Merseyside Police Trauma-Informed Training

Impacts on Trauma-Informed Knowledge and Attitudes

April 2023

Public Health Institute,

Liverpool John Moores University

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Impacts on Trauma-Informed Knowledge and Attitudes

In 2023 Merseyside Police and the Merseyside Violence Prevention Partnership implemented ten 3.5 hour trauma-informed training sessions with police staff and partners from wider organisations. Training content included an overview of trauma and ACEs, their impacts on offending behaviours and health, how trauma and ACEs may present, and the principles and benefits of trauma-informed policing. 170 police staff and 24 individuals from partner organisations attended the training sessions. Public Health Institute, LJMU evaluated the training using a pre and post training survey. 155 trainees completed the surveys, and key findings are reported below.

Pre training knowledge, attitudes, and organisational support*

Trauma-informed individual knowledge and attitudes

Average score: 73.9
(Possible score range: 27-135)

As **years worked** for the organisation **increased**, trauma-informed **knowledge & attitudes** significantly **decreased** (r=-0.21)

Safety and acceptance at work

Average score: 27.1
(Possible score range: 7-35)

Trauma-informed training, support, interaction, and environment

Average score: 65.9
(Possible score range: 20-100)

Trauma-informed system-wide knowledge and attitudes

Average score: 24.8
(Possible score range: 6-30)

Significant differences in scores by **ethnicity**: White (24.9); other (22.2) and by **police rank**: E-F/Sergeant and above (26.3); A-E/Constable (24.1)
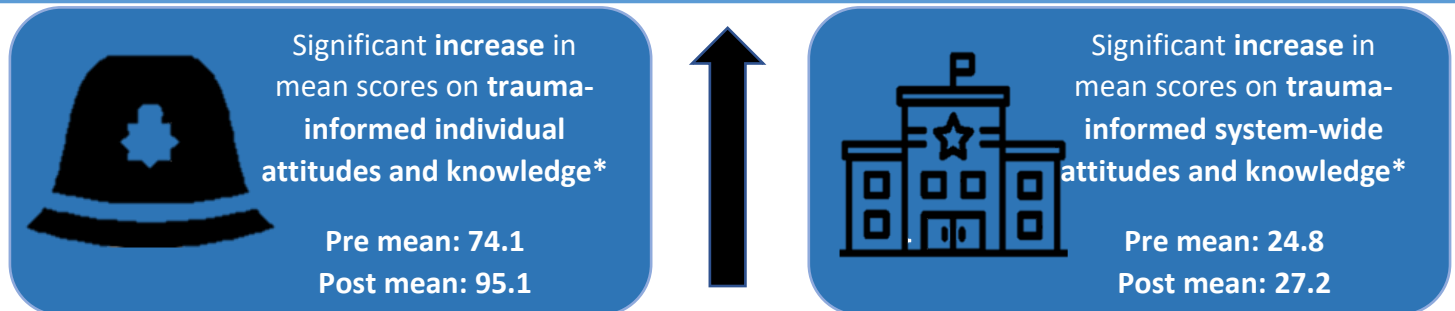
Perceptions of training

Survey participants found the training **informative,** and it **improved their understanding of** the impacts of **trauma/ACEs.**

Reflective practice discussions were seen by participants as **beneficial** to deepening their understanding of trauma-informed practice. However, a number of staff indicated that **more opportunities for reflective practice discussions were needed.**

Several survey participants indicated that the training highlighted that much of their **practice was already trauma-informed and reaffirmed their need to continue working in trauma-informed ways.**

Staff highlighted trauma-informed practices that they would utilise more commonly, including taking time with individuals and **being mindful and understanding of the impact that trauma and ACEs may have had** on their lives**.**

Impacts of training^

Significant **increase** in mean scores on **trauma-informed individual attitudes and knowledge***

Pre mean: 74.1
Post mean: 95.1

Significant **increase** in mean scores on **trauma-informed system-wide attitudes and knowledge***

Pre mean: 24.8
Post mean: 27.2

Significant increase in staff agreeing with each statement relating to their:

understanding brain physiology and biology

understanding trauma and ACEs impacts

awareness of trauma-informed practices

system-wide attitudes and knowledge, and trauma-informed practices

* Scores are totalled for each subscale, with higher scores indicating more trauma-informed knowledge, attitudes, and practices. ^ For matched pre-post surveys only.

1. Introduction

Policing in the UK is facing growing pressures and challenges, with increasing demands on staff to respond to complex incidents involving vulnerable individuals, at risk of harm. A large proportion of such incidents may involve individuals who have faced significant levels of trauma and/or adverse childhood experiences (ACEs). Research by the College of Policing (2015) illustrated that 83% of all callouts for police were for incidents that were not related to crime, instead being related to factors such as vulnerability. Further, data has indicated that police forces are facing increasing demands for mental health related incidents, with these accounting for between 2-20% of all police incidents in 2015, which is likely to have increased in recent years against a backdrop of limited access to appropriate support (College of Policing, 2015). More recent estimates from Merseyside indicate that up to 40% of calls to police for assistance are related to mental health (Merseyside PCC, 2020). Research has also established the links between trauma, such as ACEs and offending, with individuals who have experienced increasing numbers of ACEs more likely to be engaged with the criminal justice system, whilst a large proportion of the individuals that police encounter have experienced traumatic events (Bellis et al., 2014; SAMHSA, 2015; Craig et al., 2017; Ford et al., 2019; Bellis et al., 2023).

Traditional policing approaches (e.g. hands-on policing approaches such as routine handcuffing and stop and search) which may not prioritise engaging with individuals are not always appropriate for those facing significant levels of vulnerability and trauma, and can limit the ability of the police to achieve positive outcomes or meet the needs of such individuals – either as victims or perpetrators of crime. Accounts from people in the UK with lived experience of multiple encounters with police indicate that these encounters often exacerbate their existing experiences of trauma, with such interactions reducing their trust in police services, especially where overly forceful tactics were used – potentially compounding existing trauma (Borysik and Corry-Roake, 2021). Further, global research has identified that support for police among vulnerable or marginalised groups is often limited, with high levels of mistrust and a perception of police actions as illegitimate (Armstrong, 2017; Bullock and Johnson, 2017; Barton et al., 2019; Collins et al., 2019). A 2021 annual review by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) found that while improvements had been made in policing related to vulnerability in recent years, many forces were still not considering or identifying vulnerability or trauma adequately, meaning that some victims of crime were not receiving appropriate and timely support, and led to investigations being discontinued. Inadequate approaches to incidents involving individuals facing vulnerability or trauma may place these individuals at increased risk of future harm and act as a missed opportunity to safeguard and protect those most at-risk (Borysik and Corry-Roake, 2021). Research has also shown that across forces there are inconsistencies in applied definitions of vulnerability, with a wide range of tools and approaches used to identify and respond to vulnerable people (Ludwig and Reid, 2021).

Research from Wales and Scotland has indicated that police officers and staff feel that addressing vulnerability and trauma should be a policing priority in order to protect individuals at high risk of harm (Barton et al., 2019; Gillespie-Smith et al., 2020). However, frontline police have also indicated that they lack the required knowledge and skills to appropriately identify, respond to, and support individuals with significant levels of vulnerability and trauma, with other priorities often taking precedence (Barton et al., 2019; Gillespie-Smith et al., 2020). Among policing staff who work with vulnerable and traumatised individuals there are high levels of stress, reduced wellbeing, burnout, and vicarious or secondary trauma, impacting upon the service that they can provide (Foley and Massey, 2021; Cartwright and Roach, 2022). Additionally, staff have identified that when dealing with incidents of trauma, there are barriers to seeking wellbeing support, with limited time and resources to debrief on difficult situations (Barton et al., 2019; Ludwig and Reid, 2021).

The Policing Vision 2025 (NPCC, 2016) highlighted the need for policing environments to change in order to respond to increasingly complex challenges, placing an emphasis on transforming the police service to work preventatively and appropriately with vulnerability, aiming to 'improve outcomes for citizens and protect the vulnerable'. In response to issues across multiple police forces in regard to how police work with vulnerable individuals, raised by previous HMICFRS reports, the College of Policing has committed to improve how police manage vulnerability, trauma and related risks, developing guidelines on how staff should best recognise, respond to, and support vulnerable individuals (Ludwig and Reid, 2021). Promisingly, many forces have implemented training sessions with staff to improve their approaches to different elements of vulnerability (HMICFRS, 2021). For example, in Wales a police training programme aimed to improve the knowledge and skills of police in dealing with incidents related to vulnerability and ACEs. An evaluation of this training programme found that police and other multi-agency partners increased in confidence from pre- to post-training in their understanding of vulnerability and ACEs, and in working with vulnerability and ACEs using an ACE informed approach (Glendinning et al., 2020). However other research has found that trauma-informed training is not necessarily consistent across forces, and police views on the usefulness of this training on day-to-day practice varies (Gillespie-Smith et al., 2020; Ludwig and Reid, 2021).

Merseyside's Police and Crime Commissioner and Chief Constable, in the Merseyside Police and Crime Plan (2021), have both made a commitment to protecting the most vulnerable from harm, ensuring that vulnerable people get the support they need. Part of this commitment involves staff training which involves improving staff knowledge, attitudes, and confidence in implementing trauma-informed policing approaches. Trauma-informed policing is one overarching model of policing with vulnerable individuals promoting understanding of the impacts of trauma on behaviour and emphasises the need to work with individuals while prioritising safety, choice and empowerment, cultural considerations, and establishing trust (DeCandia and Guarino, 2015; Bellis et al., 2023). Training is a critical step in adopting an overall trauma-informed strategy and may aid in reducing triggering and exacerbating traumas for vulnerable individuals, which may in turn improve relations and trust between the police and vulnerable or marginalised groups. Further, improvements in how police effectively and safely deal with people facing trauma and vulnerability will likely have improvements for the sustainability of the future provision of policing services, ensuring that staff feel adequately supported to work with individuals dealing with trauma, and addressing staff's own health and wellbeing needs in this respect. As such Merseyside Violence Reduction Partnership (MVRP) have funded the implementation of trauma-informed training for police staff, to improve staff knowledge and understanding of trauma-informed practices. Ten three-and-a-half-hour sessions were ran with training content covering an overview of trauma and ACEs, their impacts on offending behaviours and health, how trauma and ACEs may present, and the principles and benefits of trauma-informed policing. The training also included a reflective practice session where participants could discuss key aspects of trauma-informed policing. The MVRP commissioned Public Health Institute, LJMU to evaluate the training programme. The study aimed to assess the impact of the training on knowledge, attitudes, and confidence in implementing trauma-informed policing approaches and practices.

2. Methods

2.1 Researcher observations

Researchers attended a number of the training sessions in an observational capacity. Researchers noted any key observations relating to areas of good practice in training content and delivery, and any areas for further development and improvement.

2.2 Pre and post training surveys

A series of pre and post training surveys were implemented with police staff/partners who took part in the training sessions. All trainees who participated in training sessions were invited to complete evaluation surveys. 155 police staff and partners took part in the pre and/or post training surveys. 98.7% (n=153) of staff completed both the pre and post training survey. To assess pre to post training changes at an individual, as well as a sample level, survey participants were asked to include their initials and day and month of birth. This allowed for individuals' pre and post survey responses to be anonymously linked. The pre and post training surveys included items on basic sociodemographics (age, gender, ethnicity, police rank, and police department). To assess participants attitudes, knowledge and confidence implementing trauma-informed policing approaches, the survey included a number of subscales from the 59-item validated measure Survey for Trauma-Informed Systems Change (STISC; Moreland-Capuia et al., 2022). Four of the five subscales[1] in the overall measure were used: knowledge and attitudes (23-items); safety and acceptance at work (7-items); system-wide knowledge and attitudes (6-items); and training, support, interaction, and environment (20-items). Participants indicate on a five-point scale how much they agree with each statement (1 – strongly disagree; 5 – strongly agree). Scores are totalled for each subscale, with higher scores indicating more trauma-informed knowledge, attitudes, and practices. The post training survey was administered at the end of the training session. Questions from the knowledge and attitudes subscale (23-items) and the system-wide knowledge and attitude subscale (6-items) of the STISC were repeated. This was to assess the impact of the training on participants' attitudes towards and knowledge of trauma-informed policing. Other subscales, which related to organisational practices (e.g. safety and acceptance at work) were not repeated at this point as it was reasonable to expect impact of training on these wider cultural factors in the short-term. Baseline measures were collected for future repeat of the survey. Perceptions of the training including what worked well and areas for development, in addition to perceived impact of the training on future practice were also captured with free text responses.

2.3 Data analyses

Quantitative analyses were undertaken using SPSS (v.28) using descriptive statistics. Independent samples t-tests were used to identify significant differences in baseline mean scores of subscales of the STISC by sociodemographic factors. Correlations were used to explore associations between an individual's years worked for an organisation and total scores on each subscale of the STISC. Where data from pre and post surveys was able to be matched for participants, paired samples t-tests were used to identify any statistically significant changes from pre to post training in responses to the assessing knowledge and attitudes, and the system-wide knowledge and attitudes subscales of the STISC.

2.4 Ethical approval

Ethical approval was obtained from Liverpool John Moores University (REC no. 20/PHI/001), and the study adhered to the Declaration of Helsinki.

3. Findings

3.1 Sample sociodemographics

Data was available from 155 trainees who completed pre and/or post training surveys. The majority of participants were aged between 35-54 years (81.3%; n=122) and of white ethnicity (94.6%; n=141), whilst just over half (53.3%; n=80) were female. Over half of trainees who gave a police rank (55.7%;

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[1] For the sake of space and time constraints one subscale was omitted.

n=83) were A-E/Constable rank/grade, while 25.9% (n=29) were E-F/Sergeant ranks and above, 24.8% (37) responded 'other'. Full sample sociodemographics are described in Table 1.

Table 1: Sample sociodemographics

Sociodemographics	% (n)
Gender	
Female	46.7 (70)
Male	53.3 (80)
Age (years)	
18-24	0.0 (0)
25-34	9.3 (14)
35-44	42.0 (63)
45-54	39.3 (59)
55-64	8.7 (13)
65+	0.7 (1)
Ethnicity	
Any white background	94.6 (141)
Any other non-white background	5.4 (8)
Police rank	
A-E/Constable	55.7 (83)
E-F/Sergeant	11.4 (17)
F-G/Inspector	6.0 (9)
H-I/Chief Inspector	1.3 (2)
L/Chief Superintendent	0.7 (1)
Other	24.8 (37)
Time working for organisation	
0-9 years	21.3 (32)
10-19 years	48.7 (73)
20+ years	30.0 (45)

3.2 Dose and reach

From January to April 2023 Merseyside Police and the Merseyside Violence Prevention Partnership implemented ten three-hour and thirty-minute trauma-informed training sessions with police staff and partners from wider organisations.

Overall, 224 places were allocated for individuals to attend the training sessions – 184 for police staff and 40 for staff from partner organisations. Of the 184 places allocated for police staff 170 staff attended the training sessions (92.4%). Of the 40 places allocated for staff from partner organisations 24 staff attended the training sessions (60.0%).

3.3 Pre training baseline measures

3.3.1 Trauma-informed individual knowledge and attitudes

Figures 1, 2, and 3 show the proportion of individuals that agreed,[2] neither agreed or disagreed, or disagreed[3] with statements relating to trauma-informed individual knowledge and attitudes in pre-training surveys. All statements are positively worded, as such agreement with the statement indicated increased levels of trauma-informed knowledge and attitudes.

Figure 1: Pre training trauma-informed individual knowledge and attitudes (brain physiology and biology)
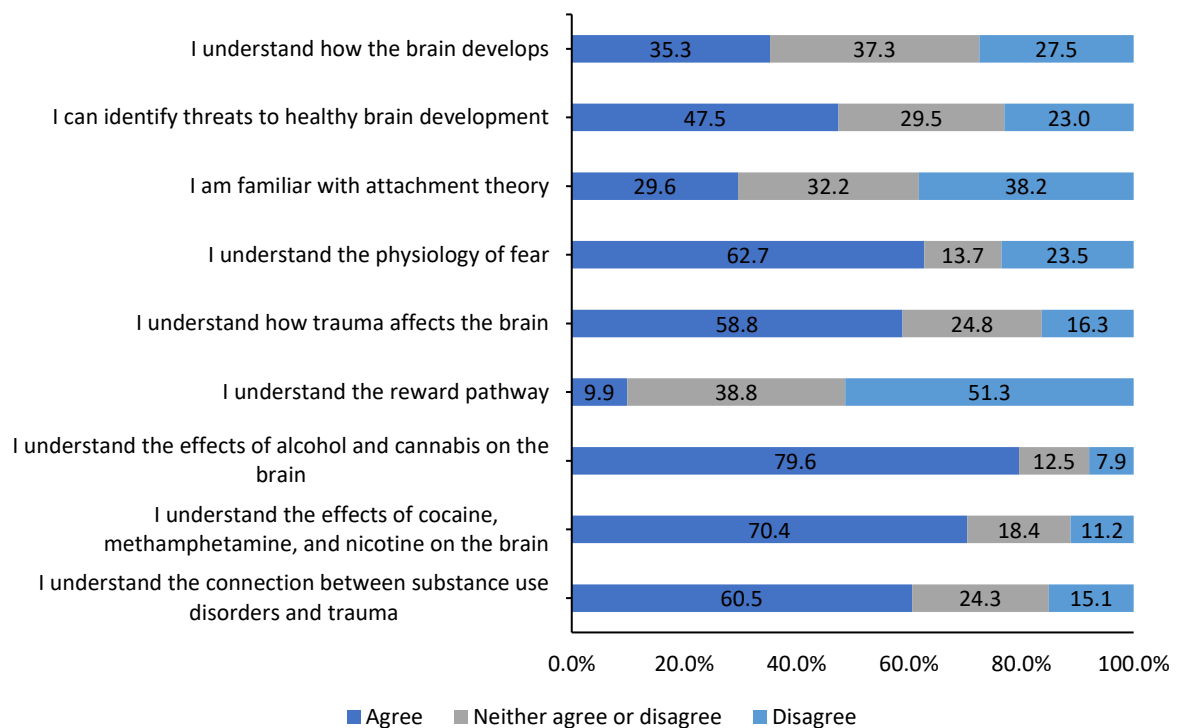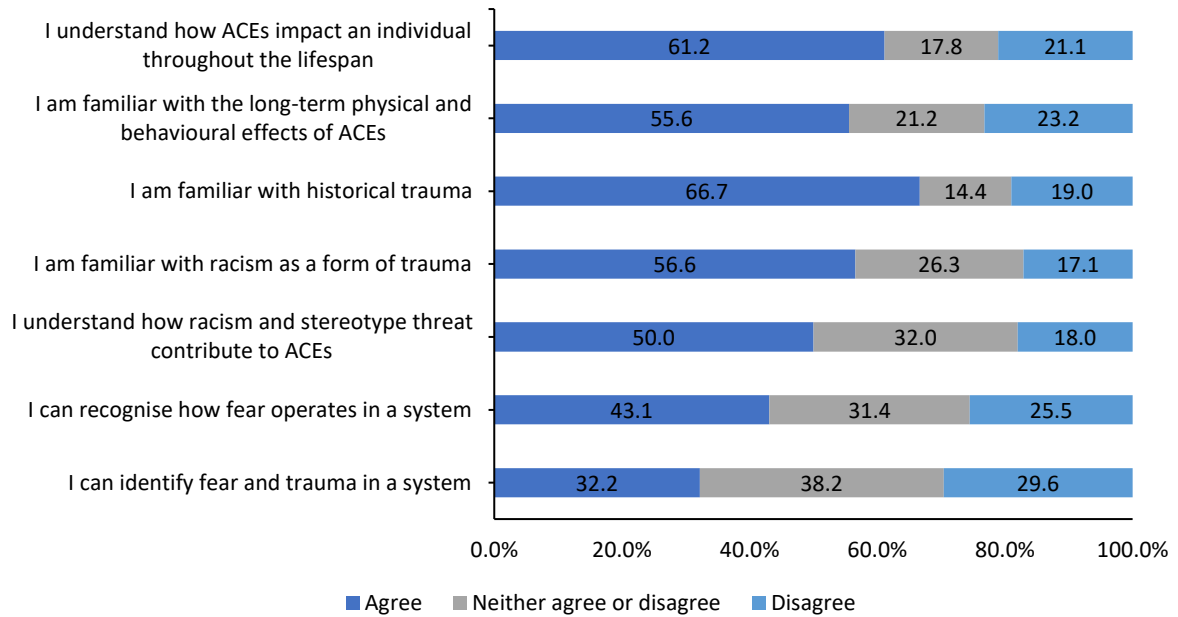

- Just over one in three trainees agreed that they understand how the brain develops, with a higher proportion agreeing that they can identify threats to healthy brain development.
- Three in ten trainees agreed that they are familiar with attachment theory.
- The majority of trainees agreed that they understood the physiology of fear and how trauma impacts on the brain.
- The majority of trainees agreed that they understood the impacts of alcohol and different drugs on the brain, and the connection between substance use disorders and trauma. However, just one in ten trainees agreed that they understand the reward pathway.
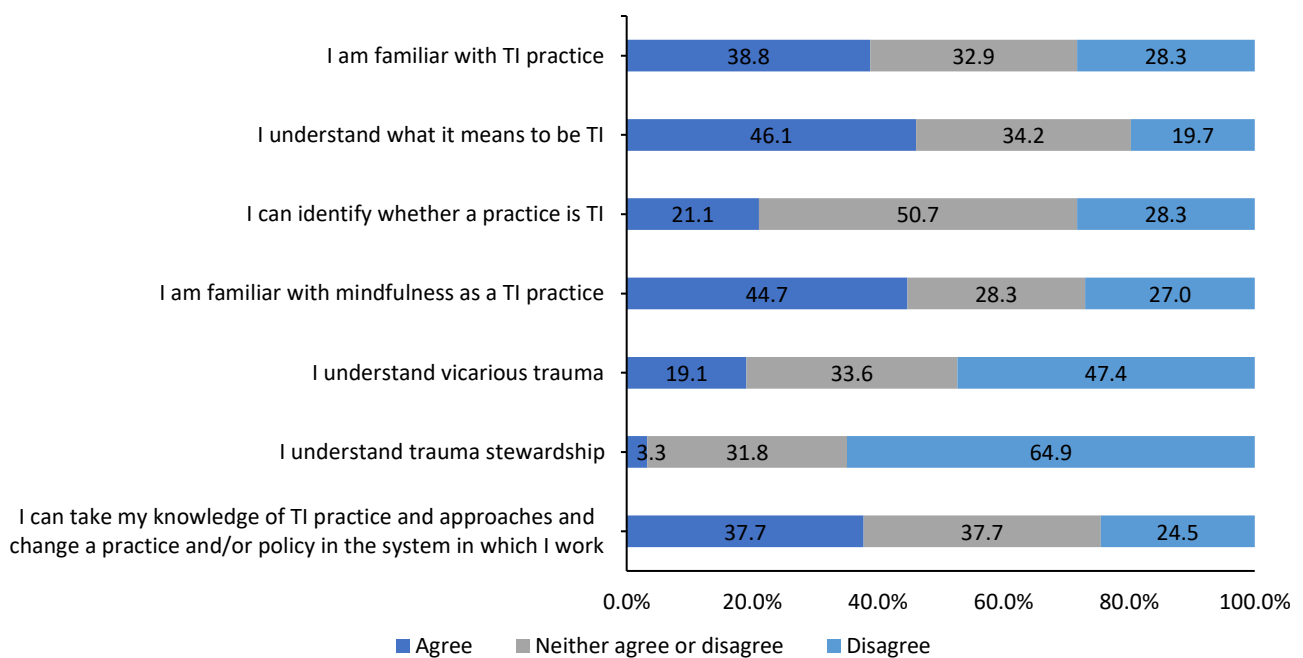
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[2] Including strongly agree and agree
[3] Including strongly disagree and disagree

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Figure 2: Pre training trauma-informed individual knowledge and attitudes (trauma and ACEs impacts)

Statement	Agree	Neither agree or disagree	Disagree
I understand how ACEs impact an individual throughout the lifespan	61.2	17.8	21.1
I am familiar with the long-term physical and behavioural effects of ACEs	55.6	21.2	23.2
I am familiar with historical trauma	66.7	14.4	19.0
I am familiar with racism as a form of trauma	56.6	26.3	17.1
I understand how racism and stereotype threat contribute to ACEs	50.0	32.0	18.0
I can recognise how fear operates in a system	43.1	31.4	25.5
I can identify fear and trauma in a system	32.2	38.2	29.6

■ Agree   ■ Neither agree or disagree   ■ Disagree

- The majority of trainees were familiar with historical trauma and agreed that they understood the impacts of ACEs on individuals across the lifecourse, including the physical and behavioural outcomes.
- Half of trainees agreed that they understand how racism and stereotypes contribute to ACEs and just over half were familiar with racism as a form of trauma.
- A smaller proportion of trainees agreed that they can recognise how fear operates in a system or that they can identify fear and trauma in a system.

Figure 3: Pre training trauma-informed (TI) individual knowledge and attitudes (awareness of trauma-informed practices)

Statement	Agree	Neither agree or disagree	Disagree
I am familiar with TI practice	38.8	32.9	28.3
I understand what it means to be TI	46.1	34.2	19.7
I can identify whether a practice is TI	21.1	50.7	28.3
I am familiar with mindfulness as a TI practice	44.7	28.3	27.0
I understand vicarious trauma	19.1	33.6	47.4
I understand trauma stewardship	3.3	31.8	64.9
I can take my knowledge of TI practice and approaches and change a practice and/or policy in the system in which I work	37.7	37.7	24.5

■ Agree   ■ Neither agree or disagree   ■ Disagree

- Around four in ten trainees agreed that they were familiar with trauma-informed practices, with a similar proportion agreeing that they understand what it means to be trauma-informed. However, only two in ten trainees agreed that they can identify whether a practice is trauma-informed.
- Four in ten trainees were familiar with mindfulness as a trauma-informed practice.
- Only two in ten trainees agreed that they understood vicarious trauma, and less than one in ten trainees agreed that they understood trauma stewardship.

Total scores from pre surveys on the assessing individual knowledge and attitudes subscale ranged from 31 to 107, with a mean of 73.92 (SD=12.99).[4] There were no significant differences in mean total scores on this subscale by gender, age, ethnicity, or police rank. However, there was a significant negative correlation between an individual's time spent working for their organisation and trauma-informed knowledge and attitudes score (r=-0.21; p<0.05), indicating that as the number of years working with an organisation increased, trauma-informed knowledge and attitudes decreased.

3.3.2 Safety and acceptance at work

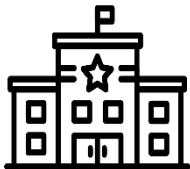Figure 4 shows the proportion of individuals who agreed, neither agreed or disagreed, or disagreed with statements relating to safety and acceptance at work in pre-training surveys.

Figure 4: Pre training safety and acceptance at work
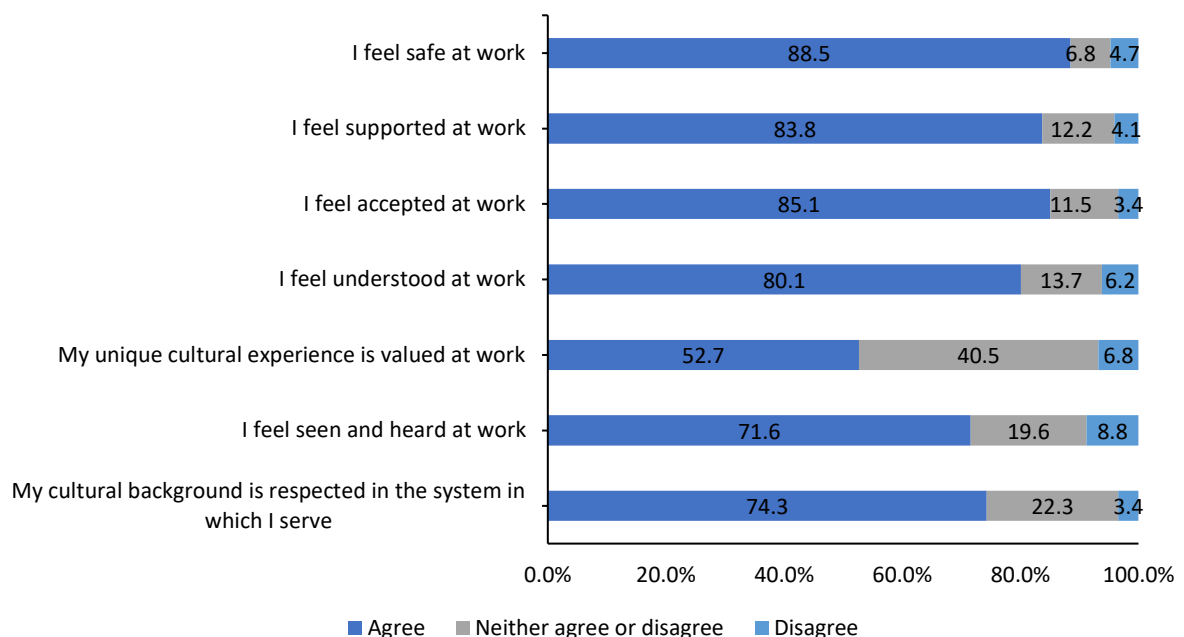
- The majority of trainees agreed with statements indicating that they felt safe, supported, accepted, understood, and seen and heard at work. However, there were still one in ten to two in ten trainees that did not agree that they felt safe, supported, accepted, and understood at work and three in ten that did not agree that they felt seen and heard at work.

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[4] Total scores on this subscale could range from a minimum of 27 to a maximum of 135.

- The majority of trainees agreed that their cultural background is respected in their organisation. However, a smaller proportion of trainees agreed that their unique cultural experience is valued at work.

Total scores on this subscale ranged from 7 to 35 with a mean score of 27.07 (SD=4.49).[5] There were no significant differences in mean total scores on this subscale by gender, age, ethnicity, or police rank. There was no significant correlation between an individual's time spent working for their organisation and total safety and acceptance at work subscale score.

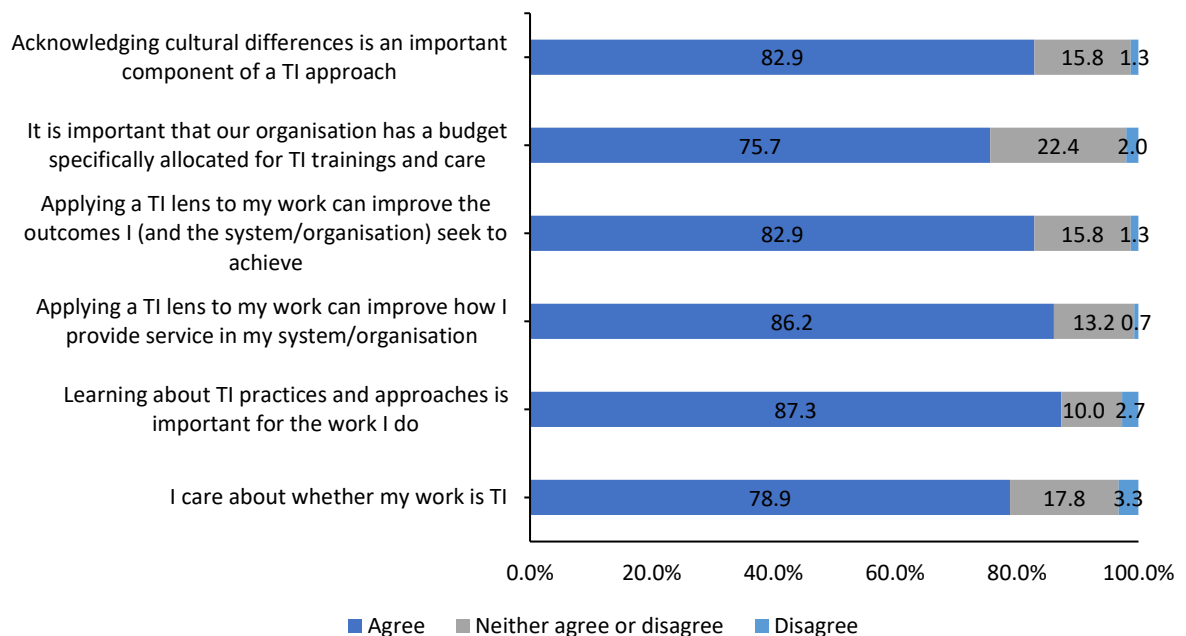### 3.3.3 Trauma-informed system-wide knowledge and attitudes

Figure 5 shows the proportion of individuals that agreed, neither agreed or disagreed, or disagreed with statements relating to trauma-informed system-wide knowledge and attitudes in pre-training surveys.

Figure 5: Pre training trauma-informed (TI) system-wide knowledge and attitudes

- Generally, trainees agreed that they understand the importance of trauma-informed practices for their work and cared about being trauma-informed. Trainees also agreed that using trauma-informed approaches was important for the service they provide and to achieving positive outcomes.
- The majority of trainees agreed that their organisation having a budget for trauma-informed training and care was important.
- Trainees also generally agreed that acknowledging cultural differences is an important component of a trauma-informed approach.

Total scores on this subscale ranged from 13 to 30 with a mean score of 24.81 (SD=3.72).[6] Individuals of White ethnic background had a significantly higher mean score (24.93; SD=3.68; n=139) on this

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[5] Total scores on this subscale could range from a minimum of 7 to a maximum of 35.
[6] Total scores on this subscale could range from a minimum of 6 to a maximum of 30.

subscale than individuals of any other non-white ethnic background (22.25; SD=3.81; n=8; $p<0.05$). Individuals of higher police rank had a mean higher score on this subscale than individuals of lower police rank (E-F/Sergeant and above, 26.28; SD=3.33; n=29; A-E/Constable, 24.14; SD=3.88; n=81; $p<0.05$). There were no significant differences in mean total scores on this subscale by gender, or age, or correlation between an individual's time spent working for their organisation and total trauma-informed system-wide knowledge and attitudes subscale score.

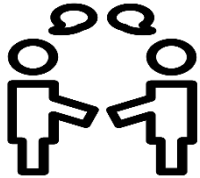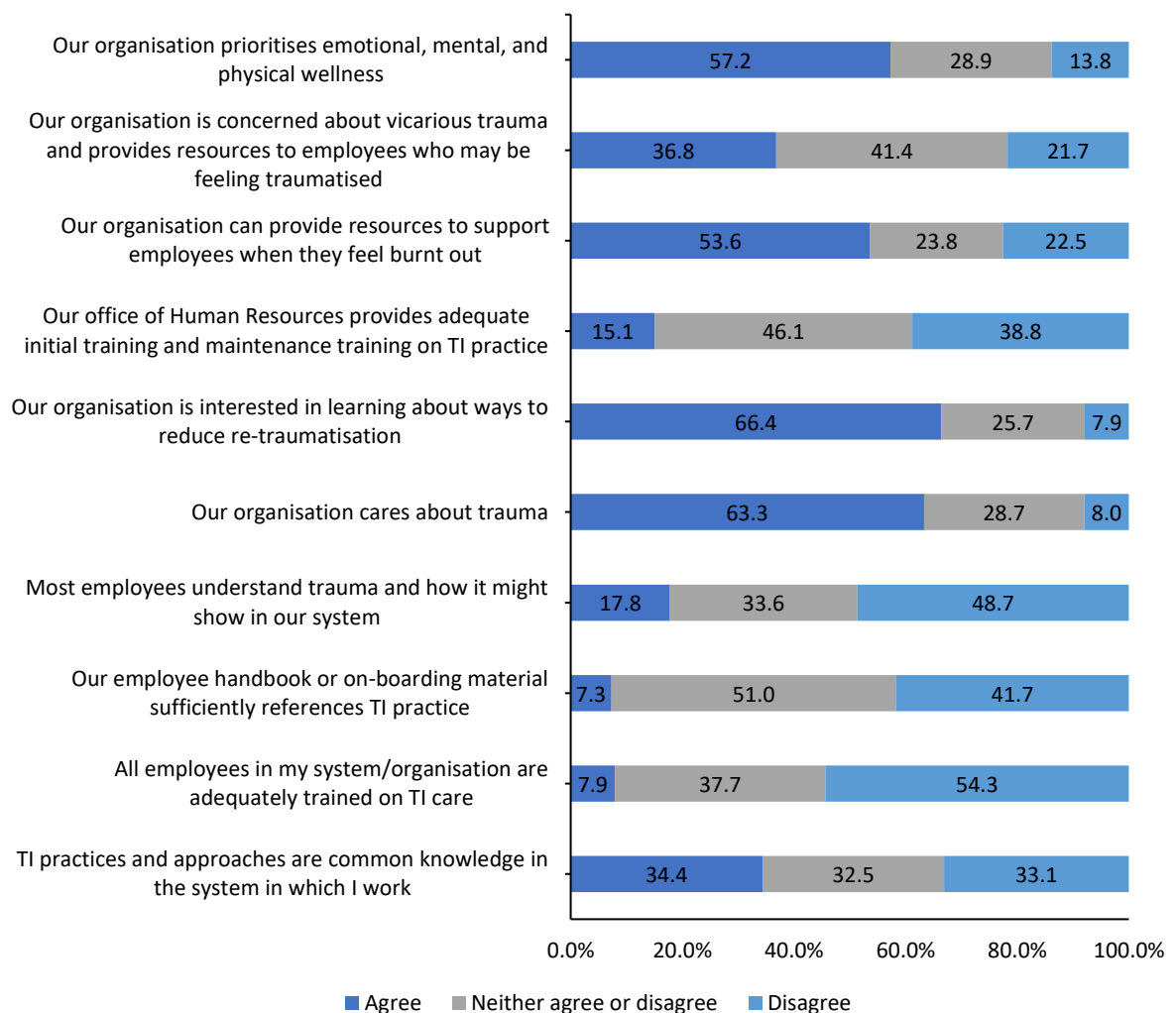### 3.3.4 Trauma-informed training, support, interaction, and environment

Figure 6, 7, and 8 show the proportion of individuals that agreed, neither agreed or disagreed, or disagreed with statements relating to trauma-informed training, support, interaction, and environment in pre-training surveys.

Figure 6: Pre training trauma-informed (TI) training and support

- Over half of trainees agreed that their organisation prioritises staff wellbeing and that their organisation can provide resources to staff who may be experiencing burnout. However, a smaller proportion of trainees agreed that their organisation is concerned about vicarious trauma and that their organisation can provide resources to support staff who may be experiencing its impacts.
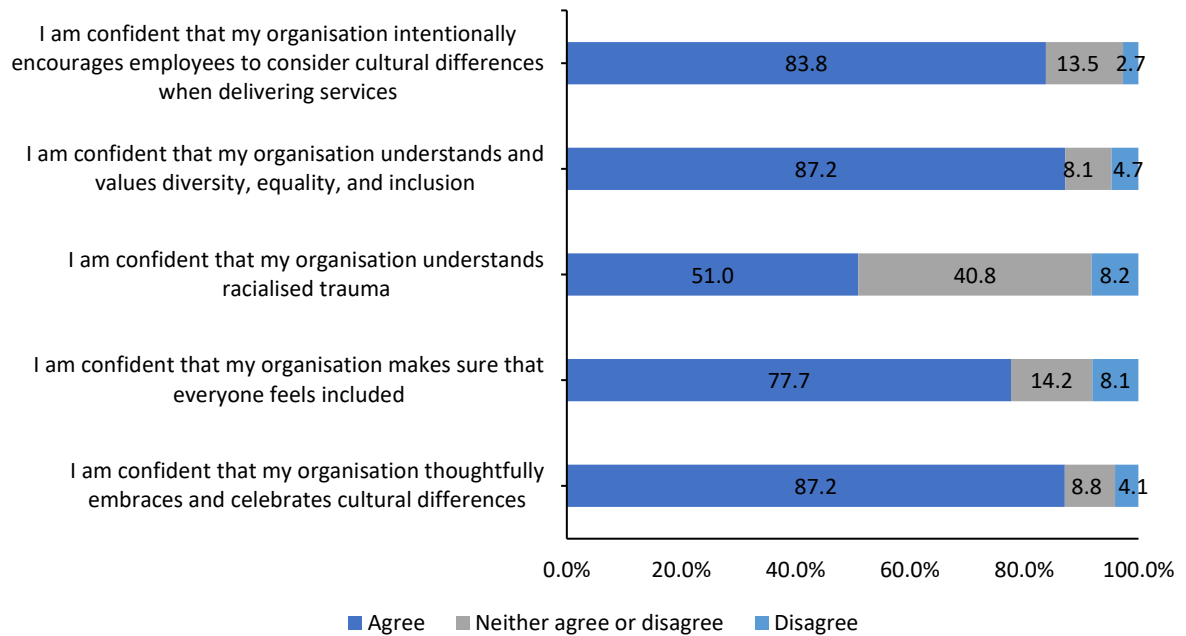
- The majority of trainees agreed that their organisation cares about trauma, and that their organisation is interested in learning about ways to reduce re-traumatisation.
- However, only two in ten trainees agreed that staff currently understand trauma and how it presents. A third of trainees agreed that trauma-informed approaches are common knowledge in their workplace.
- A small proportion of trainees agreed that they are adequately trained on trauma-informed practices. Small proportions of trainees agreed that training provisions both from their on-boarding material and from Human Resources covered trauma-informed practice in sufficient depth.

Figure 7: Pre training trauma-informed (TI) interactions with clients
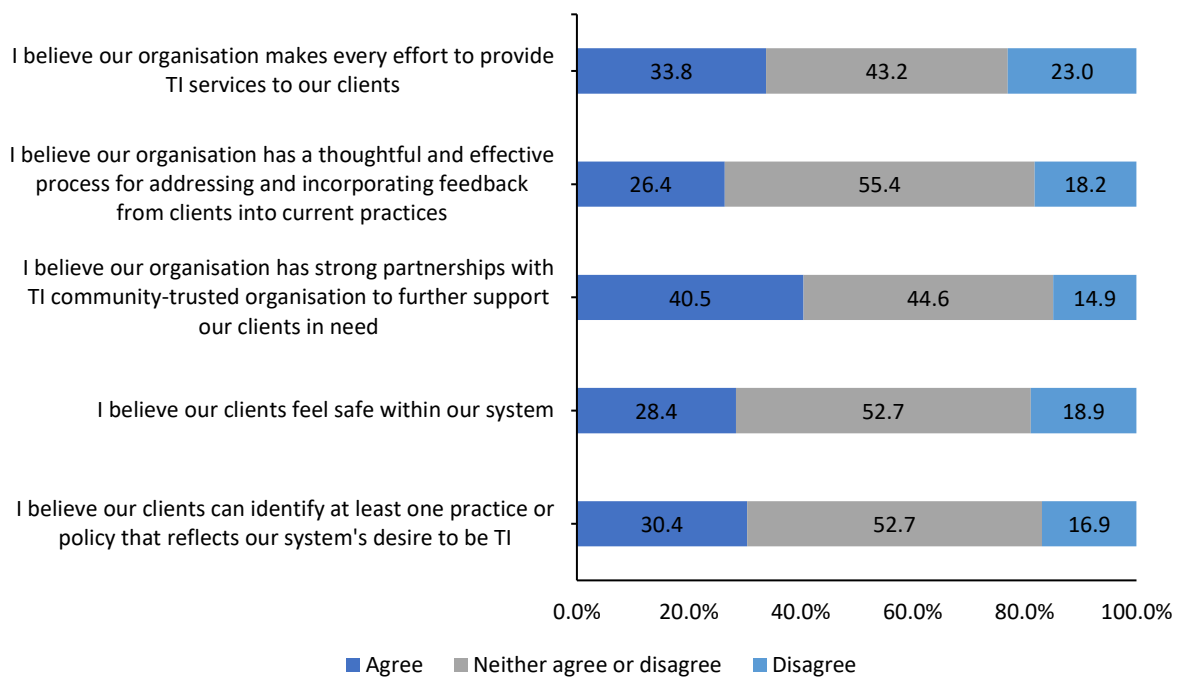
- A third of trainees agreed that their organisation makes every effort to provide trauma-informed services to their clients.
- A quarter of trainees agreed that their organisation has a thoughtful and effective process for addressing client feedback and incorporating this into practices.
- Four in ten trainees agreed that their organisation has strong partnerships with trauma-informed services that can support clients in the community.
- Less than three in ten trainees agreed that their clients feel safe within their system, and three in ten agreed that their clients can identify at least one practice or policy that reflects the system's desire to be trauma-informed.

Figure 8: Pre training trauma-informed environment

Figure 8: Pre training trauma-informed environment

- The majority of trainees agreed that their organisation embraces and celebrates cultural differences, understands and values diversity, equality, and inclusion in the workplace, ensures that everyone feels included, and encourages staff to consider cultural differences when delivering services.
- However, a smaller proportion of trainees (just over half) agreed that their organisation understands racialised trauma.

Total scores on this subscale ranged from 40 to 91 with a mean score of 65.85 (SD=9.80).[7] There were no significant differences in mean total scores on this subscale by gender, age, ethnicity, or police rank. There was no significant correlation between an individual's time spent working for their organisation and total trauma-informed training, support, interactions, and environment subscale score.

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[7] Total scores on this subscale could range from a minimum of 20 to a maximum of 100.

3.4 Impacts of training on trauma-informed knowledge and attitudes

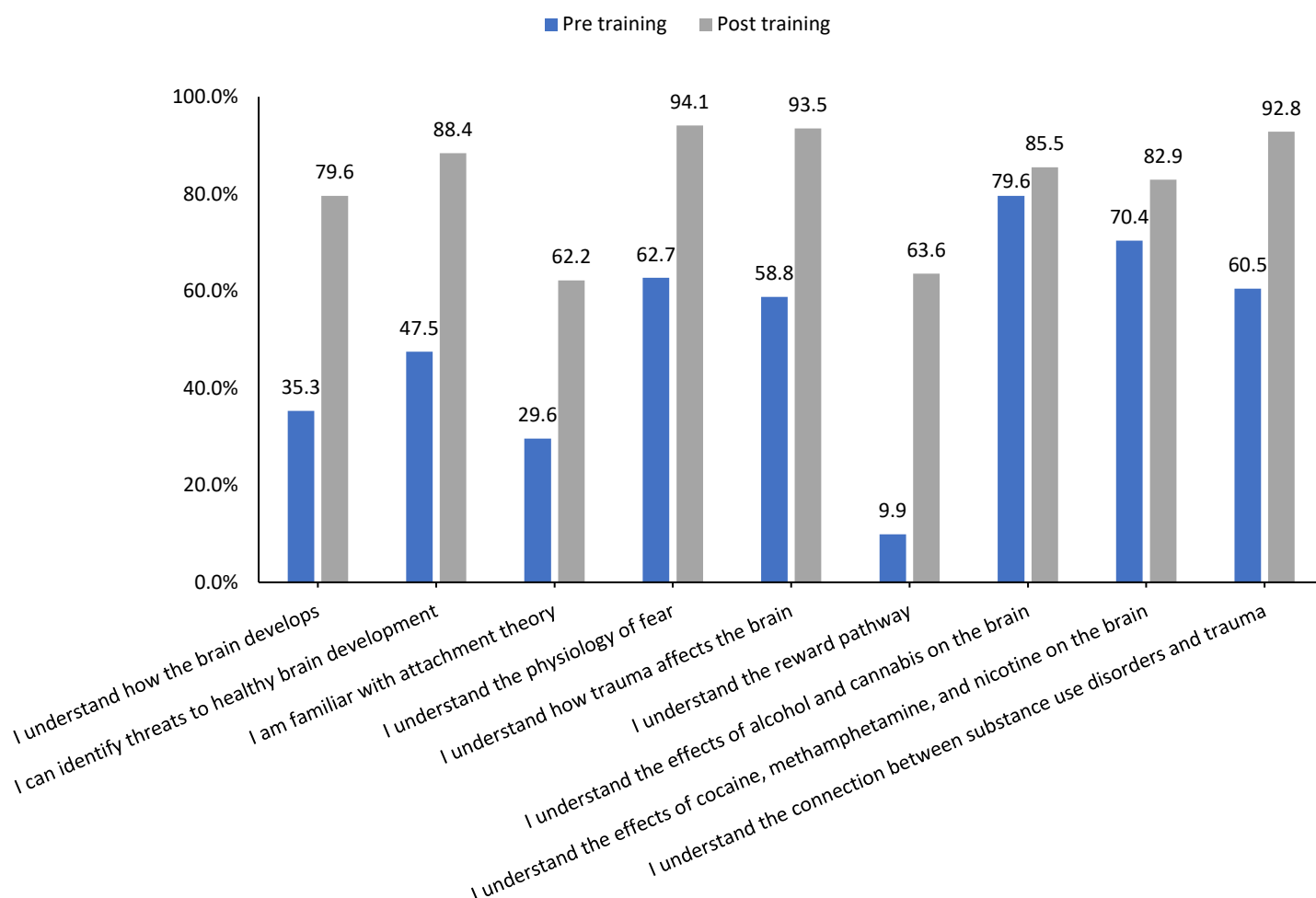### 3.4.1 Trauma-informed knowledge and attitudes

Overall, there were statistically significant positive changes in trainees' trauma-informed knowledge and attitudes from pre to post training.

Total scores on the trauma-informed knowledge and attitudes subscale increased in the post surveys, with total scores for the whole sample ranging from 71 to 115, with a mean of 94.93 (SD=10.31).[8] Where pre and post training matched total scores were available for individuals, there was a statistically significant increase in mean trauma-informed knowledge and attitudes subscale scores (pre mean=74.11; post mean=95.11; p<0.001; n=107), indicating improvements in trauma-informed knowledge and attitudes from pre to post training.

Figure 9, 10, and 11 show the proportion of individuals in the whole sample that agreed with statements relating to trauma-informed knowledge and attitudes in pre and post-training surveys.

Figure 9: Proportion of participants agreeing with each statement related to brain physiology and biology, Trauma-informed knowledge and attitudes subscale, pre and post training survey

Legend: ■ Pre training   ■ Post training

Statement	Pre training	Post training
I understand how the brain develops	35.3	79.6
I can identify threats to healthy brain development	47.5	88.4
I am familiar with attachment theory	29.6	62.2
I understand the physiology of fear	62.7	94.1
I understand how trauma affects the brain	58.8	93.5
I understand the reward pathway	9.9	63.6
I understand the effects of alcohol and cannabis on the brain	79.6	85.5
I understand the effects of cocaine, methamphetamine, and nicotine on the brain	70.4	82.9
I understand the connection between substance use disorders and trauma	60.5	92.8

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[8] Total scores on this subscale could range from a minimum of 27 to a maximum of 135.

Figure 10: Proportion of participants agreeing with each statement related to trauma and ACEs impacts, trauma-informed individual knowledge and attitudes subscale, pre and post training survey
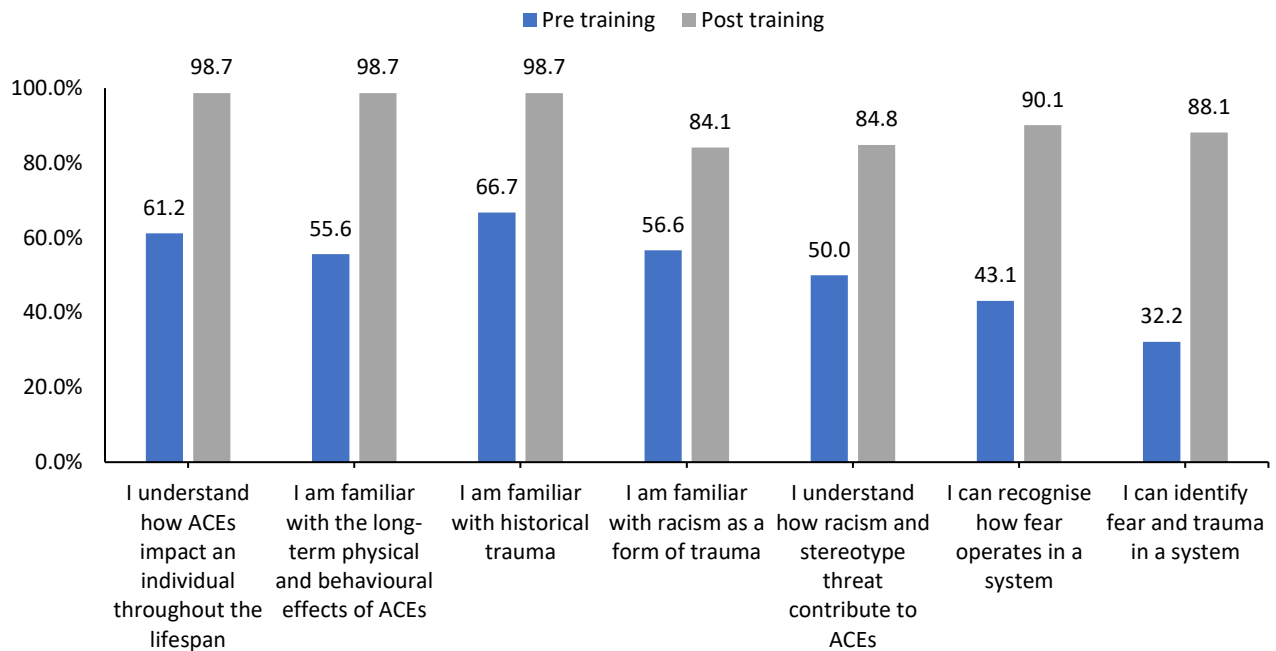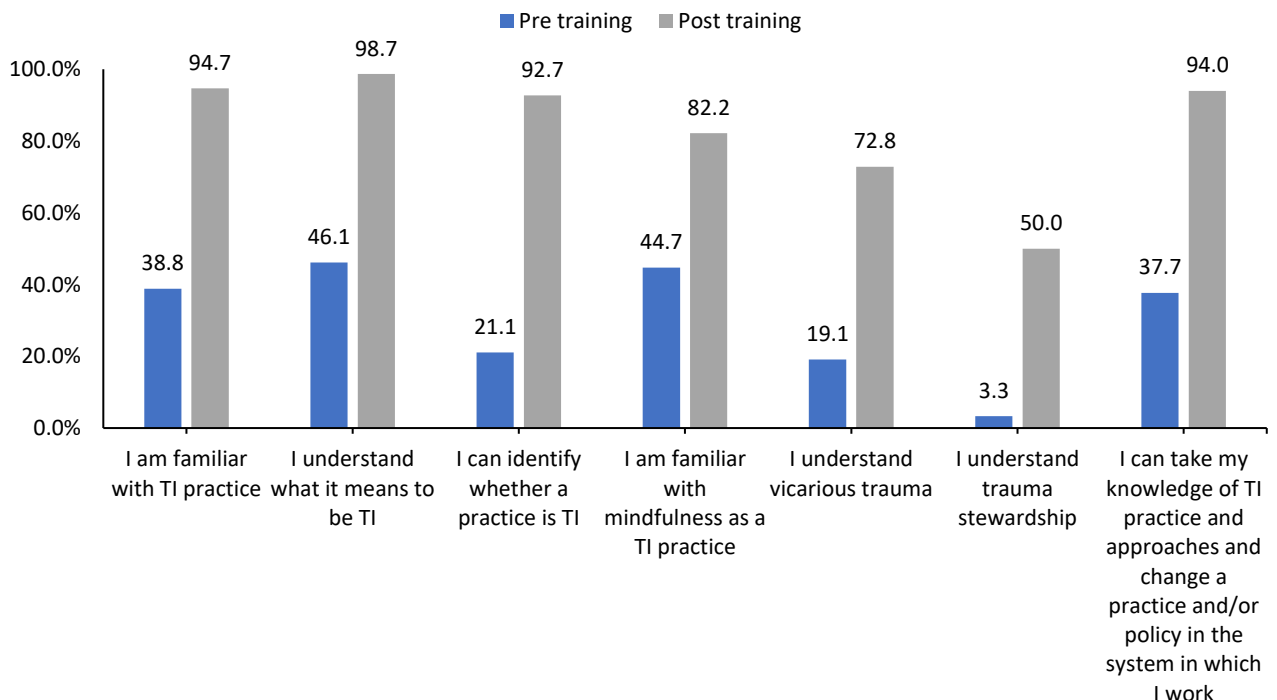

Figure 11: Proportion of participants agreeing with each statement related to awareness of trauma-informed practices, trauma-informed (TI) individual knowledge and attitudes subscale, pre and post training survey

From pre to post training, the proportion of trainees who agreed with statements relating to trauma-informed individual knowledge and attitudes had increased across all statements. A majority of trainees now agreed with each statement, except for I understand trauma stewardship (50.0%). For all statements there was a statistically significant increase in mean scores from pre to post training.

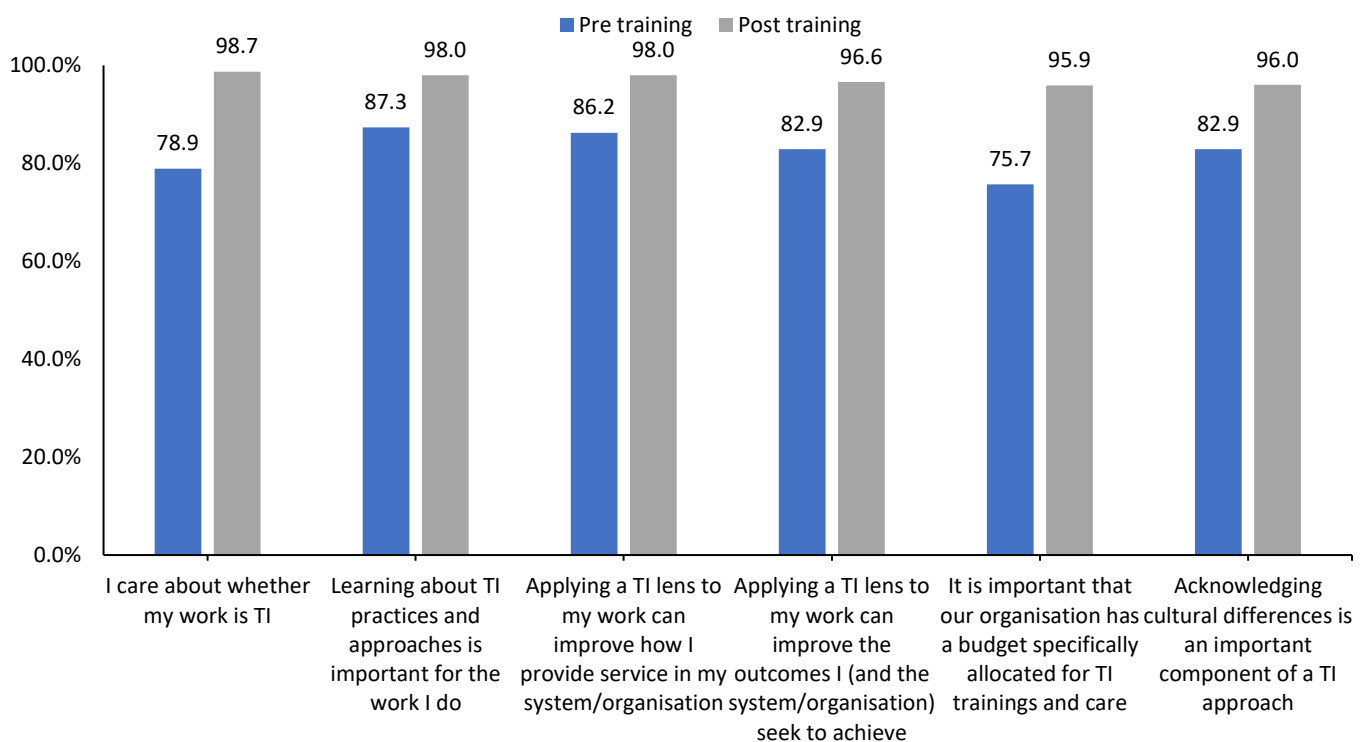### 3.4.2   Trauma-informed system-wide knowledge and attitudes
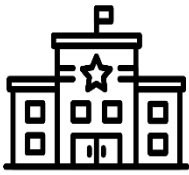
Overall, there were statistically significant positive changes in trainees' system-wide trauma-informed knowledge and attitudes from pre to post training.

Total scores on this subscale increased in the post surveys, with total scores for the whole sample ranging from 18 to 30, with a mean of 27.12 (SD=2.95).[9] Where pre and post training matched total scores were available for individuals, there was a statistically significant increase in mean trauma-informed knowledge and attitudes subscale scores (pre mean=24.83; post mean=27.15; p<0.001; n=144), indicating improvements in trauma-informed knowledge and attitudes from pre to post training.

Figure 12 shows the proportion of individuals in the whole sample that agreed with statements relating to trauma-informed system-wide knowledge and attitudes in pre and post-training surveys.

Figure 12: Proportion of participants agreeing with each statement, trauma-informed system-wide knowledge and attitudes subscale, pre and post training survey

From pre to post training, the proportion of trainees who agreed with statements relating to trauma-informed system-wide knowledge and attitudes had increased across all statements. For all statements there was a statistically significant increase in mean scores from pre to post training.

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[9] Total scores on this subscale could range from a minimum of 6 to a maximum of 30.

3.5 Perceptions of the training

Survey participants generally indicated that they found the training very informative, improving their understanding of the impacts of trauma and ACEs. Critically, most trainees found the reflective practice discussions around trauma-informed policing to be the most beneficial aspect of the training and to deepen their understandings of trauma-informed practice *"Group discussion and how this can be applied/challenges to our workforce and operational environment. The theory was interesting but application is the key."*

"The reflective practice discussion session was fantastic and enabled a much deeper dive into the themes of ACEs and how this relates to trauma informed practice."

A number of trainees indicated that there were not enough opportunities for these discussions throughout the training session, and that having more time to discuss particularly the practical aspects of trauma-informed policing would be useful *"The interaction (4 conversations) was very interesting. It is nice to discuss together and provide personal perspectives. The first half is quite heavy and may benefit from a break to involve the group. Perhaps similar to the aforementioned discussion."*

Several survey participants indicated that the training helped to highlight that much of their practice was already trauma-informed and reaffirmed their need to continue working in trauma-informed ways *"Already employing the premise of trauma-informed approach. Will advocate for it further and continue to champion its benefits."* Trainees highlighted some trauma-informed practices that they would utilise more commonly in their practice, including taking time with individuals and being mindful and understanding of the impact that trauma and ACEs may have had on their lives *"As a safer school officer, I aim to use the training within schools. I want to work with year heads to identify children from each year group who would benefit from 1-2-1 or small group work with me. Building positive relations from the offset."*

"I will take a breathe before my reaction to incidents, look more behind the person to what is causing the problem."

3.6 Researcher observations

Researchers observing sessions echoed findings from staff taking part in sessions, noting that sessions were informative, providing a comprehensive overview of the current knowledge of ACEs and trauma, how these impact offending behaviours across the lifecourse, and what a trauma-informed approach to policing may entail. However, it was also commented that there was a lack of focus on the ground-level practical aspects of trauma-informed policing with the general public. There was an absence of opportunity for police staff to practice embedding what they had learned into practical skills that they could then use when dealing with vulnerable individuals in the community.

4. Summary

Trauma-informed policing is one overarching model of policing with vulnerable individuals promoting understanding of the impacts of trauma on behaviour and emphasises the need to work with individuals while prioritising safety, choice and empowerment, cultural considerations, and establishing trust (DeCandia and Guarino, 2015; Bellis et al., 2023). Training is a critical step in adopting an overall trauma-informed strategy and may aid in reducing triggering and exacerbating traumas for vulnerable individuals, which may in turn improve relations and trust between the police and vulnerable or marginalised groups. As such the MVRP funded the implementation of trauma-informed training for police staff, to improve staff knowledge and understanding of trauma-informed practices. Ten three-and-a-half-hour sessions were implemented, with training content covering an overview of trauma and ACEs, their impacts on offending behaviours and health, how trauma and ACEs may present, and the principles and benefits of trauma-informed policing. The training also included a reflective practice session where participants could discuss key aspects of trauma-informed policing. The MVRP commissioned the Public Health Institute, LJMU to evaluate the training programme. The study aimed to assess the impact of the training on knowledge, attitudes, and confidence in implementing trauma-informed policing approaches and practices.

Baseline (pre training survey) assessment of trainees knowledge and attitudes, and perceptions of system wide values, cultures, and practice found that the majority of trainees generally indicated that they and their organisation consider trauma-informed policing important for the service they provide, and that they care about trauma-informed policing. However, a much smaller proportion of trainees indicated that they agreed that they are adequately trained on trauma-informed policing, and that they are less well equipped to understand the impacts of trauma, identify trauma, and identify trauma-informed practices. This is in line with similar previous research on trauma-informed approaches (Barton et al., 2019; Gillespie-Smith et al., 2020). Further, baseline findings demonstrated that small proportions of trainees agreed that the police service is currently trauma-informed in its interactions with clients. This reaffirmed the need for staff to develop key skills in trauma-informed practices in dealing with clients on a day-to-day basis, placing a priority on trauma-informed principles such as safety and establishing trust in their interactions with the general public, to enhance relationships between staff and clients, and achieve positive outcomes (DeCandia and Guarino, 2015; Bellis et al., 2023).

Most trainees generally indicated that they felt safe, supported, accepted, understood, and seen and heard at work. Trainees also indicated that their organisation understands and values diversity, equality, and inclusion in the workplace, ensures that everyone feels included, and encourages staff to consider cultural differences when delivering services. However, there were still proportions of trainees who did not agree that they felt safe, supported, accepted, and understood at work, and three in ten that did not agree that they felt seen and heard at work. Only half of trainees agreed that their unique cultural experience is valued at work, with a similar proportion agreeing that their organisation understands racialised trauma. Furthermore, only approximately half of trainees agreed that their organisation prioritises the wellbeing of staff, and that their organisation adequately provides resources to support staff who may be experiencing burnout. These findings are crucial because in order to become an effective trauma-informed service, organisations must prioritise and address the support needs of staff who are dealing with trauma.

Baseline findings also demonstrated differences in individual and system-wide knowledge, attitudes, and practice according to staff experience and rank, and ethnicity. Pre training findings showed that trainees with more years working for their organisation had lower overall individual trauma-informed knowledge and attitudes scores. This may indicate that as staff are cumulatively exposed to

challenging situations and traumatised individuals their buy-in to trauma-informed attitudes and practices may decrease, possibly due to burnout and compassion fatigue or the impacts of vicarious trauma. Baseline findings also showed that higher ranked staff and individuals of white ethnicity perceived system-wide attitudes and practices as better than lower ranked staff and individuals of a non-white ethnicity.

Trainees indicated that they generally found the training to be informative, improving their knowledge of trauma, ACEs, and trauma-informed policing. Some trainees also indicated that more opportunities for discussions may improve sessions and deepen their understandings of trauma-informed policing. Overall, training significantly improved trainees knowledge and attitudes relating to trauma-informed policing with an increase on mean scores for every item of the individual attitudes and knowledge and system-wide attitudes and knowledge subscales of the STISC. Specifically, after the training there was an increase in the proportion of trainees who agreed with statements related to:

- understanding of brain physiology and how the brain develops, how trauma impacts the developing brain, and the impacts of alcohol and different substances on the brain;
- understanding of the impacts of ACEs and trauma;
- being aware of trauma-informed practices, and identifying how trauma may present; and,
- the importance of trauma-informed practices.

5. Recommendations

- Rolling out trauma-informed training to other areas of the police force may be effective in improving staff knowledge and attitudes towards trauma-informed approaches to policing. Any future roll out should prioritise staff who operate at the ground level (such as response and resolution staff) who interact with the general public on a day-to-day basis and are the first responders to incidents that may involve traumatised and vulnerable individuals (BNSSG, 2021).
- All new staff who will have a role in working with the general public should receive trauma-informed training to improve their understanding of the impacts of trauma and ACEs on offending. These staff will play a key role in interacting with traumatised individuals therefore it is important that they understand the importance of trauma-informed principles, prioritising safety and enhancing trust (BNSSG, 2021). Emphasising the importance of trauma-informed policing with new members of staff may also help to improve trauma-informed cultures across the policing system further downstream.
- Staff who have been longer in service may experience reduced buy-in to trauma-informed policing practices over time, therefore reminders of the importance of trauma-informed policing for the service, clients and wider stakeholders may prove effective in keeping staff engaged in trauma-informed policing practices longer-term. This may be done through maintenance training sessions. Further, highlighting case studies of good practice relating to trauma-informed policing with any relevant outcomes for staff, clients, and wider stakeholders may improve buy-in across the policing system.
- Expanding the trauma-informed training programme to include an action-based learning session, including reflective-practice discussions, and whereby staff can practice utilising skills that they have learnt may be useful to better equip ground-level staff with the practical skills essential as part of a trauma-informed approach to policing, and may further deepen staff's awareness of the importance of trauma-informed policing.
- To support action based learning and reflective practice, the trainer should work with the police to develop case studies of realistic scenarios police staff may encounter. These case studies could then be used for group discussion and/or role play as to what a trauma-informed approach would

look like in the case study scenario, how it could be implemented, including best practice and potential barriers, and what outcomes may occur with and without trauma-informed practice.

- As part of a trauma-informed approach, staff's own wellbeing must become a force priority. Routine debriefs and check-ins with staff may help staff to better identify when they are experiencing the impacts of vicarious trauma or burnout and may enhance their ability to seek support. This will have additional benefits in decreasing levels of staff sickness. Management and senior leadership staff should play a key role in ensuring staff wellbeing is prioritised and that staff are adequately supported for any identified needs (BNSSG, 2021).
- Further work evaluating the key facilitators and barriers in becoming a more trauma-informed police force will help to describe how the police-force can adopt and embed trauma-informed principles across all components of the policing system.
- Further work evidencing the impacts of improving the capabilities of staff to work with clients using trauma-informed principles will help to illustrate the importance and value of trauma-informed policing, for police staff, clients, and other key stakeholders.
- While training sessions are an essential part of becoming more trauma-informed through improving staff knowledge and attitudes of trauma-informed approaches, they alone will not make a system trauma-informed (Blissett et al., 2022). Police leadership staff should aim to set a culture that promotes the principles of trauma-informed policing as routine, in interactions with the general public, victims and perpetrators of crime, and in prioritising the wellbeing of staff (BNSSG, 2021).

6. References

Armstrong L. (2017) From Law Enforcement to Protection? Interactions between Sex Workers and Police in a Decriminalized Street-Based Sex Industry. *British Journal of Criminology*, 3(1), pp.570-588. Available at: https://academic.oup.com/bjc/article/57/3/570/2623927

Barton E., McManus M., Johnson G., Harker S., Rodriguez G., Newbury A., Janssen H., Morris F., Jones B. and Roberts J. (2019) *Understanding the Landscape of Policing when Responding to Vulnerability: Interviews with frontline officers across Wales.* Public Health Wales.

Bellis M., Hughes K., Leckenby N., Perkins C. and Lowey H. (2014) National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. *BMC Medicine,* 12. Available at: https://doi.org/10.1186/1741-7015-12-72

Bellis M., Wood S., Hughes K., Quigg Z. and Butler N. (2023) *Tackling Adverse Childhood Experiences (ACEs) State of the art and options for action.* World Health Organization. Available at: https://www.ljmu.ac.uk/-/media/phi-reports/pdf/2023-01-state-of-the-art-report-eng.pdf

Blissett C., Ward J., Shields J., Paisley J., Knigge C. and Dunne N. (2022) *Adversity, Trauma and Resilience Programme Evaluation.* Rocket Science. Available at: https://westyorkshiretraumainformed.co.uk/wp-content/uploads/2022/09/WYCA-ATR-interim-report.pdf

Bristol, North Somerset, & South Gloucestershire Trauma working group (BNSSG) (2021) *Trauma-informed system knowledge and skills framework.* Bristol, North Somerset, & South Gloucestershire Trauma working group. Available at: https://bristolsafeguarding.org/media/zbyefwvp/bnssg-trauma-informed-practice-knowledge-and-skills-framework-march-2021-web-version.pdf

Borysik B. and Corry-Roake E. (2021) *Lived experience perspectives on policing trauma, poverty and inequalities.* New Generation Policing. Available at: https://barrowcadbury.org.uk/wp-content/uploads/2021/04/RDA-The-Knot-Report.pdf

Bullock K. and Johnson P. (2017) Police engagement with Muslim communities: breaking out, breaking in, and breaking through. *Policing and Society*, 28(8), pp.879-897. Available at: https://www.tandfonline.com/doi/full/10.1080/10439463.2017.1339706

Cartwright A. and Roach J. (2022) A price paid? A review of the research on the impact of investigating serious crime on the wellbeing of police staff. *The Police Journal: Theory, Practice and Principles,* 95(1), pp.109-126. Available at: https://doi.org/10.1177/0032258X211049335

College of Policing (2015) College of Policing analysis: Estimating demand on the police service. Available at: https://paas-s3-broker-prod-lon-6453d964-1d1a-432a-9260-5e0ba7d2fc51.s3.eu-west-2.amazonaws.com/s3fs-public/2021-03/demand-on-policing-report.pdf

Collins A., Boyd J., Mayer S., Fowler A., Kennedy M., Bluthenthal R., Kerr T. and McNeil R. (2019) Policing space in the overdose crisis: A rapid ethnographic study of the impact of law enforcement practices on the effectiveness of overdose prevention sites. *International Journal of Drug Policy*, 73, pp.199-207. Available at: https://www.sciencedirect.com/science/article/pii/S0955395919302361?via%3Dihub

Craig J., Piquero A., Farrington D. and Ttofi M. (2017) A little early risk goes a long bad way: Adverse childhood experiences and life-course offending in the Cambridge study. *Journal of Criminal Justice,* 53, pp.34-45. Available at: https://doi.org/10.1016/j.jcrimjus.2017.09.005

DeCandia C. and Guarino K. (2015) Trauma-informed care: An ecological response. *Journal of Child and Youth Care Work,* 24, pp.7-32. Available at: https://acycpjournal.pitt.edu/ojs/jcycw/article/view/69/53

Foley J. and Massey K. (2021) The 'cost' of caring in policing: From burnout to PTSD in police officers in England and Wales. *The Police Journal: Theory, Practice and Principles,* 94(3), pp.298-315. Available at: https://doi.org/10.1177/0032258X20917442

Ford K., Barton E., Newbury A., Hughes K., Bezeczky Z., Roderick J. and Bellis M. (2019) *Understanding the prevalence of adverse childhood experiences (ACEs) in a male offender population in Wales: The Prisoner ACE Survey.* Bangor University. Available at: https://research.bangor.ac.uk/portal/files/23356885/PHW_Prisoner_ACE_Survey_Report_E.pdf

Gillespie-Smith K., Brodie Z., Collins K., Deacon K. and Goodall K. (2020) *Moving towards Trauma-Informed policing: An exploration of police officer's attitudes and perceptions towards Adverse Childhood Experiences (ACEs).* The Scottish Institute for Policing Research. Available at: https://core.ac.uk/reader/395865044

Glendinning F., Barton E., Newbury A., Janssen H., Johnson G., Rodriguez G., McManus M., Harker S. and Bellis M. (2020) *An evaluation of the Adverse Childhood Experience Trauma Informed Multi-agency Early Action Together (ACE TIME) training: national roll out to police and partners.* Available at: https://phwwhocc.co.uk/wp-content/uploads/2021/08/PHW-EAT-ACE-TIME-evaluation-1.pdf

Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (2021) *State of Policing The Annual Assessment of Policing in England and Wales 2021.* Available at: https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/State-of-policing-2021-1-single-page.pdf

Ludwig A. and Reid S. (2021) *Recognising and responding to vulnerability-related risks guidelines.* College of Policing. Available at: https://assets.college.police.uk/s3fs-public/2021-11/Recognising-responding-to-vulnerability-related-risks-summary-practitioner-evidence.pdf

Merseyside Police (2021) *Merseyside Police and Crime Plan 2021-2025.* Available at: https://www.merseysidepcc.info/media/esgbbj0b/final-police-and-crime-plan-2021-25.pdf

Merseyside PCC (2020) Mental Health. Merseyside Police & Crime Commissioner. Available at: https://www.merseysidepcc.info/get-involved/resources-campaigns/mental-health/

Moreland-Capuia A., Dumornay N., Mangus A., Ravichandran C., Greenfield S. and Ressler K. (2022) Establishing and validating a survey for trauma-informed, culturally responsive change across multiple systems. *Journal of Public Health.* Available at: https://doi.org/10.1007/s10389-022-01765-5

NPCC (2016) Policing Vision 2025. NPCC: London. Available at: https://www.npcc.police.uk/documents/Policing%20Vision.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA) (2015). *Trauma-informed approach and trauma-specific interventions.* Available at: http://www.samhsa.gov/nctic/trauma-interventions