

# FRONTLINE RESPONSE TO HIGH IMPACT DOMESTIC VIOLENCE IN AUSTRIA

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**Abstract** The networked response to cases of high-impact domestic violence in Austria predominantly involves four groups of actors, who share both formal and informal modes of inter-agency cooperation, and each function as independent entry points to a networked intervention. These groups consist of specialised and non-specialised police officers, a number of NGOs in the social sector, regional administration and municipal authorities, as well as the medical sector, predominantly involving hospital staff. The most important legal measure in place for the protection of victims by police is the restraining order in the Security Police Act, which was introduced as part of the victim protection guidelines. A unified and universally applied definition of domestic violence does not exist in Austria. As a result, there is no cross-sectoral standardisation when identifying violent acts. Nevertheless, the networked response in Austria is characterized by a robust system of inter-agency referrals and formalized cooperation.

**Keywords:**  
domestic  
violence,  
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interagency  
cooperation,  
victims,  
first  
responders,  
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## **Short description of country and legislation regarding domestic violence**

The networked response to cases of high-impact domestic violence in Austria predominantly involves four groups of actors, who share both formal and informal modes of inter-agency cooperation, and each function as independent entry points to a networked intervention. Broadly categorized, these groups consist of specialized and non-specialized police officers, a number of NGOs in the social sector, regional administration and municipal authorities, as well as the medical sector, predominantly involving hospital staff. Each group's role within the networked response is shaped firstly, by their respective legal mandate and competencies, and secondly, by the specific insight they have into cases of domestic abuse as well as the central addressees of their interventions.

### **Domestic Violence Legislation and Police**

International policies to combat domestic violence and abuse was first implemented in Austria in 1997 and subsequently expanded and revised in the context of the Directive of the European Parliament and of the Council on the European Protection Orders in 2011. (cf. Directive 2011/99/EU) (European Parliament & of the Council of the European Union, 2011). In accordance with these international guidelines and directives, the major goal of the National Action Plan to protect Women against Violence 2014-2016 (NAP, Der Nationale Aktionsplan zum Schutz von Frauen vor Gewalt 2014 – 2016) was defined as the protection of women, children and other people who might become victims of violent crimes in the context of domestic violence. The national action plan entails both tasks and strategies to be employed by federal ministries to fulfilling this aim. Entering into force in 1997 and last amended in 2019 (cf. BGBl. I Nr. 105/2019; Stadt Wien, n.d.), the Protection Against Violence Act (Gewaltschutzgesetz) represents the central piece of legislation underlying the national response to domestic violence as a public problem. It regulates certain parts in the Austrian Security Police Act (SPG-Novelle: §38 SPG, 1.9.2013), in the General Civil Code (Allgemein Bürgerliches Gesetzbuch) and in the Execution Code (Exekutionsordnung), and recently also facilitated amendments to the Penal Code (Strafgesetzbuch), as well as in various professional laws. (cf. Violence Protection Act, 2019)

The most important legal measure in place for the protection of victims by police, is the restraining order in the Security Police Act (SPG), which was introduced as part of the victim protection guidelines. In early 2020, the restraining order under section 38a of the SPG has been amended and replaced by a broader prohibition of approach. The police are now authorized not only to expel a *dangerous person* from the victim's home (ban on entering). Such a ban now includes a prohibition of approach set at one hundred meters valid and for the duration of two weeks, though local and temporal exceptions to areas covered by the ban on entering and approaching are also still possible. Previous regulations on notifying the child and youth welfare agency in cases where minors are involved, informing them about suitable victim protection facilities, and informing them about the possibility of a restraining order have remained the same. A final substantial amendment to section 38a now stipulates, that all persons a restraining order has been issued against, must contact a violence prevention centre within five days of being issued the ban on entry and approach, where he or she must then complete violence prevention counselling within 14 days (cf. Österreich.gv.at, 2021).

### **Domestic violence Legislation in the social sector**

In recent years, work with both victims and perpetrators has been increasingly understood to be necessary for the successful response to domestic violence and abuse. This has resulted in the development and proliferation of victim-oriented offender work (cf. Kaiser & Glaeser, 2013). Today, a broad range of social welfare organizations provide support for victims on the one hand, and work with perpetrators the other. The development and strengthening of these types of services, notably, goes hand in hand with the reinforcement of a dichotomous categorisation of those affected by such interventions. The emergence of both organisational foci and the subsequent establishment of the fields of victim protection and offender work, have a long tradition within social work in Austria, as well as a clear forward trajectory through developments such as the latest Violence Protection Act (2019) described above.

The strategy to protect children and young adults is rooted in the specific vulnerability of this group. Therefore, their endangerment through violence is punished by criminal law and is predominantly assessed by the sovereign task of *child and youth welfare*. In addition to its control function, they also offer voluntary

assistance and counselling to support parents. However, their main task for the protection of children in relation to domestic violence is to clarify the risk of the *endangerment of the child's well-being*. In addition to legal consequences for the parents, their risk assessment can also result in the removal of the child or the imposition of official conditions to the parents. The Federal Child and Youth Welfare Act (Bundes-Kinder- und Jugendhilfegesetz) and the Penal Code (Strafgesetzbuch) are essential foundations for work in the field of child protection (cf. Bundes-Kinder- und Jugendhilfegesetz 2013; STGB 1974).

### **Domestic violence in the medical sector**

Improved interventions into cases of domestic violence by the medical sector are being driven by an increased awareness, institutional and societal pressures, as well as positive policy changes. On the one hand effects of domestic violence result in significant treatment costs in short and long term (cf. Haller & Dawid, 2006) on the individual, institutional and societal levels. On the other hand, the legal framework medical and health professionals operate under, stipulates a responsibility for vulnerable persons and reporting obligations in case of suspected criminal acts. Such statutory regulations on notification obligations are regulated in the Health Care Act and the Nursing Care Act as well as in the specific professional laws. Due to the new Protection against Violence Act 2019 (Gewaltschutzgesetz) an extension of the notification requirements was introduced and tightened for health professions (cf. Violence Protection Act, 2019).

Furthermore, early detection of domestic violence and forensic evidence preservation (for further criminal proceeding) are also central responsibilities of the medical sector. A guideline to address this issue was developed over the course of the project “Living Free of Violence” (GewaltFREIleben). As a result, victim protection groups were implemented in hospitals in 2011 to provide expertise on issues in the field of domestic violence, to contribute to security within hospitals, and to organize trainings for hospital employees (cf. GewaltFREIleben, 2014).

## Limits to legal framework

The IMPRODOVA field research published in Deliverable Report D2.2 (2019) showed, that a unified and universally applied definition of domestic violence (DV) does not exist in Austria. As a result, there is no cross-sectoral standardization when identifying violent acts as cases of “*violence in domestic context*”, “*violence within families*” or “*intimate partner violence*”. Different Frontline Responders (FLRs) in Austria use various definitions for the phenomenon of domestic violence, their definitions frequently varying even within the same sector. This can lead to misunderstandings between the institutions and, in the worst case, affect their cooperation to such an extent that a solid case management no longer works. A common understanding of domestic violence as a problem that reflects social inequalities in the private sphere, thereby partially shifting. The responsibility for the acts of violence and their prevention to the public sector and thus makes it a matter for the police, for the health sector and for social work organizations.

Even when legal provisions are comprehensively developed, not all cases of domestic violence can be prevented or solved in the long term. It is unavoidable that various human factors play a causal role for challenges that arise in responding to domestic violence and abuse. Solving such challenges, requires the cooperation and participation of all relevant authorities and private individuals. Legal regulations can only provide the framework and scope of discretionary powers of all acting parties. The rights of the victims and the accused are included in this scope of action and determine the discretionary scope for Frontline Responders (FLRs). However, since domestic violence remains a problem in the special privacy of a relationship despite being a public issue, the victim's long-term decisions relating to a possible separation from a dangerous person also remains a private matter. The manifold dependencies existing within relationships makes it very complex for all parties involved to deal with the problem and, for the same reason, it makes such confrontations with the it necessary. In this way, fundamental inequalities relating to sex and gender, and their causal relationship with violence and abuse, must be understood as limits to legislation to combat to latter. Substantial and sustainable responses to domestic violence and abuse must therefore encompass both legislation for direct interventions for victims and perpetrators, as well as measures and fundamental conditions that aim to eliminate the social inequalities between men and women forming the foundation of such abuse.

## Reporting rates about domestic violence

As in most European Member States, there is not one indicative data set designed to consistently and scientifically measure the prevalence of domestic violence in Austria. A variety of differently collected data are available, which each provide different snapshots into the phenomenon, and each reflecting sections of the respective context within which they are collected. This chapter attempts to provide an overview of the available data sources for Austria, discussing their limitations and emerging trends. Most commonly, Domestic abuse is counted and compared by bureaucratically collected data such as restraining orders issued by police. This often is complemented with crime reports linked to a domestic context. Here Domestic Violence is determined by the documented victim-perpetrator relationship and household status. Data on emergency calls to police linked to Domestic Violence are not available for Austria, in contrast to other EU Member States.

Overview of data types:

*A / Continuously collected data:*

Bureaucratic statistics:

1. Crime statistics, published annually
2. Procedural statistics (restraining orders), published annually
3. Public prosecutor statistics, not published (no link to DV)
4. Court statistics, published annually (no link to DV)
5. Incarceration statistics, not published (no link to DV)

*B / Continuous or single studies:*

(Inter-)national victimisation surveys

1. European Social Survey: continuous (no link to DV)
2. Fundamental Rights Agency: single study (special issue for DV)
3. National Ministries: single study (special issue for DV)
4. Qualitative studies: providing no indication of prevalence

**Table 1: Restraining orders issued by police 2011-2019**

Year	Restraining order	Annual change	
		absolute	relative
2011	7993		
2012	8063	+70	1%
2013	8307	+244	3%
2014	8466	+159	2%
2015	8261	-205	-2%
2016	8637	+376	4%
2017	8755	+118	1%
2018	8076	-679	-8%
2019	8748	672	8%

\*01.01.2020 Change of legal framework and counting of RO\*

Source: Interventionsstelle Wien (2019) Jahresbericht.

The identified studies and the crime statistics and security reports of Austria conceptualising DV primarily as “violence against women”, mostly focussed on physical violence with only a few examples taking into account other forms of violence. In Austria, there is no comparative data for the period prior to 1997 available, which is the date where the Protection against Violence Act (*Gewaltschutzgesetz*) came into force.

Despite the lack of data in case of DV, there are some figures available, primarily based on the afore mentioned studies, as well as crime statistics and evaluations conducted by victim protection centres themselves. These figures are often referred to violence against women. In this regard, 20 % of women, which means every fifth woman in Austria, experienced bodily and/or sexual violence; 15 % experienced stalking since the age of 15 years and 38 % experienced psychological violence by their (ex-)partners since the age of 15 years (see FRA study, 2014)<sup>1</sup>.

The only Austrian national prevalence study on the subject of violence in families and close social relationships was conducted by the Austrian Institute for Family Studies of the University of Vienna in 2011, commissioned by the Ministry of economy, youth and family. This study surveyed experienced violence of both women and men, including their own perpetration. Additionally, they combined face-to-face interviews and an online survey, which was successful in terms of

<sup>1</sup> For numbers on violence against women see also <https://www.wien.gv.at/menschen/frauen/stichwort/gewalt/zahlen.html#oesterreich>

making visible areas of experienced violence that had been hidden previously from view (for more see Kapella et al. 2011).

This study shows that 56,8 % of women suffered bodily harm in Austria and 29,5 % of the interviewed women had been victims of sexualized violence, including rape, attempted rape or sexual assault (Kapella et al. 2011). Moreover, every fifth woman experiences abuse by her spouse or companion (see Kapella et al., 2011).

The prevalence study from the European Agency for Fundamental Rights (FRA) on Violence against women, an EU-wide survey (2014) covers the whole 28 Member States and considered the situation of 42.000 women in total (aged between 18 to 74 years). In Austria, they conducted a total of 1.500 interviews with women, which also validated the well-known fact that every fifth woman experiences a form of violence (see FRA study, 2014).

The main police database on DV incidents is the annually produced security report and crime statistics “Polizeileiche Kriminalstatistik Österreich” (PKS) provided by the Bundeskriminalamt (2016). The detailed annual security report is prepared and published by the Ministry of Interior (BMI) together with the Ministry of Justice (BMJ). The statistical and analytical part maps the reported crime rates and covers the following offence types: offences against body and life, offences against personal integrity and offences against sexual integrity, all of which are defined as acts in the Criminal Code and which are relevant with regard to DV incidents. However, those offences are not specifically referred to cases of DV. Also, the report does not cover a single section on DV.

It allows only to analyse trends in crime reporting and does not indicate legal changes over time and DV across all potential offences. It constitutes limited information on the victim-perpetrator relationship and its situational factors that can lead for instance to escalating situations.

Only one study conducted in Austria has the explicit focus on high-risk cases of DV. The study is called “High-Risk Victims – homicides in couple relationships, convictions 2008-2010” (see Haller 2012). The author of the study carried out a quantitative and qualitative analysis of all court files in Austria in which homicides in partner relationships were the striving factor for such an incidence. From a total



of 130 convictions in the timespan between 2008-2010, the author detected 39 convictions in case of (attempted) homicides in partner constellations along socio-demographic factors and others, which can lead in combination to escalating, or in other words high risk situations, for instance a pre-history of violence within the partner relationship associated with the announcement of divorce and maybe also alcohol abuse. The study shows that every second couple was in a process of separation. The study considers both women and men as possible perpetrators because it covers all court files/convictions where (attempted) homicides in partner relationships occurred (see *ibid.*).

In sum, similar to other Member States' data gathering in DV cases, the studies and crime reports in Austria can only represent particular sections of DV, which means that there is a clear lack of data and knowledge regarding comprehensible and long-term development of the phenomenon of DV. Generally, raw data is difficult to access, most of the studies are conducted as secondary surveys.

## **The role of police, other front-line and first-responder agencies, and pertinent stakeholders in responding to high impact domestic violence**

### **The Role of Police**

While no single criminal offence for domestic violence or abuse exists in Austria, the majority of criminal offences occurring in cases of high impact domestic violence (such as homicide, bodily injury, dangerous threats, coercion, stalking, rape, and molestation) are considered *ex-officio* crimes in Austrian law. Law enforcement is therefore obligated to prosecute such offences and is able to do so without authorization by a victim, lowering the threshold for police interventions and diminishing the relevance of reporting compared to other countries.

The overwhelming majority of police responses are conducted by non-specialized uniformed officers, whose central task consists of the immediate intervention into ongoing disputes and the assessment of the risk-level during the relatively brief period of time spent at the scene. These assessments are predominantly based on *penal law* (Strafrecht – StGB), *criminal procedural law* (Strafprozessordnung – StPO), and the *security police act* (Sicherheitspolizeigesetz – SPG). Alongside the criminal charges, a central competence of police officers in Austria, is the ability to issue

restraining orders (Betretungsverbot) on site. If issued, a restraining order will prohibit the person in question from entering the premises of the victimized party under any circumstance for the duration of two weeks. A revision of the *security police act* (§38a), entering into force in the beginning of 2020, saw an amendment of the restraining order to include a general prohibition for the accused to approach the victim with a boundary set at one hundred meters and over the entire two-week period.

The issuance of restraining orders lies within the purview of individual police officers on site, it is included under administrative law, and is one of the only cases in which no judicial mandate or approval is required in advance of such police action. While restraining orders are subject to post-facto verification by district administration, these are almost never overturned after the fact. The decision to issue such a restraining order is based on the officer's assessment that *a dangerous attack on the life, health or freedom of a person is immanent*<sup>2</sup> (SPG 1991 §38a). The ability to issue restraining orders, therefore, instils police with the mandate to intervene on the basis of actions and offences that have not (yet) occurred, beyond criminal acts that have already taken place.

The majority of police interventions are, as afore mentioned, conducted by non-specialized uniformed officers. Mandatory sensitivity training is very limited and varies between one or two days during basic training. The training focuses primarily on the legal foundation and necessary case-documentation for the issuance of restraining orders, although some regions have long-standing cooperation agreements with social workers from specialist NGOs, offering a more theoretical introduction to the complex phenomenon of domestic abuse. Due to the comparatively short window of insight into cases and low levels of training, officers predominantly rely on physical signs of violence which has already occurred, on 'gut-feeling', and past experience to guide their interventions. The relative infrequency with which restraining orders are issued by individual officers, and the substantial complexity of the necessary case and procedural documentation, may inadvertently negatively influence the decision to make use of this measure.

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<sup>2</sup> SPG 1991 §38a "Wegweisung und Betretungsverbot sind gleichermaßen an die Voraussetzung geknüpft, dass auf Grund bestimmter Tatsachen (Vorfälle) anzunehmen ist, ein gefährlicher Angriff auf Leben, Gesundheit oder Freiheit einer gefährdeten Person stehe bevor. Welche Tatsachen als solche im Sinne des § 38a SPG in Frage kommen, sagt das Gesetz nicht (ausdrücklich).[...]"

Beyond non-specialized uniformed officers, several specialized units exist within Austrian law enforcement: In the context of the initiative *Gemeinsam.Sicher* (Safe.Together), a select number of ground-level uniformed officers at district level receive additional training as ‘*prevention officers*’ on topics including ‘*violence-prevention*’. These officers are allotted a portion of their working hours in which they may act as liaison officers between the public and police, give lectures on the topic of prevention to relevant audiences, and act as internal ground-level experts on district level. On state-level, the state criminal office (LKA) entails a department on crimes prevention (AB04) including a dedicated unit for *victims-prevention* (Opferschutz), focused solely on cases of domestic violence and stalking. Their central tasks consist of reviewing cases in which restraining orders were issued and conducting a rough categorisation along the probable severity of risk. Low-risk cases are referred back to non-specialized officers at district level for processing and follow-up, while medium-risk cases are handled by the unit itself. Lastly, for high-risk cases, this unit acts as a gate-keeper for referral to the last specialized unit within law-enforcement. A very small number of cases (usually less than ten cases a year) are referred to the unit VHR (Victims at Highest Risk), subordinate to the federal criminal police office and comprised of officers trained in witness protection. This unit is equipped with substantial resources, able to provide new identities and temporary subsistence to highest-risk victims of domestic violence and abuse. Finally, VHR is set apart from all other law enforcement units by the fact that their interventions uniquely address victims of high-impact domestic violence directly, rather than through measures focused on perpetrators as is standard throughout all other police interventions.

### **The role of social sector organisations**

Where the role of police is chiefly focused on acute interventions in cases of domestic violence and directed mainly at perpetrators of criminal acts (or probable immanent criminal acts) occurring during such violence, Austrian NGOs in the social sector are primarily focused on victims and offer interventions which accompany cases for longer periods of time. Though the NGOs are primarily state-funded, they maintain a significant degree of autonomy, while simultaneously having established and formalized ties to law enforcement and organizations from the medical sector, regional administration and municipal authorities.

A central institution within the social sector are the *Centres for Protection Against Violence* (*Gewaltschutzzentren/Wiener Interventionsstelle*). Existing in all federal states, these *Centres* offer their services to all victims, regardless of gender, while the overwhelming majority of cases nevertheless involve male perpetrated violence in heterosexual relationships. The victim-oriented interventions are mainly focused on women and grounded in an analysis of patriarchal gender relations, which can be traced back both to the empirical dimension of (high-risk) domestic abuse being overwhelmingly male-perpetrated abuse of women, as well as the history of this institution arising from the Austrian *women's shelter movement* of the 1970s.

*Centres for Protection Against Violence* share strong formalized cooperation agreements with law enforcement in Austria. Specifically, police officers are required to share the contact information of all victims involved in cases where a restraining order has been issued to the regional *Centre*. In this way, social workers are able to contact such victims and accompany the police measures with counselling (see section d. below for more detailed description). These formalized cooperation agreements with law enforcement result in a high volume of referrals to *Centres for Protection Against Violence*. In 2019, for example, the *Centre* in Austria's most populous city, Vienna, received 3,193 referrals from police, compared to 945 new clients seeking services autonomously and 1,994 existing clients continuing their service uptake from the previous year<sup>3</sup>.

Compared to law enforcement, social workers at these centres are able to approach domestic violence and abuse as a more complex phenomenon, accompanying cases for longer periods of time and addressing more intangible forms of violence. Interventions conducted by *Centres for Protection Against Violence* are rooted in social work methodologies and usually encompass a more holistic approach to countering violence. Interventions can include assistance in most areas of daily needs and assistance with the goal of (re)gaining a state of well-being, security and autonomy. The central tools employed in these interventions are counselling, legal and psychosocial trail support, as well as the referral to other, more specialized actors such as women's shelters, healthcare providers, and regional administration.

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<sup>3</sup> <https://www.interventionsstelle-wien.at/download/?id=Statistik-Wien.pdf>

Similar mandates and competencies are held by social workers in the twenty-six *women's shelters* existing throughout Austria, which provide emergency accommodation and counselling to female victims of domestic violence and abuse. In 2020, approximately 3,000 women and children sought help at a shelter for durations between one and three days (15 %), four days and a month (24 %), one to six months (31 %), or longer (29 %).<sup>4</sup> This extended residence of victims of domestic abuse at a women's shelter has a significant impact on the insight gained by social workers into individual cases. While other NGOs also maintain interactions with some clients over extended periods of time, social workers at shelters are afforded time to develop relationships and build trust with clients. Similar to *Centres for Protection Against Violence*, social workers in *women's shelters* provide counselling and assistance on a wide range of topics beyond the violence experienced by their clients. This includes questions of subsistence (such as housing, (un)employment, public welfare, personal dept counselling), psycho-social support for legal and bureaucratic proceedings, as well as questions relating to childcare.

Over thirty *Child-Protection Centres (Kinderschutzzentren)* in Austria also offer services specifically to children and minors who have become victims or witnesses of domestic abuse. These *Centres* are staffed primarily with social workers, therapists and psychologists and offer services in individual or family counselling and therapy. On national level, *Child-Protection Centres* provide services to approximately 10,000 cases per year<sup>5</sup>, though not all of these cases involve domestic abuse. The competencies held by employees are deeply rooted in social-work and therapeutic methodologies and entail a thorough understanding of the dynamics of domestic abuse, including a sensitivity for dimensions and indicators of violence that are not immediately apparent to other actor groups. Frequently, *Child-Protection Centres* act as an entry point for cases of domestic abuse into a wider networked response, as the identification of such cases by means of referrals by schools or kindergartens represent a unique and highly relevant identification mechanism.

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<sup>4</sup> <https://www.aocf.at/index.php/statistiken-der-aocf-2> Accessed: 07/04/2021 16:46

<sup>5</sup> <http://www.oe-kinderschutzzentren.at/bundesverband-2/zahlen-und-fakten/>

The NGO *NEUSTART* fulfils an equally crucial role within the networked response in Austria, providing support services for perpetrators during probation, parole, and diversionary measures, as well as being tasked with management of victim-offender mediations. Similar to *Centres for Protection Against Violence*, *NEUSTART* holds a monopoly position as the only NGO tasked with these activities. The NGO follows a victim-oriented approach when working with perpetrators, and employees of *NEUSTART* are predominantly social-workers, therapists, and psychologists, holding additional qualifications relevant to probationary work, or stem from legal professions. Analog to the other social sector organisations, *NEUSTART* follows a broad conception of domestic violence, including less tangible elements such as coercion and control.

Several *Men's Counselling Centres* exist in each federal state, tasked with violence prevention and focusing on perpetrators of domestic abuse. Notably, a shift in the methodological approach employed by therapists and other professionals predominantly working at these centres can be observed over the last decade. While the roots of these services often lay in a psychoanalytical and therapeutic approach, attempting to overcome violent behaviour by focusing on the perpetrator's own perceptions, conceptions and contradictions, this approach is being steadily supplanted by a victim-oriented approach that privileges the confrontation of the perpetrator with his previous violent acts and the victim's experience of the same. While conflict still exists between proponents of both approaches, the victim-oriented approach has facilitated easier cooperation between existing *Counselling Centres* and victim organisations. With the introduction of the new *Protection Against Violence Act* (*Gewaltschutzgesetz*) in 2020, counselling for all persons issued a restraining order has become mandatory and the establishment of new institutions for such counselling has been decided.

Finally, it is important to note the role of regional administration and municipal authorities in the context of domestic violence and abuse. Within the district administration, the position of *Security Administrator* is tasked with the post-facto verification of all restraining orders issued by police officers. Though this very seldomly occurs in practice, *Security Administrators* are able to withdraw restraining orders in all cases the condition of proportionality is not deemed to be met.

Also housed within district administration, *Child and Youth Welfare* (Kinder- und Jugendhilfe) holds the mandate ensuring the safety and security of underage victims of domestic abuse. A system of mandatory referrals from police to Child and Youth Welfare is in place whenever a restraining order involves underage parties.

## Medical Sector

While the medical sector plays a key role in the networked response to domestic violence and abuse in Austria, its response is in many ways the least established. Beyond its function of health-care provision, the medical sector (and hospitals in particular) are central to the identification of victims of domestic abuse, the referral of these cases to other institutions, as well as the forensic documentation of cases of sexual assault and rape. The relevance of the medical sector's role in identification stems primarily from two factors: victims of domestic abuse who are reluctant to contact other institutions may nevertheless seek medical attention, and secondly, medical practitioners may see forms of violence and abuse (such as neglect) that other institutions are seldomly confronted with. The referral of cases by medical sector employees is formalized in §7 of the *Health Care Act* (GuKG – Gesundheits- und Krankenpflegegesetz), which stimulates the mandatory reporting of criminal offences suspected to be the cause of any grievous bodily harm or death of a patient. A central challenge to the fulfilment of this task lies in the lack of sensitivity training for medical staff. Though steps are being taken to increase awareness, only small portions of doctors and nursing staff have received such training, partially resulting in a failure to identify cases of domestic abuse or resulting in a reluctance to address this topic with patients. On an institutional level, this lack of awareness has, in the past, led to failures on a bureaucratic level, by which cases were not referred to police or other institutions despite reports having been filed by medical practitioners. In an effort to professionalize the medical sector response, *Child- and Victim's Protection Groups* have been implemented in hospitals throughout Austria (though no full coverage exists). These are tasked with acting as support units, providing internal sensitivity training and acting as internal competence centres on the topic of domestic violence and abuse. *Child Protection Groups* consist of one doctor from the field of paediatrics or paediatric surgery, a specialist from the field of psychological care, and a member of the nursing staff, while *Victim's Protection* is staffed with doctors from the fields of gynaecology and trauma surgery in the place of paediatrics. While the nation-wide roll-out of these groups is still ongoing, the most

established function of the medical sector in the wider networked response lies in their task of forensic documentation in cases of sexual assault and rape. A formalized procedure and case documentation is in place for the collection evidence, which is stored for the duration of at least six months, regardless of whether the case of assault or rape is reported.

### **Good practices of co-operation between police, other front-line responder agencies, and pertinent stakeholders**

The Austrian networked response to domestic violence is characterized by a series of established formalized co-operation practices between police and other front-line responder agencies. These good practices of co-operation are grounded in policies that regulate and reinforce the interaction between different actors, and are well established within operating procedures of each of the agencies involved.

A principal example of effective formalized cooperation between police and social sector NGOs, is the standardized practice of referral by law enforcement to the regional *Centre for Protection Against Violence*, of all cases in which restraining orders have been issued. Within forty-eight hours of such a case referral, social workers from a *Centre for Protection Against Violence* will attempt to contact the victims and offer a range of support services, whose duration varies depending on the severity of the violence or threat, and the demand voiced by the victims. This frequently includes violence-counselling, but also assistance regarding questions on subsistence, housing, residency, child-care and (un)employment. In this way, the response to violence and abuse experienced by clients is approached as a more fundamental and systemic conflict, embedded in broader structures of dependency and (in)security. In all cases in which underage victims or witnesses are involved, similar mandatory referrals occur from all agencies involved to the *Child- and Youth Welfare*.

As a result of the 2020 *Protection Against Violence Act*, this system of mandatory referrals to social sector institutions will be expanded in the near future. In addition to the referral of victim's contact information to social sector institutions, perpetrators will be required by law to attend violence prevention counselling. To accommodate this new formalized procedure, a network of *Violence Prevention Centres* will be established nationally. Similar formalized cooperation exists as it relates to perpetrators recently released from prison or on parole. A well-established system



of referrals is in place, by which the NGO NEUSTART offers a range of services and counselling in all such cases.

Finally, the aforementioned *Child- and Victim's Protection Groups* in hospitals, though comparatively smaller and less established than other actors, represent a good-practice in cooperation between the medical sector and other agencies involved in the response to domestic violence and abuse. Their role as internal competence-centres also includes the task of liaising with other agencies. The presence of these groups within the medical sector represents the existence of clear contact points for outside agencies to approach and cooperate with a sector that is typically poorly integrated into a networked response.

The interviews conducted in three case-locations in Austria during the IMPRODOVA-Project revealed an important dimension of interagency cooperation beyond formalized structures: regardless of the specificities of each of the case locations (rural/urban settings, density of services, population size, etc.), formalized cooperation between agencies in each location was always accompanied by informal structures existing in parallel, and often underlying the smooth operation of formalized arrangements. These were primarily the products of efforts by single individuals within police, social sector organisations and the medical sector, relying on the good working relationships of single persons. Beyond improving communication and coordination, these non-formalized structures frequently included regular interagency meetings, case-conferences (or calls), and even joint services which no single agency was tasked with providing (such as regular meetings for relatives providing long-term care at home). Though these forms of informal cooperation are faced with a series of challenges (described below), it became abundantly clear, that they represent a major asset, if not a condition for the effective functioning of formalized cooperation. What can be described as a good practice in this context, are all instances in which employees of different agencies are granted the relative autonomy, or are expressly encouraged, to pursue such forms of non-formalized cooperation.

Finally, with the 2020 reform of the *Protection Against Violence Act*, a formalized mode of inter-agency case conferences was established. Though a critique of some aspects of this new form of cooperation will be formulated below, it is important to highlight these new *Sicherheitspolizeiliche Fallkonferenzen* as good practices for inter-agency

cooperation as attempts to overcome long-standing barriers. Broadly resembling the MARAC model of joint risk-assessment conferences, *Sicherheitspolizeiliche Fallkonferenzen* were created as multi-agency case-conferences in which pertinent information can be shared between different frontline responders to better assess the level of risk in particular cases and better coordinate interventions. The implementation of these conferences address two major challenges in inter-agency cooperation in particular: Firstly, the implementation of the *Sicherheitspolizeiliche Fallkonferenzen* on policy level included a new legal framework that allowed different agencies to share relevant information on a case while safeguarding victim's and perpetrator's rights relating to GDPR. Though *Multi-Agency Risk Assessment Conferences* (MARAC) had taken place in some case locations in the past, these had been lacking official rulings and a clear legal framework for the sharing of sensitive information. Secondly, previous attempts at case conferences often encountered the challenge of unclear mandates for participating actors. The police in particular frequently criticized the lack of a clear role and procedures in past models. The formalisation of such conferences within the 2020 *Protection Against Violence Act* successfully addressed this issue and strengthened the role of police within this form of cooperation.

### **Main challenges and issues to be anticipated**

The central challenges Police will be confronted with in the short term relate to the frequency of changes to the *Protection Against Violence Act* and their implications for standardized procedures within police work. Specifically, the most recent revision of the act, entering into force in early 2020, will no doubt require some time to be adopted on a broad scale by ground-level police officers. This same challenge was regularly reported during the IMPRODOVA field study, particularly in the context of the relative infrequency with which individual officers are involved with the issuance of restraining orders. In some less densely populated case locations, police reported that individual officers may be involved in the issuance of a restraining order as seldomly as once a year, representing a serious barrier to the development of experience and expertise through police work in practice. The systemic nature of this challenge suggests, that it will also present in the medium and long term, and have relevant implications in the context of the strengthening of the role of police as the central formalized actor in the networked response to domestic violence. This becomes particularly evident in the new multi-agency case conferences

(*Sicherheitspolizeiliche Fallkonferenzen*): unlike previous models, only law-enforcement is able to convene the new form of case-conferences and selects the participating agencies and organisations on a case-by-case basis. This approach runs the risk of replicating existing biases and blind spots of the institution and may reduce the efficacy of this form of multi-agency cooperation. This risk is increased by a further medium and long-term challenge faced by police: Though all police officers receive mandatory training on the topic of domestic violence, this training is focused predominantly on the legal grounds and operational procedures for issuing restraining orders. A significant gap still remains in general sensitivity and awareness for the phenomenon of domestic violence and domestic abuse in particular (Neustart, 2021).

Short term challenges faced by the social sector in the short term also stem from the revision of the *Protection Against Violence Act*. The most prominent challenge lies in the establishment of the new *Violence Prevention Centres* on national level. The organisational challenge of implementing a nation-wide network of such institutions will be followed in the medium and long term with the challenge of integrating these into the wider network of social sector organisations. As we have pointed out, good inter-agency cooperation fundamentally relies on the informal cooperation between individuals in the sector. It will take time to establish such ties, and the mode in which these new Centres will be established will play a major role in the successful implementation. It is to be seen, which shape these new institutions will take, and how they will be integrated into a network of existing organisations already providing the same services. The possible overlap in services and resulting competition between this new institution and existing ones is likely to represent a significant hinderance to cooperation in the response to domestic violence. Similarly, the fact that the mandatory violence counselling for perpetrators at these centres requires the former to pay for this counselling out of their own pocket represents in some cases a structural barrier to this measure's efficacy and is discriminatory towards low-income groups.

Finally, a structural long-term challenge faced by the Social Sector in general relates to the ratio between level of funding and caseload. At the *Centres For Protection Against Violence*, for example, social workers are able to expend an average of only 5 hours per client. As this amount of time does not suffice to accompany a case over time, it necessarily leads to the concentration of efforts and funds on high-risk cases.

While focusing on these cases is undoubtedly relevant, the sparse resources for interventions at earlier stages of a violent relationship leave many victims disappointed and feeling abandoned in phases of an abusive relationship where counselling may be more effective. The problem of limited funding also relates to the relevance of informal cooperation outlined above, coupled with the dependence of these informal networks on specific motivated individuals. Insofar as no funds exist to prove the structures for such informal cooperation, no sustainability for these essential informal, non-scalable aspects of co-operation can be achieved.

The main challenge faced by the Medical Sector in the short and mid-term pertains to the continuing roll-out and implementation of the *Victim's Protection Groups* in Hospitals. Structural challenges faced by these *Groups* relate to their size (usually three members per hospital) and the limited time resources. Structural barriers also stem from the limits to the departmental sharing of information. Addressing this, first attempts are being made to establish a virtual department for victim's protection, which would allow *Protection Groups* to access relevant information on cases of DV between departments without disrupting the status quo of documentation procedures. Finally, the medical sector will continue to be faced with the significant challenge of a general lack of awareness and sensitivity training amongst medical staff. While some hospitals have implemented mandatory training on the topic, this varies strongly from hospital to hospital. The integration of the topic of domestic abuse as a mandatory part of medical training remains a long-term goal.

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