

ENGAGING POLICE AND COMMUNITY: THE ROLE OF FORENSIC PRACTITIONERS IN RESPONDING TO ABUSIVE SITUATIONS



Bridgette Webb and Sylvia Scheicher

Ludwig Boltzmann Institute for Clinical Forensic Imaging, Graz
Austria

Abstract: Community policing has evolved as a multidimensional approach, containing philosophical, strategic and organisational elements, and taking on various forms, one of which is the coordinated community response (CCR). The significance of this approach in addressing domestic violence and child abuse is discussed in this work. Various sources indicate the high prevalence of domestic violence and maltreatment of children. To address such abuse, establishing an effective framework connecting victims not only to local authorities and formal agencies but also to other service providers (forensic, medical, support) and less obvious 'community contact points' could prove crucial. Evidence of the European commitment to community policing as well as to multisector intervention to combat domestic violence already exists, with research demonstrating national and regional initiatives of community policing strategies addressing domestic violence and child abuse across the continent. Victims often seek help from medical professionals when they incur physical injuries following abuse, therefore the active integration of medical service providers, specifically clinical forensic service providers (CFSPs) is essential in developing an effective CCR to abuse. Examples of the integration of forensic physicians into frameworks supporting the investigation and prosecution of domestic violence already exist in Germany and Austria. These collaborations bring together law enforcement, forensic and medical professionals to provide a multisector service to victims of violence. Given the EU's commitment to community policing, the critical issue of domestic violence and child abuse, and already existing successful local approaches in this area, it is high time to transfer these concepts to a European level.

Keywords: community policing; clinical forensic medicine; domestic violence; child abuse.

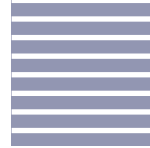
COMMUNITY POLICING: PHILOSOPHY TO PRACTICE

Coherent community policing approaches began to appear in the United States following a publication entitled 'Broken windows' in 1982 (Kelling and Wilson, 1982). Since then, community policing has evolved as a multidimensional approach, containing philosophical, strategic, tactical and organisational elements (Gordner, 1996). Viewed as both a philosophy and an organisational strategy, it has no simple or commonly shared definition (Rosenbaum, 1998), but does provide a term to describe police and community members working together to address and solve problems jointly (OSCE, 2011). The most crucial point within this philosophy is seen to be the cooperation between various

'actors', such as agencies within law enforcement, social services and other stakeholders (Nalla and Newmand, 2013). The quality of this cooperation has been shown to influence the reporting and following up of violent incidents, the prosecution of perpetrators and the action taken to prevent future incidents of violence (UN Women, 2012). The success of the cooperation has been found to depend on a number of essential elements, including the need for well-defined organisational structures, partner roles and responsibilities, as well as effective mechanisms for information sharing (Giacomazzi and Smithey, 2001).

Community policing approaches vary based on the needs and responses of the communities involved (Bureau of Justice Assistance, 1994). One approach which is highlighted in the literature is the so-called coordinated community response (CCR), the goal of which is to provide an infrastructure





to effect systems-level, and ultimately societal-level, change (Salazar, Emshoff, Baker and Crowley, 2007). This response corresponds to a collaborative undertaking by two or more agencies and/or service providers (UN Women, 2012). The implementation of this approach creates a network or infrastructure to bring together advocacy, law enforcement, judiciary and social agencies to holistically address a specific problem within the community (Salazar, Emshoff, Baker and Crowley, 2007). The implementation of such an approach to address domestic violence and child abuse is discussed in this work.

A COORDINATED COMMUNITY RESPONSE TO DOMESTIC VIOLENCE AND CHILD ABUSE

According to a report from the European Commission in 2010, up to 10 % of all women living in the EU experience some form of domestic violence in a given year (Council of Europe, 2002). Furthermore, in 2013 the World Health Organisation (WHO) reported that in Europe the prevalence of maltreatment of children is approximately 20 % with regard to physical abuse (Sethi, Bellis, Hughes, Gilbert, Mitis and Galea, 2013). Domestic violence, sexual assault and physical child abuse affect the quality of life of not only those directly victimised through such actions, but also the entire community. Based on the premise that a single organisation alone cannot solve all the issues surrounding sexual assault and physical abuse, the development

and enhancement of CCRs and the formation of strong and functional partnerships in this field is essential (Reuland, Schaeffer Morabito, Preston and Cheney, 2006).

The actors defined in Figure 1 include those affected by physical violence as well as those involved in supporting victims and identifying, investigating and preventing domestic violence and child abuse. Victims of physical violence are considered the ‘central actors’ and potentially come into contact with all other actors, including citizens, community contact points, formal agencies or service providers and local authorities. Involved citizens are those who are directly or indirectly affected by violence, as either a victim or an offender. They are inclined to confide in or come to the attention of low-threshold community contact points. Such community contact points include teachers, day-care providers, paediatricians, emergency department staff or simply friends and neighbours. These people may lack the professional knowledge or skills to recognise the signs of domestic violence or child abuse, or to effectively support those experiencing interpersonal violence. They can therefore feel helpless and overwhelmed (Guddat and Tsokos, 2014). In many cases, these people are the first contact for victims of domestic violence or child abuse, and therefore a greater effort should be made to equip these citizens with the skills to recognise and help those in need. Formal agencies and service providers include clinical forensic service providers (CFSPs), who perform a physical examination following a violent incident and are trained to collect and preserve physical evidence for future use in court. Further examples of such agencies are established victim support centres, which offer counselling and advice, as well as organisations such as women’s shelters. Local authorities, which are responsible for the investigation and prosecution of violent crimes, as well as the safety of minors (e.g. law enforcement and child protective services), make up the final group of actors in any proposed CCR to address domestic violence and child abuse.

To address the issue of physical violence there is a great need for the establishment of an effective framework to allow these individuals and organisations to work together and to mutually share the responsibility for resolving crimes related to domestic violence, sexual assault and child abuse. The appropriate selection of partner organisations and the definition of their functions in



Figure 1. Depiction of potential actors in a CCR to address domestic violence and child abuse



a structured framework are essential in addressing the needs of central actors. Responsibility should not be carried by a single organisation (Reuland, Schaeffer Morabito, Preston and Cheney, 2006) and the majority of partnerships described in this context take the form of a CCR. It has been shown that the more avenues of help which are available to victims, the more likely it is that victims will seek assistance. CCR can open doors to a range of community services available to those affected by physical violence (Reuland, Schaeffer Morabito, Preston and Cheney, 2006), and adopting an approach that focuses on the coordination of medical, police and social resources has previously demonstrated its effectiveness in the prevention of and fight against domestic violence (Directorate General of Human Rights and Legal Affairs of the Council of Europe, 2007; Feltes, 2014).

A EUROPEAN COMMITMENT TO COMMUNITY POLICING

In 2009, the Council of the European Union adopted Decision 2009/427/JHA to support the development of various initiatives related to crime prevention at the EU level. This decision renewed support for the European Crime Prevention Network (EUCPN), founded in 2001 to support crime prevention activities at both national and local levels across the EU (Council of the European Union, 2009). Specifically, a major task of the network is the organisation of annual best practice conferences and other activities to develop crime prevention and share the results of work on crime prevention. Emphasising the growing importance of community policing in European policy, the conference held in Cyprus in 2012 focused on community policing as a tool for crime prevention related to burglaries, domestic violence and juvenile delinquency (Wijckmans, Klima and Vanhauwaert, 2012). The potential of community policing to assist in addressing domestic violence was a specific focus of this conference and many of the projects submitted for European Crime Prevention Awards highlighted ways of implementing community policing for this purpose (EUCPN Secretariat, 2014).

Furthermore, in April 2011, the European Parliament issued a resolution on priorities and outlined a new EU policy framework to address violence against women, once again bringing to light the importance of this topic across the

continent (European Parliament, 2011). Here the requirement for multisector intervention through a combination of infrastructural, judicial, enforcement, educational, health and other service-related actions to combat violence was recommended. Further highlighted were plans to develop specific investigative routines for police and health sector professionals in order to secure evidence of gender-based violence (European Parliament, 2011). Additionally, from a European viewpoint, the creation of partnerships with higher education institutions to provide training courses to professionals in fields such as law enforcement, health and education and victim support staff is desired (European Parliament, 2011). Finally, the new comprehensive European policy approach includes plans to create methodological guidelines and obtain comparable statistical data on gender-based violence, including female genital mutilation (European Parliament, 2011), a finding ascertainable through the clinical forensic examination of victims. The commitment shown by the EU to developing and strengthening community policing strategies, as well as the resolution to prioritise multisector intervention to address violence generally, and gender-based violence specifically, demonstrates the importance and relevance of supporting research to create community policing strategies purposefully involving forensic physicians designed to counteract domestic violence and child abuse.

PAST AND CURRENT EXAMPLES OF COMMUNITY POLICING/CCR ADDRESSING DOMESTIC VIOLENCE AND CHILD ABUSE

Looking at past research undertaken in Europe and elsewhere, there is ample evidence of the implementation of a number of community policing strategies to address domestic violence and child abuse (Nalla and Newmand, 2013; Wijckmans, Klima and Vanhauwaert, 2012). Examples of national community policing strategies specifically designed to help counteract domestic violence include initiatives in Portugal, Germany and Finland. In Portugal a mobile tele-assistance programme for victims of domestic violence offers protection by means of a hotline and guarantees victims a quick and proportional response according to their risk of danger as assessed by the courts. This technology was connected to the Portuguese Red Cross.





This programme has been implemented at national level since 2011 (Wijckmans, Klima and Vanhauwaert, 2012). A further example of national research highlighted in the *EUCPN Toolbox Series* is a domestic violence round table in Germany that aims to network and coordinate participating institutions to optimise interventions by the state, to provide counselling and to achieve optimal protection for victims of violence. Specifically, this project brings together police, local authorities, counselling services and members of the judiciary (Wijckmans, Klima and Vanhauwaert, 2012). Finally, the pilot project 'Itäkeskus' in the eastern police precinct in Helsinki (Finland), where social workers accompany police officers responding to reports of domestic violence, is an example of the potential for multiagency teams, consisting of healthcare, youth and victim services working with law enforcement to coordinate and address domestic violence (Nalla and Newmand, 2013).

Given that victims most often seek help from medical professionals when they incur a physical injury resulting from domestic violence (Directorate General of Human Rights and Legal Affairs, 2010; Directorate General of Human Rights and Legal Affairs of the Council of Europe, 2007), the authors are of the opinion that the active integration of medical service providers, specifically CFSPs, is essential in developing an effective CCR to address domestic violence and child abuse. Forensic physicians have the ability to objectively evaluate physical injuries, which has been shown to facilitate disclosure of domestic violence. This objective evaluation could assist in increasing reporting of domestic violence where a sense of self-awareness is reinstated in victims when they know that concrete evidence can be collected to support their complaint. In at least two EU Member States the integration of forensic physicians is already being supported regionally by CFSPs and state governmental bodies. These projects cover the establishment of local clinical forensic networks to strengthen cooperation between local police and healthcare providers.

An initial example of efforts in this area can be seen in the 'ProBeweis' project in Hannover (Germany). This project is dedicated to providing a service to individuals who have experienced domestic or sexual violence, where injuries can be documented and evidence preserved free of charge. The approach integrates hospitals with gynaecological and trauma departments into a network coordinated by the Department of Legal

Medicine at the Hannover Medical School, which provides expertise, training and examination/documentation materials. The network currently includes 15 clinics and is supported by the State Ministry for Social Affairs (Medizinische Hochschule Hannover, 2015).

Secondly, in Graz (Austria) a regionally based platform that brings together participants from medical, scientific and legal fields, the Clinical and Forensic Network Styria, has been established (Ludwig Boltzmann Institut für Klinisch-Forensische Bildgebung, 2015). Through its multidisciplinary approach and interinstitutional collaborations, this platform brings together police and forensic medical experts, helping to harmonise the organisation and performance of clinical forensic investigations. This interdisciplinary cooperation in the field of clinical forensic medicine helps not only those affected by violence but also police officers who are working to investigate suspected violence in the community. In this project, clinical forensic experts provide a medico-legal examination service (within 1 hour) to hospitals, police stations, detention centres and organisations offering assistance to victims of crime. A recent sociological study demonstrates the importance and awareness of this project by various organisations (Dohr and Wirnsberger, 2015). A user-friendly website providing information to the public and linking partner institutions across the state and a module-based training programme to familiarise medical practitioners with the requirements of clinical forensic examinations have been established. Interest and direct enquiries from other states indicate that this innovative programme and structured collaboration has resonance beyond the Styrian borders.

Although these and many more promising examples of local approaches exist, until now the experience gained at a local level has unfortunately not been brought to the European level.

OUTLOOK: CFN EUROPE — STRENGTHENING COLLABORATION BETWEEN FORENSIC CARE PROVIDERS ACROSS EUROPE

Taking together the commitment of the EU to community policing, the critical issue of



domestic violence and child abuse and the already existing, successful local approaches to address these issues in the form of networks, the authors are of the opinion that it is high time to transfer these ideas into Europe-wide approaches. To achieve this goal a network between organisations/institutions involved in the issue of domestic violence and child abuse has to be established. Starting from the already existing network projects, the formation of networks between CFSPs across Europe seems to be the most reasonable approach. CFSPs form a local connection point between victims, law enforcement, victim support centres and other individuals directly or indirectly involved in this issue. The formation of a European clinical forensic network (CFN Europe) would accelerate the exchange of information and experience as well as harmonise processes across Europe.

To facilitate the formation of CFN Europe itself, and communication in general, several convenient, low-threshold measures for communication have proved useful. In modern society, many convenient measures exist due to technological advances, specifically internet access. Access to the internet, either via a personal computer or via mobile smartphones, is relatively inexpensive and offers immediate availability of information, as well as being flexible in terms of when users connect. A Europe-wide survey showed that

79 % of all Europeans between 16 and 74 years of age have experience using the internet (Eurostat, 2013). The first step towards strengthening collaboration between CFSPs across Europe and the corresponding formation of the proposed CFN Europe is the launch of an online platform that is open to the public. The platform should include information on local services and contact details, as well as the possibility to share information between CFSPs in a members-only section, thereby exploiting the ever growing, widespread access to internet services. This approach has already been proven useful in the United States, where law enforcement agencies have added social networking and media to their public relations, crime prevention and criminal investigation toolboxes. In 2012, 92.4 % of US law enforcement agencies were using such tools (International Association of Chiefs of Police, 2012).

Given the aforementioned aspects, and in an initial effort to strengthen collaboration between CFSPs, a CFN Europe platform was recently launched (<http://www.cfn-europe.org>). This platform seeks to encourage an extension of the network to include additional CFSPs across Europe, as well as acting as an invitation to local law enforcement and support services to establish local networks. A technical expansion of the platform itself is also in the planning.

REFERENCES

- Bureau of Justice Assistance (1994), *Understanding community policing*, US Department of Justice.
- Council of Europe (2002), *The protection of women against violence*, Council of Europe.
- Directorate General of Human Rights and Legal Affairs (2010), *Data protection: Compilation of Council of Europe texts*.
- Directorate General of Human Rights and Legal Affairs of the Council of Europe (2007), *Protection and specialised support by the police, healthcare professionals and social workers for victims of domestic violence*, Skopje.
- Dohr, M. & Wirnsberger, S. (2015), *Klinisch-forensisches Netzwerk Steiermark Sozialwissenschaftliche Evaluierung und Bedarfserhebung*, Leykam Buchverlagsgesellschaft m.b.H. Nfg. & Co KG, Graz.
- Council of the European Union (2009), Council Decision 2009/902/JHA of 30 November 2009 setting up a European Crime Prevention Network (EUCPN) and repealing Decision 2001/427/JHA.
- EUCPN Secretariat (2014), Conference 2012. Retrieved from [http://eucpn.org/search/knowledge-center?f\[0\]=bundle_%3Adocument&f\[1\]=im_field_doc_subject_%3A8&f\[2\]=im_field_doc_subject_%3A25&f\[3\]=im_field_doc_year_%3A31](http://eucpn.org/search/knowledge-center?f[0]=bundle_%3Adocument&f[1]=im_field_doc_subject_%3A8&f[2]=im_field_doc_subject_%3A25&f[3]=im_field_doc_year_%3A31) on 11.8.2015.
- European Parliament (2011), 'New EU policy framework to fight violence against women'. Retrieved from <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+20110405+ITEMS+DOC+XML+V0//EN&language=EN#sdocta8> on



- Eurostat (2013), 'Internetzugang von Personen' (translation: Internet access of people). Retrieved from <http://epp.eurostat.ec.europa.eu/tgm/refreshTableAction.do;jsessionid=9ea7d07d30e6a23650d82bd a4fcbb91ebe5cc420b1bd.e340aN8PchaTby0Lc3aNchuNa3yPe0?tab=table&plugin=1&pcode=tin00 028&language=de> on 13.8.2014.
- Feltes, T. (2014), 'Community policing in Germany', in: Institute for Peace Research and Security Policy at the University of Hamburg (IFSH) (eds), *OSCE yearbook 2013*, Nomos, Baden-Baden, pp. 219-230.
- Giacomazzi, A. L. & Smithey, M. (2001), 'Community policing and family violence against women: lessons learned from a multiagency collaborative', *Police Quarterly*, Vol. 4, No 1, pp. 99-122.
- Gordner, G. (1996), *Community policing: principles and elements*. Retrieved from <http://www.ncdsv.org/images/communitypolicingprincipleselements.pdf> on 11.8.2015.
- Guddat, S. & Tsokos, M. (2014). *Deutschland misshandelt seine Kinder* (translation: Germany abuses its children). Droemer HC, Munich.
- International Association of Chiefs of Police (2012), *2012 IACP social media survey*. Retrieved from <http://www.iacpsocialmedia.org/Resources/Publications/2012SurveyResults.aspx>. on 11.8.2015.
- Kelling, G. L. & Wilson, J. Q. (1982), 'Broken windows', *The Atlantic* (March).
- Ludwig Boltzmann Institut für Klinisch-Forensische Bildgebung (2015), *Klinisch-forensisches Netzwerk Steiermark*. Retrieved from <http://kfn-steiermark.at/KFN/en> on 18.3.2015.
- Medizinische Hochschule Hannover (2015), *Netzwerk ProBeweis*. Retrieved from <http://www.mh-hannover.de/probeweis.html> on 18.3.2015.
- Nalla, M. K. & Newman, G. R. (2013), *Community policing in indigenous communities*, CRC Press, Boca Raton, FL.
- OSCE (2011), *Trafficking in human beings: identification of potential and presumed victims — A community policing approach*.
- Reuland, M., Schaeffer Morabito, M., Preston, C. & Cheney, J. (2006), *Police-community partnerships to address domestic violence*, US Department of Justice.
- Rosenbaum, D. (1998), 'The changing role of the police: Assessing the current transition to community policing', in: Brodeur, J. P. (ed.), *How to recognize good policing: problems and issues*, Sage, Thousand Oaks.
- Salazar, L., Emshoff, J., Baker, C. & Crowley, T. (2007), 'Examining the behavior of a system: an outcome evaluation of a coordinated community response to domestic violence', *Journal of Family Violence*, Vol. 22, No 7, pp. 631-641.
- Sethi, D., Bellis, M., Hughes, K., Gilbert, R., Mitis, F. & Galea, G. (2013), *European report on preventing child maltreatment*, WHO Regional Office for Europe.
- UN Women (2012), 'Virtual knowledge centre to end violence against women and girls: Community-based policing'. Retrieved from <http://www.endvawnow.org/en/articles/1095-community-based-policing-.html> on 31.7.2014.
- Wijkmans, B., Klima, N. & Vanhauwaert, R. (2012), *Community (oriented) policing in Europe: Concepts, theory and practice*, EUCPN Secretariat.

