IMPRODOVA

Assessment of
IMPRODOVA Training Formats and Material

Deliverable Report (D4.4)

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March 2021

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EXECUTIVE SUMMARY

The following deliverable represents the results of the assessment of the IMPRODOVA Training Platform. Respondents included students, frontline practitioners (FLR) and experts and covered the following sectors: police, medical sector, social work, research, non-governmental organisations. They were asked via different methods (including trainings accompanied by questionnaires, individual and focus group interviews) to evaluate the content and usability of the Training Platform and to offer suggestions for improvement. In general, respondents assessed the Training Platform "good" or even "very good". The majority of the evaluators considered the IMPRODOVA Training Platform and its material as clearly structured and concisely presented. On average, various types of participants – students, FLR and experts – in every country found the website interesting and the information reliable and useful. They would also visit the website if they have interests in domestic violence (DV) related topics in the future, and would recommend the website to their colleagues. The suggestions for improvement included shortening certain modules, dividing information to shorter sections, adding for visualizations and summations of the main points and including more images to highlight important issues. In addition, the participants suggested adding content regarding vulnerable groups, perpetrator programmes, coercive control and cyber stalking. The study showed that there is strong need for national versions of the international training platform. Many suggestions for improvement touched the lack of national context of the provided information.

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1. DESCRIPTION OF THE EVALUATION

1.1. Methodology

The evaluation had three different, but related targets: Assessing the international English version of the online training platform on domestic violence (https://training.improdova.eu/en/), the German version of the platform (https://training.improdova.eu/de/), and the French handbook that contained some materials from the training platform and RAIMO (https://training.improdova.eu/wp-content/uploads/2020/12/IMPRODOVA_Risk_Assessment_Integration_Module-1.pptx). Of these three, the last two were adaptations of the original English language material to the local needs and requirements. However, the assessment results of all three versions are presented in this deliverable together, side by side, in order to avoid a too complicated report. The detailed various targets and categories of evaluators are explained to the reader in the context of tables representing various aspects of results.

At the consortium meeting in May 2020, the consortium decided to create a Task force to prepare and carry out the evaluation. The Task force for T4.4 included POLAMK (Finland), WWU (Germany), VICESSE (Austria), FORESEE (Hungary) and CNRS/CREOGN (France). IMPRODOVA training materials were translated into German for trainings organized in Germany and Austria. In Hungary and Finland, the original English language training material was used; whereas in France, some of the material was translated into French and included in a handbook that also contained material from the Risk Assessment Integration Module (RAIMO) presented in D3.3.The German country report also contained an assessment of the material by experts recruited by the Medical Women's International Association (MWIA) who assessed the English language version of the material.

POLAMK (English version) and WWU (German version) designed the first versions of the online survey in June 2020. The survey consisted of two parts. The first section covered questions assessing the training platform as a whole and its various sections and modules, while the second part focused on the competencies of the students before and after they had studied the material.

The work plan presented by POLAMK was discussed during the consortium calls in August and September 2020. The task force decided to utilize mixed methods in the evaluation in order to cope with the challenges posed by COVID-19 and to adjust to the local conditions of data gathering. POLAMK prepared the template for selecting the participants and presented an online questionnaire that was adapted to the German platform by WWU and translated into German. Based on the feedback and suggestions from the task force, the questionnaires were further improved. Questions for focus groups and individual interviews were adapted from the questions presented in the questionnaire in order to ensure that different data collection methods would produce coherent material.

In France, a 42-page document, which will be developed into a handbook for French LEAs, was produced based on the contents of the D3.3 Risk Assessment Integration Module (RAIMO) and the IMPRODOVA training platform and material. The document covers most elements of RAIMO and a selection of the training materials. The document is designed for the training of LEA members and trainers. In order to evaluate the draft of the handbook, CNRS/CREOGN adapted the templates for T4.3 and T4.4 to a self-administered questionnaire answered by the evaluators of the document.

The evaluation consisted of
1. The online questionnaire assessing the quality, utility and usability of the English and German training platform (German platform: WWU, VICESSE, Police Berlin; English platform: FORESEE, POLAMK).

2. The online questionnaire assessing students' attitudes and competencies with respect to DV, before and after they had participated in an IMPRODOVA online training (German platform for the medical sector by WWU and English platform for police sector by POLAMK).
3. Interviews for focus groups and individuals were organized in localities where the use of a questionnaire was deemed not to be feasible (FORESEE, WWU).
4. The questionnaire assessing the content, quality and usability of the training materials that were covered in the handbook in France (CNRS/CREOGN).

1.2 Evaluating quality, utility and usability of the IMPRODOVA Training Platform

The online survey assessing the English and German platforms consisted of three main parts. First, the survey asked for background information of the participants who studied and assessed the IMPRODOVA training platform and material. The second part consisted of a set of evaluative statements about the platform, the individual modules and training materials (e.g. quiz, scenarios, ficts and facts, case studies). In the third part, survey respondents were asked to assess the usability, utility and quality of the platform and material by declaring to what extent they agreed or disagreed with a number of statements about the platform and material. A five-level Likert scale was used with the following attributes and scores: "strongly disagree" = 1, "disagree" = 2, "neutral" = 3, "agree" = 4, "strongly agree" = 5. An option of "do not know" with a score of 0 was also included. There were also several open-ended questions about the quality of the content of the IMPRODOVA training material and platform as well as opportunities to suggest improvements.

CNRS/CREOGN translated the relevant questions into French and used them in the questionnaire to assess the content of the French handbook. The handbook used material from Module 1 (*Forms of DV* and *Dynamics of DV, victims and perpetrators*), Modules 2, 3, 4 and 6 (*Work of LEA first responders*), Module 5 (*Protection and support of victims and co-victims*) and Module 7 (*Inter-agency cooperation*). The document is going be used in future training of LEA members and training of the trainers. The questionnaire included both open and closed questions. The questions concerned the interest of the document for students, practitioners and trainers, its scientific quality and originality, potential audiences, usability, modifications and improvements to be made. The responses to the self-administered questionnaires were emailed back to CNRS/CREOGN by the evaluators.

Because the questionnaire was not a feasible method of data collection in every location, individual and focus group interviews were also utilized to complement the surveys in Germany and Hungary. In order to achieve homogeneity of different data sources interview questions were designed so that they cohere with the questions presented in the online surveys.

1.3 Evaluating changes in attitudes and competencies with respect to DV

Additionally, an online survey regarding the change in attitudes and competencies was designed for students taking the IMPRODOVA training in Finland using the English training materials (POLAMK) and in Germany using the German training materials (WWU). The survey consisted of a set of items measuring students' knowledge, skills, motivation and attitudes with respect to the prevention of domestic violence. The material was collected pre and after the students had studied IMPRODOVA material. The change in attitudes and competencies were not studied at a level of an individual, but the results were analysed by aggregating the data. Attitudes scale consisted of seven statements measured again with a five-level Likert scale ("strongly disagree" = 1 … "strongly agree" = 5, 0 = "do not know"). Knowledge, skills and motivation, each, were asked with a set of four statements measured with a similar five-level Likert scale too.

1.4 Sampling strategy

The task force agreed on having two target groups in the survey:
1. Test users (group 1): Students and frontline responders participated in an online or offline course that utilized the IMPRODOVA training platform and material (POLAMK, WWU, VICESSE)
2. Professionals (group 2):
    a. Experts and educators reviewed the IMPRODOVA training platform and materials independently (POLAMK, WWU, Police Berlin, VICESSE, FORESEE)
    b. Trainers and experts of the Police and the Gendarmerie and departmental experts reviewed a handbook that consisted of a selection of the training materials (CNRS/CREOGN)

Group 1 - students and frontline responders

Altogether 56 participants from group 1, that is, students and frontline responders participated in the evaluation of the training platform and materials.

Table 1 lists the students from different fields and countries who participated in a course testing the IMPRODOVA training platform and material. POLAMK organised an online training course for police students at the Police University College of Finland (POLAMK). The course was based on the IMPRODOVA training materials in English. Medical students at the WWU in Munster participated in a two-day clinical compulsory elective course "Domestic Violence in an International Context" in German. A similar course was also organized in Lübeck, where the students participated only in the survey on attitudes and competencies before the training. Training courses included seminars, home assignments and group work. WWU collected review data regarding the German platform also from a frontline responder from the medical field. From these, ten Finnish police students and 18 German medical students participated in the pre-evaluation study only, whereas 11 Finnish police students and 15 German medical students participated in the pre- and post-surveys regarding the change in competencies. In Austria, VICESSE got two social sector students evaluating the German platform and material after a self-study.

Table 1: Group 1 / Students *(n)*

Participants	FIN	GER	AUT	HUN	FRA	Total
Police	10	0	0	0	0	**10**
Social sector	0	0	2	0	0	**2**
Health sector	0	33	0	0	0	**33**
Total	**10**	**33**	**2**	**0**	**0**	45

Table 2 lists frontline responders (FLR) who studied the material and took the survey regarding the evaluation of the training platform and materials. WWU has one FLR from the health sector and VICESSE recruited 29 police officers.

Table 2: Group 1 / Frontline responders (FLR) *(n)*

Participants	FIN	GER	AUT	HUN	FRA	Total
Police	0	0	29[1]	0	0	**29**
Social sector	0	0	0	0	0	**0**
Health sector	0	1	0	0	0	**1**
Total	**0**	**1**	**29**	**0**	**0**	30

[1] One participant filled in the online survey, and 28 police officers got an adapted questionnaire.

Group 2 – experts and educators

In Finland (POLAMK), Germany (WWU), Hungary (FORESEE) and Austria (VICESSE), the members of the task force contacted teachers and experts from the police, social sector and health sector and invited them to review the IMPRODOVA platform and training material and to respond to the online survey. Online meetings were utilized to gather interviews from experts and educators to complement the survey. Some of the teachers and experts participated in both the survey and the interviews. In some localities, data was collected also by focus group and individual interviews.

In France, trainers and experts were selected and solicited by the Research Centre of the National Police College (ENSP) for the Police and Research Centre of the Gendarmerie Officer School (EOGN) for the Gendarmerie and departmental experts. A self-administered questionnaire was first emailed and then respondents were phoned, and the goals and methodology of the assessment was explained.

Table 3 lists educators, academics, NGO workers, specialists and other experts who reviewed the content of the IMPRODOVA training platform and materials. Experts represented three sectors (police, social work and health sector) and had a thorough experience in teaching, researching or working on domestic violence. Many of the experts are or have also been practitioners dealing with the prevention or investigation of domestic violence or supporting victims of domestic violence in their current or previous work. Given the background of the experts, their assessment of the training material can be regarded especially valuable. For the analyses, educators and other experts were merged into one category. In total, group 2 consisted of 43 participants.

Table 3: Group 2 / Experts *(n)*

Participants	FIN	GER	AUT	HUN	FRA	Total
Police	4	3	3	3	10	**23**
Social sector	6	2[3]	2	0	1	**9**
Health sector	0	4[2]	1	0	0	**5**
Other[1]	3[1]		1	0	0	**6**
Total per country	**13**	**9**	**7**	**3**	**11**	**43**

[1] This category includes individuals who self-named themselves as 'research and teaching' and 'social work'.
[2] Three international experts recruited by the Medical Women´s International Association reviewing the English platform and one expert reviewing the German platform
[3] School teachers who exclusively evaluated a social sector section of the German training platform addressing the school sector (Module 2 for the Social Sector).

Background characteristics of respondents

Table 4 presents the sex distribution of the participants. In total, 40 men and 74 women answered the question regarding the sex. No one identified as another gender.

Table 4: Sex distribution of students/frontline responders and experts (*n*).

Sex	FIN		GER		AUT		HUN		FRA		Total
	S	E	S/FLR	E	S/FLR	E	S	E	S	E	
Male	7	1	3/--		--/18	4		1		6	**40**
Female	3	12	30/1	4	2/11	3		2		5	**73**
Total	**10**	**13**	**33/1**	**4**	**2/29**	**7**		**3**		**11**	**113**

Table 5 presents the age distribution of the participants. The majority of the students and the frontline responders aged between 20 and 29, whereas majority of the experts aged between 30 and 39.

Table 5: Age distribution of students/frontline responders and experts (*n*).

Age	FIN		GER		AUT		HUN		FRA[1]		Total
	S	E	S/FLR	E	S/FLR	E	S	E	S	E	
< 20											
20 - 29	5		26/--		1/22			1			**55**
30 - 39	3	7	7/--	1	1/4	1		1			**25**
40 - 49	2	3	--/1			1		1			**8**
50 - 59		3			--/1	5					**9**
60 - 69				2							**2**
70-				1							**1**
Total	**10**	**13**	**33/1**	**4**	**2/27**	**7**		**3**			**100**

[1] Not asked

In the survey, respondents were asked about their work experience in the field of domestic violence. The results of their work experience are presented in table 6. None of the students except three had any work experience in the field of domestic violence. Additionally, the frontline responders were at the beginning of their career, most of them having zero or less than a year work experience in the field of domestic violence. Most of the experts who reviewed the material had a long and versatile experience in teaching, researching, preventing or investigating domestic violence.

Table 6: Work experience in the field of domestic violence in years (*n*).

Work experiences (years)	FIN		GER		AUT		HUN		FRA		Total
	S	E	S/FLR	E	S/FLR	E	S	E	S	E	
0	7		33	2	--/4						**46**
< 1	1	1	--/1		--/19						**22**
1 - 4	1				--/4	2				6	**13**
5 - 9	1	6		1	--/1	3				1	**13**
10 - 19		3				1		2		4	**10**
20 -		3				1		1			**5**
Total	**10**	**13**	**33/1**	**3**	**--/28**	**7**		**3**			**109**

2. RESULTS

2.1 Studied modules

Table 7: Link list for the webpages on the international (English) training platform

IMPRODOVA training platform	Link
International training platform	https://training.improdova.eu/
German training platform	https://training.improdova.eu/de/
Police as frontline responder to domestic violence in 15 minutes	https://training.improdova.eu/en/police-as-frontline-responder-to-domestic-violence-in-15-minutes/
Domestic violence in the Health Sector in 15 minutes	https://training.improdova.eu/en/domestic-violence-in-the-health-sector-in-15-minutes/
Domestic violence in the Social Sector in 15 minutes	https://training.improdova.eu/en/domestic-violence-in-the-social-sector-in-15-minutes/
Training modules for the Police	https://training.improdova.eu/en/training-modules-for-the-police/
Training modules for the Health Sector	https://training.improdova.eu/en/training-modules-for-the-health-sector/
Training modules for the Social Sector	https://training.improdova.eu/en/training-modules-for-the-social-sector/
Data and statistics	https://training.improdova.eu/en/data-and-statistics/
Training materials for the Police	https://training.improdova.eu/en/training-materials-for-the-police/
Training materials for the Health Sector	https://training.improdova.eu/en/training-materials-for-the-health-sector/
Training materials for the Social Sector	https://training.improdova.eu/en/training-materials-for-the-social-sector/

Learning objectives

The aim of this training platform is to better respond to the different needs of victims of domestic violence, to identify victims more quickly and to protect their children. Special attention was paid to communication with victims in different situations (Module 3: Communication with victims in cases of domestic violence).

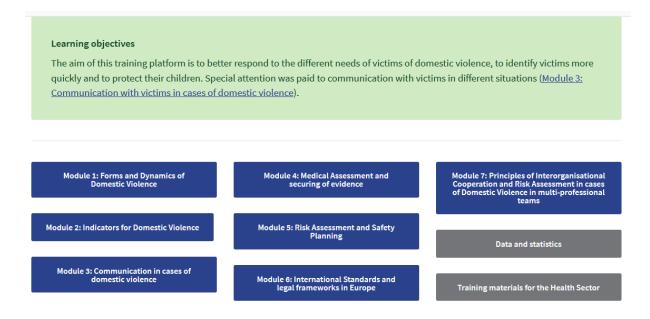|		
Module 1: Forms and Dynamics of Domestic Violence	**Module 4: Medical Assessment and securing of evidence**	**Module 7: Principles of Interorganisational Cooperation and Risk Assessment in cases of Domestic Violence in multi-professional teams**
Module 2: Indicators for Domestic Violence	**Module 5: Risk Assessment and Safety Planning**	**Data and statistics**
Module 3: Communication in cases of domestic violence	**Module 6: International Standards and legal frameworks in Europe**	**Training materials for the Health Sector**

Figure 1: Modular concept of the training platform – exemplary screenshot for the medical sector

Table 7 lists all the sections, modules, and links to webpages that are contained in the IMPRODOVA platform. Figure 1 represents a screenshot of the modular structure for the medical sector. The modules and sections that were studied and evaluated by the students and the experts are presented in Table 8. In France, eleven experts evaluated the document (draft of a handbook for French LEAs.) that contained selected modules of the training platform and the D3.3 Risk Assessment Integration Module 'RAIMO'. The number of the evaluators of the French handbook is not included in Table 8, since the object of the evaluation in France is not exactly the same as in other countries.

All training modules of the health sector, police and social sector were evaluated, albeit the number of evaluators was very small in certain modules. Regarding the training materials, only the quiz for the social sector remained unevaluated, however, 35 participants evaluated the quiz for the police.

For Group 1 (students and FLRs) the most often evaluated modules were modules 1, 2 and 3 for the police. These modules were evaluated by 11 individuals, each. The second most often-evaluated modules were Modules 1 and 2 for the health sector, being evaluated by 10 individuals, each.

For Group 2 (experts) the most often evaluated module was the "15 minutes" section for the police that was evaluated by 14 experts. The second most often-evaluated module was the "15 minutes" section for the social sector that was evaluated by 9 experts. The module that was least often assessed was module 6 for the social sector, being evaluated by only by 3 participants.

Table 8: The number of modules and sections studied and evaluated by students, FLR and experts.

Studied modules	Group 1 Students and FLR	Group 2 Experts	Total
Domestic Violence in the Health Sector in 15 minutes	7	6	13
Police as frontline responder to domestic violence in 15 minutes	2	14	16
Domestic Violence in the Social Sector in 15 minutes	3	9	12
Module 1: Forms and Dynamics of Domestic Violence			
Health sector	10	1	11
Police	11	3	14
Social sector	1	7	8
Module 2: Indicators of Domestic Violence			
Health sector	10	1	11
Police	11	3	14
Social sector		4	4
Module 3: Communication in cases of Domestic Violence			
Health sector	8	1	9
Police	11	3	14
Social sector		4	4
Module 4: Medical Assessment and Securing of Evidence	7	1	8
Module 4: Police investigation and legal proceedings	10	3	13
Module 4: Support Services of the Social Sector		4	4
Module 5: Risk Assessment and Safety Planning			
Health sector	4	1	5
Police	10	3	13
Social sector		4	4
Module 6: International Standards and legal frameworks in Europe			
Health sector	5	1	6
Police	5	3	8
Social sector		3	3
Module 7: Principles of Inter-organisational Cooperation and Risk Assessment in cases of Domestic Violence in multi-professional teams			
Health sector	4	1	5
Police	9	3	12
Social sector		4	4
Quiz			
Health sector	10		10
Police	34	1	35
Social sector			0
Scenario based learning			
Health sector	9	2	11
Police	5	5	10
Social sector		3	3
Ficts and Facts	39	4	43

Studied modules	Group 1 Students and FLR	Group 2 Experts	*Total*
Case studies			
Health sector	6	2	**8**
Police	6	4	**10**
Social sector		2	**2**

Because the number of individuals who studied and evaluated different modules and sections are presented in Table 8, the figures are not presented again later in each table describing the average scores of modules and sections.

2.2 General experiences regarding the IMPRODOVA Training Platform

Table 9 lists the average scores about usability, utility and quality of the IMPRODOVA training platform and material. The students, FLRs and experts answered to what extent they agree or disagree with the statements or whether they do not know the answer. Average scores were calculated from the original five-level Likert-scales without including "do not know" answers (value 0). In addition, Table 9 presents the average of averages of these eight statements and an average of an overall rating to the website. The results of the participants in Group 1 are separated by a slash in order to distinguish between the differences between the answers of medical students and a medical FLR in Germany, and the two social sector students and FLR police officers in Austria.

All scale values were transformed so that the most positive score was 5 and the most negative score was 1. In the original scale, the attribute of 5 was "strongly agree" and the attribute of 1 was "strongly disagree". In the text, average scores that are close to 5 or 4 are loosely called "very good" or "good".

On average, it can be stated that the participants regarded the IMPRODOVA training platform and material as "good" or even "very good" as the average scores for most statements were at least 4. On average, various types of participants – students, FLR and experts – in every country found the website interesting and the information reliable and useful. They would also visit the website if they have interests in DV related topics in the future, and would recommend the website to their colleagues. The majority of the participants regarded the content clearly and concisely presented. The overall rating of the website was also positive. However, the overall ratings given by the Austrian social sector students and experts were surprisingly low. The reason for the unexpected results is likely a consequence of participants' misunderstanding the scale. This conclusion can be drawn from the otherwise very good rating of the website.

Of the different respondent groups, students thought most positive about the IMPRODOVA training platform and materials. However, some Finnish police students surveying the English platform and one of the two Austrian social sector students surveying the German platform regarded it difficult to find information from the website. In addition, the two Austrian social sector students did not agree that the contents were clearly presented.

French experts and trainers considered the document interesting (4.5), clearly presented (4.5), having reliable (4.5) and useful (4.2) content. French evaluators would also recommend the document to their colleagues (4.5). Most respondents assessed the document to be appropriate for providing all kinds of law enforcement personnel with basic knowledge of DV. The document was considered suitable for frontline non-specialist staff as well as for specialised investigators who already are experienced and who want to dig deeper in certain aspects of the issue. It was suggested that the document could be offered

to police trainees just before they start a practice-oriented training course, in order to acquire the general culture needed to understand DV and risk assessment in a comprehensive way. The best ratings of the document came from the trainers, suggesting that the future handbook would be particularly appropriate for the training of trainers. The lower score that was given to the item "usefulness of content for my professional practice" reflects the fact that some respondents would like to see more examples from the French context.

Table 9: General experiences of the platform and material. Average scores given by students / FLRs and experts to evaluative statements. Scores below 4 are underlined.[1]

Statements	Group1: Students / FLR			Group 2: Experts				
	FIN	GER	AUT	FIN	GER	AUT	HUN	FRA[4]
I find this website interesting.	4.6	4.1/4.0	4.0/4.6	4.2	4.75	4.9	4.5	4.5
The contents are clearly presented.	4.3	4.5/<u>3.0</u>	<u>3.0</u>/4.4	<u>3.7</u>	4.75	5.0	4.5	4.5
The texts provide me with information in a clear and concise manner.	4.3	4.6/<u>2.0</u>	5.0/4.4	4.2	5.0	4.3	5	
The information seems reliable to me.	4.5	4.9/4.0	5.0/4.7	4.0	5.0	4.5	5	4.5
It is easy to find the information I need from this website.	<u>3.8</u>	4.5/4.0	<u>3.5</u>/4.0	<u>3.6</u>	4.75	<u>3.9</u>	5	
I find the information on the website to be useful for my work.	4.8	4.6/4.0	4.5/4.2	<u>3.9</u>	4.25	4.0	4	4.2
I would recommend the website to my colleagues.	4.7	4.7/4.0	4.0/4.0	<u>3.8</u>	5.0	4.3	4.5	4.5
If I have an interest in such topics in the future, I would consider visiting this website again.	4.8	4.9/4.0	4.5/4.3	4.1	5.0	<u>3.9</u>	5	
Average score	4.5	4.0/<u>3.6</u>	4.2/4.3	<u>3.9</u>	4.8	4.4	4.7	
What overall rating do you give to this website?	4.5	4.7/5.0	<u>1.5</u>[3]/4.7	<u>3.8</u>	4.75	<u>1.7</u>[3]	4.5	

[1] In Finland 10 police students and 13 experts. In Germany 14 medical students, 1 health sector FLR and 1 medical expert and 3 experts recruited by the Medical Women´s International Association. In Austria 2 social sector students, 28 police FLRs and 7 experts. In Hungary 2 police experts. The German and Austrian evaluators assessed the German platform.

[3] The overall low rating given by the 2 Austrian social sector students and 4 experts is inconsistent with their assessment for eight individual statements. This difference is likely due to an error made by the respondents.

[4] The target of evaluation was a draft of a handbook, questionnaire was adapted and some questions were not used.

We can conclude that the assessment points out that the respondents found many parts where the clarity, usability and user-friendliness of the training platform and material could be developed further, although the usability of the training platform was regarded as pretty good in its present form by the majority. Detailed suggestions, such as to add a site search function on the website, were given in open-ended answers and will be described in chapter 5. Most often suggestions concerned about the adaptation of information to fit better the national legislation and procedures.

2.3 Evaluation of modules and sections

Training modules

Table 10 shows the average scores for the short "15 minutes" sections for the police, social sector and health sector aggregated in the same table. Students from different fields are presented separately as well as police FLRs and experts, but both in social sector and health sector, results from FLRs and experts pooled. Scores of the one German FLR from the health sector was not included to avoid any bias, but responses given will be taken into account when amending the platform. **On average, the sections were regarded "good" or "very good" in the sense that most participants "agreed" or "strongly agreed" with the evaluative statements.** Some of the Finnish social sector experts were more critical about the section. There were also individuals who perceived that the section for the social sector and for the police is not comprehensive and accurate or that that the sections could not provide the students with a deeper understanding of domestic violence.

Table 10: 15 min sections for the police / social sector / health sector.[1]

Statements	Average score			
The content of the module was comprehensive and accurate.	FIN	GER	AUT	HUN
Police students	5.0			
Medical students[2]				
Social sector students			4.5	
Police FLRs			5.0	
Police experts	5.0	4.0	4.2	4.0
Social sector experts & FLRs	<u>3.5</u>	4.0	4.3	
Health sector experts & FLRs		4.6	4.3	
The module provides me / the students with deeper understanding of how I can identify victims of domestic violence.				
Police students	5.0			
Medical students		4.2		
Police FLRs			5.0	
Social sector students			4.0	
Police experts & educators	5.0	4.0	4.4	4.5
Social sector experts & educators, FLR	<u>3.7</u>	4.0	4.3	
Health sector experts & FLRs		4.6	4.3	
The module provides me / students with deeper understanding of risk factors I should identify and document.				
Police students	5.0			
Medical students		4.0		
Social sector students			4.5	
Police FLRs			5.0	
Police experts	5.0	4.0	4.4	4.5
Social sector experts & FLRs	<u>3.7</u>	4.0	4.0	
Health sector experts & FLRs		4.4	4.3	

[1] In Austria and Germany the German version of the platform was evaluated, except the experts recruited by the Medical Women's International Association assessed the English platform, but their results reported in the German column. In Finland and Hungary, the evaluation focused on the English platform.
[2] Students were not asked this.

The most critical voices among the experts came from Police Berlin, where the participants had studied the section *Police as frontline responder to domestic violence in 15 minutes* of the German platform. The participants (n=3) did not regard the content comprehensive and

accurate and were unsatisfied with the section's ability to provide a deeper understanding of how to identify victims of domestic violence, as well as understanding of the risk factors that should be identified and documented. According to the feedback, some important police-specific content was missing and the language and information should be adapted to the German context and legislation. Some content was considered irrelevant for the "15 minutes" section, such as the description of developing early warning system models. According to the police experts, the most important part is to improve police response to the emergency calls (not based on models) and support the officers to know the hotspots and specifics of their work areas. One has to keep in mind, however, that the number of those giving feedback with n = 3 was quite low.

In contrast, the section *Police as frontline responder to domestic violence in 15 minutes* of English platform was assessed by 37 Finnish, Hungarian and Austrian experts and was scored on average "very good". Moreover, the two Hungarian police experts regarded the section *Police as frontline responder to domestic violence in 15 minutes* comprehensive and able to improve skills to identify various forms of DV. In addition, the material improves the awareness of gender aspects. However, these experts also maintained that the material could be more effective when a trainer is supporting the learning process.

An expert noted that in the module of "15 minutes for the police" of the English platform, the section on the interviewing the victim of family violence is ambiguous, because asking the victim the wrong way may produce invalid evidence to be presented in the trial. Therefore, the expert suggested that the material should also explain that leading the victim or the witness is not allowed. One of the two Hungarian police experts criticized about the material not describing how to communicate about services and organisations available for the victims of DV in order to convince the victims that they can escape from the abusive relationship and they will surely find a safe accommodation. In addition, they maintained that the course of an emergency call does not meet Hungarian reality. However, it needs to be stated that these various points are dealt with in more detail in the individual modules 1-7.

It is possible that the condensed format of the section, trying to explain the most important things just in about 15 minutes, contains gaps and gives too narrow a coverage of a very broad matter. Some additional information could help avoiding potential misunderstandings, but this would require a slight expansion of the module. One should keep in mind however that the aim of the "15 minutes" sections is to get a first insight on domestic violence in the police, health sector and social services, rather than being comprehensive. For this reason, to avoid misunderstandings, the module of "15 minutes" will be renamed as 'Introduction'.

Modules 1 were received well by most participants (Table 11). There was only one critical view of one Finnish social sector expert.

Modules 2 were also received extremely well by the participants (Table 12). All average scores were at least four.

Table 11: Module 1: Forms and Dynamics of Domestic Violence[1]

Statements	Average score		
	FIN	GER	AUT
The content of the Module 1 was comprehensive and accurate.			
Police students	4.3		
Medical students[2]			
Social sector students			4.5
Police FLRs			5.0
Police experts	5.0	4.0	5.0
Social sector experts & FLRs	3.8	4.0	5.0
Health sector experts & FLRs		5.0	4.0
The training material of the Module 1 improved my skills / improves skills to identify different forms of domestic violence.			
Police students	4.6		
Medical students		4.8	
Social sector students			4.0
Police FLRs			4.0
Police experts	5.0	4.0	5.0
Social sector experts & FLRs	3.6	4.0	4.5
Health sector experts & FLRs		5.0	4.0
The training material of the Module 1 provided me with / provides information for a deeper understanding about gender aspects in domestic violence.			
Police students	4.5		
Medical students		4.3	
Social sector students			4.5
Police FLRs			5.0
Police experts	5.0	4.0	4.4
Social sector experts & FLRs	3.8	4.0	5.0
Health sector experts & FLRs		4.0	4.0

[1] In Austria and Germany the German version of the platform was evaluated, except the experts recruited by the Medical Women's International Association assessed the English platform, but their results are reported in the German column. In Finland and Hungary, the evaluation focused on the English platform.
[2] Students were not asked this question.

Table 12: Module 2: Indicators of Domestic Violence.[1]

	Average score		
	FIN	GER	AUT
Statements			
The content of the Module 2 was comprehensive and accurate.			
Police students	4.6		
Medical students[2]			
Police FLRs			5.0
Police experts	4.0	4.0	5.0
Social sector experts	4.5	4.0	5.0
Health sector experts		5.0	
The training material of the Module 2 improved my understanding and skills about the various indicators and signs of domestic violence.			
Police students	4.5		
Medical students		4.8	
Police FLRs			5.0
Police experts	4.0	4.0	5.0
Social sector experts	4.0	4.0	5.0
Health sector experts		5.0	
The training material of the Module 2 improved my skills to detect the various indicators and signs of DV.			
Police students	4.6		
Medical students		5.0	
Police FLRs			5.0
Police experts	4.0	4.0	5.0
Social sector experts	4.0	4.0	5.0
Health sector experts		5.0	

[1] In Austria and Germany the German version of the platform was evaluated, except the experts recruited by the Medical Women's International Association assessed the English platform, but their results are reported in the German column. In Finland and Hungary, the evaluation focused on the English platform.
[2] Students were not asked this question.

Most participants regarded Modules 3 as good, yet some Finnish police experts and social sector experts raised concerns about the content of the module (Table 13).

Table 13: Module 3: Communication in cases of Domestic Violence.[1]

Statements	Average score		
	FIN	GER	AUT
The content of the Module 3 was comprehensive and accurate.			
Police students	4.5		
Medical students[2]			
Police FLRs			5.0
Police experts	<u>3.0</u>	5.0	5.0
Social sector experts	<u>3.5</u>	4.0	5.0
Health sector experts		5.0	
The training material of the Module 3 gave me tools on how to respond to a disclosure in cases of DV.			
Police students	4.5		
Medical students		4.4	
Police FLRs			4.0
Police experts	5.0	5.0	5.0
Social sector experts	4.0	4.0	4.0
Health sector experts		4.0	

[1] In Austria and Germany the German version of the platform was evaluated, except the experts recruited by the Medical Women's International Association assessed the English platform, yet their results are reported in the German country column. In Finland and Hungary, the evaluation focused on the English platform.
[2] In Germany, the students were not asked this question.

On average, **Modules 4 were regarded as "good" by the participants of the police and the social and health sectors, although the Module 4 for social sector (English platform) was assessed quite critically by the experts in Finland** (Table 14). A Finnish expert remarked that the support services are so country-specific that this kind of a general outline of possible services gives very little new information to social service professionals.

Table 14: Module 4: Police investigation and legal proceedings / Medical Assessment and Securing of Evidence / Support Services of the Social Sector.[1]

Statements	Average score		
	FIN	GER	AUT
The content of the Module 4 was comprehensive and accurate.			
Police students	4.3		
Medical students[2]			
Police experts	5.0	5.0	5.0
Social sector experts	<u>3.3</u>	5.0	
Health sector experts		5.0	
The training material of the Module 4 improved my understanding of how domestic violence cases are handled and processed in the criminal justice system (police) / of support services available for the victims of domestic violence (social sector)			
Police students	4.3		
Medical students		4.3	
Police experts	5.0	5.0	4.0
Social sector experts	<u>3.0</u>	5.0	
Health sector experts		5.0	

[1] In Austria and Germany the German version of the platform was evaluated, except the experts recruited by the Medical Women's International Association assessed the English platform, yet their results are reported in the German country column. In Finland and Hungary, the evaluation focused on the English platform.
[2] In Germany, the students were not asked this question.

Module 5 was regarded as "very good" by most survey participants (Table 15). Again, some Finnish social sector experts were critical about the content of module 5 of the English platform.

Table 15: Module 5: Risk Assessment and Safety Planning.[1]

Statements	Average score		
	FIN	GER	AUT
The content of the Module 5 was comprehensive and accurate.			
Police students	4.7		
Medical students[2]			
Police FLRs			4.0
Police experts	5.0	5.0	5.0
Social sector experts	<u>3.5</u>	5.0	5.0
Health sector experts		5.0	
The training material of the Module 5 improved my understanding of why risk assessment is an important procedure in detecting and preventing of domestic violence.			
Police students	4.4		
Medical students		4.5	
Police FLRs			4.0
Police experts	4.0	5.0	5.0
Social sector experts	4.5	5.0	5.0
Health sector experts		5.0	

[1] In Austria and Germany the German version of the platform was evaluated, except the experts recruited by the Medical Women's International Association assessed the English platform, yet their results are reported in the German country column. In Finland and Hungary, the evaluation focused on the English platform.
[2] In Germany, the students were not asked this question.

Module 6 was regarded as "good" by most participants (Table 16). A few Finnish police students were somewhat critical about the content of Module 6 of the English platform. In addition, one German social sector expert was critical about Module 6 of the German platform. An Austrian expert from the social sector noted that some important details were missing in the German platform, such as data protection and the varying mandates of the organisations in Austria. Some evaluators suggested that the texts of the module could be shorter, clearer and a content-based structure could make it easier to follow.

Table 16: Module 6: International Standards and legal frameworks in Europe.[1]

Statements	Average score		
	FIN	GER	AUT
The content of the Module 6 was comprehensive and accurate.			
Police students	3.7		
Medical students[2]			
Police FLRs			5.0
Police experts	5.0	5.0	4.0
Social sector experts & FLRs	4.0	3.0	4.0
Health sector experts		4.0	
The training material of the Module 6 improved my understanding of legal frameworks and international standards relating to key issues for responding to domestic violence.			
Police students	4.0		
Medical students		4.6	
Police FLRs			4.0
Police experts	5.0	5.0	
Social sector experts & FLRs	4.0	3.0	4.0
Health sector experts		4.0	

[1] In Austria and Germany the German version of the platform was evaluated, except the experts recruited by the Medical Women's International Association assessed the English platform, yet their results are reported in the German country column. In Finland and Hungary, the evaluation focused on the English platform.
[2] In Germany, the students were not asked this question.

Most participants to the evaluation survey regarded Module 7 good (Table 17). However, there were sporadic critical views: a German social sector expert was critical about the content of the module and its capacity to improve the understanding of multi-professional cooperation. An Austrian social sector FLR also suspected the module is not able to improve students' comprehension about multi-professional cooperation.

Table 17: Module 7: Principles of Inter-organisational Cooperation and Risk Assessment in cases of Domestic Violence in multi-professional teams.[1]

Statements	Average score		
	FIN	GER	AUT
The content of the Module 7 was comprehensive and accurate.			
Police students	4.5		
Medical students[2]			
Police FLRs			4.0
Police experts	5.0	5.0	5.0
Social sector experts & FLRs	4.5	3.0	5.0
Health sector experts		5.0	
The training material of the Module 7 improved my understanding of the principles of multi-professional cooperation in detecting and preventing of domestic violence.			
Police students	4.1		
Medical students		4.5	
Police FLRs			4.0
Police experts	5.0	5.0	4.0
Social sector experts & FLRs	4.5	3.0	3.0
Health sector educators		5.0	

[1] In Austria and Germany the German version of the platform was evaluated, except the experts recruited by the Medical Women's International Association assessed the English platform, yet their results are reported in the German country column. In Finland and Hungary, the evaluation focused on the English platform.
[2] In Germany, the students were not asked this question.

Learning support materials

The IMPRODOVA training platform provides the users with several learning materials and features that are intended to support learning. **Tables between 18 and 21 show that quiz, scenarios, 'ficts and facts' and case studies are regarded either "good" or "very good".**

In Austria, the videos and interviews as well as the quiz and the data and statistics were explicitly described as particularly successful by the frontline responders. The platform has been referred to as 'an added value to bring people and FLR closer to the topic of DV'.

Table 18: Quiz[1]

Statement	Average score		
	FIN	GER	AUT
Quiz supported and facilitated my learning process.			
Police students	4.8		
Medical students		4.3	
Police FLRs			4.0
Police experts	5.0	5.0	
Social sector experts		5.0	
Health sector experts & FLRs		4.0	

[1] In Austria and Germany the German version of the platform was evaluated, except the experts recruited by the Medical Women's International Association assessed the English platform, yet their results are reported in the German country column. In Finland and Hungary, the evaluation focused on the English platform.

Table 19: Scenario based learning[1]

	Average score		
Statement	FIN	GER	AUT
Scenarios supported and facilitated my learning process.			
Police students	4.6		
Medical students		4.6	
Police experts	5.0	5.0	4.7
Social sector experts		5.0	4.5
Health sector experts		5.0	4.0

[1] In Austria and Germany the German version of the platform was evaluated, except the experts recruited by the Medical Women's International Association assessed the English platform, yet their results are reported in the German country column. In Finland and Hungary, the evaluation focused on the English platform.

Table 20: Ficts and facts.

	Average score		
Statement	FIN	GER	AUT
Ficts and facts supported and facilitated my learning process.			
Police students	4.5		
Medical students		4.0	
Police FLRs			4.4
Police experts	5.0		4.0

Table 21: Case studies.[1]

Statement	Average score		
	FIN	GER	AUT
Case studies supported and facilitated my learning process.			
Police students	4.4		
Medical students		5.0	
Police FLRs			5.0
Police experts	4.0		4.7
Social sector experts			4.5
Health sector experts		5.0	4.0

[1] In Austria and Germany the German version of the platform was evaluated, except the experts recruited by the Medical Women's International Association assessed the English platform, yet their results are reported in the German country column. In Finland and Hungary, the evaluation focused on the English platform.

2.4 Evaluation of change in competencies

The results of the pre- and post-survey of medical students in Munster (WWU), Germany, and police students in Tampere (POLAMK), Finland, indicated that the IMPRODOVA training platform and its material improved students' self-assessed attitudes towards various aspects of the prevention and detection of domestic violence.

Table 22: Attitudes towards the prevention and detection of domestic violence. Average scores before and after studying IMPRODOVA training. In Finland 11 police students, and in Germany 16 medical students in pre-training and 15 in post-training survey.

Statements	Country	Average score	
		before	after
I regard the detection and prevention of domestic violence as among the more important tasks in my work.	FIN	4.3	4.2
	GER	4.6	4.9
I am strongly motivated to work with the victims of domestic violence.	FIN	4.0	4.5
	GER	4.7	4.9
I think that domestic violence is essentially a violation of human rights.	FIN	4.5	4.8
	GER	4.9	5.0
Domestic violence renders the victim powerless and often incapable for seeking and receiving help.	FIN	4.6	4.7
	GER	4.8	4.9
It is difficult for me to understand why the victim remains in a violent relationship.[1]	FIN	<u>3.3</u>	<u>3.8</u>
	GER	<u>3.2</u>	<u>3.4</u>
It is important to continue helping the victim even if he or she remains in a violent relationship.	FIN	4.5	4.8
	GER	4.9	4.7
It is difficult for me to ask clients about domestic violence.[1]	FIN	<u>3.9</u>	4.6
	GER	<u>2.6</u>	<u>3.9</u>
Average score	FIN	4.1	4.5
	GER	4.2	4.5

[1] Original scales reversed

On average, attitudes improved by 0.4 points among the Finnish police students and by 0.3 points among the German medical students (Table 22). Both groups of students regarded their attitudes relative good already before taking the IMPRODOVA training. However, two items that measure perhaps competencies rather than attitudes strike out. For both student groups it was difficult to understand why the victims stay in a violent relationship. For the Finnish police students the increase was from 3.3 to 3.8 and for German medical students from 3.2 to 3.4. It was hard for German medical students to ask patients about domestic

violence, but after taking the IMPRODOVA training course this improved from 2.6 to 3.9. For the Finnish police students the ability to ask the clients about DV increased from 3.9 to 4.6.

The results of the pre- and post-survey of police students at the POLAMK in Finland also indicated that training platform and material had a positive impact on students' competencies measured as consisting on interests (motivation), knowledge and skills. However, one should keep in mind that the measure of progress in competence was not based on an objective examination, but was a self-assessment by the students.

Students' interests (motivation) for preventing DV was already high before the training course (Table 23). After the training course, the motivation stayed at the same level. A small decrease of 0.1 points was observed among the Finnish police students in their interests in risk assessment tools. The German medical students felt most interests in this same topic.

Table 23: Motivation for preventing domestic violence. Average scores before and after IMPRODOVA training (*n* = 11). In Finland 11 police students and in Germany 16 medical students in pre-training survey and 15 in post-training survey.

To what extent do you agree or disagree with the following statements?	Country	Average score	
		before	after
I am interested in the various forms and manifestations of domestic violence.	FIN	4.3	4.3
	GER	4.3	4.5
I am interested in the laws and instructions regulating my work against domestic violence.	FIN	4.2	4.5
	GER	4.1	4.3
I am interested in the risk assessment tools of domestic violence.	FIN	4.5	4.4
	GER	4.8	4.9
I am interested in how to collaborate with the other frontline responders to prevent domestic violence.	FIN	4.4	4.4
	GER	4.6	4.7
Average score	FIN	4.4	4.3
	GER	4.5	4.6

Table 24 shows students' assessment of their knowledge about various aspects of DV prevention. Before the training course, students judged on average that their knowledge is rather tenuous. However, the post-training survey indicated a clear increase in students' knowledge. On average, the knowledge of Finnish police students increased by 0.7 points from 3.2 to 3.9, whereas the increase for German medical students outstandingly by 2.1 points from 2.3 to 4.4. The highest increase for both students groups were in their knowledge of risk assessment tools.

Table 24: Knowledge for preventing domestic violence. Average scores before and after IMPRODOVA training. In Finland 11 police students and in Germany 16 medical students in pre-training survey and 15 in post-training survey.

To what extent do you agree or disagree with the following statements?	Country	Average score	
		before	after
I am aware of the different forms and manifestations of domestic violence.	FIN	3.6	4.4
	GER	2.6	4.6
I know the relevant laws and instructions regulating my work against domestic violence.	FIN	3.1	4.0
	GER	2.1	4.2
I know the tools to assess risks related to domestic violence.	FIN	2.7	3.8
	GER	2.3	4.7
I know how to collaborate with other frontline responders to prevent domestic violence.	FIN	3.2	3.5
	GER	2.3	4.1
Average score	FIN	3.2	3.9
	GER	2.3	4.4

Table 25 shows students' self-assessment of their skills to prevent DV before and after they had studied through the IMPORODOVA training material.

Even though, the IMPRODOVA training did not contain any practical exercises, students felt that their skills had improved after the training. For example, the students assessed that their "skills to detect different forms and manifestations of domestic violence" increased after taking IMPRODOVA training course. Similarly, the "skills to use tools for risk assessment of domestic violence" and the "skills to cooperate and apply laws and instructions" increased too. The overall average score for skills improvement for the Finnish police students was 1.2 points from 2.6 to 3.8. For the German medical students the overall average score increased by 1.4 points from 2.6 to 4.0.

Table 25: Skills for preventing domestic violence. Average score before and after IMPRODOVA training. In Finland 11 police students and in Germany 16 medical students in pre-training survey and 15 in post-training survey.

To what extent do you agree or disagree with the following statements?	Country	Average score	
		before	after
I have skills to detect different forms and manifestations of domestic violence.	FIN	2.5	4.0
	GER	3.3	4.1
I have skills to apply laws and instructions related to my work against domestic violence	FIN	2.7	3.7
	GER	2.0	3.7
I have skills to use tools for risk assessment of domestic violence.	FIN	2.6	3.8
	GER	2.5	4.3
I have skills to cooperate with other frontline responders to prevent domestic violence.	FIN	2.7	3.7
	GER	2.7	3.9
Average score	FIN	2.6	3.8
	GER	2.6	4.0

Based on the results obtained in pre- and post-training surveys it can concluded that students felt that the IMPRODOVA training improved their competencies and attitudes in relation to the prevention and detection of domestic violence. They regard they have more competencies, for instance, to identify various forms of DV, use tools for risk assessment, understand rules and regulation and cooperate with other frontline responders.

2.5 Limitations of the evaluation

This evaluation study has certain limitations. The main limitation is a rather low number of evaluators in certain groups. For example, the assessment provided by the social sector students was limited to two persons. In addition, the IMPRODOVA training platform and material had three versions: the original English language platform, the adapted German language platform and the French handbook that also contained material from the Risk Assessment Integration Module (RAIMO) produced in WP3 Task 3.3.The German country report also contained assessment of the English language platform made by the experts from the Medical Women's International Association, but their responses were presented in the German country column for experts. **Therefore, conclusions that are more reliable can be drawn for the expert groups from the police and student groups from the police and medical sector**.

The low number of evaluators can be explained by the COVID-19 pandemic and its restrictions, which required the adjustment of the data collection methods. The evaluation was conducted by using mixed methods and by including experts on domestic violence with less participants than was originally planned. Yet, the experts who reviewed the material have a long and versatile experience in teaching and/or researching of domestic violence. Moreover, the experts have also been practitioners dealing with the prevention of domestic violence in their previous work. Differences in sample selection and data collection procedures, survey and interviews, varying training procedures, limited number of participants and possible misinterpretation of some questionnaire statements may, therefore, influence the validity and reliability of the study.

However, despite all the potential shortcomings of the evaluation, the findings from all localities seem to be coherent and point to the same direction. There are no strong outliers, which indicates that the evaluation was valid. The results show on average that the IMPRODOVA training platform and its material were perceived positively, providing the students and the professionals with high-quality training materials. We also received valuable feedback to improve the platform further, which was the main goal of the evaluation.

3. RECOMMENDATIONS

Based on the participants' feedback in open-ended questions, this chapter presents suggestions and recommendations for the development of the IMPRODOVA training platform and its materials further. Detailed information regarding feedback and suggestions for improvements are described in the country reports that are delivered to WWU. We only present here the clustered recommendations feedback by most evaluators. Suggestions that are more detailed can be found in country reports.

The feedback could be clustered into three areas:
  1) Structure and usability
  2) Adaptation to the national and local context
  3) Suggestions for additional content

1) Structure and usability

The majority of the evaluators considered the IMPRODOVA training platform and its material as clearly structured. However, some experts recommend shortening certain modules. In addition, dividing information to shorter sections, visualizations and summations of the main points may help the users find respective content, e.g. including more images into the training platform could highlight important issues. In addition, it was recommended to facilitate finding contents on the website by using a search engine on the webpage.

2) Adaptation to the national and local context

The study showed that there is strong need for national versions of the international training platform. Many suggestions for improvement touched the lack of national context of the provided information. Firstly, due the differences in legislation and practises in Europe, some guidelines in the training material cannot be used across Europe without an adaptation to national conditions. Secondly, since the procedures vary from country to country, too universal descriptions may be misleading. This is certainly a disadvantage of presenting a European platform. However, it is not possible to adapt the material, especially the guidelines and procedures that are prescribed by legislation, regulations and instructions, to national and local contexts of the training material. Therefore, it is recommended to draft national versions of the training platform. The German version of the training platform was drafted as pilot how local adaption could be put into reality and was evaluated too.

In the European platform, it should be clearer in the introduction to the modules dealing with guidelines that they will not present a comprehensive presentation and local adaptions are not within the scope of this platform giving a more general overview.

3) Suggestions for additional content

Some evaluators suggested adding some supplementary content. In particular, the position of **immigrant women** and **LGBTQ persons** as victims of domestic violence were mentioned. In addition, more detailed information about **coercive control, internet abuse and cyber stalking** as forms of violence were requested.

There were several suggestions for adding some more content that would describe the positions of **children** as victims and witnesses of domestic violence. It was also stated that it would be also good to talk about adolescents and school pupils who were missing in the material.

Evaluators suggested that the links to facilities and organizations supporting perpetrators would be useful for frontline responders as well as information about **perpetrator programmes**.

In France, the target of evaluation was the French handbook based on the IMPRODOVA training platform and materials and the Risk Assessment Integration Module. The French experts suggested more information about the aggressor's strategies towards the victim and further explanation of how to distinguish between interpersonal conflict, physical violence and coercive control.

The training platform could be improved by expanding the teaching tools (e.g. more quizzes, case studies on specific topics, etc.). Some participants wished to have more videos in the material explaining what is practically feasible in different situations. Others wanted to include more young people in videoed interviews too. Police students wanted more ficts and facts, but some ficts should be less obvious.

Regarding domestic violence risk assessment, it was stated that the risks for post-natal women should be sufficiently addressed in the training material and a more detailed description of risk assessment was considered necessary.

The police experts noted that the issue of malicious accusations of the partner committing domestic violence in the context of a conflict between two partners is not addressed. Detecting this type of behaviour was considered as an important aspect of the investigations.

The majority of the participants regarded the training platform and the modules good or even very good. The suggestions for improvement are recommendable to take into account especially e.g. when developing national versions of the platform.