

MIND THE GAP!

**VERBESSERTE
INTERVENTIONEN
BEI PARTNERGEWALT
GEGEN
ÄLTERE FRAUEN**

Summary of the Austrian case file analysis

Helga Amesberger and Birgitt Haller

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MIND THE GAP!

Improving interventions in intimate partner violence against older women

Country report Austria:

Quantitative and qualitative analysis of police case files

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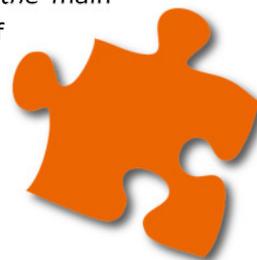


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1. Introduction

„Mind the Gap!“ is based on insights of the research programme “Intimate Partner Violence against Older Women” which showed that only a small part of older women affected by violence will seek help with the police or other institutions.¹ One of the main reasons for this is that older women have less information on offers of support than younger ones. Furthermore, there is little awareness – according to the previous study – in support organisations and prosecution services or the broader public that older women, too, may be victims of intimate partner violence. This project therefore aimed to improve the interventions of law enforcement and social institutions in intimate partner violence against older women.



In order to achieve this, we performed a quantitative analysis of police case files on restraining orders and dispute settlements (see chapter 3) in a first step. On the basis of a survey procedure that the research consortium developed, police case files were evaluated regarding the characteristics of victims and perpetrators, the characteristics of the incident and the action taken by the police or prosecution services.

In a second step, based on this quantitative analysis and the case summaries, we developed case types (see chapter 4). In doing this, we mainly focused on police action and the victims’ behaviour. This qualitative evaluation of the police case files aimed to identify specific problem constellations in police interventions.

The results of the file analysis finally were the basis for an information brochure for police practice and a training module on intimate partner violence against older women developed in the project.²

2. Sample description

The present report deals with acts of violence which were perpetrated against women aged 60 years and over as an intimate partner offence in the period between July 2008 and June 2011. The perpetrators were current or previous husbands or intimate partners. Altogether, there are 82 incidents documented by the police, with 73 women affected because some men stood out as multiple offenders.

¹ Cf www.ipvow.org. Seven research institutions from six countries were involved in the previous as well as this project. Besides the Institute of Conflict Research, these are Zoom – Society for Prospective Developments and the German Police University, the University of Białystok in Poland, the Hungarian Academy of Sciences, the University of East Anglia in Norwich, UK and the Institute CESIS in Portugal.

² Both materials are available for download at www.ikf.ac.at/projekte.htm (Security Research/ Violence Research).

The majority of police case files originated in Lower Austria (29) and Vienna (26). From Styria, we studied eleven cases, from Upper Austria eight, from the Tyrol seven and from Burgenland we included one case into our study. With the exception of Burgenland, where only two districts were included in the study, in all other federal states, we analysed all files on restraining orders and dispute settlements in cases of intimate partner violence against women aged 60 years and over in four districts each. In most cases, only those reports were available that were also sent to the violence protection centres. These contain basic information on the victim and the perpetrator as well as incident-related data; however, they do not give detailed insights into the history of the relationship and the violence, the behaviour of victim and perpetrator and further police and prosecution action. In dispute settlements, the intervening officers usually only wrote a short note which only gives information on what happened in the incident and rudimentary data on the victim and the perpetrator.

For methodical reasons, we were not able to pursue the incidents recorded by the police at court or state prosecution services, or at intervention centres.

3. Results of the quantitative analysis

3.1 Victim-related data and characteristics

At the time of the assault reported during the studied period, significantly more than half of all women were aged between 60 and 69 years. A quarter was between 70 and 79 years old, and about one in seven victims was aged between 80 and 89 years. With two of the 73 women, there was no note made of the age, however, based on the length of their marriages we may surmise that they were more than 60 years old, too, and may be included in this report.

Women between 60 and 69 years make up 41.2 per cent of the Austrian female residential population over 60, 37.8 per cent are part of the female age cohort between 70 and 79, and 21 per cent of the cohort 80+.³ In our sample, all three age groups are represented (table 1), including the oldest. We need to keep in mind that women are more likely to live by themselves the older they are because of their higher life expectancy.

Table 1
Age of the victim at the time of the latest incident

| Age | Frequency | Valid percentage |
|-------|-----------|------------------|
| 60-69 | 43 | 60.6 |
| 70-79 | 19 | 26.8 |
| 80-89 | 9 | 12.7 |
| n/a | 2 | |

³ Our own calculation according to Statistik Austria (2012): Statistisches Jahrbuch Österreichs 2013, p. 47, table 2.10 (population 2001 according to age groups, marital status and sex)

| | | |
|-------|----|-----|
| Total | 73 | 100 |
|-------|----|-----|

Regarding the regional background of the victims, our sample comprises women from urban (56 per cent) as well as rural regions (44 per cent). Women with a migratory background are represented at a proportion of 11 per cent.⁴ Six of those eight women had a permanent residence permit – one of the main problems of female migrants, their precarious residence status, does not play a role for older women who have lived in Austria for many years. (With four of the 73 victims of violence it is unclear whether there is a migratory background, as the files contained neither details on their nationality nor indications of a possible migration.)

A relationship of care between victim and perpetrator existed in 12 per cent of the relationships. Thus, in five cases, the victim nursed the perpetrator and in four cases, the perpetrator nursed the victim. Only one of the victims was nursed by an outside person/ a nursing institution. However, such information is rarely available to the intervening officers, or rather it is likely that they do not ask specific questions about it, which may mean that relationships of care were more often the case.

Besides a need for care, the woman's illness and addiction (to alcohol and drugs) may be amongst the factors leading to her dependency on the perpetrator and complicating a separation. The data show that four women suffered from a 'chronic physical illness', three from a 'physical handicap' and five were affected by a 'mental illness'. The files contain no indications of dementia or alcohol or drug addiction amongst the victims.

Another cause of dependency is the economical status of the victim of violence. When we examined the financial situation of the women, 56 per cent of them were not gainfully employed at the time of the incident. (This, however, does not allow for any conclusions about possible retirement and a possible income from a pension). About the remaining 44 per cent, the files do not allow for any statement on this factor. While we know about 21 women (29 per cent) that they draw a pension, we do not know its size. Further information on income from pensions, possibly claimed social benefits or other financial independence of the women are lacking. In spite of the meagre records, we may suspect that the number of women who are economically dependant on their husbands – two thirds of the women are married and live with their husbands – is high.

Table 2 shows that a majority of the victims lived in an existing relationship with the endangering individual⁵ (89.1 per cent), nearly all of them (90.8 per cent) lived with their violent husband or intimate partner in the same household. Only 7 per cent experienced violence at the hands of a partner in a past relationship.

⁴ We describe individuals with a migratory background as individuals who were born abroad, or have a non-Austrian nationality, or when some other indicator in the files indicates a migratory background.

⁵ The Austrian Law on the Protection against Violence refers to the endangered individual and the endangering individual.

Table 2
Victim's relationship to the perpetrator

| Nature of the relationship | Frequency | Percentage |
|--|-----------|------------|
| Husband, cohabitation | 48 | 65.8 |
| Intimate partner, cohabitation | 11 | 15.1 |
| Intimate partner, no cohabitation | 6 | 8.2 |
| Husband, divorced/ separated, no cohabitation | 4 | 5.5 |
| Intimate partners from past relationship | 1 | 1.4 |
| Other | 2 | 2.7 |
| N/a | 1 | 1.4 |
| Total | 73 | 100 |

22 per cent of the women had the intention of separating from the endangering individual at the time of the last violent incident, as opposed to 32 per cent who did not wish for a separation. Of the remaining 33 women (46 per cent), pertinent statements are missing. The police case files also do not give any data on past de facto or planned separations from the current partner for three quarters of the victims. Of the remaining women, more than two thirds stated that they had planned a separation in the past or had effectively separated.

The following table shows the duration of the couples' marriage or relationship. Here, too, data were only available for a good third of the victims of violence. Therefore, the analysis does not refer to the entire group only, but additionally to those 27 women of whom we have relevant statements: More than a quarter each of them had (had) a relationship with the perpetrator for 10 to 20 years or 40 to 59 years accordingly. With about one in ten women, the relationship had existed for less than ten years (only), and also about one out of ten women lived in a relationship that had lasted for more than 59 years.

Table 3
Duration of marriage or relationship

| Years | Frequency | Percentage | Valid percentage |
|-------|-----------|------------|------------------|
| < 10 | 3 | 4.1 | 11.1 |
| 10-29 | 7 | 9.6 | 26.0 |
| 30-39 | 6 | 8.2 | 22.2 |
| 40-59 | 8 | 11.0 | 26.6 |
| > 59 | 3 | 4.1 | 11.1 |
| N/a | 46 | 63.0 | |
| Total | 73 | 100 | 100 |

In nine cases, one to three (grand-)children lived in one household with the victim (and perpetrator) of violence. The youngest had just been born at the time of the violent incident, the oldest was 20 years old.

Because of a lack of relevant information in the files, the support of victims by social institutions is unclear. Thus, we know of only one victim of violence that she enlisted the

support of an intervention centre or a violence protection centre. We also have notes on three other women: One lived in a seniors' residential home, one had been furnished with a guardian, and the third received psychotherapeutic care.

On the use of medical services, too, there is hardly any data: There is verified data that three of 73 women were under permanent medical supervision.

3.2 Perpetrator-related data and characteristics

Just as with the victims of violence, we took the latest incident as our point of reference with the endangering individuals.

The ages of the perpetrators were between 40 and 90 years – this means that a good number of victims was in a relationship with a (sometimes significantly) younger partner. Table 4 shows that about a fifth was younger than 60 years, and about a third between 60 and 69 years old. More than a quarter was aged between 70 and 79 years, 11 per cent over eighty and one perpetrator was 90 years old.



Table 4
Perpetrator's age at the time of the latest incident

| Age | Frequency | Percentage |
|-------|-----------|------------|
| 40-49 | 3 | 4.1 |
| 50-59 | 12 | 16.4 |
| 60-69 | 25 | 34.2 |
| 70-79 | 20 | 27.4 |
| 80-89 | 8 | 11.0 |
| 90 | 1 | 1.4 |
| N/a | 4 | 5.5 |
| Total | 73 | 100 |

With 17 per cent of the women, the police protocol notes at which age their (ex-)partner first became violent towards them.

Table 5
Perpetrator's age at the time of the first incident (according to victim)

| Age | Frequency | Percentage | Valid Percentage |
|-------|-----------|------------|------------------|
| 20-29 | 3 | 4.1 | 17.6 |
| 30-39 | 1 | 1.4 | 5.9 |
| 40-49 | 2 | 2.7 | 11.8 |
| 50-59 | 1 | 1.4 | 5.9 |
| 60-69 | 5 | 6.8 | 29.4 |
| 70-79 | 3 | 4.1 | 17.6 |
| 80-89 | 2 | 2.7 | 11.8 |
| N/a | 56 | 76.7 | |
| Total | 73 | 100 | 100 |

Taking a closer look at those cases, we see that between the first and the recent reported violent incident, there are time intervals from a few months up to 50 years, during which the victims suffered from the violence of their (former) partners. What is striking is the high percentage of 60 to 69 year-old first offenders, which might be an effect – with all due caution because of the low case numbers – of the complex of retirement/ loss of self-worth/ tendency toward violence.⁶

In the previous project IPVoW we already clearly saw the difficulties in ascertaining whether intimate partner violence has a tendency to manifest itself at a higher age only (like e.g. in connection with retirement), or whether relationships are marked by violence from an early stage, which then becomes firmly established. In the victims' interviews we conducted, the latter was the case. Experts support one of both points of view. The police case files we analysed unfortunately do not provide sufficient information in order to answer this question.

Also data on the history of violence of the perpetrators are partly indicative of long-term relationships of violence. As table 6 clearly shows, 80 per cent of the men had already been violent in the past – on this question, there is comparatively ample information, but at the same time, the answers do not only refer to violence against their wife/ intimate partner, but also against other individuals, and the time period was not limited. The acts referred to are not necessarily offences reported to the police, but statements of the victim or the perpetrator during police questioning on the occasion of the latest violent act.

Table 6
Perpetrator's history of violence

| | Frequency | Percentage | Valid percentage |
|-------|-----------|------------|------------------|
| Yes | 44 | 60.3 | 80.0 |
| No | 11 | 15.1 | 20.0 |
| N/a | 18 | 24.7 | |
| Total | 73 | 100 | 100 |

⁶ Cf. Amesberger & Haller, 2010, p. 97f.

In the case of previous acts of violence, the police reaction to the latest incident was more consistently either a restraining order or dispute settlement.

Table 7
Classification of interventions with perpetrator's previous history of violence

| Perpetrator's history of violence | Dispute settlement | Restraining order |
|-----------------------------------|--------------------|-------------------|
| Yes | 20.0 | 35.5 |
| No | 80.0 | 34.5 |
| Total | 100.0 | 100.0 |

In order to test the popular assumption that the violence of men decreases with age because of physical limitations, we surveyed the relation between dispute settlements and interventions according to the Law on the Protection against Violence for three age groups (below 60/60 to 75/over 75 years).

Table 8
Classification of interventions

| | Perpetrator's age | | |
|--------------------|-------------------|------------|-----------|
| | < 60 | 60-75 | > 75 |
| Restraining order | 14 (93.3%) | 37 (80.4%) | 7 (53.8%) |
| Dispute settlement | 1 (6.7%) | 9 (19.6%) | 6 (46.2%) |

Because of the low number of cases, the meaning of our data may not be overestimated. However, it is shown that in all three age groups, restraining orders outweighed dispute settlements, although the frequency of the use of both forms of intervention came close to one another. At the same time, we have to point out the lack of unambiguity: This result may be based on the fact that the executive will issue fewer restraining orders the older a perpetrator is. They are not, however, evidence for age-related changes in violent behaviour.

Information on criminal convictions are only available in exceptional cases, namely for nine of the 73 perpetrators. One man had been sentenced to four months prison because of his violence in a past relationship. With eight men, the files contain information on their not having a criminal record.

Regarding the perpetrator's background, eight men (11 per cent) had a migratory background⁷; all had a permanent residence permit. In another three men, a possible migratory status remained unclear, as the files contained no information on either the nationality or indications of possible migration.

As we already mentioned in section 2, in 12 per cent of the relationships there is a care relationship between the victim and the perpetrator. Thus, in four cases, the perpetrator

⁷ See footnote 4

nursed the victim, in five case the victim nursed the perpetrator. We know of two men that they enlisted the services of an outside individual/ institution. Possibly, not all care relationships were recorded here (as with the victims, too): on the one hand because this (depending on the extent of care needs) is not necessarily addressed in the course of a police intervention, on the other hand, because some victims and/or the perpetrator may try to avoid the subject because of feelings of shame.

In trying to assess health situation as well as addictive behaviour of the men, it is apparent that the files only give limited information on it. Most information is available on physical impairments, dementia and alcohol addiction, as these “illnesses” are most likely to be discussed by the perpetrator or the victim during questioning, or are directly discernible by the police officers. Thus we know that twelve men suffered from a chronic physical illness and four from a mental impairment. Also, six violent perpetrators were affected by a physical disability and three by dementia. In those files which discuss alcohol or drug addictions, a long-term addiction problem was established for nearly 75 per cent of the men (although hardly verified). According to the files, there is a tendency that perpetrators are “sicker” than the victims.

Table 9
Alcohol and/or drug addiction

| | Frequency | Percentage | Valid percentage |
|-------|-----------|------------|------------------|
| Yes | 25 | 34.2 | 73.5 |
| No | 9 | 12.3 | 26.5 |
| N/a | 39 | 53.5 | |
| Total | 73 | 100 | 100 |

The economic situation mirrors traditional gender role-dependant divisions of labour. While only 29 per cent of women received a pension, the percentage of men is 47 per cent. Only five men were gainfully employed, of 45 more we know that they were “no longer employed”, from which we may infer retirement. However, here, too, the majority of files lack information on employment, social benefits and financial dependency of the perpetrator from the victim, which makes precise statements and thus also a comparison between men and women impossible.

3.3 Incident-related characteristics

We included 82 cases of intimate partner violence into our analysis, which were perpetrated by 73 men. In 60 of these 82 incidents, it was the first recorded incident. This means that any previous violent incidents had either not been reported or the files contained no reference to previous police interventions. In 19 files, however, there were references to previous police interventions because of domestic violence. In three files, relevant information is completely lacking.

In 94 per cent of the incidents, the violence was unilaterally perpetrated by the man, in six per cent of the cases, there was reciprocal use of violence. Here, again, in only three files

the answer to this question is missing – which means that the marginal share of reciprocal use of violence is empirically verified.

The following table gives an overview of how often (in absolute numbers) in the 73 cases (“latest incident”) or in all 82 cases (“all incidents”) which forms of violence were practised, as well as the percentage of victims affected by each form of violence.

Table 10
Forms of violence (multiple references possible)

| | Latest incident n=73 | | All incidents n=82 | |
|--|----------------------|-------|--------------------|-------|
| Emotional, verbal and psychological violence | 52 | 71.2% | 45 | 54.9% |
| Physical violence | 50 | 68.5% | 41 | 50.0% |
| Extreme control | 13 | 17.8% | 10 | 12.2% |
| Other forms of violence | 10 | 13.7% | 6 | 7.3% |
| Intentional neglect | 4 | 5.8% | 1 | 1.2% |
| Stalking | 3 | 4.1% | 2 | 2.4% |
| Financial and exploitative violence | 2 | 2.7% | 5 | 6.1% |
| Sexual harassment | 2 | 2.2% | 5 | 6.1% |
| Sexual violence | 1 | 1.4% | 2 | 2.4% |

In the latest documented assault, emotional, verbal and psychological violence was slightly predominant over physical forms of violence: Roughly seven out of ten women affected by violence were confronted with each of them. In addition, more than one in six women experienced extreme control.

When we examine all documented incidents, those three forms of violence are also the most prevalent, even though their percentage in total is significantly lower. What is however striking (in spite of the low number of cases) is the more frequent mention of financial violence as well as sexual harassment and sexual violence. ‘Other forms of violence’ were e.g. ‘wilful damage of objects’ or ‘signs of financial violence, but without detailed information’.

Table 11
Forms of violence by age (multiple references possible)

| Age | Physical violence | Psychological violence | Individuals |
|-------|-------------------|------------------------|-------------|
| < 60 | 8 (53.4%) | 8 (53.4%) | 15 |
| 60-70 | 24 (70.6%) | 25 (73.5%) | 34 |
| 71-80 | 13 (61.9%) | 17 (81.0%) | 21 |
| > 80 | 6 (66.7%) | 6 (66.7%) | 9 |

When we relate the age of the perpetrator to the form of violence used by him, there is no clear correlation – and amongst experts, there is no consensus either on whether violent

perpetrators will tend to use psychological rather than physical violence at a more advanced age. The development with under 60 year-olds and 60 to 70 year-olds on the one hand and the group '71 to 80 years' seems to confirm this assumption at first glance, but with the over 80 year-olds, both forms of violence occur to the same extent. The small case numbers qualify the significance of this observation. The question, however, is still of interest. What is striking, however, is that even very old women who are more than 80 years of age, still are exposed to violence from their intimate partner.

Physical violence occurred mostly in the form of beating, kicking, pushing, strangulation, burns and rape. In 18 of the 82 acts of violence, objects like kitchen knives, walking sticks, axes, pillows, pans, ladles or a glass table were used. At the occasion of 26 police interventions, minor injuries were found in the victim, in six cases there were moderate or serious injuries. In total, four out of ten women had been injured.

A third of all victims reported threats of physical violence by the perpetrator; in one quarter of all cases there were murder threats. A fifth of the women were threatened with a weapon, and nearly one in ten victims mentioned an attempt at strangulation.

11 per cent of the perpetrators also owned a weapon.

Especially murder threats emphasized with a weapon are indicative of "high risk" cases with a high risk for the women of experiencing serious to lethal physical violence by her (ex-) partner.

Apart from violence, nearly a quarter of all 73 women complained about her partner's control and power behaviour. This took different forms: suppression in daily life, aggressive jealousy, possessive behaviour of the man or stalking by an ex-partner.

Indications of alcohol abuse by the perpetrator can be found in nearly one out of two police case files. According to these files, significantly more than half (55.6 per cent) were under the influence of alcohol at the time of the violence. Significantly more often (in about 80 per cent of the cases), information on a possible alcoholization of the victim was recorded, who for their part had been drinking considerably less often than the men (9.1 per cent).

In the majority – three quarters – of all cases, the shared apartment of the couple was the scene of the assaults, clearly less often the victim's apartment (about 17 per cent). Violence thus nearly exclusively takes place in the victim's home. About eight per cent of the violent acts were perpetrated in (semi-)public places like e.g. the stairwell of an apartment building, a taxi or a pub.

In 31.7 per cent of the documented acts of violence, there were ear or eye witnesses like (joint) children, other members of the family, friends or neighbours. In about a quarter of the cases, first contact with the police was made by the groups just mentioned: This is probably an indication that the social environment often has known about the violence in the relationship for some time.

About one victim out of two contacted the police herself. We would like to note that regarding the behaviour of seeking help with the police, available data show no differentiation between victims by age (younger/older aged) or regional background (city/rural area).

Table 12
First contact with police by

| | Frequency | Percentage | Valid percentage |
|-----------------|-----------|------------|------------------|
| Victim | 41 | 50.0 | 56.2 |
| Family member | 10 | 12.2 | 13.7 |
| Hospital/doctor | 7 | 8.5 | 9.6 |
| Neighbour | 6 | 7.3 | 8.2 |
| Friend | 3 | 3.7 | 4.1 |
| Others | 3 | 3.7 | 4.1 |
| Perpetrator | 2 | 2.4 | 2.7 |
| Nursing service | 1 | 1.2 | 1.4 |
| Unknown | 9 | 11.0 | |
| Total | 82 | 100 | 100 |

In half the couples, at the time of the violence, outsiders or institutions knew of the violence of the (ex-)partner. Besides family members (in 29 cases) neighbours (6) and friends (6), these were in the cases of four women a violence protection centre/ an intervention centre. Existing counselling by a violence protection centre implies that the police had already intervened before and forwarded the incident to the institutions; and thus they were cases of repeated violent assaults. (In section 2, we already pointed out that one single woman stated during police questioning that she actually was being counselled by a victim protection institution.)

In addition, in one case each, a women’s shelter and the guardian of the concerned woman had information about the violence in the relationship. Apart from this, the files give no indications of further involvement of other social services – however, this has to be seen in the light of two thirds of the files not addressing this issue at all.

3.4 Further police and prosecution procedures

In the 82 available police case files, 58 cases concerned domestic violence with ensuing restraining order (71 per cent) and 20 cases a dispute settlement (24 per cent); in five per cent of the cases, the only consequence was a criminal charge: three times on suspicion of bodily harm and in one case on suspicion of criminal threatening. These reactions of executive officers do not differ according to the regional background of the couples, thus we were not able to establish a difference between cities and rural areas.

In the course of restraining orders, 33 per cent of the perpetrators were charged with bodily harm, seven per cent were arrested and four per cent admitted to a psychiatric clinic. One restraining order was reversed ex officio in the course of the legally required review the next day. The official held that the necessary conditions for a restraining order did not exist, according to the files and from his personal impression during questioning he suspected “that Mister X does not seem to be dangerous, but that the issue seemed to be about separation”.

According to police case files, three men violated the restraining order issued against them.

In six of the total of twenty dispute settlements, the files contain notes on previous violence by the man (though not distinguishing between violence against an intimate partner or a third party).

Four men stood out as repeat offenders within the three years study period: Against one of them, the police had to intervene four times, against two three times and against one twice (see sequence below). As we shall elaborate in chapter IV, in these cases, either the perpetrator or the victim were mentally or physically impaired, the victims ages at the time of the latest police intervention were between 65 and 82 years, the perpetrators' between 61 and 78 years, and three of the four couples lived in a city.

- Couple 1: June 2010: dispute settlement
 July 2010: dispute settlement
 October 2010: dispute settlement
 December 2010: restraining order
- Couple 2: March 2011: dispute settlement
 March 2011: restraining order
 May 2011: restraining order
- Couple 3: July 2011: dispute settlement
 November 2010: dispute settlement
 November 2010: dispute settlement
- Couple 4: September 2010: criminal charge on suspicion of bodily harm
 October 2010: criminal charge on suspicion of bodily harm

The police questioned 95 per cent of the couples separately.

In nearly three quarters of all interventions (60 cases – 73 per cent), the intervening officers carried out a risk assessment – i.e. not only when restraining orders were issued, but in addition also with two charges on suspicion of bodily harm.

Once, the police had to force entry to the victim's apartment in order to be able to intervene.

Only a fifth of the police case files we were provided with had detailed protocols of the questioning attached, which would allow for more extensive insights into the violent incident and police reactions. Regarding the following information, the files might therefore be incomplete: In the majority of cases (however, according to the files only in 62 per cent of the cases), police provided an information sheet on her rights as a victim to the woman and informed her on possible offers of support (72 per cent). In 18 per cent of the cases, the police called an ambulance.

None of the files contained evidence of the police officers escorting the victim, either to a hospital, a care institution or some other place of refuge.

Concerning the perpetrators, the police officers called a taxi for one, and in another incident, a grown-up daughter was called. The police escorted one aggressor, who had been injured, to a hospital.

During the taking of evidence, the police took photographs of the victim's injuries (in seven cases) or the perpetrator's (in one case), as well as the crime scene (in five cases). One perpetrator was given an alcohol test for evidence (and a value of 1.95 per mill was measured). Also, weapons were confiscated five times.

In three cases, (eye or ear) witnesses were questioned as well as the victim, and in four other cases, the couples' children were questioned as witnesses.

Violence protection centres/ intervention centres (71 per cent), hospitals (13 per cent), family members (12 per cent) and one each the victim's guardian and a counselling centre for victims of violence (one per cent each) were informed of the violence by the police. Social workers who had already been involved in assisting the victim or the perpetrator before the violence, or senior citizens' care institutions were not informed.



Regarding the victims' attitudes towards the criminal persecution of the perpetrator, the available files hardly allow any statement. Thus, there were indications in only a few cases that victims e.g. withdrew their request for an interim injunction, did not produce necessary evidence against the perpetrator or changed their testimony in favour of the perpetrator.

Also, there is very little information in the analysed files on the further course of the case beyond the first police intervention at the scene and the detailed questioning of victim and perpetrator. We only know that six women, six men and the guardian of one victim of violence were questioned on the case again.

In terms of all police questioning (from the first police intervention), the victims were questioned by a female executive officer in 11 per cent of the cases, by a man in 10 per cent of the cases. However, we were not able to establish the officer's sex in the majority of files, as these had been blackened for anonymisation or only the family name had been recorded.

After a restraining order, six women (ten per cent) filed for an interim injunction, which was issued in all cases. One interim injunction was finally lifted at the request of the victim.

For our analysis, we were only able to access police case files, and we were not able to include files of the prosecution services or courts, and therefore we are not able to make any statements on the authorities' steps following police interventions.

4. Typology of cases of intimate partner violence against older women recorded by police

4.1 Methodological approach

For our qualitative analysis of the 82 police case files, we compiled case descriptions, which summarize victim- and perpetrator-specific characteristics as well as information on the sequence of events and the police approach. Based on these, we developed case typologies, which rest on the main characteristics of the relationship between victim and perpetrator. Below, we will elaborate the decisive features and the specific approaches of intervening police officers as well as the victims' behaviour.

Based on the police case files, six case types may be reconstructed:

- Repeated unilateral violence
- Alcohol abuse
- Dementia, mental or physical illness
- Reciprocal violence
- Significantly younger perpetrators
- Repeated police intervention

The table below shows an overview of the incidence of the individual case types, the reporting behaviour of the women, and police measures (restraining order – RO, dispute settlement – DS, criminal charge on suspicion of bodily harm – Charge).

Table 13
Number of cases, reports filed by victims and police measures by case types

| | Number of cases | Reported by victim | Police measure | | |
|---|-----------------|--------------------|----------------|----|--------|
| | | | RO | DS | Charge |
| Repeated violence | 31 | 15 | 30 | 1 | |
| Alcohol abuse | 37 | 17 | 30 | 7 | |
| Dementia, mental or physical impairment | 33 | 18 | 22 | 9 | 2 |
| Reciprocal violence | 5 | 2 | 2 | 1 | 2 |
| Significantly younger perpetrator | 11 | 9 | 9 | 2 | |
| Repeated police intervention | 12 | 9 | 3 | 7 | 2 |



4.2 Repeated unilateral violence

As apparent from chapter 3.2 (table 7), 80 per cent of the men⁸ (in total 44) had already been violent in the past, including all incidents of violence, i.e. also those which are not connected to domestic violence. Amongst them, 70 per cent had used violence against their current or a former partner/wife. Not included in this number are those cases in which the police intervened several times during the study period (in total four couples and 12 incidents). These will be examined separately in chapter 4.7.

4.2.1 Characteristics

The majority of victims had experienced violence at her partner's hands for many years, some during the whole course of their marriage. (Only one in ten couples had been married for less than ten years). Only in seven cases, assaults were a new phenomenon; the victims primarily connected this to a progressing illness (e.g. brain tumour, dementia) or wrong medication. Some women attributed it to personality changes due to long-term alcohol abuse.

Most police case files do not give further details on the intensity of the violence, or on which forms of violence the women had experienced in the past. Where there is pertinent information in the files, it is mainly generalising statements of the victim: "He has always been aggressive" or "When he is drunk, he is always violent" or "He has always been domineering". Occasionally, though, experiences of (long-term) severe physical and sexual violence are related. For illustrative purposes, we would like to give two examples:

One woman was repeatedly raped by her husband over five decades (case 17); however, she only reported this once (in 2000). According to her testimony, her husband was acquitted in court. During questioning, the husband, on the other hand, stated that his wife had withdrawn the charges. All six children had ceased all connections due to their father's aggression; they were afraid for their own families' welfare.

In case 46, the victim told about a total of three serious injuries that her alcohol-addicted partner had inflicted on her during their partnership of 14 years. In the first incident, he broke her arm, in the two following ones he threatened to kill her. The perpetrator was sentenced to prison sentences in 2000 and in 2004; in 2006, the victim did not want criminal persecution.⁹

However, only a minority of the women who experienced repeated violence reported previous assaults. According to the analysed police case files, only one in nine victims living in long-term violent relationships called the police for help, which is evidence for a large number of unreported cases.

⁸ Related to those cases in which such information is available; in one quarter of police case files, there is no data on the perpetrator's history of violence.

⁹ Since July 2006, in cases of criminal threatening no more authorisation by the victim is necessary for criminal persecution.

The police case files do not provide information about what induced the victims, after years of violence, to call the police for help after all. We know from interviews with older women affected by violence that this usually happens for fear for their lives, and/or because of an escalation of the violence.¹⁰ Some women were strangled, one husband tried to burn his wife while she slept, another one threatened his wife with an axe, and yet another perpetrator raped the victim many times. Shame is most often the reason given for having suffered the partner's violence for such a long time without looking for support. Nevertheless – and this is confirmed by police investigations – in most cases, other people knew about these violent relationships. Grown-up children frequently corroborated the victim's statements of having been exposed to violence for years, and often their apartments have served as a refuge. One police case file notes that the police had known about the "marital problems" of the couple for some time; the file does not, however, indicate previous police interventions.

4.2.2 Police measures and victim's behaviour

As chapter 3 shows, in nearly three quarters of all 82 cases we examined a restraining order was issued, in one quarter, a dispute settlement of the dispute was attempted. In those 31 cases in which the victims told of repeated, though not reported violent assaults, with the exception of one case, restraining orders were issued. Obviously, the police does take previous violent incidents into account in its risk analysis, whether or not they were recorded by the police (this is also evident from the justifications for issuing a restraining order). It is the task of the police, too, to inform victims as well as perpetrators about the Law on the Protection against Violence/ their rights and the further procedure. The victims should also be instructed about further protection measures. But it is not the police's task to support the perpetrator in finding shelter. In one case, the intervening officers informed the 85-year-old perpetrator about possible shelters; they justified this with his old age (case 59).

Two police interventions in quick succession in the same household were closed without a restraining order (case 57 and 58), although nine months before, one had been issued to the husband. (According to the files, the victim had asked the husband to return after two days.) The police described the couple's relationship as one characterised by reciprocal violence and in which it was "normal" to settle conflicts on a physical level. Both files record that the intervening officers conferred with the police on-call service. The on-call service is quoted in the file (57): "As both need care and also depend on each other, and this behaviour seems to be part of their everyday lives, and the maliciousness or quarrels and injuries originate from both sides, in this specific case, a restraining order may be dispensed with. However, a criminal charge according to § 83 StGB had to be issued." Both individuals were charged with bodily harm.

Half of the women in this group called the police for help themselves. This is striking given their sometimes very old age. In seven cases, children or other relations informed the police, and in five cases, it was called in by doctors or nurses. Three further police interventions were based on (anonymous) calls from neighbours.

¹⁰ Cf. Amesberger, H. and Haller, B. (2010), *Intimate Partner Violence against older Women*. National Report Austria, pp. 108-123, http://www.ipvow.org/images/ipvow/reports/IPVOW_Austria_English_final.pdf

There is hardly any information on the victim's reactions to police activities. One woman withdrew her request for an interim injunction after a week (case 72). Another file records that the victim did not wish to be contacted by the violence protection centre and that she modified her statement on the sequence of events so the perpetrator had to be released from arrest again. In a third case, the woman was already counselled by the responsible violence protection centre because of a previous assault; she informed the police of her husband's suicide two weeks after the restraining order.

4.3 Alcohol abuse

Alcohol abuse by the perpetrators is common according to police case files: Thus, 25 of 73 perpetrators were addicted to alcohol, in a further 12 cases, the perpetrator and/or the victim were under the influence (in four interventions, only the man had drunk alcohol, in three only the woman, and in a further five both the victim and the perpetrator). However, alcohol addiction and drunkenness were rarely verified by medical certifications or alcohol tests; usually, these assessments are based on the victim's statements and the police officers' perception.

4.3.1 Characteristics

Women affected by violence pointed out the frequent drunkenness of their partner, which was on the one hand a cause for the argument, and on the other hand intensified the violence. The forms of aggression are manifold: verbal abuse, threats of killing the victim or oneself, threatening with a knife or an axe, physical violence, stalking and similar assaults.

4.3.2 Police measures and victims' behaviour

For the most part, the police issued a restraining order in these cases, which was annulled by the higher authority in one case (case 2). The justification is not quite comprehensible: The house which the restraining order referred to belonged to the couple's son, and the "real reason" for the victim calling in the police was a pending civil court case. Also, the local police, according to the file, did not believe that the perpetrator violently assaulted his ex-wife.

In seven cases (out of 37) a dispute settlement ensued. Detail analysis of these files, which are very sparing with their information, showed that in nearly all cases, no physical violence had happened and there were no visible injuries. The only exception to this was an incident of reciprocal violence. Also, five of the seven couples did not live in a common household.

While in the cases mentioned before, a dispute settlement seems justified, another one (case 16) leaves us with a lot of questions: The woman escaped the common apartment through the window after the husband had come home drunk. When the neighbours complained about the noise in the apartment, the escaped woman called the police. As the police did not find any traces of violence in the apartment and the man did not show any aggression towards his wife while the police was present, no restraining order was issued. The officers however did not question what had frightened the woman to such an extent that she jumped out the window and sought refuge with her daughter.

The behaviour of the perpetrators usually was described as uncooperative, aggressive (towards the victim and/or the police) or tearful. Dealing with drunks often is quite a challenge for the police. Some perpetrators refused to take an alcohol test, others to accept the information sheet on the restraining order, or they did not want to take any clothing or personal items when they had to leave the apartment. Some were too drunk to be questioned; others immediately breached the restraining order. Some perpetrators were arrested. The police intervention twice led to a compulsory admittance of the perpetrator into a (psychiatric) clinic, another had himself admitted voluntarily. (In these cases, the police officers arranged with the hospital to be informed about a possible discharge.) One of the perpetrators was given information on shelters (see above), and for another one, the officers called a taxi.

When it was not the women themselves who called the police, which also was the case in this group in roughly one out of two victims, then it was usually a son or a daughter, and in a few cases friends or neighbours. As far as this can be determined from the files, the women seem to have agreed to the police measures taken. Only twice there is a note that the victim did not cooperate with the police after a while. One woman refused to testify and did not want to be contacted by a violence protection centre, either. The second victim modified her testimony so the perpetrator could be released from custody; she also did not wish to be contacted by a violence protection institution.



4.4 Dementia, mental or physical disabilities

The police case files mainly contain information on disabilities which are mentioned by the victim or the perpetrator during the police intervention or that can be noticed by the intervening officers. This means that the cited physical or mental impairments are rarely certified by a doctor, and we may assume that invisible illnesses are recorded less often.

4.4.1 Characteristics

According to the examined police case files, 16 per cent of the victims (in total 12), but one third of the perpetrators (in total 25) were physically or mentally impaired (including dementia). Many, if not all, depended on the support of someone else in order to manage their daily lives. A care relationship between victim and perpetrator existed in 12 per cent of the cases (in total 9). Mostly, care was administered by the victim or perpetrator, external support is rarely mentioned in the files.

The files usually only contain little information on the kind and severity of the illness or impairment. Notes like "the victim/ the perpetrator is in a wheelchair, needs diapers or walking aids" allow for no conclusion about the concrete illness, but also more direct descriptions (e.g. depression, paranoia, diabetes, cancer or Parkinson's) do not allow for any conclusions about the care needs or dependency of support.

Most couples had already been married for a very long time, and all of them lived in a common household. Ten of 26 relationships were characterised by repeated and long-term violence; this means the relationships had already been characterised by violence before the onset of the illness. In these cases, as we will elaborate in chapter 4.7, there were more repeated police interventions. Only in two files, the violence was attributed to being overtaxed by care.

4.4.2 Police measures and victims' behaviour

Care needs of the victim or the perpetrator are specific challenges for the police. When a restraining order is issued for a nursing perpetrator or one who needs care, the police have to ensure that no one suffers health problems because of it. The analysis of the measures taken by the police shows that in interventions where mentally impaired individuals are involved there are clearly more problems than with physically impaired individuals. According to police case files, in only about half the cases where mentally ill persons were involved, a restraining order was issued. However, when a physically ill or impaired person was involved, a restraining order was issued in 12 of 15 cases. In the latter ones, there was one dispute settlement and twice, only a charge for bodily harm was filed; one restraining order was later lifted. This discrepancy in the approaches is not exclusively due to the care needs: Especially when the victim is mentally disabled, the perpetrators seem to succeed again and again to reduce her credibility.

Chiefly, the victims called the police themselves (again roughly half of them), but it is not daughters and sons who are the next biggest group of reporters, but doctors and nurses (in roughly one fifth of the cases), and only in one out of eight cases, the intervention is started based on a child's report. None of these files mentions a lack of willingness to cooperate or objections to the measures taken against the perpetrator. Six victims requested an interim injunction, most of them, however, withdrew their request later.

One mentally impaired woman repeatedly called the perpetrator and asked him to return to the apartment in spite of a valid restraining order. Another victim supported criminal persecution and filed charges for stalking against her ex-husband.

4.5 Reciprocal violence

4.5.1 Characteristics

In six per cent of police interventions, the files record reciprocal violence: These regard five interventions between four couples. The police case files suggest in two relationships that reciprocal violence was a part of the daily life together. The marriage of another couple, on the other hand, seems to be characterised by repeated violence of the man – according to the wife's statement – "he has been terrorising me for 45 years". There is no pertinent information on the fourth couple.

Three of the four women were drunk at the time of the incident, in one couple, the husband, too, was under the influence. The percentage of drunk women is thus very high as compared to the overall sample (9.1%).

4.5.2 Police measures and victims' behaviour

The police issued a restraining order in only two of five interventions, and in two cases, the couple was charged with bodily harm. As we already explained in section 4.2.2, the police justified only charges being filed with the fact that both partners needed care, and that "in this relationship, the settling of conflicts with physical means was usual". With the fifth couple, a dispute settlement took place, although physical violence had been used (though it did not lead to any visible injuries) and the woman testified that she had been "terrorised" by her husband for decades.

The police had been called in for help by the woman in two cases, in one case by the husband; for the two remaining interventions, no pertinent information is available. There is no information on the women's willingness to cooperate or their reactions to police measures.



4.6 Significantly younger perpetrators

4.6.1 Characteristics

In at least 11 per cent of the relationships, the perpetrators were 10 to 21 years younger than their partner. Police case files contain little information on the kind of relationship, and also rarely information on the duration of the relationship. The assumption, however, that we deal with short-term relationships for the most part is not confirmed. Amongst them are also long-term relationships. One couple for example had been together for 14 years.

We know of three perpetrators that they were unemployed at the time of the incident, another one was working and another one retired. The files do not allow us to draw any conclusions as to financial dependency, there is only one indication of the perpetrator's dependency of the victim: An 82-year-old woman under guardianship took – one after the other – two obviously homeless men to live in her apartment (case 49, 51-53).

The women experienced diverse forms of violence from their younger partner: They were pushed, beaten, verbally abused, threatened with a knife etc.; however, the assaults did not lead to (serious) injuries. One woman was stalked by a previous partner, and some men damaged the victim's property (e.g. mobile phone, apartment door). Half the women reported repeated violence, in two cases there was reciprocal violence. According to the files, three victims wanted to end the relationship, one couple was in the process of divorce.

4.6.2 Police measures and victims' behaviour

In two cases – a total of one quarter of those involving a significantly younger perpetrator – the police settled the conflict. This was once justified with the existence of reciprocal violence and in the second case with the fact that the perpetrator had voluntarily left the victim's apartment and had not used physical violence. In all other interventions, the police issued a restraining order. In the course of further investigation, the case of stalking led to a charge being filed against the woman, because the perpetrator accused her of having threatened him with suicide and a charge for domestic violence if he ended the relationship.

As far as recorded in the police case files, the police was mostly called by the victims, in one case each the guardian and the daughter of a victim turned to the police. Further information on the victim's behaviour and reactions to police interventions is not available.

4.7 Repeated police intervention

Below, we will examine 12 interventions in which in spite of repeated assaults, dispute settlements clearly were used more often than restraining orders (cases 9-11; 49, 52 and 53; 57-58; 66-69). (See also the list on page 12).

4.7.1 Characteristics

One distinctive feature of these cases is that either the victim, the perpetrator or both suffered from dementia or were mentally or physically impaired. In two cases, the victim was mentally impaired; one of those two women was already under guardianship, for the other one, proceedings for guardianship were pending at the time of the incident. One perpetrator was suffering from a brain tumour and possibly from dementia. Regarding the fourth couple, the police case files say that both had a mobility handicap, the man was also a diabetic.

In nine of those 12 interventions, the victim informed the executive of the violent incident; this is a remarkably high percentage. In the remaining three cases, once the guardian and twice the perpetrator informed the police. The victims mainly tell of verbal attacks, of arguments and physical assaults which led to no or minor injuries. In one case, the police classified reciprocal physical violence as the usual manner of conflict settlement (cases 57-58); in another one the couple was in the process of divorce, and proceedings for alimony payments was pending (cases 66-69). A total of three interventions concerned a woman of 82 under guardianship, where it is unclear whether the perpetrator was an intimate partner or only a lodger (cases 49, 52-53). The perpetrator was very drunk at the time of the violent incidents. Extreme control and an argument concerning the household money were the cause for repeated police interventions with the fourth couple, who had already been married for 60 years (cases 9-11). According to the victim's statements, there had been no violence in their long marriage until her husband became ill (brain tumour and possibly dementia).

4.7.2 Police measures and victims' behaviour

These interventions were difficult for the police for several reasons: The violent incidents did not seem serious in most of the cases, in some, there was reciprocal violence, and violence was the consequence of an illness. They were not least difficult because of the victims' behaviour. They hoped for an improvement of their situation or a change in their partner's behaviour after police intervention, but did not want a restraining order to be issued or the perpetrator to be prosecuted. Statements of mentally ill victims are often confusing, contradictory and little consistent, which makes assessing the situation difficult for the police officers, and also reduces the credibility of the victims' statements. They also complicate police work by their contradictory behaviour; e.g. they call the police for help, but then try to make the perpetrator return immediately after the restraining order has been issued. Those cases which the perpetrator himself reports are difficult to assess for the police: The intervening officers have to assess whether this is not a strategy in order to distract from his own actions or disguise them.

A restraining order was always issued when the victim was visibly injured; otherwise, the intervention ended with dispute settlement. The only exception to this is the case of reciprocal violence of a married couple in need of care that we have already described several times, where the couple was charged with reciprocal bodily harm.

The interventions covered here – for the most part dispute settlements – took place at the different couples' homes over a period of two to eight months. Sometimes, the police had to intervene again after a few days or weeks (see overview in section 3.4). This means that the interventions generally did not lead to sustainable protection, there were renewed and sometimes serious assaults. In particular, it is confirmed that dispute settlements are no adequate reaction to violence: With all four couples, further interventions were necessary after dispute settlements. Following only three of 12 incidents, a restraining order was issued, in spite of multiple previous police interventions. Against one perpetrator, such an order was issued only after the fourth intervention, against another (physically and mentally impaired) perpetrator, three interventions were closed by dispute settlement, against the third perpetrator, charges for bodily harm were filed after two interventions. In the fourth violent relationship, a restraining order was issued after the second and the third intervention.

As far as the sparse information on the victim's behaviour in the police case files allows for such conclusions, the victims behaved rather ambivalently in most cases. Whether a dispute settlement took place or a restraining order was issued, the victims did not seem to object against it. One victim under guardianship tried to persuade the perpetrator to violate the restraining order.

5. Conclusions and recommendations

The quantitative and qualitative analysis of 82 police case files clearly shows the complexity of intimate partner violence, the multi-dimensionality of social problems and the challenges for police interventions connected to them. Age-specific factors – in the first instance chronic illness and mental as well as physical impairments – pose additional difficulties for intervening officers, whether these deficits affect victims or perpetrators.

Especially the qualitative analysis and detailed examination of the six case types confirm that the police generally are equal to their role in fighting intimate partner violence. Interventions for the most part correspond to standards, and these were kept also in different problematic constellations. There is – as the analysis showed – some insecurity amongst the executive regarding the manner of dealing with health-impaired individuals, victims as well as perpetrators; the intervening officers had the most difficulties with mental impairments and dementia, less with chronic physical illness. In these cases, there were a disproportionately large number of dispute settlements, which made repeated interventions by the police necessary because dispute settlement is not a suitable means of norm clarification towards the perpetrators.¹¹

From these results, several recommendations may be deduced:

- Specific further training: Seen the demographic development and increasing aging of our society, we may assume an increase of mental and physical illnesses due to old age. This means that the police, too, will be confronted with these groups more, which – as the analysis shows – led to interventions which not always were up to quality standards. Therefore, we need a specific (further) training offer, in which basic knowledge about the most prevalent illnesses and their effects on behaviour patterns as well as the resulting specific challenges for police interventions are taught.
- Mandatory involvement of specialised officers/prevention officers: Because of insecurities in dealing with impaired victims and perpetrators, a mandatory involvement of prevention officers seems to make sense. This would not only mean support and cover for intervening police officers, but could also serve to enhance the protection of victims, by e.g. carrying out additional risk assessments and if necessary initiating further protective measures.
- Involvement of social and/or medical institutions: It is not the task of the police to take care of social and health care for victims and/or endangering individuals. However, some case studies show that through timely involvement of social/medical/nursing institutions, repeated interventions might have been avoided. In interventions, therefore, it should be recorded whether there already is such care and if so, the institution should be informed of the intervention.
- Dispute settlements should in any case be forwarded to an intervention centre/ the violence protection centre, not only in order to ensure better protection for the victim of

¹¹ Cf. E.g. Haller B. (2005). Gewalt in der Familie: Evaluierungen des österreichischen Gewaltschutzgesetzes, in: Dearing/Haller (eds.), Schutz vor Gewalt in der Familie. Das österreichische Gewaltschutzgesetz, Wien, pp. 269-388

violence, but also because institutions of victim protection are connected to social/nursing institutions and may link the victim to them. In counselling of women after restraining orders this is routinely done.

- In more serious cases, the initiation of a multi-professional case management or of MARACs (Multi-agency risk assessment conferences) is recommended.

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