

Intervention with police officers about intimate partner violence

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Abstract

The importance of the police in cases of intimate partner violence is undeniable. The objective of the present study was to evaluate a brief training for police officers of the city of Curitiba on intimate partner violence. A total of 134 police officers, divided into control ($n = 76$) and intervention ($n = 58$) groups, participated in the study. The latter underwent four sessions about definitions of intimate partner violence, the cycle of violence, and crisis intervention. All participants answered a sociodemographic questionnaire, the Perception Scale on Domestic Violence Victim Support, and the Questionnaire of Beliefs on Domestic Violence. The results indicate the absence of significant changes in the general scores of the instruments between pre- and post-test for both groups. Three questions presented significant improvements in the Questionnaire of Beliefs on Domestic Violence. Future research should continue to test effective forms of police trainings at the beginning of their careers.

Keywords: police, training, education, in-service training, intimate partner violence

INTERVENÇÃO COM POLICIAIS MILITARES SOBRE VIOLÊNCIA CONTRA O PARCEIRO ÍNTIMO

Resumo

A importância do atendimento dos policiais em casos de violência contra o parceiro íntimo é inegável. O objetivo da presente pesquisa foi avaliar uma intervenção breve com policiais da cidade de Curitiba sobre a violência contra o parceiro íntimo. Participaram da pesquisa 134 policiais, divididos em grupos controle ($n = 76$) e intervenção ($n = 58$), e os últimos receberam quatro sessões sobre as definições de violência contra o parceiro íntimo, ciclo da violência e intervenção a crise. Todos os participantes responderam a questões sociodemográficas, à Escala de Percepção sobre o Apoio à Vítima de Violência Doméstica e ao Questionário de Crenças sobre a Violência Intrafamiliar. Os resultados apontam a ausência de mudanças significativas nos escores gerais dos instrumentos entre o pré e o pós-teste para ambos os grupos. Questões pontuais apresentaram melhoras significativas no instrumento de crenças. Pesquisas futuras devem verificar formas de intervenção efetivas com policiais no início da carreira policial.

Palavras-chave: polícia, treinamento, educação, capacitação em serviço, violência por parceiro íntimo

INTERVENCIÓN CON LA POLICÍA SOBRE LA VIOLENCIA DE PAREJAS

Resumen

La importancia de ayudar a los agentes de policía en casos de violencia de parejas es innegable. El objetivo de esta investigación fue evaluar una breve intervención con agentes de policía de Curitiba sobre la violencia de parejas. Participaron 134 policías, divididos en grupos control ($n = 76$) e intervención ($n = 58$), el último de los cuales recibió cuatro sesiones sobre las definiciones de violencia e intervención en crisis. Todos los participantes respondieron preguntas sociodemográficas, la Escala de Percepción sobre el Apoyo de la Víctima de Violencia Doméstica y el Cuestionario sobre Creencias en la

Violencia Doméstica. Los resultados apuntan la ausencia de cambios significativos en las puntuaciones generales de los instrumentos entre las pruebas previas y posteriores para ambos grupos. Las preguntas puntuales mostraron mejoras significativas en el instrumento de creencias. La investigación futura debería buscar formas efectivas de intervención con los agentes de policía al principio de sus carreras policiales.

Palabras clave: policía, capacitación, educación, capacitación en servicio, violencia contra pareja

The assistance provided by the Military Police to families in domestic violence situation is one of the crucial aspects in the formation of a protective network for all those involved, because, in general, the police provide the first assistance in these cases. However, police training addressing intimate partner violence (IPV) is still incipient in Brazil, especially programs focusing on psychosocial issues rather than punishment. According to Schraiber et al. (2007), police assistance provided to IPV cases is not organized from an intersectoral perspective, i.e., it is restricted to occurrences and lacks problem-solving capacity. Additionally, there is no scientific evidence regarding the effectiveness of these programs, while training is often based on practice.

As many developed countries acknowledge the role played by police officers' beliefs on IPV and how these beliefs influence the way they respond to calls, they implement measures to change these beliefs. These measures vary but may include psychoeducation and training, more frequent use of offender detention policies, changes in the legislation, and increasing the power and responsibility of police officers in these cases (McPhedran et al., 2017).

IPV should be one of the police's main concerns due to the dissemination of gender issues and negative stereotypes about women. Distorted beliefs influence the stereotypes and responses of male police officers to IPV. The patriarchal culture, which permeates most police organizations in the Western, affects the police officers' behaviors and interventions in IPV (Lockwood & Prohaska, 2015). According to Lerner (1986), the patriarchal culture can be seen as the institutionalization and manifestation of male domination over women and children in family contexts and society in general. Asymmetric and unequal power prevails in this culture due to the implicit vertical hierarchy that disciplines from men's perspective.

Up to the 1980s, there were no specific IPV protocols in the United States, and little time was spent on training police officers. Historically, police culture in the Western encouraged sexist beliefs and the idea that one should not interfere in aspects considered private of intimate relationships (McPhedran et al., 2017). One of the main aspects of IPV that requires attention from police officers refers to the cycle of violence, composed of three phases: increased tension, violent act, and a loving phase, often called the "honeymoon". The first phase is characterized by minor incidents of physical violence or emotional abuse involving rules and expectations. The victims may respond calmly, seeking to lessen the tension, or try to defend themselves. Both partners may try to rationalize their attitude by blaming their behaviors on stress related to work or finances, for instance. The time elapsed between phases varies – it can be days, weeks, or even years. As tension increases, the victims' coping skills are increasingly ineffective to lessen tension or protect themselves (Walker, 2016).

In the second phase, with growing tension and anger, more severe violence occurs. This phase is the shortest and usually lasts a few hours only. It is followed by an attempt to deny the severity of the incident and minimize the event or blame the victim for the violence (Eriksson & Mazerolle, 2015). Usually, this is when a police officer is requested, that is, in the

IPV's most acute phase. Therefore, assistance demands knowledge regarding crisis intervention strategies.

The third phase consists of behavioral changes among all those involved. The aggressor becomes loving and kind. They may apologize and try to reconcile, promising to seek help and not repeat the violent behavior (Walker, 2016). However, other forms of abuse, coercion, and economic or emotional abuse are likely to occur in an attempt to control the victim, even during this phase. The victim may believe that this sudden behavior change represents real change and seeks reconciliation, believing that the partner has finally developed an appropriate behavior. The third phase's dynamics is one of the barriers impeding victims from escaping violent behavior, even though this is a time when most services and people from their support network may become involved (Myers, 1995).

Due to the cycle of violence, many women are at risk in their relationships because their skills to deal with violent behavior are ineffective as they are influenced by culture and life history (Eriksson & Mazerolle, 2015; Walker, 2016). Furthermore, women may feel helpless due to the expectations of the culture regarding the role of women within the family and marriage, reinforcing their commitment to maintaining their relationships even if they have to sacrifice themselves and assume responsibility for what happens in their intimate relationships (Eriksson & Mazerolle, 2015; Walker, 2016). Additionally, IPV has various consequences on a woman's physical and emotional health, such as somatization, suicidal ideation, low self-esteem, depression, phobia, among others, making it even more difficult to break with the cycle of violence (Brasil, 2005).

The frequency with which IPV occurs varies worldwide. In a study involving 30 developing countries, Peterman et al. (2015) found that approximately 29% of the women experienced some form of violence, ranging from 49% (Cameroon, Gabon, Uganda, and Zambia) to 11% (Azerbaijan, Burkina Faso, Cambodia, and Ukraine). In Brazil, also a developing country, the results reported by Waiselfisz (2015) show that among adult women seeking healthcare services due to violence, 67.2% were assaulted by their partners or ex-partners. According to Schraiber et al. (2007) and Lindner et al. (2015), the IPV rates in Brazil ranged from 16% to 40% of the population, indicating the urgent need to fight the problem.

Therefore, police officers assisting IPV must consider that victims may be trapped in a cycle of violence and be a hostage to their partners (Williams et al., 2000). Understanding the importance of the cycle of violence is essential to improve the effectiveness of the police's work, considering that immediately after a violent event, police intervention must be carried out to identify those responsible for the violence and proceed with proper referrals.

Huisman et al. (2005) report one of the first experiences addressing police officers training, including experimental control. The authors believe that teaching domestic violence and racism is paramount because knowledge regarding both aspects is essential when providing police assistance. Additionally, the challenges faced by police officers in training on the barriers

female victims experience must be identified, and training strategies must be proposed to initiate a dialogue addressing the subject. Before identifying problems, Huisman et al. (2005) carried out a brief overview on the topic during a three-day training provided to 90 police officers in 2001. The training day was divided into five sessions consisting of different topics presented by several instructors, including men and women of different races. These strategies were developed to improve the participants' acceptance. However, the police officers were hostile in the training from the beginning, which led many female instructors to consider the program unsuccessful. This pattern is consistent with a study that addressed the dynamics of classrooms. The study reports dominant groups are not usually familiar with inequality (Haddad & Lieberman, 2002). For example, Afro-descendant instructors more frequently experienced hostility than Caucasian instructors when teaching Caucasian police students (Huisman et al., 2005). Many experience reports are presented at congresses and conferences, but few studies addressing this topic are published in peer-reviewed scientific journals. In Brazil, the only study was authored by Williams et al. (2000), which addressed a small sample and did not include a control group. To the best of our knowledge, this is the first study conducted in Brazil using control and experimental groups, addressing representative samples of police officers.

Additionally, training provided to police officers is a tool used worldwide to solve various health problems and meet the needs of this group (Papazoglou & Andersen, 2014). Therefore, this study's objective was to assess a brief intervention addressing IPV with police officers from the city of Curitiba, Paraná, Brazil.

Method

Participants

A total of 134 military police officers from two battalions located in Curitiba participated in the pretest and post-test. The intervention group was composed of 58 police officers, and the control group was composed of 76. Data were collected from 111 police officers in the pretest; the retention rate was 82.8%. The participants were aged 33.22 years on average ($SD = 6.41$) and had 8.09 years of experience in the Military Police on average ($SD = 6.89$). An independent sample t -test showed no differences between the groups regarding age ($p = 0.16$), job tenure, or marital status ($p = 0.59$). Additionally, no differences were found between the groups regarding their ranks ($p = 0.18$), 85% of both groups were composed of soldiers. Regarding gender, more women were found in the control group ($p < 0.01$). There were 13 women in the control group and seven in the intervention group.

Instruments

The following instruments were used to assess the practices of police officers:

- *Sociodemographic questionnaire*: addresses age, gender, rank, and job tenure.

- *Escala de Percepção sobre o Apoio à Vítima de Violência Doméstica* (Perception Scale on Domestic Violence Victim Support) (Morais & Sani, 2010): assesses Portuguese police officers. The authors of the original scale authorized its adaptation to the Brazilian Portuguese. It comprises 18 statements rated on a 7-point Likert scale ranging from “totally irrelevant” to “totally relevant”. The instrument has two axes: the relationship between service and victim and structures and procedures of the police work. The higher the scores, the more adequate the police officers’ responses to IPV cases.
- *Questionário de crenças sobre violência intrafamiliar* (Questionnaire of Beliefs on Domestic Violence) (Ferrari et al., 2016): it contains 45 statements regarding IPV, gender violence, and violence against children, which the participants must classify as true or false. The total score is obtained by summing the scores of the appropriate responses to violence. The higher the score, the more adequate a police officer’s beliefs regarding domestic violence.

Procedure

Data Collection

Three potential battalions were selected for the intervention, and two teams in each battalion were randomly selected for the control and intervention groups. The battalions should meet the following criteria: 1. respond to emergency calls, including IPV cases; 2. have police officers in different ranks and experience; and 3. existing for at least one year. As the city did not have specific patrols to assist IPV at the time, we randomized the battalions to increase data reliability and validity. In addition, these battalions did not maintain communication with each other and were located in different regions of the city. For the intervention, the police officers were gathered in a classroom in the battalions on a day called “instruction day.” This instruction day is when they usually receive training and commands to be performed.

The intervention consisted of four meetings, each one lasting 90 minutes on average. In the first meeting, the participants received a clarification regarding the study, signed a free and informed consent form and completed the instruments. The second session addressed the definition of IPV, epidemiological data concerning IPV according to the police officers’ field, and aspects concerning how to respond to crises. The techniques used by police officers were addressed, and other possibilities were discussed, in addition to the importance of the approach, voice tone, and role of police officers in reporting events. The third session presented the cycle of violence and all its phases according to the models proposed by Walker (2016) and Eriksson and Mazerolle (2015). The participants were always encouraged to ask questions and report whether the cycle corresponded to their experience in real-world contexts. The strategy used in

the intervention sessions included lectures and dialogues with psychoeducation as a tool to raise awareness. Data from national studies and scientific evidence regarding violence against women were presented, as well as assistance strategies and evidence of good results. The last session comprised data collected in the post-test, and the police officers provided informal feedback regarding the intervention. Therefore, the intervention *per se* was implemented in two meetings.

The battalions collaborated and participated in the entire research process, except one in which the number of participants in the experimental group decreased – the second meeting. Only nine participants took part in the third meeting. Therefore, this battalion was not included in the data analysis. Data regarding the battalions that participated in the entire study are presented below.

Data analysis

Data were tabulated using Statistical Package for Social Sciences (SPSS, version 23.0). There were no missing data. The Kolmogorov-Smirnov test was used to check the normality of data. The results showed that data obtained with the instruments addressing perceptions ($p < 0.01$) and beliefs ($p = 0.05$) were not normally distributed. Therefore, the non-parametric Wilcoxon test was implemented to compare the performance of the control and intervention groups in the pretest and post-test. Because the sample was not normally distributed, the Kruskal-Wallis test was performed to compare the mean scores obtained from the instruments for the control and intervention groups.

Ethical considerations

The study project was submitted to and approved by the Institutional Review Board of the institution to which the authors are affiliated under the Certificate of Presentation for Ethical Appreciation (Certificado de Apresentação para Apreciação Ética [CAAE]) No. 69453517.7.0000.8040. Next, the Military Policy Command in Curitiba was contacted, and a meeting was scheduled to clarify the study and data collection.

Results

The results are presented according to the following order: comparisons between the scores obtained for the control and intervention groups with correlations between scores and gender; and tests performed to compare the instrument's questions.

The variables perceptions regarding the services provided to victims ($Z = 0.69$, $p = 0.49$) and procedures implemented in IPV cases ($Z = 0.38$, $p = 0.70$) presented a slight but non-significant decrease in the intervention group; and beliefs improved but not significantly ($Z = 0.73$, $p = 0.46$). The Wilcoxon test showed a similar pattern in the control group, with a slight decrease in the scores for the victim's services ($Z = 0.11$, $p = 0.91$) and beliefs ($Z = 0.10$, $p = 0.92$) and a small advance in assistance procedures ($Z = 0.13$, $p = 0.90$), with no significant

differences. Table 1 presents the means obtained for the groups in each of the variables assessed by the scales of perception and beliefs in the pretest and post-test.

Table 1

Mean and standard deviation of the variable's services provided to victims, procedures, and beliefs regarding IPV for each of the groups

Group	Services to victims				p	Procedures				p	Beliefs				p
	M	SD	Min.	Max.		M	SD	Min.	Max.		M	SD	Min.	Max.	
Control pretest	5.60	0.85	5.40	5.80	0.89	5.87	0.92	5.64	6.09	0.91	9.95	3.66	9.08	10.83	0.92
Control post-test	5.59	1.00	5.33	5.86		5.89	1.03	5.61	6.16		9.31	3.70	8.33	10.28	
Intervention pretest	5.48	0.89	5.26	5.70	0.49	5.69	1.06	5.43	5.96	0.70	9.75	3.47	8.88	10.61	0.46
Intervention post-test	5.40	0.82	5.17	5.62		5.64	1.02	5.35	5.92		10.32	6.54	8.51	12.12	

The Pearson's correlation analysis presented significant positive results for female police officers of both the groups, with higher scores in the services provided to victims ($R = 0.13$, $p = 0.04$) and assistance procedures ($R = 0.14$, $p = 0.33$). However, no significant differences were found for IPV beliefs ($R = -0.12$, $p = 0.06$).

The Kruskal-Wallis test was performed for each of the items in the perception scale for both groups. A significant change was observed in questions 5 ("Understanding the resistance of victims in filing a complaint") ($p = 0.02$, Cohen's $d = 0.30$) and 6 ("Assessing the victim's needs") ($p = 0.05$, Cohen's $d = 0.18$) for the control group and question 8 ("Keeping contact with the victim") for the intervention group ($p = 0.03$, Cohen's $d = 0.01$). The same test was performed for the beliefs questionnaire. Significant differences were found in questions 6 ("Alcohol consumption is the primary cause for men mistreating wife and children") ($p = 0.04$, Cohen's $d = 0.01$) and 8 - ("Children who witnessed their mothers being assaulted by their fathers often feel guilty for the violence") ($p < 0.01$, Cohen's $d = 0.18$).

The univariate ANOVA test was performed between the dependent variable total score obtained from the beliefs questionnaire and applications (pretest and post-test). The groups (control and intervention), and ranks (equivalent to officer, warrant officer, sergeant, corporal, and soldier) did not show significant interactions in any of the variables. The results regarding the participants' ranks indicate a tendency to statistical significance ($F(1.15) = 21.30$, $p = 0.06$), i.e., perhaps a larger sample of officers would present statistical significance. The same pattern is found for services provided to the victims and assistance procedures.

A paired-samples t -test was performed to investigate intragroup differences, and only the items from the beliefs scale presented significant differences in the intervention group. Table 2 presents the items with significant differences. A significant increase was found in the mean scores of adequacy for all the questions.

Table 2

Mean, standard deviation, and paired *t*-tests of the questions with significant differences between pretest and post-test

Item	Application	M	SD	t	95% CI		p
					Lower	Upper	
Women, in general, do not file a complaint in the first or second time they are assaulted by their husbands.	Pretest	0.11	0.32	-1.23	-0.18	0.04	0.02
	Post-test	0.18	0.39				
The crisis, unemployment, and constant lack of money are the main reasons a man becomes violent at home.	Pretest	0.09	0.29	-1.39	-0.18	0.03	0.01
	Post-test	0.16	0.37				
No one gets beaten up without a reason.	Pretest	0.06	0.24	-1.22	-0.14	0.03	0.02
	Post-test	0.11	0.32				
Women instigate. No wonder men become violent.	Pretest	0.05	0.22	-1.38	-0.16	0.03	0.01
	Post-test	0.11	0.37				
Women should not be hit, not even with a flower.	Pretest	0.11	0.32	-2.17	-0.26	-0.01	0.00
	Post-test	0.25	0.47				
Frequent domestic violence shows there is not always harmony in the family.	Pretest	0.11	0.32	-2.40	-0.28	-0.03	0.00
	Post-test	0.26	0.48				
A child rarely lies about being mistreated. A small percentage of cases are fictitious, and usually, in these cases, they are older children that seek to obtain some kind of benefit.	Pretest	0.31	0.47	-1.61	-0.29	0.03	0.00
	Post-test	0.44	0.53				
Dissemination of erotic material of children (such as texts, photography/movies of naked children, or children having sex) is harmful to children and encourages accepting sex between children and adults as something natural.	Pretest	0.04	0.20	-1.96	-0.18	0.00	0.00
	Post-test	0.13	0.39				
When the husband beats his wife up, it is her fault.	Pretest	0.02	0.14	-1.86	-0.13	0.00	0.00
	Post-test	0.08	0.28				
Women deserve to be beaten up because they bother men.	Pretest	0.01	0.10	-1.25	-0.10	0.02	0.01
	Post-test	0.05	0.28				
Pedophiles usually initiate contact through the internet but may soon move on to physical contact, with the possibility of murdering children.	Pretest	0.06	0.24	-1.12	-0.15	0.04	0.02
	Post-test	0.11	0.37				
A woman may also become a physical and/or sexual aggressor of children.	Pretest	0.00	0.00	-2.11	-0.13	0.00	0.00
	Post-test	0.07	0.31				

Finally, the participants provided feedback and mentioned some issues in the last session. Some participants mentioned they disagreed with Maria da Penha Law and its enforcement. Other participants also mentioned that they thought the police routine did not assist violent relationships, making them consider the phenomenon from a non-scientific perspective, i.e., they hold a negative and determinist view of people involved in domestic violence.

Discussion

This study's objective was to verify the impact of a brief intervention on the beliefs and perceptions of active military police officers regarding procedures and assistance provided to families experiencing domestic violence in Curitiba. The results revealed no changes in the participants' perceptions regarding the services provided to victims, procedures, and beliefs regarding domestic violence. However, the intervention group showed positive and significant changes in beliefs. Good scores were found for both the control and intervention groups regarding services provided to victims and procedures implemented in IPV cases – a mean score above 5 out of 7 was obtained for these variables. This result indicates that police officers have theoretical knowledge about their responsibility and conduct when assisting IPV cases in most of the occurrences. However, measurements from the real-world context are needed to confirm whether these theoretical aspects are implemented in the practice of police officers.

The discussion regarding the cycle of violence (Eriksson & Mazerolle, 2015; Walker, 2016) was appropriate given an unforeseen aspect. Various participants manifested their disagreement with Maria da Penha Law (Law No. 11.340/2006), indicating they saw no differences between homicide and femicide. The researchers presented the specific characteristics of IPV, clarifying the differences between a homicide related to urban violence and femicide. The presentation of the cycle of violence was based on the study proposed by Muftić and Cruze (2014), which reports that Bosnian police officers believed that IPV was a matter that concerned only the families involved, beliefs that are also held by the Brazilian civil police officers, as observed by Williams et al. (2000). This initial reluctance to the subject may have influenced quantitative results, causing a lack of significant results of this sample.

An aspect of this study that should be considered in future research is that two intervention sessions will unlikely change the beliefs and perceptions of police officers with an experience of 8.09 years on average. Williams et al. (2000) also reported this fact, the more distorted a police officer's initial repertoire of beliefs, the lower the likelihood a single intervention will be successful. Huisman et al. (2005) also faced the same difficulty with a sample of American police officers. This and the previously mentioned studies indicate that active police officers should receive regular training to ensure they provide adequate scientific-based assistance to families. It is possible that using variables other than beliefs, which are more concrete aspects of behavior, can provide better results with one intervention. Some

different strategies that could be adopted is role-playing (simulating situations in which strategies could be practiced) and training with the guidance of instructors. Also, testing mechanisms to improve the effectiveness of interventions can be adopted.

One important qualitative aspect brought up in the police officers' feedback is that the routine assistance provided to IPV led them to acquire these beliefs. They also reported that the recurrence of events with the same victim makes them believe there is no solution to the conflict. More studies addressing interventions are needed to demystify distorted beliefs and obtain improved results for the police and society.

According to Lockwood and Prohaska (2015), beliefs may change due to police's organizational aspects. For instance, police officers supporting community policing have a greater sense of collaboration and care for IPV cases. In contrast, police officers with more traditional models become frustrated when assisting these cases. The training of police officers should address gender equality and the consequences of IPV in different spheres. Similarly to what we sought to implement with this intervention, teams trained to provide crisis assistance can improve their performance. We suggest that multi-disciplinary specialized teams provide training to prevent future violence. Additionally, people who have suffered violence must be sheltered, and legal advice and healthcare services should also be provided to them whenever appropriate. We hypothesize that specialized teams can encourage empathy and raise awareness regarding IPV; however, it still requires empirical evidence.

Intervention studies conducted by psychologists in partnership with the Military Police have always been challenging because civilian access to police barracks is quite restricted. Additionally, changes in higher ranks within a hierarchical environment such as that of a Military Police translate into changes in lower ranks. This hierarchical phenomenon associated with police culture (Ingram et al., 2018) does not only occur in military environments, in which officers affect the practice of professionals according to leadership styles (Schwarzwald et al., 2001). It can also be observed among non-police male adolescents in social situations (Silva et al., 2016). Hence, the effect of models in higher hierarchical positions seems to be frequent among men, regardless of their positions. Future studies should investigate whether police culture with its masculine bias can benefit from the positive models of high-ranking police officers, considering the possibility that the behavioral models of this group will be adopted by the larger group of soldiers directly working with the population.

The participants reported their perception that IPV cases were never solved. This view is consistent with that of a study conducted in the United States (Crowe & Murray, 2015). Additionally, the participants' motivation should also be considered in future interventions because this variable seems to play an essential role in the participation and willingness of police officers to perform activities. For example, Williams et al. (2000) suggest that police officers take the day off or have a specific day to attend training without commuting or

working extra hours to participate in an intervention. These are also strategies that promote good results. In this study, this may have caused the non-adherence of one of the battalions' members, who were excluded from the data analysis.

Even though the results show no significant changes in the participants' perception of the services provided to the victims, procedures, and beliefs regarding domestic violence, this study reveals the importance of proposing interventions in the Brazilian military police. Besides, it is possible the variables did not present significant changes due to social desirability, i.e., in the pretest, the participants did not know the researchers or their objectives, so they likely answered what they considered appropriate and may have feared negative consequences. After establishing bonds, they probably felt more free to be candid in the post-test, which would impact the scores obtained from the questionnaires. Social desirability is also a variable that affects the answers of victims and aggressors (Visschers et al., 2017). Even though the literature addressing police officers, violence, and social desirability is still incipient, it indicates that social desirability affects the answers of police officers in surveys addressing sexual violence (Venema, 2018). Therefore, new instruments, interventions, and actions need to be conducted with this population at the various points of their careers (e.g., training, recycling programs, continuous education) to improve their job satisfaction and ensure better assistance is provided to the population. The need for interventions is acknowledged not only in the Brazilian context but also in other countries (Huisman et al., 2005; Muftić & Cruze, 2014).

The instrument of beliefs on domestic violence was already applied to teachers, health care professionals, and students. The mean score (9.75 appropriate answers out of 45) obtained by the police officers in this study was lower than that obtained by pedagogical students (40.09), teachers (37.10), healthcare students (39.66), and healthcare workers (32.53) (Brino & Souza, 2016). Changing the beliefs of the police population requires commitment and opportunities within police organizations to improve their knowledge and qualification to assist IPV cases, child abuse, and violence against the elderly. If police departments intend to work more effectively and establish clear criteria to deal with IPV, they should provide these trainings when new members enter the unit (Lockwood & Prohaska, 2015) to obtain positive results in the future.

Finally, it is important to highlight some essential aspects concerning implementing research in the police force. The first aspect is that the police culture and sexism that permeates the relationships among individuals are not a police officer's responsibility; however, these individuals are affected by these cultures, which may be perpetuated in their behavior. Canadian studies corroborate this statement (Ballucci et al., 2017) by indicating that traditional beliefs of police culture can explain the resistance of police officers toward IPV. Second, in an environment in which hierarchy is fundamental and necessary, the attitudes adopted by leaders have a significant impact on lower-rank police officers. Cockcroft (2019) states that due to the nature of leadership and hierarchy, high-rank officers' changes tend to

impact lower ranks, that is, those who directly assist the population. In this case, the possibility to intervene and improve knowledge and strategies facilitated by the Military Police in the state of Paraná should be promoted in other Brazilian states, and strategies should be created to promote the participation of researchers in police activities. Hence, the first step to conduct research and interventions in a police environment is not to start from non-empirical assumptions or previous perspectives of other researchers that may not be grounded on scientific evidence. Psychological science can be a catalytic mechanism for cooperation between the police, society, and scientific evidence, improving interaction and generating positive outcomes.

This study presents some limitations. The first refers to the small number of sessions held in the intervention with police officers, which may have influenced the program's impact, despite the changes achieved. The second is the lack of a follow-up to verify whether the changes based on the topics discussed during the sessions remained over time and in the return to practical activities. Even though this intervention followed some of the guidelines proposed by Guidi et al. (2018), such as the adoption of a control group, comprehensive inclusion criteria, and instruments with clear assessment systems, this study did not observe behavioral changes among the participants or the intervention's impact in the long term. Measures are recommended to establish support networks and interventions implemented among aggressors and victims in specialized units, to improve police officers' perceptions regarding the assistance they provide to the population. We also suggest that future studies adopt longer interventions and techniques different from those adopted here, such as active methodologies.

In summary, a brief intervention was not sufficient to produce significant changes in the police officers' personal beliefs regarding IPV, as the scores obtained here were lower than those obtained by researchers when the same instruments were applied to other groups. However, this study presents some promising alternatives for psychologists to work and apply psychology knowledge to prevent IPV through the work performed by the police. Future research is expected to sensitize this population more effectively, providing more extensive training programs with long-lasting results.

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