ensure that domestic-related incidents were likely, in the future, to be attended by at least one person who had received the training. First responders were considered to be any officer or member of police staff who has involvement in the initial response to domestic abuse. Predominantly this meant response officers who are typically first on the scene at the majority of domestic incidents, but it also included staff based in the force's contact centre (who field the majority of initial reports to the police), front counter staff based in police stations, and officers from Safer Neighbourhoods Teams.

The training aimed to equip first responders with the knowledge and skills to enable them to provide an appropriate response to domestic abuse. The evaluation aimed to assess the impact of the training against the following learning outcomes:

- explain what is meant by the term 'coercive control';
- describe the effect of multiple controlling behaviours on victims and other vulnerable persons impacted by the perpetrator's behaviour; and
- identify why victims can find it difficult to leave an abusive partner.

In relation to the effect of multiple controlling behaviours and their impact, the training attempted to illustrate the salience of 'risk factors' that go beyond physical violence – such as multiple calls to police to report (apparently) 'verbal only' incidents. It also sought to make clear how coercive behaviour can cause victims to minimise the abuse and even internalise blame, and how that may in turn affect their willingness to engage with the police and other sources of intervention and support. Although much of the focus of the training was on coercive control and its impact, the training was intended also to influence officers' more general attitudes to responding to domestic abuse. In part, it was felt that officers' greater understanding of the dynamics of coercive control may improve attitudes relating to for example the tendency to doubt the credibility of reports of domestic abuse.

E-learning

A pre-requisite for attending the first responder training was completion of several existing e-learning packages developed by the College of Policing. The e-learning modules covered, among other things, risk assessment and relevant legislation which would be referred to but not covered in-depth during the classroom training.

Table 1. Prerequisite e-learning

Module	Duration	Content
Public protection: Initial response	40 minutes	Common myths around perpetrators and victims; risk factors and risk assessment; aspects of initial response, including taking positive action and identifying and acting on intelligence; multi-agency working.
Public protection: Abusive relationship	40 minutes	Interactive case-study of a relationship involving coercive control and subsequent harassment. Focus on risk factors and risk assessment, taking positive action, safety planning, investigation and gathering evidence.
Public protection: Family disturbance	40 minutes	Focus on so called honour-based violence and forced marriage using a simulated practice scenario with a 'video diary' kept by the victim.
Domestic violence disclosure scheme	20 minutes	Description of the Domestic Violence Disclosure Scheme (Clare's Law) including key elements of the process and how to arrive at decisions.
Stalking and harassment e-briefing	30 minutes	Description of stalking behaviours and impact on victims, risk factors and risk assessment, positive action and investigation. Videos used to illustrate examples of actual cases.

Due to the agreed timescales for implementation, there was not scope either prior to implementation of the e-learning or between the e-learning and the classroom-based learning to 'baseline' officers' knowledge and attitudes. The evaluation was not able therefore to isolate the impact of, respectively, the e-learning and classroom-based learning. It was only

possible to assess any additional impact the classroom-based learning had on top of the e-learning, for both treatment and control groups. The evaluation could not test the impact of the classroom-based learning vs no other training. As the e-learning covered aspects of coercive and controlling behaviour and risk factors, it is possible that the impact of the classroom training may have been diluted to some degree.

Coaches and supervisors classroom-based learning

A pool of 176 officers were selected by the force from the pool of first responders who had received training to receive further training and become 'coaches'. The main purpose of the coaching role was to reinforce the first responder training by monitoring practice of first responders and commending or challenging attitudes towards service delivery. Those selected attended a two-day classroom-based training programme that explained what was expected of them in their role, and taught effective coaching skills. One hundred and thirty eight supervisors were also given an additional day's training in how to support first responders and their coaches.

The impact of the coaches on officers' knowledge, attitudes and behaviour has not been evaluated.

Force health check

A 'health check' was conducted to see how well equipped the force was to deal with domestic abuse and to support the implementation of the learning and practice derived from the classroom-based training. The force was asked to provide evidence against a number of generic requirements; areas for improvement were identified and recommendations for change made.

Any impact of the 'health check' on the force's response to domestic abuse has not been evaluated.

3. Research methods

Owing to time constraints, the evaluation focused solely on assessing the outcome of the first responder classroom-based training on knowledge of coercive control specifically, and attitudes to domestic abuse more generally. The College did not attempt to evaluate the impact of the wider programme on officers' handling of domestic-related incidents, or wider cultural change in the force in terms of responding to cases of domestic abuse.

To enable causal statements to be made about the immediate transfer of knowledge and improvements in officers' attitudes, a two-group randomised controlled trial (RCT) was undertaken.

Trial design

Sample selection

Approximately 1000 'first responders'² were chosen by Hertfordshire to undertake the training, equating to approximately 66% of officers and staff in frontline roles. The vast majority of this sample comprised first responding police officers who are deployed to incidents by the force control room. First responders were selected by the force to undertake the training if their shift patterns fell within the designated training period, which ran from April 1st to June 3rd, 2015. Training sessions took place primarily on Wednesdays, and contained a maximum of 25 officers.

Resources did not permit such a large number of officers to be included in the evaluation of the training. Power calculations suggested that a sample of 400 officers – two hundred in the treatment group and two hundred in the control group – would be sufficient to demonstrate statistically significant effects at the 95% confidence level. A random sample of participants was consequently generated to be part of the evaluation (see below).

Participants completed the evaluation questionnaire on the day of the training. Those in the treatment group were trained **prior** to completing the evaluation, while those in the control group completed the training **after** doing the evaluation. The trial was therefore essentially a 'wait-list' design, albeit with a very short 'wait'. This design was used successfully in a quasi-experimental evaluation of police training in Chicago (see Skogan et al, 2015). The principal advantages of this method are that participation rates are maximised relative to expecting participants to complete the evaluation either prior to attending the session or sometime after returning to their normal duties. Also, as the evaluation was able to be implemented under 'exam conditions', it was possible to be certain that individuals completing the evaluation were the same as those who undertook the training. The principal disadvantage of this method is that it was possible to test only for immediate effects on knowledge and attitudes; we were unable to test for any dissipation of outcomes over time, or indeed further improvements once officers had had a chance to return to the field with support from coaches and supervisors.

Randomisation

There was a two-stage randomisation process: officers were randomised into training sessions, and training sessions were selected at random to be either treatment or control.

² First responders were identified according to the HMIC definition of 'frontline' (see HMIC, 2011).

Officers' shift patterns dictated they were allocated to a specific training day. Typically, four training sessions of approximately 25 officers were implemented each day – a total of 41 sessions in all. Once the details of officers for a specific training day were provided to the College by the force, they were randomly allocated to a training session using the random number function in Excel.

Training sessions were randomised using the same method. Once a randomised list of training sessions had been generated, alternate sessions were assigned from the top of the list to be either treatment or control sessions (treatment, control, treatment, control) until an overall sample of 400 participants – two hundred treatment and two hundred control – was generated. In total, then, there were eight treatment sessions and eight control sessions.

Comparison of two key sample characteristics – officer sex and length of service – suggested the randomisation worked well (see Table 2).

Table 2. Sample composition

	Treatment		Control	
	%	n	%	n
Sex				
Male	67	122	67	128
Female	33	59	33	63
Length of service				
0-5 years	21	38	21	40
6-10 years	39	71	37	71
11-15 years	23	41	29	55
16-20 years	6	11	8	16
21-25 years	6	11	2	4
26-30 years	3	6	2	3
31-35 years	0	0	1	2
36-40 years	1	2	0	0

Achieved sample

Attendance at the training was mandatory, meaning there were high response rates for the evaluation. Officers taking part in the trial were paid an hour's overtime to encourage thorough and considered completion of the evaluation. While the aim was for all the first responders allocated to the treatment group to receive the training, in practice not all of them

ended up being trained, for a variety of reasons (see below). Hertfordshire Constabulary were responsible for the scheduling of training sessions, and for managing the logistics of ensuring officers attended their allocated session. Officer collar numbers were used to monitor attendance and ensure participants attended the session to which they were allocated. College researchers checked attendance records against officer allocation to ensure no one attended the wrong session. By the end of the training period, 181 first responders from the treatment groups and 187 from control groups had attended the training and completed the evaluation.

Table 3. Officers assigned to treatment/control groups and final numbers included in analysis

	Officers assigned (n)	Trained before completing evaluation (n)	Total completed evaluation questionnaires (n)
Treatment group	200	181	184*
Control group	200	0	192
Grand total	400	181	376

* Includes three evaluations completed by officers who did not attend the training

Despite some sampled officers not attending the training, it nevertheless remained important to try to include these officers in the analysis ('intention to treat'). Excluding these officers could have biased the results, as those who did not attend training could have been systematically different to those who did (in terms of their attitudes towards domestic abuse). The inclusion of all officers randomly assigned to the treatment group in the analysis – regardless of whether they received the training or not – provides a better 'real world' assessment of the impact of the intervention. All those who did not attend their allotted treatment or control group sessions were encouraged to still complete the evaluation, up to one month after the final session (officers were emailed the evaluation questionnaire and asked to return it). A further three first responders from the treatment group and four from the control group returned completed evaluation forms and so were included in the analysis (see Table 3). The remaining non-responders were excluded from the analysis. The primary reasons for officers not attending the training and not completing the evaluation were long-term sickness absence, maternity leave, or the officer having left the force.

Validity

There were a number of factors that could have affected the internal or external validity of the trial.

Most significantly, the first responders allocated by the force to receive the training were not selected randomly from the population of first responders (see Sampson, 2010). The method of selection was known, however – officers were chosen if their shift patterns coincided with the period allocated to the training. As domestic abuse is a widespread problem that occurs to some degree across all areas and sections of society, it is reasonable to assume that shift pattern is independent of the likelihood of an officer responding to domestic abuse. And once officers had been selected to receive the training, shift pattern was not related to how they were randomised as being in either the treatment or control condition. The initial non-random selection from the population of first responders would then likely affect only the external validity of the findings (the ability to generalise the findings beyond the sample in question).

In addition, a degree of clustering of similar types of officers in either shifts or training sessions cannot be ruled out entirely. Clustering may introduce some form of bias to the results, affecting internal validity. Police shifts are generally representative of the population of officers, however, and we did not anticipate significant issues with clustering of similar types of officers in specific shifts. To test for any potential clustering of officers in training sessions, and the potential impact of specific trainers and contamination by diffusion of knowledge from officers in early sessions to those in later sessions, multivariate analysis was re-run controlling for training session (entered as binary 'dummy' variables, results not reported). There was no consistent pattern in relation to training session being associated independently with outcomes. To further test for possible effects of clustering, the multivariate analysis was re-run in STATA, adjusting for the potential effects of clustering using robust standard errors (results not reported). Again, the results were consistent with those from the original models.

Finally, officers allocated to the evaluation sessions were told in advance that they had been randomly selected to take part in an assessment of the training and so would receive an additional hour's pay as their day would be slightly longer than usual. Participants were, therefore, not blind to the trial, and a consequent impact on behaviour – refreshing in advance their knowledge of domestic abuse, for example – cannot be ruled out.

Data collection

Those in the treatment and control groups completed the evaluation questionnaire either immediately after the training (treatment group) or immediately prior to the training (control group). Due to the highly controlled environment, response rates for the main outcome measures were typically very high, which reduces the scope for non-response bias. Respondents completed the evaluation materials via pen-and-paper, and completed questionnaires were transcribed by a professional transcription company.

The questionnaire contained a combination of Likert-type (agree-disagree) statements and questions that required a freetext response. The Likert-type statements attempted to measure general attitudes on an anchored scale ranging from 1 'Disagree' to 7 'Agree'. Statements that tested aspects of knowledge and understanding were also seven-point scales, anchored by terms such as 'rarely'/'frequently' and 'useful'/'not useful'.

The open-ended, freetext questions typically asked participants to describe something; for example, what they understood by the term 'coercive control', and the reasons why a victim might not engage with the police at a domestic incident. The evaluation questionnaire is reproduced in Appendix 3.

Data analysis

The trial sought to assess the impact of the training on first responder knowledge and attitudes. The effect of the training was assessed by comparing outcomes in the control group (tested before the training) and the treatment group (tested after the training). 'Intention to treat' analysis was carried out, which involved including all officers who were originally assigned to the treatment and control groups and who completed the evaluation questionnaire regardless of whether they attended the training.

Closed questions

Analysis of the Likert-type attitude statements went through a number of stages:

- **Exploratory factor analysis.** Some of the closed questions were intended to represent collectively officers' understanding of specific learning outcomes, or underlying attitudes to aspects of (responding to) domestic abuse. Exploratory factor analysis was performed to see if individual items could be combined robustly to form multi-item scales. The results of the factor analysis are presented in Appendix 4.
- **Creating scaled variables.** For ease of interpretation, scaled variables were created and a mean score calculated for each individual respondent by adding up their responses across the items that made the scale and dividing this total by the number of items (sum scores). In a very small number of cases, not every item in a scaled variable had a response. In these cases, the individual respondent was excluded from the analysis for that scale. Checks were carried out to ensure the scaled variables correlated highly with factor scores derived from the factor analysis.
- **Testing means.** Mean scores on both scaled variables and those analysed as single items were used for comparative analysis between the treatment and control groups. Means for scaled variables were compared, and effect sizes calculated (Cohen's *d*). Linear regression models were estimated to test whether the score a respondent achieved was associated independently with having attended the training. Respondent sex and length of service were controlled for in all models. For individual items, comparison of means between the treatment and control group was undertaken using two-tailed t-tests (for independent samples). The data met key assumptions for parametric statistical tests, including being normally distributed and independent.
- **Tests of proportions.** The proportion of officers in treatment and control groups who highlighted specific components of a scaled variable were assessed using chi-squared tests.

Freetext questions

Open, freetext questions were coded by researchers with expert knowledge of domestic abuse. Theory-driven coding frameworks were developed, and respondents were allocated a point for each aspect of their response that corresponded to a specific code on the coding frame. Respondents were not allocated extra points for mentioning specific codes more than once. A total score was calculated for each respondent by summing the number of points. The final coding frameworks are detailed in Appendix 7.

To ensure inter-rater reliability, the first two sessions for each derived variable were coded by both researchers and any disagreements resolved through discussion. This initial double-coding was undertaken blind to whether the responses were from a treatment or control session. The remaining data was coded by a single researcher, again blind to whether the responses were from a treatment or control session.

Once variables had been coded, mean scores were compared between treatment and control sessions, and linear regression models estimated identical to those used for the scaled closed questions (see above).

Observations of treatment sessions

A College researcher attended and observed each experimental training session. The observers noted:

- whether the different modules of the training session ran to time, and

- whether or not the material was delivered as described in the trainer guide.

The observations were to some degree subjective – no final counts were taken of for example how many sessions overran or how often a particular exercise was dropped.

Limitations of the evaluation

Level of evaluation

There are arguably four sequential and increasingly complex levels of assessing the impact of programmes of training: reaction, learning, behaviour and results (see Kirkpatrick et al, 2006). The present study represents a Level 2 evaluation (learning) in that it has sought to evaluate the extent to which first responders increased their knowledge and/or changed their attitudes as a result of the training. The evaluation did not consider whether the training brought about a change in behaviour once first responders had the opportunity to put their learning into practice (Level 3: behaviour), or whether the training ultimately had an impact on the force's response to domestic abuse more widely (Level 4: results).

In addition, due to the method of data collection, it was possible only to test for immediate impact on knowledge and understanding. A follow-up study with a no treatment control would be required to test whether any gains were sustained weeks or months after the training.

Scope of evaluation

Owing to time and resource constraints, the evaluation focused solely on the first responder one-day classroom-based training. No conclusions can therefore be drawn as to the effect of the other elements of the Domestic Abuse Matters programme (the supervisor training, the training of coaches, and the force health check). Evaluation of these additional elements of the programme may have permitted inferences to be made about the effect of the programme as a whole on the higher levels of the Kirkpatrick scale.

4. Findings

- The training had a medium, positive effect on first responders' knowledge of coercive control, but knowledge of key aspects of coercive control remained low overall.
- The training did not increase understanding of why victims of domestic abuse might choose not to engage with the police.
- There was a small improvement in first responders' knowledge of reasons why victims do not leave, or can find it difficult to leave, an abusive partner. Specifically, the training improved understanding of how practical reasons can make it difficult to leave.
- There was no effect on first responders' general attitudes towards domestic abuse.
- Female first responders typically scored better in the evaluation than their male colleagues, regardless of whether they had been trained or not.

This section summarises the main findings from the trial. It examines the effect of the training against three key learning outcomes.

Knowledge of coercive control

To assess the impact of the training on first responders' knowledge of coercive control, they were asked simply to describe what they understood by the term. Responses were coded against the following elements of coercive control, derived from research and practice (see for example Stark, 2007):

- that it is a continuous course of conduct;
- that perpetrators use multiple abusive behaviours and tactics
- that it involves entrapment and restricting the victims' behaviour and free will; and
- that it is gendered, with men primarily the perpetrators and women the victims.

Overall, the training was found to have had a medium positive effect on knowledge. Controlling for sex and length of service, first responders who were trained scored on average higher on the four-point coercive control scale than those not trained.

Table 4. Knowledge of coercive control (intention to treat: treatment vs control)

Outcome	Mean score*			Significant difference?	Cohen's <i>d</i>
	Treatment	Control	Difference		
Knowledge of coercive control	1.28	.93	.36	Yes	0.5

* Range: 0-4 (higher scores = better).

Further analysis of the individual aspects of coercive control coded showed that, compared to those in the control group, the first responders in the treatment group were, on average, more likely to include something describing a course of conduct and entrapment.

Table 5. Knowledge of coercive control (intention to treat: treatment vs control, chi-square)

Response included:	'Yes'		Significant difference?
	Treatment	Control	
Course of conduct	29%	5%	Yes
Multiple tactics	28%	32%	No
Entrapment	71%	56%	Yes
Gendered nature	<0.5%	<0.5%	-

Overall, however, mean scores were relatively low for both groups; officers in the treatment group mentioned on average only one of four key aspects of coercive control. Additionally, only a handful highlighted the gendered nature of coercive control.

Understanding coercive control

Perceptions of risk

The training attempted to raise officers' awareness of key risk factors for coercive control beyond physical violence and other criminal offences, which research has shown officers tend to prioritise when making judgements around risk (Robinson et al, 2015). The training highlighted for example the generalised sense of fear brought on by coercive control and how victims may be too frightened to engage with the police or make a statement. The training also described how leaving a highly controlling abuser is a process that may span numerous calls to what may seem at face value minor incidents.

To test if the training had an effect on first responders' perceptions of what information might be helpful in determining the level of risk in cases of domestic abuse, a series of statements were presented and responders were asked how useful they thought each piece of information was. A scale was created from four of the individual items, including 'whether the victim does not want to engage' and 'whether the victim seems genuinely frightened' (see Table A1, Appendix 4).

The training did not appear to have an impact on first responders' recognition of the value of specific risk factors.

Table 6. Perceptions of risk (intention to treat: treatment vs control)

Outcome	Mean score*			Significant difference?
	Treatment	Control	Difference	
Perceptions of risk	4.92	4.87	.07	No

* Range: 0-7 (higher scores = better).

The sex of the first responder did have a significant impact, with female first responders scoring better than their male colleagues – females scored on average, 5.3, males scored 4.9 (see Table A3, Appendix 5).

Understanding why victims might not engage

There can be multiple reasons why a victim might not engage with the police at a domestic abuse incident, including but not exclusively: fear generated by the perpetrator, embarrassment or internalisation of blame for the abuse suffered, and the attitudes and demeanour of the attending officers. The effect of the training on knowledge of some of these reasons was tested by a freetext question asking officers to describe why they think a victim might not want to engage. Researchers, blind to whether the response was from the treatment or control group, coded the answers according to whether they mentioned one or more of the following reasons (either explicitly or implicitly):

- practical reasons;
- strategy for keeping safe;
- self-blame/internalisation;
- trauma-bonding (similar to 'Stockholm syndrome');
- lack of trust in the system;
- still invested in the relationship;
- scared of alternative/future.

The full coding framework can be found in Table A9, Appendix 7.

Overall, analysis showed the training did not have a significant effect on first responders' understanding of why a victim might be reluctant to engage with them at a domestic abuse incident. The mean score for the treatment group was 2.5 possible reasons stated; the mean score for the control group was 2.6.

Table 7. Understanding of reasons for not engaging (intention to treat: treatment vs control)

Outcome	Mean score*			Significant difference?
	Treatment	Control	Difference	
Understanding the reasons why a victim might not engage	2.5	2.6	-.06	No

* Range: 0-7 (higher scores = better).

Why victims of coercive control may find it difficult to leave an abusive partner

Intimidation, threats, and multiple controlling behaviours and tactics employed by the perpetrator are a significant barrier to victims being able to leave the relationship. There are also a number of practical factors that make leaving an abusive partner extremely challenging, including financial concerns and the impact on children of leaving a school or friendship network.

To assess the impact of the training on first responders' understanding of reasons why a victim of coercive control might not leave or find it difficult to leave an abusive partner, they were presented with a series of statements and asked how frequently or rarely the factors may explain why victims do not leave. A scale was created using four items which measured views on practical reasons for not leaving, such as: 'they are financially dependent on the perpetrator'; 'fear for safety if they left' (see Table A1, Appendix 4).

Overall, the training was found to have had a small, positive effect on first responders' understanding of how being coercively controlled can make it difficult to leave. Those who were trained scored on average .25 points more on the practical reasons for leaving scale than those not trained. A higher score was found among female first responders (females scored on average 6.09; males scored 5.76).

Table 8. Practical reasons for not leaving a coercively controlling relationship (intention to treat: treatment vs control)

Outcome	Mean score*			Significant difference?	Cohen's <i>d</i>
	Treatment	Control	Difference		
Understanding the practical reasons for not leaving	6.00	5.75	.25	Yes	.03

* Range: 1-7 (higher scores = better)

A positive effect was also found in terms of perceiving domestic abuse incidents as mostly 50-50, where people give as good as they get. Those in the treatment group were, on average, significantly more likely to say this was 'rarely' a reason for not leaving than those in the control group. There was no difference in a further two single items.

Table 9. Other reasons for not leaving an abusive partner (intention to treat: treatment vs control, t-tests)

Outcome	Mean score*			Significant difference?
	Treatment	Control	Difference	
**Most domestic abuse is 50-50 – people give as good as they get	5.90	5.38	.52	Yes
**They stay because they don't mind – it's the nature of some relationships	4.83	4.59	.25	No
They have invested in the relationship – they want to try to make it work	5.11	4.99	.11	No

* Range: 1-7 (higher scores = better).

** Reverse scale (respondents expected to disagree; scores reversed to be consistent)

Impact on officer attitudes

To assess the effect of the training on officer attitudes, a scaled variable was created using eight statements which broadly measured attitudes towards domestic abuse (see Table A1, Appendix 4). Example statements included: 'a lot of domestic incidents are just petty verbal arguments'; 'alcohol is the cause of the majority of domestic abuse'; 'victims of domestic abuse often don't help themselves'. Overall, the training did not seem to have an effect on attitudes: mean scores were marginally higher for officers in the treatment groups, but there was no statistically significant difference between officers in the treatment groups and those in the control groups (see Table).

Table 10. Attitudes to domestic abuse (intention to treat: treatment vs control)

Outcome	Mean score*			Significant difference?
	Treatment	Control	Difference	
Attitudes to domestic abuse	5.12	4.96	0.15	No

* Range: 1-7 (higher scores = better)

A statistically significant difference was detected when looking at sex of the first responder. Female first responders, on average, had attitudes that were more positive than their male counterparts (females scored on average 5.28, compared with 4.91 for males). An interaction effect was estimated for being a female officer and undertaking the training – this effect was not statistically significant (results not reported). This finding, and the fact that scores on the attitude scale were no different between female officers' in the treatment group and those in the control group, suggests that their attitudes did not improve as a result of the training – they simply came to the training with more positive attitudes than male officers.

5. Conclusions and implications

Conclusions

Randomised controlled trials are used to establish cause and effect in evaluation research, meaning, if the experiment is well executed, differences between treatment and control groups can be ascribed to the intervention. Findings from this relatively modest trial showed that the intervention (classroom-based training for first responders) had positive effects for some indicators of knowledge and understanding of coercive control (immediately following the training), but no effect for others. There was no effect on wider attitudes towards domestic abuse.

There could be a number of reasons why the training did not deliver all of the anticipated outcomes, including the design of both the intervention and the evaluation.

Training design

The development period for the first responder training was relatively short. While the content of the training was consistent with the academic literature on coercive control, observations of training sessions suggested key elements of the material – such as the multiple tactics and behaviours used by coercive abusers, and the impact of this course of conduct on victims – were delivered in a traditional, didactic way. Aside from the group debriefing of videos, there were few truly interactive elements to the delivery of the training, and little that required officers to undertake peer learning or simulate actual working practice. Bearing in mind research that suggests classroom training that simulates practice is most effective in improving knowledge and attitudes (see Wheller and Morris, 2010) it is likely that the design of the training contributed to the relatively modest gains in officers' knowledge and understanding. It was also perhaps unrealistic to expect a one-day classroom-based training session to effect significant improvements in officers' underlying attitudes.

Training implementation

Two trainers, one police practitioner and one from a charity/voluntary sector organisation, ran each session. As four training sessions were typically being run concurrently, there was a need for a relatively large pool of trainers. Researchers observing experimental sessions noted inconsistencies in how the sessions were run. For instance, more time was spent debriefing the video clips in some sessions than in others. Specific elements were dropped from a number of sessions because previous elements had overrun. A specific element of the training – a video showing an interview with a perpetrator – appeared unpopular with several trainers, and was either dropped, truncated, or introduced in a sceptical manner. One interactive exercise (the 'chairs' exercise) was dropped from the majority of sessions from about halfway through the training period. In at least one session, additional material was introduced that was inconsistent with the stated learning outcomes. Though these inconsistencies in implementation should have been in theory distributed randomly between treatment and control groups, it is possible the delivery of the training may have diluted to some extent its potential impact for the treatment groups.

Evaluation design

As stated previously, attendees were required to undertake several College of Policing domestic abuse related e-learning modules prior to the classroom training. The rationale was

that the classroom training referred to several things – risk assessment; relevant legislation – that otherwise would have had to have been refreshed on the day. Though HMIC criticised the use of e-learning to train officers on domestic abuse, arguing that it ‘does not encourage self-reflection or the ability for peers, trainers or supervisors to challenge inappropriate attitudes’ (HMIC, 2014: 123), the inspection report also acknowledged that the perceived ineffectiveness of e-learning may result as much from issues of implementation. There may not be strong compliance with e-learning in some forces, with officers not allocated protected time to undertake the learning, and, even where technically there is compliance, officers may be able to ‘click through’ a module or otherwise subvert the learning requirement (HMIC, 2014: 123). Recent meta-analyses in other sectors, most notably health, suggest that e-learning can achieve improvements in knowledge, and is at least as effective as traditional classroom learning (Feng et al, 2013; Lahti et al, 2014; Jayakumar et al, 2015; Mothibi, 2015).

Due to short timescales for development of the training evaluation, and the design of the trial – with all evaluation materials completed on the day, control groups prior to training, and treatment groups following training – it was not possible to test officers’ existing attitudes and level of knowledge either prior to or after they undertook the e-learning. In addition, it was evident that a proportion of Hertfordshire officers and supervisors had received enhanced training on domestic abuse during the months preceding the Domestic Abuse Matters pilot.

The lack of baseline measures precluded the testing of two alternative explanations for the limited impact of the classroom training:

- officers’ attitudes, and some aspects of their knowledge, were already reasonably high across Hertfordshire Constabulary prior to officers receiving any College of Policing training; and
- officers’ attitudes, and aspects of their knowledge, were improved by undertaking the e-learning modules prior to the classroom training.

Whilst mean scores for certain aspects of knowledge of coercive control were low for both the treatment and control groups – suggesting little impact for either the classroom training or e-learning – mean scores for other aspects, and for officers’ general attitudes, were relatively high for both groups. It is possible that the e-learning module depicting coercive control and post-separation harassment may have had some impact on officers’ knowledge of risk factors and reasons for not leaving an abusive partner, as well as more general attitudes towards responding to domestic abuse.

While the e-learning and previous training on domestic abuse delivered by Hertfordshire Constabulary is a potential explanation for officers’ relatively positive attitudes, it may also be that officers are more able in relation to attitude statements to sense the ‘correct’ answer and ‘game’ the questions, such that high scores on the attitudes scale may not reflect underlying attitudes. Qualitative work would be required to explore this hypothesis.

Finally, it is possible that because officers in the treatment group completed the evaluation after a day of training they may have been somewhat tired and keen to get home. Officers in the control group, by contrast, were ‘fresh’ when they completed the evaluation material prior to their training. It is possible that, with the freetext questions in particular, officers in the treatment group may not have invested the cognitive energy necessary to reflect the learning from the training.

Future research

Domestic abuse is likely to continue to be a priority area for police forces owing to the potential for serious harm and the high demand for a police response. First responders play an integral role in this response as they will typically be the first point of contact a victim has with the police. It is vital that they understand what a victim might be going through and the impact that might have on how they engage or otherwise with the police and other agencies. Officers also need to understand how to recognise a coercive and controlling relationship so the new legislation can be implemented effectively. Well designed and delivered training in this area is therefore an essential part of improving the police response to domestic abuse.

This evaluation focused on the effect of the training on first responders' attitudes and knowledge. Ultimately, the intention would be that such training would also change officers' behaviour and result in improvements in the police response to domestic abuse. To see if such benefits can be realised, a more complex evaluation would be required. Change in behaviour should not be expected however without an improvement in knowledge and attitudes (see Kirkpatrick et al, 2006). The likely shortcomings of the existing training must first be addressed before a more complex evaluation is considered.

Key implications

Evaluation of the Domestic Abuse Matters first responder training suggested the following key implications for refinement and future evaluation of the programme:

- In line with previous reviews of the literature on what works in training (Wheller and Morris, 2010) future iterations of the Domestic Abuse Matters first responder training should include more interactive and self-reflective learning that simulates practice in responding to cases of domestic abuse.
- Future implementation should try to ensure that the training material is delivered consistently, to time, and in accordance with the learning objectives.
- Future evaluation of the training should have a pre- and post-test in order to establish baseline levels of knowledge and attitudes.

Appendix 1. Cross-government definition of domestic abuse

The cross government definition of domestic violence and abuse is:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

This is not a legal definition.

Appendix 2. Outline of the training

The training included the following sessions and elements:

Lesson 1: Welcome, introductions and event overview

- PowerPoint input covering aims and objectives and the context of the HMIC inspection.

Lesson 2: What happens in reality

- Viewing and debriefing of footage of a real incident of domestic abuse (recorded accidentally by a perpetrator).

Lesson 3: Dynamics of domestic abuse

- Flipchart exercise asking officers what makes responding to domestic abuse difficult.
- PowerPoint input describing the stages of an abusive relationship.
- Viewing and debriefing of a short film ('Leaving') which focuses on the abuse suffered by a victim and her attempts to leave her abusive partner.
- Flipchart exercise asking attendees to consider gains and losses associated with leaving an abusive partner.
- PowerPoint input describing the process of 'trauma bonding' that may occur in some circumstances.

Lesson 4: Coercive control

- PowerPoint input describing coercive control.
- Exercise asking attendees to consider behaviours and tactics used by abusers.
- Exercise (the 'chairs' exercise) designed to simulate the way rules and inconsistent rewards and punishments impact on victims.

Lesson 5: How do you discover if it is coercive control?

- Exercise asking attendees to think of questions that might get victims to disclose coercive control.
- PowerPoint input showing how first responders may document coercive and controlling behaviour more thoroughly and effectively.

Lesson 6: Perpetrators – what can we learn from them?

- Viewing and debriefing of a video showing a perpetrator talking about his offending and how he interacted with attending police officers.

Review and close

- Including a video of the daughter of a victim of domestic homicide discussing how the police dealt with the case.

Appendix 3. Evaluation questionnaire

Evaluation

Today's training session is being evaluated by the College of Policing. The evaluation is supported by Supt XXXXXX. Classes have been chosen at random to participate in the evaluation, so it is extremely important that you complete the evaluation material. All responses will be treated as confidential, and no individual officer will be identified in any evaluation report. Please take your time to complete the material and give your honest opinions.

1. Please say the extent to which you agree or disagree with the following statements:

(Please circle the number that most reflects your opinion, where 1 is 'agree' and 7 is 'disagree')

	Agree				Disagree		
A lot of domestic abuse incidents are just petty verbal arguments	1	2	3	4	5	6	7
Victims of domestic abuse often don't help themselves	1	2	3	4	5	6	7
There are a lot of malicious reports of domestic abuse	1	2	3	4	5	6	7
There's not much I can do to help a victim of domestic abuse if they're not prepared to give a statement	1	2	3	4	5	6	7
There's not much point in completing a DASH risk identification book if there has not been a criminal offence	1	2	3	4	5	6	7
Dealing with domestic abuse is one of the least rewarding parts of my job	1	2	3	4	5	6	7
Alcohol is the cause of the majority of domestic abuse	1	2	3	4	5	6	7
It's hard to see why victims of domestic abuse don't just leave	1	2	3	4	5	6	7

2. 'Controlling and coercive behaviour' was included in the Home Office definition of domestic abuse from March 2013. The Home Secretary announced in December that a new domestic abuse offence is to be created to criminalise 'coercive control.'

In the box below, please describe briefly what you understand by the term 'coercive control':

3. Please list in the box below what you think are the key tactics and behaviours that comprise coercive control:

4. Please use the box below to describe why it might be easier for a man to coercively control a woman than it is for a woman to control a man:

5. Sometimes a victim will not engage with the police at a domestic incident. Please describe in the box below why you think that might be:

6. Please describe in the box below any reasons that might make it difficult for a victim of domestic abuse to leave the relationship:

7. Many victims of coercive control do not leave the relationship, or find it difficult to leave. In your opinion, how rarely or frequently do the following factors explain why victims do not leave?

(Please circle the number that most reflects your opinion, where 1 is 'rarely' and 7 'frequently')

	Rarely							Frequently	
	1	2	3	4	5	6	7		
Most domestic abuse is '50-50' – people give as good as they get	1	2	3	4	5	6	7		
They are financially dependent on the perpetrator	1	2	3	4	5	6	7		
Fear for safety if they left	1	2	3	4	5	6	7		
They stay because they don't mind – it's the nature of some relationships	1	2	3	4	5	6	7		
They have invested in the relationship – they want to try to make it work	1	2	3	4	5	6	7		
They have nowhere else to go	1	2	3	4	5	6	7		
Multiple controlling tactics are used by the abuser	1	2	3	4	5	6	7		
They are weak – they always believe their partner will change	1	2	3	4	5	6	7		

8. In your opinion, how useful are the following pieces of information in deciding the level of risk for a domestic incident:

(Please circle the number that most reflects your opinion, where 1 is 'not useful' and 7 is 'useful')

	Not useful						Useful
	1	2	3	4	5	6	7
Whether there has been physical violence during the current incident	1	2	3	4	5	6	7
Whether there has previously been a series of 'verbal only' incidents	1	2	3	4	5	6	7
Whether the victim does not want to engage	1	2	3	4	5	6	7
Whether the house is well presented	1	2	3	4	5	6	7
Whether there has been a criminal offence committed	1	2	3	4	5	6	7
Whether the victim seems genuinely frightened	1	2	3	4	5	6	7
Whether the victim is willing to make a statement	1	2	3	4	5	6	7

The following questions will be used only to help us interpret the data.

Please circle your sex: Male Female

How many years' service do you have? _____

Did you complete these questions before or after your training session? Before After

What is your role (e.g. Intervention and Response; SNT)? _____

What is your Warrant number? _____

Appendix 4. Results of factor analysis

Table A1. Results of factor analysis

Scaled variable	Contributory variables	Factor loading	N of items
Attitudes towards domestic abuse	A lot of domestic abuse incidents are just petty verbal arguments	.521	8
	Victims of domestic abuse often don't help themselves	.553	
	There are a lot of malicious reports of domestic abuse	.373	
	There's not much I can do to help a victim of domestic abuse if they're not prepared to give a statement	.576	
	There's not much point in completing a DASH risk identification book if there has not been a criminal offence	.537	
	Dealing with domestic abuse is one of the least rewarding parts of my job	.514	
	Alcohol is the cause of the majority of domestic abuse	.461	
	It's hard to see why victims of domestic abuse don't just leave	.560	
Practical reasons for leaving	They are financially dependent on the perpetrator	.674	4
	Fear for safety if they left	.737	
	They have nowhere else to go	.630	
	Multiple controlling tactics are used by the abuser	.650	
Perceived influences on level of risk	Whether there has previously been a series of 'verbal only' incidents	.546	4
	Whether the victim does not want to engage	.780	
	Whether the victim seems genuinely frightened	.317	
	Whether the victim is willing to make a statement	.501	

Appendix 5. Analysis of scaled variables

Table A2. Knowledge of coercive control (intention to treat: treatment vs control, linear regression, controlling for sex and length of service)

	B	SE	p	95% CI for B	
				Lower	Upper
Training (ref: not trained)	.37	.07	.000	.23	.50
Sex (ref: male)	-.02	.08	.794	-.17	.13
Length of service	.00	.01	.743	-.01	.01
Constant	.94	.13	.000	.69	1.18
R ²	.07				

Note. n = 371

Table A3. Perceptions of risk (intention to treat: treatment vs control, linear regression, controlling for sex and length of service)

	B	SE	p	95% CI for B	
				Lower	Upper
Training (ref: not trained)	.07	.07	.372	-.08	.21
Sex (ref: male)	.21	.08	.008	.05	.37
Length of service	.01	.01	.349	-.01	.02
Constant	4.52	.13	.000	4.26	4.78
R ²	.02				

Note. n = 367

Table A4. Understanding the reasons why a victim might not engage (intention to treat: treatment vs control, linear regression, controlling for sex and length of service)

	B	SE	p	95% CI for B	
				Lower	Upper
Training (ref: not trained)	-.07	.10	.521	-.27	.14
Sex (ref: male)	.04	.11	.709	-.18	.26
Length of service	-.01	.01	.209	-.03	.01
Constant	2.62	.19	.000	2.25	2.98
R ²	.01				

Note. n = 371

Table A5. Understanding the practical reasons for not leaving (intention to treat: treatment vs control, linear regression, controlling for sex and length of service)

	B	SE	p	95% CI for B	
				Lower	Upper
Training (ref: not trained)	.25	.07	.001	.11	.40
Sex (ref: male)	.34	.08	.000	.18	.50
Length of service	.00	.01	.475	-.01	.01
Constant	5.25	.13	.000	4.99	5.51
R ²	.08				

Note. n = 370

Table A6. Attitudes to domestic abuse (intention to treat: treatment vs control, linear regression, controlling for sex and length of service)

	B	SE	p	95% CI for B	
				Lower	Upper
Training (ref: not trained)	.15	.09	.085	-.02	.32
Sex (ref: male)	.37	.09	.000	.19	.55
Length of service	.00	.01	.587	-.01	.02
Constant	4.44	.15	.000	4.12	4.74
R ²	.05				

Note. n = 363

Appendix 6. Analysis of non-scaled variables

Table A7. T-tests for single indicator variables

	Mean response		t-test for Equality of Means						
	Treatment Group	Control Group	t	df	Sig. (2-tailed)	Mean difference	Std. error difference	95% CI for mean difference	
								Lower	Upper
Most domestic abuse is 50-50 – people give as good as they get	5.90	5.38	-4.96	357	.000	-.52	.10	-.73	-.31
They stay because they don't mind – it's the nature of some relationships	4.83	4.59	-1.55	373	.122	-.25	.16	-.56	.07
They have invested in the relationship – they want to try to make it work	5.11	4.99	-0.87	373	.385	-.11	.13	-.37	.14

Appendix 7: Coding frameworks

Table A8. Coding framework for understanding of coercive control

Code 1 for:	Example responses
Course of conduct	<ul style="list-style-type: none">• repeated or continuous behaviour;• fear caused on at least two occasions; perpetrator keeps victim in constant state of fear
Entrapment	<ul style="list-style-type: none">• controlling the victims life/liberty;• fear of violence if don't do as expected;• forcing the victim to believe what they are doing is right/normal
Gendered nature	<ul style="list-style-type: none">• committed mostly by men
Multiple tactics	<ul style="list-style-type: none">• controlling in a number of different ways;• can come in many forms;• control of money, friends and lifestyle

Table A9. Coding framework for reasons for not engaging

Code 1 for:	Example responses
Practical reasons	<ul style="list-style-type: none"> • housing / nowhere to go • dependent on abuser financially • lose friends / wider family • culture or religion • losses outweigh pros
Strategy for keeping safe	<ul style="list-style-type: none"> • generalised sense of fear (of the perpetrator) • scared of repercussions / future abuse • self-preservation / appease the perpetrator / perpetrator is still at the scene • feel safer to stay than leave • to avoid escalation/abuse getting worse
Self-blame/internalisation	<ul style="list-style-type: none"> • embarrassment / humiliation / worthless • denial / don't accept they are a victim • blame themselves / in the mind-set of the offender • groomed
Trauma-bonding	<ul style="list-style-type: none"> • trauma • 'Stockholm syndrome'
Lack of trust in the system	<ul style="list-style-type: none"> • mistrust of the police • nothing happens • previous lack of police help • trust in services • won't be believed
Still invested in relationship	<ul style="list-style-type: none"> • Still believes can make relationship work / does not want to break up family • Children • Does not want to end relationship; just wants immediate violence to stop • Still loves the perpetrator • Does not want perpetrator to get into trouble or have a criminal record
Scared of alternative/future	<ul style="list-style-type: none"> • Fear of the unknown • Scared of change • Fear of being alone • Fear of having no alternative

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