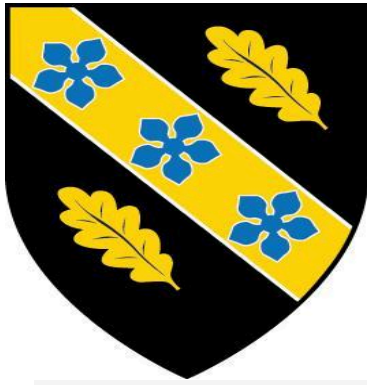




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SWANSEA - ABERTAWE

An Exploration of Officer's Opinions on Whether They Are Adequately Trained to Deal With Domestic Incidents That Involve Alcohol.

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Declaration

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

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This dissertation is being submitted in partial fulfilment of the requirements for the degree of BA.

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STATEMENT 2

This dissertation is the result of my own independent work/investigation, except where otherwise stated.

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There is no set word count for the abstract, but a good abstract should be around 100 to 200 words.

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2. 0 Literature Review

2.1 Domestic Abuse & Alcohol: The Link

Domestic abuse (DA) is one of the most prevalent and serious crimes facing police in Wales and England, and alcohol is widely recognised as a key contributing factor to the incidents itself and further escalation during and post incident. Alcohol misuse increases the severity, frequency and complexity of domestic abuse affecting victims and perpetrators, and consequently impacting officers ability to effectively manage risk during their attendance at these incidents.

According to the Office for National Statistics (ONS, 2024), over one third of DA related crimes involved alcohol consumption. Studies conducted with alcohol have shown it to enhance aggression, increase impulsivity, lower inhibition and increase perceived self-assurance, and this is common in DA perpetrators, especially in emotionally charged environments (Gilchrist et al., 2019). Police often encounter victims who misuse alcohol themselves which can complicate proceedings and interactions. Alcohol is often used as a coping mechanism for victims of DA and thus acts as a barrier when interacting with police.

The Home Offices' DA statutory guidance (2021), highlights that substance misuse, and alcohol in particular, is a common feature among high-risk DA incidents. Police officers across Wales and England are provided with a risk assessment tool, referred to as DASH (Domestic Abuse, Stalking and Harassment) which includes specific substance misuse and alcohol related questions referring to both victim and perpetrators. However, officers who are

dealing with a fast moving incident, or in an emotionally challenging environment are expected to rely on professional judgement when interpreting those factors and will not have the opportunity to methodically use the RA tool (Myhill, 2018).

Observational research supports the view that alcohol misuse increases the likelihood of DA, but will also have a negative effect on the police response. A study conducted by Andy Myhill (2018) shows that police officers found it difficult to deal with perpetrators under the influence of alcohol, due to heightened aggression and resilience leading to verbal and physical abuse. Police officers also found it difficult to engage with victims under the influence of alcohol due to lack of engagement and presenting as a less credible source. This would have a bearing on arrest decisions, disposal methods and safeguarding options.

In Wales, the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) strategy between 2022-2026 recognises that alcohol misuse is a priority area to tackle for services involved in the programme (Welsh Government, 2022). The strategy explores the need for a multi-agency approach to tackling DA, including health care and substance misuse services. It also recognises that police officers are the first point of contact for many victims of DA, and therefore must be adequately trained and equipped to assess and deal with many complex issues that involve alcohol misuse.

While alcohol misuse is directly linked to physical violence and aggression, it is also associated with more subtle forms of harm, such as coercive control and economic abuse, where the perpetrator uses their alcohol misuse to justify one's behaviour (Home Office, 2025). This type of behaviour and abuse is harder to detect, especially where alcohol is a factor. Specialist skills are required to recognise these forms of abuse and can take time to

learn and understand- specialist skills that officers may or may not have received adequate training in.

In summary, alcohol is deeply intertwined within the dynamics of DA. Not only is it a trigger for many DA incidents, but also has an underlying complicated role that affects victims willingness to engage, their vulnerability, the perpetrators aggression, and the police officers ability to assess and respond to the incident effectively. This demonstrates the importance of equipping frontline officers with the effective training that address the complexities of alcohol-involved DA.

2.2 A Review of Current Training for Police Responding to DA Involving Alcohol

Police training plays a core role in shaping an officer to respond effectively to a variety of incidents, including DA incidents. The College of Policing (CoP) is responsible for developing the training programme to ensure that national standards are being met in Wales and England. However, despite widespread recognition of the risks associated with both DA and alcohol-related DA, research suggests that the current National Policing Curriculum is inconsistent in its delivery, narrow in scope in its approach, and often has e-learning packages that are underused by frontline police officers (HMICFRS, 2021).

The CoP has designed their training programme to tackle a number of different topics, and included within, is training on DA. A core element of this training is the Domestic Abuse Matters Programme which was designed in partnership by the charity SafeLives and it is aimed at increasing officers' awareness of coercive control, victim engagement and

deploying appropriate response techniques during DA incidents (CoP, 2017). This programme's primary focus is the mindset and behaviour of the perpetrator, rather than any aggravating factors such as alcohol. Although it touches on substance misuse, it offers little exploration as to how alcohol affects DA incidents, officers risk assessment or decision making (HMICFRS, 2021).

The Initial Police Learning and Development Programme (IPLDP) has now been replaced by the Police Constable Entry Programme (PCEP) and the more recent Police Constable Degree Apprenticeship (PCDA). Although recently rebranded, the training remains structurally the same, with DA forming part of the core public protection learning for first responders. (CoP 2024). However, alcohol misuse is often grouped into broader categories as a potential aggravating factor, rather than being treated as a specific DA risk factor that will need tailored response techniques.

In early studies, Humphreys and Regan (2005) identified the importance of identifying alcohol as the root cause for many DA incidents, and emphasised the need for police officers to refer the substance misuse to the appropriate services. However, officers are stating that they can recall learning about DA during their initial training, but cannot identify any specific material included, especially relating to intoxicated perpetrators/victims, and as such what services to signpost them to.

A key issue in continued policing development (CPD) is officers' lack of awareness of available training, much of which is optional and accessed only via online portals.. These packages are designed by the CoP and completed via the College Learn website, with some of these e-Learning packages linking to DASH risk assessments, victim vulnerability and alcohol misuse (CoP, 2024). Furthermore, forces across Wales and England are independent

as to how and when these courses are completed or scheduled, which has led to a large variation in officers' competence across the borders (HMICFRS, 2021).

As many e-Learning packages are not mandatory, it raises the question: Why should police officers complete them? When can they complete them? Evidence suggests officers are often expected to complete training in their own time, including mandatory packages, due to limited protected learning hours. A UNISON (2022) report found that 71.8% of police officers are not satisfied with the training that they currently receive and only 21.7% are happy with the opportunities they have for CPD. Whilst the CoP and many individual police forces stating that they encourage CPD, it is a reality that there is not enough protected time to complete mandatory training packages, let alone optional modules.

Online learning or e-Learning offers its own advantages and disadvantages, and the expectation that police officers should engage with complex topics such as alcohol related DA may hinder retention and prove less practical as face to face learning (Forde., et al, 2024). Face to face learning for DA is often seen as more effective due to the complex nature of the subject, however it is becoming increasingly rare except for specialist roles or during initial police training.

A key concern in both academic and practice based literature is the lack of consistency in DA training across Wales & England. Although the CoP provides the framework, implementation is delegated into each force individually, causing inconsistencies across the police force (HMICFRS, 2021). More rural forces will not have specialist DA units to provide vital face to face learning, and will be forced to conduct their learning online. These forces are going to be particularly disadvantaged in dealing with complex DA incidents involving alcohol.

In Wales, the VAWDASV 2022-2026 strategy encourages multi-agency training and awareness, but police-specific training on alcohol misuse remains buried in the wider

safeguarding guidance, with limited in depth information provided on the risks posed (Welsh Government, 2022). This strategy reinforces the need to explore if existing training for police officers sufficiently prepares them for the realities of DA and the influence alcohol has on many of its incidents.

Whilst DA training is mandatory and currently embedded in the training curriculum, it is generic and vague, and insufficient information is placed within focused on alcohol related complexities. Many learning packages are not mandatory and many police officers are unaware that there is training available online, or do not have the allocated learning time to complete the packages. These optional online packages often fail to meet the practical needs for frontline officers and highlight the potential gap between training provisions and real world policing experiences.

2.3 Assessing Officer Preparedness for Alcohol-Related Domestic Incidents

Domestic abuse incidents are regularly fast-paced and complex, especially when alcohol is involved, and the confidence and preparedness of a police officer will play a vital role in ensuring the most effective outcome is conducted. Alcohol presence often adds heightened risk and emotion, often escalating volatility and unpredictability. Responding officers are tasked with providing safety, assessing risk, managing aggression, and supporting the victim, all whilst dealing with a potentially violent suspect. However, there is growing concern that many officers feel insufficiently prepared to deal with these incidents effectively (Home Office, 2022).

A study conducted by the World Health Organisation (2024) found that alcohol was a factor in over half of the domestic abuse assaults reported to police in Wales and England. Despite

this high figure, officers have reported uncertainty about how to factor in alcohol use in their decision making. This uncertainty often translates into inadequate decision making. While police officers are trained to adapt to spontaneous situations, a DA incident involving alcohol is not an unusual occurrence (Fenton-O’Creevy., et al, 2022). Officers are unsure how intoxication should influence risk ratings, victim credibility, or the threshold for an arrest.

The CoP provides general DA training to all forces; however, there is a large gap for alcohol related behavioural dynamics, such as coercive control under intoxication or how to engage with intoxicated victims. This gap leaves officers confused and unprepared whilst dealing with complex DA incidents.

Another key issue is the variability in training across specialised units compared to response officers. Domestic abuse units (DAU) and public protection teams are provided with up to date regular training on their specific roles, however it is often a response officer who is new to the job who is first on scene trying to manage the emotionally charged incident. The IOPC (2025) conducted a report that emphasises missed safeguarding opportunities in the initial attendance, that later affected follow-up safeguarding concerns by the DAU, this suggests a disconnect between the two units and potential for further learning and training.

The CoP (2021) has acknowledged these concerns, outlining in their vulnerability guidance that officers must be given more time and effective resources to support their learning in order to support them in understanding the link between alcohol, DA, and coercive control. The Welsh Government (2024) have stated that they are committed to ensuring that they support DA training and want to “ensure that the best possible service is delivered for the people in Wales” (Foulkes et al., 2024). The Welsh Government has also found that some Welsh forces have begun to integrate substance misuse scenarios into public protection DA

safety training, whereas other regions are still reliant on E-Learning packages which provide missed opportunities to learn.

Officers are regularly under scrutiny by members of the public and the media, which is often a result of a time pressured incident that has gone wrong. Officers are often required to make fast judgements with limited information, and this has to be managed alongside risk, aggression and vulnerability (Newburn, 2022). An officer who is unsure or lacks training could therefore make the decision based on fear of making the wrong call.

In summary, while many frontline response officers show resilience and adaptability whilst dealing with alcohol fueled DA incidents, the literature indicates a lack of structured training specifically addressing alcohol-related domestic abuse. Many officers are aware of the risks but lack clarity on how to manage them effectively. This gap can lead to reduced confidence for responding officers, which creates challenges for specialist units and raising safeguarding concerns for DA victims. This is the importance of this study, in understanding if officers are adequately provided with the correct training.

2.4 Summary & Gaps in Literature

Despite the extensive scope of academic research and literature on DA, the intersection between alcohol misuse and frontline officers' preparedness remains underexplored. Whilst existing research has identified alcohol as a common aggravating factor in DA incidents (Home Office, 2022), it is still a complex area that is difficult to understand. As such, detailed research is lacking on whether the current CoP training equips officers with the skills to

manage DA incidents involving alcohol. Furthermore, there is limited understanding of police officers' own perceptions of their confidence and competence in handling such incidents.

Whilst the CoP (2015) has structured their training in line with national standards, with a heavy focus on DA, addressing complex vulnerabilities such as substance misuse, there is limited evidence on how this training is perceived and implemented by frontline officers. Research suggests that only 56% of frontline police officers felt knowledgeable and confident enough in evidencing controlling behaviour (Home Office, 2025), a behaviour that is often harder to detect when one or both parties are intoxicated. Officers report that they often rely on peer guidance or experiential learning to manage more complex cases of DA, instead of referring to their training.

Another under-researched area is the impact of shift patterns and time pressures affecting frontline officers' ability to conduct further learning. Studies show that officers feel pressure to complete mandatory training during rest days or outside of working hours, with 53.2% of officers reporting that limited CPD opportunities negatively impact morale (UNISON, 2024). This presents a barrier to fully accessing and benefiting from what DA training is available for officers.

Furthermore, there is a notable absence of qualitative research exploring officers' perspectives specifically. Whilst there is some quantitative research that provides insight into officers' attendance and activity at DA incidents, it does not often highlight how the officers interpret the scenarios or how confident they are in navigating them, especially with aggravating factors such as alcohol misuse. In an era where public protection and safety is at the forefront,

understanding and gathering data from frontline officers first on the scene is essential (HMICFRS, 2022).

This study will address these key gaps by exploring officers' subjective views on the training they receive - or do not receive - in relation to alcohol-fueled domestic abuse. By engaging with frontline officers directly, the research will look to identify both the strengths and limitations in the current training provided, as well as identify any potential barriers to implementation. Given that these officers are the first point of contact for victims of DA and the perpetrators, their insights will prove invaluable in shaping the future of policing.

2.5 Rationale for the present study

In summary, the current literature outlines the magnitude of the issue of alcohol infused DA, but lacks an in-depth exploration into those tasked with responding to it. This research will provide insight from frontline police officers on an under-researched aspect of domestic abuse response.

3.0 Methodology

3.1 Introduction

This research explores frontline police officers' perceptions of their preparedness and training when managing DA incidents involving alcohol. The study aims to address the objective of understanding whether current training adequately equips officers to handle the complexities that alcohol misuse introduces into heightened DA incidents. Previous literature has

highlighted the abundant role that alcohol plays in escalating DA and also the shortcomings in the current College of Policing training programme, particularly around officer knowledge and confidence.

However, gaps remain in capturing officers' subjective experiences and in addressing the inconsistencies in the delivery of the training. Recent legislative frameworks, such as the Violence Against Women, Domestic Abuse and Sexual Violence (VAMDAV) strategy between 2022-2026 emphasises the need for multi-agency training approaches. Yet, these frameworks do not fully address the existing shortcomings, thereby reinforcing the need for further investigation through this study.

3.2 Research Strategy

The research strategy chosen for this study will be an online questionnaire, distributed exclusively online via email to frontline response officers within South Wales Police. The questionnaire incorporates both quantitative and qualitative elements, using Likert scales for quantitative responses and open-ended questions for qualitative insights..

The choice of a questionnaire was decided due to its efficiency in reaching a dispersed sample and the ability to collect data anonymously, which encourages candid responses on sensitive topics (Bryman, 2016). Online distribution via official police email ensures easy accessibility for officers, allowing them to complete the questionnaire in their own time which respects operational demand.

The target sample comprises officers currently engaged in response policing roles, regardless of their experience or rank. This purposive sampling strategy aligns with Saunders et al.,'s (2023) emphasis on selecting participants most relevant to the research objectives - frontline

officers are the first to attend DA incidents involving alcohol and thus the most appropriate respondents. Participants will be invited via a direct email, containing a secure link to the questionnaire. The questionnaire will remain anonymous and can be completed voluntarily.

In addition, purposive sampling was chosen over random sampling due to the specialised nature of the research focus (Etikan et al., 2016). This approach ensures that data collected is relevant and targeted to the population under study.

Overall, this research strategy is designed to balance rigour and feasibility, providing both quantitative insights and qualitative depth. By limiting participant recruitment to response officers within one force, the study maintains focus while acknowledging that findings may be context-specific.

3.3 Data Collection

The questionnaire will be created using Google Forms, a secure and widely used tool for social research (Evans & Mathur, 2018). The survey will be accessible via a secure link sent directly to officers' internal police email addresses. It will be open for a four-week period, allowing for flexibility for respondents to complete the form around their shift pattern. All participants will be voluntary and responses will remain anonymous throughout, protecting the identity of officers and promoting honest feedback.

The questionnaire will include 17 questions, which will be divided into three sections:

- **Demographics:** This will include age, rank and length of service, to contextualise responses.

- Quantitative items: Primarily Likert Scale questions to measure confidence, perceptions of training, and frequency of alcohol-related domestic incidents.
- Qualitative items: A small number of open-ended questions to encourage officers to elaborate on their experiences or suggest improvements to the current training regime.

This mixed-methods approach ensures the capture of both statistical trends and nuances of individual perspectives, enhancing the validity of the data (Creswell, 2014). The combination of qualitative and quantitative data will also facilitate cross-analysis in the subsequent stages of research.

As all data is collected digitally and no personal identifiable information will be stored, this method is low-risk, time-efficient, and considerate of the operational demands of policing.

3.4 Data Analysis

Given the mixed-method design of this study, the data analysis will adopt a dual approach to account for both the quantitative and qualitative elements of the questionnaire responses.

Quantitative data, such as Likert scale responses and demographic information, will be analysed using descriptive statistics. Data will be processed through Google Sheets, enabling the calculation of frequencies, percentages, and averages to identify any emerging trends.

This numerical data will help identify broad patterns in officer confidence, perceived competence, and training access across response policing.

For the qualitative data - derived from open-ended questions - the study will apply thematic analysis outlined by Braun and Clarke (2022). This method is widely regarded for its clarity

and accessibility, particularly when software tools are not in use. The six-step process includes:

1. Familiarising yourself with the data
2. Generating the initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

This process will be conducted manually, with recurring ideas grouped together to draw out key themes around officer experiences, perceptions of training, and challenges related to alcohol-related DA.

This combined approach will allow for a holistic understanding of the research questions, capturing both measurable patterns and deeper, subjective insights into frontline officers' experiences and perceptions.

3.5 Limitations & Potential Problems

Several limitations may impact the scope of this research. The sample size - limited to approximately 20-30 South Wales Police response officers - may not reflect wider national trends, reducing generalisability. The exclusive use of online questionnaires may exclude less engaged or technological officers. As participation is voluntary, there is also potential for response bias, with those more confident or opinionated on the topic being more likely to

respond. Additionally, with a four-week period, time constraints and the constant pressures of frontline policing may affect completion rates or depth of qualitative responses.

3.6 Summary of the Chapter

This chapter outlined the research strategy and methodological approach adopted for this study, justifying the use of a mixed-method online questionnaire. It detailed how data will be collected and analysed, and acknowledged potential limitations. These methodological choices aim to explore officers' perspectives on alcohol-related DA incidents and the training provided surrounding it.

4.0 Analysis of Results

4.1 Quantitative Findings

A total of 32 officers completed this questionnaire. The sample comprised 27 Police constables, 4 Sergeants and 1 Inspector, all of which were on an active response team, providing a primarily frontline perspective [*Appendix D: Figure 4.1.1*]. In terms of service length, the largest group from the sample had 2-5 years' service (43.8%), followed by *over 10 years* (25%), 6-10 years (18.8%), and *less than 2 years* (12.5%) [*Appendix D: Figure 4.1.2*]. This distribution ensured a representation across a spectrum of experience levels.

When asked whether they had previously received any formal training specific to alcohol related domestic abuse, as shown in *Figure 4.1.3*, the vast majority (84.4%) reported they had not, while only two officers (6.2%) confirmed that they had, and three (9.4%) were unsure. This finding indicates a significant gap in training provision directly relevant to this study.



Figure 4.1.3: Have you previously received any formal training specific to alcohol related domestic abuse?

Turning to the Likert-scale questions, the results reveal several key themes and trends. The charts included have numbers across the x-axis that represent the following:

1 = Strongly disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly agree

As illustrated in *Figure 4.1.4* almost all officers (90.6%) agreed or strongly agreed that alcohol is often a contributing factor in the DA incidents that they attend, thus reflecting operational realities and are consistent with national figures (ONS, 2024). There were only a small minority (9.3%) that disagreed or were neutral.

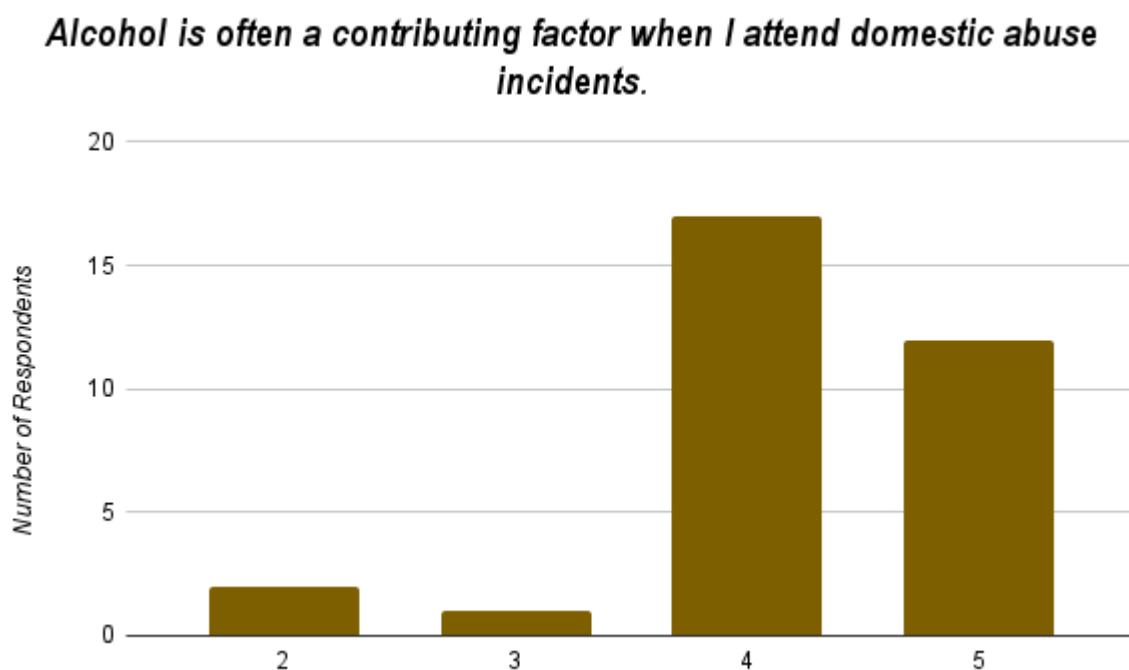


Figure 4.1.4: Alcohol is often a contributing factor when I attend domestic abuse incidents.

In terms of confidence, 81% of respondents reported feeling confident when attending DA incidents involving alcohol, with no officers disagreeing. However, this confidence contrasts with perceptions of training adequacy. Only 34.4% of officers agreed that their current training had prepared them to manage alcohol-related incidents, compared to 25% who disagreed, and 40.6% who were neutral. Similarly, when asked whether their training

sufficiently covered decision making in such cases, only 40.6% agreed, while 31.3% disagreed and 25% remained neutral. These results highlight a mismatch between operational confidence and satisfaction with training provision. This may also suggest that officers' confidence comes from other areas, such as experience, rather than training provision.

When considering organisational support, the majority (75%) felt adequately supported by their supervisors and organisation when managing complex DA cases [Appendix D: Figure 4.1.5]. However, their perceptions of considering if there was a consistent approach in tackling DA across the force were more mixed: only 37.5% agreed, while 28.2% disagreed and 34.4% were neutral, suggesting a lack of uniformity in practice or policy implementation as shown in Figure 4.1.6.

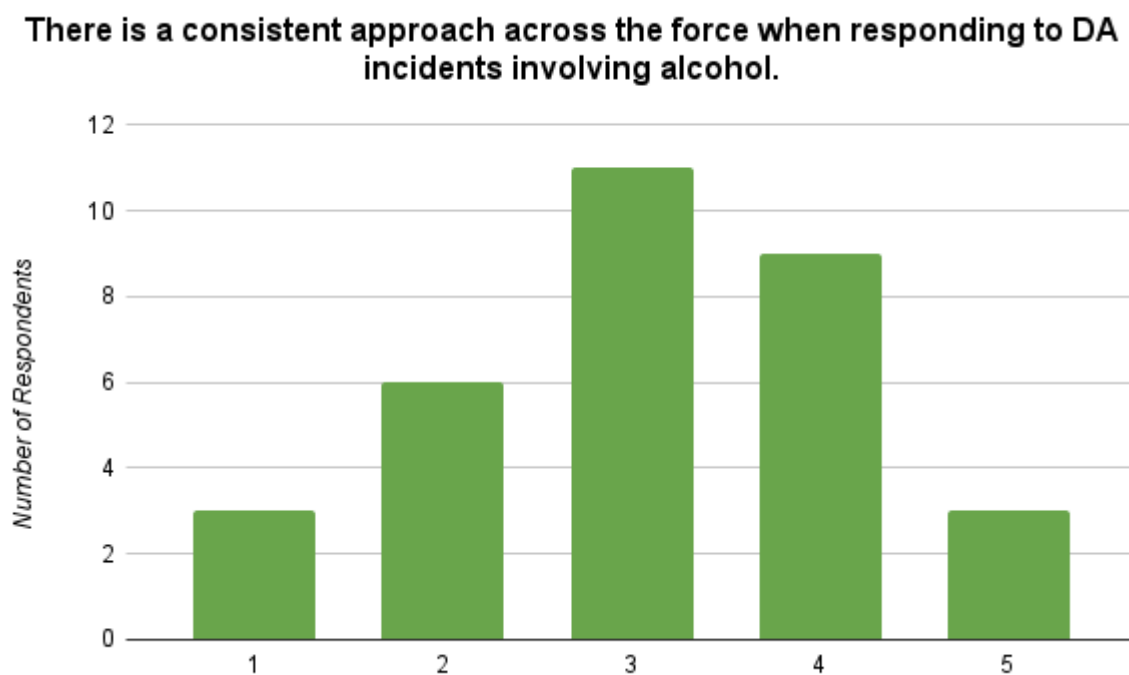


Figure 4.1.6: There is a consistent approach across the force when responding to DA incidents involving alcohol.

Operational pressures emerged strongly in the responses received. A striking 81.2% of officers stated they do not have sufficient time during their working week to complete additional training, with only 9.3% agreeing that they did [Appendix D: Figure 4.1.7]. Similarly, when asked whether DA training was a priority within their workload, just 37.5% agreed, compared to 34.4% who disagreed and 28.1% remained neutral [Appendix D: Figure 4.1.8]. These findings reinforce concerns about workload pressures acting as a barrier to CPD. Finally, as Figure 4.1.9 demonstrates, officers expressed a clear appetite for more focused training. Over 71% agreed that further training on alcohol-related DA incidents would improve their response capabilities, compared to only 12.4% who disagreed. This demonstrates demand among frontline officers for more specialised and practical training opportunities.

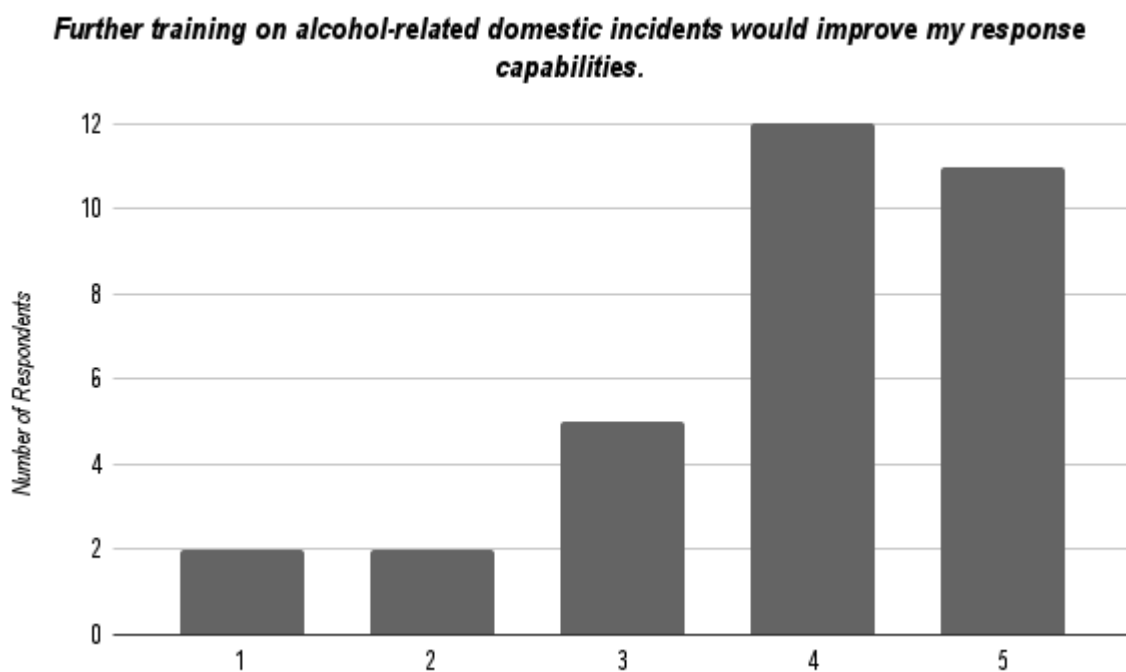


Figure 4.1.9: Further training on alcohol-related domestic incidents would improve my response capabilities.

In summary, the quantitative findings paint a mixed picture: officers clearly recognise alcohol as a contributing factor in DA and feel confident in managing such incidents, but this confidence is not supported by formal training, which is perceived as insufficient. Supervisory support is generally seen as positive, yet there appears to be an inconsistency across the force and a lack of time available for training continues to be a significant barrier. Together, these results set the stage for the qualitative analysis, which explores in more detail how officers themselves describe their experiences and perspectives.

4.2 Qualitative Findings

The open-text responses provided valuable insights into officers' personal experiences and perceptions, complementing the quantitative findings. Several recurring themes emerged across the five qualitative questions, highlighting both operational challenges and areas for improvement in how training is provided.

4.2.1 Challenges Not Addressed in Training

Officers commonly reported that the training provided does not adequately prepare them for the complexities of alcohol-related DA incidents. A recurring theme was the difficulty in engaging with intoxicated victims, whose credibility and willingness to provide statements are often compromised: *"If the victim is intoxicated they are not always forthcoming with information and sometimes they miss key information"* (PC 6). Similarly, intoxicated

perpetrators were described as highly unpredictable and dangerous, with one officer noting: *“Often with alcohol involved, the subject’s behaviour is unpredictable”* (PC 12). Several respondents emphasised that there is “no formal training” to guide officers in managing these dynamic incidents, with many officers relying on colleagues with more experience in dealing with those incidents.

4.2.2 Feeling Unprepared

Some officers, particularly those early in their careers, reported feeling unprepared when faced with alcohol-fuelled incidents: *“At the beginning of my career.... no training is provided on how to deal with each of these scenarios differently”* (PC 8). Others stressed that while they did not necessarily feel unprepared, they had to rely on adaptability and experience rather than learning from a specific training programme. One officer summarised: *“Anything can happen at any time.... So I don't allow myself to not be ready for anything”* (PC 14).

4.2.3 Suggested Improvements

There was a strong sense of unity over how current training is insufficient across the force, and how there is a preference for practical, scenario based training instead of E-learning. Officers described E-learning as *“death by Powerpoint”* (PC 3) and have called for the use of real life body worn video of DA incidents involving alcohol to be used as a visual aid in learning. Many officers also felt that clear guidance was needed on how to handle and gather

statements from intoxicated victims, as well as improved signposting to DA and alcohol support services.

4.2.4 Barriers to Training

High workloads, low resources and lack of time was a consistent theme when discussing the barriers officers have in relation to further training. Officers highlighted that voluntary training often takes a backseat due to operational demand, and many were resistant to completing training in their own time: “*Rest days are my days. We already work too hard. I am not using my time to do this [Further training]*” (PC 19).

4.2.5 Additional Comments

Some officers noted that alcohol related DA incidents are often compounded by drug use, creating further unpredictability and risk. Others suggested that specialist teams, such as the domestic abuse unit have greater involvement in DA incidents, rather than relying solely on response teams.

Overall, the qualitative data suggest that officers would benefit from additional training, particularly if it were practical and scenario-based. However, the persistent barrier of limited time continues to restrict opportunities for further learning.

5.0 Findings & Conclusion

This chapter presents the findings and conclusion of the study, drawing from both qualitative and quantitative data gathered through a questionnaire completed by South Wales Police response officers, alongside existing literature. The purpose of this chapter is to evaluate whether the research objectives have been achieved, to critically reflect on the main findings, and to identify practical recommendations for policing practice. Limitations for this study will also be discussed, as well as possible avenues for future studies.

Domestic abuse remains one of the most complex areas of response policing in Wales and England, with alcohol intensifying this complexity. The findings suggest that while officers recognise the significance of alcohol in DA incidents and display confidence when managing them, there are notable shortcomings in formal training, consistency of approach across the force, and limited opportunities for CPD.

5.1 Completion and Achievement of Objectives

5.1.1 Objective 1: Identify if frontline officers feel adequately trained to deal with domestic related calls involving alcohol

This objective was achieved during chapter 4. Only 34.4% of officers felt their training had adequately prepared them, and many relied on peer experience instead, showing a clear gap between training and preparedness.

5.1.2 Objective 2: To explore current training around DA involving alcohol for frontline officers

The second objective was achieved within the literature review in chapter 2. Alcohol is embedded within wider safeguarding guidance rather than being addressed directly. 84.4% of respondents reported they received no formal training in this area, despite 90.6% recognising alcohol as a frequent factor in DA incidents.

5.1.3 Objective 3: To identify if current officer training is sufficient or requires amendment around attending DA incidents that involve alcohol.

The third objective was achieved in chapter 4. There was a strong demand for further scenario-based training, with the use of gaining third party experience through body-worn footage of real incidents. Officers wanted clearer guidance on how to deal with intoxicated victims and perpetrators, and greater protected time for CPD. Current training is therefore insufficient and requires further amendment.

5.2 Main Findings

The study revealed several key themes about alcohol-related DA and officer preparedness.

First, alcohol was widely recognised as a major factor in DA incidents: 90.6% of respondents agreed it regularly plays a role. This finding echoes national figures (ONS, 2024), which show that over one third of DA crimes involve alcohol. While 81% of officers said they felt confident in managing such incidents, comments suggested this confidence often came from experience on the job or advice from colleagues rather than formal training. This supports

Myhill's (2018) argument that officers frequently rely on professional judgement when faced with fast-moving and unpredictable incidents.

Second, the results highlighted a clear gap in training. Although the College of Policing has focused more on DA in recent years, 84.4% of respondents reported never receiving any specific training on alcohol-related incidents. This mirrors concerns raised by HMICFRS (2021) that DA training remains too limited and does not prepare officers for the realities of the frontline. Officers repeatedly called for more practical, scenario-based learning, such as the use of body-worn video, to help bridge the gap between theory and practice. These views are consistent with wider studies showing that e-learning is less effective for complex safeguarding issues (Forde et al., 2024).

Finally, organisational barriers were a recurring theme. Over 81% of officers reported they did not have time in their working week to complete training, reflecting similar findings from UNISON (2022). Heavy workloads, resource shortages, and reluctance to give up rest days all restricted access to CPD, creating inconsistencies across the force.

Taken together, the findings strengthen existing literature by showing how the lack of alcohol-specific training directly affects frontline officers. While officers continue to adapt through resilience and peer support, the absence of structured training risks undermining confidence and consistency in the long term.

5.3 Recommendations

The findings of this study highlight several practical steps that could strengthen officer preparedness for alcohol-related DA incidents.

Firstly, the training provided by the CoP should move beyond generic PowerPoint-based modules and include more scenario-based learning. Incorporating more real-life case studies, including body-worn video footage, this would allow officers to observe practical examples and help bridge the gap between theory and operational reality.

Secondly, clear guidance is needed for dealing with DA incidents involving alcohol. Despite being common and complex issues faced daily by response officers, there is currently no structured guidance for managing intoxicated victims and perpetrators. Officers reported uncertainty around obtaining statements from intoxicated victims, and a more consistent approach would reduce reliance on individual officer discretion.

Thirdly, officers require more protected time for CPD. Training is frequently sidelined due to workloads and limited resources, and officers should not be expected to complete additional learning on rest days. Allocating duty time for CPD would improve both professional development and morale, as identified in this study and wider literature (UNISON, 2022).

Finally, greater integration between specialist Domestic Abuse Units (DAUs) and response teams would enhance consistency and teamwork. The DAU could provide insights into ongoing cases and support to already overstretched response sections, reducing the disconnect between departments.

These recommendations provide both short- and long-term, achievable steps to enhance officers' preparedness for alcohol-related DA incidents.

5.4 Limitations

While this study has provided valuable insights, several limitations must be addressed. The sample size was restricted to 32 South Wales Police response officers, which limits the generalisability of findings. The exclusive use of an online questionnaire emailed to self-selected officers may exclude those less engaged in digital platforms and introduces the risk of response bias with those with stronger views more likely to participate. The limited time restraints also limit the depth of the quantitative responses received. These limitations should be considered when analysing the results.

5.5 Future Research

If future research is to be undertaken on this topic, it should expand to include multiple forces across Wales and England. This would enable the identification of regional differences in terms of knowledge and highlight variations in consistency of approach. A larger sample size would also strengthen the evidence base and provide greater generalisability. Further studies could incorporate face-to-face interviews with officers to explore opinions and experiences in greater depth. Additionally, examining the effectiveness of scenario-based training, such as the use of body-worn video footage from alcohol-related DA incidents, would provide valuable evidence for refining the CoP curriculum.

5.6 Conclusion

This study set out to explore whether frontline officers felt adequately trained to manage domestic abuse incidents where alcohol is a factor. The evidence shows that while officers consistently recognise alcohol as a feature of such incidents and report confidence in handling them, that confidence is largely rooted in personal and peer experience rather than formal training. The College of Policing's current curriculum was described as limited and inconsistent, with most respondents stating they had received no alcohol-specific training, leaving many without clear guidance in this area.

Alongside this gap, officers pointed to wider pressures: heavy workloads, limited resources, and a lack of protected time for CPD. These barriers make it difficult to engage with additional training, even where officers are willing. Yet there was also a strong appetite for improvement, with respondents calling for more practical, scenario-based sessions and clearer guidance for dealing with intoxicated victims and perpetrators.

In summary, while frontline officers continue to show adaptability and resilience, the findings underline the need for training that better reflects the realities of response policing. By capturing officers' own perspectives, this study adds to the understanding of how prepared they feel, and highlights the urgent need for the College of Policing to evolve its approach to training in this area.

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Appendices

Appendix A - Blank Questionnaire

Police Officer Perspectives on Training for Domestic Abuse Incidents Involving Alcohol

Thank you for taking part in this questionnaire. Your participation is entirely voluntary, and all responses will remain anonymous and confidential.

The purpose of this survey is to gather frontline police officers' perspectives on training and preparedness for domestic abuse incidents involving alcohol.

Your honest feedback is valuable and will help improve understanding and future training. You may skip any question or withdraw at any time. By continuing with this survey, you provide your informed consent to participate.

This questionnaire will take approximately 10-15 minutes to complete and comprises of 17 questions.



Demographics

1. What is your current rank?

Mark only one oval.

- ☐ Police Constable
☐ Sergeant
☐ Inspector
☐ Other: _____

2. How many years service do you have?

Mark only one oval.

- ☐ Less than 2 years
☐ 2-5 years
☐ 6-10 years
☐ Over 10 years

3. Have you previously received any formal training specific to alcohol related domestic abuse?

Mark only one oval.

- ☐ Yes
☐ No
☐ Not sure

Likert scale Questions

4. I feel confident when attending domestic abuse incidents where alcohol is a factor.

Mark only one oval.

- 1 2 3 4 5
Strongly Disagree ☐ ☐ ☐ ☐ ☐ Strongly Agree

5. Alcohol is often a contributing factor when I attend domestic abuse incidents.

Mark only one oval.

1 2 3 4 5

Strongly Disagree ☐ ☐ ☐ ☐ ☐ Strongly Agree

6. My current training has prepared me to manage domestic abuse incidents involving alcohol.

Mark only one oval.

1 2 3 4 5

Strongly Disagree ☐ ☐ ☐ ☐ ☐ Strongly Agree

7. I believe the training I received sufficiently covers decision-making in cases involving alcohol.

Mark only one oval.

1 2 3 4 5

Strongly Disagree ☐ ☐ ☐ ☐ ☐ Strongly Agree

8. I feel adequately supported by my supervisors or organisation when managing complex DA cases involving alcohol.

Mark only one oval.

1 2 3 4 5

Strongly Disagree ☐ ☐ ☐ ☐ ☐ Strongly Agree

9. There is a consistent approach across the force when responding to DA incidents involving alcohol.

Mark only one oval.

1 2 3 4 5

Strongly Disagree ☐ ☐ ☐ ☐ ☐ Strongly Agree

10. Further training on alcohol-related domestic incidents would improve my response capabilities.

Mark only one oval.

1 2 3 4 5

Strongly Disagree ☐ ☐ ☐ ☐ ☐ Strongly Agree

11. I have sufficient time during my working week to complete additional police training.

Mark only one oval.

1 2 3 4 5

Strongly Disagree ☐ ☐ ☐ ☐ ☐ Strongly Agree

12. Domestic abuse training is a priority within my workload.

Mark only one oval.

1 2 3 4 5

Strongly Disagree ☐ ☐ ☐ ☐ ☐ Strongly Agree

Open-Ended Questions

13. In your experience, what challenges do alcohol-related domestic incidents present that are not addressed in your training?

14. Have you ever felt unprepared during a domestic abuse incident involving alcohol? If so, please explain.

15. What improvements would you suggest to current training regarding alcohol-related domestic incidents?

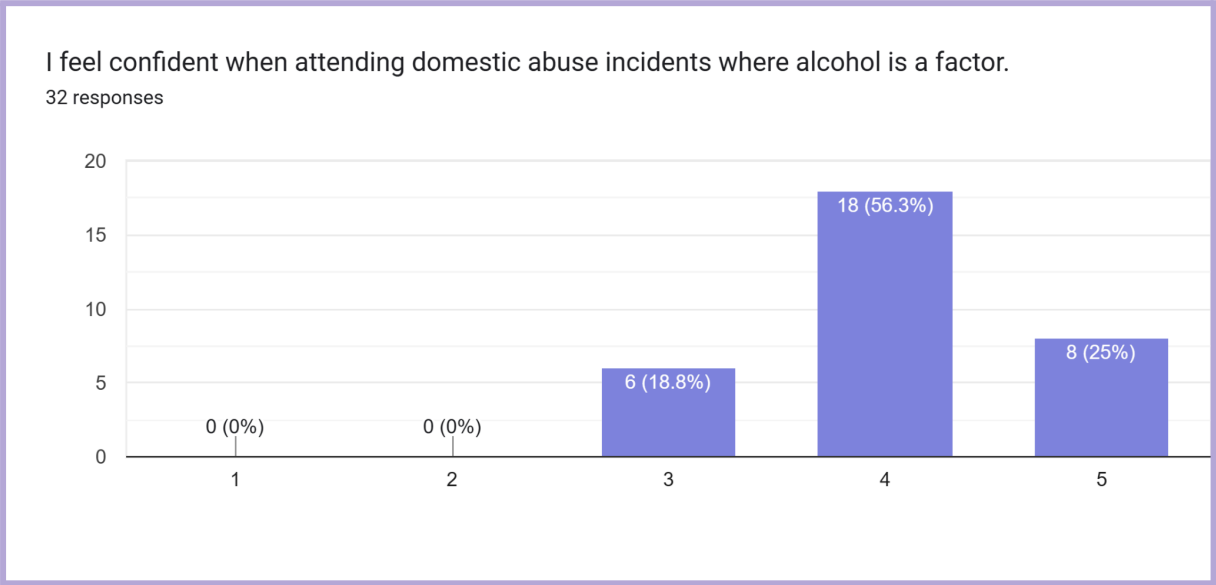
16. In your experience, what barriers (if any) prevent you from completing additional training?

17. Is there anything else you would like to share about your experiences or views on this topic?

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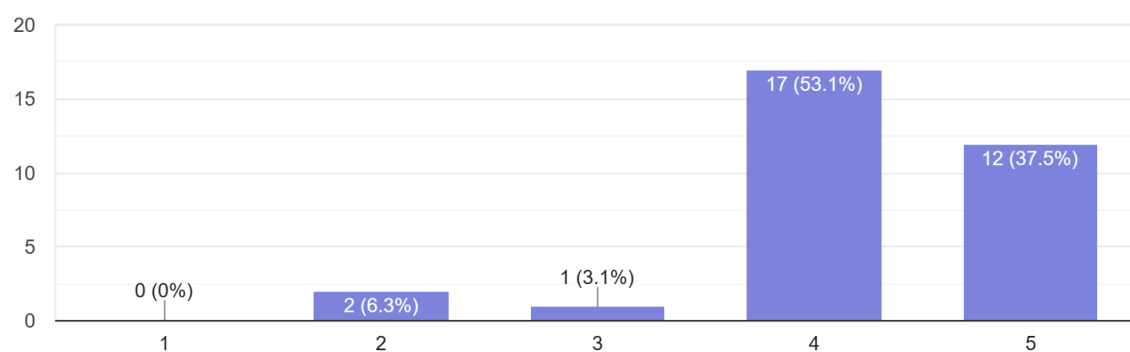
Google Forms

Appendix B - Summary of Quantitative data



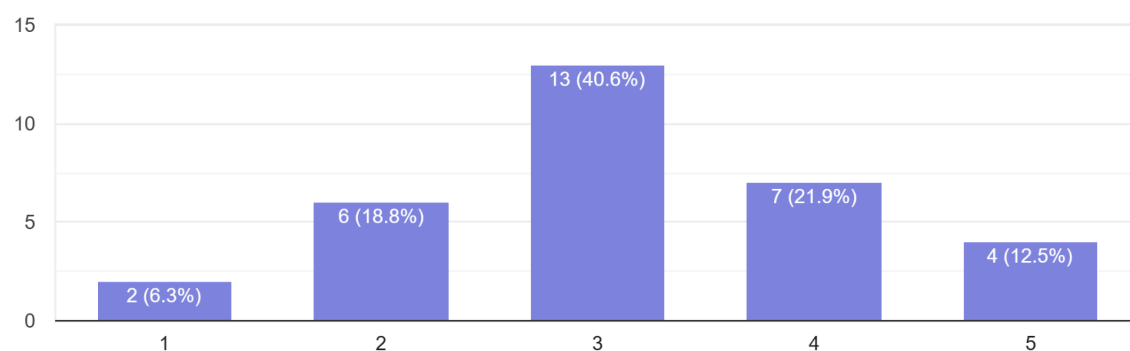
Alcohol is often a contributing factor when I attend domestic abuse incidents.

32 responses



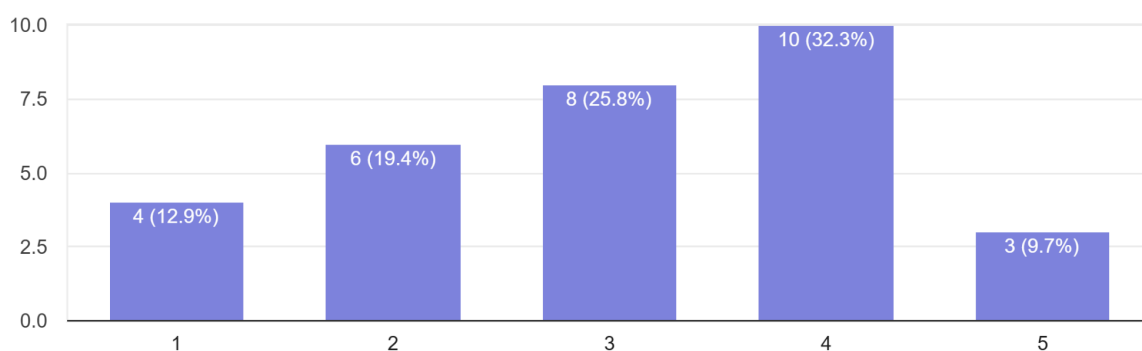
My current training has prepared me to manage domestic abuse incidents involving alcohol.

32 responses



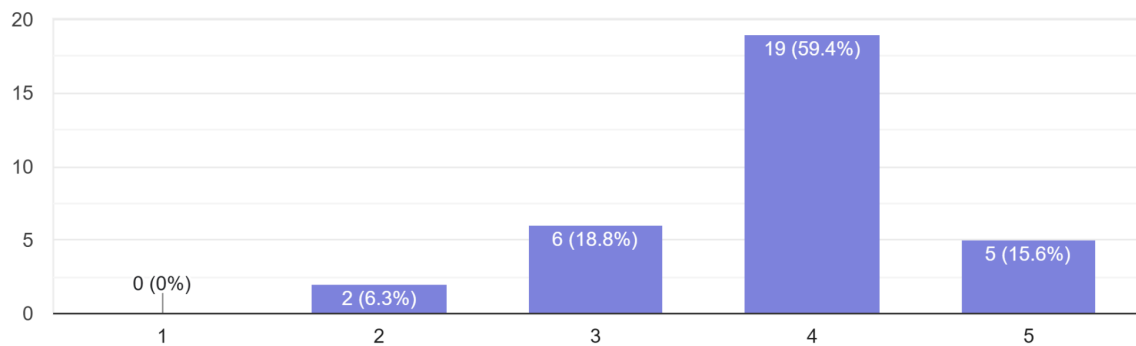
I believe the training I received sufficiently covers decision-making in cases involving alcohol.

31 responses



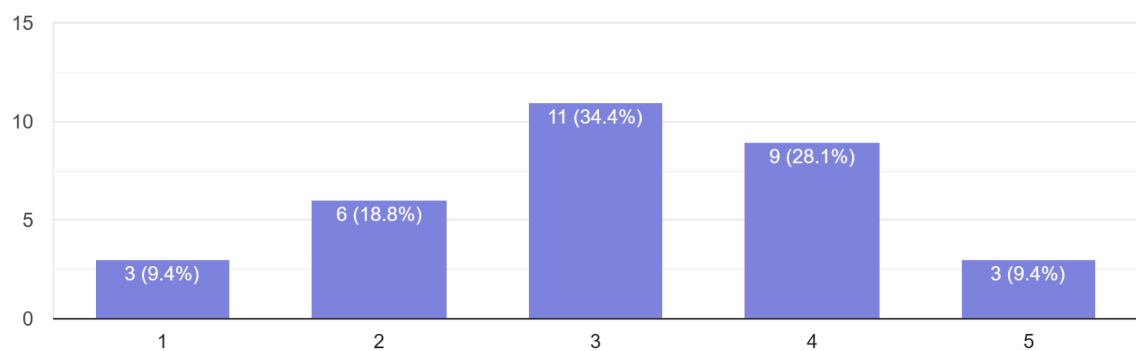
I feel adequately supported by my supervisors or organisation when managing complex DA cases involving alcohol.

32 responses



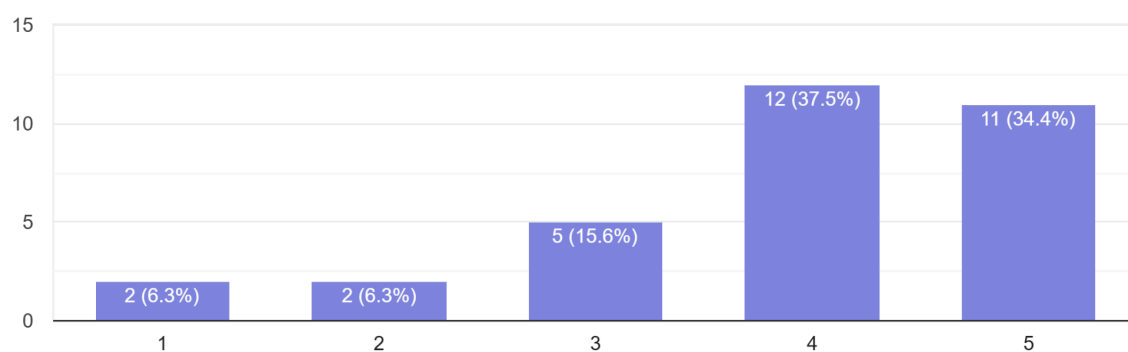
There is a consistent approach across the force when responding to DA incidents involving alcohol.

32 responses



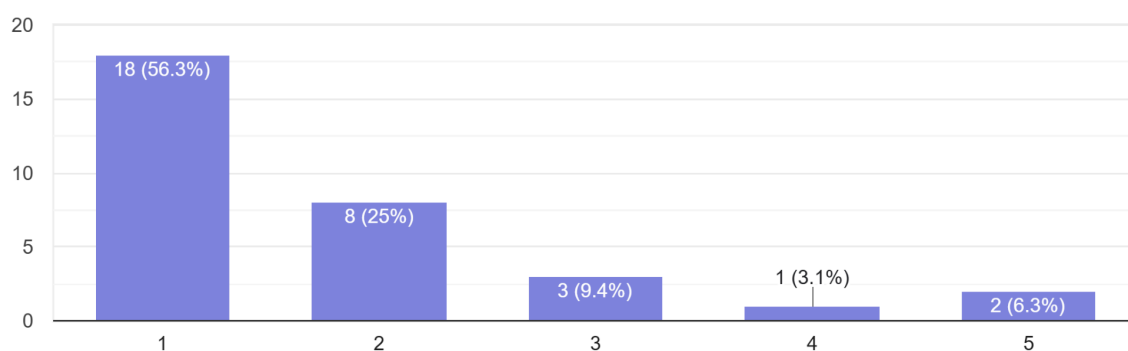
Further training on alcohol-related domestic incidents would improve my response capabilities.

32 responses



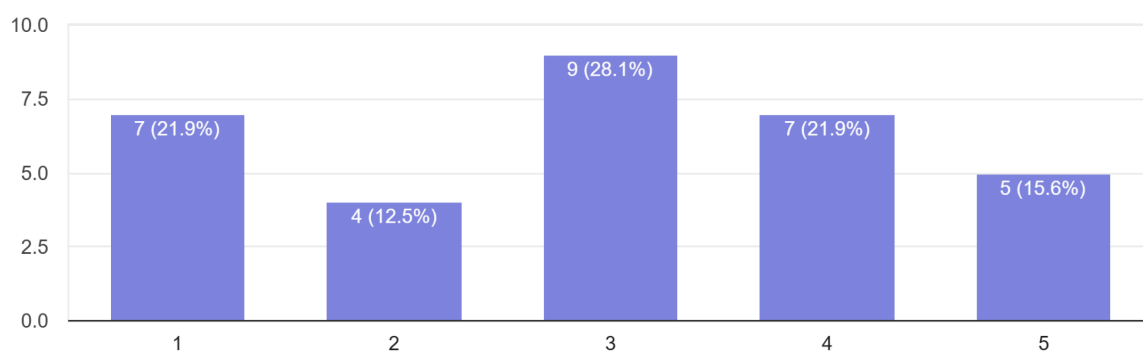
I have sufficient time during my working week to complete additional police training.

32 responses



Domestic abuse training is a priority within my workload.

32 responses



Appendix C - Sample Selection of Qualitative Responses

In your experience, what challenges do alcohol-related domestic incidents present that are not addressed in your training?

26 responses

Alcohol is often an impact factor when dealing with many incidents including DVA. Alcohol can often have an impact on the victim as much as the suspect, due to potential lack of disclosures or officers not taking statements or completing appropriate safeguarding due to the complainant being "too intoxicated".

sheer unpredictability of offenders

Alcohol related incidents can be very unpredictable.

People usually more irate when intoxicated and usually more hassle to deal with

The unpredictability and different affects depending on the person

None, alcohol makes people very un predictable however there isn't any training that can prepare you for every type of behaviour there is.

I think our DV Training has come a long a lot. Officers/ Staff who work within this area need to ensure that they are exposed to this training have a clearer understanding. There is a heavy focus on DVA across SWP and I feel the training we have at this time is appropriate.

Have you ever felt unprepared during a domestic abuse incident involving alcohol? If so, please explain.

26 responses

Yes, both parties extremely drunk causing issues when there was a clear assault and both victim and suspect ended up getting arrested for DVA and Assault emergency worker.

No, however, anything can happen at any time, especially when dealing with an intoxicated individual, so I don't allow myself to not be ready for anything.

yes, going double crewed to domestics where there are multiple persons at scene intoxicated. Making it hard to separate all parties whilst keeping 360 awareness, whilst trying to safeguard the victim.

Not necessarily unprepared, however, it makes dealing with the incident difficult when alcohol is a factor.

Not particularly

No but I would if was single crewed

Alcohol can make people more irate - escalation of situations

At the beginning of my career, each DV alcohol related call was different. Some subjects were compliant, some were aggressive, some would run and some would assault victims in front of me. No training is

What improvements would you suggest to current training regarding alcohol-related domestic incidents?

25 responses

training could include how alcohol effects different people, depending on how much alcohol they have drunk.

Obviously practical training cannot accurately reflect the issues which are presented by alcohol. However, using real world body worn to highlight best practices or areas of improvement would be beneficial.

I feel a more engaging training programme is beneficial as it is more captivating. Although NCALT are the easiest form they can often be time consuming, and a must as apposed to voluntary decision. Likewise death by power point isn't very captivating a more practical engaging based with relatable scenarios.

None

I am unsure what specific training can be offered. It is perhaps a culture with attending officers that statements cannot be taken if someone is intoxicated.

higher priority / better resourcing

More BWV of examples both good and bad

In your experience, what barriers (if any) prevent you from completing additional training?

26 responses

In its simplest format the answer is workload. Demand on officers is ever increasing, coupled with schedule workloads and daily tasks. There is often not enough time to progress these and as such training unless mandatory take a step backwards in order to prioritise these.

Workload and operational demand

Workload, call volume and demand. There is simply not enough resources and time to effectively complete meaningful training whilst on shift.

time and competing demands

Time

No training for this is available as far as I am aware and not a lot of training is made voluntary to us.

Resources

None.

Is there anything else you would like to share about your experiences or views on this topic?

20 responses

Not at this time.

WHEN DAU REPORT CONCERNS FOR DV RELATED MATTERS WHERE ALCOHOL IS A FACTOR OR NOT, THEY SHOULD BE MORE WILLING TO ASSIST AND NOT RELY ON RESPONSE OFFICERS AS THEY MAY NOT BE ABLE TO ATTEND IMMEDIATELY DUE TO OTHER WORK COMMITMENTS

n.a

NA

DVA is a complex issues. When considerations need to be taken for children present, drink drugs used, other parties involved and the amount of risk that runs with it.

There is a lot of domestic abuse support available including the most recent DVA course which involves Hydra - I would recommend this to everyone.

Often with alcohol, there are drugs involved. Which makes a subject or a victim even less predictable. It would be handy to be informed the impact on alcohol and drugs on a persons behaviour and mental state to have a better understanding before joining the response role.

Appendix D - Graphs/Charts/Figures

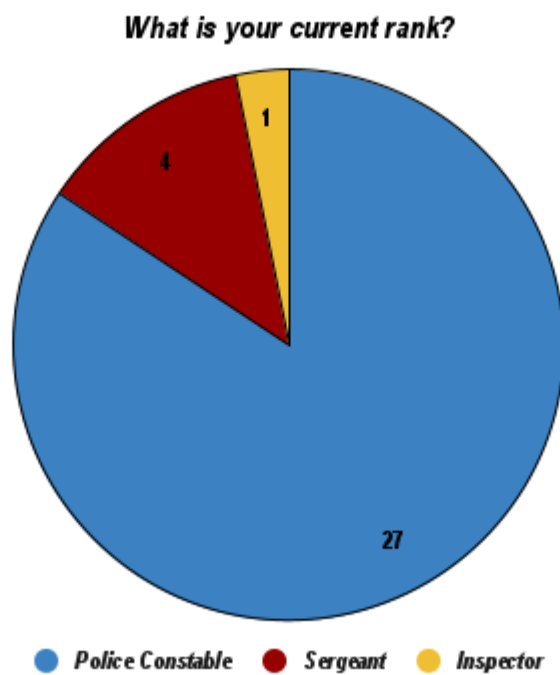


Figure 4.1.1: What is your current rank

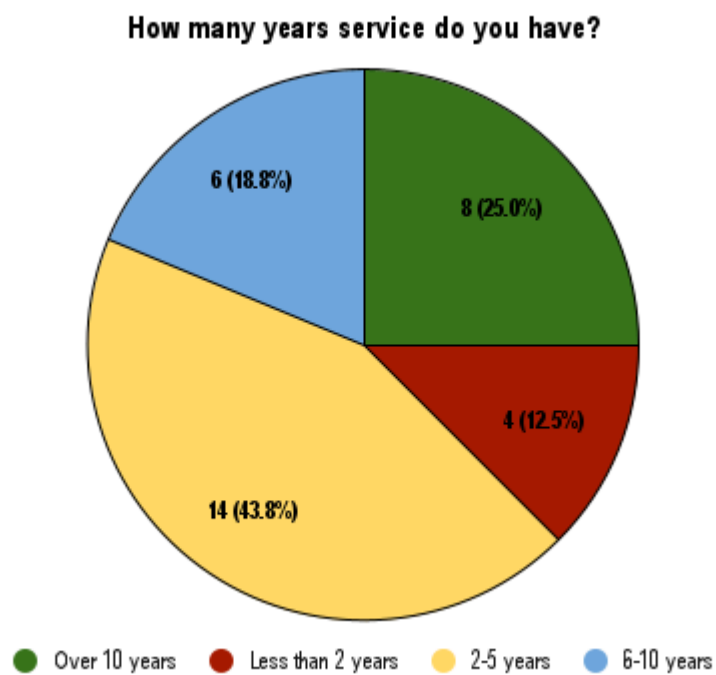


Figure 4.1.2: How many years of service do you have?



Figure 4.1.5: I feel adequately supported by my supervisors or organisation when managing complex DA cases involving alcohol

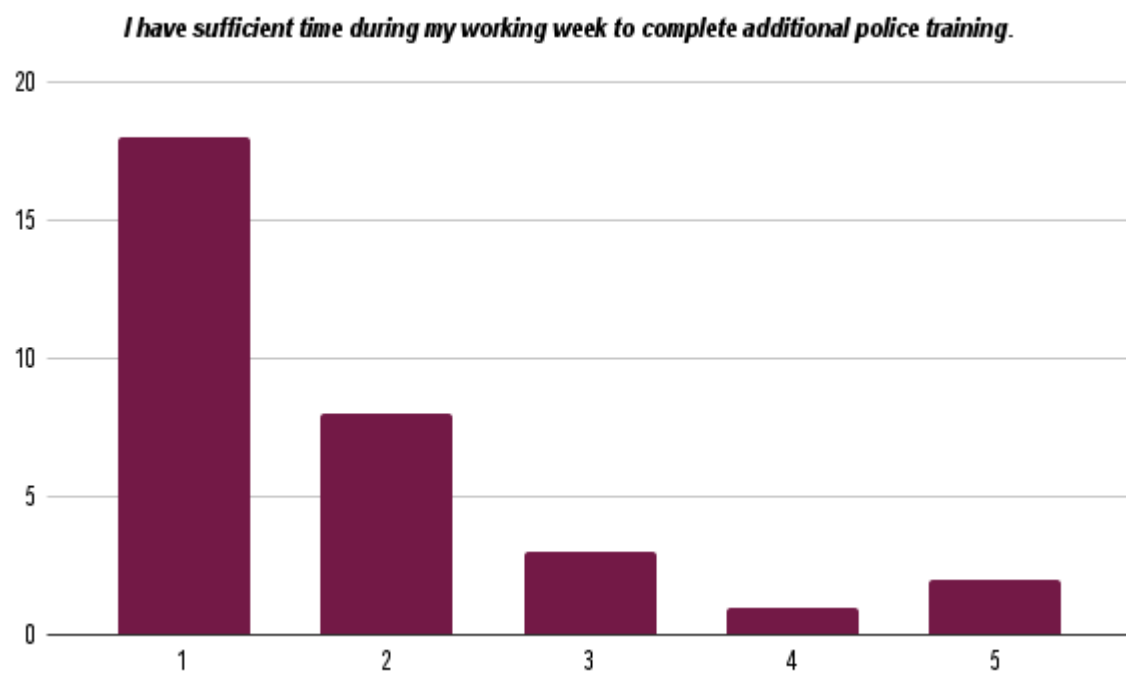


Figure 4.1.7: I have sufficient time during my working week to complete additional police training

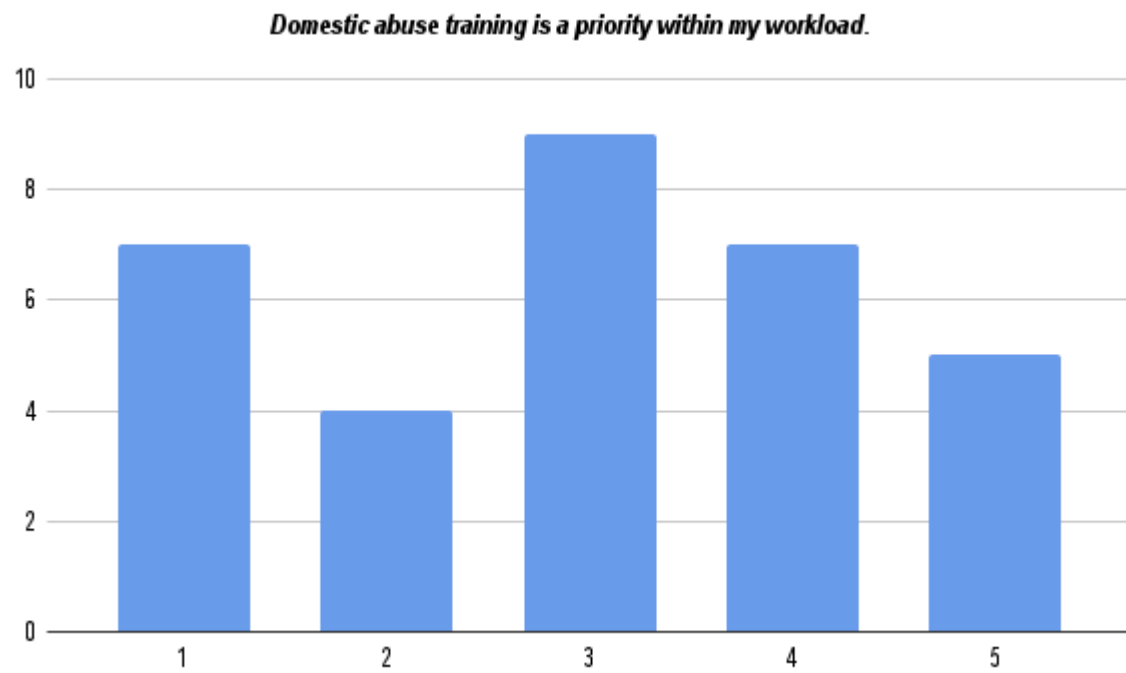


Figure 4.1.8: Domestic abuse training is a priority within my workload