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# CFN – A Clinical-Forensic Network for Austria

In cases of survived violence, timely documentation and evidence suitable for the court-room is essential for an objective criminal prosecution. At the moment, there is only a low-threshold possibility for an investigation for victims of all ages in the area of Graz within the framework of the Clinical-Forensic Outpatient Centre of the Medical University of Graz and the Ludwig Boltzmann Institute for Clinical-Forensic Imaging. A project has been started named the “Clinical-Forensic Network of Styria (CFN Styria)”, funded by the Future Fund of the Styrian Government, in connection with the existing institutions (in particular hospitals), to set up regional clinical-forensic outpatient centres under the common umbrella of a network, which will be supported in terms of documentation and evaluation of physical and sexual violence by a centre manned by medicolegal personnel. Such a low-threshold investigation programme independent of research would be desirable Austria-wide and would be the tantamount to such forensic medical tendencies and aspirations in Germany and Switzerland.

**T**he Institute for Clinical-Forensic Imaging (LBI-CFI) founded by the Ludwig Boltzmann Society in 2008 focuses on the forensic examination of living persons. This special focus also includes the pilot project “CFN Styria” (Clinical-Forensic Network Styria) conducted by the LBI-CFI within the framework of the Future Fund of the Styrian Government, which aims to build and institutionalise a comprehensive coverage of Styria with a range of forensic services for victims of violence. The network provides Styrian doctors with support in the implementation of clinical-forensic investigations through training and telemedical support. Moreover, it stimulates discussion regarding the construction of such an Austria-wide range of services.

## 1. THE “CLINICAL-FORENSIC NETWORK STYRIA” PROJECT

The expertise built up in the Clinical-Forensic Network Styria offered assistance in the investigation of injury findings. This also contributed to the prosecution process and the legal certitude.<sup>1</sup> The clinical-forensic outpatient centre of the LBI-CFI located close to the CFN head office and the clinical-forensic hotspots to be established were of particular importance in the context of the project. These were established using existing medical structures (e.g. outpatient departments in hospitals) and were connected to the network. They offered clinical-forensic investigations, professionally competent forensics and detailed documentation on injuring findings in suspected cases of violence.<sup>2</sup> Thus, the



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cooperation of the following state hospitals could be relied on:

- ▶ LKH Feldbach-Fürstenfeld,
- ▶ LKH Leoben-Eisenerz,
- ▶ LKH Deutschlandsberg.

An important aspect of the networking was represented by the CFN hotline, established for telemedical support. Virtual networking was carried out via the CFN homepage.

### **1.1 Establishment of the Head Office in Graz**

A head office was established for the organisation and administration of the Clinical-Forensic Network Styria. This facility on the premises of the Ludwig Boltzmann Institute for Clinical-Forensic Imaging provided a thematically ideal integration of the interdisciplinary network in an interdisciplinary institution. The interplay between the various disciplines represented at the LBI-CFI served and encouraged the institutional cooperation in the forensic context. The existing network at the Outpatient Centre of the Medical University of Graz and the Ludwig Boltzmann Institute for Clinical-Forensic Imaging could be optimally utilised for the development and expansion of CFN Styria and its associated clinical-forensic outpatient centres and contributed significantly to the development of the project.

### **1.2 CFN Styria's points of contact**

Timely investigations following violent incidents are important for the conservation of evidence, especially in cases of sexual violence. The team of the clinical-forensic outpatient centre, consisting of physicians who specialise in the investigation of violent incidents, enabled the earliest possible investigation in the greater area of Graz.<sup>3</sup> However, in Styria, more than half of the incidents of suspected

violence occur outside this area. Access to low-threshold, timely clinical-forensic investigations is therefore difficult for many victims in Styria and may only be achieved by overcoming greater regional distances.

Due to the great importance of the standardised documentation of findings, project partners were established in the various regions of Styria in the context of the “Clinical-Forensic Network Styria” project, which functioned as regional clinical-forensic sites of evaluation using already existing structures (e.g. outpatient departments in hospitals).

Such hotspots for clinical-forensic investigations could be launched in the regions of Upper, West and Southeast Styria using LKH Feldbach-Fürstenfeld, LKH Leoben-Eisenerz and LKH Deutschlandsberg.

The medical project team of the LBI-CFI developed a nine-module training concept in order to achieve a standardised approach:

- ▶ Module 1: Introduction to the subject of clinical-forensic medicine,
- ▶ Module 2: Observing findings and naming them correctly,
- ▶ Module 3: Describing findings,
- ▶ Module 4: How to describe where a finding is shown (localisation);
- ▶ Module 5: Photo documentation – theory and practice;
- ▶ Module 6: Step-by-step procedure of a clinical-forensic investigation;
- ▶ Module 7: Secure and correct handling of evidence objects,
- ▶ Module 8: Creating a diagnostic report,
- ▶ Module 9: Case studies.

Throughout the training, great importance was attached to the key theme of the initial setting and the process of the investigation in order to underline the importance of the basis of trust between the victim and the physician, who undertakes

the necessary physical examinations following violence. Relevant legal aspects connected to the examination of victims of violence were also covered.

An essential part of the training was dedicated to the topic of observing, naming and describing the findings. Practicing physicians often miss injuries that do not entail therapeutic consequences, but are essential for the documentation of evidence. It was therefore necessary to sharpen the view of physicians with regard to findings that are “unimportant” from a diagnostic/therapeutic perspective.

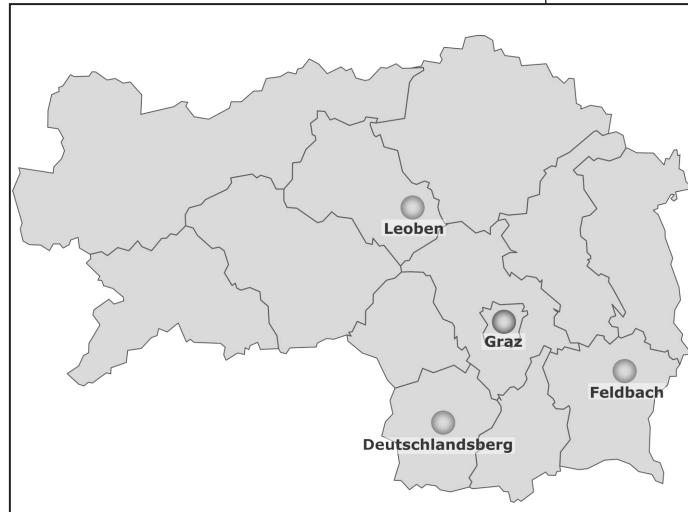
In the context of the documentation of evidence, the participants were familiarised with standardised examination forms (e.g. MEDPOL) and the plotting of findings in body schematic sketches.

The performance of photo documentation was also practiced; this is of great importance in later procedures. On the basis of negative examples, the course participants were able to recognise problems which could arise due to incorrectly performed photo documentation and they could make use of practical knowledge gained in order to avoid such errors in the process. Participants also practised the handling of standardised examination sets (e.g. Prionics Forensix) as they are often used in investigations following sexual violence. The individual components of the kit were discussed and were available to the course participants for practical exercises.

The correct collection of evidence and its storage for court use, the creation of diagnostic reports and the discussion and analysis of case studies were also subjects of the training.

The courses offered were in great demand. However, it appears that regular (re)training is essential in this context, in order to maintain the quality standard achieved and to remain true to the related requirements. Participants were asked for

Source: LBI-CFI



**Figure 1: Partner hospitals of the Clinical-Forensic Network Styria**

their feedback in the interest of quality assurance and for the purpose of improvement and revision based on the experience of the applied teaching methods and the key topics. The suggestions for improvement thus obtained were incorporated into the modules. It turned out that the creation of a detailed diagnostic report in particular represented a large additional effort for the physicians. The storage of evidence also presented a problem for the partner hospitals. For this reason, it was agreed after the first test phase within the network that the documentation of findings would be locally performed by the physicians in the partner hospitals, however, the diagnostic reports would be written by the medical staff of the clinical-forensic outpatient centre in Graz. Regarding the storing of evidence, the network partners decided that all evidence would be stored centrally at the Ludwig Boltzmann Institution for Clinical-Forensic Imaging until the end of the project.

### **1.3 The implementation of the CFN Hotline**

A 24/7 CFN hotline has been set up to enable direct contact with forensic experts.

Thus, Styrian physicians had the opportunity to obtain specific consultative support around the clock for situations in which they face evidence of physical and/or sexual violence. The total number of 346 calls during the project underlines the importance of this service.

The information for clinical-forensic problems was obtained for each of these relevant calls, which otherwise would probably have remained unanswered.

As the funded project period ended on the 31<sup>st</sup> of December 2014, the hotline is currently only available between 8:00 a.m. to 5:00 p.m. on weekdays and is staffed around the clock on weekends and public holidays.

#### 1.4 The CFN website and the establishment of an online forum

General information about the project as well as the staff involved is available on the CFN website. It contains information for those affected, as well as areas with further explanations and materials – only accessible to CFN members.

In order to be able to present the project internationally, the website also offers all pertinent information in English. Kfn-steiermark.at received approximately 5,500

hits per month. The majority of visitors to the homepage came from Austria, whereas a quarter of visitors accessed the website from abroad.

Source: LBI-CFI

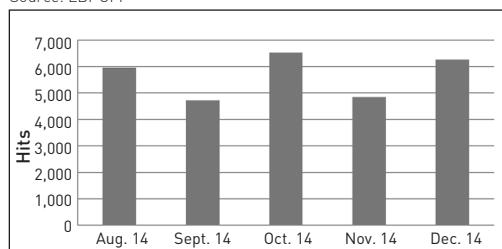


Figure 3: Hits on kfn-steiermark.at per month

### 1.5 Scientific evaluation of the “Clinical-Forensic Network Styria” from a medical, legal and social science perspective

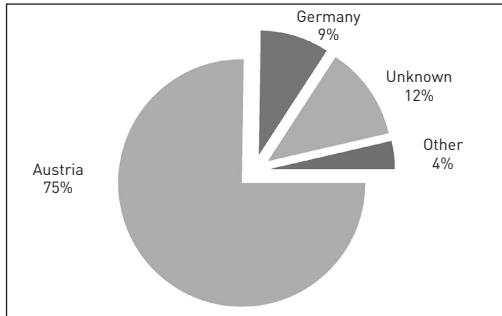
#### 1.5.1 Scientific evaluation from a medical perspective

In order to obtain a current overview of the procedure of physicians for patients who were the victims of violence and to survey the need for regional clinical-forensic outpatient centres in Styria, an online questionnaire with 14 questions was created.

The survey was conducted anonymously. In addition to demographic data, among other things, the frequency of contact with victims of violence in the context of professional practice – whether it concerned physical and/or sexual violence – the involvement of the police as well as the individual approach and self-assessment in the examination of patients after having experienced violence were recorded. In August 2014, the link to the survey was sent to the staff of the Medical University of Graz and to physicians in private practice. By the end of October 2014, a total of 78 people had taken part in the study. The overview of the evaluation of these 78 completed questionnaires is as follows:

Figure 2: The homepage of kfn-steiermark.at (07.01.2015)

Source: LBI-CFI



**Figure 4: Visitors to kfn-steiermark.at according to country<sup>4</sup>**

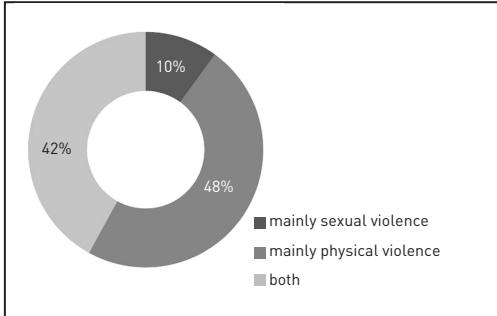
The ratio regarding the sex of the total participants in the study was about one-third female to two-thirds male.

85.53 % of the physicians surveyed stated that they came across victims of violence in their daily work “from time to time”. With regard to the form of violence, it was reported that it mostly concerned physical violence, sometimes in combination with sexual violence. Only 10 % of those affected were victims of solely sexual violence (see Figure 5).

Furthermore, the frequency with which the police were involved in cases of survived violence was enquired. Only three people reported involvement of police in all cases that were associated with physical and/or sexual violence. 30.77 % of respondents referred that the police had been involved in most cases and 16.92 % that the police had been involved in about 50 % of the cases.

An additional aim of the study was to obtain information about the exact procedures physicians should maintain in cases of violent events. Slightly more than half of the respondents reported examining the victims themselves. 77.46 % of these also made detailed documentation of findings in addition to the clinical diagnostics and medical care, however, only 9.26 % used a standardised documentation form, such as the one offered by the Federal Ministry of the Interior (MEDPOL documentation form).

Source: LBI-CFI



**Figure 5: Distribution of the type of violence<sup>5</sup>**

The question, which trace materials should be secured in cases of sexual violence, is also of particular interest. Urine samples and – to a lesser degree – blood samples are commonly stored. Swabs for DNA analysis and/or clothes are taken sporadically at best. With regard to the question of the self-assessment of the surveyed physicians concerning the certainty or uncertainty in the documentation of suspicious findings, a scale of 1 (uncertain) to 10 (very certain) was used. The number of participants whose answer fell in the range “uncertain” outweighed those whose answer could be found in the range “very certain”. Interest in training on the theme of “Clinical-forensic medicine” was indicated by 78.26 % of respondents.

The auxiliary tools developed within the context of the project and also subsequently offered found general approval. The survey participants considered the availability of a 24/7 hotline for telephone assistance regarding clinical-forensic examinations and the existence of regional clinical-forensic outpatient centres particularly useful.

In summary, the results of the online survey show that from the perspective of the surveyed physicians there is definitely a need in any case for regional clinical-forensic outpatient centres. In addition there is also demand for a telephone hotline, available round the clock, staffed with experts in clinical-forensic medicine

and opportunities for further training in “Clinical-forensic medicine”.

### **1.5.2 Scientific evaluation from a legal perspective<sup>6</sup>**

A study was conducted in collaboration with the Higher Regional Court for Styria and Carinthia in Graz whose primary objective was to determine whether the use of clinical-forensic experts by the judiciary has risen since 2009 or whether there is an increased need for clinical-forensic outpatient centres. The evaluation of this issue was carried out with the help of the case database of the clinical-forensic outpatient centre in Graz and the files of the Criminal Provincial Court of Graz from 2009 and 2012. Furthermore, this comparative study would also analyse the need for a clinical-forensic outpatient centre and a 24/7 emergency service.<sup>7</sup>

The comparative study included two main elements: on the one hand, the data analysis of the LBI-CFI in 2009 and 2012<sup>8</sup>, which was subject to limitation in this respect, as only the cases given by order of the Public Prosecutor (PP) and the Court were investigated; on the other hand, reviewing the files and determining the number of data collected by the LBI-CFI corresponding to offences in 2009 and 2012 by the Criminal Provincial Court of Graz in order to be able to present the results in relation to each other.

The comparison shows that most of the investigated cases in 2009 and 2012 concerned rape, assault, torture or neglect of young or defenceless people or the abuse of minor or mentally impaired persons.

A third of those persons examined by the institute were male and two-thirds were female. In 90 % of the cases, the LBI-CFI was commissioned by the Public Prosecutor. The highest number of commissions was made in the case of rape pursuant to Section 201 of the Criminal Code. This

is due to the fact that timely examination and evidence recovery is of particular relevance in these cases.

In summary, it can be stated that the study results demonstrate a need for clinical-forensic outpatient centres.

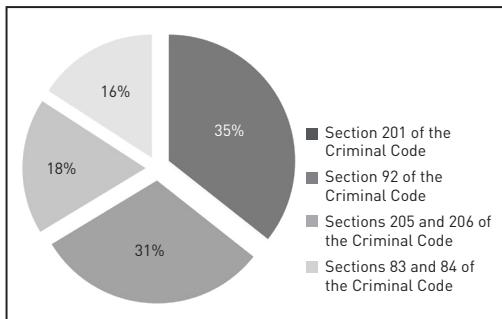
### **1.5.3 Scientific evaluation from a sociological perspective<sup>9</sup>**

The sociological investigation was carried out towards the end of the project period, whereby an evaluative perspective was added. In the context of focus group discussions with occupational groups or individual interviews with people who were faced with the diagnosis and treatment of suspected cases of violence it was asked whether a clinical-forensic investigation unit should be institutionalised.

The participants included, on the one hand, people who potentially face violence in their daily business, but have no training in this field (teachers, social workers, medical nurses, general practitioners and other physicians) and, on the other hand, people from organisations which deal explicitly with incidents of violence and support of the victims (employees of victim protection facilities, police, public health officers and public health officers at the Youth Welfare Office).

The results of the study show the high relevance of interdisciplinary networks in Styria in which forensic medical expertise is available. Further clinical-forensic outpatient centres could be established within their framework, which represent a sensible, necessary and timely addition to the range of services for victims of violence Styria-wide. Study participants suggested that the opportunities and services of the clinical-forensic outpatient centres should be more clearly conveyed.

Source: LBI-CFI

**Figure 6: The four most common offences in 2012<sup>10</sup>**

## 2. CONCLUSION

Forensic medicine focusing on living persons was and is the central point of the project “Clinical-Forensic Network Styria (CFN Styria)”. The legal, medical and sociological evaluation of the project has shown that the need for low-threshold points of contact for competent clinical-forensic investigation in suspected cases of physical violence is steadily increasing.

The “Council of Europe Convention on preventing and combating violence against women and domestic violence” explicitly requires that the contracting states provide opportunities for “medical and forensic examination” to those affected. Styria has laid down a model with its clinical-forensic network, which would be extended to an Austrian variant in cooperation with other federal states.<sup>11</sup> Such an Austrian network benefits both the professional approach to clinical-forensic investigations and also standardised documentation of findings in terms of possible future constructive analyses in the context of law enforcement. However, the recognition and clarification of violence does not only serve the decision of the Criminal Court, it is also an important step in the prevention of violence. Like many other things in our society, it can probably find its place best within the framework of a competent network.

<sup>1</sup> Riener-Hofer et al. 2014, 322.

<sup>2</sup> <http://kfn-steiermark.at/KFN/de/content/projektbeschreibung-kfn> (15.10.2014).

<sup>3</sup> <http://cfi.lbg.ac.at/de/klinisch-forensische untersuchungsstelle/allgemeine-informationen> (27.07.2015).

<sup>4</sup> "Others" includes EU countries, Switzerland, China, Canada, Turkey, USA, and Bosnia and Herzegovina.

<sup>5</sup> Refers to the kind of violence which the victims have been exposed to before they visited the physician (acc. to med. survey).

<sup>6</sup> See Malleg 2014.

<sup>7</sup> Cf. Briefs on the LBI - Comparative studies on 2009 and 2012.

<sup>8</sup> See chapter 5.1.3 in Malleg 2014, 39 ff.

<sup>9</sup> Dohr/Wirnsberger 2014.

<sup>10</sup> The four most common offences in the year 2012, due to which an export report was commissioned by the Court of the Public Prosecutor from the LBI-CFI.

<sup>11</sup> See also Riener-Hofer/Kainz 2013, 209.

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