



**Police Officer Beliefs and Attitudes towards Intimate Partner Violence:
A Systematic Review**

“If it goes horribly wrong the whole world descends on you”

**Police Officers’ Fear, Vulnerability, and Powerlessness when Responding to
Head Injury in Domestic Violence**

Submitted by Jennifer Elisabeth Richards, to the University of Exeter
as a thesis for the degree of Doctor of Clinical Psychology, July 2020.

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Table of Contents

LITERATURE REVIEW	8
Abstract	9
Introduction.....	10
Intimate Partner Violence.....	10
Beliefs and Attitudes	10
Police Beliefs and Attitudes	14
Impact of Beliefs and Attitudes on Police Discretion.....	14
Rationale and Aim of the Review	14
Method	15
Information Sources.....	15
Search Strategy	16
Eligibility Criteria	19
Population.....	20
Search Strategy	20
Eligibility Criteria	20
Quality Evaluation.....	20
Results	20
Study Selection.....	20
Study Characteristics	31
Population.....	31

Study Design	31
Analysis Approach	32
Quality of Included Studies	32
Main Themes About Police attitudes to IPV	33
Frustration.....	33
Victimhood.....	34
Style of policing IPV.....	35
Policing IPV is stressful.....	40
Focus on prosecution.....	40
Positive attitudes.....	40
Critical Appraisal of Reviewed Literature	41
Selection bias and social desirability	41
Generalisability.....	42
Researcher reflexivity.....	39
Discussion	40
Critical Appraisal of the Systematic Review.....	43
Implications for Practice.....	444
Implications for Future Research	46
Conclusions	47
References	48
Appendices.....	66

EMPIRICAL PAPER	77
Abstract	78
Introduction.....	79
Domestic Violence and Health.....	79
Police attitudes toward DV	80
Impact of Austerity on Policing DV.....	84
Present Study	85
Method	85
Philosophical Assumptions	85
Research Design	85
Sample.....	86
Procedure	87
Ethical considerations.....	87
Interviews.....	88
Analysis	88
Credibility Checks	90
Results	90
Seesaw of Emotions	93
Powerlessness.....	93
Anger and frustration.	94
Victimhood is uncertain.....	97

Police Vulnerability	101
Under-equipped and under-resourced.....	101
Blame and scrutiny.	103
You can't train for emotions.	104
Head Injury is Fearful.....	105
Head injury is unpredictable.....	105
Better safe than sorry.....	107
Discussion	107
Researcher Reflexivity	110
Critical Appraisal.....	111
Implications for Practice.....	112
Future Research	114
Conclusion.....	114
References.....	116
Appendices.....	132

List of Tables

Systematic Literature Review

Table 1. Search Terms for key electronic databases	16
Table 2. Inclusion and exclusion criteria for eligibility.....	17
Table 3. Data extraction from included papers.....	22

Empirical Paper

Table 1 . Participant demographic information.....	86
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List of Figures

Systematic Literature Review

Figure 1. Flowchart depicting selection of articles for review.....	21
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Empirical Paper

Figure 1. Six-stage framework for thematic analysis.....	89
Figure 2. Thematic map of global and organising themes.....	92

Running head: POLICE OFFICER BELIEFS AND ATTITUDES TOWARDS IPV

SCHOOL OF PSYCHOLOGY

DOCTORATE IN CLINICAL PSYCHOLOGY

LITERATURE REVIEW

Police Officer Beliefs and Attitudes towards Intimate Partner Violence

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Abstract

Intimate partner violence (IPV) has a high global prevalence with a range of consequences including death and serious injuries for victims. Police officers are often the first professional group to come into contact with IPV victims and have a number of roles in supporting victims. Significant changes to policing practice and policy have been made in the last three decades, yet little is known about how these changes may have influenced police attitudes. This systematic review aimed to summarise and synthesise the literature across three databases, exploring police attitudes to IPV in several Western countries. Nine papers met the search criteria and were included within the review. A narrative synthesis of the findings found themes of frustration, victim blaming attitudes, stress in IPV policing and focus on prosecution in IPV cases. Findings suggest reflective practice and interventions for compassion fatigue could support officers in policing IPV. Future research is needed to explore the experiences of female police officers, and Black, Asian and Minority Ethnic (BAME) police officers.

Keywords: IPV, intimate partner violence, police, attitudes, beliefs

Introduction

Police culture involves shared attitudes and beliefs which have historically been associated with sexism and racism (Rose & Unnithan, 2015). This is relevant to intimate partner violence (IPV), as IPV victims regularly experience stigma and blame linked to sexist attitudes and beliefs (Crowe & Murray, 2015). Police officers may have specific attitudes and beliefs about IPV which could influence how they respond to incidents and interact with victims. Police response to IPV has been a reoccurring focus of scrutiny and reform (Barlow & Walklate, 2020). This review endeavours to evaluate police officers' beliefs and attitudes towards IPV and consider the impact this may have on their practice.

Intimate Partner Violence

IPV is defined as "behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours" (World Health Organisation [WHO] 2010, p. 11). IPV occurs across gender, socioeconomic and cultural groups, but it is often reported that the majority of victims are women (Chan, 2011; Tjaden & Thoennes, 2000). It is estimated that 30% of women have experienced IPV worldwide, and 38% of murders of women are committed by a partner (WHO, 2013).

IPV accounts for 15-50% of calls received by police in America (Klein, 2009), more than 10% of all offences recorded by police in England and Wales (Office for National Statistics, 2019) and more than 700 incidents a day for police in Australia (Dowling, Morgan, Boyd, & Voce, 2018). Police officers' role in responding to IPV includes immediately stopping violence, arresting perpetrators, safeguarding victims, attending to injuries, and facilitating referrals to third sector organisations (Evans &

Feder, 2016). Police responses to IPV can influence case outcomes, and the experience and safety of victims (Maxwell, Garner, & Fagan, 2002; Robinson & Chandek, 2000). Police officers' beliefs and attitudes are thought to play a complex role in shaping their responses to victims and perpetrators (Cockcroft, 2012; Sklansky, 2007).

Beliefs and Attitudes

There is disagreement in the attitude literature on whether attitudes are stable entities or temporary judgments; whether they are conscious or unconscious, and whether they are formed and held individually or collectively (Bergman, 1998; Gawronski, 2007). However, researchers agree on an umbrella definition of attitude as “a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor” (Eagly & Chaiken, 1993, p. 1). Attitude plays a significant role in social behaviour and is a key construct in understanding behaviour change (Eagly & Chaiken, 2007; Glasman & Albarracin, 2006).

Katz (1960, p. 170) proposed a functional theory of attitudes, suggesting that “unless we know the psychological need which is met by the holding of an attitude, we are in a poor position to predict when and how it will change”. Functional attitude theory (Katz, 1960; Smith, Bruner, & White, 1956) proposes that attitudes serve various psychological functions. This includes an ego defensive function (enhancing/maintaining self-esteem), a knowledge function (interpreting ambiguous information), and a social function (facilitating social interaction/enhancing cohesion). The function of an attitude can influence attitude–behavior consistency and inform attitude change (Carpenter, Boster, & Andrews, 2013).

Whilst attitudes are evaluations, beliefs are understood as subjective knowledge or personal judgements formed from experience (Österholm, 2010). Beliefs inform attitudes, which in turn are expressed in behaviour. This relationship also occurs in reverse: when evaluating new evidence people tend to search for, interpret, and recall information which supports existing beliefs (Oswald & Grosjean, 2004). This confirmation bias can lead people to select information that supports their beliefs, and ignore contrary information (Jones & Sugden, 2001). Understanding specific attitudes and beliefs may be important in influencing behavior change (Ajzen & Fishbein, 2005).

Historically, attitudes have been measured quantitatively, commonly using self-report scales to rate agreement with set statements (Bohner & Dickel, 2011). Quantitative measures helpfully capture the presence of specific attitudes but can assume consistency rather than uncertainty and do not always capture specific contexts (Payne & Payne, 2004). Qualitative investigations of attitude can explore underlying meanings, social and cultural contexts and interactions (Hammarberg, Kirkman, & Lacey, 2016). Understanding the deeper meaning, contexts and interactions behind police attitudes to IPV may help determine the function and formation of these attitudes.

Police Beliefs and Attitudes

Police culture involves shared beliefs and attitudes which promote a sense of identity and community (Paoline, 2003, 2004). Narratives about the cultural identity of police can also be pertinent outside of the organisation. The public hold various beliefs about police officers, often referring to 'the police' as a group identity with

interchangeable use of the term 'police' to represent the individual officer and the collective organisation (Charman, 2017).

Police culture indicates that police attitudes may hold a social function. Shared attitudes can foster identification, express central values and establish an individual's identity with a group (Nelson & Shavitt, 2002). Shared attitudes may foster positive connections between police officers, however shared attitudes towards other groups can create problems. Police culture is historically associated with sexist and racist attitudes, which are known to influence officer behaviour (Ingram, Terrill, & Paoline, 2018; Rowe, 2012; Silvestri, 2017). For example, several studies have demonstrated police use discretionary powers (e.g., stop and search) and unnecessary force disproportionately against Black, Asian, and minority ethnic (BAME) groups (Bowling & Phillips, 2007; Jones, 2017; Smith & Alpert, 2007).

When it comes to gender, the police is considered 'a cult of masculinity', where the majority of officers are male, masculinity is valued, and female officers are vulnerable to discrimination or harassment (Brown, 2007, p. 190). Sexist attitudes have been associated with increased blame of female victims, and law enforcement preferences (e.g., non-arrest in IPV; Gracia, García, & Lila, 2014; Masser, Lee, & McKimmie, 2010). Police attitudes and beliefs can have a significant impact on the way officers exercise discretion and respond to IPV incidents (Cockcroft, 2007).

Influence of Beliefs and Attitudes on Police Discretion in IPV

Police use discretion to interpret the practical meaning of laws within individual situations and make decisions about action (Poyser, 2004). IPV involves a number of contextual factors (who initiated violence, provocation, risk, victim preference) which influence arrest decisions and require discretion (Finn & Bettis, 2006). Excessive discretion in IPV can be problematic and synonymous with police

treating IPV as 'just a domestic' (Grant & Rowe, 2011; Zeoli, Norris, & Brenner, 2011).

Difficulty policing IPV has been a subject of media attention and legal reform in the last two decades. Mandatory arrest has been a key strategy in several countries including the United States of America [USA] (Abraham & Tastsoglou, 2016; Hoppe, Zhang, Hayes, & Bills, 2020), Australia (Dowling et al., 2018; Philips & Vandebroek, 2014), and the United Kingdom [UK] (House of Commons, 2019; Home Office, 2011). Under mandatory arrest policies police officers must justify decisions not to arrest IPV perpetrators. This is in contrary to other offences where officers must justify decisions to arrest (Applegate, 2006). Despite these reforms officers still use considerable discretion when responding to IPV including under or mis-recording IPV, avoiding investigating and holding scepticism toward victims' accounts (Myhill & Johnson, 2016).

The impact of police beliefs and attitudes seems important to understanding how police use discretion, especially in IPV. Despite reforms, there are ongoing barriers to police supporting IPV victims, reluctance to pursue investigations or arrest perpetrators, and common use of victim-blaming language (Russell & Light, 2006). A key factor in policing IPV that may have been excluded from consideration in policy is police officers' beliefs about IPV, and their attitudes towards victims and perpetrators.

Rationale and Aim of the Review

Police officers are often the professional group who have first awareness of IPV and have regular contact with victims. Officers' role in IPV includes acting as gate keepers to the criminal justice system, safeguarding victims, and signposting to

further support. Police can use their discretion in responding to IPV, which can be influenced by beliefs and attitudes.

No systematic review of police beliefs or attitudes to IPV has been published in the UK or internationally. Previous systematic reviews explore police attitudes to rape victims, rape myth beliefs and resulting decision making (Sleath & Bull, 2017; Parratt & Pina, 2017). Poteyeva and Sun (2009) conducted a review of quantitative studies exploring gender differences in police officers' views towards aspects of policing, including IPV. These reviews provide some information about police attitudes, but do not offer a comprehensive assessment of the existing research on police beliefs and attitudes to IPV. A review of qualitative research investigating police attitudes and beliefs towards IPV is missing from the literature.

The present systematic review set out to answer the following research question: What are police officer's beliefs and attitudes towards IPV?

Method

The guidelines for the preferred reporting items for systematic reviews and meta-analyses guidance (PRISMA-P; Moher et al., 2015) were followed to develop a robust protocol for this review.

Information Sources

Relevant literature was identified using an electronic search of multidisciplinary and subject-specific databases supplied by PsycINFO, Web of Science, and EBSCO Host. In order to include grey literature, supplementary searches were conducted using Psych Extra, Social Science Research Network (SSRN) Open Thesis, Electronic Thesis Online System (EThOS), Open Grey and Grey Literature Report. Databases were searched from 1st January 1999 through to 1st March 2020.

Search Strategy

In line with the Cochrane Library guidance (Higgins & Green, 2011), an initial scoping review generated search terms related to existing literature (Table 1). Key words were selected by considering constructs relevant to the research question, and reviewing literature identified in preliminary searches.

Table 1

Search Terms for Key Electronic Databases

Database search	Population Section 1	Attitudes Section 2	Domestic Violence Section 3
	“OR”	“OR”	“OR”
Individual search terms (in title or abstract)	police OR policing OR law enforcement	belie* OR attitud* OR assumptions OR perspective OR judg* OR stereotype OR stigma OR myth*	domestic violence OR domestic abuse OR family violence OR intimate partner violence OR IPV OR battered women OR family violence OR spous* abuse OR spou* violence OR partner abuse OR partner violence OR violence against women
Search combined (in title or abstract)	Section 1 AND Section 2 AND Section 3		

There was a two-stage process to screening papers. Firstly, titles and abstracts were screened for eligibility using the criteria outlined in the PECOS statement (Population, Exposure, Comparator, Outcome, Study design; Table 2).

Secondly, full texts records included at title/abstract stage were further screened for eligibility. Reference lists of studies included in the review were manually searched for relevant papers, and citations for included articles were checked using Web of Science. An independent reviewer assessed six randomly selected records for eligibility at the full text screening stage. The measured Cohen's Kappa for the two ratings was 1.0, indicating complete agreement (McHugh, 2012).

Eligibility Criteria

Characteristics of studies included in this review are based on PECOS criteria as outlined in Table 2.

Table 2

Inclusion and Exclusion Criteria for Eligibility

PECOS criteria	Inclusion	Exclusion
Population	<ul style="list-style-type: none"> • Human: Adult (18 years or over) • Current Police Officer in a Western Country (i.e., Europe, America, Canada, Australasia) 	<ul style="list-style-type: none"> • Children aged below 18 at the time of research assessment • Police administrators • Police staff that occupy roles away from the front line • Retired Police Officers • Police recruits • Police trainees • Police forces in countries other than Europe, America, Canada and Australasia
Exposure	<ul style="list-style-type: none"> • Experience of responding to incidents of intimate partner violence where one partner has been violent towards 	<ul style="list-style-type: none"> • Experience of only responding to intimate partner violence that does not include physical abuse (e.g., witnessing intimate

	another partner. This includes physical and/or sexual violence perpetrated by a partner.	partner violence, financial abuse or emotional abuse without any physical or sexual abuse).
Comparison	<ul style="list-style-type: none"> • Not applicable 	<ul style="list-style-type: none"> • Not applicable
Outcomes	<ul style="list-style-type: none"> • A qualitative assessment of beliefs or attitudes towards intimate partner violence, where one partner has been violent towards another partner 	<ul style="list-style-type: none"> • Assessment of belief or attitudes towards variants of intimate partner violence that do not involve direct physical violence (e.g., stalking, emotional abuse, financial abuse, revenge porn) • Assessment of belief or attitudes towards variants of intimate partner violence between family members that does not involve a romantic partner relationship (e.g., parent/child relationships, elder abuse, sibling abuse).
Study Design	<ul style="list-style-type: none"> • Prospective, retrospective, cross-sectional, longitudinal studies • Qualitative studies • PhD theses • Studies published in the last twenty years (1999- 2020) 	<ul style="list-style-type: none"> • Quantitative studies • Review papers, editorials, case reports and case series • Studies using survey data • MSc or MA dissertations • Papers not in the English language • Studies published before 1999

Population. Identified participants were serving police officers in a Western country. Comparisons of police forces in Western and Eastern states demonstrate attitudinal differences toward law enforcement and citizen support (Jiao, 2000; Sun & Chu, 2006). Beliefs about gender, sexuality and relationships are a particular area of difference, relevant to IPV (Inglehart & Norris, 2003). Western states have similar ideologies based on capitalism, democracy and community policing, which impact police culture (Loftus, 2009). Differences were considered too vast to helpfully synthesise in this review; thus, only Western police forces were included. The term police is used to refer to both individual officers and the wider organisation.

Exposure. Papers that included officers who had experience policing IPV were included. It is expected that the last two decades of changes in government strategy, police policy, and wider cultural change in perceptions of IPV will have influenced police attitudes. Articles published prior to 1st January 1999 were not included in this review.

Outcome. Papers with a qualitative assessment of beliefs or attitudes were included.

Study Design. Study designs eligible for the review include qualitative studies examining police officers' beliefs or attitudes to IPV. Quantitative investigations were excluded from the review.

The review included grey literature as it was considered that government inspection reports may include an assessment of officers' attitudes and police can be difficult for researchers to access. Relevant studies within unpublished PhD theses were included. These theses may provide important contributions and are likely to have been assessed academically to ensure rigour.

Quality Evaluation

Included papers were evaluated using the Critical Appraisal Skills Programme checklist for qualitative research (CASP, 2018; Appendix A). To enhance reliability of this appraisal process, three articles were evaluated by an independent second-rater ($\kappa = .83$), indicating a near perfect agreement (McHugh, 2012). Interpretations and discrepancies were discussed until agreement was reached.

Some argue that the process of using appraisal checklists is reductionist, contradictory to the nature of qualitative enquiry, and risks exclusion of relevant data (Barbour, 2001; Dixon-Woods et al., 2007; Lucas, Baird, Arai, Law, & Roberts, 2007). Despite these problems, appraisal checklists can be important in facilitating comparison of strengths and weaknesses of studies. CASP scores were not used to exclude any low scoring studies. Instead, quality appraisal was used at the data synthesis stage to compare and contrast studies.

Results

Study Selection

Initial searches revealed 3470 potentially relevant articles (Figure 2). After duplicates were deleted ($n = 469$), 3001 titles and abstracts were screened using PECOS criteria (Table 2) and 2890 articles eliminated. The majority of papers removed at this stage did not specifically focus on police beliefs or attitudes towards IPV. The remaining 111 articles were reviewed at full text stage. Nine records met PECOS criteria and were included in the review; extracted information relating to PECOS criteria and study quality is summarised in Table 3.

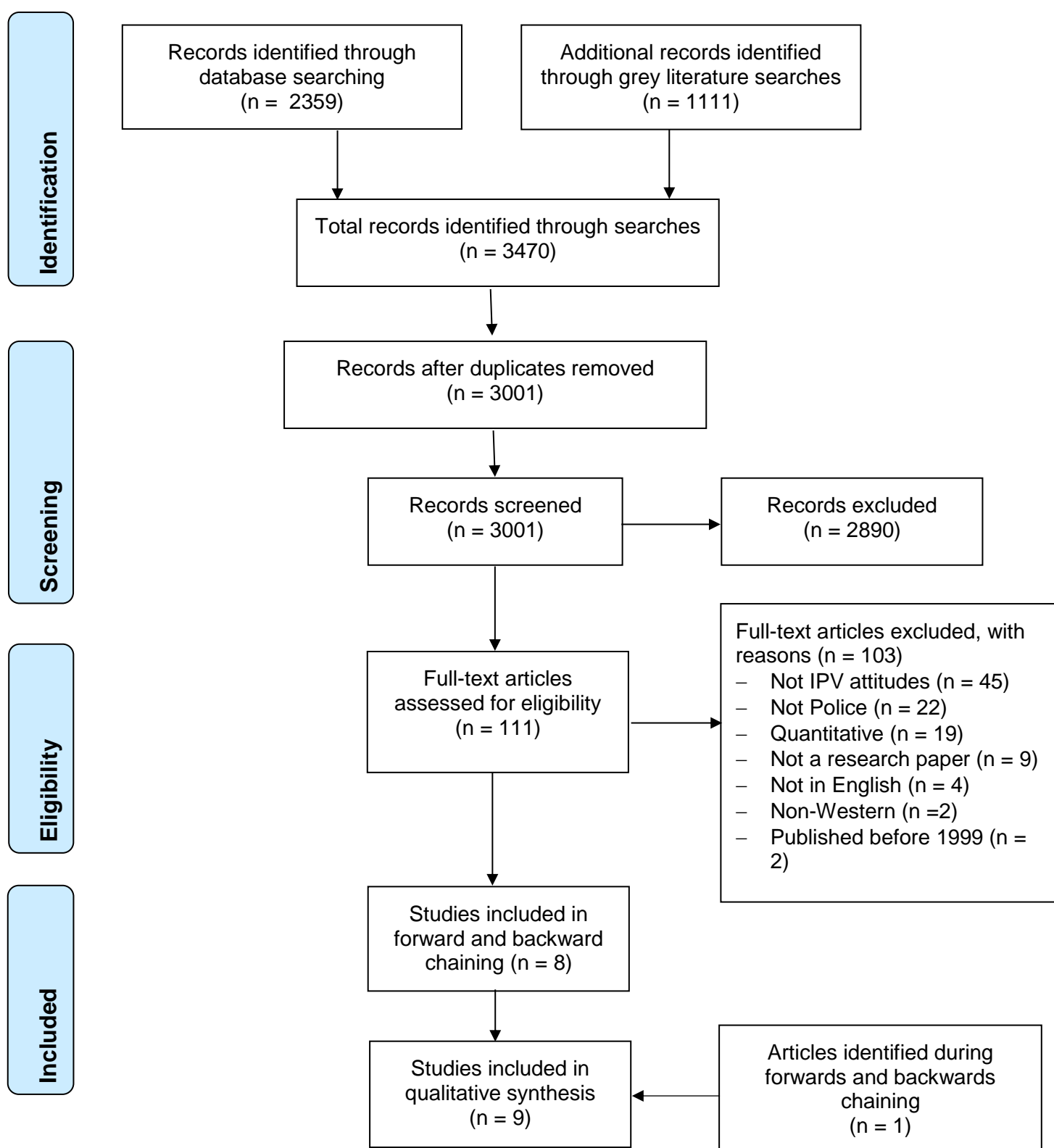


Figure 1. Flowchart depicting selection of articles for review

Note. Flowchart is based on PRISMA protocol (adapted from Moher et al., 2009)
 n = number; IPV = intimate partner violence

Table 3

Data Extraction from Included Papers

Author	Aim	Recruitment Strategy and Sample	Method of Data Collection and Analysis	Main Findings and Key Themes	Implications for Practice	CASP Score and Quality Rating	Limitations
1 Heany, 2005 Missouri, USA	To explore how police officers conceptualise IPV and perceive their interactions with victims	Purposive sampling Participants selected by Captain. 10 officers from five divisions (2 female, 8 male)	Semi structured interviews Data analysis method for qualitative research (Taylor & Bogdan, 1998)	Officers identified individual, situational, and cultural causes of IPV, but linked it to individual's inability to control their emotions. IPV not linked to calculating or controlling behaviour Officers believed IPV was wrong and should be policed Officers held victim blaming attitudes Police describe four types of victim a true victim who is totally innocent and deserving of help and a one-time victim where the incident is atypical. These victims were described as white and middle class. A 'victim but...' have been assaulted but were seen as responsible and a manipulative victim who hasn't been assaulted and exploits the police for spite or vengeance. These victims	Current training in IPV is not successful in shift traditional victim blaming attitudes. Officer's beliefs about IPV clash with the perspectives of advocates and researchers. Previous attempts to support officers in understand these alternative perspectives have been misunderstood and even ridiculed. Future training needs to incorporate and respect officers experience-based conception of IPV Training specific groups of officers (e.g. Field training officers) could be	7/10 Medium	Participants known to have specific views may have been intentionally selected by senior officers (e.g. to reflect well on police force). Inadequate discussion of potential influence of this selection bias. Sample limited to officers in one urban, Midwestern police department and may be generalisable only to this population. Influence of young female researcher may have impacted responding, possibly increasing social desirability bias – participants may have tried to look good to interviewer,

				<p>were described as African American and lower class.</p> <p>Policing IPV is frustrating . stressful, tense and dangerous.</p> <p>Officers described three styles of policing IPV: sensitive and compassionate, blunt and strict or improper and inappropriate.</p> <p>Officers suggested appropriate strategies for combating IPV could include using advocates, educating the public, and school-based teaching about relationships.</p> <p>Officers were disinterested in receiving additional; IPV training and suggested this could be insulting to experienced officers.</p>	<p>cost effective in spreading influence</p> <p>Opportunities to feedback the positive impact of policing IPV to individual officers (e.g. Shelters/ courts follow up)</p> <p>Joint working with police and community based IPV resources.</p>		
2	To explore and define the different police roles than can develop in police officers when they consistently face IPV	Recruitment process not described 10 IPV Detectives (5 male, 5 female)	Two focus groups Introductory questions exploring participation in special IPV project. Content analysis	<p>Police fall into 3 defined roles when responding to IPV : strict enforcer, service officer and integrated investigator.</p> <p>Strict enforcers focus on legalistic issues around IPV</p> <p>Service officers focus on social services aspect of IPV . These officers prioritise</p>	<p>Modifications could be made to police training programmes and management strategies to promote "integrated investigators".</p> <p>Future research could provide more information by</p>	6/10 Medium	<p>Small sample from mid-sized police force in one area. Findings may not apply to other police forces.</p> <p>Data collected via focus group followed IPV training. Responses may reflect</p>

				healing victims over investigations	evaluating the performance of the 3 identified roles		social desirability bias and attempts to look good to colleagues/researchers.
				Integrated investigators take both legalistic and social worker methods in approaching IPV.			Lack of discussion on potential influence of social desirability bias and sample size.
							Data collection followed a specialised program with training and MDT teams. May not reflect views prior to the introduction of program.
3	To examine officers' views of IPV as well as whether policing philosophy is related to officers' attitudes toward IPV	Sample included 461 IPV encounters involving a total of 925 citizens and 209 individual police officers.	Narrative data from ride-alongs conducted by observational researchers	Four themes identified representing problematic views of IPV: simplification of IPV, victim blaming, patriarchal attitudes toward women, and presumption of victim non-cooperation	Training may be useful in addressing some oversimplifications of IPV but could be limited in addressing patriarchal and victim blaming attitudes. Cultural sensitivity training could be helpful	6/10 Medium	Exploring IPV attitudes not original aim of data collection
DeJong, Burgess-Proctor & Elis, 2008			Thematic analysis	Three themes were identified representing progressive views to IPV: recognition of complexity of IPV, awareness of barriers to leaving and IPV as serious and worth of police intervention.	This research was exploratory. Future research involving in depth questioning of officers attitudes to IPV would be helpful		Relevance of findings - 11-year gap between collection of data and publication
Florida & Indiana, USA			Inductive coding based on problematic or progressive views of IPV	Police officers who embraced community policing ideals			Inadequate consideration of social desirability bias in participant's responses

				more collaborative and caring in approach to IPV	Research to further explore links between policing philosophy and attitudes to IPV could be helpful to better understand the influence of strategies such as community policing.		
4	To explore the police 'voice' in officers' perceptions of IPV	Purposive sample of officers selected to meet 3 criteria: > 4 years' experience, representing different environments (rural, village, city), working evening/overnight shifts	Individual interviews Analysis not described beyond "a systematic analysis"	Officers do not have homogenous views of IPV but construct definitions of IPV from their experiences in responding. Definitions reflect police fitting together five elements central to IPV: event (injury, criminality, victim reporting, influence of substances), law (evidence, arrest powers, victim cooperation); victim (genuine vs adversary, cooperation, hostility to police); perpetrator (punishment, ambiguity); and self (personal efficacy, sensitivity, frustration with victims and lack of prosecutions, risk of harm to self). All officers reported frustration with policing IPV particularly around victim cooperation, lack of prosecution and lack of long-term solutions.	Police interact with victims who may be in a dilemma around leaving the perpetrator. Officer uncertain in how to respond. Victim advocates could support communication between victims and police. Suggests police are prepared to 'think difference' and consider each incident of IPV individually. This could be incorporated into training to craft more effective police interventions	6/10 Medium	Small sample from police force in one area Participants known to have specific views may have been intentionally selected by senior officers (e.g. to reflect well on police force) Inadequate discussion on potential influence of purposive sampling. Research comments around clinical implications are ambiguous

<p>5 Horwitz, Mitchell, LaRussa-Trott, Santiago, Pearson, Skiff, & Cerulli, 2011 New York, USA</p>	<p>To understand police officers' experiences and internal processes when responding to calls for service. To learn more about officers' frustrations, concerns, and perspectives relevant to the challenges inherent in responding to IPV.</p>	<p>A designated liaison to the Local Chief of Police chose participants to represent diversity. 22 police officers, (10 female, 12 male)</p>	<p>Demographic Survey. Three focus groups: all-male, one all-female, and mixed gender. Questions explored views on PowerPoint presentation describing results of prior study Constant comparative method. Transcripts sent to participants for review/edits. Team of coders. ATLAS</p>	<p>Officers describe current barriers to policing IPV as the revolving door, low prosecution rate, a lack of collaboration from victims and no debriefing or feedback around their experiences. These attitudes were linked with feelings of frustration, disillusionment, powerlessness and detachment. Police activities in managing IPV included Court appearances, paperwork, referrals, arrests, responding, and taking 911 calls Officers desired a number of changes in policing IPV including harsher penalties, increased prosecution, increased collaboration, debriefing & feedback. These suggestions were linked to feelings of hope, connection to the community and job satisfaction.</p>	<p>Police need to be supported by a shift in the community agenda to provide a coordinated response with integration between agencies and advocacy. Changes in practice are needed to support police engagement and job satisfaction. These could include debriefing, feedback and continual IPV training. Evidenced based policing should continue with researchers maintaining links with police academies</p>	<p>8/10 Medium</p>	<p>Focus group may encourage social desirability bias – responses may be shaped by what participants thought acceptable to others in the group. Small sample from police force in one urban area. May not reflect views of those from rural or suburban areas. Participants known to have specific views may have been intentionally selected by senior officers (e.g. to reflect well on police force) Inadequate discussion on potential influence of selection bias.</p>
<p>6 Shearson, 2014</p>	<p>To explore the interaction between female victims of IPV and police.</p>	<p>Information about study distributed internally</p>	<p>Individual interviews Grounded theory</p>	<p>Judgements and decisions are made within the broader context of police cultural values</p>	<p>Specific training could enhance police understanding of victimisation and entrapment in IPV, as well as produce a</p>	<p>10/10 High</p>	<p>Self-selection bias - data may only represent views of those with a special interest in IPV</p>

Victoria, Australia	Purposive sampling 12 police officers (4 female, 8 male)	Axial coding	<p>Police are action oriented and interpret their role in IPV to intervene in crisis, protect victims and support criminal justice proceedings. Police are sensitive to public criticism and value knowing they have made a difference to victims' lives.</p> <p>Policing IPV resource is heavy and police frustrated when responding to repeat offenders. The personal nature of IPV can increase stress of responding.</p> <p>Police ascribe to patriarchal views of relationships and act to readdress abuse of power/power imbalance in IPV</p> <p>Police attribute responsibility to victims. A true victim has been abused and the responsibility lies with their partner. Equal combatants involves no abuse of power. A victim of circumstance has experienced a misuse of power and there are mitigating factors in the responsibility (e.g. alcohol/mental health). Nullified victims have experienced no abuse of power,(e.g. perpetrator is</p>	greater awareness of psychological abuse. More research needed to evaluate the suggested training	Small sample from police force in one area Inadequate discussion of potential influence of selection bias and sample size.
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				seen as less powerful than the victim).			
				Police strive to maintain impartiality in IPV although this can be complex			
7	To assist the police to develop an understanding and more effective responses to dealing with children at IPV	Information leaflets distributed via an internal email system Police officers who volunteered contacted by researcher 22 police officers (9 female, 11 male)	20 Individual semi structured interviews and 2 case study interviews Thematic analysis inductive approach	IPV is unlike any other crime. There can be a high level of violence and greater emotional load. Officers had a strong dislike for attending IPV Personal views and experience of IPV can impact professional practice. Alcohol drugs & mental health are often factors, which increases complexity. There is significant pressure around policing IPV from within organisation Emotional intelligence competencies (e.g. empathy) critical to policing IPV but underdeveloped in police Policing IPV is frustrating and unrewarding as low prosecution rates, withdrawal of victim statements and repeat offenders.	Emotional detachment can negatively impact police officers' responses to IPV. A criminal justice approach to IPV is ineffective and damaging without Emotional intelligence (EI) Police training and recruitment should incorporate EI based skills	10/10 High	Small sample from police force in one area. May only reflect views from police operating in this area. Self-selection bias - data may only represent views of those with a special interest in IPV Inadequate discussion on potential influence of selection bias and sample size.

				IPV can have an intense emotional labour and many officers detach to cope.			
				Risk assessment and evidence gathering focuses on visible injuries			
8	To better understand policing practices from the perspective of police.	Recruitment strategy not described. This paper selected data from a larger research project to focus on IPV	Semi structured individual interviews Content and thematic analysis	IPV a routine part of police work	Policing IPV is problematic - suggests there is an intrinsic problem applying reactive policing to strategies to IPV	7/10 Medium	Recruitment strategy not described and no discussion of limitations of research make it difficult to assess rigour of study.
Segrave, Wilson, & Fitz-Gibbon, 2018	Focus on IPV not intended but consistently raised by officers during interviews.	163 police officers from Victoria police force	NVivo	Concept of a 'real', ideal cooperative victim of IPV vs an inauthentic victim involved in a personal dispute	IPV not seen real police work		
Victoria, Australia				Frustration at the limits of police discretion and perceived futility of IPV	Despite efforts made in training many officers still hold attitudes to IPV		
				Frustrations at cycles of violence in IPV	Although police follow organisational policies they are frustrated and unsympathetic which can negatively impact victim experiences.		
					Specialist IPV police units are helpful but are not employed consistently		
					Suggests pursuing a consistent model of specialised IPV policing		

9	To examine police officers' attitudes and responses to IPV	Convenience sample of officers available on days the researchers visited site	Individual interviews using structured topic guide related to a specific recent incident of IPV	Hoyle's model of police decision making is still relevant	Demonstrates some shift in police attitudes since introduction of new policies. This may therefore be an effective method of influencing police officers	7/10 Medium	Small sample from police force in one area. Author acknowledges these findings may not be generalised to beyond this police force
Myhill, 2019 London, UK	To revisit Hoyle's (1998) model of police decision-making in the wake of the two decades of changes to IPV legislation and policy.	Participant selected by sergeants to provide diversity in sample	Data from force systems (e.g. transcripts of original call to police)	'Traditional' attitudes to IPV still present in police. Some officers are 'privileging male account'	Suggests further research into officers understanding of coercive control and impact on decision making		Participants known to have specific views may have been intentionally selected by senior officers (e.g. to reflect well on police force)
		32 police officers from one force in South of England	Framework method	Broadly officers had positive attitudes regarding responding to IPV.			Inadequate discussion on potential influence of selection bias.
			Inductive coding	Focus on physical assault and injury when officer's judging seriousness of incident. Risk aversion focus to decision making.			Changes to police training and risk assessment following this research which may have influenced attitudes
			Thematic charts	Negotiation considered key but victim preference not influential over arrest			Analysis influenced by existing framework – may increase researcher bias in selecting themes
				Officers aware of considerable scrutiny in their decision making in IPV cases			

Study Characteristics

The nine papers all aimed to understand police officers' perceptions of their role in IPV. Three papers focused on exploring the way police experience and relate to victims (1, 2, 8). Three papers focused on policing philosophy, police roles or models of policing IPV (2, 3, 9). Four papers explored police officers' 'voice' or internalised views related to IPV (4, 5, 7).

Population

In total there were 515 participants across nine studies. The smallest sample was 19 (2, 4) and the largest 209 (3). Thirty-four participants were female and 74 male. Three papers did not report participants' gender (3, 8, 9). Ages of participants ranged from 20 - 50 years and length of service from 1 - 25 years. Ethnicity was not always reported, with this data missing from five papers (3, 6, 7, 8, 9). Where ethnicity was reported, participants' ethnic backgrounds were described as White/Caucasian (175 participants), African American (16 participants), multiracial (5 participants), other race (4 participants), Hispanic (4 participants), Native American (4 participants), Latino (3 participants), Asian (2 participants) or Asian American (1 participant). One paper based in Northern Ireland did not describe ethnicity but discussed participants' religious identification (7).

Study Design

Studies were based in the USA (1, 2, 3, 4, 5), Australia (6, 8), England (9), and Northern Ireland (7). Seven studies used individual interviews (1, 4, 5, 6, 7, 8), two used focus groups (2, 5), one analysed observational data from ride-alongs (3). Some papers included additional data collected from victims of IPV, including children. However, as these results were reported separately,

and did not answer the research question of this review, they are not included within data extraction or analysis.

Analysis Approach

Approaches to analysis included thematic analysis (3, 9) content analyses (2), a combination of the two (7), framework method (9), grounded theory (6) and constant comparative method (5). One paper (1) reported using “Data analysis method for qualitative research (Taylor & Bogdan, 1998)” which considers the individual, population, setting, and mesosystem within the analysis. Finally, one paper (4) made no direct reference to the method of analysis beyond calling it systematic, although the description appears to be thematic analysis.

Studies varied in information reported in relation to analysis. Few studies mentioned the researcher/participant relationship. These were only considered in unpublished theses (1, 6, 7). One paper (5) mentioned sending transcripts to participants for review. It was not always clear whether there was an individual coder or a team of coders. Papers that reported using electronic tools used nVivo (8) and ATLAS (5).

Quality of Included Studies

The nine studies were evaluated using CASP. Seven papers were rated medium quality (1, 2, 3, 4, 5, 8,9). Two papers were rated high quality (6, 7); these were unpublished theses that dedicated space to discuss methodology, analyses, and reflexivity. It is possible other research papers involved reflexivity but were not able to provide the same level of detail within a journal article.

Several papers were weakened by poor descriptions of analysis (2, 3, 4). It was not always clear how data was coded, how themes were derived, how

contradictory data was taken into account, or how researchers examined their influence on analysis. There was a lack of attention to gender and ethnicity in the sample, despite the relevance to findings around victimhood. In addition, several studies were weakened by their statement of findings as they did not adequately explore limitations or discuss credibility of findings.

Main Themes About Police Attitudes to IPV

Main themes were derived through qualitative meta-synthesis (Lockwood, Munn, & Porritt, 2015). Data were not reanalysed but interpreted as the original authors reported. The main findings from the reviewed papers were extracted and assembled under common themes with similar meanings. Themes are reported below as described in the reviewed papers. Where quotations have been included a single quotation indicates an author's voice and a double quotation indicates a participant's voice.

Frustration. One common theme across papers was 'frustration'. Participants across studies expressed frustration with policing IPV. This was directly named by all but three papers (2, 4, 9). Participants described policing IPV as being resource intensive (6) with few positive outcomes, and victims often returning to offenders (1, 4, 5). Participants expressed frustration at the limits of police discretion in IPV, and the perceived futility of policing IPV (8, 9). These participants spoke critically about mandatory arrest, which they felt forced police intervention in non-criminal disputes. A small minority of participants strongly disliked attending IPV incidents (7), or expressed beliefs that IPV was not 'real' police work (8). The majority of papers reported that participants' frustration was directed at victims, but authors of three papers

interpreted participants' frustrations as related to disillusionment, feelings of powerlessness, detachment, and ineffectiveness (1, 5, 8).

Victimhood. In all papers authors identified victim blaming attitudes in participants' responses. Victim blaming occurs when some responsibility is placed on the victim for their victimisation (Eigenberg, Garland, & Moriarty, 2008). Authors discussed different ways officers seemed to locate responsibility with IPV victims. This was often linked with difficulty understanding victims' decisions. For example, in five papers participants described a lack of victim cooperation as problematic (1, 3, 4, 5, 9). Authors' analysis suggested these participants had a reductionist understanding of IPV, for example, not making associations with controlling behaviour, not recognising the challenges of leaving the relationship (1, 3, 8). In five papers participants described different types of victim, including a "genuine" victim who appeared vulnerable and wanted to cooperate with prosecution (1, 4, 5, 6, 8). Participants also described victims as "manipulative" and "playing the system", equally as violent, abusing substances, or refusing to leave the perpetrator (1, 5, 6, 8).

Authors identified evidence of problematic or patriarchal attitudes towards women in six papers (2, 3, 4, 5, 7, 9). Authors of one paper determined participants were 'privileging the male account' by expressing sympathy with male perpetrators (9). Participants in this study described occasions where they had been "creative" with incident reports by omitting information to avoid making arrests (9). Officers made associations between IPV and substance abuse, mental health, BAME groups or low SES (1, 4, 6, 7).

Interestingly, all authors used the term 'victim' rather than 'survivor'. Survivor is favoured by many IPV researchers and support services. Language

can impact perceptions of victims; survivor is associated with strength, bravery and psychological stability, whereas victim can be associated with passivity and weakness (Papendick & Bohner, 2017). The use of this language was only explored in one paper (6) where the author argued survivor terminology does not represent the ongoing suffering in IPV. Research that uses victim terminology may produce stereotypical and limited conceptualisations of victims, whereas survivor terminology tends to reflect diverse and multidimensional conceptualisations (Hockett & Saucier, 2015). The use of victim terminology in the reviewed papers is likely to have mirrored the language used by participants, which reflects how victim/survivors are conceptualised within the police. No papers considered how the term victim may both influence and reflect victim blaming beliefs.

Style of policing IPV. Six papers explored police role in IPV.

Participants described various tasks including responding to immediate incidents, acting as a mediator, making arrests, attending to injury, collecting evidence, attending court, completing paperwork, and making referrals (1, 5, 6). Two papers looked specifically at the different roles/styles officers take in IPV (1, 2). Authors identified specific styles of policing in their analysis. A 'sensitive style' (1) or 'service officer' (2) spends time with victims, prioritising healing and social services aspects of their role. A 'blunt style' (1) or 'strict enforcer' (2) is straightforward and sometimes harsh, focusing on law enforcement. Authors of one paper described an 'improper' style based on participants' descriptions of colleagues who seemed disinterested in IPV, 'lazy' and 'inadequate' IPV investigators (1). Finally, one paper determined an ideal style of policing IPV: using both legalistic and social worker methods. Authors called this style

'integrated investigator' (2). Three papers noted personal beliefs, professional values, and the wider police culture were influential to policing style (4, 6, 7).

Policing IPV is stressful. Participants in two papers described IPV as being unlike any other crime, having a personal nature, and a greater emotional load (6, 7). Five papers explored participants' experiences of fear and stress when responding to IPV, which was described by participants as tense and dangerous (1, 4, 5, 6, 7). Participants depicted high internal pressures and scrutiny related to IPV, which was described as resource heavy in paperwork, policies, and procedures (5, 7, 8).

Focus on prosecution. Many officers were focused on prosecution in IPV. These officers were described by authors as being action oriented and focused on legal powers, arrest decisions, and the importance of clear evidence (4, 5, 6, 8, 9). Authors who explored arrest decisions described that officers appeared to see negotiation as key to interactions with victims, but victim preference did not ultimately influence arrest decisions (4, 9). Instead, much of officers' decision making was found to be guided by risk aversion (4, 9). The majority of participants mentioned their dissatisfaction with low prosecution rates in IPV, a desire for harsher penalties, and increased prosecution (1, 3, 4, 5, 7, 8, 9).

Positive attitudes. Three papers noted that a minority of officers shared positive attitudes regarding their role in IPV (3, 6, 9). Authors stated these participants recognised the complexity of IPV, understood barriers to victims leaving perpetrators, and saw IPV as worthy of police attention (1, 3, 6, 9). Authors of two papers determined a minority of participants demonstrated sensitivity and respect for victims, and valued effecting change in the IPV

relationship (6, 7). Participants across four papers emphasised the importance of multidisciplinary work and the support of third sector organisations in preventing IPV (1, 2, 3, 5). Two authors discussed police response to IPV as becoming more 'progressive' and 'proactive' (3, 9).

Critical Appraisal of Reviewed Literature

Selection bias and social desirability. Five of the reviewed studies used purposive sampling with participants selected by a senior officer (1, 4, 5, 6, 9). Purposeful sampling can identify participants who are experienced with the phenomenon of interest (Cresswell & Plano Clark, 2011). Authors described using purposive sampling to ensure participants met eligibility criteria (4), and provide a more diverse sample (6, 9). However, only four of these papers reported participants' ethnicity or gender (1, 4, 5, 6). None explored SES. Purposive Sampling may have provided participants experienced in responding to IPV. However, experience can influence beliefs and attitudes (Ajzen & Fishbein, 2000). The perspective of inexperienced officers would have been valuable.

Selection through a senior officer may have introduced problems with informed consent. Informed consent assumes participants are autonomous, informed, and empowered (Miller & Boulton, 2007). The police is a hierarchical organisation where senior officers hold power (Densten, 2003; King, 2005; Silvestri, 2007). Officers selected to participate by their superior may have felt unable to refuse, an ethical violation which undermines principles of informed consent. Lack of informed consent also introduces problems with engagement; participants may have been disinterested or influenced in their responses. For example, in three papers participants discussed problems associated with

scrutiny by superiors (5, 7, 8). Fear of repercussions may have prevented these participants from freely expressing their views.

One study used a convenience sample where officers volunteered to participate (7). A convenience sample may be ethically preferable but when self-selection is the method of recruitment, it is likely volunteers will hold a special interest in the research topic, or particularly strong views which may represent extremes within the sample.

Generalisability. Seven of the reviewed papers had sample sizes between 10 and 32 participants (1, 2, 4, 5, 6, 7, 9). Additionally, each study focused on one geographical area or local police force. This could limit the generalisability of the research findings, which may be influenced by rural/urban policing, local policies and/or training. Some argue generalisability is specific to quantitative approaches (Trotter, 2012). Yet where sample size is not discussed by authors the rigour of the paper becomes questionable (Marshall, Cardon, Poddar, & Fontenot, 2013). One clear justification for a small sample size could be researching police officers: a profession whose members are difficult to access. Unfortunately, the reviewed papers lack adequate discussion of these principles.

Diversity. There was a lack of consideration around issues of gender and ethnicity in the reviewed papers. Only four papers reported participants' ethnicity (1, 2, 4, 5), and six reported gender (1, 2, 4, 5, 6, 7). None reported SES. Where gender and ethnicity were reported, the sample was predominantly white men. Although four papers described police stereotyping IPV victims (1, 4, 6, 7), there was a lack of consideration of the impact of gender, ethnicity or SES within the sample. This is particularly problematic as IPV victims are

predominantly female and police officers predominantly male. IPV is thought to be underreported by male victims, largely due to stigma and beliefs around gender (Chan, 2011; Hester, 2013). IPV is reported as more prevalent in BAME and low SES groups, factors relevant to victim reporting of IPV to police (Ackerman & Love, 2014; Cattaneo & DeLoveh, 2008; Field & Caetano, 2004). Issues around gender, ethnicity and SES seem relevant to victims and their interactions with police. This synthesis suggests that police officers, who were predominantly white men, held particular stereotypes that associated IPV with male perpetrators/female victims, families with low SES, and those from BAME groups. Authors of one paper (9) found participants appeared to “privilege” male perpetrators at times, aligning to their perspective. Several papers found participants were more sympathetic towards middle class female victims (1, 4, 6). Exploration of participant/victim/ perpetrator demographics within the data would have been valuable.

Researcher reflexivity. Researcher reflexivity draws attention to the phenomenon under study and the research process. It is a key component of good quality qualitative research (Watt, 2007). In the reviewed literature, few authors were explicit about how reflexivity was employed. Philosophical and epistemological stances were not clear, with reflexivity only specifically addressed in unpublished theses. This may be reflective of content limits in published literature, or it may suggest a lack of rigour in the research. It is difficult to make clear conclusions where reflexivity is not discussed. Where reflexivity was discussed, authors considered the influence of their background (1, 7) and the use of reflexive notes/discussions to critically support analysis (6, 7). The use of reflexivity by these researchers strengthens the integrity of the

findings. This is in contrast to the remaining six papers where the lack of reflexive discussion limits rigour (2, 3, 4, 5, 8, 9).

Discussion

The purpose of this review was to collect, synthesise, and evaluate qualitative empirical research in order to explore police beliefs and attitudes towards IPV. A comprehensive search identified nine studies which met inclusion criteria. There were many similarities and few differences across police in Australia, America, England, and Northern Ireland. Police attitudes and beliefs focused on frustration, victimhood, and prosecution. There was one identifiable difference. Authors researching an English police force (9) reported that a majority of participants held positive attitudes towards policing IPV. When positive attitudes were reported in the other papers, they were among a minority of participants. Similarities in attitudes/beliefs may be rooted in the similar strategies employed by all four countries: mandatory arrest and victimless prosecution. Though intended to safeguard victims, these policies can disregard the complexity of IPV and negatively impact victim-police relationships (Han, 2003; Hoyle & Sanders, 2000; Sherman & Harris, 2015). These policies have been successful in establishing IPV as a criminal offence, as it is increasingly being recognised as criminal by police (Johnson, 2007). Indeed, the current review demonstrates police officers desire prosecution and penalties in IPV. This was a key theme derived from seven papers (1, 3, 4, 5, 7, 8, 9). However, this review also reported themes of frustration (1, 2, 4, 5, 6, 7, 8, 9), fear, stress, scrutiny (1, 4, 5, 6, 7, 8), and victim blaming attitudes (1, 2, 3, 4, 5, 6, 7, 8, 9).

Author reports of victim-blaming attitudes across all papers is a particularly worrying finding. All papers were based in western societies which

may hold similar constructs of victimhood. Victims are typically conceptualised as being innocent in their victimization (Dunn, 2005). IPV victims are expected to adhere to a dominant cultural script that directs them to leave their abusers; when they remain, victims can be seen as complicit in their victimization (Thapar-Björkert & Morgan, 2010). In the reviewed papers victim blaming was associated with fixed ideas of victimhood (1, 3, 4, 5, 6, 8). Six papers spoke about officers' frustration and struggle to understand why victims remain in relationships (1, 3, 4, 5, 8). It is possible that officers were placing some responsibility with victims, or officers' confusion about IPV may have been interpreted as blaming. Themes around victimhood and victim blaming may have been influenced by authors' conceptualisation of victims. Being framed as "victims" or "survivors" in research literature can influence conceptualisations. Victim conceptualisations tend to seek out and report negative outcomes, while survivor conceptualisations are often more individualistic and emphasize positive attitudes (Hockett & Saucier, 2015). None of the reviewed papers used 'survivor' terminology, which may have supported a more reflexive interpretation of officers' attitudes.

Where victim blaming attitudes were present, they could be understood as part of an ego defensive mechanism (Espinoza, 2016; Einav-Cohen, 2005). Exposure to others' victimization can threaten beliefs individuals hold about themselves and the world, beliefs which support psychological wellbeing (Begue, 2002). Of particular importance is Belief in a Just World (BJW) which asserts that the world is just and there are morally fair consequences to behaviour (Lerner, 1980; Dalbert, 2009). BJW is considered an important psychological resource, which allows individuals to feel in control of their environment and protected from feelings of vulnerability/risk (Hafer & Rubel,

2016). Since BJW serves an important adaptive function, it can be resilient in the face of contradictory information. If BJW is challenged by the experience of an innocent person being repeatedly victimised whilst the offender remains unpunished, the BJW can be protected by denying or nullifying the injustice (Hayes, Lorenz, & Bell, 2013). This can result in locating blame with the victim.

There is a body of research exploring BJW, particularly in its application to victims/victim blaming (Hayfer & Sutton, 2016; Ellard, Harvey, & Cannon, 2016). However, BJW research has been criticised as taking an unsystematic approach and applying underdeveloped theory in a 'superficial fashion' (Hafer & Begue, 2005, p. 129). Furthermore, the majority of BJW research has focused on reactions to others' injustices, rather than the outcomes associated with BJW for the self (Bartholomaeus & Strelan, 2019). This is relevant as IPV may present a specific challenge to police officers' concept of their safety, authority and identity as a law enforcer (Horwitz et al., 2011). The reviewed papers suggest police found responding to IPV stressful, high risk, and frustrating, particularly around low prosecution. Police officers' roles are centred on responding to crime, and it is likely that they regularly witness injustice. Victim blaming may protect police officers' beliefs in justice, as well as their professional and personal self-concept. There appears to be no research specifically investigating the strength or influence of BJW in police populations. More critically developed theories and explorations of BJW, especially in police populations, are needed to make sense of the interactions between BJW, ego defensiveness and victim blaming.

There is evidence in research literature that victim blaming is also influenced by pre-existing stereotypes and (prejudicial) beliefs and attitudes

(Van der Bruggen, & Grubb, 2014). This review demonstrated some police officers held beliefs that IPV perpetrators and victims were from low SES and BAME populations, and often had mental health difficulties. Schoellkopf (2012) argues that victim blaming is maintained by sexist and racist attitudes as blame is often located in underprivileged/oppressed groups. IPV victims are predominantly female and police officers predominantly male (Silverstri, 2019). This is important as gender and ethnicity are relevant to IPV prevalence and reporting (Ackerman & Love, 2014; Cattaneo & DeLoveh, 2008). The lack of diversity in police forces may be a barrier to building better relationships within community, and successfully challenging negative attitudes towards gender and ethnicity which may perpetuate problematic responses to IPV.

The present review found some evidence of change in police attitudes and beliefs towards IPV. For example, each reviewed paper referenced participants who saw IPV as important police work. However, authors reported attitudes which ranged between extremes of sympathetic with a good understanding of IPV, to victim blaming and intolerant of IPV policing. This review suggests that many officers still hold underlying attitudes about victim responsibility and blame in IPV.

Critical Appraisal of the Systematic Review

This review applied a systematic methodology to search, identify, and review relevant literature. This helped minimise bias in the selection of included papers and allow replicability. Search terms were carefully selected, reviewed, and amended in an iterative process. The inclusion of grey literature is strength of this review as it mitigates publication bias. In this case, three unpublished theses were included (1, 6, 7). A number of online databases of grey literature

were searched, but searches are not as stringent as databases of published papers. It is possible there is further grey literature not accessible online which may have been relevant to this review.

With regards to limitations, the review incorporates nine research papers and only includes qualitative research. Furthermore, this review only included papers from Western countries published after 1999. Focusing on the UK would not have identified enough relevant papers for a comprehensive review. Including older data, or data from different cultures may not have provided an accurate representation of the issues relevant to a current UK police force. However, the Western focus may have excluded some relevant data, especially as only papers from four Anglophone countries were identified. Including non-Western states may have increased heterogeneity and provided a more in-depth review of how differing IPV policies influence police attitudes.

Implications for Practice

The findings of this review suggest officers' beliefs and attitudes are influential in IPV policing, with specific attitudes and beliefs towards IPV victims shaped by officers' own psychological needs. Addressing the function, or psychological needs, underlying these attitudes may be key to successful interventions. Clinical psychology could have an important role in supporting police organisations to understand and address the psychological needs underlying officers' responses to IPV. Clinical psychologists are skilled in providing multifaceted support to formulate and intervene in organisational difficulties. For example, drawing on models of compassion in supervision and training, and facilitating reflective practice groups. These approaches could help address ego defensive functions to reform police responses to IPV.

Findings that officers often feel frustrated and can express blaming attitudes may suggest they are experiencing compassion fatigue [CF] (Andersen and Papazoglou, 2015). CF can prevent officers from regulating their negative emotions, such as anger and frustration, which may increase negative attitudes and actions towards IPV victims (Papazoglou & Chopko, 2017). Targeted interventions can decrease CF symptoms and increase satisfaction in professionals (e.g., police) who work with trauma survivors (Gentry, Baggerly, & Baranowsky, 2004; Turgoose, Glover, Barker, & Maddox, 2017). Clinical Psychologists have skills to address CF through training and supervision. Psychology led CF interventions may reduce frustration and support police in engaging positively with IPV policing.

Findings suggested officers' held some beliefs, and attitudes, which may be influenced by a cognitive bias, such as BJW. This suggests policing could benefit from developing as a critical reflective practice (CRP): a process of inquiry where practitioners are supported to discover, and explore, the assumptions that frame how they work (Brown, 2019). CPR can promote self-awareness, draw attention to, and therefore minimise, attitudinal bias (Christopher, 2015; Plack & Greenberg, 2005). Reflection on work and peer supervision can be effective in promoting work satisfaction in police officers, which could further reduce CF (Tehrani, 2010). Psychology-led CPR has been valuable in fostering personal insight and emotional wellbeing for healthcare staff (Buus, Angel, Traynor, & Gonge, 2011; O'Neill, Johnson, & Mandela, 2019). Including peer supervision and psychology led CRP groups in policing may help address negative attitudes to IPV and reduce bias in police discretion. Collaboration between police and IPV survivors' networks could help develop training to address attitudinal bias. Survivors' networks can challenge victim

blaming, promote empowerment-based advocacy, community education, and collaboration to support IPV victims (Sullivan, 2018). IPV survivors consulting with police as 'experts by experience' may help challenge attitudes and stereotypes.

The resilience of police culture and reluctance within the organisation to discuss occupational stress/distress may present challenges to actualizing these strategies (Cohen, McCormick, & Rich, 2019). Budget cuts and reductions in police numbers may create resistant to investing time in CRP. Despite these challenges, successful long-term change in policing is possible, and can be promoted through investment and collaboration between researchers, clinicians, policymakers and police leaders (Cockcroft, 2014; Ffye, 2019).

Implications for Future Research

The existing literature is limited by a lack of researcher reflexivity, with limited attention to philosophical/epistemological stances, and little reflexive discussion to critically support analysis. This makes it unclear how victimhood and victim blaming are constructed by police officers. The literature could benefit from an empirical study of police attitudes that explores multiple sites, has good quality reflexivity, robust philosophical and theoretical underpinnings, and strong partnerships with police agencies. Including police officers within research teams may enable researchers to enter and explore police culture more directly. Exploring issues related to gender and ethnicity may be relevant, as this is missing from the reviewed literature. For example, qualitative research exploring how female and BAME officers construct and respond to victimhood in IPV, and whether this differs from their white male counterparts would be

valuable. Future research could also explore the effect of specific interventions on officers' attitudes and beliefs towards IPV (e.g., CF, CRP).

Conclusions

The current review systematically explored qualitative research reporting police beliefs and attitudes to IPV. Similar findings were reported within police forces across four Western countries which use similar strategies to police IPV: Australia, America, England, and Northern Ireland. Despite policy reform, many police officers appear to hold blaming attitudes related to difficulties understanding the complexity of IPV. From the reviewed literature, there is evidence police officers' frustration with IPV is exacerbated by limited resources and increased scrutiny. Despite ongoing difficulties, there are also areas of hope. Most officers saw IPV as important and worthy of police intervention, with a minority of officers reporting supportive and empathic attitudes towards victims. Problematic beliefs and attitudes to IPV could be addressed by promoting CRP and introducing interventions to address CF.

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Appendices

Appendix A: Critical Appraisal Skills Programme checklist for qualitative research

Appendix B: Manuscript Submission Guidelines for Journal of Trauma, Violence and Abuse

Appendix A

Critical Appraisal Skills Programme checklist for qualitative research

CASP Checklist for qualitative research available from: https://casp-uk.net/wp-content/uploads/2018/03/CASP-Qualitative-Checklist-2018_fillable_form.pdf

Paper for appraisal and reference:

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Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes Can't Tell. No

HINT: Consider • what was the goal of the research • why it was thought important • its relevance

2. Is a qualitative methodology appropriate?

Yes Can't Tell. No

HINT: Consider

• If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants • Is qualitative research the right methodology for addressing the research goal

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes Can't Tell No

HINT: Consider if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

4. Was the recruitment Yes strategy appropriate to the aims of the research?

Yes Can't Tell No

HINT: Consider If the researcher has explained how the participants were selected • If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study • If there are any discussions around recruitment (e.g. why some people chose not to take part)

5. Was the data collected in Yes a way that addressed the research issue?

Yes Can't Tell No

HINT: Consider If the setting for the data collection was justified • If it is clear how data were collected (e.g. focus group, semi-structured interview etc.) • If the researcher has justified the methods chosen • If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide) • If methods were modified during the study. If so, has the researcher explained how and why • If the form of data is clear (e.g. tape recordings, video material, notes etc.) • If the researcher has discussed saturation of data

6. Has the relationship between researcher and participants been adequately considered?

Yes Can't Tell No

HINT: Consider

• If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes Can't Tell No

HINT: Consider If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study) • If approval has been sought from the ethics committee

8. Was the data analysis sufficiently rigorous?

Yes Can't Tell No

HINT: Consider If there is an in-depth description of the analysis process If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process If sufficient data are presented to support the findings • To what extent contradictory data are taken into account Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

9. Is there a clear statement of findings?

Yes Can't Tell No

HINT: Consider whether • If the findings are explicit If there is adequate discussion of the evidence both for and against the researcher's arguments • If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation,

more than one analyst) If the findings are discussed in relation to the original research question

Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider • If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research- based literature If they identify new areas where research is necessary If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Appendix B

Manuscript Submission Guidelines for Journal of Trauma, Violence and Abuse

TVA accepts comprehensive reviews of research or legal reviews that address any aspect of trauma, violence or abuse. Reviews must be based on a sufficient number of studies to justify synthesis. Reviewed literatures may come from the social or behavioral sciences or the law.

Each manuscript must:

- be prepared using APA style, and be **no longer than 40 double-spaced pages**, including references, tables, and figures;
- include an abstract of up to 250 words describing the topic of review, method of review, number of research studies meeting the criteria for review, criteria for inclusion, how research studies were identified, and major findings;
- begin with a clear description of the knowledge area that is being researched or reviewed and its relevance to understanding or dealing with trauma, violence, or abuse;
- provide a clear discussion of the limits of the knowledge that has been reviewed;
- include two summary tables: one of critical findings and the other listing implications of the review for practice, policy, and research;
- include a discussion of diversity as it applies to the reviewed research.*

All manuscripts are peer reviewed and should be submitted with a letter indicating that the material has not been published elsewhere and is not under review at another publication. Manuscripts should be submitted electronically to <http://mc.manuscriptcentral.com/tva> where authors will be required to set up an online account on the SAGE Track system powered by ScholarOne. Inquiries may be made by email at jiv@u.washington.edu.

Authors who would like to refine the use of English in their manuscript might consider using the services of a professional English-language editing company. We highlight some of these companies at <http://www.sagepub.com/journalgateway/engLang.htm>.

Please be aware that SAGE has no affiliation with these companies and makes no endorsement of them. An author's use of these services in no way guarantees that his or her submission will ultimately be accepted. Any arrangement an author

enters into will be exclusively between the author and the particular company, and any costs incurred are the sole responsibility of the author.

Please note:

Reviews of issues related to trauma, violence, and/or abuse are not appropriate for *TVA* unless they are based on a comprehensive review of research. *TVA* does not publish case studies or reports on individual research studies.

TVA does not respond to author inquiries regarding the interest of the journal in their manuscript or on the suitability of their manuscript for *TVA*. The mission and parameters of *TVA* are clearly stated above and *TVA* assumes that authors are in the best position to know if their work is consistent with the aims and scope of the journal.

*Journal policy on addressing diversity in manuscripts: *TVA* requires all submissions to include a discussion of diversity as it applies to the reviewed research (e.g., nature of the sample, limitations of the measurement). The discussion should address the body of knowledge reviewed as it addresses or fails to address issues of diversity. Diversity concerns are not a criteria for publication but must be addressed. The nature of the discussion and amount of space devoted to the discussion is the responsibility of the author(s). *TVA* understands diversity to include all aspects of human differences such as socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, ability, age, and culture.

Diversity as a core value embodies inclusiveness, mutual respect, and multiple perspectives and serves as a catalyst for expanding knowledge and practice with all human beings. While science seeks knowledge that can be generalized, it must appreciate that specific findings, while important in understanding the unique experiences of individuals or groups, are not necessarily applicable to all.

Manuscript Preparation

Manuscripts should be prepared using the APA Style Guide, and should be no longer than **40 double-spaced pages, including references, tables, and figures**. Text must be in 12-point Times New Roman font. Block quotes may be single-spaced. Manuscripts must include margins of 1 inch on all sides and pages must be numbered sequentially. All files should be in Word (.docx or .doc).

The manuscript should include five major sections (in this order): Title Page, Abstract, Main Body (blinded, with all author names and identifying information removed for peer review), References, and Author Biographies.

Sections in a manuscript may include the following (in this order):(1) Title page, (2) Abstract, (3) Keywords, (4) Text, (5) Notes, (6) References, (7) Tables, (8) Figures, (9) Appendices, and (10) Author Biographies.

1. Title page must be uploaded as a separate file. Please include the following:

Full article title

Acknowledgments and credits

Each author's complete name and institutional affiliation(s)

Grant numbers and/or funding information

Conflict of interests, if any

Corresponding author (name, address, phone/fax, e-mail)

2. Abstract. Copy and paste the abstract (150 to 250 words) into the space provided, headed by the full article title. Omit author names. Abstract must describe the topic of the review, method of review, number of research studies meeting the criteria for review, criteria for inclusion, how research studies were identified, and major findings.

3. Keywords. 5-7 keywords must be included in the manuscript.

4. Text. Begin text headed by the full article title. Text must be blinded, with all author names and other identifying information removed, for peer review.

a. Headings and Subheadings. Subheadings should indicate the organization of the content of the manuscript. Generally, three heading levels are sufficient to organize text.

Level 1: centered, boldface, upper & lowercase

Level 2: flush left, boldface, upper & lowercase

Level 3: indented, boldface, lowercase paragraph heading ending with a period

Level 4: indented, boldface, italicized, lowercase paragraph heading ending with a period

Level 5: indented, italicized, lowercase paragraph heading ending with a period

b. Citations. For each text citation there must be a corresponding citation in the reference list and for each reference list citation there must be a corresponding text citation. Each corresponding citation must have identical spelling and year. Each text citation must include at least two pieces of information: author(s) and year of publication. Following are some examples of text citations:

(i) Unknown Author: To cite works that do not have an author, cite the source by its title in the signal phrase or use the first word or two in the parentheses.

For example, "The findings are based on the study of students learning to format research papers" ("Using XXX," 2001)

(ii) Authors with the Same Last Name: Use first initials with the last names to prevent confusion. For example, “L. Hughes, 2001; P. Hughes, 1998.”

(iii) Two or More Works by the Same Author in the Same Year: For two sources by the same author in the same year, use lowercase letters (a, b, c) with the year to order the entries in the reference list. The lower-case letters should follow the year in the in-text citation. For example, “Research by Freud (1981a) illustrated that...”

(iv) Personal Communication: For letters, e-mails, interviews, and other person-to-person communication, citation should include the communicator's name, the fact that it was personal communication, and the date of the communication. For example, E. Clark, personal communication, January 4, 2009. Do not include personal communication in the reference list.

(v) Unknown Author and Unknown Date: For citations with no author or date, use the title in the signal phrase or the first word or two of the title in the parentheses and use the abbreviation "n.d." (for "no date"). For example, “The study conducted by the students and research division discovered that students succeeded with tutoring” (Tutoring and APA, n.d.).

5. Notes. If explanatory notes are required for your manuscript, insert a number formatted in superscript following almost any punctuation mark. Footnote numbers should not follow dashes (—), and if they appear in a sentence in parentheses, the footnote number should be inserted within the parentheses. The footnotes should be added at the bottom of the page after the references. The word “Footnotes” should be centered at the top of the page.

6. References. Basic rules for the reference list:

- The reference list should be arranged in alphabetical order according to the authors' last names.
- If there is more than one work by the same author, order them according to their publication date – oldest to newest (therefore a 2008 publication would appear before a 2009 publication).
- When listing multiple authors of a source use “&” instead of “and.”
- Capitalize only the first word of the title and of the subtitle, if there is one, and any proper names – i.e., only those words that are normally capitalized.
- Italicize the title of the book, the title of the journal/serial and the title of the web document.

- Manuscripts submitted to TVA should strictly follow the current APA style guide.
- Every citation in text must have the detailed reference in the Reference section.
- Every reference listed in the Reference section must be cited in text.
- Do not use “et al.” in the Reference list at the end; names of all authors of a publication should be listed there.

Here are a few examples of commonly found references. For more examples, please check the APA style guide:

Books:

Book with place of publication: Airey, D. (2010). *Logo design love: A guide to creating iconic brand identities*. Berkeley, CA: New Riders.

Book with editors & edition: Collins, C., & Jackson, S. (Eds.). (2007). *Sport in Aotearoa/New Zealand society*. South Melbourne, Australia: Thomson.

Book with author & publisher are the same: MidCentral District Health Board. (2008). *District annual plan 2008/09*. Palmerston North, New Zealand: Author.

Chapter in an edited book: Dear, J., & Underwood, M. (2007). What is the role of exercise in the prevention of back pain? In D. MacAuley & T. Best (Eds.), *Evidence-based sports medicine* (2nd ed., pp. 257-280). Malden, MA: Blackwell.

Periodicals:

Journal article with more than one author (print): Gabbett, T., Jenkins, D., & Abernethy, B. (2010). Physical collisions and injury during professional rugby league skills training. *Journal of Science and Medicine in Sport*, 13(6), 578-583.

Journal article – 8 or more authors: Crooks, C., Ameratunga, R., Brewerton, M., Torok, M., Buetow, S., Brothers, S., ... Jorgensen, P. (2010). Adverse reactions to food in New Zealand children aged 0-5 years. *New Zealand Medical Journal*, 123(1327). Retrieved from <http://www.nzma.org.nz/journal/123-1327/4469/>

Internet Sources:

Internet – no author, no date: *Pet therapy*. (n.d.). Retrieved from http://www.holisticonline.com/stress/stress_pet-therapy.htm

Internet – Organisation / Corporate author: SPCA New Zealand. (2011). *Your dog may be dying from the heat [Press release]*. Retrieved from <http://www.rnzspca.org.nz/news/press-releases/360-your-dog-may-be-dying-...>

Examples of various types of information sources:

- Act (statute / legislation): Copyright Act 1994. (2011, October 7). Retrieved from <http://www.legislation.govt.nz>*
- Blog post: Liz and Ellory. (2011, January 19). The day of dread(s) [Web log post]. Retrieved from <http://www.travelblog.org/Oceania/Australia/Victoria/Melbourne/St-Kilda/...>*
- Brochure / pamphlet (no author): Aging well: How to be the best you can be [Brochure]. (2009). Wellington, New Zealand: Ministry of Health.*
- Conference Paper: Williams, J., & Seary, K. (2010). Bridging the divide: Scaffolding the learning experiences of the mature age student. In J. Terrell (Ed.), Making the links: Learning, teaching and high quality student outcomes. Proceedings of the 9th Conference of the New Zealand Association of Bridging Educators (pp. 104-116). Wellington, New Zealand.*
- DVD / Video / Motion Picture (including Clickview & Youtube): Gardiner, A., Curtis, C., & Michael, E. (Producers), & Waititi, T. (Director). (2010). Boy: Welcome to my interesting world [DVD]. New Zealand: Transmission.*
- Magazine: Ng, A. (2011, October-December). Brush with history. *Habitus*, 13, 83-87.*
- Newspaper article (no author): Little blue penguins homeward bound. (2011, November 23). *Manawatu Standard*, p. 5*
- Podcast (audio or video): Rozaieski, B. (2011). Logan cabinet shoppe: Episode 37: Entertainment center molding [Video podcast]. Retrieved from <http://blip.tv/xxx>*
- Software (including apps): UBM Medica.(2010). iMIMS (Version1.2.0) [Mobile application software].Retrieved from <http://itunes.apple.com>*
- Television programme: Flanagan, A., & Philipson, A. (Series producers & directors). (2011). 24 hours in A & E [Television series]. Belfast, Ireland: Channel 4.*
- Thesis (print): Smith, T. L. (2008). Change, choice and difference: The case of RN to BN degree programmes for registered nurses (Master's thesis). Victoria University of Wellington, Wellington, New Zealand.*
- Thesis (online): Mann, D. L. (2010). Vision and expertise for interceptive actions in sport (Doctoral dissertation, The University of New South Wales, Sydney, Australia). Retrieved from <http://handle.unsw.edu.au/1959.4/44704>*
- Non-English reference book, title translated in English: Real Academia Espanola. (2001). Diccionario de la lenguaespanola [Dictionary of the Spanish Language] (22nded.). Madrid, Spain: Author*

IMPORTANT NOTE: To encourage a faster production process of your article, you are requested to closely adhere to the points above for references. Otherwise, it will entail a long process of solving copyeditor's queries and may directly affect the publication time of your article. In case of any question, please contact the journal editor at jiv@u.washington.edu.

7. Tables. They should be structured properly. Each table must have a clear and concise title. When appropriate, use the title to explain an abbreviation parenthetically, for example, Comparison of Median Income of Adopted Children (AC) v. Foster Children (FC).

8. Figures. They should be numbered consecutively in the order in which they appear in the text and must include figure captions. Figures will appear in the published article in the order in which they are numbered initially. The figure resolution should be at least 300dpi at the time of submission.

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10. Author Biographies. Author(s) are required to send a 40-60 word biography for publication at the end of the article. A sample biography is given below:

Jessica Shaw, PhD, is an Assistant Professor in the School of Social Work at Boston College. Her research focuses on community responses to sexual assault and emphasizes improving community systems through collaborative, multidisciplinary efforts. She is interested in using evaluation as a tool to initiate and support policy-level change and improvement and in identifying mechanisms to translate research into practice.



SCHOOL OF PSYCHOLOGY

DOCTORATE IN CLINICAL PSYCHOLOGY

EMPIRICAL PAPER

“If it goes horribly wrong the whole world descends on you”

**Police Officers’ Fear, Vulnerability, and Powerlessness when Responding
to Head Injury in Domestic Violence**

Trainee Name: **Jennifer Elisabeth Richards**

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Clinical Psychology, University of Exeter**

Abstract

Domestic violence (DV) victims face significant barriers to accessing healthcare. This is particularly concerning in cases of brain injury (BI), which is difficult to diagnose and risks severe long-term consequences for DV victims. Police may be able to identify head injury (HI) and signpost victims to healthcare. This research investigated potential barriers to police supporting victim health needs by exploring police attitudes towards DV and considering how police interpret and respond to stories of HI in DV victims. Individual interviews were conducted with 12 police officers from forces in South and Central England. This included the use of a clinical vignette. Thematic analysis highlighted three global themes: 'seesaw of emotions', 'police vulnerability', and 'head injury is fearful'. Police officers' vulnerability to external blame was the predominant influence in their responses to HI. Recommendations suggest integrating psychological approaches in police training to improve police/victim relationships and promote police officer resilience and wellbeing.

Introduction

Domestic Violence (DV) 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 sexual orientation” (Home Office, 2013, p. 5). The Office for National Statistics (ONS, 2018) suggests prevalence rates for DV in England and Wales are between 4.2% and 7.9%. DV victims are often isolated from networks of support, and face barriers accessing healthcare (Nolet, Morselli, & Cousineau, 2020; Rose et al., 2011). This is a particular concern in cases of mild traumatic brain injury (mTBI), thought to be common in DV, which can have serious long-term consequences, and is routinely under/misdiagnosed (Monahan, 2019). Police officers regularly interact with DV victims immediately following violence and could identify and support victims with mTBI (Higbee, Eliason, Weinberg, Lifshitz, & Handmaker, 2019). This study investigated officers’ attitudes and responses to stories of head injury (HI) in DV in order to explore potential avenues of police support for DV victims with mTBI.

Domestic Violence and Health

DV can have wide-ranging effects resulting in specific problems for individuals’ physical health, sexual health, and mental health. Consequences range from minor injury to chronic conditions or fatality (Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; Ferrari et al., 2016; Plichta, 2004). Repeated physical assaults to specific areas of the body can lead to long-term damage, such as with injuries from repeated non-fatal strangulation (NFS) and HI (Black, 2011). The head, neck, and face are the most commonly injured body parts in DV (Patch, Anderson, & Campbell, 2018). Brain injury, particularly mTBI, is thought to a common consequence of DV (Monahan, Purushotham, & Biegon,

2019). Diagnosing mTBI in DV victims can be challenging as this population may be unlikely to seek help for health, with barriers including difficulty disclosing DV, shame and low self-esteem (Buck, 2011; Othman, Goddard, & Piterman, 2014; Overstreet & Quinn, 2013; Rose et al., 2011).

mTBI can have a lasting impact on everyday functioning including impairments in memory, concentration, attention, and problem solving (Kwako et al., 2011). These injuries could have a dangerous effect on DV victims. Impairments in memory, judgement, and decision-making could make victims more likely to return to perpetrators, leaving them vulnerable to further abuse (Banks, 2007; Jackson, Philp, Nuttall, & Diller, 2002). When police are called to DV incidents, they have a unique opportunity to identify health issues and promote healthcare access. Police officers' ability to take this role is important as victims are unlikely to seek support independently, and rarely judge that their injuries justify medical intervention (Fugate, Landis, Riordan, Naureckas, & Engel, 2005).

Police attitudes toward DV

Despite increasing recognition of DV as a criminal offence, there are ongoing barriers to police supporting victims (Johnson, 2007). One key barrier is police attitudes to DV. Police can have difficulty understanding the complexity of DV and struggle to identify abusive behaviour, which can result in officers blaming victims for remaining with abusive partners (Her Majesty's Inspectorate of Constabulary [HMIC], 2014; Richards, 2020). Newly developed DV training programmes have been successful in improving officers' understanding of DV, but have had limited success addressing underlying attitudes (Morgan, 2015; Wire & Myhill, 2016). Addressing officers' attitudes is important to the success of police reforms (Walker, 2012). Furthermore, attitudes toward specific groups

shape views of policies that affect the welfare of those groups (Batson & Ahmad, 2009). Attitudes towards DV could influence how police respond to victims, and their beliefs about expanding their role to support victim health.

Attitude Theory

Conceptualisations of attitude generally support an umbrella definition: “a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor” (Eagly & Chaiken, 1993, p. 1). Beyond this, researchers disagree on where attitudes sit on a spectrum between stable, consistent entities (e.g., Fazio, 2007; Petty, Brinol, & De Marree, 2007), and temporary constructions (e.g., Potter & Wetherall, 1987; Schwartz, 2007). The contrasting ends of this spectrum align with a wider difference between positivist and constructionist ontologies. Historically, attitude theory has complemented a positivist approach: a decontextualised perspective in which an individual responds to attitudinal objects (Dlamini, Willmott, & Ryan, 2017). Attitudes have traditionally been measured by positivist quantitative approaches which focus on quantifiable empirical evidence (Siangchokyoo & Sousa-Poza, 2012). These include explicit measures (e.g., self-report scales) which assume introspective access to attitudes (Krosnick, Judd, & Wittenbrink, 2005), and implicit measures (e.g., implicit association tests) which capture attitudes without requiring participants to report a subjective assessment (Gawronski & Houser, 2014). These positivist quantitative approaches can provide a snapshot of attitudes, relevant to the specific context and moment of measurement (Potter & Hepburn, 2007). This approach tends to align with the concept that attitudes are quantifiable, stable entities (Soukup, 2013).

Social constructionist scholars have challenged the traditional conceptualisation that attitudes are enduring, quantifiable entities (Potter, 1998).

Social constructionists emphasise the variability in attitudinal responses across/within cultural, historic or social contexts (Potter & Wetherell, 1987; Gergen, 2008). From a social constructionist perspective, attitudes are best understood as being constructed from a socialised notion of the self (Shotter & Gergen, 1994). The emphasis is that meanings associated with attitude objects are largely socially constructed, and therefore attitudes need to be understood within their social context (Berger & Luckman, 1966; Gergen, 1985). Central to social constructionist theories is the belief that human knowledge of the world is constructed through language, culture and context (Gergen, 1996). Attitudes are negotiated and situated in particular historical circumstances, and form part of interactive and dynamic relationships between social knowledge, social identities and relationships (Howarth, Foster, & Dorrer, 2004). In comparison to quantitative approaches, qualitative investigation can explore aspects of attitude that cannot be quantified, often focusing on the influence and interactions of social contexts.

Policing is a social activity entrenched in symbolic tools (e.g., uniform, rank) that people use to describe and discuss their social environment, and their identity within it (Bradford, 2012). Furthermore, many studies of the police reference police culture: a collective sense-making where beliefs, attitudes, and behaviours are influenced by social relationships with and within the police organisation (Crank, 2014). In order to understand the attitudes of police officers, one may also need to consider the complexities of police culture and identity. Social constructionists emphasise the importance of language as a social tool used to construct meaning, and therefore argue that concepts such as attitude cannot be properly studied without considering the role of language (Hayes, Barnes-Holmes, & Roche, 2001). Qualitative investigation, where

language and social context are central to analysis, may be best placed to explore a social constructionist approach to attitude research within the police (Cupchik, 2001).

Police Social Identity

Attitudes can be shaped by group membership and become an expression of group identification (Prislin & Crano, 2011). Social Identity Theory (Tajfel, 1979) suggests that an individual's identity and related cognitive processes (e.g., attitudes) are shaped by their group membership and intergroup relations. A group exists psychologically if three or more people construct themselves as having shared attributes that distinguish them collectively from others (Hogg, 2016). The police is a large organisation known to involve a culture of shared attitudes which bind officers together in a sense of community (Dlamini, Willmott, & Ryan, 2017; Paoline, 2003, 2004; Rose & Unnithan, 2015).

Tajfel's (1979) original theory focused on intergroup relations, specifically the categorisation of one's ingroup with regard to an outgroup, and the tendency to promote ingroup cohesion and outgroup derogation. Police officers in the UK are predominantly white men and police culture has historically been associated with racist and sexist attitudes (Loftus, 2010; Silvestri, 2017).

Police officers may view themselves as a distinct social group, differentiating 'us' police as separate from those they are policing (Herbert, 2006). Indeed, it has been suggested that "being a police officer is a defining identity" and a way of life (Skolnick, 2008, p. 35; Reiner, 2010). The distinction between police and the rest of society is clearly signalled by visual symbols (uniforms, badges, marked cars), and language (e.g., copper, civilian). It is possible that a strong social identity as a police officer exacerbates distinctions

and specific attitudes towards outgroups including BAME groups, women, victims and offenders. This could influence behaviour toward more specific outgroups, such as DV victims (Yzerbyt, & Rogier, 2001). During the process of this research, protests against police brutality, racism, and violence erupted across the world (Cornelius, 2020). Protesters drew attention to problematic police culture, discrimination, failures to protect vulnerable people, and the persecution of specific groups.

Impact of Austerity on Policing DV

It is relevant to consider the context of austerity in the UK which may further influence group identification, outgroup derogation and police attitudes to DV. The global financial crash of 2007-8 led to over a decade of government strategised austerity, putting vast economic pressures on public services including police (Quilter-Pinner & Hochlaf, 2019). Between 2010 and 2019, real-terms government funding for police fell by 19%, with an 18% reduction in police workforce (National Audit Office, 2019). Cuts to funding have resulted in fewer officers, closures of police stations, and organisational restructures (Barton, 2013). Budget cuts have had adverse consequences for crime reduction (College of Policing, 2015) and the protection of vulnerable people, including DV victims (National Audit Office, 2018).

The pressures of austerity policing appear to have increased discontent, led to a reduction in progressive policing (e.g. community/relationship oriented), and a fall back to 'traditional' attitudes including distrust toward the public, a crime-fighting focus, and loyalty to fellow officers (Caveney, Scott, Williams, & Howe-Walsh, 2019). Increased criticism and depleted resources may have increased hostility towards outgroups (e.g., the public, offenders, victims).

Police could have an important role in supporting DV victims by identifying health needs, signposting, and empowering victims to access health services. This is of particular importance in mTBI, where symptoms are often missed. Better understanding of police attitudes towards DV may support the development of more effective training and improve police responses.

Present Study

To date, there has been little research exploring police responses to the health needs of DV victims. The proposed research aimed to investigate police officers' attitudes and responses towards victims of HI in the context of DV. Critically, this could help better understand barriers to police supporting DV victims in accessing healthcare.

The study was guided by the following questions:

- How do police officers construct attitudes towards victims of DV?
- How do police interpret and respond to stories of head trauma or symptoms of BI with victims of DV?

Method

Philosophical Assumptions

The philosophical approach of this study is social constructionist: the view that knowledge is constructed according to an individual's experiences in their society and culture (Walker, 2015). Knowledge is produced by a complex intertwining of social processes, which are influenced by systemic and historical contexts (Duberly, Johnson, & Cassell, 2012).

Research Design

Semi-structured individual interviews were selected as the method of investigation. Although focus groups were another possible method, they are

subject to group dynamics (Kaplowitz & Hoehn, 2001). It seemed likely that this sensitive topic would be better studied through individual interviews (Kaplowitz, 2000). Semi-structured interviews offer flexibility around predetermined topics, encouraging investigation into specific research questions, whilst allowing for the discovery of unanticipated topics (Ryan, Coughlan, & Cronin, 2009).

Sample

Five police forces were contacted with details about the study. Two police forces in Southern and Central England participated. Participants were recruited with the assistance of police liaisons who circulated details about the study via email. Officers who wished to take part contacted the researcher directly. Some officers were selected to participate by a senior officer based on availability.

In total, 12 police officers volunteered between October 2019 and March 2020. Participants were required to be aged at least 18 years and a serving police officer of any rank. Relevant demographic data was collected (Table 1).

Table 1

Participant Demographic Information

Officer Rank	Department	Age	Gender	Years of Service	Participant estimation of workload representing DV (%)	Participant estimation of occurrence of HI within DV cases (%)
Detective Sergeant	Crime Investigation	30	Male	13	40	10
Police Sergeant	Response	33	Male	11	40	10
Police Constable	Professional Development	48	Male	19	40	10
Police Constable	Professional Development	30	Male	6	20	20
Police Constable	Response	58	Male	19	68	75
Police Sergeant	Crime Investigation	43	Female	21	30	Don't know

Police Constable	Response	54	Male	15	35-40	15
Police Constable	Response	35	Male	4	70	40
Police Constable	Response	27	Female	4	80	30
Police Constable	Response	31	Male	4.5	65	5
Police Constable	Sexual Offences/ Domestic Abuse	29	Male	11	80	30
Police Constable	Sexual Offences/ Domestic Abuse	33	Male	11	80	40

Note. DV = domestic violence, HI = head injury

Procedure

Ethical considerations. The study was approved by the University of Exeter School of Psychology Research Ethics Committee (Appendix A) and registered with University Research Governance. The study was reviewed by and registered with participating police forces; separate ethical approval was not required for working with police. Ethical considerations of this project primarily focused on officers' wellbeing after recounting experiences of potentially traumatic events. Participants were monitored for signs of distress, offered breaks and provided with details of supportive organisations. There were additional ethical concerns that participants may feel criticised or inadequate in their knowledge/responses to HI in DV. The researcher was clear that the aims of the study were to explore participants' experiences.

All participants were provided with an information sheet outlining details of the study, the voluntary nature of participation, confidentiality, and their right to withdraw (Appendix B). All participants provided informed signed consent (Appendix C). Following completion of their interview, participants were provided with a debriefing sheet (Appendix D). Participants' details and possible identifying factors have been removed to protect anonymity. Where quotations

have been used, participants have been assigned random pseudonyms which represent their gender.

Interviews. Interviews took place in a private room within local police stations and were recorded using a dictaphone. An interview schedule was developed by considering the research questions within existing literature (Appendix E). Questions explored participants' experience of responding to DV, attitudes, knowledge and understanding of DV, knowledge of HI and mTBI, experience of training in DV and HI, and attitudes towards the police role in DV/public health. A clinical vignette was used to promote discussion about responses to head trauma. The vignette was based on Markowitz and Watson (2015), and briefly captured an incident of DV involving a woman who had been assaulted to her head, varying features of clinical interest (visible HI and symptoms of concussion).

A pilot interview was conducted with a police officer to assess the suitability, language, order of questions, and the readability of ethics documents (Fylan, 2005). This pilot also enabled opportunity to practise interview skills and reflect on interviewer style. Interviews ranged between 36-95 minutes. Interviews were transcribed prior to analysis.

Analysis

Data were analysed using thematic analysis (TA). TA is a method of exploring, identifying, analysing, and reporting patterns or themes within data (Braun & Clarke, 2006). TA is an active process where the researcher becomes the instrument for analysis: making judgments about coding, theming, decontextualising, and recontextualising the data (Starks & Trinidad, 2007). The creativity and position of the researcher is an integral part of analysis (Vaismoradi, Turunen, & Bondas, 2013).

Data were analysed based on the six-stage framework proposed by Braun and Clarke (2006; Figure 1). Data were uploaded to NVivo to support the process of analysis. The first phase involved immersion in the data by listening to audio recordings, reading and rereading transcripts, and making notes of early theme ideas. The second stage involved line-by-line coding. This study took a deductive approach to TA: codes were initially organised according to the interview schedule and considered within existing literature. New and novel codes continued to emerge from the data during line-by-line coding. The third stage involved organising codes into over-arching themes and 'nodes' on NVivo. The fourth stage involved reviewing and re-applying themes to ensure they represented the data. This was an iterative process with themes modified, added, and deleted throughout.

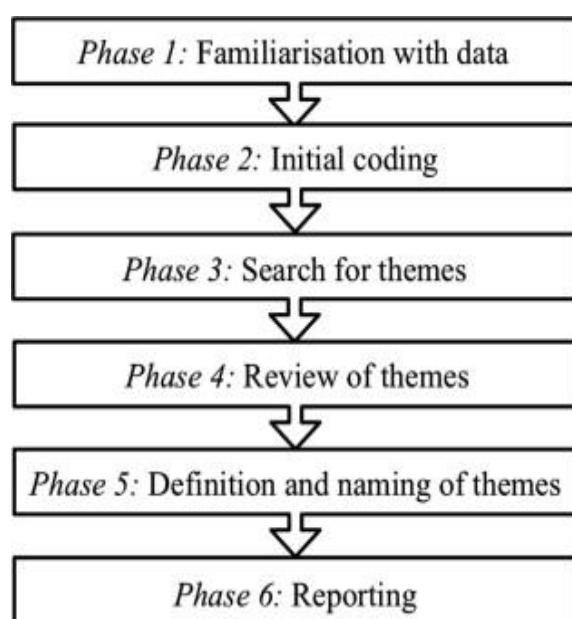


Figure 1. *Six-stage framework for thematic analysis (Braun & Clarke, 2006)*

Phase five involved defining and naming themes and reporting the data in writing. Phase four and five of TA were integrated with the rectification stage of TA described by Vaismoradi, Jones, Turunen, and Snelgrove (2016). Rectification consisted of three stages. Firstly, a distance from the data was

maintained, before returning with a fresh angle to support a self-critical approach. This stage was additionally supported by discussing the themes with researchers within and external to the project. The second stage involved relating themes to established knowledge, consulting theory to develop links. Finally, in the stabilizing stage, themes are described with divergent views to challenge generalisations.

Strategies employed to support analysis included creating visual displays (tables, flow charts, thematic diagrams), and maintaining a reflective journal. This supported analysis to move from producing descriptive themes to analytical ones (Bazeley, 2009).

Credibility Checks

In order to establish trustworthiness, a number of credibility checks were used to ensure the analysis provided a true interpretation of participants' views (Nowell, Norris, White, & Moules, 2017). There was prolonged engagement with the data including reading and rereading transcripts alongside audio recordings. Data triangulation was utilised by recruiting from police forces in separate areas (rural and urban) and including officers of differing ranks and departments. Peer debriefing provided an external check on the research: transcripts were shared and discussed with a qualitative research group, who helped promote reflective thinking and limit bias. Finally, regular contact with supervisors to discuss emerging themes in relation to researcher emotions/interpretations helped separate the data from the researcher to ensure accuracy in analysis.

Results

Three global themes were identified. 'Seesaw of emotions' was the global theme in response to the first research question: How do police officers construct attitudes towards victims of DV? Findings suggested that participants

held conflicting attitudes towards victims which were shaped by their experiences of powerless, anger and frustration when responding to DV. This seemed to create uncertainty around victimhood, where police attitudes were a mix of sympathetic, supportive, and blaming.

Two global themes were identified in response to the second research question: how do police interpret and respond to stories of head trauma or symptoms of BI with victims of DV? The global theme 'head injury is fearful' demonstrated that officers found the unpredictability of HI anxiety provoking, often responding with caution. The global theme 'police vulnerability' reflected police feeling scrutinized, underequipped and under-resourced. Officers' responses to HI in DV seem driven by their own vulnerability to blame.

Figure 3 is a thematic map demonstrating the connections between themes and sub-themes. A thematic table with supporting quotations was developed (Appendix G). Each theme will be discussed, and anonymised quotes extracted to support discussion.

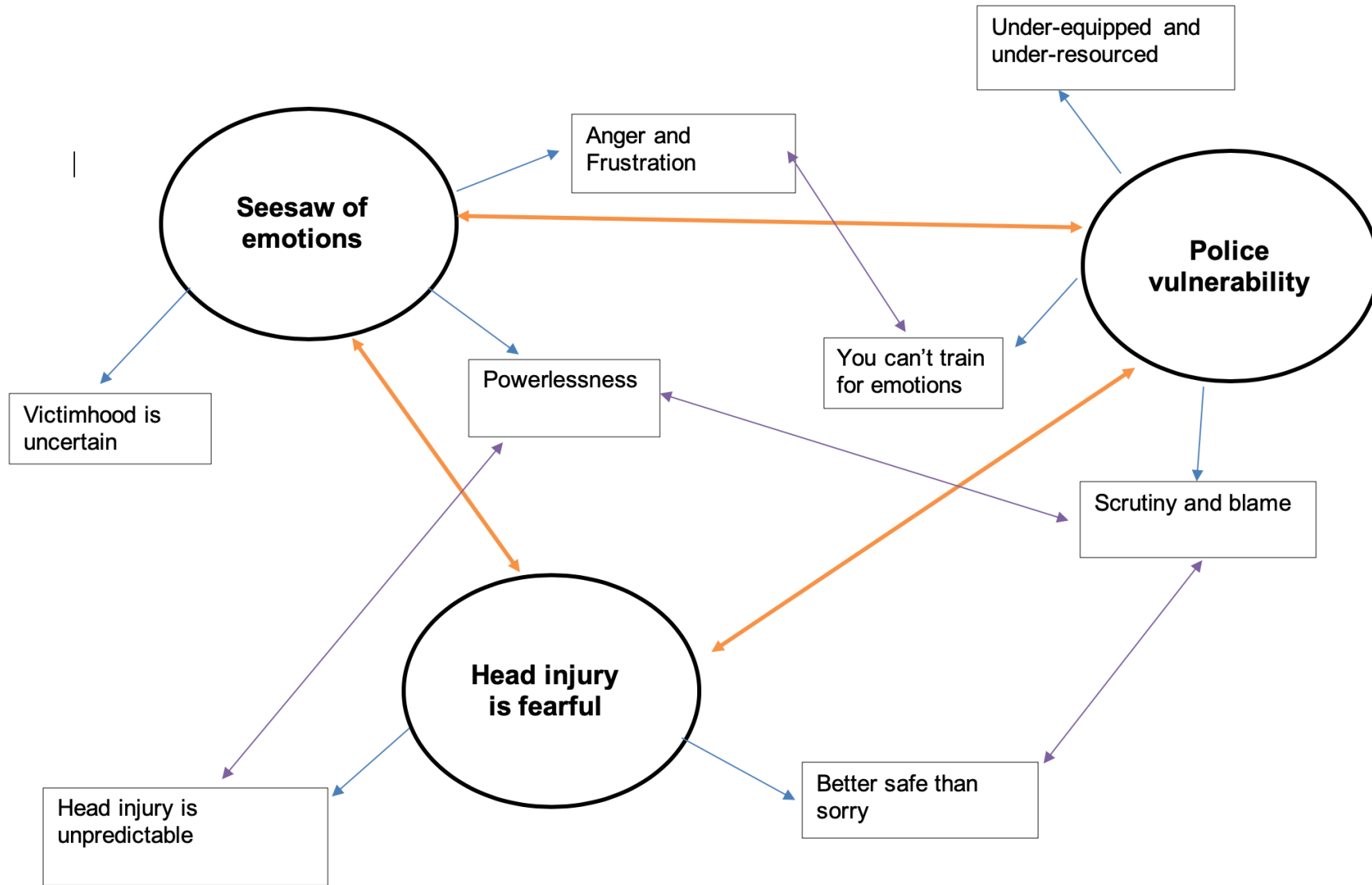


Figure 2. Thematic map of global and organising themes

Seesaw of Emotions

This global theme captured how officers' experience of powerless and frustration influenced the construction of their attitudes towards DV victims. This emerged from three organising themes.

Powerlessness. This theme represents complex relationships between police and victims. Officers reported a desire to help yet relied on victim support which is often refused.

I'd probably say at least 75% we go, arrest the offender, male or female, and then they don't want to press any charges or make a formal complaint, give us a statement, support the prosecution. (Rachel)

There's only so much I can do as a police officer, which is hard because I want to do more sometimes. But I can't make you leave that abusive partner. As much as you will sit there... I've sat there for hours with victims trying to get them to make that first step. Sometimes they're the one who's got to make that leap. (Ian)

All participants discussed the limitation of their role in DV.

We are not the organisation that people want to see because we are of no help to them whatsoever. We can't direct refer, we can't offer any clinical advice, we can't offer any help whatsoever. (Liam)

All participants mentioned wanted to support victims but suggested they were 'not the service' for DV, referring to their lack of training, 'intimidating' uniform, and perceived inability to provide long-term solutions.

You don't have any training as a police officer to actually speak to someone that might be suffering a crisis. (Paul)

Unfortunately, with the police officers, it's a lot of putting a plaster on at times. We can deal with fixing the short-term. (Thomas)

Anger and frustration. Every participant described frustration linked to repeat victims/offenders, low prosecution, and excessive paperwork in DV. Officers indicated a mutual distrust of victims and some expressed frustration and confusion toward victims.

It gets frustrating, because you feel like, "We've done our best to help you, and you're still at risk, and it looks as though you're putting yourself at risk." (Jack)

Officers struggled to understand DV, particularly why victims stayed, and why perpetrators were violent.

I don't get it, if I'm honest. I get a lot of things in policing; I understand why people steal things, I understand why people potentially become sex offenders – I can see the mind-set, and why people get caught up in that. I struggle with domestic violence, because on a personal level, I just don't get it really. (Ian)

Some participants offered concrete reasoning of why victims might stay in relationships but struggled to relate.

They stay for years, some of them. I understand it is really difficult for them to break free, but I can't process why it is that difficult for them to break free. (Will)

I think it is sad in a certain extent. I think there are occasions when things are really bad where you think, I can't think logically as to why that person would do that. Sometimes you get frustrated with that person,

particularly when you are trying to help them and they don't want to help themselves. (Liam)

Some officers were not just frustrated, but angry. Anger was usually directed to perpetrators of DV who were described as “heinous”, “despicable”, and “narcissistic, self-absorbed sociopaths”. Difficulty managing anger was apparent in responses. For example, when asked how he felt towards perpetrators of DV Ben began:

Our job is to be impartial, it's not to be judge jury and executioner.

Before stating:

My feelings towards D... DV perpetrators myself. I hate them. I think they're horrible people, men and women alike.

Then concluding:

My thoughts to people I nick for domestic violence. I don't get emotionally involved because that's not my job.

Sometimes anger was expressed in the interview room with raised voices or facial expressions. One participant described violent fantasies towards perpetrators of violence.

It's frustrating when you walk into addresses and you'll see the same people who have injuries, and you look at the bloke or the female and they're almost cocky with it. 'What are you going to do?' And you just think, if I could just have five minutes, I'd kick seven bells of shit out of you, and see how you like it. (Ian)

Contrasted with anger, was the perceived mundanity of DV. According to participants, DV is their “bread and butter”, “our volume business”.

With quite a lot of domestics, you feel like a taxi service. (Paul)

A vast majority of our calls are domestic related. And obviously, the ones that stick out in your brain are the ones that usually are significant because something horrific has happened. But actually, I've been to equally many that weren't horrific, but you don't remember all the details and all the things of those because you are going to several a day.

(Emily)

Incidents were described as “run-of-the-mill” and “routine”. Officers discussed the processes and paperwork.

It can just be really mundane, and it's like, “Yes, you've had an argument, okay, here's the process,” and you're not thinking, you're not challenged, and you're just like, oh, it's just process. No, I don't like them.

(Jack)

You know that there is an amount of paperwork that goes with that so there is always an amount of mundanity to it if it is relatively routine.

(Liam)

Frustration and powerlessness appeared to be mitigated by rare occasions of positive feedback in DV.

Just by chance, two years ago I was doing just a traffic job up on X Street. She came out of the shop and said, “I remember you,” told me all about it, and just said, “I'm just so glad that I had the courage to come down and talk to you that night, and the police supported me through

everything.” And that was like, well, if that’s just one person, great.

(David)

Victimhood is uncertain. Participants’ responses suggested they held concepts of good or bad victims and encountered situations where they struggled to identify a clear victim.

There is no not genuine victim ever – but it’s the ones where it’s messier and harder to work out who’s more to blame, or who’s not to blame, or what’s gone on (Emily)

Participants spoke with compassion and empathy, although this was often layered with frustration.

There is a blame culture but there’s also empathy you know, and we do feel genuinely sorry for people. We do feel genuinely worried for people. We also feel very worried for people who actually aren’t willing to help themselves. There’s some people who you just know you can help that night and you know tomorrow there gunna have them back and they’re going to have the living crap beaten out of them next week. (Ben)

As demonstrated in the above quotation, participants regularly used language (e.g., we) that demonstrated a group identification with the police and separation to the outgroup of DV victims (e.g., them).

Eleven of the twelve participants spoke about “types of victim”. Responses fit within existing literature (Heany, 2005; Shearson, 2014) and described four types of victim.

A “genuine victim:”

You do get different jobs where you can see which one is a genuine victim and you feel sorry for, and you've got to try and not feel sorry for and just help them. (Jack)

A "manipulative victim":

Sometimes I think there are occasions where you have victims that may well be offenders on different days or may well play up to stuff and use what they know will happen to domestic abuse suspects to make up allegations. (Liam)

A lot of the time it's because between couples, they use us, they know that they can ring the police and if we turn up and they say, "I want them out of my house," then it's as if we are there like security guards kind of thing and we do get used for that quite a lot (Rachel)

A "one-off victim" where the perpetrator held less blame:

Sometimes, arresting people just because it is a domestic doesn't necessarily mean it's the right thing to do. It might be the first time that anything's ever happened between them, and someone's lost their temper because of some trivial matter and someone's ended up getting hurt, which isn't right, but it doesn't mean that by taking away their liberty and arresting them. (Paul)

A "just as bad" victim where there was mutual violence:

You get sometimes people who are highly dysfunctional. One of the big taboos about domestic violence is mutually abusive relationships, and they do happen, where you get... it sounds almost dismissive to say

they're both as bad as each other, and it's not meant to, but unfortunately there are situations which are like that (Michael)

Victim typology seemed to relate to police involvement. Those who accepted police help were deemed 'genuine'.

It's going to sound terrible to say but um it's true, um, but there is a real victim and a victim for the sake of being a victim. So, we have our real victims, the ones that suffer in silence. The ones that suffer abuse day in day out for a period of time. That hide it from their family, that hide injuries, that hide psychological injuries, who eventually have the bravery to come forward or approach someone and want our help. (Ben)

All but one participant discussed specific stereotypes about victims, referencing drug use, alcohol abuse, and mental health.

Most of them are. I'd say most are around drugs and alcohol. (Rachel)

Um... but a lot are (sighs) you know I think a lot what we classify as domestic abuse is very closely intertwined with mental health, substance abuse and history of abuse themselves (Ben)

When discussing victims, participants often took care to use gender neutral terms (e.g., they, victim, offender). When pronouns were used these were always female in reference to victims, with male pronouns to describe offenders.

Stereotyping a bit, but generally it is male perpetrators against women. (Will)

Most of the stuff, to be fair, that I go to is arguments and it's women who may have an injury to an eye, a black eye. (Peter)

One example was given of DV in a same sex relationship, and one with a male victim/female offender. Issues relating to inequalities in gender and sexuality were only discussed by one officer who worked in the specialist DV team.

Anyone who's been a police officer longer than five minutes knows it's a mistake to automatically assume that the man's the aggressor and the woman's the victim. (Michael)

Participants showed a desire to protect and safeguard victims. All officers mentioned the complexities of DV, but still struggled to relate to the victim's experience.

It might be that they can't actually leave each other. It might be that they've tried to leave and it made it even more violent, or they have left and they've found them again, or they've left and they just can't cope being on their own. Some people have got poor mental health, and it might not be like mental health in terms of an actual illness, but it might be low confidence, anxiety; they can't be on their own. Sometimes you go to the same people, but it's a different partner, but they're still being offended against. And it's difficult to understand why; if you've removed the offender and you're no longer with him or her, and you're in a new relationship, why is this still continuing? (Jack)

Participants struggled with victims who refused to cooperate with prosecution, but still called for help. Narratives around victimhood were interwoven with feelings of powerlessness.

A lot of people see that as a trouble when they go to the incidents in the first place, especially if it's a recurrent address they're going to and you know what the result will be before you get there, where they're likely to not talk to you, not provide a statement, and if you arrest this person and take them away, they'll just be coming back a few hours later and probably doing the same thing again. And a lot of people, they can't help themselves; the police will just try and help them and help them, but if they don't want the help, it's not going to help them. (Paul)

Emily, who was particularly passionate about DV, spoke about the difficulties challenging her peers on negative language or attitudes.

The problem is, you don't always have time to do it, and there's a lot of supervisors who won't prioritise having that conversation. I did, because it was something I was passionate about, and I hated hearing that black humour; I hated hearing that desensitisation and those coping strategies. I understood them all, but I just didn't like them. So, I would have those conversations. But actually, like I say, I had to be very sensitive and careful what times, because you could feel your staff withdrawing, "Oh god" and rolling their eyes, "not that conversation again".

Police Vulnerability

The second theme was relevant to police attitudes to DV and responses to HI. This theme highlighted participants' struggle to meet the demands of their role and fear of blame.

Under-equipped and under-resourced. All participants portrayed police forces as stretched. Officers described how their role had changed to include social care, mental health, public health, and DV.

We are dealing with so much more – for instance, mental health – we are dealing with so much more of that now than we did even ten years ago, because those services have been stripped back. And we don't want to end up in a situation where basically, and this is already going a lot, where police are picking up the shortfall of other departments. (Michael)

Ten officers felt comfortable attending a range of incidents, highlighting part of their role is 'preservation of life'. However, they felt they did not have the training or resources to be effective.

Sometimes we are paramedics, stabbings, shootings, whatever else that we go to, mental health, like I say, paramedics, psychiatrists, going out to children, child services, as well as trying to catch criminals. There's only so much that we can do. (Rachel)

Although these participants accepted a dynamic role, a minority were angry about the changes in their role.

The problem is, as I say, because we deal with the criminal side, if you take on too much responsibility over the emergency services side, we are going to be more paramedics from then on, rather than the police officer. (Thomas)

Participants who felt their role should be limited to managing crime were also those who expressed the most anger toward policing DV.

I would be pushing the other way to say that is not the role for the police at all. The police have a defined role and if you are going to cloud that role then you detract from other areas of society. The societal expectation is that police deal with crime and bad stuff. (Liam)

I think that our job should be to deal with criminality. I'm sick to death of mediating crap. (Ben)

It was apparent in every interview that officers were struggling with increasing demand and decreasing resources.

Blame and scrutiny. Apparent in all interviews were participants' experiences of scrutiny, particularly in DV, which impacted their actions and relationships with victims.

People will go against the victim's wishes, because if they don't do that, the 9 o'clock jury will have a go at them, and if something happens, they'll be responsible for it. So, you're damned if you do, damned if you don't. It's almost like that blame culture. (Ian)

When I'm in work there's very much a blame culture so its constantly that, there's that train of thought that (pause) if this isn't done properly, I'm right up the creek without a paddle. So, there's that constant fear that if you don't get it right then it gunna be you in front of the coroner or you in front of a disciplinary board. (Ben)

Many participants displayed anxiety around the interview making comments such as '*it sounds bad but...*' or '*I shouldn't say this but...*'. In the below exert Will hesitated in responding, stating 'I'm conscious I'm stereotyping people in a recording'. The interviewer sought to reassure him:

I: It is all anonymous.

R: 'Police spokesman was heard to say...' That is what the press do!

I: I am not looking to catch you out, I am just interested in your...

R: That is fine. You just get in this defensive mood whenever you are being asked an opinion. I have got to be really careful what I say because the media tend to take out all the context and just keep the punchline.

You can't train for emotions. Participants described feeling unprepared for the level of violence and injuries they encountered, stepping into the emotional world of the public, and their own emotional reaction.

Until you physically come out and you do the job, you have experienced it, you take on the emotion of the people involved, you're getting the emotional side, people crying, screaming, erratic ones who get to each other. That is something that you can't train for in that sort of classroom environment. (Thomas)

Nine officers described awkwardness around policing DV, particularly in the intimacy of relationships.

I don't like it. I don't like it at all. I'd much rather go to a theft, or anything else, really. Domestic, they're so tricky; they're so difficult and they're so familiar. (Jack)

While participants could generally separate themselves from victims of crime such as theft, the familiarity of relationships in DV left them struggling to detach. This may remove the layer of protection officers experience in identifying as separate to 'civilians'. Throughout interviews, participants demonstrated a pendulum of relating to and distancing from DV victims.

It is very easy to say, 'Why are you with that person? Why would you go back there?' It is very easy to say that and from a logical perspective you would always say, 'Why would you do that?' but you can see why people

do that because everyone has been in relationships where things aren't great – not necessarily to that standard. Things aren't great, but you persevere. (Liam)

Eleven participants discussed becoming 'desensitised' and cutting off emotionally, which was described as 'necessary'.

I think it...(sigh)...it depends, from a...from a policing perspective I've done this job for a long time and I've become almost immune to it and I disassociate myself from my profession out of work. (Ben)

Yet there were descriptions of emotional experiences; three officers recounted experiences of abusive relationships themselves, or within their family, and two described trauma symptoms related to policing.

I mean, if you want horrific stories, then yes, I've got a catalogue of them in my brain that I sleep with every night (Emily)

Peter described being assaulted while attending a DV incident:

You put it in your box, there's always a box for it, and you put it away. And I couldn't with that job, so I had a little bit of counselling. And that helped, I got through it, so I'm fine now from that. (Peter)

Head Injury is Fearful

The final global theme addresses police interpretation of HI in DV.

Participants were confident managing first aid but anxious about the unpredictability of HI.

Head injury is unpredictable. Officers had differing knowledge and interest in HI. No participant had heard the phrase mTBI, but many were aware of the signs and risks of HI. Two officers had incorrect information and did not

believe strangulation could lead to BI. Five officers believed injuries to the face were not HI.

A bang on the back of the head is going to be more dangerous than a hit to the face, because that's where your brain is, isn't it? (Jack)

Eleven officers focused on visible injuries. When discussing mTBI six participants showed disinterest suggesting this information wasn't relevant to their role. Three talked about the impact on evidence gathering, and two were interested in how mTBI may impact interactions with victims. No officers made links between mTBI and victim's vulnerability to DV.

Another commonality was fear of HI. Eleven participant recounted stories, experiences or examples in the media of an untreated HI that resulted in a fatality.

A bang to the head's very serious; it will kill you. It might not even kill you there and then, it might kill you afterwards. (Jack)

We have got a pathological fear of head injuries as an organisation (Will)

This seemed particularly worrying to officers in DV as they relied on victims to give an accurate report of injuries.

The one thing that can make it a bit difficult is that the person who's received the injury can sometimes be reluctant to talk about the mechanism of injury. (Michael)

Participants also spoke about the reluctance of victims to attend hospital. Ten participants called paramedics regardless, whilst two accepted the victim's choice.

It all comes down to what policing power we have and we don't have the power to drag people to hospital and say, "You are going". (Rachel)

Better safe than sorry. Police officers' anxiety about HI led them to 'err on the side of caution'. All participants consulted paramedics if they suspected a HI.

I think you'll find that with us in general, because of the nature of the head as such, and if anybody mentions headaches, ringing in their ears, feeling a bit fuzzy or whatever, we'd call somebody. (David)

When discussing decisions to call paramedics, participants focused on having a medical professional take responsibility for decision making. Very few participants mentioned ongoing concern for the victim's health. This is not to suggest that officers are disinterested in the safeguarding of victims, as many spoke about this as a key part of their work. Participants' fear of scrutiny and blame appeared at the forefront of their decision making.

You wouldn't dream of leaving people with a head injury, just in case. We operate very much on that 'just in case', because if they did and they died, you are looking at job-losing territory. (Ian)

If it goes horribly wrong the whole world descends on you. (Will)

Discussion

This study aimed to explore police attitudes towards DV victims, and to understand how police interpret and respond to stories of HI in DV. Findings suggest police hold conflicting attitudes toward DV victims, shaped by experiences of powerlessness when faced with injured victims in tense and intimate disputes. While police expressed sympathy and a desire to help DV victims,

they also conveyed frustration which was exacerbated when they felt unable to fulfil their role because victims did not disclose injuries, refused perpetrator arrest, or declined medical help. Ten participants expressed attitudes that suggested they placed some responsibility or blame with victims for ongoing violence (e.g.. ‘they don’t help themselves’, “they’re not changing their lifestyle”). These attitudes towards victims appeared to intensify when considering frustrating or personally exposing aspects of working with DV.

When confronted with stories of HI in DV police were anxious about the unpredictability and danger of HI, focusing on their vulnerability to scrutiny and blame. The risk of the individual officer being blamed for poor outcomes often became the guiding motivator. Officers did not always have accurate knowledge about HI but usually acted on the principle of “better safe than sorry”.

It is relevant to consider that policing in the UK is based on the ideology of policing by consent (Reiner, 2000). In order for police to be legitimate, society must accept police as having power (Merry, Power, McManus, & Alison, 2012). Findings suggest that DV poses a particular challenge to police power, and therefore police identity. Participants in this study felt victim non-cooperation left them regularly attending DV incidents unable to prosecute or prevent crime. Indeed only 11% of arrests police made for DV related crime in 2019 resulted in a charge, with 54% assigned an outcome of evidential difficulty where the victim does not support action (ONS, 2019). This may threaten participants’ self-construct as a police officer with power and authority, and their constructs of victims as vulnerable and desiring police intervention. Participants spoke about their confusion around victims who were described as “vulnerable” and needing help, but also as “manipulative”, “violent” and “hostile”. This appeared to increase ingroup/outgroup tensions between police and victims. Separation was

indicated in participants' language ('we/us' referring to police, "them/they" referring to victims).

Participants' concepts of victimhood seemed to become distorted when there was ongoing violence in relationships. Victimhood can be understood as a socially constructed status which is attributed according to formal and informal rules (Miers, 1990). Victimhood is usually constructed from ideals of suffering and interactions with social systems, especially the use of justice systems and cooperation with police (Strobl, 2004). When DV victims remain in violent relationships, they can violate pervasive cultural codes that present victims as having a lack of agency in their own victimisation (Dunn, 2005). In the present study, police officers' experiences of DV victims did not always conform to social constructs of victimization, for example, when police perceived victims as not taking action against perpetrators. When victimhood became distorted, some officers referred to victims as "distrustful", "hostile", and located some responsibility for ongoing violence with victims. This appeared to be exacerbated by the departmentalisation of police systems (part of austerity) which means officers only respond to the immediate violence in DV (Greig-Midlane, 2019). Officers remain largely unaware of outcomes, unless they attended a repeat offence, which can increase frustration and negative attitudes towards victims (Horitz et al., 2011).

The present study specifically examined how police respond to HI in DV. Despite some inaccurate knowledge about the mechanism of BI, participants always consulted medical professionals. This suggests training in HI may not be a priority for improving police responses. Instead, findings indicate two significant barriers to police supporting DV victims with HI: reduced resources and vulnerability to external blame. Research by Warring (2011) found that

police officers who experience a blame culture become distracted by anxiety and fear of punishment. Participants described DV as a particular area of scrutiny, and HI as an area of organisational anxiety for police. When faced with a HI in DV, police officers can become focused on their own vulnerability to blame, and the victim can become a threat to the officer's safety.

Researcher Reflexivity

Reflexivity in research 'can be translated as thoughtful, self-aware analysis of the intersubjective dynamics between researcher and the researched' (Finlay & Gough, 2008, p. ix). I entered the participants' environment as a young, female psychologist and outsider to police culture. My gender, occupation, and age group were identifiable to participants visually and through our correspondence and may have influenced our interactions. Clinician researchers can fall into common pitfalls including excessive control of research interviews, inappropriate probing for feelings, and summaries of interpretations (McNair, Taft, & Hegarty, 2008). For example, when hearing participants describe experiences of psychological distress, my clinician self wanted to draw attention to, explore, and validate these experiences and their effect on participants more broadly. However, as a researcher with limited time I wanted to focus more directly on my research topic. I had to balance these competing desires to ensure that I attended to participants' wellbeing and drew relevant information, but focused on policing DV. Strategies used to consider my clinician researcher position included reflecting on my multiple identities, reviewing transcripts for inappropriate clinical style, and piloting interviews.

I also brought invisible qualities to the research. I am a liberal feminist, with personal and professional experiences of DV, and limited experience with police. These qualities will have influenced my use of the interview schedule,

interpretation of responses, analysis of the data, and focus of writing. For example, the longest interview was with a female participant who expressed liberal feminist values. I found myself drawn into the interview, which became lost in several tangents. I was able to notice the dynamic, restore my researcher role, and refocus the interview. Debriefing and attending to my influence while analysing the transcript were important to promoting impartiality. Debriefs were supported by psychologically aware peers and/or feminists supervisors. These groups may have held homogenous views, which was explored within reflexive discussions to help support impartiality.

As a feminist researcher investigating policing DV, I have encountered uncomfortable moments. Lohan (2000) described this dilemma as “performing multiple gender identities” during research, giving the example of masking a feminist identity while interviewing participants who hold countering attitudes (p. 175). Keeping a reflective journal and bringing moments of discomfort, anger or curiosity to supervision have been key strategies to help consider the complex relationship and influence of participant and researcher.

Critical Appraisal

This is the first study to investigate police responses to HI in DV victims, presenting unique insight into officers' anxiety around HI. This study had a sample of 12, with only two female participants (16.6%), disproportionate to 30.6% of the police force who identify as female (Home Office, 2019). Considering gender is a prominent and complicated issue in DV, this disproportion is likely to have limited exploration of gender. Furthermore, data relating to participants ethnicity was not collected, therefore relevant issues relating to ethnicity were not explored. A more diverse sample may have strengthened exploration of these issues and provided a wider dichotomy of

views. However, recruitment was limited by the time constraints of the project which is a small qualitative study of a difficult but important topic.

A further limitation is the influence of self-selection bias. Eight of the twelve participants volunteered for the research. Self-selection is likely to produce participants who hold a special interest, or particularly strong views around DV. The data may represent extremes within the sample. This research also included participants who were selected by a senior officer which may have helped mitigate self-selection bias.

A final limitation was participants' anxiety about scrutiny, whether from their superiors, the media, or researchers. At times, anxiety manifest within the interview and social desirability bias may have influenced responses. Future research could minimise this issue by interviewing recently retired officers, holding interviews outside of police stations, or recruiting outside of the police force (i.e., through social media or social clubs).

Implications for Practice

This research found that experiences of powerlessness, frustration and vulnerability were central to the construction of police officers' attitudes and responses to DV. Several participants noted that their training did not prepare them for the emotional experience of being a police officer. The idea that 'you can't train for emotions' is a direct contrast with clinical psychology training. This indicates that there could be a helpful application of psychological methods to police officer training.

This research found confusion around victimhood could influence the location of blame, and create a barrier to police supporting victims of DV. Awareness of DV does not appear to be associated with victim blaming (Eigenberg & Policastro, 2016). Police training has been found to increase

understanding of DV without impacting victim blaming attitudes (Wire and Myhill, 2016). Instead, findings suggest that feelings of powerlessness and frustration exacerbated in-group/out-group identities and attitudes. Police training could therefore benefit from techniques used in clinical psychology, for example, encouraging the involvement of service users to improve trainees' reflection, understanding, and practice (Townend, Tew, Grant, & Repper, 2008). Police DV training could be enhanced by contributions of DV victims who may help draw attention to the complex external causes of DV (e.g., physical, sexual, psychological, and emotional control) through lived experience (Boxall, Rosevear, & Payne, 2015). Exposing police to DV victims outside of response situations and framing them as survivors may help reduce out group derogation, and increase police understanding of DV victims.

A second barrier was officers' anxiety around HI and fear of blame. This appeared exacerbated by victims' reluctance to disclose injury or accept medical help. Motivational interviewing (MI; Treasure, 2004) is often used in psychology to facilitate change in behaviours through principles of negotiation rather than conflict. It is possible that MI training could support police communication with victims, particularly around negotiating referrals to paramedics or DV services.

Finally, officers could benefit from psychological approaches to supporting wellbeing. Training for managing distress in psychology includes self-care, resilience, self-compassion, and reflective practice (Skovholt & Trotter-Mathison, 2016). These ideas could be integrated into police training to support officers in managing feelings of powerlessness and anger in response to victims and mitigate anxiety about their own vulnerability.

Future Research

Participants in this study rarely discussed DV in members of the lesbian, gay, bisexual, and transgender (LGBT) community. The LGBT community are often neglected from consideration in DV research and intervention, despite the high prevalence of DV and vulnerability of this group (Ard & Makadon, 2011). Qualitative research exploring officers' beliefs and experiences policing DV in non-heterosexual relationships would help explore barriers to police supporting LGBT victims.

The present study found concepts of victimhood can become distorted, especially when police officers experience powerlessness and frustration when responding to DV. A qualitative investigation exploring how police officers' experiences and interactions with victims shape their construction of victimhood may provide valuable insight into how police understand and locate blame in DV.

Finally, it is relevant to consider that research into DV is often undertaken by feminist researchers and/or advocates of DV victims. Future research involving a mix of stakeholders, including police, feminist researchers, and victim advocates, may help develop provide an in-depth exploration of victim/police relationships.

Conclusion

This study explored how police attitudes towards DV victims are constructed, and how police respond to HI in DV. Findings suggested experiences of powerlessness and frustration produce tensions between police and DV victims, resulting in confusion around victimhood and some blaming attitudes. Findings also demonstrated that officers' fear about their vulnerability to external blame overtook their decision making in DV and could be a barrier to supporting

victims to access healthcare. This research highlighted police vulnerability related to limited resources, scrutiny, and blame. Police could benefit from embracing psychological approaches including self-compassion, reflective practice, service user involvement and MI. These approaches may improve police/victim relationships and promote officer wellbeing.

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Appendices

Appendix A: Ethics Approval Letter

Appendix B: Information Sheet

Appendix C: Consent Form

Appendix D: Debriefing Sheet

Appendix E: Demographics Questionnaire

Appendix F: Interview Schedule

Appendix G: Theme Table

Appendix H: Dissemination Statement

Appendix I: Submission guidelines for Policing: A Journal of Policy and Practice

Appendix A**Ethics Approval Letter from University of Exeter**

CLES – Psychology
Psychology
College of Life and Environmental Science
University of Exeter
Washington Singer Building
Perry Road
Exeter
EX4 4QG
Web: www.exeter.ac.uk

CLES – Psychology Ethics Committee

Dear Jennifer Richards

Ethics application - eCLESPsy000816

Police responses to head trauma in domestic violence

Your project has been reviewed by the CLES – Psychology Ethics Committee and has received a Favourable opinion.

The Committee has made the following comments about your application:

Nick Moberly commented, Minor amendments approved via Chair's action.

- Please view your application at <https://eethics.exeter.ac.uk/CLESPsy/> to see comments in full.

If you have received a Favourable with conditions, Provisional or unfavourable outcome you are required to re-submit for full review and/or confirm that committee comments have been addressed before you begin your research.

If you have any further queries, please contact your Ethics Officer.

Yours sincerely

Date: 07/06/2020

CLES – Psychology Ethics Committee

Appendix B:**Participant Information Sheet****Participant Information Sheet**

Title of Project: Police responses to head trauma in domestic violence

Researcher name: Jenny Richards

Invitation and brief summary:

You are being invited to take part in a research project exploring police attitudes? to head trauma in domestic violence (DV). As part of this project a number of police officers from constabularies in Devon & Cornwall and West Midlands police are being invited to take part in this study. Please take time to consider the information carefully to help you determine whether you would like to participate. You are welcome to ask the researcher questions.

Purpose of the research:

The purpose of this research is to explore police responses to incidents of head trauma in domestic violence and attitudes about supporting DV survivors to access healthcare services. Police maybe uniquely placed to recognise and respond to the health needs of victims of domestic violence. This research aims to investigate when and how police take a health role in their police work. We are specifically interested in responses to victims who show symptoms relating to head trauma following incidents of domestic violence.

Why am I being invited to take part in this research?

You have been approached to take part because you are employed within one of the constabularies taking part in the research. You may have attended a presentation about the study, seen a poster in your place of work or responded to an email introducing this work briefly. All police officers who express interest in this study are being provided with more details about the research.

You are eligible to take part in this research if you are a serving police officer. At this time trainee police officers and police community support officers are not eligible to take part in this research.

What would taking part involve?

If you are interested in taking part in this research, please contact the researcher on the email address provided.

If you wish to take part the researcher will review your eligibility before arranging to meet you for an individual interview. Depending on participant availability, interviews can take place in person at your place of work or over skype.

You will be abstracted from your normal duties in order to take part in the interview.

Before the interview you will be provided with information relating to the study and asked to provide signed consent. The researcher will then ask you a series of questions relating to your experiences of responding to incidents of domestic violence. Interviews will last between 60 and 90 minutes.

What are the possible benefits of taking part?

It is unlikely that you will receive any direct benefits from taking part in this research. We hope you find it an interesting experience to discuss this topic and enjoy the opportunity to share your experiences and opinions anonymously in a research context.

The researchers hope this study will generate information that could benefit wider society. For example, this research will help inform understanding of how police respond to head trauma in domestic violence. This understanding could identify potential areas for healthcare service improvements or interagency service development and maybe inform police officer training programmes in the future.

What are the possible disadvantages and risks of taking part?

It is unlikely that taking part in this research poses any foreseeable risks to participants. As part of the interview you will be asked to discuss experiences of responding to incidents of domestic violence. It is possible that you will be asked to recall experienced that have been difficult or upsetting. Therefore, you may experience some discomfort or distress.

The interview can be stopped at any time if you wish to have a comfort break or to withdraw from the study. The researcher can discuss any issues arising from the interview and can sign post you to appropriate sources of support through agencies recommended by your employer. Contact details and leaflets for these agencies will be available, please contact the researcher to discuss this.

The police service will not know which officers have taken part in the study, and the decision to participate will have no implications for your career.

What will happen if I do not want to participate in the study?

Participation is voluntary. You can stop taking part in this research at any time without having to give a reason. If you decide you no longer wish to take part in the interview, you may request the interview be stopped or contact the researcher prior to the interview taking place. You may request to withdraw your data after the interview, but this will not be possible if the recording has been transcribed and anonymised as we will not be able to identify your data in order to remove it from data analysis.

How will my information be kept confidential?

The University of Exeter processes personal data for the purposes of carrying out research in the public interest. The University will endeavour to be transparent about its processing of your personal data and this information sheet should provide a clear explanation of this. If you do have any queries about the University's processing of your personal data that cannot be resolved by the research team, further information may be obtained from the University's Data Protection Officer by emailing dataprotection@exeter.ac.uk or at www.exeter.ac.uk/dataprotection

There will be an audio recording of the interview. You will not be identifiable from the audio recording or transcript as you will be assigned a random participant identifier at the start of the interview. Audio recordings will be sent to a transcription service for transcription. Transcriptions will be anonymised with identifiable information (e.g. name, location, rank) removed and participants assigned random initials. Once transcriptions are complete the audio recordings will be permanently deleted.

Demographic data will be linked to transcripts by coded initials so the researcher can link demographic details to corresponding transcripts for analysis. You will not be identifiable from this data. Transcriptions will be electronically stored, and password protected. These will only be accessible by the researcher, and research supervisors. Hard copies of completed consent and demographic forms will be scanned and stored electronically on a password-protected server at the University of Exeter. These will only accessible by the researcher and research supervisors. These documents will be stored for up to 5 years before being permanently destroyed. Once uploaded, hard copies of consent and demographic forms will then be shredded and disposed of in confidential waste.

No individual or group data from this research will be shared with the police service. A brief summary of the findings will be presented to your local constabulary. Quotations from the interview may be used in the write up of this research in my DClinPsy thesis and maybe included in an article for publication in a peer-reviewed journal or conference presentation. In this case any identifiable information (name, location, rank) will be removed and you will be referred to by random initials.

Will I receive any payment for taking part?

No participants will not be reimbursed for their participation time or any expenses.

What will happen to the results of this study?

The results of this study will form part of a thesis submitted to the University of Exeter as part of the researcher's Doctorate in Clinical Psychology.

The results will also be written as an academic article and submitted for publication. If you would like a summary of results, please contact the researcher who will be able to provide these after October 2020.

Who has reviewed this study?

This project has been reviewed by the Research Ethics Committee at the University of Exeter

Further information and contact details

If you would like further information regarding this study or would like to take part in this researcher please contact the researcher, or research supervisors on the below details.

Jenny Richards, Researcher
jer235@exeter.ac.uk

Dr Alicia Smith, Research Supervisor
A.Smith@exeter.ac.uk

Dr Janet Smithson, Research Supervisor
J.Smithson@exeter.ac.uk

If you are not happy with any aspect of the project and wish to complain, you can contact the University of Exeter's Research Ethics and Governance Manager.

Nick Moberly, Research Tutor
n.j.moberly@exeter.ac.uk

Gail Seymour, Research Ethics and Governance Manager
g.m.seymour@exeter.ac.uk, 01392 726621

Thank you for your interest in this project

Appendix C:
Consent Form



CONSENT FORM

Title of Project: Police responses to head trauma in domestic violence

Name of Researcher: Jenny Richards

1. I confirm that I have read the information sheet dated 26/09/19 (version no 2.3) for the above project. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without my legal rights being affected.
3. I understand that taking part involves audio recordings of interviews which will be sent to a transcription service. I understand I will not be identifiable from this audio recording and these will be deleted after transcription.
4. I understand that taking part involves anonymised transcripts to be used for the Purposes of a report submitted to the University of Exeter as part of the researcher's Doctorate in Clinical Psychology. I understand that anonymised transcripts of the interview will be reviewed by my research supervisors from the University of Exeter
5. I understand that taking part involves anonymised transcripts to be used for the purposes of a report published in an academic publication. I understand that anonymised quotes from interviews may be incorporated in publications resulting from this research.
6. I understand that taking part involved anonymised transcripts to be stored securely for a period of up to 5 years.
7. I agree to take part in the above project.

Name of Participant	Date	Signature

Name of researcher	Date	Signature

Appendix D

Debriefing Sheet



Participant Debriefing Sheet

Study title: Police responses to head injury in domestic violence

Thank you

Many thanks for taking part in this study. We appreciate your time and hope it was of interest to you. Please take the time to read this debriefing sheet and ask the Researcher any questions you have about the study.

What was the purpose of the study?

The purpose of this research is to explore police responses to incidents of head trauma in domestic violence and also to understand police attitudes about supporting domestic violence survivors to access healthcare services. Police maybe uniquely placed to recognise and respond to the health needs of victims of domestic violence. This research aims to investigate when and how police take a health role in their police work. We are specifically interested in responses to victims who show symptoms relating to head trauma following incidents of domestic violence.

The interview you have completed will help inform understanding of how police respond to head trauma in domestic violence. This understanding could identify potential areas for healthcare service improvements or interagency service development and maybe inform police officer training programmes in the future

Are the procedure and results confidential?

All information which is collected about you during the course of this research will be kept strictly confidential. Transcriptions of the audio recording will be anonymised with identifiable information (e.g. name, location, rank) removed and participants assigned random initials. Once transcriptions are complete the audio recordings will be permanently deleted. Transcriptions will be electronically stored, and password protected. These will only be accessible by the researcher, and research supervisors. Hard copies of signed consent forms will be stored securely within the University of Exeter. These will only accessible by the researcher and research supervisors. These documents will be stored for up to 5 years before being permanently destroyed.

Quotations from the interview may be used in the write up of this research in my DCLinPsy thesis and maybe included in an article for publication in a peer-reviewed

journal or conference presentation. In this case any identifiable information (name, location, rank) will be removed and you will be referred to by random initials.

What will happen to the results of the research study?

The results of this study will form part of a thesis submitted to the University of Exeter as part of the researcher's Doctorate in Clinical Psychology.

The results will also be written as an academic article and submitted for publication. If you would like a summary of results, please contact the researcher who will be able to provide these after October 2020.

What do I do if I am unhappy with the way I was treated or with something that happened to me?

In the first instance, you should contact Researcher, or the Research Supervisors:

Jenny Richards, Researcher jer235@exeter.ac.uk

Dr Alicia Smith, Research Supervisor A.Smith@exeter.ac.uk

Dr Janet Smithson, Research Supervisor J.Smithson@exeter.ac.uk

If you are not happy with any aspect of the project and wish to complain, you can contact the University of Exeter's Research Ethics and Governance Manager.

Nick Moberly, Research Tutor n.j.moberly@exeter.ac.uk

Gail Seymour, Research Ethics and Governance Manager g.m.seymour@exeter.ac.uk,
01392 726621

If you are still unhappy, you should contact the relevant University Ethics Committee:

Chair of the University Ethics Committee

Department of Psychology

University of Exeter

Perry Road

Exeter

EX4 4QG

Who has reviewed the study?

This project has been reviewed by the Research Ethics Committee at the University of Exeter

Contact for Further Information

Jenny Richards

Trainee Clinical Psychologist

School of Life and Environment Sciences,

University of Exeter

Perry Road,
EXETER
EX4 4QG
Email: jer235@exeter.ac.uk

Support

If you experience upset or distress after completing this research, we advise that you use one or more of the following support options:

If you feel distressed you could consider utilising these potential sources of support :

- Speak to a friend, family member or someone you trust
- Seek support from your supervisor
- Consult with your GP
- Contact your Employee Assistance Programme
- Seek support from your Force Chaplain

If you have any concerns relating to your experiences of responding to domestic violence you can access support from the following organisations that support the wellbeing of police officers:

- Your in house Trauma Risk Management Team
TRiM practitioners are trained to offer support to people who have been exposed to a potentially traumatic incident. They can help manage the welfare needs of those individuals, identifying at an early stage those who may be in need of additional welfare support and if required signpost them on to specialist professional
- Blue Light Infoline
Blue Light Infoline provides support and information for emergency service staff, volunteers and their families
Open Monday to Friday, 9am to 6pm (except for bank holidays).
Phone: 0300 303 5999 (local rates) Text: 84999
Email: bluelightinfo@mind.org.uk

If you have any concerns relating to personal experiences of domestic violence you can access support from the following organisations:

- Safe Horizons
Safe Horizons is the nation's leading victim assistance organization. They provide support, prevent violence, and promote justice for victims of crime and abuse, their families and communities.
Domestic violence victims: 800-621-HOPE (4673)
Victims of crime and their families: 866-689-HELP (4357)
Rape & sexual assault victims: 212-227-3000
TDD machine for hearing impaired clients for all hotlines:1-866-604-5350

Once again, many thanks for your participation.

Appendix E:**Demographics Questionnaire**

Participant code: _____

You will now be asked for some general background information. Please be assured that any data collected will remain anonymous and confidential.

Age

Gender:

Department: _____

Rank: _____

Years of service with the police:

What percentage of your work would you say relates to Domestic Violence where a spouse is abusive to another spouse?

Within these cases of domestic violence, what percentage do you suspect or know that the victim sustained an injury to the face, head or neck?

Have you received specific training relating to domestic violence?

If yes, when did you receive this training?

Have you received any training in first aid?

If yes, when did you receive this training?

Appendix F: Interview Schedule

Topic Guide for semi-structured interview

Introduction

In this interview, I'll be asking you about your views around and experiences of responding to incidents of domestic violence. I'll also be asking you about your knowledge around brain injury and exploring what you may do when presented with different scenarios in responding to domestic violence incidents. Throughout the interview, I will be asking you a series of questions and I may ask you to change topics to ensure we can cover all the questions this interview should take no longer than one hour.

This is not an overly emotional conversation, but the risk of an emotional reaction is there. Please be mindful of what you are sharing and take care of yourself during the interview to make sure you feel safe and contained

Let me know if you need to stop at any point or have a break

You can decline to answer any questions that you don't feel you want to discuss

Area of interest	Key Question	Potential areas to Explore	Possible prompts
Experience of domestic violence	Tell me about a recent experience of responding to domestic violence where one person has been accused of physically assaulting their partner	<ul style="list-style-type: none"> - Personal emotional reaction - Role and responsibility of police - Challenges 	<p>What challenges did you face?</p> <p>What have been good/bad outcomes when responding to DV?</p>
Attitudes towards domestic violence	What is it like responding to incidents of domestic violence as a police officer?	<ul style="list-style-type: none"> - Attitude & response to the perpetrator - Attitude & response to the victim - resources 	<p>How did you feel/about victim/about perpetrator/in general?</p> <p>How do you feel about responding to DV?</p> <p>What do you feel should be the role of police?</p> <p>What sense do you make of victims returning to perpetrators?</p>

Area of interest	Key Question	- Potential areas to Explore	Possible prompts
Existing knowledge and understanding of Domestic violence Quality and content of any training received	What training have you received about working with domestic violence? Can you describe the training?	<ul style="list-style-type: none"> - Quality - Content - First aid training - Limitations - Competencies - Confidence - Learning needs - Concerns / anxiety about working with intimate partner violence 	<p>What was good/helpful? What was unhelpful? What have you used? What was missing? What would you like future training to include? When you were a new recruit to the police was there anything you felt unprepared for when working with domestic violence?</p>
Knowledge around head injury Ability to recognise symptoms of head injury	Describe a time you attended to a victim of head injury in DV?	<ul style="list-style-type: none"> - Symptoms of concussion - Actions - Perceived health issues for the victim - Attitude to responding to health issues 	<p>What helped you recognise there was a head injury? What were your concerns for the victim? How did/do you feel about responding to health needs? What would you do differently now?</p>
Ability to recognise symptoms of head injury Understanding of risk Attitudes towards domestic violence Attitudes towards police role in public health	What are the differences of responding to health needs when the victim is in a domestically violent relationship?	<ul style="list-style-type: none"> - Reporting of abuse - Risk assessment / management - Experiences - Symptom identification - Attitudes about police roles/responsibilities - Barriers - What could improve health of victims - What could assist police in their role 	<p>What specific needs might DV victims have? What are the key things you look for when considering health risks for a victim of DV? How do you feel about responding to health needs of DV victims? What are your thoughts about police acting in a public health role?</p>

The below vignettes will be presented as a stimulus to prompt further discussion. Different variations of the vignette will be explored (e.g. Would there be a

difference if you saw blood or no blood). This will be a flexible process, evolving on the basis of the discussion with the participant.

As a police officer responding to a call for a “domestic disturbance,” you arrive at the door of a residence that is opened by a man named Michael. Michael tells you, “mind your own business!” and refuses to open the door further when you ask him to. Also at the door is Michael’s wife, Amber, who looks like she’s been crying [She is holding a towel on head to stem bleeding]. Following your training, you speak to Amber alone. [Amber appears dazed and seems to be struggling to provide a comprehensive narrative of what happened] During this conversation, Amber tells you that Michael hit her during an argument, and she was slammed against a wall. [She tells you that she blacked out]. [Amber is reluctant to report the abuse]. [During your conversation Amber complains of a headache/fatigue/ringing in the ears/ feeling nauseous]. [Amber is reluctant to talk with you further; she appears as if she has been drinking and you think you can smell alcohol].

Area of interest	Key Question	Potential areas to Explore	Possible prompts
Understanding of mTBI, post concussive syndrome and consequences	What do you know, if anything, about mild Traumatic Brain Injury?	<ul style="list-style-type: none"> - Knowledge of mTBI - Understanding of symptoms/consequences - Understanding of impact on victims 	<p>What are possible symptoms you would look for?</p> <p>What concerns might you have for a DV victim with a mTBI?</p>

Thoughts on training around mTBI	<p>mTBI is defined by:</p> <p>Loss of consciousness of less than 30 minutes (or no loss of consciousness) Post-traumatic amnesia (PTA) of less than 24 hours (this is a period where people are confused, act strangely and are unable to remember what has just happened)</p> <p>Symptoms include: headache, irritability, dizziness, restlessness, disturbed sleep, sensitivity to light or noise.</p> <p>cognitive difficulties (e.g. attention and concentration, memory problems, planning and organisation)</p> <p>Emotional and behavioural problems (e.g. anxiety/depression/impulsivity)</p>	<ul style="list-style-type: none"> - Impact of mTBI knowledge on views of DV victims - Impact of knowledge on managing DV incidents - How training on mTBI could be helpful to police - Training needs 	<p>Knowing this, what would your concerns be about the effect on DV victims?</p> <p>Does this knowledge change how you think about DV victims?</p> <p>Knowing this how might you approach DV incidents differently?</p> <p>How could this information be helpful to the police?</p> <p>Would you like more training around mTBI and DV?</p>
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Appendix G

Theme Table

Research Question	Global Theme	Organising Theme	Sub Themes and relevant quotes
<p>What attitudes do police hold regarding victims of domestic violence?</p>	<p>Seesaw of Emotions</p>	<p>Anger and Frustration</p>	<ul style="list-style-type: none"> • Focus on Prosecutions with low prosecution rates <p><i>Without their support they are never going to get out of that situation, so not only for your own professional capacity in that, okay, this is going to be a bit of a waste of time to go through this whole process, then get to the end of it and they are released, they have no further action, they are back together again (Liam)</i></p> <p><i>And the other stumbling block that we're getting is that you will get a report, you put that report through, there'll be no support statement. Okay, you've got your photos and stuff like that. You'll either lock the person up because of what's happened, so you've got them in custody, you put all the paperwork together, and then the Crown Prosecution Service will turn round and say, "No further action." The fact that you've got it on body camera, their account may be not written down, you've got photographs of the injuries, that's the disappointing part. And it's almost as though it's – well [pause] – it's not the right thing to say, but it's almost as though the Crown Prosecution Service will look at it and the Investigation Team will look at it as much to say, "How can we get rid of this crime report? I can get rid of this with the minimum of fuss," if we've not got anybody supporting us.(David)</i></p>

			<p><i>We'll get statements, we'll get photographs, we'll speak to neighbours, body cameras, and it just gets very infuriating that you can spend three or four hours putting it together, with no statement from the victim, put the other person into custody ready for interview, and nothing happen (David)</i></p> <p><i>We sit there. We take a statement. We do all the relevant safeguarding. WE make all the relevant referrals . we offer words of advice; we try and help them with anything we can. Sorting out safe accommodation. We get their locks changed; we call out partner agencies to board up damaged properties when its needed. We do everything. Costs a load of money to do that sort of thing. For then the next day to then withdraw their statement and take it back. Like these people I want to bill them. I want to say you know what, you can have the bill for our time, our money, you know for our wages, for the time that we were there, for the costs of the boarding up that we've got sored for you, for the cost of the referral (Ben)</i></p> <ul style="list-style-type: none"> • DV is Resource Heavy <p><i>I also get extremely frustrated by going to the same people over and over again especially when we've invested hours and hours of time. Hours and hours of you know...police officers working tirelessly. (Ben)</i></p> <p><i>First of all, you know you're going to be doing quite a bit more work, and asking a lot more questions, if it's domestic rather than just an assault on the street, usually.(Peter)</i></p> <p><i>So, every time we go, we'll do a crime report or we'll do some kind of report. We'll do a risk assessment around that, we'll look at all the previous history, and if we need to, we'll remove people from the address even if there's just</i></p>
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			<p><i>an argument, to make sure that people calm down. We'll get statements, we'll get photographs, we'll speak to neighbours, body cameras, and it just gets very infuriating that you can spend three or four hours putting it together, with no statement from the victim, put the other person into custody ready for interview, and nothing happens (David)</i></p> <ul style="list-style-type: none"> • Offenders despicable <p><i>Generally all perpetrators of domestic violence are not nice people. I am quite happy to lock them up and deal with them and have no real sympathy for them at all. (Liam)</i></p> <p><i>How anyone could do that to another human being. Whatever gender and whoever you are, how can you even do it to someone you love? That's what really gets me (Peter)</i></p> <p><i>they are very manipulative; they are very well-spoken. They know how to play the game; they know what to say. They are always putting the blame onto the victim. (Thomas)</i></p> <p><i>So , my general feeling of perpetrators of domestic violence, is I think it's a heinous and horrible way to treat people. (Ben)</i></p> <p><i>A lot of them, I can't stand. [Pause] Certainly those that prey on people that are smaller than them or weaker than them, and especially when they're supposed to be in a relationship with someone and they're supposed to be in a loving family, and they're violent towards their loved ones or their family and friends, and I think it's just despicable the way they treat them. (Paul)</i></p>
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			<ul style="list-style-type: none"> • “I don’t get it” <i>I don't get it, if I'm honest. I get a lot of things in policing; I understand why people steal things, I understand why people potentially become sex offenders – I can see the mind-set, and why people get caught up in that. I struggle with domestic violence, because on a personal level, I just don't get it really. (Ian)</i> <p><i>They stay for years, some of them. I understand it is really difficult for them to break free, but I can't process why it is that difficult for them to break free. Even talking to someone I was that close with, you are explaining it to me and I get what you are saying. You are saying it is that fear of being alone and you have got kids, what about breaking up the family, but you still think that is a relationship which is damaging me and if it is damaging me it is damaging the family so chop it off. That is very easy to say and I know it is not that easy to do, but that is where I get hung up. (Will)</i></p> <p><i>the fact that one person would actually hit another that they're supposed to love or care for or be in a relationship with. That was the first big surprise. (David)</i></p> <ul style="list-style-type: none"> • Anger It's frustrating when you walk into addresses and you'll see the same people who have injuries, and you look at the bloke or the female and they're almost cocky with it. 'What are you going to do?' And you just think, if I could just have five minutes, I'd kick seven bells of shit out of you, and see how you like it.(Ian) <p>R: I get sick of dealing with the same people. I: okay</p>
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			<p>R: why are we allowing, why are society allowing these people to stay in a relationship with each other then they're that problematic and draining on the public purse. (Ben)</p> <p>tend to go out to the same people all the time, and it's like, "Are you not understanding yet that this is a toxic relationship? You shouldn't be together (Jack)</p> <p>How anyone could do that to another human being. Whatever gender and whoever you are, how can you even do it to someone you love? That's what really gets me. I've never understood that. And most of the stuff, to be fair, that I go to is arguments and it's women who may have an injury to an eye, a black eye. I had one the other day. She had something wrong with her eye, she said nothing had happened, and you've got to go with their word. But this one stood out because of the level of injury and the level of violence used by this scumbag on his partner (Peter)</p> <ul style="list-style-type: none"> • Mundane/Bread & Butter <i>It can just be really mundane, and it's like, "Yes, you've had an argument, okay, here's the process," and you're not thinking, you're not challenged, and you're just like, oh, it's just process. No, I don't like them.(Jack)</i> <p><i>We deal with an awful lot. We deal with an awful lot. So, after a while of being on the job, it doesn't necessarily stand head and shoulders (Michael)</i></p> <p><i>It's not that we don't care, it's just that we go to so many, so you don't tend to have a look. I know the process and the process is if there are children, it's child services referral, if they refuse to engage, it's a lot of the time it's they</i></p>
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			<p><i>are refusing to engage, we've got no evidence, it's one word against another kind of thing. So yes, you just carry on onto the next job (Rachel)</i></p> <p><i>You know that there is an amount of paperwork that goes with that so there is always an amount of mundanity to it if it is relatively routine. (Liam)</i></p> <p><i>Domestics is such a bread and butter piece of police work (Ben)</i></p> <p><i>Quite a lot of domestics, you feel like a taxi service. (Paul)</i></p>
		<p>Powerless</p>	<ul style="list-style-type: none"> • We can't help victims <p><i>There's only so much I can do as a police officer, which is hard because I want to do more sometimes. But I can't make you leave that abusive partner. As much as you will sit there... I've sat there for hours with victims trying to get them to make that first step. Sometimes they're the one who's got to make that leap. That's the hardest thing (Ian)</i></p> <p><i>You try and understand why they are being like that, but at the same time I can't fix that. I can't help you with that because I don't know how to help you with that (Will)</i></p> <p>We're not the service for DV ' We're a sticking plaster'</p> <p><i>Unfortunately, with the police officers, it's a lot of putting a plaster on at times. We can deal with fixing the short-term (Thomas)</i></p> <p><i>as police officers, you get dragged in a lot into situations where over and over and over again, where you know you're not the fix. (Emily)</i></p>

			<p><i>We call it fire brigade policing. You go to an incident, you fix it for that night and then you go. If nothing else changes in between, the following week you will be back there for exactly the same reason because there is nothing changing in between and you get the repeat (Will)</i></p> <p><i>Whether there is scope in the lower level domestic abuse situations, perhaps whether we are the right people to be there, I am not so sure. If you are talking about a non-crime domestic incident whereby it is relatively low level and they perhaps need family support or support in relationships, I am no expert on that and neither are a lot of my colleagues. (Liam)</i></p> <p><i>All these other departments need to step up. They need to either be funded better and invested in, so that they're there, and we can get back to dealing with what we're meant to be dealing with, which is crime.(Jack)</i></p> <p><i>Sometimes we're probably not the best-suited people to do the safeguarding that we take responsibility for. Although I'm wearing a suit now, when I wore a uniform, it was quite intimidating. People will spill their guts to us, but we can't put in place long-term solutions. I think sometimes we take a bit too much responsibility for that, because we can't deliver on it. We can really deal with the short-term, but I think the long-term is either other agencies (Ian)</i></p> <p><i>She must have had a bad experience and she stereotyped every officer as being whoever she had dealt with whenever it was. She was very much, 'Police are shit at dealing with domestics.' We were trying to say, 'No, that has changed since,' but from their perspective what they did at an appointment – nice cup of tea, quiet environment, two weeks after the incident – is what we should be doing on the night we attend. There was very much a disconnect between we can't do that because one, we don't know it,</i></p>
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			<p><i>we don't experience it in the same way, we are a uniform that turns up and has just thrown her husband in the back of a van, they are still upset.(Will)</i></p> <p><i>You certainly don't get any training on how to deal with people in crisis. You have negotiators which are highly trained to actually talk people down or that sort of thing, but you don't have any training as a police officer to actually speak to someone that might be suffering a crisis. I mean, police officers are great communicators anyway just because of the nature of the job they do, but I've never had any training where someone's actually sat down and said, "Don't say this," or "Make sure you say this."(Paul)</i></p> <ul style="list-style-type: none"> • Victims don't trust police <p><i>One of the bigger challenges is that they won't tell us what's truthfully gone on, and then, say if we come away from that address and we haven't implemented anything to protect someone, even if they don't want our protection or help, and then later down the line one of them kills the other, (Jack)</i></p> <p><i>Generally, there is a slight distrust of the police – maybe not distrust, but a slight wariness or even a cultural thing where they don't want to tell us exactly what has happened (Liam)</i></p> <p><i>A lot of them don't like us: 'Why are you here? Nothing's happened, we're just arguing. (Peter)</i></p> <p><i>Depends how receptive they are to conversation. Some people don't want to talk to us, Some people don't trust us.. Some people don't want the police involved full stop (Ben)</i></p>
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			<p><i>I took from her that she was very much anti-police. She must have had a bad experience and she stereotyped every officer as being whoever she had dealt with whenever it was. She was very much, 'Police are shit at dealing with domestics.' We were trying to say, 'No, that has changed since,'</i> (Will)</p> <p><i>Some of the challenges, sometimes there's obviously people who don't want to talk to us, for whatever reason they're hostile to the police. They've got misconceptions about who we are and what we do, they think we're just bloody-minded about chasing down prosecutions.</i> (Michael)</p> <p><i>They're not engaging, or they've just got a deep hatred or fear of the police service or getting help.</i>(Paul)</p>
		<p>Victimhood is uncertain</p>	<ul style="list-style-type: none"> • Victims don't help themselves <p><i>It gets frustrating, because you feel like, We've done our best to help you, and you're still at risk, and it looks as though you're putting yourself at risk.</i> (Jack)</p> <p><i>So, a lot of people see that as a trouble when they go to the incidents in the first place, especially if it's a recurrent address they're going to and you know what the result will be before you get there, where they're likely to not talk to you, not provide a statement, and if you arrest this person and take them away, they'll just be coming back a few hours later and probably doing the same thing again. And a lot of people, they can't help themselves; the police will just try and help them and help them, but if they don't want the help, it's not going to help them</i>(Paul)</p>

		<p><i>It can sometimes be a little bit frustrating dealing with victims because [sigh] – I hope this doesn't come across as arrogant or anything, but sometimes you can spot an abusive relationship a mile off, and you're dealing with that person who's been spoken to by the police a dozen times as a victim, and we've tried to convince them they need to leave, they need to, but they don't particularly want to hear it. And again, you hear the minimising, you hear the "Oh, yes, I'll have a word with him, he'll be alright in the morning when he's no longer drunk," that sort of thing. So, that side of things can be frustrating. And sometimes it can lead you to think, "Well, there's only so much you can do, okay." There are times we're not able to help victims because they don't want to be helped. (Michael)</i></p> <p><i>You are going to it with the best intentions, you are doing everything you can to stop it happening again, but then you go back there because somewhere along the line another agency isn't getting involved or quite often the person that was the victim decides they don't want help (Will)</i></p> <p><i>I think it is sad in a certain extent. I think there are occasions when things are really bad where you think, I can't think logically as to why that person would do that. Sometimes you get frustrated with that person, particularly when you are trying to help them and they don't want to help themselves. (Liam)</i></p> <ul style="list-style-type: none"> • Victims don't help us <p><i>That, a lot of the time, is the most infuriating thing. You can see what's happening, you can see what's going on, and some incidents you go to, you can see the abuse has been years and years, but there's still no willingness to cooperate or help, and that is what's frustrating. Because you can see it, and you talk to them, and they will turn round and say, "Yes, I know it's there,</i></p>
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			<p><i>but I still want them, I still need them,” and it’s frustrating, to say the least. (David)</i></p> <p><i>You know you can help them, but they won’t accept your help. That’s another frustrating outcome. (Ben)</i></p> <ul style="list-style-type: none"> • Genuine victim <p><i>It’s going to sounds terrible to say but um its true, um, but there is a real victim and a victim for the sake of being a victim.(Ben)</i></p> <p><i>Sometimes if they are at that point where they are – I am using the word genuine – genuinely in fear of whatever has happened, it is a relief, but they are also a bit scared because they don’t want to be seen to be the one that is dropping that abuser in to the police, (Will)</i></p> <p><i>And you get other jobs, and it’s that couple who have never come to our attention before. There was a Polish man I interviewed in this very office as a victim, and he had been subject to some of the worst domestic violence at the hands of his wife that I’d seen, and it had been going on for years, and we’d only just found out about it. And it was one of those can open of worms everywhere; there’s so much to do here, this poor man has been through so much. (Michael)</i></p> <p><i>there is a blame culture but there’s also empathy you know, and we do feel genuinely sorry for people. We do feel genuinely worried for people. We also feel very worried for people who actually aren’t willing to help themselves. There’s some people who you just know you can help that night and you know tomorrow there gunna have them back and they’re going to have the</i></p>
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			<p><i>living crap beaten out of them next week as well because that's what happens. (Ben)</i></p> <ul style="list-style-type: none"> <p>• Manipulative victim</p> <p><i>A lot of the time it's because between couples, they use us, they know that they can ring the police and if we turn up and they say, "I want them out of my house," then it's as if we are there like security guards kind of thing and we do get used for that quite a lot (Rachel)</i></p> <p><i>Sometimes I think there are occasions where you have victims that may well be offenders on different days or may well play up to stuff and use what they know will happen to domestic abuse suspects to make up allegations. I have seen that on occasion. I may not be able to prove it, but I have certainly seen on occasions where people have made the most of a situation because they will play the police response to it. (Liam)</i></p> <p>• One-time victim/offender</p> <p><i>Sometimes, arresting people just because it is a domestic doesn't necessarily mean it's the right thing to do. It might be the first time that anything's ever happened between them, and someone's lost their temper because of some trivial matter and someone's ended up getting hurt, which isn't right, but it doesn't mean that by taking away their liberty and arresting them (Paul)</i></p> <p><i>And he was actually really calm, and he was actually distraught with himself that he went that far with an argument, actually went that far. It's the first time they've ever had this sort of thing. So, we just arrested him, because it's obviously policy and such. And then went back and spoke with her, and she was actually kind of okay about it, as in, "We actually have a really good</i></p>
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		<p><i>relationship, we argue a lot, we do argue, but it's over regular relationship type things. (Jack)</i></p> <p><i>You can understand the ones who maybe it is the first time, something has peaked and they have lashed out. (Will)</i></p> <ul style="list-style-type: none"> <p>• Mutual Violence</p> <p><i>You get sometimes people who are highly dysfunctional. One of the big taboos about domestic violence is mutually abusive relationships, and they do happen, where you get... it sounds almost dismissive to say they're both as bad as each other, and it's not meant to, but unfortunately there are situations which are like that (Michael)</i></p> <p><i>You sometimes see the same faces and the same addresses where you're going to constantly, where they're constantly at each other; sometimes they're as bad as each other, sometimes one person's worse than the other. (Paul)</i></p> <p><i>What I get sick and tired of is going to the same people again and again when yes there's clearly abuse in that relationships but there's abuse from both sides. It's frustrating (Ben)</i></p> <p><i>A lot of the time, you find out that they're actually as bad as each other. (Ian)</i></p> <p>• Stereotypes (alcohol/mental health/substance abuse)</p> <p><i>You do see a lot of mental health issues with people in domestic violence, whether or not they've been self-harming or threatening to self-harm(Paul)</i></p> <p><i>Most of them are. I'd say most are around drugs and alcohol. (Rachel)</i></p>
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			<p><i>Um... but a lot are (sighs) you know I think a lot what we classify as domestic abuse is very closely intertwined with mental health, substance abuse and history of abuse themselves (Ben)</i></p> <p><i>Stereotyping a bit, but generally it is male perpetrators against women.(Will)</i></p> <p><i>Quite a lot of domestics we go to are non-working families who are intoxicated at the time of attendance. (Thomas)</i></p> <p><i>I am generalising, but generally in our day to day jobs we deal with a proportion of society that we deal with again and again so they have knowledge of us, sometimes even by face or by name that you deal with. (Liam)</i></p> <p><i>And then you get the type where their life is consumed with alcohol or something and that's the catalyst, and if you could just change that one thing, if I could remove your addiction to either alcohol or drugs or whatever, you wouldn't be putting yourself in harm's way all the time. You wouldn't be relying on this person. Or you'd just be more switched on to it. You wouldn't be as vulnerable.(Jack)</i></p> <ul style="list-style-type: none"> • Everyone Lies <p><i>It is always difficult when you have got a situation like that trying to pick who is the victim (Will)</i></p> <p><i>Unfortunately, a lot of the domestic incidents that we get, it's one person's word against the other (David)</i></p>
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			<p><i>It is awkward because not everybody tells us the truth. (Liam)</i></p> <p><i>One of the really horrible things about being a police officer is that you know even victims don't always tell you the full story" (Emily)</i></p> <p><i>But one thing I've learnt in 13 years of policing, because I was a special constable before I joined the job as well, is that everyone lies to you. Not everyone as in everyone but all people lie to you, victims lie to you, witnesses lie to you, suspects lie to you, you know So actually the truth is often distorted amongst the muddle of information we've got. (Ben)</i></p>
<p>How do police interpret and respond to stories of head injury or symptoms of Traumatic Brain Injury when responding to victims of domestic violence?</p>	<p>Head injury is fearful</p>	<p>Head injury is Unpredictable</p>	<ul style="list-style-type: none"> • Focus on visible injuries <p><i>Head injuries are easy, because you can see them; bruising – so if they've been punched or kicked (Ian)</i></p> <p><i>I haven't really had that experience. facial injuries or abrasions, bruises, bumps etc. I have been to quite a lot, but I don't think I have ever been to an incident where I would say someone has a serious head injury as a result of a domestic incident. (Liam)</i></p> <p><i>We got to the address. We were called by the female at a party. Got to the address, and it's quite clear that she had a facial injury; she had a tooth knocked out, so she's bleeding from the mouth, and then she had a cut on her right eyebrow (Jack)</i></p> <p><i>You tend to go to quite a lot, and most of the head injuries that we will deal with, it's normally bruising, cuts to the face where they've been punched or been hit with an item (David)</i></p>

			<p><i>Well, a lot of the time, head injuries are very obvious. You'll see that big lump, and actually, when you see lumps, they're actually typically more dramatic than you think they're going to be. They can literally be the size of an egg and it be sat in somebody's forehead, something like that. As I said, when you're talking about breaks to the skin, if it's anywhere in the head, typically it will bleed a lot. So, a lot of them will be very hard to miss.</i> (Michael)</p> <p><i>A lot of the time, you go, and it's quite obvious something's happened, someone's sat there with a black eye or a mark on their face</i> (Paul)</p> <ul style="list-style-type: none"> • Fear of fatalities <i>You could potentially die, can't you? It's like that death punch; if you go on a night out and someone gets punched once before they die, and it's the fall that does the damage. So, I mean, a bang to the head's very serious; it will kill you. It might not even kill you there and then, it might kill you afterwards.</i> (Jack) <p><i>Having seen a lot of jobs where people have banged their heads and they've gone to die as a result of it, I always try to be quite forthright about it</i> (Ian)</p> <p><i>It could also be the sign of a catastrophic bleed on the brain. Look at Gary Rhodes you know, he slipped over in the shower. You know you don't, it can be a ticking time bomb and like I've said I've been to jobs where people have had serious brain injuries and its not been obvious when I've been talking to them and they've subsequently gone on to either be very very poorly or die</i> (Ben)</p>
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			<p><i>Every time someone dies in custody it is on the news and we have got a pathological fear of head injuries as an organisation. Custody won't take people with a head injury. Any time you get any kind of head injury, we tend to err on the side of caution because we don't know. (Will)</i></p> <ul style="list-style-type: none"> • Led by victim <i>She's told me he hasn't hit her, but a lot of the times we're not told the truth, because they try and cover for their partner." (Jack)</i> <p><i>it all comes down to what policing power we have and we don't have the power to drag people to hospital and say, "You are going". (Rachel)</i></p> <p><i>The one thing that can make it a bit difficult is that the person who's received the injury can sometimes be less reluctant to talk about the mechanism of injury, which is quite an important piece of information for the paramedics to know. (Michael)</i></p> <p><i>We'd offer them an ambulance but when they say no they've got every right to refuse that ambulance. Um if they've got physical injuries, they've got very right to refuse that ambulance. Its only when they're losing capacity when we can't force the ambulance so its very much victim led in that respect. (Ben)</i></p> <ul style="list-style-type: none"> • Impact of alcohol & substances <i>If she was kind of in and out of telling the story then I'd be saying to her, "Have you had anything to drink today? Have you had any alcohol? Have you had any drugs? (Rachel)</i>
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			<p><i>Again, it would depend on the individual circumstance. I think if you were fairly convinced that was to do with the alcohol, which is common, then perhaps you wouldn't require any medical attention (Liam)</i></p> <p><i>By and large, quite a lot of the times we get called out to these incidents, it is drink-affected or drug-related. It can affect their cognitive anyway, their understanding. (Thomas)</i></p> <p><i>It's trying to determine whether somebody's drunk or not, but again, you always err on the side of caution with that. But if they're a little bit glazed, a little bit incoherent, not looking at you, looking around the room. You've got your physical things so if you've got bruising and swelling that's coming up, or cuts, feeling a bit unwell, "I want to sit down," anything like that. (David)</i></p> <ul style="list-style-type: none"> • Unpredictable <p><i>With head injuries in particular, you have to be slightly cautious. Because it can be misleading how bad a head injury can be, basically. (Michael)</i></p> <p><i>I have to say no because I have always been a bit cautious for head injuries anyway. Personally, I am not happy... Like leaving the lady from xxxxx. Because there was a question mark, has she got concussion, we can't just disappear with the suspect and leave her on her own. We don't know what is going to happen. I can't diagnose it (Will)</i></p> <p><i>With head injuries you never know what someone's got in their head. They could have an aneurism, and arterial venus malformation, they could have any sort of thing that if you shake it too much it's going to go pop. (Ben)</i></p>
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			<p><i>My concerns are that had injuries, they're invisible a lot of the time so you know, knowing. Not necessarily from domestic violence but knowing someone can appear absolutely okay but can be having quite a catastrophic bleed I their brain. (Ben)</i></p>
		<p>Better safe than sorry</p>	<ul style="list-style-type: none"> <p>• Confident with First Aid</p> <p><i>We're all trained in first aid. Yes, get your gloves on, get stuck in. (Jack)</i></p> <p><i>Health needs. Fine. We have had our first aid training. We train yearly to a decent standard. It is just knowing what to deal with .(Thomas)</i></p> <p><i>You know were trained to use defibrillators. Were trained to do basic life support, CPR. Deal with catastrophic bleeds. We carry tourniquets with us. We have first aid kits in the car (Ben)</i></p> <p><i>As an organisation, we are well-trained first responders. We are reasonably good at it as well, because we're practically experienced. (Michael)</i></p> <p>• Rely on Paramedics</p> <p><i>Anything that was raised, we'd call an ambulance. I think you'll find that with us in general, because of the nature of the head as such, and if anybody mentions headaches, ringing in their ears, feeling a bit fuzzy or whatever, we'd call somebody. (David)</i></p> <p><i>Well, head injury, ambulance straight away. (Jack)</i></p> <p><i>I'd think that she'd got concussion and would ring an ambulance regardless of whether she said she wants one or not (Rachel)</i></p>

			<p><i>If you have got injury of any real significance – it is not what I would classify at that stage as a serious head injury – we would usually ask for an ambulance to attend to try and make sure we have got nothing more serious. (Liam)</i></p> <p><i>Usually we call an ambulance if there's been an injury anyway that we look at and think 'That's not right.' Is it a bruise or is there more to it? Anything to do with the face and the head, you usually call an ambulance anyway, I would suggest. (Peter)</i></p> <p><i>If they appeared confused or slurry or something like that then your alarm bells start going this person could have a head injury and you'd be considering an ambulance (Ben)</i></p> <ul style="list-style-type: none"> • Err on the side of caution <p><i>I think people would rather err on the side of caution. I would rather call you an ambulance, and the ambulance staff say we're not needed, than not call an ambulance and something serious happens to you, and six months later someone tells me I did something wrong. (Ian)</i></p> <p><i>If there was any concerns, you would err on the side of caution to ensure that you got medical help before you started anything else (Liam)</i></p> <p><i>I'd rather err on the side of caution and them turn up and say, "No, the IP is drunk, perfectly fine." Great, at least I know the medical professional's then determined that. (David)</i></p> <p><i>With head injuries in particular, you have to be slightly cautious. Because it can be misleading how bad a head injury can be (Michael)</i></p>
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		<p>Scrutiny & Blame</p>	<ul style="list-style-type: none"> • The 9 o clock jury” <p><i>People will go against the victim’s wishes, because if they don’t do that, the 9 o’clock jury will have a go at them, and if something happens, they’ll be responsible for it. So, you’re damned if you do, damned if you don’t. It’s almost like that blame culture. (Ian)</i></p> <p><i>When I’m in work there’s very much a blame culture so its constantly that, there’s that train of thought that (pause) if this isn’t done properly, I’m right up the creek without a paddle. So, there’s that constant fear that if you don’t get it right then it gunna be you in front of the coroner or you in front of a disciplinary board. So, it’s important that we get domestic violence right (Ben)</i></p> <p><i>There is a lot of scrutiny of domestics, so you want to do it right anyway, but you know it is going to get a magnifying glass in the morning. (Will)</i></p> <p><i>If you don’t do that work properly, you don’t do it as you think you should be doing it or as well as you can be doing it, then it is on your own head be it should that come round and rear its head again in the future because that is what it will eventually come down to. If someone ends up dead in the future, they will go back through every domestic abuse risk assessment that has ever been don and see how well it has been done. You don’t want to be the one that has either missed that job or haven’t done the work or done it to a substandard that could have highlighted something (Liam)</i></p> <p><i>We’re under pressure as an organisation to get things right (Peter)</i></p> <ul style="list-style-type: none"> • DV is intimate/ Relationships are relatable
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			<p><i>I can understand... We spoke about my wife. Because she had been in an abusive relationship, when we had an argument, she almost expected something to happen. When it didn't, she would push a bit harder. We ended up going to marriage counselling at one point because you are pushing me trying to make me do something that isn't me. (Will)</i></p> <p><i>Sometimes you go to the victim and then you relate with them, because we've all had relationships too, and we've all had relationship which have failed also. And you can see how something could happen.</i></p> <p><i>We're also human beings that have been... er you know many of us subject to abusive relationship ourselves whether that be male or female... so yeah</i></p>
	<p>Police vulnerability</p>	<p>You can't train for emotions</p>	<ul style="list-style-type: none"> • Emotionally cut off <p><i>I think it...(sigh)...it depends, from a...from a policing perspective I've done this job for a long time and I've become almost immune to it and I disassociate myself from my profession out of work (Ben)</i></p> <p><i>It makes no difference, because we're so process driven now. The emotive side of it doesn't really matter. (Jack)</i></p> <p><i>I wouldn't say that I overly emotionally connect or try to get overly emotionally involved with them. I see my role as I have got a job to do and I have got to try and figure out the facts. Equally I have got to get things done, get things in place, as well as think about a lot of things at the time, particularly when I just get there and you have got to deal with a job (Laim)</i></p> <p><i>I: Yes, it sounds quite shocking. How did you feel walking into that situation and having to respond to that?</i></p>

			<p><i>R: You just do it, it's professional. (Peter)</i></p> <p><i>I suppose you become a bit... That's where the normalisation as a police officer comes in, really. You find some people who really struggle with it. You're there, ultimately, to do a job and put your emotions to one side (Ian)</i></p> <p><i>One of the things that I find in the police a lot – just talking about colleagues for a second – is around that becoming – not blasé – but also becoming desensitised. I think the biggest issue for policing is that desensitisation that officers get. (Emily)</i></p> <p><i>My thoughts to people I nick for domestic violence. I don't get emotionally involved because that's not my job (Ben)</i></p> <ul style="list-style-type: none"> • Emotional reaction <p><i>I've been to horrible deaths and all sorts, and I've seen people die in front of me, so it's just the nature of what we do, the same as paramedics. You put it in your box, there's always a box for it, and you put it away. And I couldn't with that job, so I had a little bit of counselling. And that helped, I got through it, so I'm fine now from that (Peter)</i></p> <p><i>I have literally just taken money out and handed it over to people. I have gone to Tescos and I have begged – I mean, thankfully I was a community police officer for a long time so lots of people know me – I can walk into charity shops and I can ask for clothes, I can walk into Tescos and I can ask for nappies. I will buy baby milk or buy bottles. (Emily)</i></p>
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			<p><i>My wife was a victim of domestic violence, and I saw the impact it had on her years later, when I first met her. It goes from being a job you go to – because we go to so many, and it does become a job – to actually trying to understand that there is a family attached to each of those people, and their friends and relatives. (Ian)</i></p> <p><i>There are certain ones which stick in your head like the one that I said with the little girl that wasn't fazed. There are ones like that. (Rachel)</i></p> <p><i>When the adrenaline is going and you are faced with an angry man or an angry woman, you are in the middle of the night, you are tired, stuff is going on, now you have got to make a decision, now you have got to do something, that can be overwhelming. It can be emotionally overwhelming (Liam)</i></p>
		<p>Underequipped and under resourced</p>	<ul style="list-style-type: none"> • Not medical experts <p><i>Generally, we'd get an ambulance out anyway, because they're the experts and we're not. We're not going to make that call. (Jack)</i></p> <p><i>We would always err on the side of caution – we are not medical professionals – unless it is absolutely trivial. (Liam)</i></p> <p><i>I tend to work on the principle that if anybody has an injury, they should be seen by a medical expert. I can do first aid and put a plaster on, but I'm not a medical expert who can do anything else. (Ian)</i></p> <p><i>We don't get much training into that, it's just looking out for the obvious signs. That is why we would always try to get medical expertise. They have better training than us to put that in place. (Thomas)</i></p>

		<p><i>I'll be perfectly honest, for training around injuries or injuries that I'd be aware of, it's probably quite limited. I tend to deal with if somebody has got an injury, or they're complaining of anything or don't look right, call somebody; let the medical specialist come and deal with it. And I'd rather err on the side of caution and them turn up and say, "No, the IP is drunk, perfectly fine." Great, at least I know the medical professional's then determined that.</i> (David)</p> <ul style="list-style-type: none"> • Managing multiple roles <i>I think the police are a go-to, last resort, jack of all trades type of organisation that pick up a lot of slack (Ben)</i> <p><i>You have got to try and think of safety and welfare, people and staffing, protecting people and first aid, making sure someone doesn't escape, make sure of evidence – have you got something, haven't you got something? There is a lot going on at the time (Liam)</i></p> <p><i>We're all so busy and we're all going from one thing to the next, and we deal with stuff very quickly, and make snap decisions very quickly. But we're not necessarily thinking along those lines – has there been a head injury? – all the time (Peter)</i></p> <p><i>The issue I find with actually attending domestics is the policy of single-crewing, because if you go to a domestic incident single-crewed, when you get there, you've got both parties potentially there; one of them might need arresting, one of them might need medical attention. So, you do try and either double-crew for it, or you get another unit to meet you there, but sometimes you are there first and you're trying to establish what's going on, with both</i></p>
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			<p><i>parties potentially starting at you. So, yes, resourcing has definitely caused an issue there, which is noticeable over the last ten years or so, it has declined (Paul)</i></p> <ul style="list-style-type: none"> <p>• Services strained; relationships strained <i>The partner agencies like social care, they're very stretched. You can tell they're very stretched because everyone's frustrated with them. (Jack)</i></p> <p><i>There's a lot better training that police officers could certainly have, but I know all departments in the NHS and police are strapped anyway and at breaking point (Paul)</i></p> <p>The kind of cuts we're seeing under austerity have been severely impactful, but not just to fall to the police for other services such as mental health services, the NHS more broadly and so on and so forth <i>(Michael)</i></p> <p>I'd say the relationship between the police and child services is quite strained. Because it's frustrating for us, so it would be nice if we had an input from them around what they do with domestic violence, because I know they do child protection plans and things like that, but it would be nice to know what they would like from us. <i>(Rachel)</i></p> <p>• Not police role <i>The police have a defined role and if you are going to cloud that role then you detract from other areas of society. The societal expectation is that police deal with crime and bad stuff. You have got a defined health service and a defined body that should respond to that better. (Ian)</i></p>
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			<p><i>However, you want to avoid the situation where police officers are essentially diagnosing a medical condition like an injury; we're not paramedics, we don't have that kind of level of knowledge. (Michael)</i></p> <p><i>The problem is, as I say, because we deal with the criminal side, if you take on too much responsibility over the emergency services side, we are going to be more paramedics from then on, rather than the police officer. (Thomas)</i></p> <p><i>We're cops. We're not ambulances, we're not um we're not firefighters. (Ben)</i></p> <p><i>What do you think about this push for the police to take a bit of a public health role?</i></p> <p><i>R: In the current climate I can't see how that is going to work. I really can't because you are diluting... I go back to when I first joined. You do your attestation and you swear. You say, 'I am going to prevent disorder, pursue offenders, prevent crime.' That is what policing does. There are other agencies that are much better equipped to do the public health thing (Will)</i></p>
		<p>We can't do it alone</p>	<ul style="list-style-type: none"> • Multiagency working is needed <p><i>We are never going to be head trauma specialists, I don't think we are going to be domestic violence specialists on our own.</i></p> <p><i>It's everyone coming together and working for the best outcome, rather than, at times, it seems to be working to one point, and then you wipe your hands of it, somebody else will pick it up, and they will work it so much. It needs a bit of an overlay to make sure that we work together</i></p> <p><i>We are never going to be head trauma specialists, I don't think we are going to be domestic violence specialists on our own. There is always going to be a side of it that we are not going to be able to deal with, but if they do the whole</i></p>

			<p><i>multi-agency training, that was the best training because it came from someone who was willing to see all sides of the story. Rather than saying, 'This is how you do it irrespective,' they did at least go out and say, 'I will work with you and I will work with you, and I will see what the reality is and what is achievable at that point. (Will)</i></p> <ul style="list-style-type: none"> • Need more resources <p><i>I think years and years ago, police officers used to knock on the door and somebody would answer the door, "I don't want to talk to you, I don't want anything to do with you," and we used to go, "Okay, bye," it's changed now and we've gone the complete opposite way and sometimes what could be an argument over a remote control, you are spending two or three hours putting in referrals, criming it, writing it up</i></p> <p>Impact of Austerity</p> <p><i>We already wear a lot of hats anyway, at the moment. We are not just police officers, we are social workers, we are mental health assessors as well. (Thomas)</i></p> <p><i>What shouldn't be happening is that we're essentially second-tier social workers and second-tier paramedics. That kind of mission creep will only pull us away from our core functions. (Michael)</i></p> <p><i>I think at the moment I feel as if our job, sometimes we are paramedics, stabbings, shootings, whatever else that we go to, mental health, like I say, paramedics, psychiatrists, going out to children, child services, as well as trying to catch criminals. There's only so much that we can do. (Rachel)</i></p>
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			<p><i>The kind of cuts we're seeing under austerity have been severely impactful, but not just to fall to the police for other services such as mental health services, the NHS more broadly and so on and so forth (Michael)</i></p> <p><i>There's a lot better training that police officers could certainly have, but I know all departments in the NHS and police are strapped anyway and at breaking point (Paul)</i></p>
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Appendix H

Dissemination Statement

The results of this study will be disseminated to interested parties through feedback, journal publication and presentation.

Dissemination to participants and NHS services.

As stated on the participant information sheet participants will be informed of the results of the study. Participants will be provided with details of who to contact, should they require further information. Additionally, senior officers who reviewed and acted as liaison contacts will be provided with a summary of the findings.

National Police Chiefs Council lead for domestic abuse DCC Louisa Rolfe OBE will also be provided with a summary of the findings . The NHS research ethics committee at Exeter and RD&E Research and Development team will be sent a summary of the findings of the study and will be informed that the study is now complete.

Journal Publication

It is expected that the study will be submitted for publication with the Journal of Interpersonal Violence

Presentation

On 9th June 2020, my research findings were presented to an academic audience, for peer review, as part of the Doctorate in Clinical Psychology at the University of Exeter.

Appendix I

Submission guidelines for Policing: A Journal of Policy and Practice

Instructions to Authors

General Guidelines

Policing: a Journal of Policy and Practice is intended to serve the professional development of police services and the study of policing. It aims to connect police practitioners and scholars by raising contemporary and critical issues in policing and bringing both experiential knowledge and science to bear upon them. It aims to inform police practitioners of developments in policing and research on policing that has relevance to policy and practice; to raise and discuss issues of direct relevance to police policy and practice, including ethical issues, problem identification and problem-solving; to stimulate police officers to adopt practices that enhance their individual and collective professional service to the public; and to act as a forum for the development of innovation. In doing this, the journal adheres to the rigorous intellectual requirements of rational argument and discussion. Debate and comment is encouraged provided it is rational and evidentially well-supported. The journal is not a forum for airing opinions or making political comment.

The target readership of the journal is professionally committed police practitioners, academic researchers and scholars working in cognate applied research and theory, throughout the English-speaking world. Therefore, authors are reminded not to assume familiarity with the particular jurisdiction within which they work and to draw conclusions at the most general level of applicability as they can. Articles should focus on communicating research to practitioners. To this end, discussion of the existing literature should focus *only* on what is most directly relevant to the problem being addressed; elaborate methodological detail and reasoning should be

minimised; data should be presented in the most readily accessible format (don't forget, a 'picture paints a thousand words', so use graphs wherever possible rather than tables). References can be used to guide readers to other publications where academic detail and discussion can be pursued. Editors encourage academic researchers to completely re-configure data and arguments that have been aired in academic publications within a new and original paper so that their relevance — and hence their impact — to policy and practice is emphasised. However, articles previously published elsewhere (including online) will not be accepted.

Articles should be written in an accessible style suitable for an international readership. Articles will typically be in the range of 4,000–6,000 words, with shorter articles summarizing academic research or analysing contemporary issues and their practical relevance, and longer articles displaying research methods and findings. Articles longer than 6,000 words are considered only in exceptional cases.

Submission of Articles

All submissions, including book reviews, should be submitted online on the journal's submission website.

Articles are reviewed on the understanding that they are submitted solely to this Journal. If accepted, they may not be published elsewhere in full or in part without the General Editors' permission.

Policing actively welcomes both 'Debate' style articles and articles written in response to Debates. In keeping with standard practice, exchanges on Debate pieces will follow the format of (1) the Debate article, followed by (2) a comment or rebuttal and (3) a response from the original author.

Please save your manuscript into the following separate files – Title;

Abstract/Introduction; Manuscript; Appendix. To ensure anonymity in the review

process, do not include the names of authors or institution in the abstract or body of the manuscript.

Title

All academic contributors should include a file containing the title of the contribution together with a word count and the author's name and contact details.

Abstract

A separate file containing an abstract of no more than 150 words should be included. References should not be cited in the abstract.

Introduction

All practitioner contributors should include a separate file containing a brief biography (title, affiliation and any previous experience relevant to the article) and overview of their article. This should be no more than 150 words.

Manuscript

As a rule, full articles should not exceed 6,000 words (endnotes and references will not be counted as part of this total). Longer articles will be considered on their merits. All material should be double-spaced. Each page of the manuscript should be numbered. Endnotes should be numbered consecutively and placed together at the end of the article. Short quotations within the text should be marked by single quotation marks. Longer quotations should be inset from the main text and typed single spaced.

Quotations

Short quotations within the text should be marked by single quotation marks.

Quotations longer than 30 words should be indented from the main text without quotation marks, and typed single spaced.

References

References should be cited within the text and presented in brackets [e.g. (Waddington, 1999)], and a full citation given in the Reference section.

Footnotes should be numbered consecutively. Only case law should be footnoted, with all other references appearing within the text, as above.

Headings

Please use the following method for structuring and numbering headings, which is standard for the *Policing* journal:

Chapter Title

A heading (major subdivision within the chapter - bold, left aligned)

B heading (main subsection of an A head section – left aligned)

C heading (minor heading)

General points to note

All publications/reports should appear in italics.

All article titles should appear in quotes.

Numbers one to ten used within the article should be spelled out.

All Case Law should be footnoted with a full citation given.

Diagrams and tables are expensive of space and should be used sparingly. All diagrams, figures and tables should be in black and white, numbered and should be referred to in the text. They should be placed at the end of the manuscript with their preferred location indication in the manuscript.

Authors are reminded that the Journal is likely to have a substantial practitioner readership as well as an international readership. Articles should be drafted with this in mind.

References

References should be listed alphabetically at the end of the article, giving the names of journals in full. Titles and subtitles of articles, books, and journals should have main words capitalized. Titles of books and journals will be printed in italics and should therefore be underlined.

Examples:

Kennedy, D. (2008). *Deterrence and Crime Prevention*. New York: Routledge.

Braga, A. A. and Davis, E. F. (2014). 'Implementing Science in Police Agencies: The Embedded Research Model.' *Policing: A Journal of Policy and Practice*, 8(4): 294-306.

Rojek, J., Decker, S. H. and Wagner, A. E. (2010). 'Addressing Police Misconduct: The Role of Citizen Complaints.' In Dunham, R. G. and Alpert, G. P. (eds), *Critical Issues in Police: Contemporary Readings*. Long Grove, IL: Waveland Press, pp. 292-312.

Please ensure that all references cited in the text are included in the reference list.