

# **MIND THE GAP!**

**IMPROVING  
INTERVENTION IN  
INTIMATE PARTNER VIOLENCE  
AGAINST OLDER WOMEN**

**A summary of law enforcement  
file analysis from Austria, Germany,  
Hungary, Poland, Portugal and the UK**

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**Mind the Gap. Improving interventions in intimate partner violence against older women – Summary Report**

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# I. Executive Summary

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Organisations from six European countries participated in the study „Mind the Gap! Improving Intervention in Intimate Partner Violence“ (MtG), which was supported by the European Commission within the framework of the DAPHNE III programme and coordinated by ZOOM – Society for Prospective Developments: Institute of Conflict Research (Austria), German Police University and ZOOM (Germany), Academy of Science (Hungary), University of Białystok (Poland), CESIS – Centre for Studies for Social Intervention (Portugal) and University of East Anglia (UK).

This report summarizes the national results of the analyses of case files of prosecution services on intimate partner violence against older women. “Mind the Gap” aimed to support prosecution services and social institutions in dealing with cases of intimate partner violence against older women in a more competent manner. In order to achieve this, we used prosecution services’ case files to analyse how these deal with cases of intimate partner violence against older women. Based on the results of the analyses, we developed manuals, brochures and training material for prosecution services and social and women’s institutions on a national basis. In Austria, we also developed a brochure for older women affected by intimate partner violence (see [www.ipvow.org](http://www.ipvow.org)). For a more detailed exposition of the backgrounds and goals of the study, as well as our methodological approach, please see **Chapter II**.

In **Chapter III**, we shortly describe the most important legal bases for fighting intimate partner violence in the different countries, in order to allow for a contextualisation of the measures taken by prosecution services.

**Chapter IV** gives a comparative quantitative overview of the overall analysis of 552 case files of prosecution services in the six countries participating in the study. Our focus was, amongst others, victim- and perpetrator-related characteristics (e.g. age, economic and health situation, migratory background, (duration of) the relationship, history of violence). The victim’s *mean age* was nearly 67 years; the perpetrators were slightly younger (66.3 years). Two thirds of the victims and perpetrators were married and lived in a common household; here, however, there are marked national differences. Not all files gave information on the duration of the relationship; but the average of 30.7 years we found points to usually very long relationships. As the majority of the examined files allow little insight in the economic situation, we were not able to make any valid statements on economic dependency. Regarding the health status of victim and perpetrator, we can say – here, too, information is often sparse – that there are large national differences, but not as much between women and men. But, there are big differences regarding substance misuse of victims and perpetrators: On average, in only about 3 % of the case files a victim’s substance misuse problem is mentioned, whereas such is noted for more than every third perpetrator. Nevertheless, nearly as many victims as perpetrators need care. In nearly half the analysed files, the latest documented incident was preceded by at least one violent assault.

This chapter also analyses incident-related characteristics like e.g. the course of events and the form of violence; file analysis shows that older women are affected by all forms of violence (psychological, physical, sexual, financial), including severe physical and sexual violence. According to the files, the victims most often turned to the police because of physical violence (77.4 %) and psychological violence (55.4 % of the cases). Other forms of violence like extreme control, stalking, financial exploitation and sexual violence were reported much less often. Nevertheless, many assaults against older women were high-risk situations. Thus, in more than one third of the cases the perpetrator threatened to kill the woman or himself; and nearly one quarter of the victims were threatened with violence. 15 % of the women were strangled. In 10 % of the cases, the perpetrators used weapons. In the majority of cases, namely 62.3 %, the victims themselves reported the intimate partner violence. One in ten cases is reported to the police by grown children; reports by health institutions are even less common (5.6 %). However, here, too, there are marked national differences. In Austria and Germany, only half of the victims called the police themselves, in Hungary, on the other hand, more than three quarters did. For the most part, the latest documented violent incident was a case of unilateral violence perpetrated by the (ex-)partner. Nearly one in two perpetrators (43.8 %) was under the influence of alcohol at the time of the violence, while only one in ten victims was. However, here there are large national differences as well: In Poland, for example, nearly every perpetrator was under the influence, in Portugal only about one in four.

Another sub-section deals with police approaches and measures of prosecution services. A summarising analysis is difficult because of the differences in the legal bases. In the country average, 70 % of the victims and only 42 % of the perpetrators were questioned by the police within 24 hours of the violent incident. Interviews also took place after these 24 hours, so in the end 79 % of the victims and 71 % of the perpetrators were interviewed. Victim and perpetrator were interrogated separately in nearly all cases (86.1 %). In nearly one out of two interventions, the police questioned additional witnesses like neighbours or adult children. In addition, the police gathered further evidence (e.g. photographs of injuries or of the scene) in about a quarter of the documented violent assaults. In nearly three quarters of the cases, criminal prosecution of the perpetrators was initiated. In one fifth of the cases, the victim consulted a medical institution. Violence protection centres were also informed in almost 20 % of the cases; because of marked differences in national law, however, there are large differences between countries. In Austria, for example, the police involved a violence protection centre in 71 % of the cases. A systematic risk assessment was carried out in 44 % of police interventions, in more than a quarter of the cases, such an assessment was not initiated. Regarding the victims' cooperation with prosecution services (e.g. willingness to testify with the police and at court), the files hardly contained any information in some countries (e.g. Austria), which has to be taken into account when considering the results. Bandwidths are broad: Only a third of the victims of the overall sample were categorized as unreservedly cooperative with the prosecution of the perpetrator; in Hungary, however, it was two thirds and in Poland more than half of all women. These differences may also be partly explained by the different provenance of the files (court case files provide more insights into the long-term behaviour of the victim). This also regards statements about the rates of conviction, which were highest in Poland – here, the files we analysed were court case files. In comparison, in terms of the overall sample, only 13 % of the perpetrators were convicted.

We complemented this quantitative analysis with a qualitative evaluation of the case files we collected (**Chapter V**). We developed six case typologies, which served to allow us to identify the specific challenges and difficulties faced by the police, public prosecutors and courts in cases of intimate partner violence against older women. These case types are:

- History of (intense) unilateral violence: One common feature of women who have experienced violence by their partner for many years is that they have rarely reported previous aggressions to the police, and that the latest violence, too, is mostly reported by third parties. According to our case file analysis, this corresponds to the fact that in cases of reports by third parties, the victims cooperate less with prosecution services. Willingness to cooperate was also lower when the victim was not or only slightly injured. When repeated police interventions are necessary, there is a danger that officers give up, or start to doubt the point and effect of their intervention. Signs of resignation leading to e.g. insufficient risk assessment were found particularly in British case files.
- Violence in relationships characterised by one partner's dementia, mental or physical illness: As we have established above, the health situation of victims and perpetrators is rather similar. Analysis showed that we need to differentiate between physical and psychological impairments or demented individuals. The number of demented individuals in the cases we analysed is low: Regarding victims, the bandwidth according to the case files was from 0 % in Austria to 6.4 % in Germany; with perpetrators, it was from 3.3 % in the UK to 9.6 % in Germany. However, here we need to stress that with all mentioned health problems, in many cases these are only the officers' assessments or statements of the victim or perpetrator. We were able to establish that nearly all mentally impaired or ill victims informed the police of the violence themselves, even when there were no or only slight injuries. These victims seem to be more in favour of criminal prosecution than those women whose partner is demented or mentally impaired. Also, in this group of victims, investigations seem to have been done with less care and attention, and there are some signs that the perpetrators were able to lessen the victims' credibility with the police. In cases of physically ill victims, the police was involved much more often by third parties (medical/nursing personnel and grown children). With mentally impaired/demented perpetrators, perpetrators were committed to a hospital more often; criminal proceedings, however, were often terminated.
- Violence and alcohol/drug abuse: Nearly half the perpetrators of violence (43.8 %) and as many as ten per cent of the victims were drunk during the reported incident. Again, there are marked national differences: The situation in Poland is most remarkable, where all perpetrators of violence are alcoholics (partly medically diagnosed, partly according to the victim's statement). The perpetrators alcohol consumption is not only often the cause of an argument, but also increases the potential for aggression. In the case types "intense unilateral violence", "violence by physically or mentally impaired/demented perpetrators" and perpetrators of violence who are alcoholics, there are many overlaps. Thus, in Austria we can show that questioning alcoholics is similarly difficult for the police as questioning mentally impaired/demented individuals; finally, alcoholics were also committed to psychiatric hospitals by the police. The victims' of violence willingness to cooperate with prosecution services varied

widely, and went from “nearly universally strongly supportive” in Austria to partial support in Poland and the UK, where intervening officers found dysfunctional lifestyles with some couples – these women either refused all cooperation with the police or where categorised as non-competent witnesses by the police.

- Reciprocal violence: Except for Germany (roughly a fifth of all cases) and the UK (about a quarter), reciprocal violence was not an important factor; Poland is in last place with about three per cent. The prosecution services mostly regarded reciprocal violence as an established pattern of conflict management and a characteristic of the couple’s relationship; police are expected to act as an external conflict manager. When the situation has calmed down again, neither of the two wants to testify against the other, which is why in the UK, there was no criminal prosecution in these cases (but sometimes measures were taken to increase the woman’s safety). Especially with reciprocal violence, it is clear that these cases are a great challenge for the police, and that measures for sustainable interventions are lacking.
- Violence by former partners: As has been known for a long time, situations of separation carry a significant risk of violence: Roughly one in ten out of all examined interventions resulted from violence perpetrated by an ex-partner. The risk of violence is particularly high when a couple continues to live together after separation – which is common in Hungary, for example, for economic reasons. It is little surprising that women are more ready to testify against a former partner than against a current one – at the same time, it is obvious that public interest in criminal persecution is lower, as examples from Germany, Portugal and the UK show.
- Young perpetrators – old victims: In roughly one out of eight examined incidents, the perpetrator was at least ten years younger than the victim; the largest age difference was 23 years. In many of these relationships, the man was financially dependent on his partner. In most violent incidents, the police was called by the victim herself. In general, the police treated the cases attributed to this type just as the other ones – with the exception of Hungary, where the police as well as the social environment attributed a certain “shared responsibility” for the violence to these women.

The analysis showed that the result of official interventions substantially depends on the victim’s behaviour (e.g. willingness to testify, consistency of the statements), but also on the quality of police investigations (e.g. thoroughness, but also exact knowledge of legal possibilities). Interventions by officers specialised in domestic violence reduce these problems. In all countries, the greatest difficulties and insecurities seem to occur in interventions where mentally impaired victims are involved (less, but also, with mentally ill or demented perpetrators).

The report closes with recommendations for prosecution services as well as social and women’s institutions for dealing with intimate partner violence against older women (**Chapter VI**).

## II. Mind the Gap – a European study on law enforcement files concerning intimate partner violence against older women

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### 2.1 Background & Objectives

This project, which has been coordinated by the German organisation "Zoom – Society for Prospective Developments" has run from March 2011 to February 2013 and aimed at increasing the capacity of law enforcement and social support organisations to tackle intimate partner violence against older women. Additionally the idea was to strengthen public awareness of the issue and to reach out to victims.

It appeared from our previous research<sup>1</sup> that only a small minority of older women victims seek help; it is evident that they are less aware of existing support systems and less able to access support than younger women. It was also apparent that law enforcement and social support agencies generally had little awareness of the complexities of the issue, and this was similar for the general public.

Many practitioners and professionals throughout the law enforcement and social support environments acknowledge that there is a serious lack of information about how to deal with these cases, that their actual options for handling these cases are limited and that examples of good practice are not widely available. Furthermore, on frequent occasions cases of IPV against older women cannot be resolved to the satisfaction of the parties involved.

This project focused explicitly on developing the capacity of law enforcement and social support agencies to deal with these issues.

In order to better understand how law enforcement agencies currently deal with cases of intimate partner violence against older women, our research comprised the quantitative and qualitative analysis of police and public prosecutor case files involving violence against older women by their partner, reinforced by national workshops and consultation with experts, professionals and practitioners. This research resulted in the following outcomes:

- A. more insight into factual interventions and support by law enforcement agencies
- B. raised awareness within law enforcement and social support agencies about older women as victims of IPV
- C. encouraged agencies to tackle the problem and to improve outreach to this subgroup of victims
- D. assistance in building the capacity of law enforcement and social support agencies so that they can respond to and intervene successfully in these cases

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<sup>1</sup> Barbara Nägele, Urte Böhm, Thomas Görge, Olga Tóth: IPVoW – Intimate Partner Violence against older Women – Summary Report, December 2010 (<http://www.ipvow.org/en/description-of-projects/ipvow->)

E. increased public awareness and reach out to victims

Consequently the following material was developed:<sup>2</sup>

- manual/guidance for law enforcement agencies
- manual/guidance for social support agencies
- development and evaluation of training for law enforcement agencies
- development of public relation material for the use of social support (and law enforcement) organisations as well as to increase public awareness and reach out to older women

## **2.2 The transnational cooperation – Partners and countries involved**

The Mind the Gap project (MtG) was carried out – as the preceding IPVoW–project – by 7 research institutions from Austria, Hungary, the UK, Poland, Germany and Portugal – 3 universities, 3 research institutes and one academy of sciences. Given the fact that the type of welfare regime is strongly connected to the way gender hierarchies are organised in the countries, participants were included from liberal welfare regimes (United Kingdom), corporate welfare regimes (Austria, Germany), Eastern European welfare regimes (Hungary, Poland), and Southern European welfare regimes (Portugal). With regard to transition states, countries were selected exhibiting a different impact of religion on the way gender relations are organized within families (Poland, Portugal and Hungary). The UK was also selected because it is the only European country where some services address the special needs of older victims of intimate partner violence (Scott et al., 2004). Austria was selected because of its exemplary domestic violence legislation and intervention system. Important criteria in the selection of partners were also previous experience in cooperation, the expertise of partners in the field and the willingness of partners to bridge the gap between domestic violence and elder abuse research.

The following organisations and individuals took part in the study:

- Germany – Zoom – Society for Prospective Developments e.V., Göttingen: Barbara Nägele, Sandra Kotlenga and Nils Pagels (coordination)
- Germany – German Police University (DHPol), Münster: Thomas Görgen, Anabel Taefi, Sabine Nowak und Benjamin Kraus
- Austria – IKF (Institute of Conflict Research), Vienna: Birgitt Haller and Helga Amesberger
- Hungary – Academy of Science, Budapest: Olga Toth and Júlia Galántai
- Poland – University of Białystok: Małgorzata Halicka, Jerzy Halicki, Emilia Kramkowska and Anna Szafranek
- Portugal – CESIS – Centre for Studies for Social Intervention, Lisbon: Heloisa Perista and Alexandra Silva
- UK – University of East Anglia: Bridget Penhale and William Goreham

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<sup>2</sup> See: <http://www.ipvow.org/en/descriptions-of-projects/mind-the-gap->

## 2.3 Law enforcement agency case files

This summary is based on the quantitative and qualitative analysis of a combined total of 554 case files pertaining to intimate partner violence against older women in six European countries. The number of analysed case files varied according to the size of the country and accessibility, and in some countries, we were not able to procure the intended number of case files. However, in some other countries, we were able to include more case files than originally planned for. While in Germany, the United Kingdom and Portugal, cases of intimate partner violence could be traced from the first investigation to their closure, in other countries, we were only able to access court case files (Poland) or police case files (Austria and Hungary) (see chapter III, table 1).

To gain access to files of law enforcement, a lot of administrative steps had to be taken. Formal procedures had to be respected and mostly more than one institution had to give permission. Additionally procedures for gaining permission were not clear in the beginning – not even for the ones responsible in the institutions – and that requirements changed in due course. Country specific problems were added to that. Due to political and administrative changes in Hungary and Portugal, responsible heads of public bodies changed, new heads were not appointed in time, interim heads were not able to take decisions, new heads did not stick to decisions taken by their predecessors etc. Given the fact, that in Poland and Hungary no possibility exists to select files on the basis of a computer dataset, those countries depended on a file selection by police officers by hand (looking manually through all files where women age 60+ became victim of a crime). This required a lot of commitment by the police and took a lot of time to carry out. Additionally in the UK, Hungary, Poland and Portugal all files had to be analysed in the premises of the law enforcement agencies.

In principle, those case files were included in which the victim was female, 60 years old or over, and the violent act was perpetrated by a (former) intimate partner<sup>3</sup>. The collection of case files differed according to national situations. In almost all participating countries, the police keep specific registers of domestic violence, in which we were able to conduct a targeted search for the target group (Germany, United Kingdom, Portugal, Austria and Hungary). The authorities either transmitted the (anonymised) case files to the research teams for inspection, or they had to be accessed on site. In Poland, such a register does not exist, therefore all case files had to be requested and checked for our criteria.

In some instances, the investigation was spread across the whole nation, in others it was narrowed down to a specific region. Random samples were taken where a full investigation exceeded the predetermined case number (see chapter III, chart 1). We included – differing according to country – court, public prosecutor and police case files. The case files we analysed also differ according to the period of time they cover: In Hungary for example, the case files concern police interventions between 2007 and 2011; in Portugal, for the most part, public prosecutor's case files from 2008; in Germany, public prosecutor's case files covering the years 2008 to 2010; in Austria, police case files from July 2008 to June 2011; in Hungary also police case files from the years 2007 to 2011; in the United Kingdom, the

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<sup>3</sup> Selection criteria did not exclude same-sex relationships; however, all analysed case files exclusively concerned heterosexual relationships.

police case files covered the period from 2006 to 2012 and in Poland court files from 2001 to 2010 were analysed.

## 2.4 Law enforcement agency case file analysis

The basis for our quantitative and qualitative analysis of the law enforcement case files was an instrument of analysis<sup>4</sup> developed by the project team, which is subdivided into five focal issues:

- General information on the case (e.g. origin and date of the case file) as well as a short presentation of the case (information on victim and perpetrator, sequence of events and course of action of the law enforcement agencies)
- Characteristics of the victim (age, health status, economic (in-)dependence, nature of the relationship to the perpetrator, intention to separate, social support, etc.)
- Characteristics of the perpetrator (see victim characteristics)
- Characteristics concerning the incident (number of documented acts of violence, forms of violence, use of weapons, drug and/or alcohol abuse, physical consequences of violence, witnesses to violence, etc.)
- Actions of law enforcement agencies, subdivided into investigative phase (police intervention, victim's willingness to cooperate, precautionary measures taken for the security of the victim, etc.), prosecution phase, punitive/personal suffering damages claims and court level (testimony and representation of the victim at court, witnesses' statements, court decision, etc.).

This instrument of analysis, which we were able to hone according to national or source-specific particularities, ensured the best possible comparability of the data, which was collected. Nevertheless, we would like to put on record that both quality and extent of the data show widespread differences, which in most cases is due to the origin of the case files (police, public prosecutor or court) and/or the victim's willingness to testify (and also the perpetrator's disposition).

For a more in-depth qualitative analysis, we finally selected a number of case files which are particularly significant with regard to their detail and wealth of information. On these cases, we then wrote comprehensive case reports. The aim of this approach was to elaborate a case typology which enables us to illustrate connections between the type of the case, the reactions of law enforcement agencies, and the results, in order to enhance the visibility of those situations and areas which present the biggest problems and challenges for law enforcement agencies dealing with intimate partner violence against older women.

Finally, our case file analysis provided the material basis for the compilation of guidance material and a training manual for law enforcement agencies and social support agencies in each country.

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<sup>4</sup> The instrument is available on our website: <http://www.ipvow.org/> under the section "research reports" / "Mind the Gap".



## III. Judicial systems and proceedings

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Below, we will briefly present the main legal bases and procedures on domestic violence in each country in order to gain a better understanding of reactions and approaches of law enforcement agencies in each country.

### 3.1 Austria

The Austrian Protection against Violence Act (*Gewaltschutzgesetz*) came into force on 1<sup>st</sup> of May 1997. It is not a separate law but its provisions are set out in three laws: the Police Security Act, the Enforcement Code, and the Civil Code. At the heart of the reform was the creation of new police powers, namely the obligation to issue a banning order against perpetrators in cases of imminent danger after having carried out a risk assessment. If the perpetrator does not want to leave the residence, the police will apply direct force. A banning order has to be monitored at least once during the first three days; if the aggressor is found in the home, he is fined.

A banning order is issued for two weeks, but is extended to four weeks if the victim files an application for an interim injunction (*Einstweilige Verfügung*) at the Family Court. This requires that the aggressor's behaviour makes it unacceptable to expect another person to live with him or to meet him. An interim injunction focusses either on prohibiting the perpetrator to re-enter the apartment/house (including the surroundings) (maximum duration: six months) or on forbidding any contact with the victim (maximum duration: one year).

The Austrian Protection against Violence Act has established a two-phase model: The police decide on issuing a banning order (which may also occur against the victim's wishes), and only in the second step the victim herself decides on whether to apply for an interim injunction and thus far-reaching protection. The background of this model is the difficulty of extricating oneself from a violent relationship; therefore the victim has to be supported in undertaking this step. Empowerment should be provided by the intervention centres, which were established by the Protection against Violence Act as a crucial element in the reform. Therefore the intervening police officers have to inform the responsible intervention centre about every banning order without any delay, and the organisation contacts the victims pro-actively. Intervention centres for combating domestic violence have been established in all of the *Länder* capitals, and additional regional offices are operated in the Federal *Länder* covering larger geographic areas.<sup>5</sup>

As banning orders are only protection measures, the police will additionally report the incident if the perpetrator has already committed a crime and may arrest him according to legal provisions.

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<sup>5</sup> Intervention centres are open to female and male victims of violence; the overwhelming majority – about 90 per cent – of the clientele, however, are women.

Over the past few years – especially between 2003 and 2009 – also other laws and amendments to laws have been adopted in order to respond to violence against women. So for example rape within the marriage has been given the same legal status as rape outside of marriage in 2004.<sup>6</sup> In 2006 stalking became a criminal offence. Furthermore, from 2006 a legal entitlement to psycho-social as well as legal support has been guaranteed to victims of violence or dangerous threats or whose sexual integrity has been violated. It encompasses both psycho-social support before, during and after police interrogation and court hearings and legal counsel and representation before court by attorneys.<sup>7</sup> Initially this right solely related to all phases of criminal proceedings, in 2009 psycho-social support was expanded to civil procedures which stand in a close substantive relationship to the criminal procedure.<sup>8</sup>

When the police close their investigations they submit the file to the public prosecutor who decides whether the case will be prosecuted or dismissed (for example if there is not sufficient evidence to proceed).

### 3.2 Germany

The German Criminal Code (*Strafgesetzbuch*) does not include specific regulations on intimate partner violence. However, victims of IPV are protected by general criminal law statutes regarding offences such as assault, coercion, rape, and murder/manslaughter. In 1997, Germany passed a law considering acts of sexual violence not involving penetration as rape; at this point of time, sexual violence within marriage was also recognized as rape.

In 2002, largely following the Austrian example, Germany passed the Violence Protection Act (*Gewaltschutzgesetz*). This Act is part of German civil law and offers protection for victims of domestic violence. In particular, victims can apply for protection orders and for allocation of the home. The offender may be banned from entering the shared home or even a larger zone surrounding it. He may also be banned from communicating with the victim and ordered to stay away from her and to avoid places the victim regularly visits. The home where offender and victim used to live together may be allocated to the victim only. Victims may also apply for compensation and damages, and for sole custody of the children. In most German federal states, so-called intervention centres have been implemented in order to provide information for victims of domestic violence regarding their legal rights under the Violence Protection Act. Following the *Gewaltschutzgesetz*, the 16 German federal states have reformed their police laws and empowered the police with measures for crisis intervention. In cases of imminent danger, the police may ban the perpetrator from the residence and issue an order obliging the offender to keep away from it. This order lasts for a limited period of time (usually 10–14 days) and is intended to give the victim the

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<sup>6</sup> Rape and sexual assault between marital partners or common law marriage were penalised since 1989, but offenders were only prosecuted if the victim filed charges. Furthermore, it was possible to receive a mitigation of sentence if the victim wanted to continue living with the offender.

<sup>7</sup> These services are offered nationwide by organisation for victim protection like the intervention centres. They are commissioned and funded by the Federal Ministry of Justice and are thus free of charge for those who use them.

<sup>8</sup> The provision of legal support in civil procedures which was initially planned as well was not feasible for cost reasons; the victim can only be represented by legal council within the framework of procedural legal aid. Underlying the revision was the realisation that on the one hand civil procedures which take place following a criminal procedure may also be associated with emotional stress, and on the other hand many civil procedures are aimed at obtaining satisfaction for the damage claims of victims of violence, anyway, which criminal procedures do not rule on.

opportunity to file a civil law request at the family court. In most German federal states, the police may take the perpetrator into temporary custody to enforce his eviction from the home.

While the 2002 *Gewaltschutzgesetz* also refers to stalking behavior at the level of civil law, Germany introduced criminal law sanctions against stalking in 2007.

When police are called to a domestic violence incident, they may take measures to protect the victim from imminent danger, as necessary. Depending upon legislation in the respective federal state, information on the incident and the victim may be passed on to intervention centres (in some German *Länder* even without victims' consent). Intervention centres offer "pro-active counseling", i.e. they establish contact with the victim in order to provide advice on legal rights and opportunities.

Regarding criminal prosecution, the victim can report the offence orally or in writing. Usually, this is made to the police; however, offences can also be reported immediately to the judiciary (public prosecution office or court). Police intervention and police investigations will be documented and passed on to the public prosecutor. The public prosecutor decides whether there are sufficient grounds for indicting the suspect. Whereas German police have no discretion regarding whether or not to investigate a case, the public prosecution office may terminate proceedings. Main reasons for dismissal are lack of sufficient evidence against the suspect, the suspect's guilt being regarded as of minor nature and a lack of public interest in the prosecution. In cases of minor guilt, prosecution may be terminated conditionally (e.g. after paying a certain sum to a charity) or unconditionally. Certain offences (e.g. so-called simple bodily assault, as opposed to aggravated assault) will only be prosecuted if the victim has filed an application for criminal prosecution or the public prosecutor regards prosecution of this specific injury as being of public interest. The victim can appeal a public prosecutor's decision to terminate proceedings on account of lack of sufficient evidence.

If the case continues to court, the victim usually is the main witness for providing testimony regarding the incident and the damage occurred. However, German procedural law recognizes circumstances that justify the refusal of a witness to give a statement, especially if the defendant is a close relative. The victim may also act as a prosecuting party. So-called private prosecution is possible for certain offences for which public interest in prosecution is denied because of their minor nature. For some offences (e.g. serious sexual offences; offences involving bodily injury) the victim has a right of participation in the public prosecution as a private accessory prosecutor. The judge again may dismiss the case (conditionally or unconditionally). Criminal sanctions in domestic violence cases include custodial and non-custodial measures.

### **3.3 Hungary**

As domestic violence is not codified per se in Hungarian law, only some elements of the Civil Code and crimes in the Penal Code can be referred to in the police and criminal court procedures in connection with this type of violence. In 2003, the Hungarian Government approved the "Parliamentary Resolution on the National Strategy for the Prevention and

Efficient Handling of Domestic Violence” which consists of specific tasks for the government at the level of legislative and institutional changes.

On the basis of this resolution, the Hungarian government quite recently approved (in 2006) an Act of Restraining, which can be ordered by a judge during ongoing criminal procedures that have been initiated against the perpetrator.<sup>9</sup> Following this, the course of the case is that the police sends the victim’s request for a banning order to the public prosecutor’s office (or to the court and notifies the public prosecutor), and the prosecutor sends that to the investigating judge of the court. Each public prosecutor (PP) follows a different practice, sometimes they only act as a “postal service” and do not put forward a motion, and sometimes they do so by either “joining” the victim’s motion or by suggesting its refusal. Exceptionally, the prosecutor sometimes files a separate motion in addition to the victim’s.<sup>10</sup>

When a complaint arrives with the police they have to go on site to investigate the case. If the crime is sexual abuse or injury that does not heal within 8 days then the prosecution starts automatically and after the investigation by the police the case goes to the public prosecutor. If the injuries heal within 8 days or it was a minor crime then the investigation starts only by private prosecution which has to be reported by the victim.

The investigation might terminate during private prosecution cases by the police in situations of lack of evidence, if not the case will be sent to the PP. In case of crimes of major bodily harm, sexual abuse and homicide the case – after the investigation by the police – goes directly to the PP. After that the PP can ask for further investigations and testimonies before sending the case to the court, or s/he can also drop the case because of lack of evidence.

When called to the site the police may arrest a person caught in the act of an intentional criminal act and may take that person before the authorities. This arrest may limit personal freedom for a maximum of 8 hours and may be prolonged for 4 more hours. A perpetrator may be taken into custody only if there is well founded suspicion of a criminal act punishable by imprisonment, which condition is met even in the case of a perpetrator causing injuries that heal within 8 days. If the act is a more serious act of abuse, with injuries that heal over 8 days or longer, then the suspect may be taken into custody, which ends in being lifted, or the prosecutor applying for a preliminary arrest or incidentally in an application for a restraining order.<sup>11</sup> The verdicts can be:

- Imprisonment
- Suspended prison sentence
- Postponement of the decision for a given period of time
- Pecuniary penalty/fine
- Forgiveness of the victim: apologising to the victim
- Visit a social counsellor for a given period of time
- Reprehension
- Acquittal

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<sup>9</sup> Bosch, M. et al (2011): Comparative Report. Programs within and outside of prisons for women who have suffered gender violence and for men who have perpetrated gender violence. 2007. Manuscript

<sup>10</sup> Wirth, J. (Ed.) (2011): System Failure Male violence against women and children as treated by the legal system in Hungary today. Accessible: <http://nokjoga.hu/kiadvanyok-forrasok/our-publications-in-english>.

<sup>11</sup> See footnote 10

### 3.4 Poland

In the Polish legal system there are two ways that the police can react to being notified of domestic violence. These two approaches can be taken regardless of (against) the will of the victim, but also as a result of her decision (with her consent).

a) **The Blue Card procedure.** It is always initiated, without the need for the victim's consent. It is initiated when the victim reports her case to the police or when the police intervene in a household, where there is a violent situation. Police interventions are undertaken by prevention service patrols, which have the task of providing immediate help (temporary solution and prevention in a given situation). They are the ones who commence the Blue Card procedure. Initiating the procedure requires a police officer to complete a form describing the act of violence, its victims, perpetrators, injuries etc. The form is completed first by the intervening police officer and later submitted to the chairman of the Interdisciplinary Team, which is attached to every Social Aid Center in Poland. The team includes: a social worker, a police constable, a school pedagogue, a health service worker, and possibly a probation officer. Having received a Blue Card form, the chairman assembles the team and together its members decide how to proceed with a given case. The goal of the team is to perform tasks, which can help the victim deal with her situation. The Team tries to choose help measures appropriate to the victim's situation, monitors a given case, the behavior of the perpetrator and, if there are reasons to do so, tries to convince the victim to take legal action. If the victim does not agree to this measure, members of the Team, having gathered enough evidence while monitoring the case, can open a penal case, by notifying the authorities about a crime.

b) **Penal proceedings** – if a victim of violence approaches the police with adequate evidence (such as the results of a physical examination), a penal procedure is automatically opened. Similarly, if the intervening police officers confirm that the victim has been beaten, i.e. that a crime has been perpetrated, a legal procedure is automatically started, with evidence being gathered during further proceedings. If there is no adequate evidence then again during further proceedings they will be gathered. That is, legal procedure is started even if there is no adequate evidence at the beginning. Evidence, in the form of witness testimonies, is gathered by the police. A given case is conducted by a police officer with experience in such cases. Therefore, it is generally not the same officer as the one present during the intervention. This experienced officer gathers evidence, particularly witness testimonies. A prosecutor supervises their work. Having gathered the evidence, this officer appeals to the prosecutor's office to either open or dismiss the case. This means, that it is the police, who classify a given action as a crime of domestic violence and ask for a case to be opened or dismissed. The police may also suggest certain protective measures. All the case files are transferred to the prosecutor's office. After analyzing the files, the prosecutor decides whether to open the case or not. If the case is opened, the perpetrator is presented with charges – he is summoned by the police, the charges are read to him and he becomes a suspect in the case. At this point preventive measures can be implemented, such as a restraining order. The prosecutor decides whether to use these measures. Having decided to open the case the prosecutor requires the police to gather additional evidence and conduct further interrogations in order to complete the earlier evidence. The police gather the information for the prosecutor's office. If the prosecutor decides to dismiss the case, the police are informed of the fact, as is the person who reported the crime (the victim). In this

case, if the victim does not agree with the case being dismissed, she has the right to appeal to the prosecutor's office within seven days. If the case is being continued and the evidence has been gathered, the case is moved to court. At this point the police stop receiving any information concerning the progress or outcome of the case. The court may sentence the suspect to incarceration in a penitentiary institution/prison. The sentence may also be suspended – the perpetrator remains free, but must fulfill certain conditions of probation. The case may also be dismissed – in that case there is no verdict. The perpetrator may also be fined or obliged to receive treatment.

Additional information:

- The Polish law includes a group of crimes classified as crimes against family and care. Art. 207 of the penal code, which criminalizes domestic abuse, is most frequently used. Furthermore, crimes against the family may be prosecuted as other charges, such as crimes against life and health.
- The police can detain a perpetrator of violence for up to 48 hours, especially if his behaviour endangers the victim during the intervention. During this time the police have to request for preventive measures to be ordered by the prosecutor, such as arresting the perpetrator. In this case a penal case is automatically opened. If the intervening officers discover that the victim has been beaten, a penal case is automatically opened, without the need to request preventive measures to be ordered by the prosecutor.
- The witnesses receive written summons to appear for hearings. They are obliged to appear at hearing, which takes place at the police station. They are obliged to reveal the truth about the case. Only the closest relatives, due to familial connections (married or unmarried), may refuse to testify, if they do not want the suspect to face legal consequences or they are afraid of the perpetrator's reaction etc.
- During an intervention or a meeting at the police station, the police inform the victim where she can apply for help.
- The prosecution most often dismiss a case due to lack of evidence. One example may be a superficial interrogation, which does not provide sufficient evidence against the perpetrator. Thus a case may not be opened.
- A case may be conditionally terminated in court, which means that the court ends its proceedings without reaching a verdict. This may happen if the suspect and victim reach an agreement and the court may in this case conditionally terminate the case. At the same time, the court sets a probationary period (e.g. five years) and places certain obligations on the perpetrator, which he has to fulfill. If, during the set probationary period, the perpetrator does not act violently and meets the conditions set by the court, the case will not be taken up again. However, if the perpetrator does not meet the conditions of the agreement during this period, the case will be re-initiated and a sentence will be made.

### **3.5 Portugal**

In 1982, for the first time, the Portuguese Criminal Code referred to the criminalisation of maltreatment between spouses in an independent article (No. 153). Later, in 1995, a semi-public nature was attributed to the crime, consolidated in Article 152, which also includes

psychological maltreatment extending to persons equivalent to spouses. In 2000, the crime of maltreatment assumed the nature of a public crime (Law 7/2000 of May 27). In practice, this change means that anyone (not only the victim) who has knowledge of the crime can present a criminal complaint to law enforcement agencies even against the explicit wish of the victim; in practice it also means that the complaint cannot be withdrawn by the victim and that criminal investigations must be followed.

In fact, Article 152 of the Criminal Code domestic violence is a typified crime (since 2007) punishable by 1 to 5 years of imprisonment. The crime consists "in the infliction, whether repeatedly or not, of physical and psychological maltreatment, including corporal punishment, restriction of freedom and sexual offences to a partner, ex-partner, person of the same sex or different sex that have maintained or have a relationship analogous to that of partners, or to a person who is vulnerable due to age, deficiency, sickness, pregnancy or economic dependence living with the perpetrator"<sup>12</sup>. But, as reported by Hagemann-White, "the legal definition of domestic violence is not gender-based and tends to define harmful acts between family members in a very general way, in particular using a framing that includes child abuse and elder abuse as well"<sup>13</sup>.

On the other hand, regarding protection, from the 1990s, support services and organisations aiming at the protection of victims of domestic violence began to emerge, driven by different laws.

Recently, the law 112/2009, of September 16, was implemented, establishing in a comprehensive way the legal regime applicable to the prevention, protection, and assistance of victims of domestic violence. This specific legislation regarding domestic violence is focussed on measures for protection of victims from further abuse, and does not address criminalisation or punishment, but introduces tools and procedures aimed at the safety of victims; it seeks to provide a more adequate action unifying previous laws (for instance, Law 107/99).

The police complete a standardised notification form (*'Auto de Notícia Padrão'*). This form came into force in January 2006 and since then all police forces use it; it includes the characterisation of the complainant, the victim, the perpetrator and the context of the aggression, allowing to distinguish the type(s) of violence concerned, and the type of victimization. In parallel a risk assessment can be made, but in practice this is only done occasionally.

The police have an obligation to send the complaint to the public prosecutor. Then the public prosecutor opens a formal investigation; normally the public prosecutor delegates competencies to the police to pursue the investigation, sometimes giving clear guidelines and deadlines. Frequently this implies further questioning of the victim, the witnesses and the suspect, in that order. It is also mandatory that, after questioning the suspect and

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<sup>12</sup> Hagemann-White, Carol (2009). *Typology of domestic violence laws in Council of Europe member states – a preliminary overview*. Ad Hoc Committee on preventing and combating violence against women and domestic violence (CAHVIO). Strasbourg: Council of Europe, p.10. Available at: [www.coe.int/t/dghl/standardsetting/violence/CAHVIO\\_%20\\_2009\\_13\\_%20\\_%20e.pdf](http://www.coe.int/t/dghl/standardsetting/violence/CAHVIO_%20_2009_13_%20_%20e.pdf) (accessed on 16 November 2012)

<sup>13</sup> See footnote 12, Hagemann-White, 2009: 20

naming him as defendant (*'arguido'*), he is subjected to the Statement of Identity and Residence (*'Termo de identidade e residência'*) which is a measure of constraint<sup>14</sup> required for the continuation of the inquiry (and the only measure that can be imposed by the public prosecutor, with no need for the agreement of a judge). The public prosecutor can also decide if the inquiry should be designated as of an urgent nature and by doing so investigations, namely the questioning of the victim, have to occur within the first 48 hours.

When the police consider the investigation complete, all the material goes to the public prosecutor. Sometimes the public prosecutor decides to proceed to further questioning of the victim or the perpetrator or the witness. After that, the public prosecutor either closes the inquiry due to lack of evidence, or promotes the provisional suspension of the process (that has to be confirmed by a judge), or accuses the perpetrator / defendant (and, in that case, the file is followed by a court hearing with a judge).

The provisional suspension of the process is a legal measure that can be applied during the investigation phase of the process (when the file is still under the influence of the public prosecutor), when there is evidence that a domestic violence crime occurred. It is a measure that depends on a request made by the victim, accepted by the public prosecutor and agreed by the perpetrator (nevertheless, we found some files where this measure was proposed by the public prosecutor to the victim and then to the perpetrator).

After passing the above phases, and if the public prosecutor proceeds to the accusation, the file is sent to the court, where a judge will proceed with court hearing(s), define a sentence that could be an acquittal sentence, a custodial sentence / imprisonment or a suspended sentence.

There are different types of judicial protection orders in place in Portugal, namely: eviction orders (removing the perpetrator from the residence for a specified period, or permanently), restraining orders (placing other limits on the actions of a perpetrator such as requiring him to stay away from specific areas, or forbidding use of violence) and non-molestation orders (specifically ordering the man not to contact or harass the woman).

Possible measures for the protection of victims can include: prohibiting the perpetrator from having any contact with them; banning the perpetrator from the victim's home and/or work place, which can be monitored by remote technical means (electronic bracelet); prohibition of using firearms and holding firearms license (from 6 months to 5 years); and obligation to attend programmes to prevent domestic violence. The perpetrator can be banned from exercising paternal authority, tutelage or family authority (from 1 to 10 years).

Concerning the provisional suspension of a process, the law determines that such a measure is possible in cases of domestic violence which are not aggravated by the result. In this case, the prosecution may decide to provisionally suspend the process, at the explicit and voluntary request of the victim, with the agreement of the judge and the perpetrator, when several conditions are met, such as: absence of previous convictions for a crime of the same

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<sup>14</sup> It is applied during the period where evidences are being collected and before an accusation, or not, is produced. It limits the liberty of movements of the defendant – for instance obliging him/her to communicate to the police forces whenever he/she is traveling abroad for a period of 5 or more days).



nature (instead of criminal antecedents); the absence of a previous application of this measure in the context of a crime of the same nature; the absence of a high degree of guilt. In cases of domestic violence, the maximum period of the suspension is 5 years.

The injunctions (conditions of suspension) can be applied separately or cumulatively and 'selected' from a set of conditions related to a monetary compensation (made either to the victim, the State or a private institution of social solidarity), to the attendance of rehabilitation programmes (for aggressors or alcohol misuse), to the prohibition of living or staying in a certain place / geographical area, to the dispossession of certain objects capable of facilitating the commission of another crime, among others.

Suspects can only benefit from the provisional suspension of a process once and if there are not any other DV complaints or convictions made against this suspects. If during the period of suspension the perpetrator does not comply with the injunctions the suspension stops and the public prosecutor proceeds to the accusation and a further court hearing. However, if the perpetrator complies with all the injunctions the public prosecutor closes the file without any further accusation and this is not registered in the perpetrator criminal register.

Sometimes the public prosecutor classifies the crime as an offence to physical integrity (Article 143 of the Criminal Code). This crime is not of a public nature and therefore the complaint can be withdrawn; this crime is punishable by a period of up to 3 years of imprisonment.

This law (112/2009) also establishes the possibility for the police to arrest the perpetrator even when not caught in the act whenever: i) there is the danger of repeating the criminal activity or whenever it is deemed essential for the protection of the victim; and ii) when it is not possible to wait for the intervention of the judiciary authority, due to the urgent nature of the situation and the danger of delaying the arrest.

There is, however, a legal obligation that requires law enforcement agencies to inform victims, perpetrators and other witnesses from the family that they can refuse to give testimony. In the majority of domestic violence cases, the main mean of evidence is testimonial; so if a victim decides not to give testimony, the most probable outcome would be the closure of the inquiry due to lack of sufficient evidences.

### **3.6 United Kingdom**

This section provides a brief description of the legal processes and possible police actions in England and Wales only; these two countries have shared laws and police structures which apply to the majority of citizens living in the UK. The remainder of the population (Scotland and Northern Ireland) have different laws and legal processes. The MtG project was undertaken within England and Wales and thus does not cover all jurisdictions within the UK.

The police are responsible for the conduct of all criminal investigations; cases are only referred to the Crown Prosecution Service (CPS) when sufficient evidence has been achieved to justify a prosecution.

The police have a pseudo-judicial role inasmuch as they can 'sentence' perpetrators without involving a court. Such sentences include formal cautions, conditional cautions, final warnings and harassment warnings. Formal cautions are only applicable if the perpetrator admits his/her guilt and agrees to be cautioned. The formal caution is basically a warning regarding future conduct which is recorded and can be cited in evidence if the perpetrator is later convicted of an offence. The conditional caution is similar to a formal caution; it is voluntary, and allows police to direct the perpetrator to undertake a particular course of action (e.g. attend a DV programme). It can also be used in conjunction with a process referred to as 'Restorative Justice' in which the perpetrator is required to complete tasks such as working in the community, or consultation with victims. If the perpetrator does not comply with the conditions, he/she may be prosecuted for the original offence.

At the conclusion of an investigation, if the police believe they have sufficient evidence to prosecute the perpetrator, the case file will be handed to the Crown Prosecution Service (CPS). A CPS lawyer will review the case and apply two tests: an evidence test (is there sufficient evidence to realistically achieve a prosecution?) and the public interest test (is it in the public interest to prosecute the perpetrator?)

Any subsequent court case will be on an 'adversarial' basis, inasmuch as the CPS must prove the case beyond 'reasonable doubt' – the defence are not obliged to make any explanations, but may challenge the prosecution evidence. Any witnesses called to give evidence will be part of either the prosecution or the defence case – the Court will not call independent witnesses or experts.

Restraining orders can only be issued by the court in the UK. The police and CPS do not have the power to do so, however, when the police 'release' a perpetrator from arrest and a court case is expected, the police can put conditions on the perpetrator until the court case. The legal title for this is 'bail'. A common used condition of bail is that perpetrators should not have any contact with victims. The outcome can be very similar to a restraining order, albeit through a different legal process. Regardless of the outcome of the court case (even when a perpetrator is acquitted), the court can issue a restraining order if it is felt that there is a need to protect the victim. Any breach of a restraining order can result in further criminal proceedings and a prison sentence of up to five years.

In the following, a 'typical' procedure of police action in case of DV is described. The first officers to attend a report of DV are usually uniformed 'response' or 'neighbourhood' police constables. They often have the power to arrest the perpetrator (regardless of the extent of the crime). The power comes from Section 110 of the Serious Organised Crime and Police Act 2005 which states that a constable can make an arrest if he/she has reasonable grounds to believe that a person is committing, has committed or is about to commit an offence and that an arrest is necessary for any of the following reasons:

- to enable the name (and address) of the suspect to be ascertained
- to prevent the suspect
  - causing physical injury to himself or any other person;

- suffering physical injury;
- causing loss of or damage to property;
- committing an offence against public decency or
- causing an unlawful obstruction of the highway;
- to protect a child or other vulnerable person from the person in question;
- to allow the prompt and effective investigation of the offence.

Clearly several of the above can be applied to situations relating to DV.

A typical case might be as follows: police officers attend the report of DV at the home of a married couple. Upon arrival, the officers will separate the couple and ask them what happened; they will also note any injuries, damage etc. If the officers have reasonable grounds (as stated above) they may arrest the suspect. Once arrested, a suspect can be held at the police station for 24 hours (this can be extended under special circumstances).

The police will then carry out a full investigation of the crime; this will typically involve taking forensic evidence, photographs, enquiries with neighbours and so forth. The case is only referred to the CPS when a senior police officer believes that there is sufficient evidence to justify a prosecution. Generally referrals are made from the police to either statutory social services (now usually known as Adult Social Care services) or to the organisation Victim Support.

In addition to investigating the crime, the police will also investigate the safeguarding of the victim (and in some cases the suspect – if vulnerable). It is these investigations which are usually carried out by specialist officers (in some forces, they will also carry out the criminal investigation). The safeguarding process involves risk assessment and liaison with other agencies such as social services, housing, education, health, DV support etc. Cases deemed to be 'high risk' will be referred to MARAC (Multi Agency Risk Assessment Conference) for further action, as necessary.

A safeguarding investigation is undertaken even if the police do not proceed with a criminal investigation.

## IV. Quantitative Analysis (by Olga Tóth)

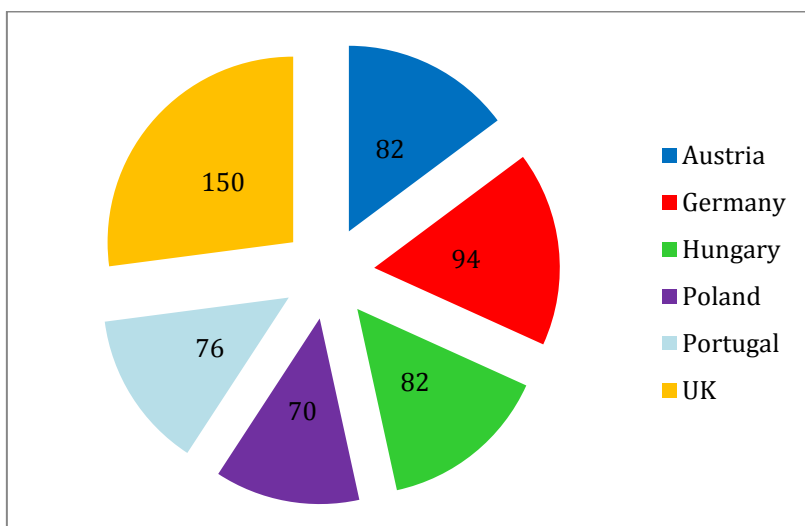
### 4.1 Sample

All victims were women 60 years or older and all suspects were male.

**Table 1. Law enforcement agency – where files came from**

	N	%	countries
Police	314	56,7	Austria, Hungary, UK
Public prosecutor	170	30,7	Germany, Portugal
Court	70	12,6	Poland
Total	554	100 %	

**Figure 1. Distribution of sample by countries (N)**



The distribution of sample is balanced except the overrepresentation of UK.<sup>15</sup> When we therefore analyze the total sample, we always have to take into consideration that more than one-fourth of the total files were from UK and the special features of this country influenced the data to a higher extent than other countries.

We also have to mention that our data set is not standardized to as high a level as it would be in the case of a survey. Although we worked out a detailed code book to make content of files comparable, the files varied greatly in terms of quality and elaboration. In every country many files contained information that was more or less unclear

<sup>15</sup> According to the proposal it was required to analyse 150 cases for larger countries and 70 files for smaller countries. Austria, Hungary, Poland and UK managed to obtain the full number of files in their samples.

What is more in some countries the kind of files selected for analysis per se only included information on a limited number of issues. (e.g. Austria) So in several countries some kinds of information are systematically missing, in other countries they are just not included in some case files, whilst others do include information on this issue (e.g. employment status, illness, support by others). The meaning of “unclear data or data are unavailable” may come from a systematic data collection protocol or may derive from the fact that person completing the case file did not find the information to be important.

During the coding of files we differentiated clear information from that which was unclear and from the cases when information was not available. The code “unclear” was applied when we had contradictory information from different people or mere speculations of one person involved. Generally partner countries agreed to use “not available” whenever no explicit information on an issue was given in the file. We used the code “no”, whenever the person completing the file was sure that missing information in this special case really meant no. During qualitative analysis we generally use “yes” code (coding “no” is unfortunately very rarely found in files) and disregard “unclear” and “not available” information. This feature of our data set made it possible to undertake a limited comparison between countries and therefore we must be cautious with the interpretation of the data. A deeper quantitative analysis of files must be undertaken on a country by country basis.

## 4.2 Characteristics of Victims

**Table 2. Victims’ mean age by country**

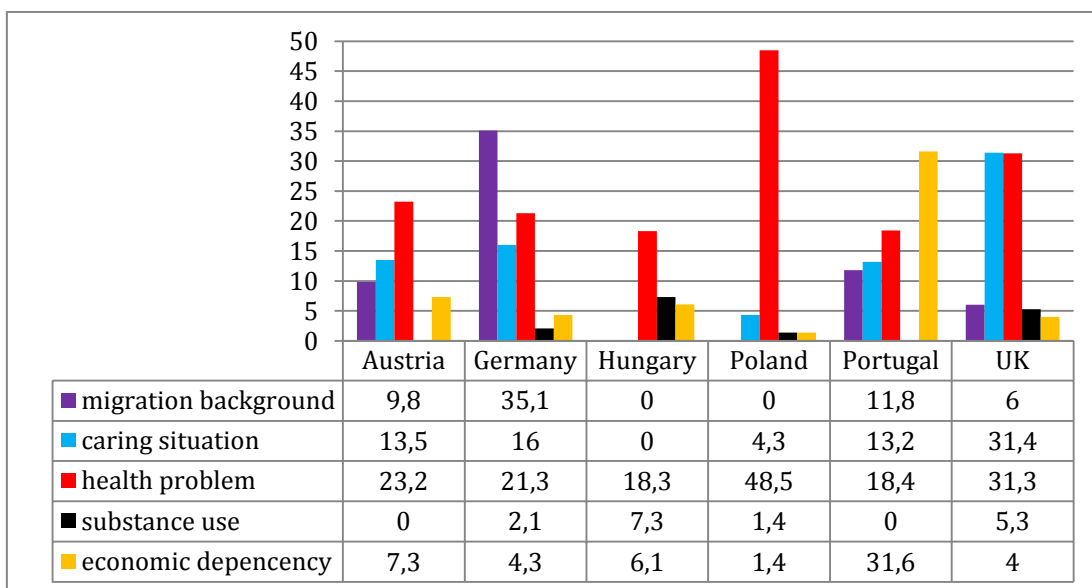
	Austria	Germany	Hungary	Poland	Portugal	UK	Total
mean age	69,2	67,7	66,8	63,4	67,5	66,5	66,9
Min–Max age	60–87	57–83	60–84	60–81	60–81	60–90	57–90

We find a slight but significant difference by countries in the victims’ mean age. The oldest victims were found in Austria and the youngest were in Poland. Actually this means that most victims in Poland were close to age 60. This can be at least partially explained by the fact that the Polish case files were Court files and that younger victims tended to agree to prosecution of suspects. On the other hand it appeared that generally older victims tended to withdraw their support for prosecution.

From the case files, we attempted to get information about both victims’ and suspects’ migration backgrounds, health situations their caring situations and the extent of economic dependency between the couple. For the purpose of this analysis we created five variables concerning the above mentioned factors. The migration background variable only related to the fact that victim or suspect had a migration background independently if he/she has permanent legal residence status. The values of health situation variable could be 0–4 where 0 means that no health problem was indicated in the file. The value 4 means that the person was suffering from all of the health problems that were itemized in coding (chronic illness, mental health problem, dementia and substance use). The values between 0 and 4 indicate the number of documented health problems that were recorded for an individual in the case file. The economic dependency variable means that victim’s or suspect’s economic dependency was clearly recorded in file. The caring situation variable means that either the victim or the suspect received care from the partner or from social welfare services. We

anticipated that the higher the number of these factors that characterized the victim (or the suspect) then the more at risk she/he was. However we must remember again that in Austria, Germany and Hungary files were not very detailed. On the other hand files from UK, from Poland and Portugal contained clear information on these factors. We can therefore only establish a good picture about victims and suspects in the latter three countries. Comparison of countries also allowed us to compare the data collection practices of law enforcement agencies.

**Figure 2. At risk victims by country**



Comparing the data of participant countries we discover big differences in ratio of those victims who have some risk factors. Particularly in Hungary and to some extent in Poland victims are not characterized by some risk categories. In Poland and in Hungary most older women have their own pensions, so we can accept that there are very few victims in situations of economic dependency in these two countries. (On the other hand the real value of pensions is generally very low in these countries, which means that couples may have a mutual economic dependency). Economic dependency is highest amongst Portugal victims. However, case files contain little information on economic dependency in Austria and Germany.

It is obvious that the particular features of these countries can explain the lack of victims with migration backgrounds in Poland and Hungary. In the other four countries migration is a feature of society and we may suppose that in situations in which a victim (or a suspect) has migration background it is recorded in file. German data have a special feature: one-third of victims have migration background. Without other additional information there could be two very different but not independent explanations for this finding: older women with migration backgrounds are really more endangered in Germany and/or they enjoy superior attention in situations where they are victimized.

In one-third of UK files caring situations between suspect and victim were recorded. It is also notable that the number of victims who suffer from some illnesses is the highest in Poland and UK. We have information about health problems of only every fourth or fifth victims in the other four countries but we have to stress again that in these countries (apart from Portugal) files have limited or poor information on these issues.

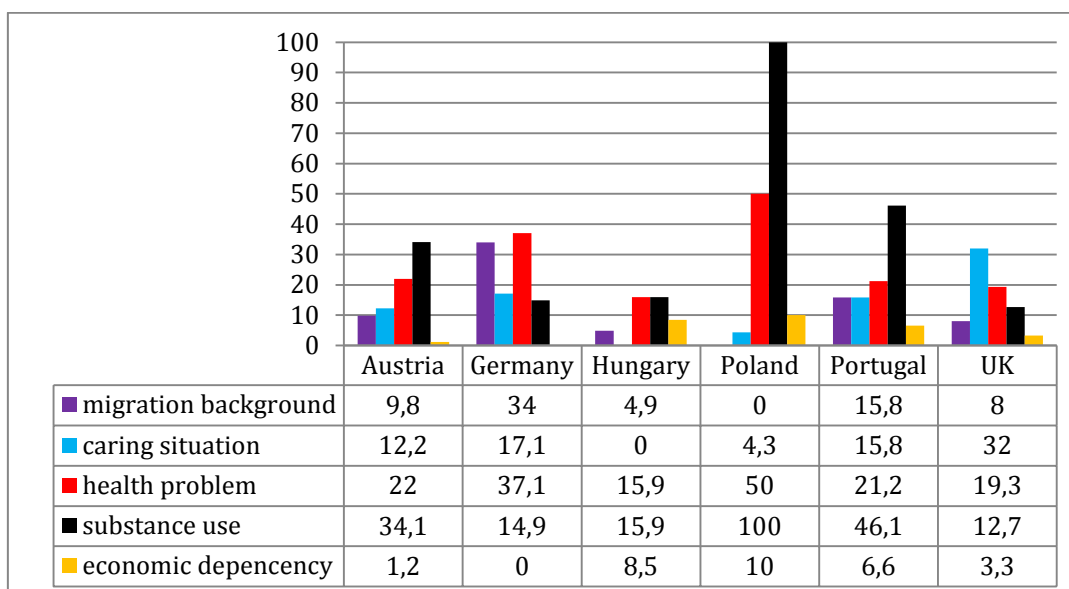
### 4.3 Characteristics of Suspects

**Table 3. Suspects' mean age by country**

	Austria	Germany	Hungary	Poland	Portugal	UK	Total
mean age	67,9	68,1	65,5	63,8	67,7	65,4	66,3
Min-Max age	46-90	40-90	28-89	52-82	47-86	41-90	28-90

Within the analysis, the mean ages of suspects and victims is relatively close together (see tables 2 and 4). It is also apparent that the age range is wider in relation to suspects. In the total sample, 12,5 % of victims are more than 9 years older than the suspect. In Poland this ratio is the lowest (2,9 %) and in Hungary this ratio is much higher (21 %). The age gap between intimate partners not living together and ex-intimate partners appears particularly large (it is more than 50 percent). In Hungary witnesses' oral testimonies suggest that a "too big" age gap between partners may evoke negative reactions from the neighborhood and from family members and that those older women who are victims of IPV from a much younger partner can expect lower levels of sympathy and support from the community.

**Figure 3. At risk suspects by country**



Similar to the case of victims, German and Hungarian files contain the most limited amount of information. Files from Austria have more information about some issues (mental health of suspect, caring situation) but concerning other factors such as economic dependency

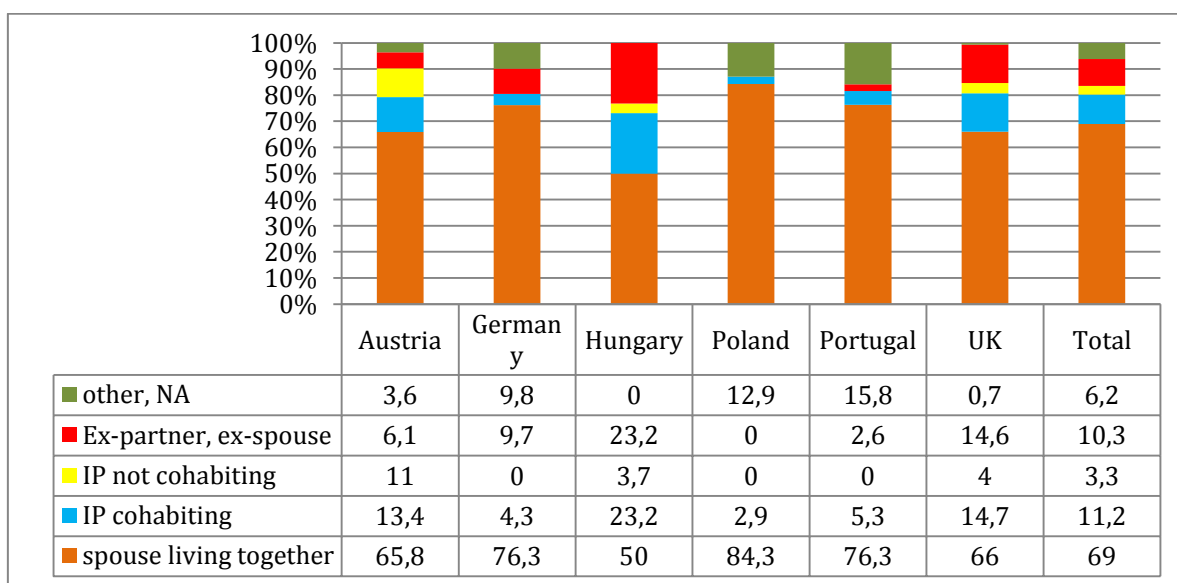
these files are similar to German case files in their limitations. Files from UK, Poland and Portugal are the most detailed about suspects just as they were in relation to victims.

Significant differences are found between the recorded characteristics of victims and suspects. While victims were characterized by health problems and caring situation, the main risk factor for suspects in relation to intimate partner violence is substance use. All suspects from Poland have substance use problems and another 50 % have some kind of health problem.

Comparing the number of risk factors in case of victims and suspects we can see that UK and Poland are the two countries where data collection about victims and suspects appears to be equally important. Almost all court files from Poland and police files from UK contained clear information about specific risk factors that characterized the victim and the suspect. The Portuguese files contained the clearest information about these factors in most cases. Hungarian files have the least information about both the victims' and suspects' health situations, caring situations, economic dependency and migration backgrounds. This fact is understandable, as Hungarian police do not use a standardized questionnaire or list of questions and each police officer decides individually from the background information what seems to be important. The Austrian and German data collection about suspects seems to be very detailed apart from information about their financial situations. Most of the case files in Germany contain uncertain information about economic dependency and the health situations of both partners.

#### 4.4 The relationship

Figure 4. The type of relationship by country



Two-thirds of the total sample of cases consisted of spouses who were living together, however we found significant differences between countries. Only 50 % of Hungarian partners were spouses who were living together but on the other hand more than 84 % of Polish partners were spouses. Austria had the highest ratio of cases concerning intimate



partners who were not living together, but this category did not exist at all in cases in Portugal, Germany and Poland. It is very important to mention that in Hungary, a quarter of cases concerned ex-spouses and ex-partners involved in intimate partner violence. As the experts stressed during consultation, the amount of IPV resulting in divorce appears to be increasing, but on the other hand in Hungary many divorced couples are not able to get a new home because of financial constraints. In this type of situation, couples remain living under the same roof, even in cases when IPV was the main reason of divorce.

The victim's intention to separate from the suspect was 26.3 % across the whole sample. A further 38.9 % of victims had no intention to separate and the last one-third of the whole sample did not contain clear information about this issue. The lack of information was particularly evident in Austrian, German and Hungarian case files. In Poland and Portugal the victim's main intention was to stay together with suspect irrespective of intimate partner violence. (80 percent of Polish victims and 54 % of Portuguese victims were recorded as indicating that they did not intend to separate from her partner.)

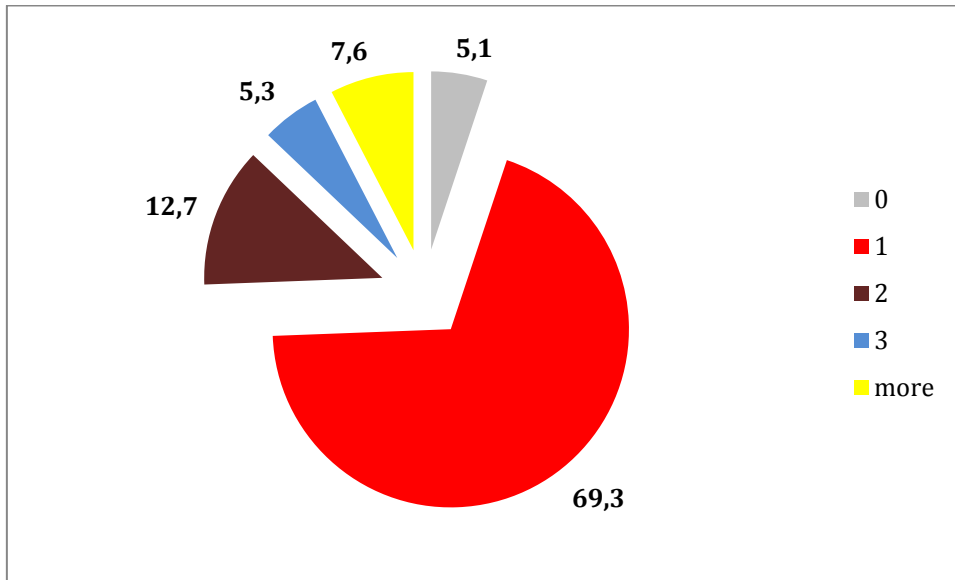
As presented in Figure 4, within case files most couples were formally married. It was also apparent that the average duration of the relationship was really quite high: 30.7 years. It is of note here that the data for the average duration of relationship relates to 402 couples, as 152 case files did not contain information about the duration of relationship. German, Polish and Austrian couples had spent the longest time together (36 years) and Hungarian couples had spent the shortest length of time (21.8 years). The reason for this is the relatively high number of ex-partners and cohabiting partners in IPV cases within the Hungarian sample. In particular, this last form, cohabitation, is typical amongst the youngest and the oldest generations in Hungary.

In the overall sample, 16.6 % of victims were living together with other family member(s) in addition to suspects. This family form was the most commonly recorded in Poland, where 55.7 % of victims had other family members living together.

#### **4.5 The suspects' former violent behaviour**

Within the overall sample, 46.3 % of couples had documented cases of IPV prior to the last reported and coded incident. Some 14 % of the coded files referred to one further incidents and further 17.9 % of files referred to 3-10 IPV incidents between the same couple. In addition, 10 % of suspects committed the first documented incident of IPV before 2000, 8 % between 2001-2005, 14 % between 2006-2007; and 67 % in the last four years (2008-2011). Only 14.5 % of all couples had at least one recorded mutually violent incident; across the sample, in 85.5 % of cases the violence was unilateral and one-sided, that is male to female violence.

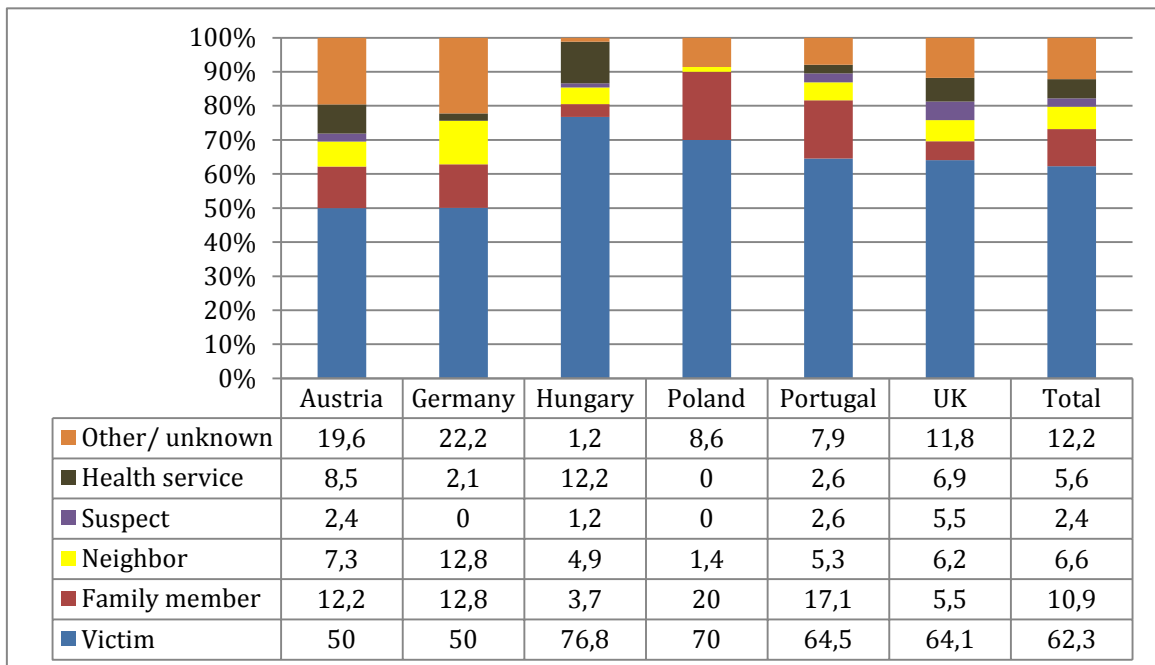
**Figure 5. Number of police involvements in the life of the couple**



## 4.6 Characteristics of the last reported case

### 4.6.1 Who reported the case to police?

**Figure 6. Who reported the case to police?**



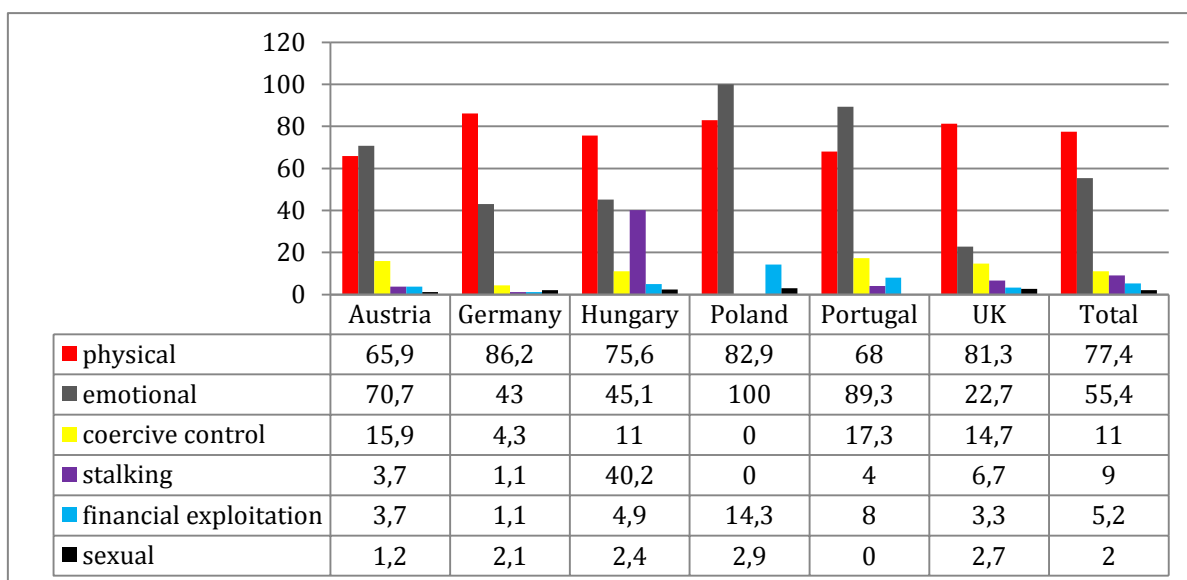
In all countries, it was most common that the victim reported the incident to the police; however, the rate of the reporting was between 50 % and 76.8 % in different countries. We

suggest that the very high rate of victim-reported cases (especially in Hungary) may indicate a lack of support institutions and persons or knowledge about which agencies exist. The reporting activity of family members differs very much country by country. Such reports are the highest in Poland and Portugal where other family members live together with the couple more often. The reporting activity of neighbours is the highest in Germany, where the rate of reporting of the incident by neighbours is as high as it is amongst the family members. Rates of health service reporting are highest in Hungary and in Austria.

Generally very few victims obtained support from domestic violence services (4 %), or from social services (7 %). Additionally, these institutions are not particularly active in reporting violent incidents to the police even if they have contact with the victim. Overall, only 2 % of reports to police came from domestic violence or social support services. Of course in some countries where the activity of these institutions reaches relatively high numbers of victims it is doubtful that it is desirable that the police should be informed about all cases. Social and domestic services may form relationships with victims on the basis of confidentiality and in a number of instances it may not be in the interest of the women to report the case to the police. However improving collaboration between various institutions and experts in the field of intimate partner violence is a desirable aim.

#### 4.6.2 Types of violence

Figure 7. Types of violence by country



Across the sample, the most common type of violence recorded in files was physical (77 %), followed by emotional violence (55 %). In Portugal, Poland and Austria these types were found to be comparable, with the rates of these two kinds of violence found to be close together. Emotional or verbal violence was reported at much lower rates in the other three countries, especially in the UK. We have no clear explanations for the large differences in

levels of emotional violence. Stalking is a very commonly reported type of violence in Hungary, especially amongst ex-partners and ex-couples. Financial exploitation was recorded at the highest rate in Poland. A total of 9 suspects used weapons from the whole sample; weapon use was clearly identified in 9 files and in another 8 cases information was unclear about this. On the other hand, 92 suspects used some item to cause harm or injury during the most recent incident. The most frequently used object was a knife but a number of different items (e.g. garden tools, cookware, sticks and so forth) were used during incidents. Use of such items appeared to be especially common in Poland: 28,6 % (where court files were analyzed) and in Hungary, with a rate of 22 % (and where ratio of serious injuries was very high).

**Table 4. Type of injuries recorded in the files by countries**

	Austria	Germany	Hungary	Poland	Portugal	UK	Total
No injury claimed by the victim	<b>59.8</b>	19.4	19.5	38.6	<b>47.4</b>	32.7	35.3
No injury visible	1.2	<b>26.9</b>	8.5	10	14.5	20.7	14.8
Minor physical injury	<b>31.7</b>	<b>33.3</b>	6.1	14.3	30.3	30	25.3
Moderate physical injury	6.1	8.6	<b>24.4</b>	21.4	3.9	9.3	11.8
Major physical injury	1.2	3.2	<b>40.2</b>	15.7	0.0	1.3	9.0
Death of the victim	0.0	0.0	1.2	0.0	1.3	6.0	2.0
Unclear	0.0	8.6	0.0	0.0	2.6	0.0	1.8

There is a clear difference between countries in the recorded injuries of victims. As Table 4 indicates, Austria and Portugal are the countries where there were the highest levels of no injury claimed by victims (59.8 % and 47.4 %). As figure 7 shows the amount of emotional violence was higher in these countries than physical violence and the number of moderate or major injuries was low. In Poland all victims suffered emotional violence but in addition many of them also suffered various kinds of physical injuries. The German files mainly contained incidents resulting in minor injuries or no visible injuries. The UK files registered the highest number of cases where the incident ended with the death of victim (6). However, the number of moderate or major injuries was low in the UK. Hungary is the country where the number of major injuries suffered by victim is the highest, extending to 40.2 % of all victims. A further 24,4 % of victims had moderate injuries.

As most of the partners were living together across the whole sample, it is clear that as many as 79.3 % of incidents for all analyzed cases happened in the shared/joint home of victim and suspect. The second most common place of the last recorded incident was the home of victim. In the total sample this rate was 13.6 % but in Hungary (where a very high number of suspects were ex-partners or ex-husbands) this rate is 24.4.

**Table 5. Was the suspect and the victim under the influence of drugs/ alcohol during the last incident?**

	Austria	Germany	Hungary	Poland	Portugal	UK	Total
Suspect intoxicated	42,7	31,5	31,7	95,7	23,7	44,7	43,8
Victim intoxicated	7,3	8,7	11	0	0	22,7	10,3

It is frequently stated that intoxication increases the risk of violent behavior occurring.

Within our sample, countries differed significantly from each other in relation to this aspect. In Poland almost every perpetrator was reported as intoxicated during the incident, but none of the victims were recorded as intoxicated through alcohol or drug use at the time of the incident. In the UK amongst both suspects and victims there is a relatively high percentage of rates of intoxication. Portugal was the country where recorded IPV incidents by intoxicated persons occurred at the lowest level. As mentioned in sample descriptions, we coded information if it was clearly recorded in the file. In situations if there was only vague or contradicting information about the use of drug or alcohol, this was coded as unclear. We must therefore take into account that the Hungarian and German files mostly contained unclear information on this issue. However, files from Poland, UK and Portugal were the most detailed about the intoxication of victim; and Polish and UK files were the most detailed about suspects. It appears that very different drug/ alcohol consumption patterns relate to IPV against older women. And it is notable that many perpetrators commit acts of IPV without use of any kind of drugs or alcohol.

**Table 6. Presence of risk of specific harms by countries**

	% in total sample	countries with significant differences from total sample
strangulation by suspect	15.2	Portugal (23.7), Poland 22.9)
threat to kill victim or himself	34.8	Poland (94.3) Portugal (48.7)
threat of bodily harm to victim	23.1	Poland (44.3); UK (3.3)
use of weapon	10.3	Austria (22)

In most of the countries (except Hungary and Poland) the police used a risk assessment form at least in some cases. In the UK risk assessments were undertaken very frequently (91 % of cases). 73.2 % of Austrian files, 38.2 % of Portugal files and 20.4 % of German files recorded that police used a systematic risk assessment. In the case of Hungary we know that an elaborated and broadly accepted risk assessment form does not exist or is in use by the Hungarian police. On the other hand in Poland all files were court files, when risk factors appear to have been more fully investigated as compared to police cases. The literature on IPV emphasizes that some specific perpetrator behaviours are especially dangerous for victim. These risk factors were also identified when the file analysis was undertaken. As Table 6 indicates, for the total sample the most common risk of harm is the suspect's threat to kill either the victim or himself. This is particularly frequently found in Polish court files and also in Portuguese public prosecutor files. The threat of bodily harm towards the victim is also very frequently found in Poland, but on the other hand was infrequently recorded in UK files.

## **4.7 What did the law enforcement agency do?**

### **4.7.1 Witnesses**

Altogether in just under one third (28.9 %) of the cases an eyewitness was reported as present during the incident. In Poland, this rate was much higher, at 60 %; however, in UK it was only 18 %. Although we find quite large differences between the countries the fact that almost one in three incidents happened in the presence of other people indicates that IPV against older women is not entirely a hidden phenomenon. In half of the cases analyzed, family members, neighbors, health services or law enforcement agencies knew about the violent nature of the relationship. As was previously indicated, almost every second victim and her partner had records relating to at least one further violent incident prior to the one that was analyzed. It seems that prevention does not work very satisfactorily as in the majority of the cases a number of different persons and/ or institutions did already know about the dangerous situation of the victim. However, neither previous reactions to violent incidents nor the apparently widely known violent situation between partners prevented suspects from committing another/further violent act(s).

### **4.7.2 Immediate measures taken by police**

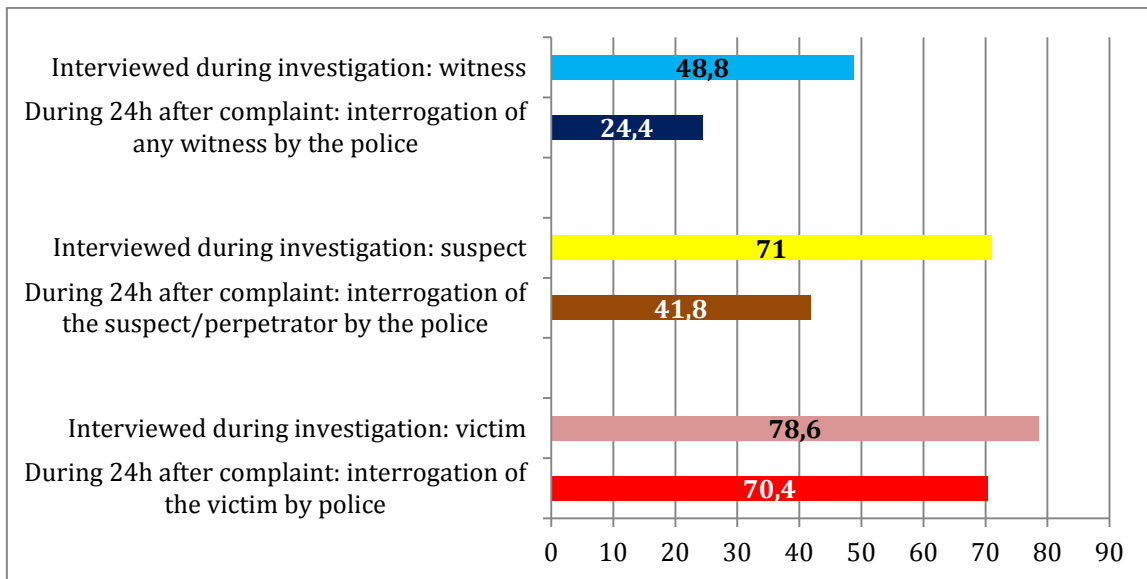
The most common immediate measure used by police was to commence processes of criminal prosecution; this occurred in almost three quarters of cases. Table 7 shows the marked differences between law enforcement policy and practices in participant countries. Hungarian files contained little information about police intervention. In most of the cases their only action was to commence the process of criminal prosecution. On the other hand Austria and UK have clear protocols for their law enforcement agencies and it seems from the file analysis that they apply it.

**Table 7. What kind of immediate measures did the police?**

	% in total sample	countries with significant positive differences from total sample	countries with significant negative differences from total sample
Criminal prosecution of the suspect	73.0 %	Hungary 100 %, Portugal 98.7 % Poland 97.1 %	Austria 32.9 %, Germany 47.8 %
Entering into the victim's home with permission	63.8 %	Austria 96.3 %, UK 86.6 %	Hungary 14.6 %
Giving information about support	51.5 %	UK 79.4 %, Austria 72 %	Hungary 1.2 %, Portugal 15.8 %
Separating the couple	36.8 %	Austria 75.6 %, UK 68.8 %	Portugal 0 %, Hungary 1.2 %,
Banning the suspect temporarily from the premise	34.9 %	Austria 69.5 %, UK 66.7 %	Portugal 0 %, Poland 2.9 %, Hungary 3.7 %
Information leaflet about the law	31.9 %	Austria 62.2 %	Portugal 0 %, Hungary 1.2 %
Taking suspect / perpetrator into custody	26.2 %	UK 66 %	Portugal 2.6 %
Involving medical services	18.4 %	Poland 48.6 %	
Involving crisis intervention centres	17.3 %	Austria 67.1 %	UK 2.1 %, Hungary 2.4 %, Portugal 2.6 %
Conflict resolution	14.7 %	Austria 69.5 %	Hungary 0 %, Portugal 0 %, UK 1.4 %

### 4.7.3 Interrogation

Figure 8. Interrogation process



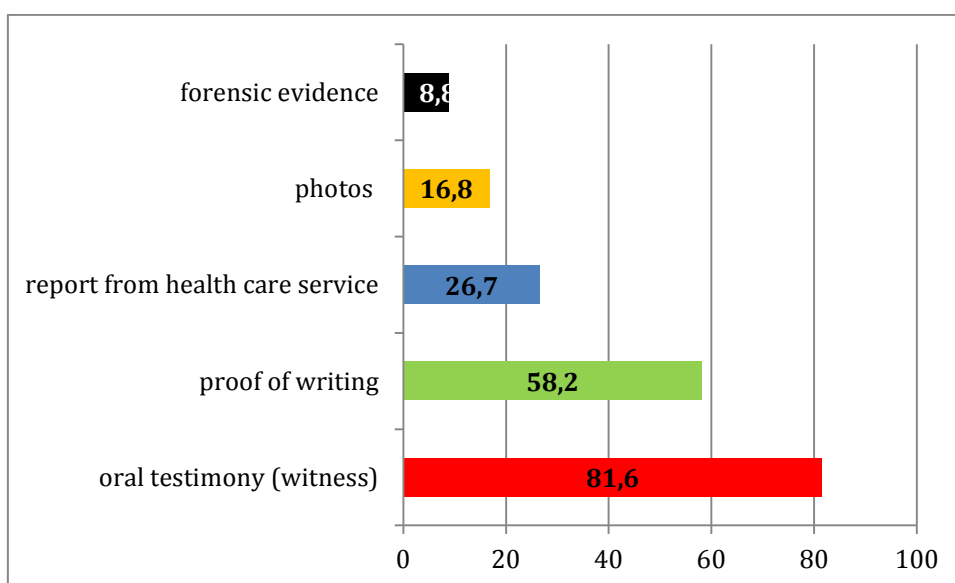
As Figure 8 shows, 70 % of victims were interviewed during the first 24 hours after the incident and overall 78.6 % were interviewed during the course of the investigation. Some 41.8 % of suspects were interrogated during the first 24 hours but this rate increases to 71 % over the whole investigation period. One explanation for this difference might be that suspects left the place of the violent incident before police arrived. In almost every second case file, some sort of witness was interviewed, so it is clear that the violent relationship was well known by a number of neighbors and relatives. In 86.1 % of cases the interrogation/interviews of victim and suspect were undertaken separately, but in only one third of cases was the victim interviewed by a female police officer.

### 4.7.4 Evidence

During the first 24 hours, photographs of the injuries of victim were taken in almost 17 % of situations and in 20.3 % of cases a physical examination of the victim was undertaken. Some 16.4 % of suspects underwent psychological investigation. Figure 9 shows the use of different types of evidence taken during the period of the investigation.



**Figure 9. Evidences used during the investigation**



Oral testimony was obtained during investigation in every country at the same level. Documentary evidence (proof in the form of written evidence) was used in almost all cases in Poland, in Portugal and in the UK in one third of cases. The use of forensic evidence was only characterized in the UK police (in 24.7 % of cases) It is important to mention that only in Poland did law enforcement agencies use documentary evidence from any kind of social service or domestic violence service to a greater extent (for instance, from social services in over one third, 35.7 % of cases).

#### **4.7.5 The outcome of incident**

In over three-quarters (78.2 %) of analyzed cases, the law enforcement agency recorded the incident as a domestic violence crime. However, in Hungary where domestic violence is not an accepted type of crime, none of the cases were recorded this way. Overall the police undertook systematic risk assessments in under half (44.1 %) of all cases, no risk assessment was undertaken in 37.1 % of cases and data was not available for 18.8 % of cases.

In Poland all cases and in Portugal almost all cases were classified as domestic violence cases. Across the total sample, a third (33.8 %) of victims was fully supportive towards criminal prosecution of suspect. It is interesting to note that the highest ratios of fully supportive victims were found in Hungary (66.3 %) and in Poland (55 %), although in these countries organized and legal actions against IPV have the shortest history. In Poland the fact, that only court files were analysed might mean that only more severe cases were considered or that the fact that they cases were being prosecuted at court might be due to the fact that victims are supportive towards prosecution could have contributed to the high numbers of supportive victims. In Hungary police files were analysed, but most of the victims initiated police intervention themselves. This fact and the high ratio of major injuries might explain the high ratio of supportive victims in Hungary. In the UK and in Germany the

most reluctant victims were found. In the UK this might be because the sample included initial investigation files rather than (exclusively) prosecution or court files. The domestic violence policy of these countries might also play a role here. If the domestic violence policy is very much in favour of prosecuting domestic violence (even against the will of the victim), this could lead to high rates of unsupportive victims.

Altogether in 13.7 % of cases some kind of protection measures (banning, restraining orders, and so forth) were recorded as issued. However, 11.2 % of perpetrators committed some further act(s) of violence against the same victim after the case was reported. In the UK and Hungary, one quarter of cases were transferred to the criminal court system. In Germany and Portugal this ratio was 13 % but there was no comparable data from Austria. Across the whole sample, 91 cases (13 percent of all cases) contained the outcome of a court decision to convict the perpetrator. As the Polish sample of files came from the court setting, it is understandable that most of the convicted perpetrators were from Poland (53 cases). The second highest number of convicted perpetrators was found in UK files (21 cases), but most cases were not prosecuted. In other countries cases did not necessarily reach the court and in some countries cases were not always passed to the public prosecutor or there was no clearly recorded information about the decision of the court.

## V. Qualitative Analysis

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The aim of the qualitative analysis of the law enforcement agencies' case files was to identify the challenges to and specific problem fields in police, public prosecutor's and court actions according to case types, in order to improve future interventions in intimate partner violence against older women.

On the basis of the quantitative analysis or the summaries of law enforcement case files, we were able to develop a case typology, which mirrors the incidence of certain characteristics and focuses on specific problems (e.g. health status, history of violence, alcohol abuse). All project partners elaborated case types, and it turned out that there is considerable convergence between the countries regarding the most prevalent case types and thus problems. In an in-depth analysis of a total of 326 (Germany: 94, Hungary: 25, UK: 30, Poland: 70, Portugal: 23, Austria: 82) case files of law enforcement agencies, we were able to identify a number of problematic constellations which occurred in the majority of countries – though with different emphases. Furthermore, there were a few constellations which were relevant in one country only, like e.g. in the case of Poland, perpetrators who show short-term "improvement" in order to make the victim agree to parole, or in the case of Portugal, where there were several cases of one singular but extremely violent assault. Below, we will present the most prevalent case types:

- History of (intense) unilateral violence
- Violence in relationships characterised by one partner's dementia, mental or physical illness
- Violence and alcohol/drug abuse
- Reciprocal violence
- Violence by former partners
- Young perpetrators – old victims

This typology is completed with observations on the cooperation of police and social services/ organisations for victim protection.

### 5.1 History of (intense) unilateral violence

The relationships are characterized by long duration (an average of 30.7 years) and in many cases by long-standing violence. In nearly half of the case files, previous violence is mentioned; however, there is usually only vague – if any – information on the beginnings and incidence of intimate partner violence. Indicators for previous (frequent) assaults are, besides documented law enforcement interventions, statements and suggestions of victims and/or witnesses, but also the victim's refusal to talk to the police. The latter points to the victim being traumatised, to intimidation by the perpetrator, and the fear that a testimony will result in further violence.

### 5.1.1 Characteristics of relationships with (long-term) violence

According to the women, in many cases violent assaults by the husband/partner already began in the first years of the relationship, and often recurred over decades. Sometimes, developments or events will be pointed out, which indicate the start of violent assaults: "He is violent only when he drinks", or "Since he has been suffering from a brain tumour, he has changed completely". In spite of the victim's – often vague – suggestions or the lack of detail in the account in the case files, we may infer that some of these women have experienced all forms of violence, including intense repeated physical violence or rape. These cases are characterised by extremely fearful victims and abusive, controlling perpetrators who threaten physical violence, murder or defamation. In relationships with long-term violence, there are usually confidantes, eye- or ear-witnesses (children, other relatives, neighbours, friends and acquaintances) whose support or intervention often results in the violence first being reported.

### 5.1.2 Victim's behaviour/willingness to cooperate and interventions

Only a minority of the former violent incidents was reported to the law enforcement agencies, and if so, it was mostly intense violence. Thus, in Austria, only about every ninth woman who had repeatedly experienced violence over a longer period of time turned to the police for help. From this, we may infer that the number of unreported cases of older women subject to violence is very high. What is striking in these cases is that, with the exception of Austria, for the most part third parties, and not the victim herself, called the police. In Austria, more than half of the women subject to repeated violence called the police themselves; what tipped the scales here is only partly deductible from the case files. From interviews with older victims of violence, it appears that it is mainly fear for their own life that triggered the victims' action.<sup>16</sup> From the Polish case files, it appears that the victims often did not feel physically and emotionally able to endure the violent relationship any longer, and therefore informed the police. These results illustrate the importance that outsiders – doctors, nurses, social service employees – are sensitive to signs of domestic violence and ask questions as appropriate.

In relationships with long-term violence, we not only notice more frequent attempts at separation, but the intention to end the relationship, according to case files, is also more frequent. In addition, police interventions – as the British case analyses suggest – seem to be more effective in general when there has been a previous separation, which suggests the readiness for change on the part of the victim (see also chapter 4.5).

Often those women who have not reported the incident themselves showed little willingness to cooperate with the police or in criminal proceedings, i.e. refused to testify or later modified their testimony, or were unfavourable to legal options of intervention and did not file charges.<sup>17</sup> Willingness to cooperate also decreased when partner violence only resulted in

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<sup>16</sup> Cf. Amesberger, H. / Haller, B. (2010): Intimate Partner Violence against older Women. National Report Austria. [http://www.ipvow.org/images/stories/ipvow/reports/IPVOW\\_Austria\\_English\\_final.pdf](http://www.ipvow.org/images/stories/ipvow/reports/IPVOW_Austria_English_final.pdf)

<sup>17</sup> To what extent victims can prevent the legal persecution of the perpetrator is regulated differently in the partner countries, and also depends on the degree of violence. In all countries, the victims/witnesses can refuse to testify if their testimony would incriminate a near relative. In most court proceedings, the victim's testimony is decisive for a conviction, because further proof (like photos of injuries, medical opinions) is only available in rare cases.

minor physical injuries. If the victims were at all ready to speak to the intervening police officers, in case after case, they excused the perpetrators' behaviour with his alcohol addiction or mental illness, some even blamed themselves for the situation.

From our research, the degree of the victim's willingness to cooperate had significant influence on the outcome of the proceedings. All cases in which the victims did not want their partner to be prosecuted and refused to testify were dropped for lack of evidence.<sup>18</sup> There is one exception: According to a German case file, the victim kept asking the public prosecutor to drop the charges, but the prosecutor denied. In the end, the perpetrator was sentenced to pay a fine. But it seemed that the victim paid the fine as she repeatedly asked for payment in instalments, which was eventually granted.

An equally significant influence on the outcome of the proceedings lies with police interventions themselves. This may be illustrated by the British case files: When police in England and Wales are called to a minor violent assault, the circumstances are investigated and officially recorded, as both a criminal offence and domestic abuse. A safeguarding risk assessment is also completed, but this often results in the case not being classified as a sufficiently high risk to initiate in-depth safeguarding intervention by the police and/or social support organisations. The criminal investigation focuses on the prosecution of the perpetrator, while the safeguarding intervention focuses on the 'well-being', support and potential needs for safety of the victim (and in some cases also the perpetrator). When cases were identified as being a high risk, the safeguarding intervention was undertaken by specialist police officers who would engage with social support services and make further contact with the victim. In some police forces the criminal investigation was also transferred to specialist officers. Case file analysis suggested that in many cases the Crown Prosecution Service (CPS) did not appear to consider previous allegations of IPV when deciding whether there was sufficient evidence or whether it was in the public interest to transfer a case to the court. This often resulted in some key legislation being overlooked.

In Austria, with repeated police interventions, there was no sign of resignation – and thus a neglectful risk analysis – on the part of the officers. Only when additional elements like mental impairment or reciprocal violence occurred, was there an increase of dispute settlements only. This means when the cases were not classified as "domestic violence", there were no banning orders, neither were violence protection centres informed, which complicated potential assistance of the victims by violence protection centres.

In the remaining countries, there is no information regarding the lines of action of the police and other law enforcement agencies. The Portuguese findings especially criticise the long duration of proceedings – in some cases, inquiries took more than two years, in isolated cases the verdict of the court proceedings came as late as five years after the facts.

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<sup>18</sup> Austrian and Hungarian police case files do not contain any information on the progress and result of the proceedings.

## 5.2 Dementia, mental or physical illness

The extent of health impairment has important effects on (mutual) personal dependence, on vulnerability and on the reaction of the police. In spite of the relatively low average age (victims: 67 years, perpetrators: 66 years), the case files showed numerous health problems of individuals. As the results of the analyses in chapter IV show, the victims tended to be in better health than the perpetrators: Around 29 % of women, but nearly half the men had health problems, especially as a consequence of the higher incidence of alcohol addiction in men in some countries. Regarding health status, there are considerable national differences; thus, the health status of Polish and British victims and perpetrators is clearly poorer than in other countries. In Poland, this is mainly due to the alcohol addiction of the perpetrators (100 %) and the resulting illnesses like personality disorders and psychoses. The case files reveal few cases of dementia (e.g. in Germany 6,4 % of the victims and 9,6 % of the suspects had dementia; in Portugal 1 % of the victims and 4 % of the suspects; in Austria 0 % of the victims and 4 % of the suspects; in UK 4.7 % of the victims and 3.3 % of the suspects had dementia). It must be stressed that the classification of a mental illness or dementia is in most cases not verified by a medical attest. It might also be partly due to the data situation or data collection in each country; law enforcement agencies do not collect data on the health status in all countries. This means that in the main, only visible infirmities were recorded. The situation is similar with nursing needs or the nursing of the partner. While more perpetrators had care needs, in total, more victims were nursed by the perpetrator than the other way round. Data also show that in some cases, multiple stresses, i.e. a mixture of (several) health and economic problems were present.

### 5.2.1 Characteristics

The case files show many forms of violence; besides physical, emotional and financial violence, there was also neglect and sexual violence. We need to differentiate between violence towards physically or mentally impaired victims and violence perpetrated by those who have disabilities. When the perpetrators are the individuals delivering care, their assaults were often interpreted as an expression of an inability to cope with the situation (which was confirmed by relatives or professional nurses). Slaps, yelling and verbal abuse are characteristic forms of aggression in this group, but many cases also involve taking advantage of helplessness and dependence – like threatening to push the victim who suffers from osteoporosis, to refuse medication or food etc. Another prevalent pattern is that perpetrators often try to discredit the victim by dismissing reported acts of violence as the fabrications of a mentally ill or (cognitively) impaired person.

According to the case files, acts of violence by physically and mentally ill or impaired perpetrators are characterised mainly by extremely aggressive attacks against the (nursing) partner, children or other individuals, and/or by extreme control. When violence only occurs at an advanced age, this often coincides with a health problem. In many cases, however, victims reported that they had been exposed to their husband's aggression for many decades. Illness therefore might aggravate violence, but it is not necessarily its cause.

The majority of couples of this type have been married for very long periods of time. The continuing existence of strongly rooted traditional perceptions of gender roles and deep religious feelings in countries like Poland and Portugal are elements which make it even more

difficult for such victims to leave sick partners in need of care, and thus partners who depend on assistance or support.

### **5.2.2 Victim's behaviour/willingness to cooperate and interventions**

The analysis showed some characteristics regarding behaviours in asking for help: Nearly all mentally impaired victims contacted the police for help themselves, and they tended to file charges against their husbands earlier and for "minor" assaults. In the case of victims with a chronic illness or physical disability, police interventions more often resulted from a report of third parties (doctors, nurses and grown children). According to the German case study, for example, none of the women nursed and assaulted by their husbands filed charges against the perpetrator. In other countries, mainly the victims themselves seem to call the police. In Poland for instance, the perpetrators were reported by health and social services organisations in only three of 70 cases. Nevertheless, the majority of women without health problems also reported the violent incident themselves.

The attitude of the victims themselves regarding police interventions and legal prosecution also differed depending on the initial constellation. With mentally or physically ill perpetrators, the women wanted the violence to stop, but mostly they did not want any legal prosecution, reasoning that the partner's aggression was caused by an illness or impairment. According to Austrian police case files, for example, six victims in this group thus filed an application for a preliminary injunction, which prohibited the perpetrator from accessing the victim's home for a period longer than an interim injunction, but nearly all of them withdrew this application. Victims with a mental health problem on the other hand wanted the violent act to be persecuted for the most part. However, the sometimes ambivalent behaviour of some mentally ill victims complicates the work of the police, as the following example of an 82 year-old Viennese woman under custodial guardianship illustrates: Already during his questioning at the police station, she repeatedly called the perpetrator who had been issued with a banning order in order to make him come back.

Police actions with victims and perpetrators with health problems were extremely varied. They not only – as with long-term violent relationships – depended on the victims' behaviour and the coherence of her statements, but also on the health status of the couple. When the perpetrator had physical or mental health problems, there was a much higher incidence of medical experts being consulted for assessment; this was a necessary precondition for checking his fitness to undergo detention and trial (in the case of the United Kingdom and Poland) and/or his commitment to a psychiatric clinic – as is often the case in Germany and in some cases also in Austria. In such cases, the Austrian case files note that, as an additional safety measure, the hospital was asked to inform the police of a possible discharge of the perpetrator. In Germany, most of the mentally impaired perpetrators were committed to psychiatric clinics, too. But, the victims did not press charges against their husbands. As the perpetrators were assumed not to be criminally liable or declared unfit to face trial, half of the cases got dismissed because of these reasons. The other half of cases was dismissed because of lack of evidence, mainly because of the victim's refusal to witness. Likewise, the British police implemented a number of additional safety measures, even when a criminal prosecution seemed unlikely. The UK team observed that the 'adversarial' nature of the criminal justice system placed great emphasis upon the testimony of victims. While it is possible to secure a conviction without such evidence, in practice cases were not likely to

succeed if victims were not competent to give evidence. This shows, according to the British research team, the narrow boundaries of criminal investigations, as well as the importance of “positive action policies” which allow for the initiation of further safety measures.

Regarding violence against victims with mental health problems– many of whom were or had been in psychotherapy or in psychiatric treatment – their case histories were never checked by the police. In Germany, as opposed to Austria, the custodial guardian was not contacted when the victim was under custodial guardianship. In Germany and the United Kingdom, we were able to ascertain that the police only implemented very superficial inquiries into assaults on mentally impaired women when the assault was classified as minor. The officers often assessed the mental state of the victim themselves, which was not questioned either by specialised colleagues or superiors. In addition, they seemed to trust the statements of the perpetrators, as neither children nor neighbours or other potential witnesses were questioned. The difference of police proceedings in such cases also shows in the number of detained perpetrators in UK: With mentally impaired victims, only two of six perpetrators were arrested, while in cases where a coherent victim’s statement was available, all mentally ill perpetrators were initially detained. The English research team mainly attributes this to the ‘adversarial’ nature of the criminal justice system. They highlighted the positive fact that in cases of incomplete risk assessments – because of the health situation of the victim completion of assessments was not always possible – all analysed cases were transferred to specialised officers. These officers also had an important role in involving social services and adult safeguarding processes, even when the situation did not warrant a formal “multi-agency risk assessment conference” (MARAC). The analysis of Austrian police case files also showed that psychologically impaired individuals were treated differently. In one half of such cases, no banning order was issued, while in cases of individuals with physical infirmities, this happened in only three of 15 cases. In Portugal, in two out of three cases no proceedings against the perpetrator were initiated. This might be a hint that the victim’s mental impairment is an “excuse” for no further proceedings.

These weak points in police, and in the case of Portugal public prosecution inquiries finally had extensive consequences on the outcome of the proceedings (information on this is available for Germany, the United Kingdom, Poland and Portugal). When the perpetrator suffered from psychological disorders, the proceedings were mostly terminated for reasons of mental incapacity. With mentally impaired victims, the termination of the proceedings was mostly justified with a lack of evidence, although some of them gave detailed witness accounts.

As these findings show, the group of individuals with impaired health posed significant challenges to law enforcement agencies. The analysis illustrates that in all countries, especially as regards the group of mentally impaired victims (but also perpetrators) there is a great demand for the improvement of interventions or for an alternative form of handling such cases. It would be helpful if mentally impaired women were regarded as potential victims and if law enforcement agencies undertook a thorough investigation even in cases where victims make incoherent statements; police officers might also inform social services/ care givers/ counsellors about the incident and ask them to keep an eye on the couple.



## 5.3 Violence and alcohol abuse

Alcohol abuse and addiction are a widespread phenomenon in cases of domestic violence.<sup>19</sup> Nearly half of all perpetrators (43.8 %) were intoxicated at the time of the violence, while overall, only 10 % of the women were. As table 5 (chapter IV) shows, there are striking national differences; here, especially Poland has to be pointed out, where all perpetrators were classified as alcohol addicts (either medically diagnosed or victim's testimony). Also, the registration of alcohol abuse by the authorities varies greatly. Only rarely, drunkenness or alcohol addiction were technically ascertained or medically diagnosed, rather the relevant comments rest on the perceptions of intervening officers and/or the statements of the victims.

### 5.3.1 Characteristics

Alcohol abuse by the husband is often an occasion for altercations and the use of violence, and increasing alcohol misuse also seems to increase the extent of aggression. This means that repeated violence is a common characteristic of such relationships, as is the likely mental impairment of the perpetrator through continuous alcohol abuse. Therefore, there is a large intersection with the groups already covered above.

A special risk group – if we follow Polish court case files – are those perpetrators undergoing alcohol withdrawal or whose attempt of withdrawal failed. Four Polish victims stated that during or after rehabilitation their husbands became even more aggressive and ruthless than before. It was assumed that this is because of the withdrawal syndrome.

### 5.3.2 Victim's behaviour/ willingness to cooperate and intervention

Because of the large intersection with the groups already covered – long-term violence and violence by mentally or physically impaired individuals – there are many commonalities between these three groups.

In Austria for example, for the most part, banning orders were issued against perpetrators, even if only the victim had been intoxicated. Handling the perpetrator sometimes was a great challenge for the police, especially when the perpetrator was too drunk for questioning and/or became aggressive. Two interventions led to forced committals of the alcohol-addicted perpetrator into a psychiatric clinic, another agreed to being committed to a hospital. The victims – as far as this may be deduced from police case files – were largely cooperative. Only one woman refused to testify, two women did not want the incident to be reported to the violence protection centre. There were a few dispute settlements, with one exception (reciprocal violence) when no physical assault or threat to life and limb had occurred. Additionally, in five of seven cases the couples did not live in a common household.

In Poland, some police and court protocols revealed that victims were critical that the police did not take the violence against them seriously. The officers neither issued a "Blue Card",

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<sup>19</sup> The analysed case files only mention alcohol abuse; there is no evidence of the abuse of other drugs. In a few cases, wrong medication or the refusal to take certain medication was cited as the cause of the partner's aggression..

nor did they offer help or information about support services. The victims guessed that the reason for this was the police officers' attitudes and their alleged position that first a tragedy had to happen before the police would intervene. The researchers see this position as a reason for ill-managed inquiries. One victim objected that her charges had not been filed. Other women affected by intimate partner violence were not aware of the full consequences of their charges. While they wanted their violent partners to answer for their deeds, they did not want them to be detained. But case file analysis also shows that the kind of intervention and the extent of measures taken depended significantly on individual officers; for as a result of the information given by the police, the majority of women was aware of the implications of individual steps the officers took, a factor which significantly contributes to the victim's willingness to cooperate with law enforcement agencies. This support also showed in participation in medical examinations in order to conserve evidence, the reporting of breaches of conditions of probation or of renewed partner violence and the insistence on legal sentencing in spite of an excuse by the perpetrator.

In Portugal, only one case was considered for the qualitative analysis. In this case divorce was pending. Although the son, who lived in the same apartment as the victim, was supporting his mother, the victim did not wish criminal proceedings against her husband based on the accomplishment of the divorce. As in other Portuguese cases, these types of cases also took years to reach completion; at the time of the analysis the case selected for in-depth analysis had not reached any concrete outcome because of a procedural error, three years and eight months elapsed from the incident to the court's verdict.

In UK one third of the nine cases in this typology featured victims who were fully co-operative and resulted in the prosecution of the perpetrators. The remaining cases involved couples who were perceived by police officers as having dysfunctional lifestyles and relationships which routinely involved external management of day-to-day problems. In such cases victims were either reluctant to co-operate or were not regarded as 'competent' witnesses. 'Safeguarding' intervention was implemented for 4 couples, with specialist officers referring them to other agencies, organisations and service providers as appropriate. The police files researched did not articulate whether the use and misuse of drugs and alcohol was the cause and effect of such problems, or whether it was rather a symptom of wider issues.

## **5.4 Reciprocal violence**

In most countries, reciprocal violence is not very prevalent according to the analysed case files (Poland: 2.9 %, Austria: 7.6 %, Portugal: 8 %, Hungary: 11 %). The exceptions are the United Kingdom and Germany, where a fifth respectively nearly a third of all cases were classified as reciprocal violence.

### **5.4.1 Characteristics**

When reciprocal violence occurred, the law enforcement agencies mostly classified it as an established pattern of conflict management and as a characteristic element of the couple's relationship. This evaluation was supported by statements made by adult children and other

witnesses. In these relationships, classified as dysfunctional, conflicts thus were often carried out physically, but also with mutual threats and verbal abuse. In most cases, there were no or only minor injuries. The police – as at least German and British case files suggest – often seem to be called in to help as an external conflict manager.

#### **5.4.2 Victim's behaviour/willingness to cooperate and interventions**

There was hardly any information on the victim's behaviour and willingness to cooperate in the case files. Sometimes the police seem to have been called in the heat of the moment – mostly by the women, sometimes by the men, too. However, as soon as the situation had calmed down, generally both refused to testify.

Handling by the law enforcement agencies shows positive as well as negative aspects. The fact that the British police arrested the men in one half of the cases (a total of 6), but never the women, might indicate the existence of prejudice. However, in all these incidents of violence, the violence originated with the husband. None of these cases resulted in prosecution or other sanctions. Here – as in other violent constellations – the decision about further criminal inquiries mainly depended on the coherence of the involved parties' statements. Also, it appears it was influenced by the police's estimation of the probability of prosecution. The resigned behaviour of some police officers, who saw little potential for change in the relationship and no chance of persecution, led to such incidents simply being registered and no further inquiries being initiated. Nevertheless, "positive action policies" and the assignment of special officers led to comprehensive safety measures being initiated (including MARACs) in the majority of these cases in England and Wales. The Austrian police issued a banning order against the men in two out of five cases, in two further interventions – concerning the same couple – both husband and wife were charged with bodily harm. Here, after consultation with the police's central advice service, no banning order was issued, because – thus the explanation on record – in this relationship "violence was an ordinary form of conflict management" and the couple was in need of care. The couple was summoned to a medical examination; social or violence protection services were however not involved. One intervention for reciprocal violence ended in dispute settlement, in spite of long-term unilateral physical violence by the husband (however always without visible injury). These country analyses show that there is a need for improvement concerning the way that police deal with reciprocal violence, and that the involvement of officers specialised in domestic violence is valuable and makes sense.

### **5.5 Violence by former partners**

Research literature on the subject of domestic violence amply documents that violence strongly increases in the context of divorce and separation.<sup>20</sup> According to the law enforcement case files, from all countries overall, one out of ten acts of violence was perpetrated by a former partner/husband. Differences between countries, however, are

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<sup>20</sup> Cf. Haller, B. (2012): "High-Risk Victims". Tötungsdelikte in Beziehungen. Verurteilungen 2008-2010, Wien, <http://www.frauen.bka.gv.at/DocView.axd?CobId=46530>; Eidgenössisches Department des Inneren EDI, Eidgenössisches Büro für die Gleichstellung von Frau und Mann EBG (2012): Gewalt in Trennungssituationen, <http://www.ebg.admin.ch>

considerable: The two poles are Poland at 0 % and Hungary at nearly one quarter of all cases (see chapter IV.4.4 "The relationship"). This can be explained by the still strong adherence to catholic values in Poland.

### **5.5.1 Characteristics**

The exercise of violence by former partners takes many forms – stalking, physical and verbal violence, extreme control. German, Hungarian and Portuguese case analyses show that an especially high risk of experiencing (renewed) violence by the ex-partner is when both are still living in their common house or apartment. In most cases, the socio-economic situation of the divorced couple did not permit a spatial separation, sometimes this is made even more difficult by the housing market (high rents, few apartments) – as e.g. in the case of Hungary. In a divorce, the Hungarian court not only determines the distribution of the common property, but also who may use which part of the apartment. These constellations tremendously increase the risk of violence for women, and they explain the high percentage of violent ex-husbands in Hungary.

### **5.5.2 Victim's behaviour/willingness to cooperate and intervention**

Divorced or separated women had much less difficulty in filing charges against their ex-partner, as compared to women living in a current relationship. Their willingness to testify is likewise much higher.

Case analyses show some problems in dealing with violence by former partners. In Germany, in spite of victims' testimonies, all charges are rejected because of "little public interest" or "insignificance". In Portugal, the case of a woman who had repeatedly filed charges of violence against her husband since 2003 was downgraded by the state prosecutor from being classified as "domestic violence" to a case of an "offence against physical integrity". This example is another indication of a lack of understanding and knowledge of domestic violence that sometimes still prevails on all levels. This is a fact that was also observed in some British police interventions, when the incident was simply recorded, but initially no further preventive interventions (e.g. direct counselling, information of the victim on counselling services) were made. The perpetrators were mostly asked in an informal way only not to contact the victim any more. The monitoring system implemented in England and Wales, in which all cases of domestic violence are subjected to further examination, allowed the partial correction of shortfalls in the primary interventions. In the cases analysed, three of four perpetrators were arrested at first, resulting in one criminal prosecution and one formal caution.

## **5.6 Violence by younger partners**

Relating to the complete sample, about 12.5 % of all victims had partners who were at least 10 years younger. The following analysis will show that a large age difference between victim and perpetrator rarely constitutes the cause of violence against a wife/partner.

### **5.6.1 Characteristics**

Quite significant age differences of up to 23 years are not necessarily characteristic of shorter relationships. The length of the relationship varied greatly, but there were a number of long-term relationships within this group of cases. One fundamental basis of these relationships seems to be the financial dependence of the men on their partners. In most cases, however, we were only able to infer this indirectly from the case files. Indications were for instance that the partner first became violent when he learned that the woman wanted to bequeath her house to her daughter, or due to the (long-term) unemployment or previous homelessness of the perpetrator.

In many respects, this group does not differ from others. The victims experienced all forms of violence – material damage, verbal, physical and sexual violence, financial violence through to stalking and extreme control. Some relationships were characterised by repeated aggression of the man against the partner, in others violence was used by both parties.

### **5.6.2 Victim's behaviour/willingness to cooperate and intervention**

The majority of victims called the police themselves for help. Again, we may observe a tendency that those victims who call the police themselves are more willing to provide information and cooperate with the law enforcement agencies more.

In the police, it seems that the age difference between victim and perpetrator did not change the procedures and the measures taken – with the exception of Hungary. There, women who were involved with a much younger man seem to be confronted with negative stereotypes, in their environment as well as in the police, who blame them for a shared responsibility for the assaults.

In this group, too, the willingness to cooperate and the rigour of victims' statements was a decisive factor for the outcome of the proceedings. Again, those cases prove problematic where the victim is mentally impaired. Here, an (early) termination of the proceedings was often the result of a lack of consistent descriptions of the incident. Overall, however, the interventions seem to be consistent with national (sometimes not very high) standards. In the cases qualitatively analysed in Great Britain for example, both perpetrators were initially arrested, only one was prosecuted. With the second case, no prosecution was started because of the man's mental incapacity and the contradictory statements of the victim (who was also mentally impaired). The focus of police work in both cases was the initiation of safety measures. In relevant Austrian cases (a total of 8), in two cases no banning order was issued, but a dispute settlement was conducted – in one case, both husband and wife were violent, the other couple did not live in one household.

## **5.7 Cooperation of the police with other agencies**

As was apparent from the quantitative and qualitative analysis, victims are often hesitant or even oppose criminal persecution of the perpetrator. This leads to the question of what kind of support victims are looking for. In the context of victim protection – which is also an important task of the police in addition to investigation – police could and should make links

to other support organisations, like elder, care related or domestic violence related services. The analysed case files again show differences in respect to information provided about levels and extent of cooperation with social or domestic violence agencies and the data show large national differences: In Poland, because of the Blue Card-procedure there is a close cooperation between police and social services. This means that an interdisciplinary network/team – consisting of police officers, social workers, school educators and health services – try to support the victim. In the UK and Austria nearly three quarters of all cases are reported to other agencies – in Austria only to violence protection centres; in the UK primarily to statutory social services or to a lesser degree to the organisation Victim Support. But, in addition to MARAC processes, most police forces in England and Wales have developed locally agreed protocols, which might incorporate direct contact with domestic violence service providers/refuges in that area. Sharing information and referrals with statutory social services is considered to be the “minimum standard”.

The German case file analysis showed that one of the main pillars of domestic violence policy, namely informing intervention centres about domestic violence, so that they can contact the victims, does not work effectively for older victims. Both German *Länder*, Hessen and Thüringen, laid down in their regulations that such information only may be forwarded with the written consent of the victim.<sup>21</sup> Interviews with domestic violence agencies suggested that this precondition is a threshold for some officers (too time consuming), but the efforts to obtain such a consent also depends on what extent domestic violence is deemed of importance by the local police and the time span the law has in effect. Victim-related data were forwarded to violence protection centres in only a small number of cases. Additionally, according to the German case files, only 30 % of the victims were informed about victim protection services. The Portuguese case files (dated from 2008) do not give any indication about cooperation between police and social/domestic violence services; however, policies, procedures and professional practices in dealing with victims of domestic violence within law enforcement agencies have changed quite significantly over the past 5 years, so that now, most law enforcement agencies work in close cooperation with organisations specialised in supporting DV victims, health care, statutory social services, municipalities, among others, either through established protocols and formal and informal local networks. In Hungary, cooperation between police and social/domestic violence agencies does not exist. According to the analysed case files, only a few police officers informed victims about support services, although they should do so.

From the national case file analysis we can draw the conclusion that the involvement of social/domestic violence agencies is welcomed by the victims. In Austria, it is part of the standard procedure that violence protection centres are informed about the incident. These centres then contact the victim. In a few of the Austrian case files it was noted that women did not wish to be contacted by a violence protection centre. From this low number it can be deduced that the majority of women at least agreed on being contacted, but it does not provide any information about the further acceptance and use of counselling services by the victims. The Polish analysis also noted a positive attitude towards social support by the victims, but additionally it revealed that victims living in urban areas are more likely to use

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<sup>21</sup> Only in the Länder Niedersachsen, Mecklenburg-Vorpommern and Schleswig-Holstein such a written consent by victims is not obligatory for data forwarding to intervention centres.

the help offered by the various kind of services. In addition, compared to younger victims of intimate partner violence older victims appear more hesitant to turn to social agencies for support. As stated above, cooperation between police and social/violence protection services is a major aspect of the UK policy. This is reflected by the high number of referrals, which are made (including 30% to MARAC, 12% local partnership protocols and 30% case specific liaison such as allocation to social workers or to drug/alcohol intervention services), despite the operation of eligibility threshold criteria for the acceptance of referrals by statutory social services. This means that the case has to be deemed to be at a certain level of severity before it will be accepted by Adult Social Care and/or Adult Safeguarding. The stronger acceptance of social support by the victims – compared to criminal prosecution of the perpetrator – is also confirmed by the result that over three-quarters (76%) of victims who opposed prosecution were the subject of safeguarding referrals.

According to interviews with German police officers, women often seem to have mixed feelings concerning referrals to social support services and they are sceptical about their potential to help. Intervention centres also report that only a minority of older women avail themselves of counselling services. The Portuguese case files do not indicate whether the abused women wanted support by such services or not. However, as previous studies suggest, most domestic violence support services are not entirely adequate for the needs of older women, particularly in cases where there is a lack of physical mobility or some degree of mental impairment. It is also apparent that access to such services often is limited for older, less mobile women. We do not have any information about the attitudes of Hungarian victims towards being supported by social/domestic violence services. The quantitative analysis indicated that in general Hungarian women strongly supported the criminal prosecution of the perpetrators.

Despite various hindrances/ thresholds and some scepticism of the victims, the data provided in the case files suggest that older women prefer the involvement of support of social/violence protection services instead of criminal prosecution of the perpetrator as a means to alter/change their situations. Older women try a number of different ways to cope with and possibly overcome the violent relationship. Criminal prosecution of the perpetrator is one of these methods, but in the majority of situations this is usually considered only as a last resort.

## VI. Conclusions & Recommendations

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### 6.1 Conclusions

In many ways, quantitative as well as qualitative analysis of law enforcement case files on intimate partner violence against older women confirmed the results gained from the IPVoW study. We predominantly dealt with long-term (violent) relationships; victims mostly experienced several forms of violence and needed a long time before asking for help, although their social environment were usually aware of the violent assaults. Alcohol abuse often leads to an escalation of violence; furthermore physical and mental impairment/illnesses of victims as well as perpetrators constituted a further risk of violence.

In general, very few cases of intimate partner violence against older women led to court proceedings. In spite of the different qualities of nationally available data and sometimes scant information on essential parameters of domestic violence, the evaluation brought neuralgic points of dealing with violence against older people to the fore. A comparative analysis of the case files showed that the approach of police and justice in cases of domestic violence and the outcome of the proceedings appear to be fundamentally determined by the following factors:

- Victims' behaviour and cooperation: Stringent and consistent statements about the sequence of events by the victim and her willingness to testify against her violent husband/partner increase chances of prosecution.
- Mental (and physical) health of the victim: In nearly all countries, the greatest difficulties arose in interventions when the victim was mentally impaired. This is partly due to the need for coherent statements for prosecution, especially when there is no visible injury; partly there is a trend to regard these victims as less credible. This results in the fact that in spite of for the most part high willingness to cooperate with the law enforcement agencies within this group of victims, proceedings are often terminated. In addition, in cases where the victim needs care, sometimes banning orders and arrests will not be considered owing to the consideration that someone will have to take care of the victim after all.
- Knowledge about intimate partner violence in law enforcement agencies: In some instances police and justice know too little about the forms and dynamics of violence, which leads to many deficits. This is particularly apparent in dealing with victims, but also regarding the conservation of evidence, protection measures and the prevention of violence. Repeated incidents of violence, for example, may lead to attitudes of resignation in intervening officers and thus to superficial investigations. Case file analysis has also illustrated that not all actors (police, prosecution, courts) have a comprehensive knowledge about legal intervention options.
- Exhausting legal remedies: In some countries, legal remedies are not exhausted in interventions in domestic violence. In Hungary, for example, hardly any banning orders were issued; in England and Wales, the option of further investigations in cases of mentally ill



victims was not often used. Also, some legal regulations or procedures proved unfavourable for the victims and led to an early termination of proceedings. Particularly in Portugal, the long duration of proceedings of up to several years in length in most cases means that interventions are not very effective.

- Insufficient risk assessment: possible age-specific developments and risks (e.g. retirement, health impairment) are seldom included in systematic risk assessment – if any is carried out at all.
- Monitoring systems and specialised officers: Especially the British law enforcement case files have shown the need for and effectiveness of a comprehensive monitoring system. Shortfalls in risk assessment, initiation of safety measures and information deficits will be noticed and dealt with by such a system and the assignment of officers specialised in domestic violence assists in such cases. Therefore, there is a case for specialised task forces for domestic violence on the level of the police, the prosecution and the court services.
- Police cooperation with other agencies: The analysis has shown that older women are ambivalent about or even oppose criminal prosecution of the perpetrator, which is usually considered only as a last resort. Therefore, the cooperation of the police with social/domestic violence services might be an essential safety measure. In countries like Austria, Poland and the UK, there is a formal and well established cooperation between the police and social/domestic violence services whereas in Germany the information of violence protection centres by the police does not work effectively. Whereas in most examined countries a certain degree of cooperation has been established, in Hungary a cooperation network does not exist yet and in Portugal the relevant agencies have started to improve their cooperation.

This analysis of the case files clearly shows that the material about intimate partner violence against older women for law enforcement agencies that was developed within the framework of this project should contribute to an improvement of police and justice interventions.

## 6.2 Recommendations

The following recommendations which support the primary aims of *Mind the Gap!* are intended to increase the capacity of law enforcement and social support organisations to intervene in intimate partner violence against older women, raise public awareness and reach out to victims.

Although each of the participating countries has produced material which includes recommendations aimed at 'national audiences', the project team identified a number of issues which were replicated across the entire project and resulted in the development of shared recommendations. These are presented below, under the following headings:

- Recommendations for organisations
- Recommendations for generalist staff
- Recommendations for specialist staff

### **6.2.1 Recommendations for organisations**

All social support and law enforcement organisations should consider the following strategic recommendations aimed at providing a co-ordinated and structured service for victims of IPVOW:

- Undertake joint training with partner organisations, agencies and other groups likely to have contact with older women who are victims of IPV.
- Develop shared working protocols with partner organisations, agencies and other groups likely to have contact with older women who are victims of IPV.
- Develop communication and information sharing networks with partner organisations, agencies and other groups likely to have contact with older women who are victims of IPV.
- Develop shared assessment procedures (including identifying risk) with partner organisations, agencies and other groups likely to have contact with older women who are victims of IPV.
- Undertake publicity campaigns with partner organisations, agencies and other groups aimed at increasing public awareness of IPVOW and also to provide victims with information.

### **6.2.2 Recommendations for generalist staff**

The following recommendations are intended for the many individuals (throughout the law enforcement and social support arenas) who have regular contact with older women. This includes receptionists, switchboard operators, community workers, social support workers and neighbourhood police officers. All play a vital role, as the first contact most older women have, in identifying and recognising IPVOW and are often the only people to whom older women will disclose that they are victims of IPV. It is therefore recommended that all such general staff and practitioners:

- Maintain an open mind when communicating with older women who may be victims of IPV. Do not be influenced by any preconceptions or stereotypes regarding age, physical ability, memory or decision-making capacity.
- Maintain an open mind regarding older men (or women) who may be perpetrators of IPV. Do not be influenced by any preconceptions or stereotypes, remember that some old and frail men and women are capable of physical violence, psychological/emotional violence, coercive control and harassment.
- Be aware of 'justification strategies' used by perpetrators, such as blaming victims, denying or playing down violent acts, manipulating victims and/or the social environment. Perpetrators might also try to mitigate their behaviour on the grounds of financial problems and/or the burden of caring for victims who have poor health (mental or physical).

- Understand the likely barriers which may prevent an older woman from disclosing IPVOW, such as financial reliance, societal values, care issues, impact on other family members (including adult children), concerns about where to live or fear of future violence.
- Know and identify the types of behaviour which are IPV, ranging from physical to psychological violence, and in particular coercion, financial abuse and neglect (as these appear to be under-reported and/or under-recorded).
- Be aware of potential signs of IPV, such as injuries which are not fully explained, lack of financial independence, little choice in everyday matters (diet, clothes, lifestyle), victims' withdrawn and/or submissive behaviour and/or not given the opportunity to speak with others alone.
- Acknowledge the significance of any contact with an older woman as being possibly her only opportunity to be identified (or to identify herself) as a victim of IPV and to be provided with information about support – whether for immediate intervention or leaving the door open for her to seek help or support of any kind in the future.
- Use words, conduct and behaviour which are appropriate for each victim. Do not assume that there is a single approach which is suitable for all older women.
- Be aware of and fully understand local and national protocols (including laws), relevant to individual roles, organisations and agencies aimed at safeguarding victims of IPVOW.

### **6.2.3 Recommendations for specialist staff**

The following recommendations are intended for staff (throughout the law enforcement and social support arenas) who intervene in cases of IPVOW. The research established that such individuals should reflect upon their practices in order to improve their capacity to respond effectively to IPVOW; it is therefore advised that they consider the following recommendations:

- Maintain an open mind when communicating with older women who are victims of IPV. Do not be influenced by any preconceptions or stereotypes about such factors as age, physical ability, memory or decision-making capacity.
- Maintain an open mind regarding older men (or women) who are perpetrators of IPV. Do not be influenced by any preconceptions or stereotypes, remember that some old and frail men and women are capable of physical violence, psychological/emotional violence, coercive control and harassment.
- Be aware of 'justification strategies' used by perpetrators, such as blaming victims, denying or playing down violent acts, manipulating victims and/or the social environment. Perpetrators might also try to mitigate their behaviour on the grounds of financial problems and/or the burden of caring for victims who have poor health (mental or physical).

- Be aware of potential age-related challenges to successful intervention, such as: reduced resilience to the impact of violence, reduced capacity to recover from incidents of violence and the failure by some victims to identify mistreatment as abuse.
- Be aware of potential gender-related challenges to successful intervention, such as; lack of or low financial resources, unequal power relationships, women who have been socialised to act as family care givers and/or perceptions that marriage is always for life.
- Be aware of the complex barriers which might prevent older women victims of IPV from fully engaging with any intervention, such as: lack of awareness or mistrust that domestic violence support services exist and can provide help, lack of awareness or mistrust of legal procedures or social support services or even influence of adult children (encouraging or discouraging intervention).
- Use words, conduct and behaviour which are appropriate for each victim, particularly when addressing issues concerning control, coercion, sexual abuse, financial abuse or neglect. Do not assume that there is a single approach which is suitable for all older women.
- Ascertain the full circumstances of an incident in order to identify any violence and associated risks. Do not always rely, solely, on victims to articulate the full extent of their experiences of IPVOW.
- Risk assessments should be specific to each victim and adapted to include aspects such as longevity of IPV, dependencies of victim and/or perpetrator, health issues, financial issues and special needs. Use checklists (tick boxes) as a guide for the information required, rather than something requiring just 'yes' or 'no' answers.
- Be prepared to question explanations (made by colleagues and/or other key workers) regarding the mental or physical health of victims and perpetrators. It is easy for an assumption to be regarded as a fact without the appropriate evidence to support it.
- Be prepared to 'fast track' legal procedures (where possible), as any lengthy delays might deny an elderly victim access to justice. Such positive action can be an indicator of the status of older women and the regard in which they are held by society.

## VII. Annex

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## **Impressum**

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