# ILLINOIS INTEGRATED PROTOCOL INITIATIVE TRAINING EVALUATION REPORT 2015-2017

ICJIA

Illinois Integrated Protocol Initiative
Training Evaluation Report
2015-2017

Prepared by
Lynne Mock, Ph.D.
Illinois Criminal Justice Information Authority
July 2018

Acknowledgements

Table of Contents

Key Findings

Domestic violence is almost ubiquitous in Illinois. Illinois law enforcement agencies reported 118,160 domestic-related crimes in 2016 (Illinois State Police, 2017). The Illinois Family Violence Coordinating Council (IFVCC) has received several federal grants to improve prosecution rates, use of orders of protection, and public safety. IFVCC developed and provided training for police and other criminal justice practitioners to improve knowledge about domestic violence and apply this knowledge to support evidence-based approaches to prosecution.

Illinois Criminal Justice Information Authority (ICJIA) researchers worked with IFVCC Program Director and Evaluation Working Group members to develop evaluation tools for the Council's training protocols and mini-tool kits. Training evaluations from law enforcement, probation officers, emergency services personnel, and 911 telecommunicators were collected and analyzed to determine their confidence levels in processing these cases, perceptions of the trainer and the training, beliefs in supervisory and collegial support for using evidence-based arrest and prosecution approaches, and retention of key information imparted during the training immediately afterwards.

Overall, training participants provided positive feedback about the quality of training provided. Most participants reported a significant increase in confidence after the training and positively rated the training and trainers. While some were uncertain about the relevance of the training to their work, most rated the training as applicable.

Participants showed significant increases in knowledge in most pre- and post-assessments. A 70-percent correct response rate was set as the minimum score required to demonstrate adequate knowledge of the material from the training sessions. More than half of the domestic violence training for law enforcement and emergency medical services staff participants met this standard, at 58 percent and 53 percent, respectively. Almost half of the probation personnel participants met this standard, at 47 percent.

Policy implications explored continuing these trainings and setting specific goals for them. In addition, it would be important to monitor the fidelity of the training provided to insure an increase in investigations, orders of protections and evidence-based arrests. And, work is needed beyond the in-class training and into the workplace, where supervisors can show support for the use of the evidence-based practices and adopt them as standard operating procedure in their departments. Expanding the training modality to online webinar formats with technical assistance outreach would allow more training participation with cost savings in travel and training locations.

Future research could involve an evaluation of the predictive reliability of the evaluation tools to show the extent to which new knowledge was adopted and useful in evidence-based prosecutions. Also, a study comparing standard practice to evidence-based prosecutions stemming from IFVCC training protocols and mini-toolkits would measure the effectiveness of the tools to support domestic violence arrest and prosecution.

Introduction

In 2013, Illinois Family Violence Coordinating Councils (IFVCC) staff and professional volunteer board members implemented the Illinois Integrated Protocol Initiative promoting statewide adoption and implementation of model investigation protocols addressing domestic violence, elder abuse, and abuse of people with disabilities for law enforcement, prosecutors, the judiciary, court staff, advocates, emergency responders, and other criminal justice professionals. IFVCC Program Director and board members designed protocols and mini-tool kits to teach best or promising practices for handling abuse cases to increase evidence-based prosecutions and use of orders of protection in cases of domestic or family violence and abuse of older adults and people with disabilities.

Domestic Violence. According to the Illinois State Police Illinois Uniform Crime Reporting System (I-UCR), Illinois law enforcement agencies reported 118,160 domestic-related crimes in 2016. A domestic-related crime is any offense attempted or committed between individuals in which a domestic relationship exists (Illinois State Police, 2017). According to police data, the most common relationship between victims and alleged offenders was a current or former dating relationship (32 percent), spouse or ex-spouse (15 percent), or parent victimized by their child (9 percent); Illinois State Police, 2017). *Table 1* provides a list of domestic-related crimes reported by police departments into I-UCR by offense type in 2016.

Table 1
Illinois Domestic-Related Offenses in 2016 (N=118,160)

Offenses	Number of Incidents	Percent
Domestic Battery	65,652	56%
Violations of Orders of Protection	6,685	6%
Aggravated Domestic Battery	4,213	4%
Criminal Sexual Assaults	668	<1%
Criminal Sexual Abuse	659	<1%
Stalking	219	<1%
Aggravated Criminal Sexual Assaults	123	<1%
Homicides	68	<1%
Financial Exploitations of The Elderly	46	0%

Excerpted from Domestic Offenses, Crime in Illinois 2016, Offense Type 2016

Elder Abuse. A total of 15,924 reports of abuse to Adult Protective Services were recorded state fiscal year 2016, a seven-percent increase over last years' total. The majority (81 percent) involved individuals 60 years old or older. Over half (52 percent) of those reports were for financial exploitation. In addition, 40 percent of those reports included allegations of emotional abuse, 39 percent included allegations of passive neglect, and 23 percent included allegations of physical

abuse. Most victims of abuse were women (66 percent) and figures varied greatly by crime type. For instance, 81 percent of the victims of reported sexual abuse were women (APS Annual Report Charts, 2017).

Abuse of People with disabilities. According to the Bureau of Justice Statistics, the rate of crimes against people with disabilities were 2.5 times higher than for persons without disabilities (Harrell, 2017). Of the 15,924 reports of abuse in state fiscal year 2016, almost 20 percent, or 2,992 reports, involved victims who were adults with disabilities ages 18 to 59 years (Illinois Department on Aging, 2017). Social workers and medical personnel reported a third of abuse cases, while family members and victims themselves reported nearly a quarter of the cases, at 15 percent and 8 percent, respectively. Many victims experienced multiple forms of abuse. Financial exploitation was the most frequently reported (52 percent). Financial exploitation was often reportedly accompanied by emotional abuse (40 percent, Illinois Adult Protective Services, 2017).

Present Study

In 2014, the IFVCC Coordinator formed an Evaluation Workgroup consisting of IFVCC Program Director and board members and Illinois Criminal Justice Information Authority (ICJIA) research staff. The workgroup met regularly to review and develop assessments for their domestic violence protocols and mini-toolkits trainings. The goal of the protocols was to improve investigational practices to increase arrests and convictions of domestic violence, and to provide supporting evidence for and encourage orders of protection.

Model protocols were created specifically for law enforcement, prosecution, and the judiciary in 1997. *Domestic Violence Training for Law Enforcement* was the first training in this series and has been revised three times (IFVCC, 2013; Domestic Violence Training and Curriculum Task Force, 2007). The one-day domestic violence training for law enforcement included the following components:

1. Arrest
2. Dynamics of Domestic Violence
3. Effects on Children
4. Evidence Collection
5. Firearms & FOID
6. Interviewing Suspect
7. Interviewing Victim
8. Legal Remedies
9. Lethality Assessment
10. Mandated Reporting
11. New Illinois Laws
12. Officer Liability
13. Officer Safety & Responsibilities at the Scene
14. Police Reports
15. Prosecution
16. Stalking
17. Strangulation

In 2015, the workgroup created model protocols for working on domestic violence and abuse cases for older adults and people with disabilities, specifically for both law enforcement and prosecutors. Training on abuse of older adults and people with disabilities included the following components:

1. Abuse and Neglect of the Elderly and People with Disabilities
2. Law Enforcement Response
3. Myths and Facts
4. Overview and Climate Questions
5. Prosecutor Response
6. Victim Considerations

In 2016, portions of these protocols were adapted for use in mini-toolkits for other criminal justice professionals. Mini-tool kits were created to provide knowledge about domestic violence and abuse of older adults and people with disabilities and were specifically adapted and condensed from the two trainings described above to train court personnel, emergency medical services staff, probation officers, and 911 telecommunicators who often are involved in domestic violence cases. The mini-tool kits provide information and practices for interacting with these victims in a way that improves case information collection and increases chance of arrest.

The workgroup created a series of instruments to assess if confidence in using model protocol procedures and knowledge about domestic violence, older adults, and people with disabilities improved immediately post-training. In collaboration with the workgroup, an ICJIA researcher created confidence ratings, pre/post-assessments, and session evaluations for the following trainings:

1. Model Domestic Violence Protocol
   a. Law Enforcement
   b. Prosecutors
2. Model Protocol for Responding to Victims with Disabilities and Older Adults
   a. Law Enforcement
   b. Prosecutors
3. Promising Practices Mini-Toolkits
   a. Court Personnel
   b. Emergency Medical Services
   c. Probation
   d. 911 Telecommunicators

Researchers evaluated the trainings on model protocols and tool kits on domestic and family violence and abuse. The purpose of the evaluation was to determine if the training resulted in increased participant confidence in working domestic violence and abuse cases and knowledge of evidence-based procedures to document and investigate these cases.

Sample

The target population in this study was Illinois professionals in the criminal justice system who respond to domestic or family violence and abuse. These professionals included those in law enforcement, prosecutors, the judiciary, court staff, probation officers, advocates, emergency responders, and other professionals in the domestic violence field.

Local Family Violence Coordinating Council Training Teams distributed evaluations during 28 training sessions held between September 2015 and September 2017. A total of 990 assessments were completed[1] (*Table 2*). Most of the trainings included law enforcement participation (64 percent).

No prosecutor-specific training sessions were held during the evaluation period. Fewer than 10 prosecutors attended sessions with police officers. Their surveys were added to police officer assessments. The trainers for court personnel submitted too few assessments for analysis. Their surveys were excluded from the study.

Table 2
Illinois Integrated Protocol Initiative Trainings 2015-2017

Training Participants	Type of Training	Number of Trainings	Number of Assessments Submitted	
			Pre	Post
Law Enforcement	Domestic violence investigations	15	206	240
	Elder abuse and abuse of persons with disability investigations	3	59	49
Probation Officers	Domestic violence and abuse against older adults and people with disabilities	4	73	116
Emergency Medical Services Personnel	Domestic violence and abuse against older adults and people with disabilities	3	103	92
911 Telecommunicators	Domestic violence and abuse against older adults and people with disabilities	2	22	22
Court Personnel	Domestic violence and abuse against older adults and people with disabilities	1	4	4
	Total	**28**	**467**	**523**

Procedures

All assessment materials and procedures were reviewed and approved by ICJIA's Institutional Review Board. Local Family Violence Coordinating Council Training Teams and trainers received instructions to conduct anonymous pre- and post-assessments. All IFVCC trainers were volunteers

---

[1] The number of people attending trainings was not available, subsequently there was insufficient information to calculate a response rate.

with professional backgrounds in either domestic violence victim advocacy, law enforcement, or human services.

The IRB requested anonymous assessment procedures to ensure individual training assessment scores would in no way impact the training participants' performance evaluations on their jobs or in any other negative way. Although the trainers sent attendance sheets with name, position, and place of employment directly to the IFVCC Coordinator, a copy of this sheet was not provided to the ICJIA's Research and Analysis Unit. Rather, only training dates, location, and type of training were provided to researchers along with the pre/post-assessments.

Both pre- and post-assessments were listed at the beginning and end of the training agendas to ensure there was sufficient time to complete them. Trainers were encouraged to color code copies of the pre- and post-assessments to make them more easily distinguishable. IFVCC trainers were instructed to pass out only the pretest during the first 15 minutes of the training and read a consent document to the class. Participants were informed that completing the assessments was voluntary; they could skip questions or the entire assessment.

Trainers collected the pre-assessment before beginning the training. Trainings lasted from half a day to a full day, depending upon the site and the availability of the trainers and training participants. Trainers distributed the post-assessment during the last 15 minutes of the training session. The responses on the post-assessment were randomized and answer choices appeared in different orders. A cover sheet and the pre- and post-assessments (*see Appendix C*) were placed in an envelope or a box and sent directly to an ICJIA researcher.

Measures

The pre/post-assessments contained questions designed to measure changes in reported confidence in working on domestic violence and abuse cases involving older adults and people with disabilities. Participants were asked to rate their confidence using a five-point Likert scale (1= Strongly disagree, 2= Disagree, 3= Uncertain, 4=Agree, 5= Strongly agree) both pre- and post-training. There were four main pre-assessment items. These items gathered the participants opinions about teamwork, time spent, confidence working on domestic violence cases, and using an evidence-based approach for domestic violence cases *(Table 3)*.

Table 3
Confidence Ratings and Training Session Evaluation Items for Pre-Assessments

Pre-assessment topic	Item
Teamwork on domestic violence cases	When it comes to domestic violence cases, law enforcement and prosecution work well together in my district.
	I feel my community works as a team to address violence against people with disabilities.

Pre-assessment topic	Item
Time spent on domestic violence cases	Calls to handle domestic violence take up more than their fair share of police time.
Evidence-based approach to domestic violence	I think the evidence-based approach to prosecuting domestic violence cases is an effective approach.
Confidence handling domestic violence cases	I feel confident in my ability to handle domestic violence situations.
	I feel confident in my ability to handle family violence situations.
	I feel confident in my ability to handle domestic violence situations involving elderly persons/older adults.
	I feel confident in my ability to handle domestic violence situations involving people with disabilities.

Source: IFVCC Protocol Assessments

To document changes in overall knowledge attainment, researchers created 15 questions specific to the information covered during the training and the training objectives. Most questions required participants to select a single answer from a number of pre-set response options. A score of 11 or 70% correct responses was set as the minimum score required to demonstrate adequate knowledge of the material from the training sessions.

The post-training assessment contained additional statements about participant experiences in the training, relevance of the training to their jobs, and whether they would be supported by their supervisor to use what was learned in the training. Participants were asked to respond using a five-point Likert scale (1= Strongly disagree, 2= Disagree, 3= Uncertain, 4=Agree, 5= Strongly agree, *Table 4*) for these items. *Appendix C* contains a copy of the pre/post-assessment materials.

Table 4
Confidence Ratings, Beliefs, and Training Session Evaluation Items for Post-Assessments

Post-assessment topic	Item
Supervisor support for using the model protocols	My supervisor will support my use of the model protocols for domestic violence that I learned today.
	My supervisor will support my use of what I learned today in the "Promising Practices Mini-toolkit.
	I feel confident in my ability to handle domestic violence situations.

Post-assessment topic	Item
Confidence handling domestic violence cases	I feel confident in my ability to handle family violence situations. I feel confident in my ability to handle domestic violence situations involving older adults. I feel confident in my ability to handle domestic violence situations involving people with disabilities.
Evidence-based approach to domestic violence	I think the evidence-based approach to prosecuting domestic violence cases is an effective approach.
Session evaluation	The training was relevant to my role in law enforcement. The training was relevant to my role in the courts. The training materials were helpful. The training was interesting and kept me engaged. The training improved my knowledge of domestic violence. The training improved my knowledge of family violence. The training improved my knowledge of the abuse of the elderly and people with disabilities.
Trainer evaluation	The trainer was knowledgeable of the subject matter. The trainer acted in a professional manner.

Research Design and Analyses

The evaluation design was a non-control group, pre/post-test design (O_{pre} $X_{training}$ O_{post}), whereby all attendees were asked to complete a pre-training assessment, followed by the training and post-training assessment. The assessments were entered into an Access or SPSS database by an ICJIA researcher or intern. Results of the confidence ratings, pre- and post-assessments, and session evaluations were analyzed using SPSS software. Researchers conducted frequency, distribution, and descriptive analyses for these data. Paired t-tests were used to compare the means for confidence ratings and pre-/post-assessments (Brace, Kemp & Snelgar, 2013). Assessments that were submitted blank were assigned missing values and were not included in subsequent analyses. Missing responses were excluded from the analyses and reported if the missing amount exceeded 10 percent.

Findings

Model Protocol Training: Domestic Violence

Local Family Violence Coordinating Council Training Teams and volunteers held 15 sessions with a total of 230 participants for the law enforcement training on domestic violence. The average number of training participants per session was 16.

Confidence ratings. Participants reported feeling generally confident in handling domestic violence cases, with significantly more agreement at post-assessment ($t = 5.23$, df = 198, $p < .000$, *Figure 1b*), an 11-percent increase in confidence. Participants also agreed that an evidence-based approach would be effective for domestic violence cases, with significantly more agreement at post-assessment ($t = 9.139$, df = 196, $p < .000$, *Figure 2b*), a 17-percent increase.

Figure 1a
Law Enforcement Domestic Violence training session pre/post assessment
"I feel confident in my ability to handle domestic violence situations."
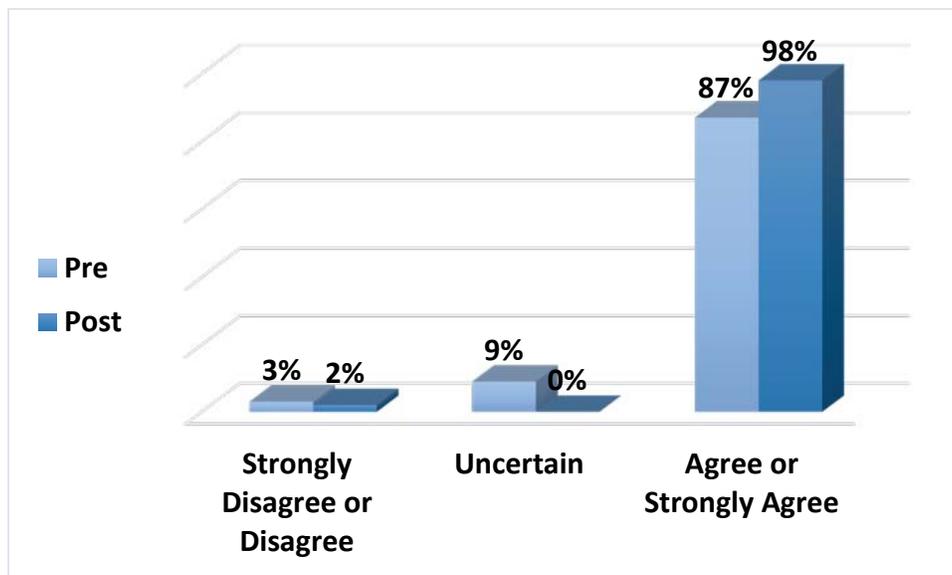
Source: IFVCC LE DV ALL evaluation data

Figure 1b
Law Enforcement Domestic Violence training session pre/post assessment
*"I think the evidence-based approach to prosecuting domestic violence
cases is an effective approach."*
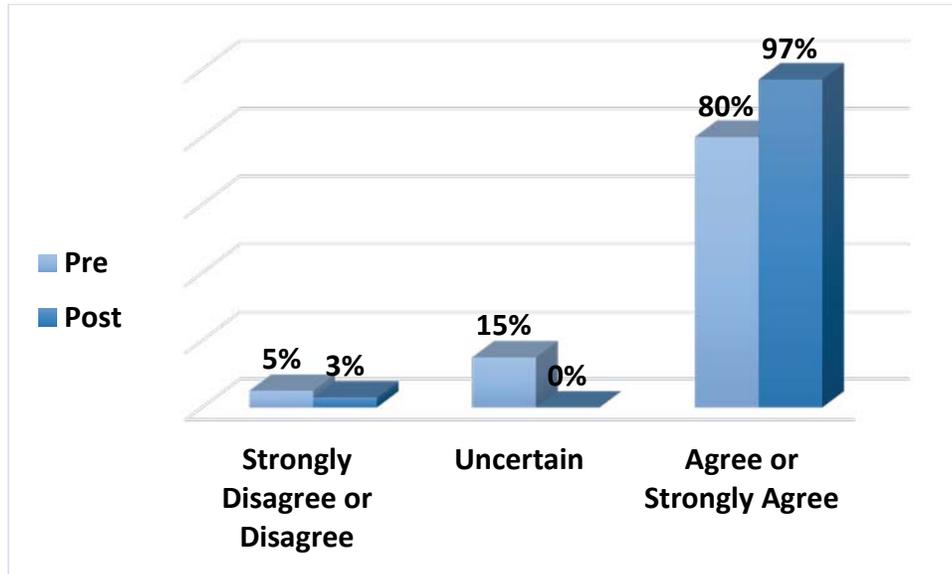
Knowledge attainment. A significant increase also was seen in the number of correct responses post-training to key training elements ($t = 4.33$, df $= 205$, $p < .000$). Prior to the training, participants scored an average of 9.93. This increased to an average of 10.66 post-assessment. Another way to look at these data is to compare the number of people pre- vs. post-assessment who scored higher than 70 percent correct on the assessment, the standard set by which individuals were considered proficient in their new knowledge. In total, 43% (n=99) of the participants scored above 70 percent at pre-assessment and 55% (n=133) of the participants scored above 70 percent at post assessment had adequate knowledge about domestic violence using this standard (*Figure 2*).

Figure 2
Law Enforcement Domestic Violence Participants Proficiency Scores
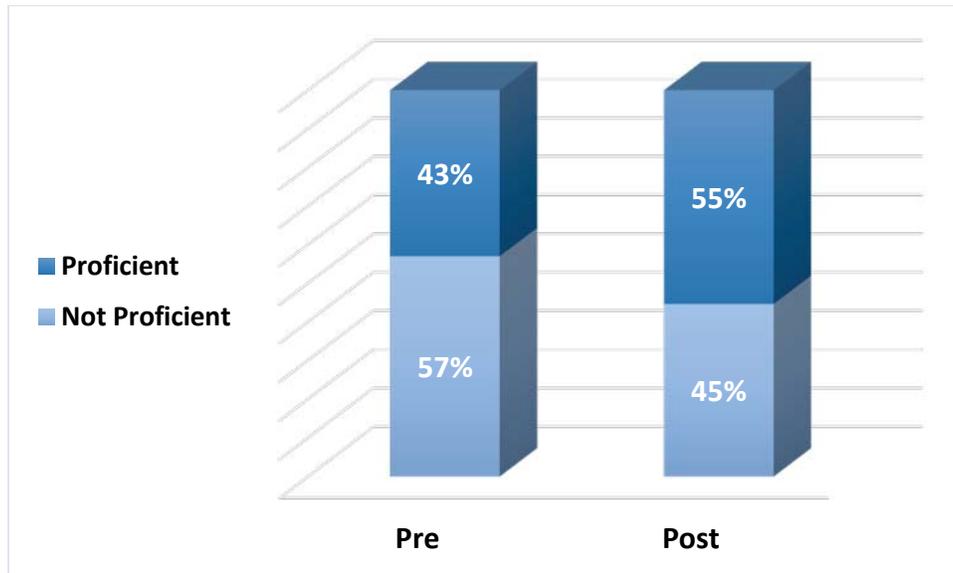
Source: IFVCC LE DV ALL evaluation data

Overall training perceptions. Overall, participants gave positive ratings of the training. They reported that the trainers were knowledgeable and professional (*Figures 3a*.). They stated that the training improved their knowledge about domestic violence, and was interesting, engaging, and relevant, with helpful materials (*Figures 3b.).* They also reported believing their supervisors would support their use of the model protocols for domestic violence (Figure 3c.).

Participants reported less agreement concerning police and prosecution implementing a team approach to domestic violence in their community (*Figure 3c.*). Also, there was less agreement and some uncertainty about the appropriate amount of police time spent on handling domestic violence calls (*Figure 3c.*).

Figure 3a
Domestic Violence Trainer Evaluation

	Strongly Agree	Agree
Trainer Professional	67%	31%
Trainer knowledgable	60%	38%
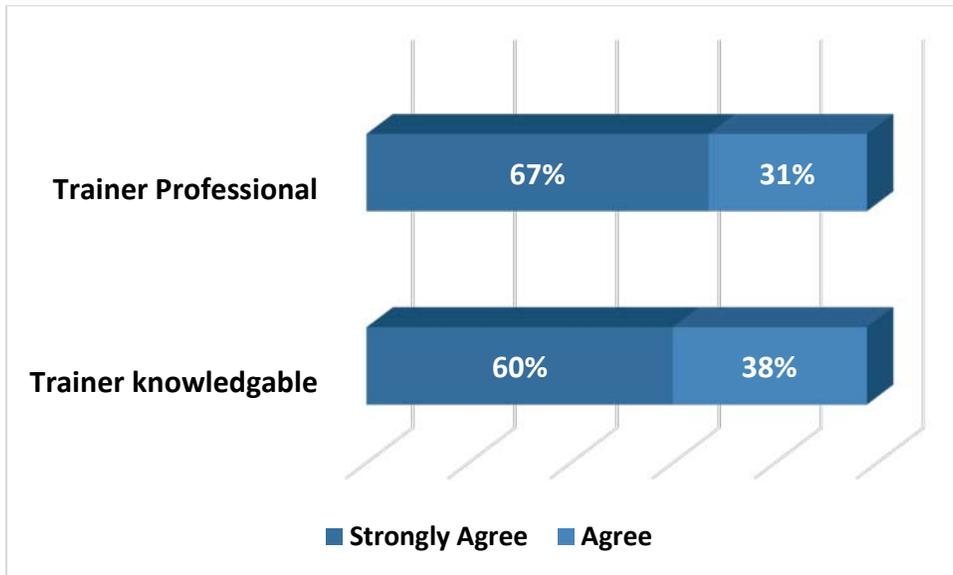
Source: IFVCC LE DV ALL evaluation data

Figure 3b
Domestic Violence Training Evaluation

	Strongly Agree	Agree	Uncertain
Training Improved knowledge	49%	41%	7%
Training Interesting & engaging	45%	47%	6%
Training Materials helpful	51%	46%	
Training Relevance	49%	45%	5%
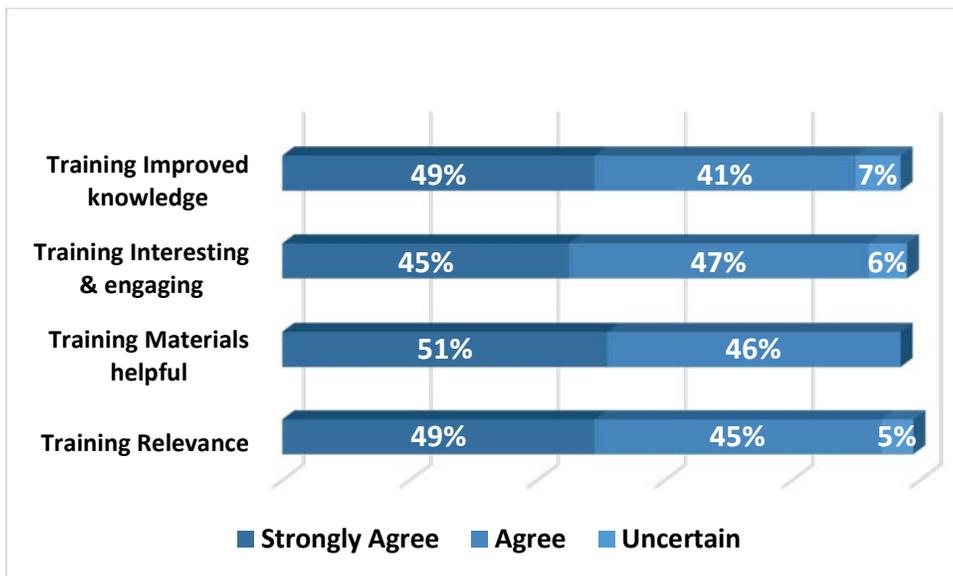
Source: IFVCC LE DV ALL evaluation data

Figure 3c
Domestic Violence Perceptions

Bar chart with categories Strongly Agree, Agree, Uncertain, Disagree:
- DV calls take too much time: 18%, 42%, 15%, 24%
- Team approach: 14%, 66%, 8%, 8%
- Supervisor support: 48%, 48%
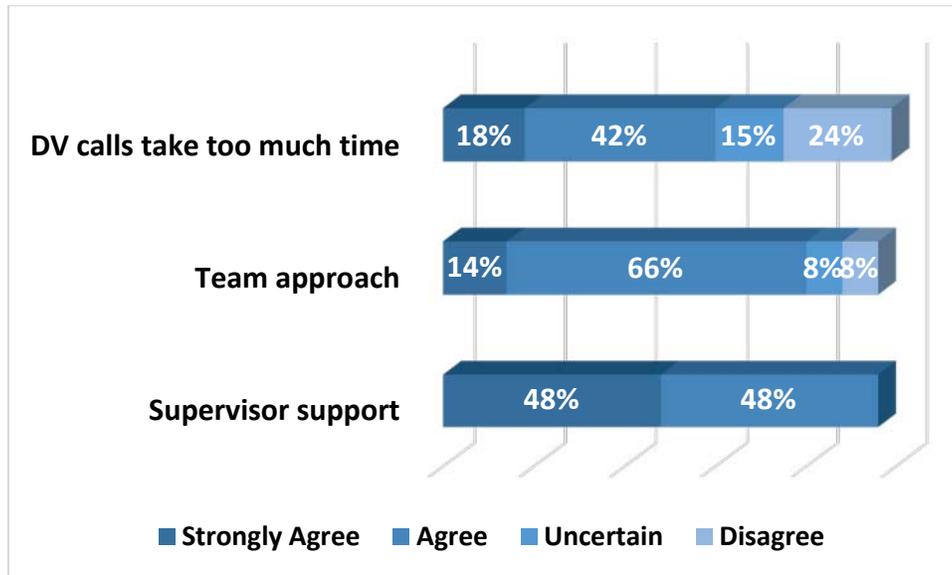
Source: IFVCC LE DV ALL evaluation data

Post-assessment item review. Analysis was conducted to identify information that was not widely absorbed (by 60 percent or more). More than 60 percent of the participants responded incorrectly to two post-assessment questions (*Table 5*).

Table 5
Domestic Violence Law Enforcement Training:
Most frequent incorrect items at post-assessment

Post-Assessment Item	Percent	Response
#3 When is the most dangerous situation for an officer to arrive on the scene of a domestic disturbance call? 76% incorrect Source: Dynamics of Domestic Violence, slide #21 notes	4%	a. When the batterer is relaxed and the victim is agitated.
	24% ***CORRECT***	b. When the batterer is agitated and the victim is trying not to provoke the batterer.
	7%	c. When the batterer is relaxed and the victim is hypervigilant.
	65%	d. Immediately after the violent incident where the responding officers are unable to witness the event.

Post-Assessment Item	Percent	Response
#7 How might the arresting officer inadvertently give the batterer control over the situation? 61% incorrect Source: Interviewing Suspect, slides #5-6	**39% CORRECT**	a. By allowing the perpetrator to kiss his family good-bye.
	14%	b. By encouraging the perpetrator to talk about why he/she is angry with the victim.
	12%	c. By talking to the suspected batterer in a separate room from the victim.
	35%	d. By acknowledging the suspects frustration with the victim.

Summary. The domestic violence training for law enforcement appears to increase confidence in knowledge, handling domestic violence calls, and using an evidence-based approach for investigations. More than half of the training participants demonstrated minimum proficiency of the training material immediately after the session.

Law enforcement participants gave the trainers and the training good ratings. However, they expressed some uncertainty about the appropriate amount of time to spend on domestic violence cases. Additionally, most participants were unable to recall immediately post-training information presented on when a domestic violence situation is most dangerous and how to maintain control when arresting the batterer.

Model Protocol Training: Responding to Victims with Disabilities and Older Adults

IFVCC held three trainings for victims with disabilities and older adults (OAPwD) with participation by 49 law enforcement personnel. The average number of training participants per session was 20.

Confidence ratings. Participants agreed they were confident in handling domestic violence cases for older adults (pre- 3.84, post- 4.00) and people with disabilities both at pre-assessment (3.70) and post-assessment (4.12). At pre-assessment they were uncertain if their communities worked as a team to address violence against the older adult and people with disabilities (not included at post-assessment). While there were no statistically significant differences in confidence ratings between pre- and post-assessments ($t = 0.504$, $df = 47$, $p = .617$), at post-assessment, participants reported slightly higher confidence ratings and the confidence rating post-training specific to working with people with disabilities approached statistically significant ($t = 1.95$, $df = 49$, $p = 0.057$).

Knowledge attainment. There was no significant change in knowledge attainment scores at post-assessment ($t = 0.00$, $df = 48$, $p = 1.00$). Participants had a mean score of 8.84 pre-assessment

and 8.84 post-assessment. Fewer participants at pre-assessment reported having adequate knowledge about domestic violence and older adults and people with disabilities at 15% (n=9) than at post-assessment at 27% (n=13), an increase of 12% (*Figure 4*).

Figure 4
OAPwD training participants by proficiency scores
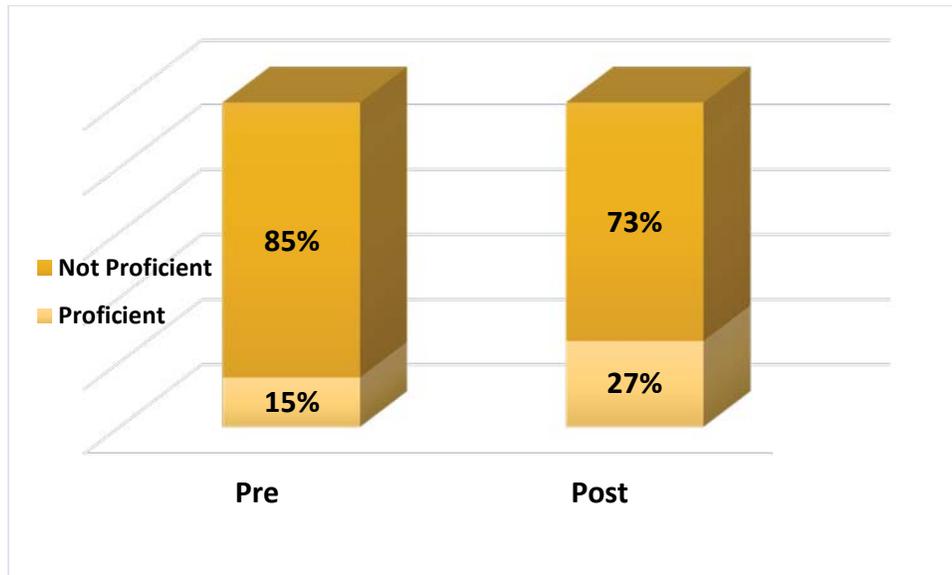
Source: IFVCC OAPwD PrePostTests data

Overall training perception. Overall, participants agreed their trainer was knowledgeable and professional, the training was relevant, the training improved their knowledge, and the materials they received were helpful (*Figures 5a-b*). Law enforcement participants also generally agreed their supervisors would support use of the knowledge gained and practices learned in the training (Figure 5c.). Almost a third expressed uncertainty about using a team approach to address domestic violence issues for people with disabilities.

Figure 5a
OAPwD Trainer Evaluation
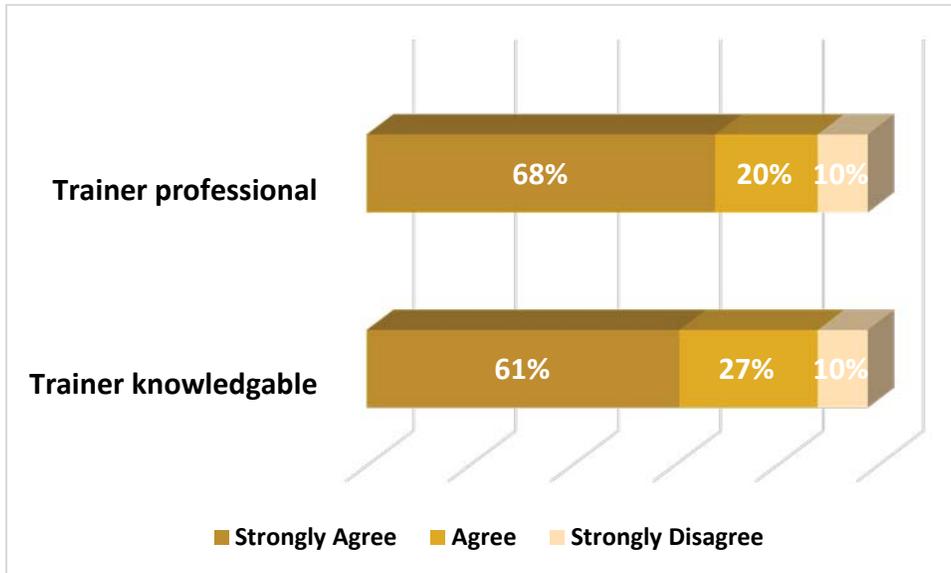
Source: IFVCC OAPwD PrePostTests data

Figure 5b
OAPwD Training Evaluation
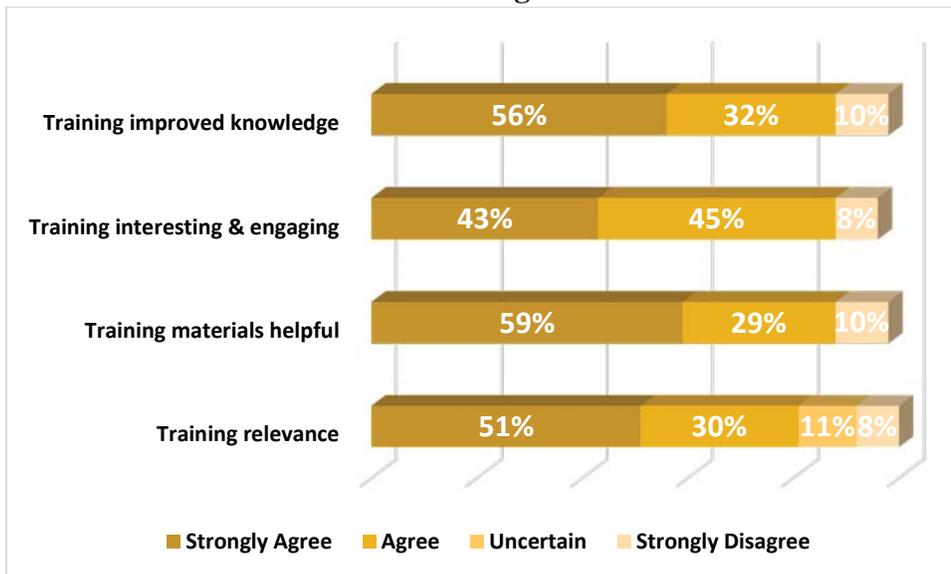
Source: IFVCC OAPwD PrePostTests data

Figure 5c
OAPwD Domestic Violence Perceptions

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Team approach for disabled persons	9%	34%	49%	9%	
Team approach for elderly	9%	51%	32%	9%	
Supervisor support	49%	29%	12%	10%	
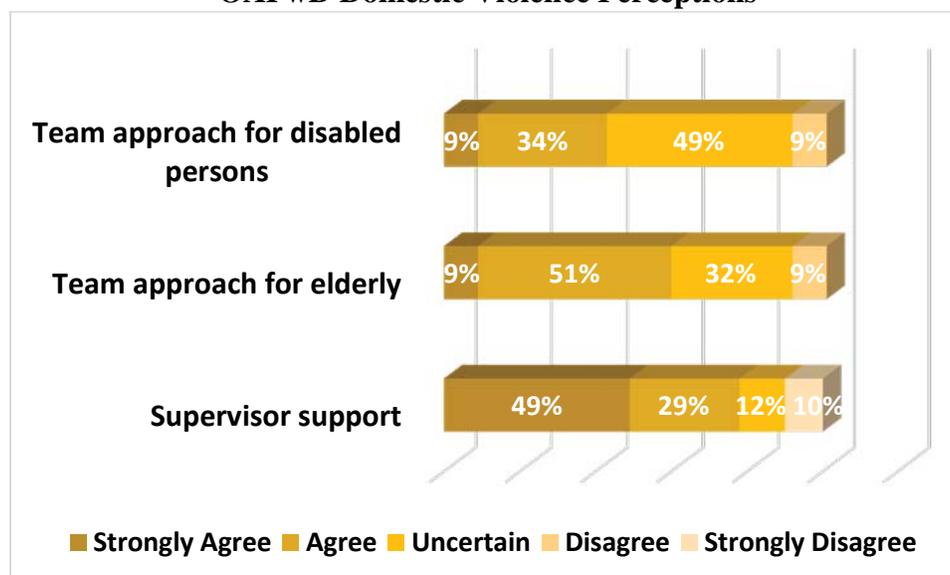
Source: IFVCC OAPwD PrePostTests data

Post-assessment item review. Analysis was conducted to identify information that was not widely absorbed (by 60 percent or more). More than 60 percent of the participants responded incorrectly to two questions (*Table 6*).

Table 6
Abuse Against Older Adults and Persons with Disability Law Enforcement Training: Most frequent incorrect items at post-assessment

Post-Assessment Item	Percent	Response
#1 What percent of adults over 65 years old will develop dementia? 100% incorrect Source: Myths and Facts, slide #5	56%	a. 25%
	17%	b. 15%
	0% Correct	c. 5%
	27%	d. 50%
#3 What is 'passive neglect'? 60% incorrect Source: Abuse and Neglect, slide #12	0%	Failing to ask for all of the entitlements available to a person with disabilities or an elderly person.
	0%	Failing to provide 24-hour supervision and care to an elderly person.
	40% Correct	Failing to provide a person with disabilities or an elderly person with

20

Post-Assessment Item	Percent	Response
		basic needs, including supervision and medical care.
	60%	All of the answers are correct.

Summary. There was no significant change in confidence in handling domestic violence cases involving older adults and people with disabilities, nor was there a difference in pre/post-assessment scores. Most training participants were not proficient in the material provided on older adults and people with disabilities immediately after the training. Despite participants' perception of knowledge gained and positive trainer ratings, the results indicated that there was no significant improvement in knowledge post-training.

Law enforcement training participants did not absorb two key pieces of information from the training. No one recalled that only five percent of adults over 65 will develop dementia. Participants also were unclear on the meaning of "passive neglect."

Mini-Tool Kit Training: Emergency Medical Services

IFVCC had three trainings with a total of 92 participants for emergency medical services (EMS) staff. The average number of training participants per session was 34.

Confidence ratings. Regarding their ability to handle family violence, domestic violence involving older adults, and domestic violence involving people with disabilities, participants rated themselves on average as "uncertain" at pre-assessment. However, at post-assessment, participants were more likely to agree that they were confident with handling family and domestic violence. These differences were statistically significant in all three areas: family violence (*t = 5.92, df = 89, p = .000*), older adults (*t = 5.43, df = 90, p = .000)*, and people with disabilities *(t = 6.01, df = 89, p = .000)* (*Figures 6a-c*).

Figure 6a
EMS training session pre/post assessment confident ratings comparisons
"I feel confident in my ability to handle family violence situations."

Figure 6b
"I feel confident in my ability to handle domestic violence situations involving older adults."

Figure 6c
*"I feel confident in my ability to handle domestic violence situations
involving people with disabilities."*
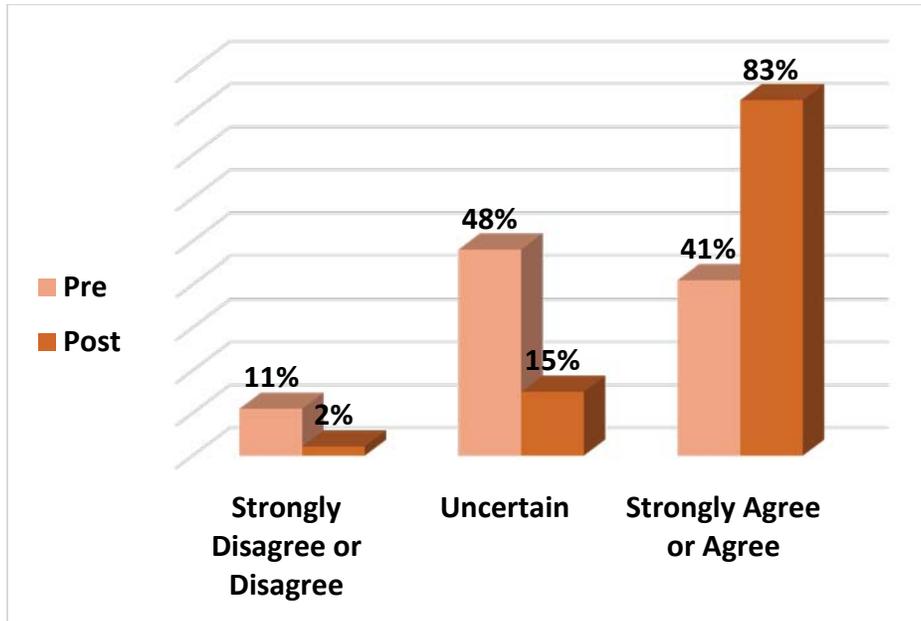
Source: IFVCC EMS ALL data

Knowledge attainment. Researchers noted a significant change at post assessment ($t = 6.17$, df = 90, $p < .000$) for the EMS training with a mean score of 8.70 pre-assessment and 10.32 post-assessment. Almost one quarter (23 percent, n=24) of the participants at pre-assessment compared with 52 percent (n=48) of the participants at post assessment had adequate knowledge about domestic violence with older adults and people with disabilities, a difference of 29% (*Figure 7*).

Figure 7
EMS Training Participant Proficiency Scores
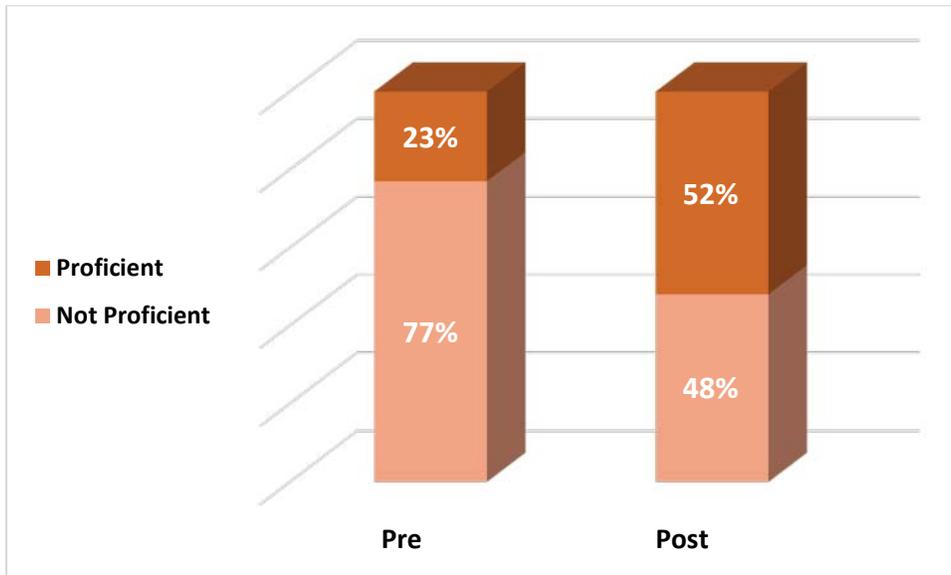
Source: IFVCC EMS ALL data

Overall training perceptions. Overall, participants agreed the trainer was knowledgeable and professional, and, that the training was interesting and engaging. Participants agreed that they improved their knowledge and that the materials they received were helpful. There was somewhat less agreement regarding the relevance of the training. Most reported that their supervisor would support their use of information learned in the training (*Figures 8a-b*).

Figure 8a
EMS Supervisor Support and Trainer Evaluation
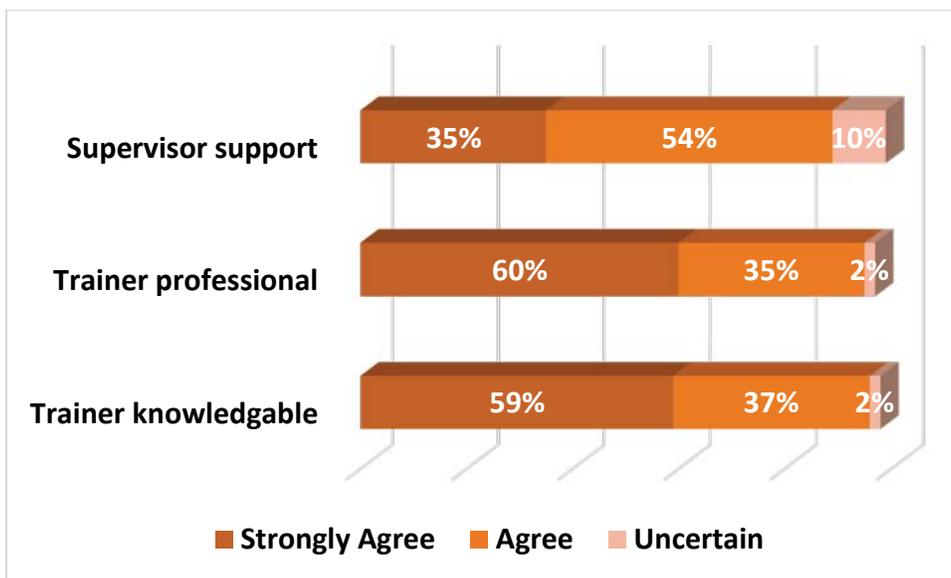
Source: IFVCC EMS ALL data

Figure 8b
EMS Training Evaluation
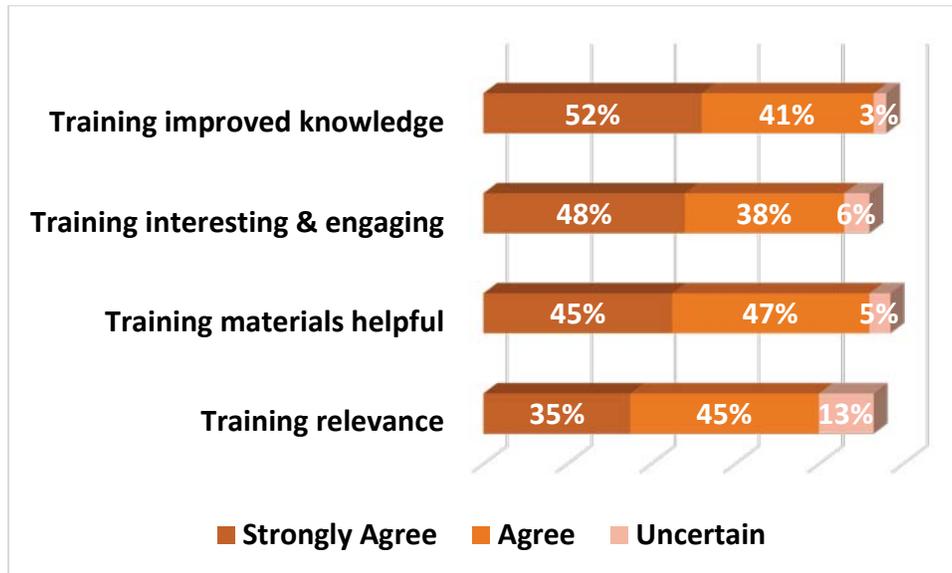
Post-assessment item review. Analysis was conducted to identify information that was not widely absorbed (by 60 percent or more). More than 60 percent of the participants responded incorrectly to four items.

Table 4
Emergency Medical Services Training: Most frequent incorrect items at post-assessment

Post-Assessment Item	Percent	Response
#1 With the victim, what might you observe that could be a sign of abuse? 72% incorrect or skipped Source: EMS slide #12	2%	a. Overly calm demeanor
	28% Correct	b. Fearful and/or anxious behaviors
	0%	c. Talkativeness
	59%	d. All of the signs are correct.
	11%	Skipped
#2 With the abuser, what might you observe that could be a sign of abuse? 70% incorrect or skipped Source: EMS slide #20	**30% Correct**	a. Answers for, or controls communication with victim
	2%	b. Has a fake, positive attitude
	0%	c. Cooperates with all authorities
	57%	d. All of the answers are correct.
	11%	Skipped

Post-Assessment Item	Percent	Response
#11 Why is it so important to document injuries, statements, and observations when you arrive on the scene of a possible domestic disturbance? 67% incorrect or skipped Source: EMS slide #27	42%	a. The police may need a summary of the victim, abuser, and witnesses' statements
	9%	b. It may happen again in the same way
	33% Correct	c. It may be a crime scene
	0%	d. Documentation is not important, just call the police
	17%	Skipped
#15 When transporting and linking a patient, that may have been abused, to a hospital, what should be done? 67% incorrect or skipped Source: EMS slide #47	8%	a. Let the hospital assess and make their own plans
	40%	b. Communicate to all hospital staff any potential threats or abuse
	3%	c. Ask your supervisor how to proceed
	33% Correct	d. Advise hospital security of possible abusive situation
	17%	Skipped

Summary. EMS participants reported improved <u>confidence</u> handling family violence, and working with older adults and people with disabilities and the improvements were statistically significant. Over half were minimally proficient in the training material immediately after the training.

However, <u>most did not recognize</u> signs of abuse in the victim or the abuser. Most did not recall why documentation was important in domestic violence cases. And most did not remember that when taking a domestic violence-impacted patient to the hospital, they should alert hospital security about the possible abuse and the abuser.

Mini-Tool Kit Training: Probation

IFVCC had four trainings for probation department personnel. Overall, 73 participants completed pre-assessments and 116 completed post-assessments. The average number of training participants per session was 29.

Confidence ratings. Regarding their ability to handle family violence, domestic violence with older adults, and with people with disabilities, participants rated themselves "uncertain" at pre-assessment. However, at post-assessments, participant confidence increased significantly for handling cases regarding domestic or family violence ($t = 5.68$, $df = 69$, $p = .000$); domestic violence for people with disabilities ($t = 7.75$, $df = 69$, $p = .000$); and domestic violence for older adults ($t = 6.28$, $df = 69$, $p = .000$, *Figures 9a-c*).

Figure 9a
Probation training session pre/post assessment
"I feel confident in my ability to handle domestic violence situations."
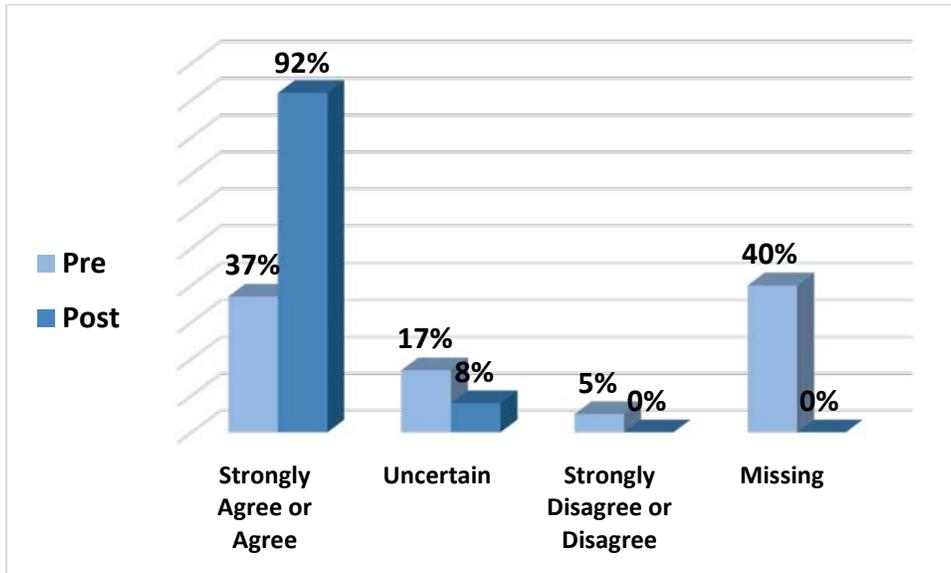
Source: IFVCC Probation Training Assessment data

Figure 9b
Probation training session pre/post assessment
"I feel confident in my ability to handle domestic violence situations involving people with disabilities."

Source: IFVCC Probation Training Assessment data

27
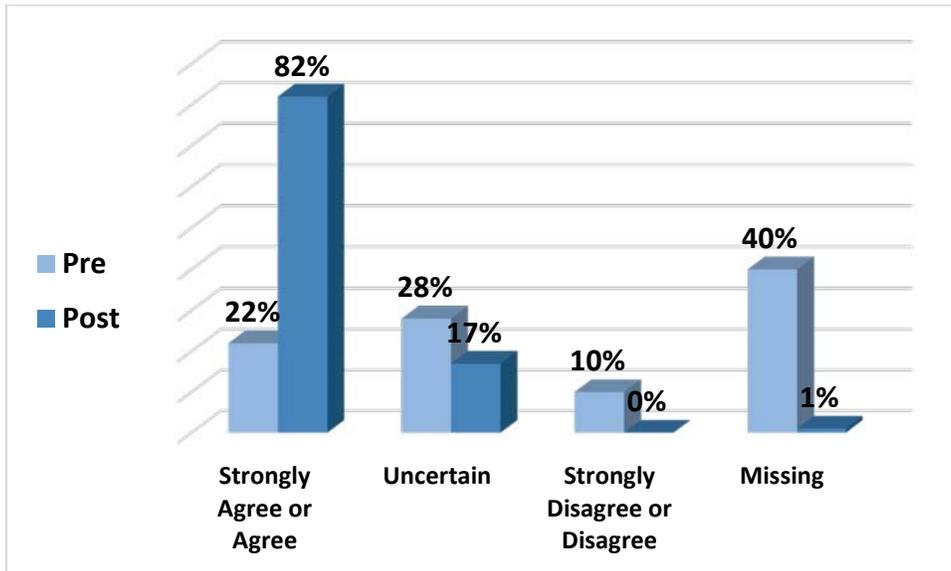
Figure 9c
Probation training session pre/post assessment
"I feel confident in my ability to handle domestic violence situations involving older adults."
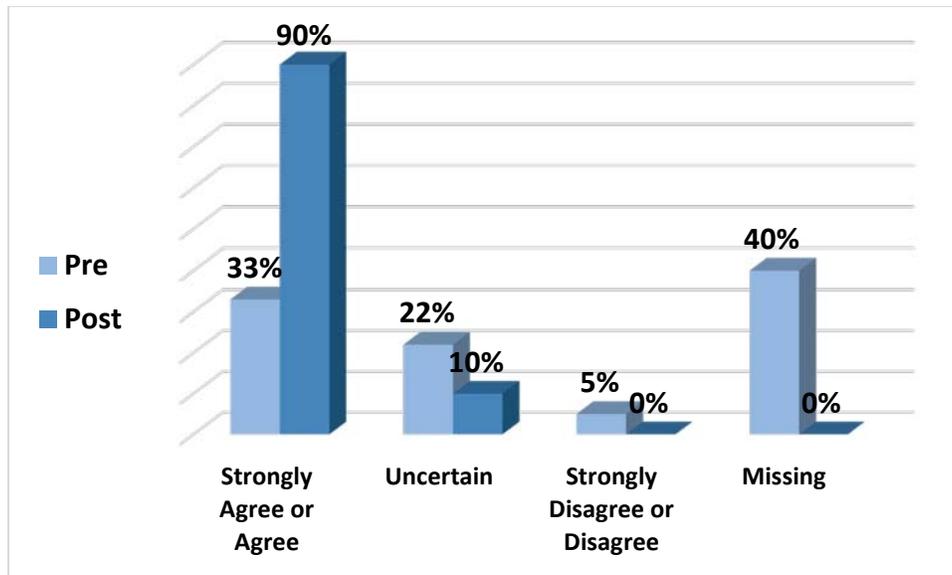
Source: IFVCC Probation Training Assessment data

Knowledge attainment. In the probation training, researchers saw a significant change at post assessment ($t = 18.38$, df $= 71$, $p<.000$ and those missing pre-assessments were excluded from these analyses). The difference was a mean score of 4.07 pre-assessment and 10.03 post-assessment. None of the participants at pre-assessment compared with 47 percent (n=54) of participants at post assessment had adequate knowledge about domestic violence and the abuse of older adults and people with disabilities (*Figure 10*). Pre-assessment scores revealed a *floor effect* with most scores less than or equal to 40 percent correct and 38 percent did not complete the pre-assessment. For the post-assessment, researchers saw a wider distribution of scores from 7 to 93 percent correct, with only one missing post-assessment.

Figure 10
Probation Training Participant Proficiency Scores
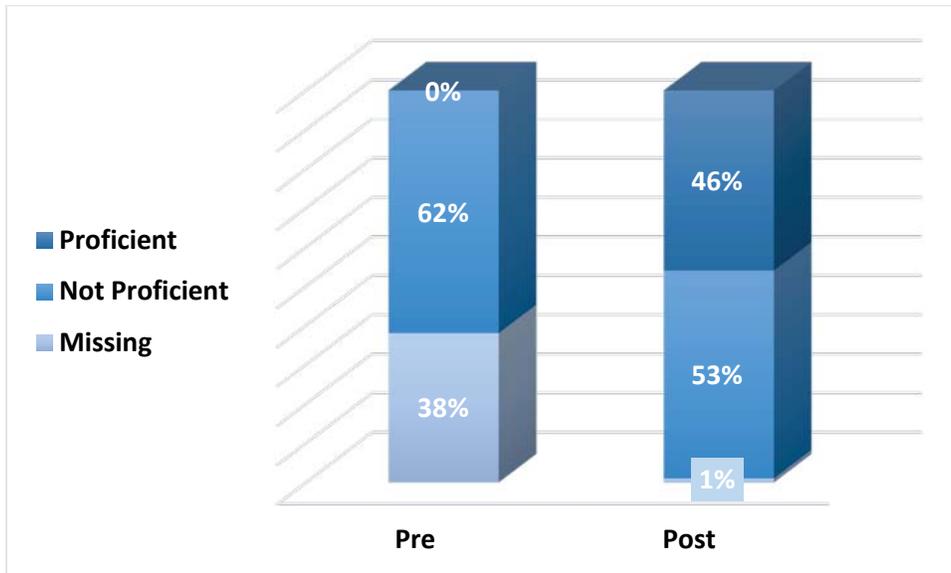
Source: IFVCC Probation Training Assessment data

Overall training perceptions. Overall, participants agreed that the trainer was knowledgeable, professional, interesting, and engaging. Participants agreed they improved their knowledge and that the materials they received were helpful. There was somewhat less agreement regarding the relevance of the training *(Figures 11a.-b.)*.

Figure 11a
Probation Supervisor Support and Trainer Evaluation
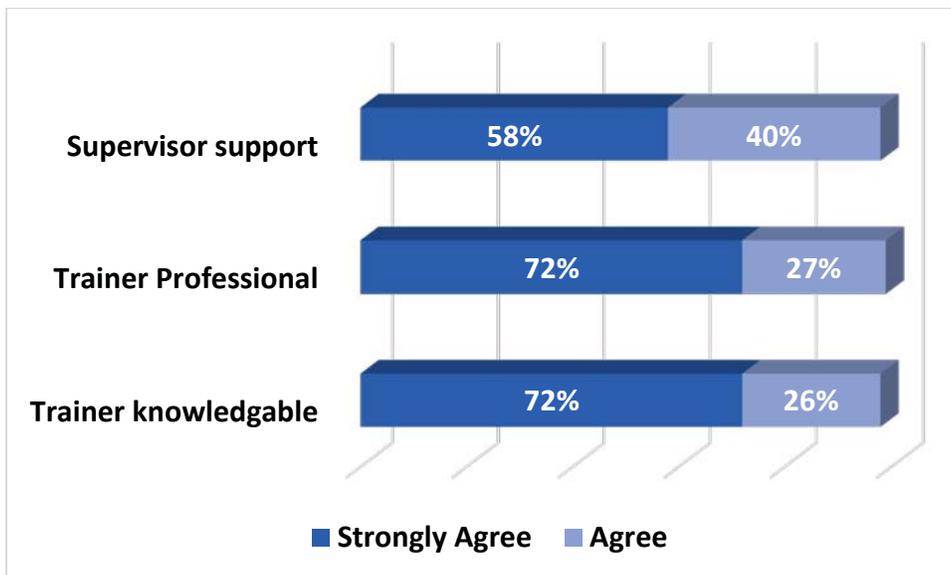
Source: IFVCC Probation Training Assessment data

Figure 11b
Probation Training Evaluation
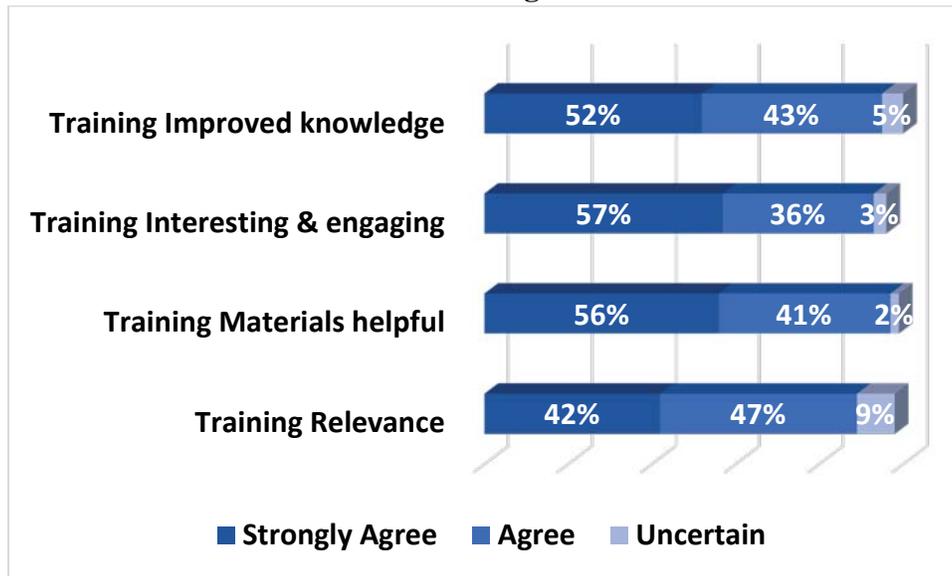
Source: IFVCC Probation Training Assessment data

Post-assessment item review. Analysis was conducted to identify information that was not widely absorbed (by 60 percent or more). More than 60 percent of the participants responded incorrectly to three items.

Table 8
Probation Training: Most frequent incorrect items at post-assessment

Item	Percent	Response
#1 With the victim, what might you observe that could be a sign of abuse?	5%	a. Overly calm demeanor
	22% Correct	b. Fearful and/or anxious behaviors
78% incorrect	0%	c. Talkativeness
	70%	d. All of the signs are correct.
Source: Probation slide #15	3%	Skipped
With the abuser, what might you observe that could be a sign of abuse?	71%	a. All of the answers are correct
	0%	b. Has a fake, positive attitude
	2%	c. Cooperates with all authorities
77% incorrect	**23% Correct**	d. Answers for, or controls communication with victim
Source: Probation slide #17	4%	Skipped

Item	Percent	Response
#13 When working with an older adult or person with disability…	13%	a. assess for competence
	2%	b. presume incompetence
84% incorrect	**16% Correct**	c. presume competence
	61%	d. make no presumptions
Source: Probation slide #12	9%	Skipped

Source: IFVCC Probation additional analyses

Summary. Probation training participants reported improved <u>confidence</u> handling family violence and working with older adults and people with disabilities, and these improvements were significant. All pre-assessment scores were 40 percent or less. Almost half became minimally proficient in the training material immediately after the training, and this change was significant. Probation training participants provided good trainer and training ratings and agreed that they became more knowledgeable due to the training.

However, participants <u>did not recall several key pieces of information</u>. Most did not recognize signs of abuse in the victim or the abuser. Most did not remember that when working with an older adult or a person with a disability, they should presume that the victim is competent enough to assist with the investigation until proven otherwise.

Mini-toolkit Training: 911 Telecommunicators

The Local Family Violence Coordinating Council Training Teams hosted two trainings for 911 Telecommunicators with 22 participants. The average number of training participants per session was 11.

Confidence ratings. Participants initially rated themselves as "uncertain" about their abilities to handle domestic violence situations with older adults and people with disabilities, while they agreed that they could handle domestic violence situations in general. On the ability to handle domestic violence situations with older adults *(t = 3.52, df = 21, p= .002)*, people with disabilities *(t = 4.86, df = 21, p = .000),* and domestic violence in general *(t = 2.73, df = 21, p = .013),* participants reported greater confidence on the post-assessment (*Figure 12a-c*).

Figure 12a
911 Telecommunicators training session pre/post assessment
"I feel confident in my ability to handle domestic violence situations."
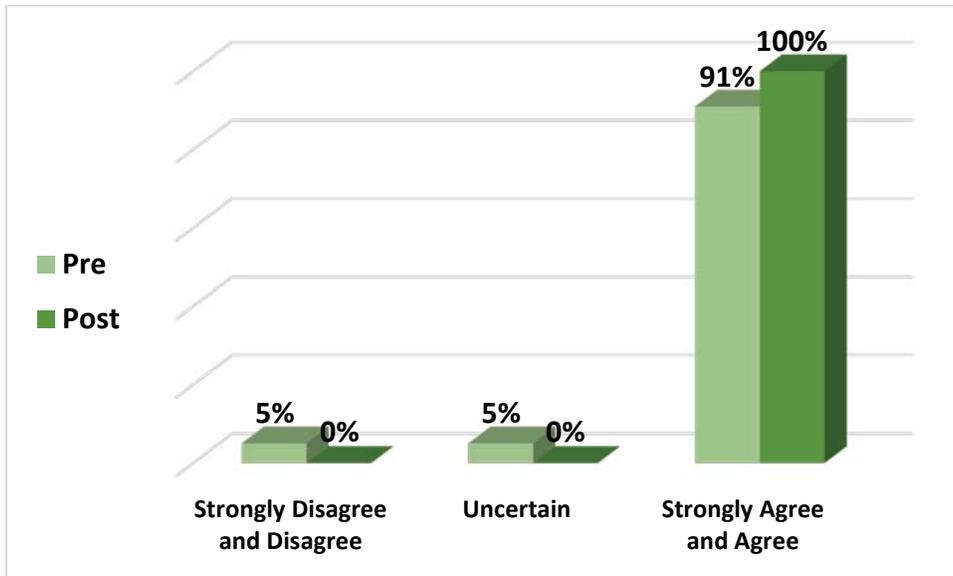
Source: IFVCC 911 data

Figure 12b
911 Telecommunicators training session pre/post assessment
"I feel confident in my ability to handle domestic violence situations involving older adults."
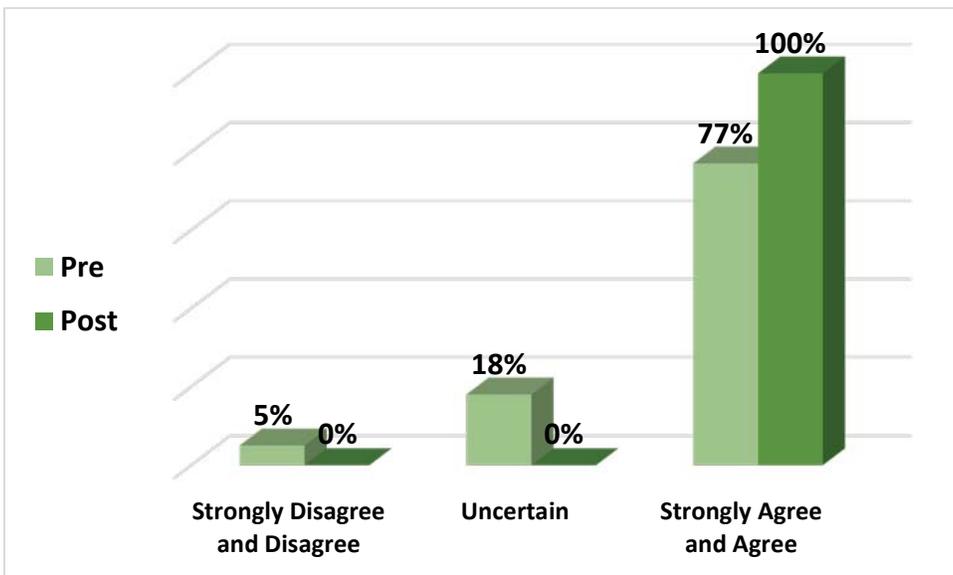
Source: IFVCC 911 data

Figure 12c
911 Telecommunicators training session pre/post assessment
"I feel confident in my ability to handle domestic violence situations involving people with disabilities."
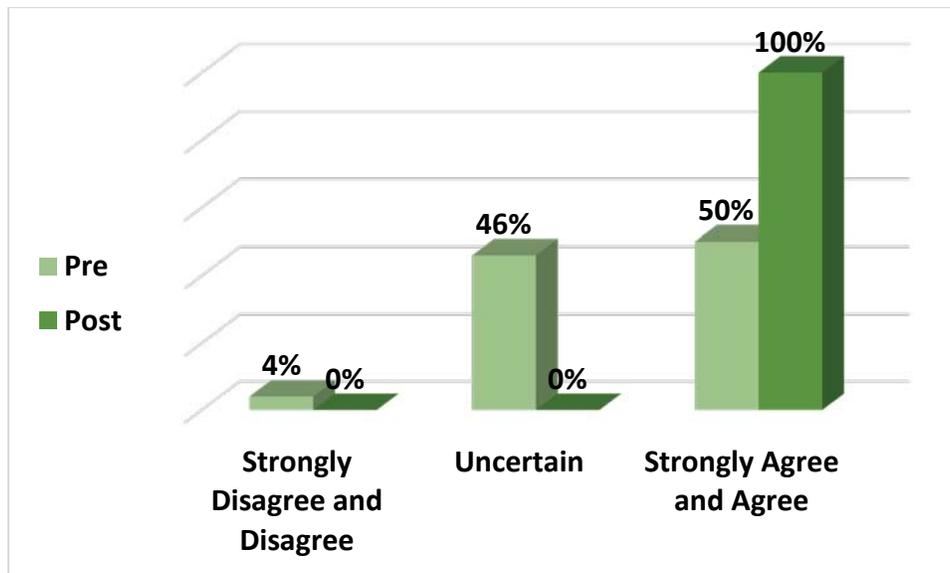
Source: IFVCC 911 data

Knowledge attainment. Researchers saw a significant change at post-assessment (t=2.37, df=21, p<.03) for the 911 training with a mean score of 6.18 pre-assessment and 7.32 post-assessment. However, on both pre- and post-assessments, no one scored higher than 70 percent, the minimum level of proficiency, or a score of 11.

Figure 13
911 Telecommunicator Pre-Post Assessment Scores
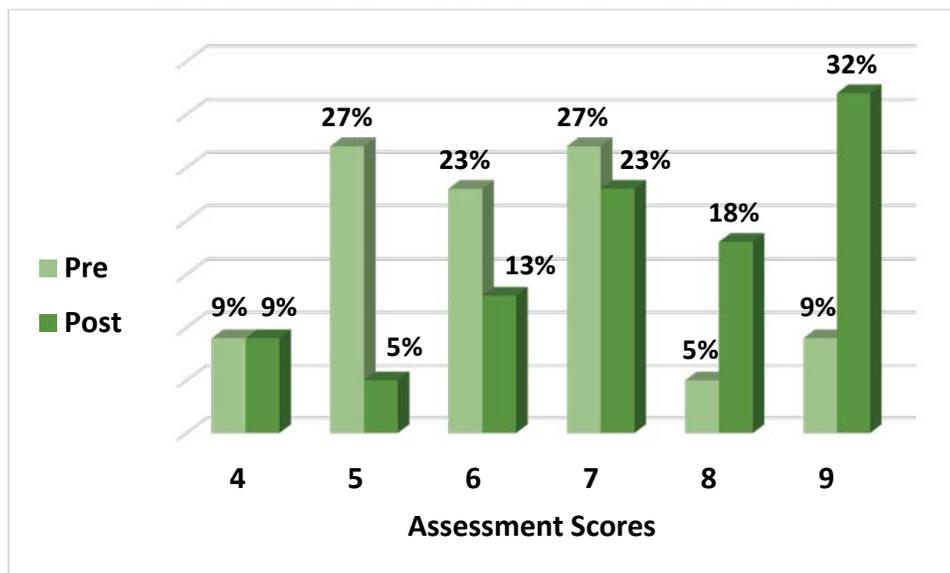
Source: IFVCC 911 data

Overall training perceptions. Participants agreed the trainer was knowledgeable, professional, interesting, and engaging. Participants agreed they improved their knowledge, the materials were helpful, and that the training was relevant to their role in the court system. They agreed that their supervisor would support their use of the information in the training (*Figures 14. a-b*).

Figure 14a
911 Telecommunicators Supervisor Support and Trainer Evaluation
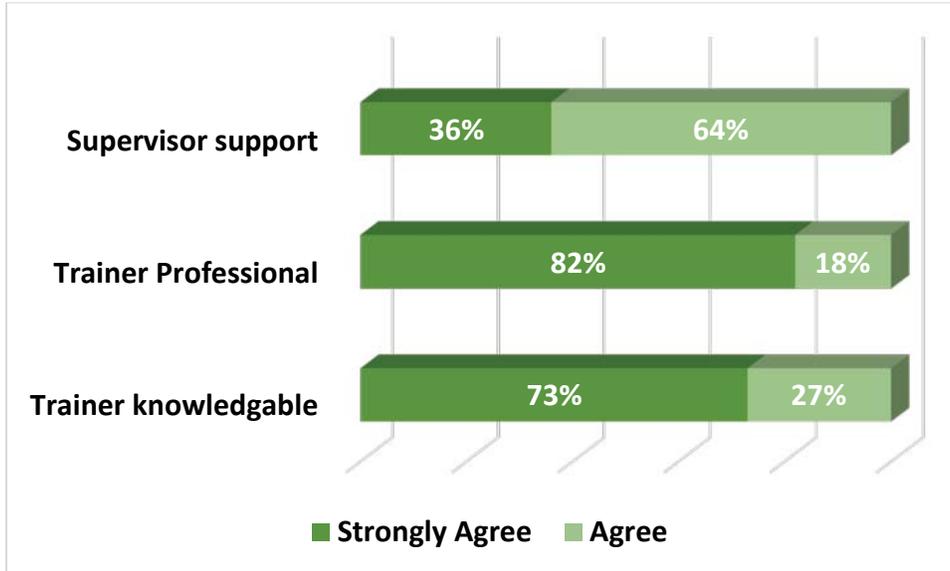
Source: IFVCC 911 data

Figure 14b
911 Telecommunicators Training Evaluation

Source: IFVCC 911 data

34
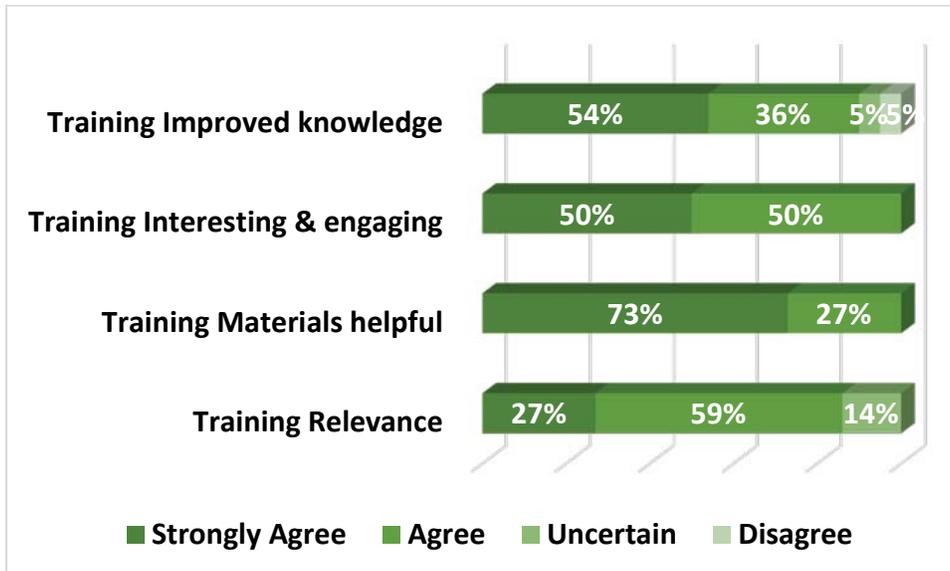
Post-assessment item review. To determine if there was information that was not recalled by the majority (60%+) of the 911 trainees, an analysis of the post-assessment items was conducted. For 911 Telecommunicators training, seven items were found incorrect for over 60 percent of the participants.

Table 9
911 Telecommunicators Training:
Most frequent incorrect items at post-assessment

Item	Percent	Response
#1 With the victim, what might you observe that could be a sign of abuse? 82% incorrect Source**:** 911 slide #17	0%	a. Talkativeness
	5%	b. Overly calm demeanor
	18% Correct	c. Fearful and/or anxious behaviors
	77%	d. All of the signs are correct.
#2 With the abuser, what might you observe that could be a sign of abuse? 77% incorrect Source: 911 slide #18	0%	a. Has a fake, positive attitude
	23% Correct	b. Answers for, or controls communication with victim
	0%	c. Cooperates with all authorities
	77%	d. All of the answers are correct.
#3 Why does the abuser abuse? 82% incorrect Source: 911 slide #10	0%	a. Because of gender roles
	18% Correct	b. For power and control
	0%	c. For violence and power
	82%	d. All of the answers are correct.
#4 What is one of the important roles of 911 telecommunicators when a victim of domestic abuse or violence calls? 100% incorrect Source: 911 slide #20-21	9%	a. Assess threat level and communicate to first responders
	0%	b. Assess the threat level and calm the person down.
	0% Correct	c. Assess the threat level and record the conversation.
	91%	d. Everything is equally important
#8 If the caller is distressed what might help? 91% incorrect Source: 911 slide #22	46%	a. Try to get the person to feel less distressed before asking questions.
	0%	b. Just listen and don't ask a lot of questions.
	9% Correct	c. Ask questions and probe for important details.
	41%	d. All of the above might help.

Item	Percent	Response
	5%	Skipped
#9 If the caller states, "They should not be here" their statement may indicate what? 64% incorrect Source: 911 slide #30	0%	a. That the caller is having visual hallucinations.
	36% Correct	b. That you should ask about any current orders of protection or civil no contact.
	41%	c. That you should ask why the person should not be there.
	23%	d. That the caller is feeling distressed.
#11 If the victim reports they had been choked and have difficulty talking, what should be done? 77% incorrect Source: 911 slide #33	**23% Correct**	a. Send an ambulance to assess the victim for strangulation
	0%	b. Have them drink a glass of water and apply a warm compress to their throat.
	4%	c. Send the police to assess the victim for strangulation and take pictures.
	64%	d. All of the answers are correct.
	9%	Skipped

Source: IFVCC 911 additional analyses

Summary. Telecommunicators reported significant changes in confidence handling family violence, and working with older adults and people with disabilities immediately after the training. Training participants provided good ratings for the trainer and the training, and generally felt the training was relevant to their work.

A small number of pre/post-assessments analyzed, therefore results may change when more trainings occur for 911 Telecommunicators. Although researchers saw some improvement in scores and the change was significant, no one achieved minimal proficiency with the information in the training. Most participants missed almost half of the post-assessment items.

Conclusion

The Local Family Violence Coordinating Council Training Teams distributed evaluations during 28 training sessions held between September 2015 and September 2017. The pre/post-assessment evaluations provided evidence of some improvement post-training in confidence and knowledge of domestic violence and increased knowledge of promising practices to collect evidence for and investigate domestic violence and abuse cases. EMS and probation personnel showed the most improvement in knowledge at post-assessment, at 30 percent and 47 percent, respectively. This larger increase could reflect the fact that these participants reported less familiarity with the subject area on the pre-assessment and, therefore, had greater opportunity for knowledge growth. Researchers noted variation across the types of training in the portion of participants that exhibited minimum proficiency at post-assessment, from 0 percent to 58 percent (*Table 10*).

These data illuminated several areas where the training was not effective in imparting information to the trainees. Information on signs of being abused and abusing others were not correctly recalled by many participants. Law enforcement trainees did not recognize that the most dangerous situation is when the batterer is agitated. Rather, it is common for many law enforcement professionals to perceive all domestic violence calls as dangerous (Eigenberg, Kappeler, & McGuffee, 2012). Most EMS participants did not remember immediately after the training that if domestic violence is suspected, then they should alert hospital security. Also, they answered incorrectly the importance of documenting injuries, statements, and observations because they may be at the scene of a crime. Those working as 911 telecommunicators did not remember the importance of assessing the threat level, recording the call, and asking enough questions to record important details about the incident. Also, they did not absorb the fact that any disclosure of being choked with difficulty speaking must be assessed by emergency medical personnel. Choking or strangulation was emphasized in the training as a potentially life-threatening injury.

Table 10
Summary of Assessment Outcomes

Training Type	Total Post-assessment Participants	Minimum proficiency Participants $\geq$70% correct at post-assessment		Not yet proficient Participants <70% correct at post-assessment	
		n	**%**	**n**	**%**
Domestic Violence for Law Enforcement	230	133	58%	97	42%
OAPwD for Law Enforcement	49	13	27%	36	73%
Emergency Medical Services	92	48	53%	44	47%
Probation	116	54	47%	62	53%
911 Telecommunicators	22	0	0%	22	100%

Limitations. For this training evaluation, larger numbers of trainings and participants were expected. This did not happen because state funding for the project was eliminated in 2015 and fewer trainings could be held. For two trainings, fewer than 50 sets of pre-/post-assessments could be analyzed. More data are needed to increase confidence in the findings. Additionally, the assessment instruments were new and additional work may be needed to refine the questions and response choices. A more rigorous item-by-item analysis, for instance, may identify the specific strengths and weaknesses of the pre-/post-assessment protocols. To achieve this, however, each pre- and post-assessment must be matched at the individual level.

Also, it was assumed that the trainers covered all the information contained in the pre-/post-assessments, but without observing the sessions, the assumption was unsupported. Without such

information one cannot fully determine whether the lack of statistically significant improvements in knowledge attainment necessitates refinement of the training materials, the manner in which the information is conveyed, or if the lack of improvement was because the trainer did not fully cover the materials. Trainers had varying levels of experience with the training materials. Ongoing review of the training content, training materials, trainers, and assessment tools is needed.

Implications

Continue to Offer Trainings and Encourage Booster Training

Overall, the data indicated some or significant improvement in knowledge post-training. Trainings for 911 telecommunicators and law enforcement in the Elder Adults and People with disabilities should continue, but should be monitored to determine if the assessment is congruent with the content of the training. Also, it may be that the material is so new to the training participants that more time should be spent in the training sessions with more interaction and discussion.

A national study of state and local law enforcement training academies reported that out of 840 hours of basic training, an average of 13 of those hours addressed domestic violence (Reaves, 2016). Ongoing training to supplement those 13 hours of training is important to combat common beliefs and misperceptions about domestic violence that police officers maintain even after training in the academy. One researcher found that police officers operate under several incorrect presuppositions about domestic violence (Eigenberg, Kappeler & McGuffee, 2012):

> 1) There is only one type of domestic violence.
>
> 2) Most domestic violence is minor.
>
> 3) Domestic violence is the same as other crimes.
>
> 4) Domestic violence calls are particularly dangerous for police officers.

Another researcher found that most sheriffs surveyed maintained the myth that alcohol and drug abuse cause domestic violence (Farris & Holman, 2015). Ongoing training provides opportunities to reflect on domestic violence cases, consider biases and ineffective practices, and continually expose criminal justice professionals to best practices in their field (Ruff, 2012).

Also, research recommendations for training police officers included regular officer training programs with an emphasis on the unique nature of domestic violence cases, the importance of these cases, and the collection of evidence that is vital to the prosecution (Peterson, 2012). Given the ubiquity of domestic violence offenses in Illinois, second only to theft (Illinois State Police, 2017), police officers, prosecutors, and other professionals involved in these cases need the most up-to-date, evidence-based knowledge and procedures to combat them.

Develop Goals for Each Training Type

Local Family Violence Coordinating Council Training Teams should consider regularly developing training goals. For example, if the level of proficiency is 70 percent correct post training, then this could be the standard for an effective training outcome. Showing a statistically significant change between pre- and post-assessment scores may be insufficient. Future evaluation should report how many more training participants reached or surpassed the level of proficiency demonstrated by their scores on the post assessment being equal to or above 70 percent correct.

The current logic model for training should be reviewed and revised based upon some of the results reported in this study (*Appendix B*). Setting goals would provide guidance on how to improve the testing and assessment processes. Consider adding under outputs the number and percentage of training participants scoring 11 or more or 70 percent correct on post-assessments. Also, Local Family Violence Coordinating Council Training Teams should consider creating an implementation checklist for the training that can be completed by observing the training. In a review of evaluation models, researchers suggest ensuring that the organizations' training needs are addressed and that trainings have explicit and measurable objectives, good practices found across training evaluation models (Tamkin, Yarnall & Kerrin, 2002).

Monitor Extent to Which Protocols and Training Materials Were Used in the Training.

It is not safe to assume that every training for a specific audience is the same or covers all the core competencies. The IFVCC Evaluation Working Group had in place a mechanism to observe and document what was covered in trainings, but was forced to discontinue this monitoring due to a budget reduction. It would be ideal to obtain the resources to continue training observations. In a study of domestic violence training for police officers in South Africa, researchers found practical examples and experiential training methods were sometimes cut short during actual training. These researchers found evidence to support more ongoing and practice-oriented training (Combrinck & Wakefield, 2010). In the future, IFVCC should consider monitoring training fidelity and ensure that any interactive components are not skipped due to time. For instance, one training involved listening to and evaluating 911 dispatches and phone calls from victims. It would negatively impact and de-standardize the training experience if this exercise were cut due to time.

Identify and Provide the Level of Support and Time Needed to Master the Training Materials

With the level of complexity in the training and actual model protocols, it may be insufficient to conduct half or one-day training for knowledge acquisition, especially for skill acquisition, for example, writing more detailed police reports. Trainees need practice and opportunities to use and evaluate the information and procedures in their training, with demonstrated support from their supervisors. In addition, the cultural and organizational change to support model protocols and promising practices go beyond the current training model. For example, the protocols may assume that the law enforcement organizations value an approach that expects police to use both legal and service linkage skills during a domestic violence investigation. It would be important to confirm this value expectation (Gleicher, 2017; Balenovich, 2008). Officers in one focus group study recommended more professional training, incident debriefing, specific feedback on case disposition, inter-agency collaboration, and evidence-based prosecution (Horwitz, et.al,

2011). These and other research recommendations go beyond one-day trainings (Skogan, Van Craen & Hennessy, 2014).

In a study of an emergency department, researchers found that training alone was insufficient to improve assessments of domestic violence victims. They found that using a standard documentation form, and making systemic changes, such as reminders, modeling documentation behaviors, and making the form accessible, contributed to improving and sustaining changes in these assessments (Ritchie, Nelson, Wills & Jones 2013).

Expand the Training Modality

Online IFVCC trainings may allow for more participation with a proactive technical assistance component. Research supports the impact of online training for knowledge acquisition, dispute-resolution techniques, interviewing, "victim-supportive behaviors," and data management, such as case information and risk assessments (Natarajan, 2006; Oehme, Prost & Saunders, 2016). Local Family Violence Coordinating Council Training Teams and volunteers have trained 3,275 professionals from 15 of 23 judicial circuits in Illinois in classroom settings between 2011 and 2015. Given the ubiquity of webinars and the capacity of state government to support this learning modality, IFVCC Program Director and board members should consider using this format in partnership with organizations that train criminal justice professionals online, such as the National Criminal Justice Training Center.

Survey Supervisors to Measure Support for Evidence-Based Prosecutions of Domestic or Family Violence.

Although IFVCC's board includes a variety of professionals in criminal justice, victim advocacy, and police training, it would be prudent to involve the supervisors of the trainees early in the training planning process. Not only must the training be perceived as relevant and useful, but supervisors should also be able to monitor and support the use of the new skills and knowledge obtained in the training. An online survey exploring the supervisors' acceptance of the core competencies and procedures in the protocols and mini-tool kits could support and guide more effective training, and expand to different levels of training and organizational adoption of new knowledge and procedures (Gleicher, 2017). This study focused upon reactions to the training and knowledge acquisition. Additional levels of training would involve supervisors in observing and supporting behaviors recommended in the training, transferring the new behaviors to organizational policies, procedures, and culture, and performing outcome evaluations linking the new behaviors and procedures to better documentation, increased appropriate arrests, and increased orders of protection (Tamkin, Yarnall & Kerrin, 2002). The survey may also include questions about allocating or re-allocating resources to evaluate domestic violence investigational practices. Members of the Society of Evidence Based Policing recommend that 10 percent of police department discretionary budgets support evaluations of police practices (Martin & Mazerolle, 2016).

Future research

Police leaders have been encouraged to collaborate with researchers to support evidence-based procedures and policies. Recommendations include obtaining research to support evidence-based prosecutions (Martin & Mazerolle, 2015). One the other hand, one study found no positive effect of domestic violence training on time on the investigation and prosecutions. In this study, researchers suggested finding valid ways to measure behavioral change, interactions with victims, and attitudinal change about the criminality of domestic violence. They suggest that multiple factors may influence prosecution of domestic violence cases above and beyond training (Smithey, Green & Giacomazzi, 2004).

IFVCC leadership could learn more about the efficacy of their trainings by adopting a more rigorous quasi-experimental design using a control group and a follow-up assessment to obtain more evidence on the effectiveness and impact of their trainings. This evaluation process would require planning and more resources compared with the current study. After validating the assessment tools and the impact of the training on improving knowledge and changing investigational and documentation skills, a research project that can demonstrate a causal link between the trainings and domestic violence and abuse arrests and orders of protection would provide evidence that the IFVCC trainings have a positive, professional impact on training participants and improve public safety.

References

Balenovich, J., Grossi, E., & Hughes, T. (2008). Toward a balanced approach: Defining police roles in responding to domestic violence. *American Journal of Criminal Justice, 33,*19-31.

Brace, N., Kemp, R., & Snelgar, R. (2013). *SPSS for Psychologists.* New York: Routledge.

Combrinck, H. & Wakefield, L. (2010). Going the extra mile: Police training on domestic violence. *South African Crime Quarterly, 31,* 27-34.

Domestic Violence Training and Curriculum Task Force (2007). Model domestic violence protocol for law enforcement, prosecution, and the judiciary. Chicago: Illinois Criminal Justice Information Authority.

Eigenberg, H.M., Kappeler, V.E. & McGuffee, K. (2012). Confronting complexities of domestic violence: A social prescription for rethinking police training. *Journal of Police Crisis Negotiations*, *12*, 122-145.

Farris, E.M. & Holman, M.R. (2015). Public officials and a "private" matter: Attitudes and policies in the county sheriff office regarding violence against women. *Social Science Quarterly, 96(4)*, 1117-1135.

Gleicher, L. (2017). Implementation science in criminal justice: How implementation of evidence-based programs and practices affects outcomes. Retrieved from http://www.icjia.state.il.us/articles/implementation-science-in-criminal-justice-how-implementation-of-evidence-based-programs-and-practices-affects-outcomes.

Harrell, E. (2017). Crime against people with disabilities, 2009-2015 – Statistical Tables. (Report No. NCJ 250632). Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Horwitz, S.H., Despina, M., LaRussa-Trott, M., Santiago, L., Pearson, J., Skiff, D.M., & Cerulli, C. (2011). An inside view of police officers' experience with domestic violence. Journal of *Family Violence, 26*, 617-625.

Illinois Department of Human Services, Adult Protective Services (2017) Annual Report, 2016. Retrieved from https://www2.illinois.gov/aging/ProtectionAdvocacy/Pages/onlinepubs2.aspx.

Illinois Department of Human Services, Adult Protective Services (2017) Annual Report Charts, 2016. Retrieved from https://www2.illinois.gov/aging/ProtectionAdvocacy/Documents/FY16_APS%20Annual%20Report%20Charts_web.pdf.

Illinois Family Violence Coordinating Council. (2013). FY14 OVW Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program. Illinois' Integrated Protocol Initiative.

Illinois State Police (2017) Crime in Illinois 2016: Domestic Offenses. Retrieved from http://www.isp.state.il.us/crime/cii2016.cfm.

Martin, P. & Mazerolle, L. (2015). Police leadership in fostering evidence-based agency reform. *Policing, 10(1),* 34-43.

Natarajan, M. (2006). Dealing with domestic disputes/violence by women police in India: Results of a training program in Tamil Nadu. *International Journal of Criminal Justice Sciences, 1(1)*, 1-19.

Oehme, K., Prost, S.G. & Saunders, D.G. (2016). Police responses to cases of officer-involved domestic violence: Effects of a brief web-based training. *Policing, 10(4)*, 391-407.

Peterson, R.R. & Bialo-Padin, D. (2012). Domestic violence is different: The crucial role of evidence collection in domestic violence cases. *Journal of Police Crisis Negotiations, 12*, 103-121.

Reaves, B.A. (2016). State and local law enforcement training academies, 2013. (Report No. NCJ 249784) Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Ritchie, M., Nelson, K., Wills, R., & Jones, L. (2013). Does training and documentation improve emergency department assessments of domestic violence victims? *Journal of Family Violence, 28*, 471-477.

Ruff, L. (2012). Does training matter? Exploring police officer response to domestic dispute calls before and after training on intimate partner violence. *The Police Journal, 85*, 285-300.

Skogan, W.G., Van Craen, M., & Hennessy, C. (2014). Training police for procedural justice. *Journal of Experimental Criminology, 11*, 319-334.

Smithey,M., Green, S.E., & Giacomazzi, A.L. (2004). The ineffectiveness of training on increasing time at the scene, acceptance for prosecution, and convictions of domestic violence cases. *The Police Journal, 77*, 309-326.

Tamkin, P., Yarnall, J., & Kerrin, M. (2002). Kirkpatrick and beyond: A review of models of training evaluation. (Report No. 392). Brighton, UK: The Institute for Employment Studies.

APPENDIX A – Links to the IFVCC Model Protocols and Mini-Toolkits

Source:http://www.icjia.state.il.us/ifvcc/projects

Grant to Encourage Arrest and Enforcement of Orders of Protection

In 2011, IFVCC was awarded the US Department of Justice Office on Violence Against Women Grant to Encourage Arrest and Enforcement of Orders of Protection. Those funds allowed IFVCC to revise the 2008 Domestic Violence Protocol for Law Enforcement, Prosecution and the Judiciary; create a training curriculum based on those protocols. Regional trainings were held throughout the state for cross-discipline teams from each circuit to train law enforcement and prosecutors at the local level. IFVCC also developed Elder Abuse and Abuse of People with disabilities Protocols for law enforcement and prosecutors as well as a training curriculum. Regional Trainings of Trainers were held for circuit teams and local trainings were held throughout the state.

Over 4,300 criminal justice professionals were trained statewide. Arrest Grant trainings continue to be held throughout the state.

Model Protocols

- **Model Domestic Violence Protocol**
    - o Download Table of Contents
    - o Download Protocol (Zip file)

- **Law Enforcement Protocol for Responding to Victims with Disabilities and Older Adults Who Experience Sexual Assault, Domestic Violence, Abuse, Neglect or Exploitation**
    - o Download Protocol
- **Law Enforcement Accessibility Review**
    - o Download LE Accessibility Review
    - o Download General Order

Please contact local council coordinator for PowerPoint versions, if interested.

In 2014, IFVCC was awarded a renewal of the Arrest Grant, which allows for additional training, implementation and follow-up with local jurisdictions on the protocols. Utilizing the model protocols, the IFVCC Arrest Grant Advisory Statewide Committee are developing toolkits for first responders (911/Dispatchers and Emergency Medical professionals), court personnel (Circuit Clerks office personnel and Court Security/Bailiffs) and Probation. Guidelines will be distributed statewide through the Local FVCCs. By developing and providing resources and toolkits for other associated disciplines, the coordinated community response effort will be strengthened along with the ongoing implementation of the protocols.

Mini Toolkits

- **Court Personnel Promising Practices - Court Services Respond to Family Mini-Toolkit:** A train-the-trainer webinar introducing the Court Personnel Promising Practices Mini-Toolkit - During this webinar, we will go through the Court Personnel Training Section and Court Personnel Promising Practices Quick Reference Section.

  - Download Court Personnel Promising Practices Webinar PowerPoint Presentation (PDF File)

  - Download Court Personnel Promising Practices Mini Toolkit (Zip File)
  - View the Webinar Recording
- **Emergency Medical Services Promising Practices Mini-Toolkit**: A train-the-trainer webinar introducing the Emergency Medical Services Promising Practices Mini-Toolkit - During this webinar, we will go through the Emergency Medical Services Training Section and Emergency Medical Services Promising Practices Quick Reference Section.
  - Download the Emergency Medical Services Promising Practices Webinar PowerPoint Presentation (PDF File)
  - Download the Emergency Medical Services Promising Practices Mini-Toolkit (Zip File)
  - View the Webinar Recording
- **Probation Promising Practices Mini-Toolkit**: A train-the-trainer webinar introducing the Probation Promising Practices Mini-Toolkit - During this webinar, we will go through the Probation Training Section and Probation Promising Practices Quick Reference Section.
  - Download the Probation Promising Practices Webinar PowerPoint Presentations (PDF File)
  - Download the Probation Promising Practices Mini-Toolkit (Zip File)
  - View the Webinar Recording
- **911 Telecommunicators Promising Practices Mini-Toolki:** A train-the-trainer webinar introducing the 911 Telecommunicators Promising Practices Mini-Toolkit - During this webinar, we will go through the 911 Telecommunicators Training Section and Probation Promising Practices Quick Reference Section.
  - Download the 911 Telecommunicators Promising Practices Webinar PowerPoint Presentations (PDF File)
  - Download the 911 Telecommunicators Promising Practices Mini-Toolkit (Zip File)
  - View the Webinar Recording

If you have any questions please contact Mary Ratliff at: Mary.Ratliff@Illinois.gov

APPENDIX B - OVW Grant Integrated Protocol Initiative Training Program Logic Model

Inputs	Outputs		Outcomes – Impact	
	Activities	Outputs	Intermediate	Long-term
OVW Federal Funding	Train CJ professionals in protocols & guidelines	# new CJ professionals trained in protocols & guidelines	Expand adoption of and training in protocols & guidelines to more Criminal Justice professionals and organizations	Improved public safety
IFVCC Program staff	Evaluate the impact of the protocols & guidelines training using pre/post-tests	Training satisfaction scores & comments	Determine quality of training and implementation for protocols	Increased protection for vulnerable older adults and people with disabilities
IFVCC Model Protocols, Guidelines and Checklists for Domestic Violence, Elder Abuse, and Abuse of People with disabilities	Develop a process to implement protocols & guidelines	Pre/post-test knowledge scores changes for protocols & guidelines	Document areas of improvement for training and implementation for protocols	Increases in orders of protection
ICJIA Evaluation Support	Evaluate the implementation of the Integrated Protocol Initiative using implementation checklists	Revised training materials if indicated by pre/post-tests and training satisfaction scores and comments	Effective arrests and prosecution of DV/IPV offenders	Increases in arrests and prosecution of DV/IPV offenders
Domestic violence experts		# organization/circuits adopting and implementing protocols	Improved community coordinated response to DV/IPV using protocols & guidelines	More effective criminal justice intervention in DV/IPV offenses
Abuse of People with disabilities expert		Scores on protocol implementation checklists		Interrupt the cycle of violence in impacted Illinois families
Elder abuse expert				Reduce the cost and impact of violence on Illinois citizens

Evaluation focus on training & implementation

External influences: Change in state administration, LCC turnover, diverse FVCCs

ICJIA/IFVCC Rev. 2/2/15

APPENDIX C – Assessment Items with Correct Response and Source

Items for Domestic Violence Model Protocol Training for Law Enforcement

The following questions ask about your knowledge of domestic violence as it relates to the work of law enforcement. Please answer each question to the best of your ability.

1. When faced with a situation in which both parties accuse the other of domestic violence, it is most effective to…   [Arrest slides #16-20]
   a. Arrest all involved to be sure you get the real perpetrator.
   b. Tell the most aggressive person to take a walk to cool off.
   c. Arrest the most dangerous looking person to keep the family safe.
   d. Determine who is attempting to use their power to control the other and arrest the aggressor. [Correct]

2. For what reason or reasons should police officers avoid dual arrests in DV cases?
   a. Both parties have a 5th Amendment right to remain silent.
   b. Most often the charges will be dismissed in court.
   c. Police officers may be found liable for a false arrest.
   d. All of the reasons are correct. [Correct] [Protocol pg. 21; Officer Liability, slide #32]

3. When is the most dangerous situation for an officer to arrive on the scene of a domestic disturbance call?
   a. When the batterer is relaxed and the victim is agitated.
   b. When the batterer is agitated and the victim is trying not to provoke the batterer. [Correct]
   c. When the batterer is relaxed and the victim is hypervigilant.
   d. Immediately after the violent incident where the responding officers are unable to witness the event.   [Dynamics of DV, slide #21 notes]

4. Based upon the 'Power and Control Wheel', what is **NOT** used by the perpetrator of domestic violence to control another person?
   a. Male privilege
   b. Isolation
   c. Economic abuse
   d. Reasoning ability   [Dynamics of DV, slide #16]

5. Which factor or factors are important for a useful risk assessment of a domestic violence situation?
   a. Possession of weapons
   b. Pregnant victim
   c. Threats against or abuse of pets
   d. All of the above [Correct]   [Protocol pg. 12, Evidence Collection Slide #10]

6. Which is **NOT** a good tip for taking photographs after a domestic disturbance?

a. Using an object to show size perspective.

b. Photograph crime scene, offender and victim.

c. Focus only on taking close up pictures of injuries. [Correct]

d. All of the above.   [Protocol pgs 15-16; Evidence Collection slides #17-21]

7. How might the arresting officer inadvertently give the batterer control over the situation?
    a. By allowing the perpetrator to kiss his family good-bye. [Correct]
    b. By encouraging the perpetrator to talk about why he/she is angry with the victim.
    c. By talking to the suspected batterer in a separate room from the victim.
    d. By acknowledging the suspects frustration with the victim.

                                                [Interviewing Suspect, slides #5-6]

8. Which form of victim assistance is required of police officers on the scene of a domestic violence case by the State of Illinois?
    a. Insist that the victim leaves the batterer.
    b. Encourage the victim to contact the local domestic violence program. [Correct]
    c. Explain to the victim how his/her civil rights are being violated.
    d. All of the above are required.   [Interviewing Victim, slides #18-19]

9. Which is one of the seven most common liability issues police officers face in a domestic violence case?
    a. Failure to protect a citizen. [Correct]
    b. Failure to take photographs at the scene.
    c. Failure to remove all possible weapons from the premises.
    d. None of the above is correct.   [Officer Liability, slide #2]

10. If an officer must respond to a domestic disturbance alone, what is an important procedure to maximize safety on the scene?
    a. Focus on the most aggressive person on the scene.
    b. Instruct everyone at the scene to remain quiet.
    c. Keep other people at a distance, but within sight.
        All of the answers are correct. [Correct] [Officer Safety & Responsibility, slide #14]

11. Investigating officers may have which of the following experience with the aggressor in a domestic call?
    a. He/she will try to bond with the officer
    b. He/she will try to antagonize the officer
    c. Both a. and b. [Correct]
    d. Neither a. nor b.   [Interviewing the Suspect, slide#4]

12. What is an important element of Stalking behavior?
       a. Repeated behavior that causes fear [Correct]
       b. Identity theft and financial abuse
       c. Eavesdropping and violating privacy
       d. Repeated behavior that causes irritation   [Stalking, slide#]

13. If the officer ascertains that the victim has been strangled, what is <u>the most important thing</u> to do?
       a. Call EMS to assess and treat the victim [Correct]
       b. Ask the victim if anything was used to strangle them.
       c. Ask the victim what the batterer said while strangling them.
       d. Take pictures even if there are no outward signs of strangulation.

14. How is stalking behavior best defined?
       a. As an escalating series of actions and incidents.
       b. As <u>any</u> behavior, criminal or not, that threatens the victim.
       c. As a pattern of behavior that seeks to control the victim.
       d. All of the above are correct. [Correct]

15. What is a critical question to answer to determine who is the <u>predominant aggressor</u> during a domestic disturbance?   [Predominant Aggressor 'Decision Tree']
       a. Who is truly afraid of future abuse? [Correct]
       b. Who made the call to police?
       c. Which person has the longest criminal history?
       d. Who wants to file an 'Order of Protection'?

Items for Abuse of Elders and People with disabilities Model DV Protocols

Training for Law Enforcement

The following questions ask about your knowledge of domestic violence as it relates to the work of law enforcement. Please answer each question to the best of your ability.

1. What percent of adults over 65 years old will develop dementia?
   a. 5% [Correct]
   b. 15%
   c. 25%
   d. 50%   [Myths and Facts, slide #5]

2. When a person with disabilities is part of a domestic disturbance, the officer should
   a. Consider that they may not be a credible witness
   b. Always take a report [Correct]
   c. Use a report completed by a victims advocate instead of taking one directly.
   d. None of the answers are correct. [Myths and Facts, slide #11]

3. What is 'passive neglect'?
   a. Failing to provide a person with disabilities or an elderly person with basic needs, including supervision and medical care. [Correct]
   b. Failing to ask for all of the entitlements available to a person with disabilities or an elderly person.
   c. Failing to provide 24 hour supervision and care to an elderly person.
   d. All of the answers are correct.   [Abuse and Neglect, slide #12]

4. What is a guiding ethical principle regarding adult rights, including elderly persons and people with disabilities? Only a…
   a. court order can restrict an adults' rights. [Correct]
   b. medical order can restrict an adults' rights.
   c. psychiatrists' recommendation can restrict an adults' rights.
   d. psychologists' recommendation can restrict an adults' rights. [Abuse & Neglect, slide #20]

5. What behavior(s) relate to the self-determination of elderly persons and people with disabilities?
   a. Deciding how and where to live
   b. Choosing whether or not to accept services and/or support
   c. Making 'eccentric' and non-traditional lifestyle choices that do not harm others
   d. All of the above are correct. [Correct]   [Abuse &Neglect, slide #16]

6. **Match** the setting of the elderly persons and people with disabilities to the agency or agencies designated to receive reports of abuse or neglect: Law Enforcement Response, slides #10 & 11][

Settings	Agencies
___ Community/domestic setting [C]	A. Office of the Inspector General
___ Licensed group home [A]	B. Illinois Dept. of Public Health
___ Licensed long term care facility [B]	C. IL Dept. on Aging/Local Adult Protective Svc.

7. Who is the best person to provide interpretation for a victim using American Sign Language?
   a. An ASL interpreter [Correct]
   b. An APS interpreter
   c. The victim's caregiver
   d. All of the above.   [Victim Considerations, slide #3]

8. When is it appropriate to leave a person with disabilities, who needs a caregiver, alone after a report of abuse?
   a. When their caregiver is arrested.
   b. If their children promise to check in on them.
   c. If an emergency caregiver can arrive within 24 hours.
   d. None of the answers are correct. [Correct]   [Victim considerations, slide#]

9. What are the different responses required of self versus passive neglect?
   a. Self neglect and passive neglect are not really different.
   b. Self neglect does not require an arrest. [Correct]
   c. Passive neglect does not require an investigation.
   d. None of the answers are correct. [Law Enforcement Response, slides #5&6]

10. In regards to a report of abuse/neglect of an elderly person or a person with disabilities, what caregiver behavior suggests that further investigation is warranted?
    a. Inconsistent explanation of the victim's injuries
    b. Substance or alcohol abuse
    c. Both a. and b. [Correct]
    d. Neither a. nor b.   [Law Enforcement Response, slide #22]

11. What is the procedure if you need to process any adaptive equipment for evidence?
    a. Process quickly or provide a replacement. [Correct]
    b. Ask family members if the person can do without the equipment for a while.
    c. Inform Adult Protective Services that the equipment will be held as evidence.
    d. Ask the person with disabilities why they really need the equipment.

                                        [Law Enforcement Response, slide #27]

12. What should you do, if during the interview, the person has 'Sundown Syndrome'?
    a. Contact EMS immediately.
    b. Ask a relative to help with the interview.
    c. Postpone the interview until the morning. [Correct]
    d. Note in the report and do not interview this person for your investigation.

    [Law Enforcement Response, slide #33]

13. What is a good question to ask a suspect, who is a caregiver, during an elder or people with disabilities abuse investigation?
    a. Are you employed?
    b. Do you have a joint account with [the victim]?
    c. Did you recently receive an inheritance?
    d. All of these questions should be asked. [Correct] [Law Enforcement Response, slide #40]

14. A person suspiciously obtained $1,000 from a 75 year old person. Which charge will apply?
    a. Theft by Deception (720 ILCS 5/16-1)(b) (7)
    b. Financial Exploitation of an elder/disabled person (720 ILCS 5/17-56) [Correct].
    c. Both a. and b.
    d. Neither a. nor b.   [Law Enforcement Response, slides #49,51]

15. Documentation in an investigation of the abuse of an elder or person with disabilities is important in what way(s)?
    a. Supports probable cause and the need for social services. [Correct]
    b. Supports the need for medical and social services.
    c. Allows the victim to 'tell their story'
    d. None of the answers are correct. [Law Enforcement Response, slide #20]

Items for Promising Practices Mini-toolkit Trainings

Note: Q#1-8 are the same for the Probation and Emergency Medical Services mini-tool kits. In this key version, the correct answer is always 'a', but will vary in the final document, also, the order of the questions will change. The sources are listed below each item: EMS=Emergency Medical Services; PRB=Probation.

1. With the victim, what might you observe that could be a sign of abuse?
   - a. Fearful and/or anxious behaviors [Correct]
   - b. Overly calm demeanor
   - c. Talkativeness
   - d. All of the signs are correct.
   - [EMS slide #12, PRB slide #15]

2. With the abuser, what might you observe that could be a sign of abuse?
   - a. Answers for, or controls communication with victim [Correct]
   - b. Has a fake, positive attitude
   - c. Cooperates with all authorities
   - d. All of the answers are correct.
   - [EMS slide #20, PRB slide #17]

3. What is a good question to ask a victim of family violence?
   - a. "What do you need?" [Correct]
   - b. "What is keeping you in this abusive situation?"
   - c. "Why do you put up with this?"
   - d. None of the questions are good.
   - [EMS slide #44, PRB slide #32]

4. What is the most dangerous time for an abused person?
   - a. When they attempt to leave the situation [Correct]
   - b. When they are ill and cannot defend themselves
   - c. When other relatives visit
   - d. They are always in danger of abuse
   - [EMS slide #43, PRB slide #41]

5. Which is a barrier for leaving an abusive relationship?
   - a. Abuser isolates victim from family and friends [Correct]
   - b. The victims money is in a trust fund
   - c. The victim's safety plan must be updated
   - d. Abuser has charmed the victim's family and friends
   - [EMS slide #41, PRB slide #36]

6. Which abusive tactic may be used against an older adult?
>   a. Abuser threatens that they will go to a nursing home, if they report abuse [Correct]
>   b. Refuses to visit the person unless they comply
>   c. Refuses to obtain guardianship
>   d. Coerces them to attend a day treatment program
>   [EMS slide #10, PRB slide #13]

7. Which abusive tactic may be used against a person with disabilities?
>   a. All of the tactics may be used [Correct]
>   b. Expose disabilities
>   c. Take assistive devices away
>   d. Abuser threatens that they will go into an institution, if they report abuse
>   [EMS slide #10, PRB slide #13]

8. Which is a barrier for leaving an abusive relationship for both older people and people with disabilities?
>   a. Abuser threatens to end the relationship and leave the person unattended, if they report abuse [Correct]
>   b. Abuser knows all of the people that support the victim
>   c. The barriers are very different for older adults and people with disabilities
>   d. There are no true barriers
>   [EMS slide #10, PRB slide #13]

Probation questions

9. Which relationship is covered in the Illinois Domestic Violence Act?
>   a. All relationships are covered in the act. [Correct, PRB slide #3]
>   b. Intimate partner
>   c. Familial
>   d. Caregiver

10. In addition to offender accountability, what is also part of the role of the probation officer?
>   a. All of those listed
>   b. Victim's safety [Correct, PRB slide #4]
>   c. Children's safety
>   d. Victim's autonomy

11. When is the best time to assess for domestic (family) violence?
>   a. It is best at all times listed. [Correct, PRB slide #7]
>   b. Intake
>   c. Pretrial assessment
>   d. Presentence investigation

12. If the abuser is using male privilege to control his wife/girlfriend, then consider investigating for which charging crime?
>   a. Sexual assault [Correct, PRB slide #10]
>   b. Simple assault

c. Neglect and abuse

d. There is no relatable charge

13. When working with an older adult or person with disability…

        a. presume competence [Correct, PRB slide #12]

        b. presume incompetence

        c. assess for competence

        d. make no presumptions

14. Which element is important for identifying victims of family violence?

        a. All of these elements are correct [Correct, PRB slide #22]

        b. Factual and objective documentation

        c. Victim's and abuser's statements & behavior

        d. Environmental factors

15. What could a probation officer learn about the offender from their victim?

        a. Triggers for violent behavior [Correct, PRB slide #27]

        b. Need for anger management

        c. Motivation for couples counseling

        d. Nothing can be learned from the victim

EMS questions

9. What type of reports may be a sign of family violence?

        a. Patient and other household members give conflicting accounts of incident [Correct, EMS slide #13]

        b. Patient states that no abuse is occurring

        c. Patient and abuser say that the patient is vulnerable

        d. Only physical signs can truly be interpreted as abuse

10. What type of injuries may be signs of family violence?

        a. All of those listed [Correct, EMS slide #14]

        b. injuries healing at different stages

        c. patterned injuries

        d. restraint injuries

11. Why is it so important to document injuries, statements, and observations when you arrive on the scene of a possible domestic disturbance?

        a. It may be a crime scene [Correct, EMS slide #27]

        b. It may happen again in the same way

        c. The police may need a summary of the victim, abuser, and witnesses' statements

        d. Documentation is not important, just call the police

12. When on the scene of a domestic disturbance, what is an important consideration?
　　　　　a. All of these considerations [Correct, EMS slide #30]
　　　　　b. Minimize your effect on potential evidence
　　　　　c. Limit the number of people on the scene
　　　　　d. Have all personnel use the same entrance

13. What is a good question to ask a potential family violence victim?

　　　　　a. "It looks as though someone may have hurt you. Can you tell me what happened?"
　　　　　[Correct, EMS slide #38 and slides #33&34 for what not to say]
　　　　　b. "What is keeping you in this abusive relationship?"
　　　　　c. "Why did you wait so long to get help?"
　　　　　d. "It looks as though someone may have hurt you. What did you say or do to make
　　　　　him/her angry?"

14. If the patient refuses transport, what should be the response?
　　　　　a. All of these actions are correct [Correct, EMS slide #45]
　　　　　b. Provide first aid
　　　　　c.   Be non-judgmental and document
　　　　　d. Provide support and referral to DV program

15. When transporting and linking a patient that may have been abused to a hospital, what should be
done?
　　　　　a. Advise hospital security of possible abusive situation [Correct, EMS slide #47]
　　　　　b. Communicate to all hospital staff any potential threats or abuse
　　　　　c.   Ask your supervisor how to proceed
　　　　　d. Let the hospital assess and make their own plans

911 Telecommunicators questions

Note: For this toolkit, there is less overlap with the eight basic questions. All 15 questions are presented below.

1. With the victim, what might you observe that could be a sign of abuse?
　　　　　a.   Fearful and/or anxious behaviors [Correct, 911 slide #17]
　　　　　b. Overly calm demeanor
　　　　　c. Talkativeness
　　　　　d. All of the signs are correct.

2. With the abuser, what might you observe that could be a sign of abuse?
　　　　　a. Cooperates with all authorities
　　　　　b. Has a fake, positive attitude
　　　　　c. Answers for, or controls communication with victim [Correct, 911 slide #18]
　　　　　d. All of the answers are correct.

3. Why does the abuser abuse?
　　　　　a.   For power and control [Correct, 911 slide #10]
　　　　　b.   Because of gender roles
　　　　　c.   For violence and power
　　　　　d.   All of the answers are correct.

4. What is one of the important roles of 911 telecommunicators when a victim of domestic abuse or violence calls?

        a. Assess the threat level and record the conversation.
        b. Assess the threat level and calm the person down.
        c. Assess threat level and communicate to first responders [Correct, 911 slide #7]
        d. Everything is equally important

5. Not all calls present as domestic violence. Which may actually be a domestic violence situation?

        a. Only a person on the scene can discern if domestic violence is occurring.
        b. The caller reports a theft by a relative and wants them to be arrested.
        c. Person calls to report a suspicion person.
        d. Person calls to report theft by a family member but does not want them arrested, wants item returned. [Correct, 911 slide #16]

6. Which abusive tactic may be used against an older adult?

        a. Coerces them to attend a day treatment program
        b. Refuses to visit the person unless they comply
        c. Refuses to obtain guardianship
        d. Abuser threatens to institutionalize them if they report abuse [Correct, 911 slide #13]

7. Which abusive tactic may be used against a person with disabilities?

        a. Expose disabilities
        b. All of the tactics may be used [Correct, 911 slides #13-14]
        c. Take assistive devices away
        d. Abuser threatens that they will go into an institution, if they report abuse

8. If the caller is distressed what might help?

        a.   Ask questions and probe for important details. [Correct, 911 slide #22]
        b. Just listen and don't ask a lot of questions.
        c. Try to get the person to feel less distressed before asking questions.
        d. All of the above might help.

9. If the caller states, "They should not be here" their statement may indicate what?

        a. That the caller is feeling distressed.
        b. That the caller is having visual hallucinations.
        c. That you should ask why the person should not be there.
        d. That you should ask about any current orders of protection or civil no contact. [Correct, 911 slide #30]

10. What is an important consideration when assessing a domestic violence situation?

        a. Whether or not the victim called 911 or someone else did.
        b. Whether or not the victim feels that they can speak freely. [Correct, 911 slides #32-33]
        c. There is no way to assess a domestic violence situation over the phone or other assistive communication device.
        d. None of the answers are correct.

11. If the victim reports they had been choked and have difficulty talking, what should be done?

        a.   Send an ambulance to assess the victim for strangulation [Correct, 911 slide #33]
        b. Have them drink a glass of water and apply a warm compress to their throat.
        c. Send the police to assess the victim for strangulation and take pictures.

d. All of the answers are correct.

12. If the caller cannot speak clearly due to fear, disability, injury, or intoxication, what can you do?
      a.   Record what they say as best as you can.
      b. Ask them to call back when they can clearly communicate.
      c. Simplify your questions and let them know what they have to say is very important [Correct, 911 slide #33]
      d. Ask them to use an assistive device to call back.

13. What methods may be available in your area to communicate with deaf callers?
      a. TTY/TDD
      b. Video Relay Services
      c. Text to 911
      d. All of these may be available in your area. [Correct, 911 slide #34]

14. What is a good statement to make to a victim of family violence?
      a. "You have to do your best to defend yourself in the future."
      b. "When are you going to leave your abuser?"
      c. "I'm sorry this happened to you." [Correct, 911 slide #35]
      d. "Are there children in the home witnessing domestic violence?"

15. If the caller does not feel safe speaking freely, how can you get more information?
      a. Ask yes/no questions
      b. Give caller the option of setting down the phone but keeping the line open/phone on
      c. Neither answer is correct.
      d. Both answers are correct. [Correct, 911 slide #32]

APPENDIX D - Statistical Tables

Table D.1. Assessment Mean Score and Percent Correct by Type of Training

	Pre-Assessment Mean		Post-Assessment Mean	
Training	Mean	Percent Correct	Mean	Percent Correct
DV Law Enforcement	9.93	66%	10.66	71%
OAPwD Law Enforcement	8.84	59%	8.84	59%
Probation Officers	4.07	27%	10.03	67%
Emergency Medical Services Personnel	8.07	54%	10.32	69%
911 Telecommunicators	6.18	41%	7.32	49%

Table D.2. Confidence Ratings and Session Evaluations by Type of Training

Training Pre-Assessment	LE DV	OA PwD	Probation	EMS	911
Confidence					
I feel confident in my ability to handle domestic/family violence situations.	4.05	n/a	3.60	3.43	4.00
I feel confident in my ability to handle domestic violence situations involving older adults.	n/a	3.84	3.49	3.44	3.86
I feel confident in my ability to handle domestic violence situations involving people with disabilities.	n/a	3.70	3.19	3.35	3.45
Teamwork					
When it comes to domestic violence cases, law enforcement and prosecution work well together in my district.	3.83	3.60	n/a	n/a	n/a
I feel my community works as a team to address violence against elderly persons.	n/a	3.60	n/a	n/a	n/a
I feel my community works as a team to address violence against people with disabilities.	n/a	3.42	n/a	n/a	n/a
Other items					
Calls to handle domestic violence take up more than their fair share of police time.	3.52	n/a	n/a	n/a	n/a
I think the evidence-based approach to prosecuting domestic violence cases is an effective approach.	3.75	n/a	n/a	n/a	n/a
Training Session Evaluation Post-Assessment	**LE DV**	**OA PwD**	**Probation**	**EMS**	**911**
Confidence					
I feel confident in my ability to handle domestic/family violence situations.	4.42	n/a	4.20	4.07	4.50
I feel confident in my ability to handle domestic violence situations involving older adults.	n/a	4.00	4.14	4.06	4.50
I feel confident in my ability to handle domestic violence situations involving people with disabilities.	n/a	4.12	4.07	4.01	4.32

	LE DV	OA PwD	Probation	EMS	911
Trainer Evaluation					
The trainer was knowledgeable of the subject matter.	4.57	4.29	4.70	4.51	4.73
The trainer acted in a professional manner.	4.62	4.37	4.72	4.49	4.82
Training Evaluation					
The training was relevant to my role in law enforcement.	4.41	4.15	4.30	4.03	4.14
The training materials were helpful.	4.47	4.28	4.53	4.34	4.73
The training was interesting and kept me engaged.	4.35	4.16	4.72	4.24	4.50
The training improved my knowledge of domestic/family violence.	4.36	n/a	4.47	4.38	4.41
The training improved my knowledge of the abuse of the elderly and people with disabilities.	n/a	4.24	n/a	n/a	n/a
My supervisor will support my use of the model protocols/"Promising Practices Mini-toolkit" for domestic violence that I learned today.	4.47	4.06	4.55	4.22	4.36
I think the evidence-based approach to prosecuting domestic violence cases is an effective approach.	4.47	n/a	n/a	n/a	n/a

Note: 5=Strongly Agree; 4=Agree; 3=Uncertain, 2=Disagree, 1=Strongly Disagree, n/a= not applicable

Illinois Criminal Justice Information Authority

300 W. Adams Street, Suite 200

Chicago, Illinois 60606

Phone: 312.793.8408

Fax: 312.793.8422

TDD: 312.793.4170

www.icjia.state.il.us