EARHVD

Equipa de Análise Retrospetiva de Homicídio em Violência Doméstica

FINAL REPORT

Case nº1/2017-AC

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Contents

Domestic Homicide Review Final Report

1. Identification of the case

This report concerns the review of a domestic violence homicide situation that was the subject of case No. 2892 / 15.9JAPRT of the Comarca of Porto Este, whose final decision resulted from a judgment of the Court of Appeal of Porto, 22.2.2017.

In this case, B, a male, aged 60, was convicted of qualified homicide [articles 131 and 132, paragraphs 1 and 2 b), e) and i) Criminal Code] and attempted qualified homicide (art. 22, 23, 73, 131, 132, paragraphs 1 and 2 (a), (c), (e) and (h) Criminal Code) and sentenced to 23 years and 10 months' imprisonment.

- The events occurred on September 27, 2015.
- The victim of the murder was his wife - M who was 58 years old.
- The victim of the attempted murder was the father of the attacker - J, aged 87.

The report includes:

a) The presentation of as much information as is known about the incident, the behaviour patterns of the perpetrator, the factors that influenced him, as well as the responses and support provided to the victims and the perpetrator; and

b) Analysis of the above with the aim of extracting lessons from this case so that changes are made to reduce the risk of further homicides.

Agency contact and involvement with the victims and perpetrator were considered from 2010 and included justice, police and health.

The review process began on 04/17/2017; the preliminary report was drawn up on 9/1/2017; the review meetings were convened on 9/9/2017, 27/9 and 10/25/2017.

The Domestic Homicide Review Team (EARHVD) was composed of its permanent members plus a non-permanent member representing the Republican National Guard (Territorial Command of Porto), the police force that had jurisdiction in the area in which the events occurred.

2. Documents Obtained and Analysed

The following documents were obtained, pursuant to article 4-A, paragraph 4 of the domestic violence law (LVD) and 10 of Ordinance No. 280/2016:

The judgments of the lower court and the Court of Appeal of Porto

- Other procedural documents from the Criminal Court of Penafiel in the District of Porto Este, on April 19, 2017, namely: news items on domestic violence, risk assessment sheets, interrogation records of the defendant of the PJ and 1st Judicial Interrogation, medical reports (urgent episodes), report of the medical-legal autopsy, social report of the General Directorate of Reinsertion and Prison Services (DGRSP), indictment of the Public Prosecutor's Office, records of the trial hearing, forensic psychiatric evaluation and appeal of the defendant.
- Written information provided, at the request of EARHVD, by the Commander of the Territorial Office of Paços de Ferreira of the National Republican Guard.
- Information obtained from the records of the National Health Service by the representative of the Ministry of Health at EARHVD.

All documents were anonymised and analysed.

The following agencies reported that they held no information of relevance to the review: Public Security Police, National Institute of Forensic Medicine and Forensic Sciences (INMLCF), Social Security Institute, IP and public administration body responsible for citizenship and gender equality.

3. Information Collected

3.1. Evidence of the crime case

The following facts were proven during the criminal process:

1. B married M on April 16, 1977. They had two children who were already adults and married at the time of the homicide.

2. At some point, B and M separated but continued to reside in the same dwelling until June 2015, although in separate spaces and with different entrances. After M manifested to B her

intention to divorce B ejected M from the home, M started live with his father-in-law (J), on the lower floor of the same property.

3. From an unspecified date, but at least 12 years previously, not specifically established, there were arguments between B and M, about her refusal to engage in sexual relations with B and the lifestyle he maintained which included visiting prostitutes, taking sexually stimulating drugs and going to nightclubs and brothels. This resulted in B and M sleeping in the same house but in separate rooms.

4. J, born on January 11, 1928, was the father of B, and from September 2015 had serious mobility problems. He was largely bedridden, walking only with the help of a cane and/or a wheelchair. This was the consequence off old age as well as a stroke that he had suffered a few years previously.

5. Until September 27 2015, it was M who took care of and provided all necessary assistance to J, preparing his meals, taking care of his personal hygiene, assisting him in all his activities of daily life. She received payment for this assistance and M also administered J's bank account. This displeased B and was the cause of some arguments between M and B. B felt that 'being the only heir' he should be receiving half of his father's retirement income.

6. From around June 2015 onwards, B would often argue with M telling her that 'her days were numbered' and that he would 'one-day kill her and set fire to the house. He also accused her of wanting his father's pension, alleging that she was 'sucking the old man's cock' to get his money and called her 'slut'.

7. B demanded that M continue to take care of his clothing and the cleaning of the house, despite not giving her any monetary allowance and knowing that she did not have any income besides payment made by her father-in-law.

8. On August 19, 2015, as a result of B's repeated behaviour (described below in paragraph 3.2.1) M filed a complaint for domestic violence. B became aware of this on September 25, when he was accused and interrogated at the Station of GNR of Paços de Ferreira, which made him even more angry.

9. B told several colleagues at his workplace, on more than one occasion, that "any day he would set fire to the house."

10. On September 26, 2015, at about 11:00 pm, B went to M's house and demanded access to his father's bank account saying "I want the book, you whore!"

11. Following this, and intending to avenge himself, B decided to kill M and J by burning down the house with them inside. He thus gathered together a bottle containing a toxic sulphurous liquid, a plastic container containing gasoline and a box of matches.

12. On September 27 2015, at about 8:00 AM, B went to the lower floor of the house, where M and J resided and found M in the kitchen. He began questioning her about the complaint she had made against him, and he attacked her. J was also in the house in another room.

13. B grabbed M by the neck as he pushed her, causing her to fall to the ground. Then he stepped on top of her, preventing her from asking for help, and with the firm intention of taking her life, he squeezed her neck with all his might until she lost consciousness. He grabbed her head, repeatedly banging it against the tile floor of the kitchen.

14. B then took the bottle containing the toxic liquid he had brought with him, poured the contents into M's mouth and throat, and covered her mouth with a sock, gagging it and tying the sock around her head, securing it by placing the knot inside her mouth. This increased the amount of toxic liquid she swallowed.

15. Afterward, B left the room, locking the kitchen door, as well as all other existing doors at the ground level and threw the keys into the middle of the backyard vegetation. He then sprinkled the gasoline around the exterior of the kitchen door where M and J were imprisoned as well as two wardrobes and a moped. B then set fire to the gasoline with a match which quickly spread. The aforementioned objects and other items that were on the patio quickly burned and smoke and soot filled the interior of the house on both the ground and first floor.

16. Due to the rapid and prompt intervention of neighbours who were alerted by the flames and smoke, the fire did not get completely out of control. The neighbours immediately rushed to the scene and removed M and J from the interior of the room after knocking the locked kitchen door

with the aid of an axe and a wooden bar. Entry through the windows was not possible due to vertical grills; a fact well known by B.

17. As a consequence of B's actions, M suffered injuries that caused her death. Specifically: a horizontal wound at the back of the skull with a small perpendicular laceration of about 6 cm; a small abrasion on the jawbone; a small abrasion in the left nasal area; a blood clot in the inner zone of the upper labial region; several small abrasions in the neck region; a small abrasion on the left jaw; a small blood clot in the upper region of the left eye; a blood clot in the left abdominal area; several lesions located on the neck, with evident internal haemorrhage, which indicate a violent action, showing no trace of smoke or soot throughout the respiratory tract.

18. In summary, B caused M's death by strangling her.

19. On September 27, 2015, J had to receive hospital treatment.

20. B acted always deliberately, freely and consciously, with coldness of mind, for revenge and according to a plan intentionally planned for the purpose of killing M, as well as his father. J was a particularly vulnerable person, due to age and ill-health who was unable to leave the house alone. B deliberately made it difficult for any third parties to be able to come to their aid by locking doors and discarding the key.

21. B acted as described, taking the life of M and attacking the life of his father, visiting unexpectedly at a time when they were only the two in the home. B knew full well that neither J nor M J had any possibility of defending or even fleeing from his superior physical strength. This reveals a particular coldness and total disrespect for human life and his family relations.

3.2. Relevant information collected during the review process

3.2.1. Regarding judicial intervention

A. Over the course of the investigation phase (source: the case)

1. On August 19, 2015, M filed a complaint with the GNR about domestic violence and was granted the status of victim.

1.1. M states that the quarrels between the two began 12 years ago which is when they began sleeping in separate rooms. Since then, she had been ejected from the house by B, he threatened to kill her, saying that he would set the house on fire and accused her of wanting to have his father's retirement income.

1.2. In the risk assessment (RVD-1L[1]) then carried out by the GNR, whose only source of information was M, 5 risk factors were identified, resulting from the affirmative answer to the following questions:

• **no. 6 - Escalation of violence**

Has the number of violent episodes and/or their severity been increasing in the last month?

• **no. 8 - Fear of the victim**

Do you believe that the offender is capable of killing you or having you killed (are you convinced that he is capable)?

• **no. 9 - Death Threats**

Has the offender ever attempted or threatened to kill you or another relative?

• **no. 11 - the Mental health of the perpetrator**

Does the offender reveal emotional/psychological instability and is not being treated by a health professional or does not take the prescribed medication?

• **no. 18 - Separation / intention / manifestation**

Has the victim separated from the offender, attempted/expressed an intention to do so (within the past / next 6 months)?

The level of risk to the victim was classified as medium and the following protection measures were adopted: reinforcing victim protection guidelines, reinforcing with the victim the availability of support resources and reinforcing patrolling near the victim's residence.

4. On August 20, 2015, the GNR sent the case to the Public Prosecutor's Office (DIAP of the Local Instance of Paços de Ferreira of the Comarca of Porto Este), stating that the Office was not conducting an investigation.

2.1. On August 24, 2015, the Police report received the stamp of entry into the Public Prosecutor's Office.

2.2. On August 25, 2015 (period of judicial vacations), the magistrate's ruling Prosecutors Office, in turn, was as follows: "Request the GNR to investigate."

[1] RVD 1L should always be applied within the scope of a DV participation, after drafting a standard news report of domestic violence.

3. On September 19, 2015, the GNR reassessed the risk using the RVD (version-2L[2]) for this purpose. This reassessment stems from the risk assessment and management procedures that have been applied by the Security Forces (GNR and PSP) since 1 November 2014.

3.1. The only source of information continued to be solely the victim.

3.2. In this reassessment, the risk attributed was low as a result of the elimination of one of the initially mentioned factors: n. 6, corresponding to escalating violence.

3.3. M continued to assert her conviction that she might be killed.

4. On 25 September 2015, M and B were interviewed at GNR.

4.1. They were notified at 3:00 p.m. and 4:00 p.m., respectively, and the interview was carried out by the same police officer.

4.2. In the inquiry, M said that she no longer lived with B and that she lived with her father-in-law, who she took care of and mentioned that she no longer wanted criminal prosecution. M's inquiries began at 4:00 p.m. and finished at 4:15 p.m.

4.3. B, as the defendant, refused to make any statements. The inquiry began at 16:15 and ended at 16:34.

B. Clarifications provided by the Commander of the Territorial Office of the Republican National Guard

Clarifications were requested from the Republican National Guard, pursuant to paragraph 4 of article 4-A of the LVD and paragraph 1 of article 10 of Ordinance no. 280/2016, on October 26, to transcribe the questions asked and the replies received:

1. With reference to the GNR professionals who received the complaint from M that started the investigation into the allegations of domestic violence (NUIPC 659/15.4GAPFR, incorporated in the already identified above): Who evaluated the risk and who questioned the victim and perpetrator? Had they received training in domestic violence and risk assessment? If the answer is yes: on what date did they get training and for how long?

Answer: The military who were assigned the power to research and perform duties in the Section of this station worked there for roughly seven years. They had achieved a competent

[2] RVD 2L should be used when reassessing the risk, that is, at a later stage than the record of participation in the occurrence, and is drawn up by police officers who contact the victim in the context of criminal investigation or proximity policing.

professional performance and provided a dedicated service with a self-taught spirit, Training was received on both domestic violence and risk assessment.

2. The RVD allows the collection of evidence from sources other than the victims. What is the reason why, in the two assessments made, no additional evidence was collected from any additional source?

Answer: From the facts of this case, no witnesses of the events were mentioned, and the victim's testimony did not indicate that she had been influenced by any factors against her will.

3. RVD-2L has a field to further clarify the identified risk factors and to better understand their context. Why, in this case, have they remained without information?

Answer: There were no significant changes in the period between the application of RVD-1L and RVD-2L.

4. Although the victim was convinced that the perpetrator could kill her (item 8), the reasons for this fear were never clarified. Why?

Answer: The question is based on the victim’s conviction, which is admissible without reasoning which in this particular case was never specified by the victim.

5. What are the reasons for why the item "Escalation of the violence" was withdrawn during the preparation of RVD-2L?

Answer: Because the Medium Risk was attributed, RVD-2L was performed after 30 days, and the victim stated that during that period there had not been any further incidents of violence.

6. The victim was re-evaluated on 09/19/2015. Why was this not done on the same day the victim reported? Is there any indication that this should be done?

Answer: The evaluations are not necessarily carried out in the premises of the police station. More commonly they are carried out at the victim’s home unless this would inhibit the giving of free and spontaneous information.

7. Victim and assailant were summoned to be interviewed on the same day, at about the same time, which could raise problems with respect to the safety of the victim. Why was this option taken?

Answer: The victim and the suspect were notified to appear at the Station on 25-09-2015, at 3:00 p.m. and 4:00 p.m. respectively. The victim's interview was set for 4pm to allow the investigator to verify if substantial changes had occurred since the initial report

8. The victim stated that she no longer wanted criminal prosecution, but in the reassessment of risk, she is convinced that she could be killed by the perpetrator. Why was it not clarified why she wished to withdraw her complaint?

Answer: Clarification was requested as to why the victim intended to withdraw the complaint, and no concrete answer was given. However, in these crimes, the victim in a procedural act of inquiry formally verbalizes his desire to withdraw the complaint and/or not to seek a procedure criminal.

9. Of the protective measures to be taken, item 29 of RVD-1L, the following proposals were proposed: Strengthening of personal protection guidelines (safety plan); availability of support resources and reinforcing patrolling near the victim's residence. Were these proposals implemented? Is there documentation regarding this implementation?

Answer: The proposals were implemented, given the operational availability of relevant resources. These actions are intended to be proactive, and are not routinely documented.

10. Several witnesses report that there have been several visits by the GNR to the victim's residence. If it happened, is it possible to determine what dates they took place? Are there any records that prove this?

Answer: This Station does not have any military records of staff attending the victim's residence before the complaint.

C. Forensic and social reports (source: the process)

Report of the medical-legal autopsy performed on 9/28/2015

Conclusions of the INMLCF report:

"1. In view of the necropsy data, the social information collected in this Office and transcribed above and the result of the toxicological tests, the death of M was due to asphyxia.

2. In view of the external habit in the neck can be said that the choking resulted from the action of hands placed around the neck - strangulation.

3. This is the cause of violent death.

4. The remaining traumatic injuries described resulted from blunt and non-fatal injuries.

5. The necropsy data and the social information collected in this Office, transcribed above, support the hypothesis of homicide.

6. The result of the toxicological examination to determine of the presence of ethanol in the blood was negative.

7. The result of the peripheral blood test for drug substance screening and benzodiazepine screening was negative."

2. Report of the examination into the mental health capacity of B, with a view to concluding if he bears criminal responsibility, of 19/9/2016, carried out by INMLCF.

2.1. It states: "About 15 years ago he saw a psychiatrist because of tinnitus ..." it looks like a neck fire up ... "He was directed to Otorhinolaryngology. He was prescribed a medicine that he took for a short time ("I was supposed to always take a pill but I stopped taking them");

2.2. It also states that: "No abnormal personality traits are observed."

2.3. The following conclusions were reached:

"From the data collected from the mental health interview and examination, it is concluded that:

- The examinee does not show any clinically significant psychiatric conditions.

- His mental state test does not display psychopathology of any relevant intensity.

- The person examined does not suffer from any psychic anomaly which deprives him of the ability to want and understand, to assess the unlawfulness of the acts in question or to determine according to that assessment. "

3. Social report requested by the Court to the General Directorate of Reinsertion and Prison Services for the "Determination of Sanction" of B, where it states: "The accused has been consulting a psychiatrist since he arrived in prison. He has also been attending psychology for severe depression due to the emotional impact of the crimes for which he is accused, and the fact that he allegedly attempted suicide."

3.2.2. Records of the National Health Service

A. About B (the perpetrator)

1. On February 28, 2010 - Registration of "physiological dysfunction", referred to Psychiatry (?)

2. On October 19, 2010 - reference to "antecedents of depressive syndrome followed in Psychiatry"

3. In March 2015, B complained of "decreased desire"

B. About M (victim and wife of the offender)

1. On November 28, 2013 there is a clinical record of M having "anxiety/nervousness/tension", but without further detail.

2. Throughout 2015, there are records of the Family Health Unit having multiple contacts with M regarding various health procedures.

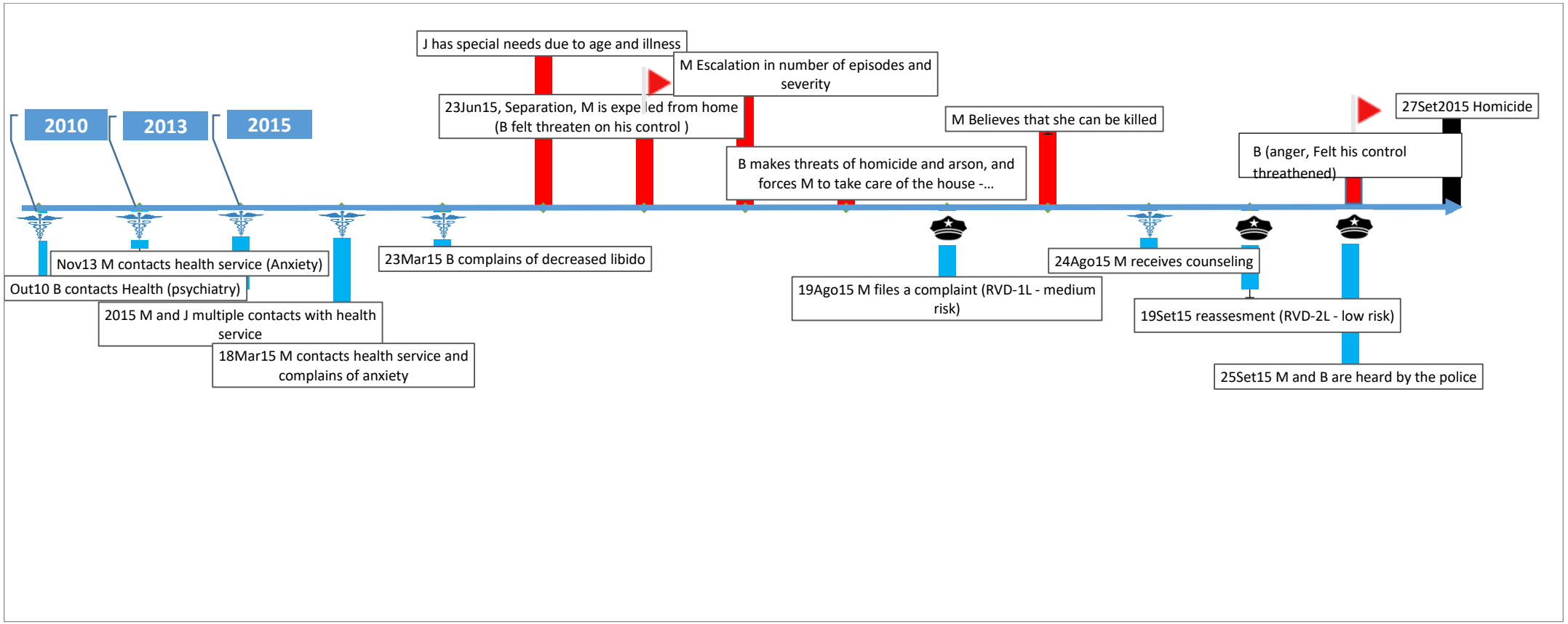
3. In March 18, 2015 there is a further record of M experiencing "anxiety disorder/anxiety state", again without further details;

4. In August 24, 2015 there is a record of M being provided with “counselling/therapeutic listening", but without further details.

4. Case Chronology - Graphical Representation

Based on the information gathered, a linear chronology of the case that includes the most relevant events for their review was prepared.

4.1. Timeline (2010 to September 27, 2015)



Red Bars - Background / Risk Factors; **Blue Bars** - Opportunities for intervention; **Black Bar** - Homicide**;** Triggers - ; Contacts with the Health System - ; Contacts with the Police -

Risk factors identified: • no. 6 - Escalation of violence; • no. 8 - Fear of the victim; • no. 9 - Death Threats; • no. 11 - the Mental health of the perpetrator; • no. 18 - Separation / intention / manifestation Has the victim separated from the offender, attempted/expressed an intention to do so; • Item 10 - Stalking, excessive jealousy, control; • Item 12 - Threats of suicide; • Item 16 - Significant financial problems; Item 19 - Special Needs or Third Party Support

5. The Review

5.1 Critical moments and incident leading up to the homicide

The verified facts reveal a relationship between B and M in which the conflict had been increasing over the last years. B was impulsive and aggressive, had a controlling personality and exercised coercive control over M.

There are two critical moments in the exacerbation of the conflict which increased the risk to M's life

a) The first was when M told B of her intention to separate

M is then ejected from her home by B and takes up residence on the lower floor of the property, with her father-in-law, father of B, who was 87 years old and had serious health problems and mobility issues. He was practically bedridden, and when he did move, it was with the aid of a walker.

It was due to this worsening conduct of B, that M decided to head to the GNR station to file a complaint on August 15, 2015.,

(b) The second critical moment was when, B was interrogated, on 25 September 2015, by the Republican National Guard as part of the investigation into M's complaint.

On that date, M and B at the GNR, the first being called at 3:00 p.m. and the second at 4:00 p.m. and the proceedings were undertaken by the same police unit. M stated that she no longer wanted criminal prosecution; B refused to make statements.

When B became aware of M's complaint and the intervention of the judicial authorities, he felt his control over M was diminishing.

The analysis of this case will focus on the performance of three areas:

a) On the perpetrator and victims contacts with the National Health Service.

This is to assess if there were any missed opportunities for intervention since 2010 when records began.

b) On the direction of the investigation carried out by the Public Prosecutor.

It is important to consider whether the prosecution exercised effective management of a criminal investigation, including the monitoring of its implementation by the police and the implementation of the necessary measures to protect the victim M.

c) On the performance of the Republican National Guard during the investigation phase.

With regard to the operation of this criminal police body, it is necessary to analyse how the risk assessment procedures were developed and the measures to protect the victim were carried out, as well as to assess the way investigations themselves were carried out, in particular, the interview of the victim and the defendant's interrogation.

5.2 Contacts of the perpetrator and victims with the National Health Service

Patient screening for domestic violence creates an opportunity for intervention and for health services to have relevant caseload information about the problem and to be able to provide, when appropriate, referrals to victim support services.

In health centres, in hospitals and in the Local Health Units, computer systems record clinical activity. Every contact is documented in a register, stating the care provided to a patient diagnosis, possible referral and treatment. As well as information about the management of specific health complaints, clinical records also include information about the prevention of common health problems, allowing interventions aimed at achieving better health outcomes. For example, prevention and support for smoking cessation, alcohol and other substances, maintaining a balanced diet or prevention of depressed mood. Health teams are thus expected to gather pertinent information about people's circumstances on the most relevant aspects of their health, and to promote health literacy, self-care and support in specific situations.

Domestic violence is increasingly understood as a real health problem, both from a clinical and public health point of view. However, the problem has only recently been the subject of guidelines for a focused response by services and practitioners, with a view to identifying domestic violence in a systematic way, particular where there is on-going risk or for patients where this is suspected.

In 2014, under the Health Action on Gender, Violence and Life Cycle, / health professionals now have a Reference Technical General Health Directorate (DGS) on the approach, diagnosis and intervention in health services (“Interpersonal Violence - Approach, Diagnosis and intervention in Health Care"), which allows for systematic interventions.

In this case, the information included in the health records is scarce and difficulties were still encountered by EARHVD when accessing them for this review. While there have been many documented contacts by health professionals with B, M and J, would be in a unique position to detect family dysfunction, there is no record of specific preventive measures or information about other interventions.

5.3. The investigation, under the responsibility of the Public Prosecutor´s Office (MP)

As already mentioned, the complaint that M made to the National Guard was sent to the prosecutor, who received it on August 24, 2015. The next day, it was presented to the Service magistrate in DIAP Instance Location Paços de Ferreira of the District of Porto Este, which issued the following formal order: "Request the GNR to carry out the investigation".

Until the date on which M's death occurred, there was no further intervention by the Public Prosecutor's Office in the investigation, who waited for the criminal police to complete the investigation

The complaint was sent to the Public Prosecutor's Office during the period of judicial vacations, which run from July 16 to August 31 (Article 28 of the Law on the Organization of the Judicial System) During this period, the service is provided by magistrates that assure the urgent service (article 54 of the system of organization and operation of judicial courts). Cases for crimes of domestic violence are urgent, and therefore they run during the period of judicial holidays (article 28 LVD).

5.4. Republican National Guard (GNR) action in the course of the investigation phase

Four of the Republican National Guard's actions are considered: the procedures for risk assessment for the victim M, the implementation of protection measures, the interviews of B and M, and the professional training and supervision given to officers.

5.4.1. The risk assessment

The results of the risk assessment and revaluation carried out by the GNR (RVD -1L and 2L) have already been considered above.

Analysing of the information contained in the judicial process revealed that there were other risk factors that were not identified and could have been the object of inquiry and consideration. These were:

• Item 10 - Stalking, excessive jealousy, control

The perpetrator expelled M from her home, but he still required her to undertake housework without pay and demanded access to the retirement of J, for the survival of the two victims. He showed excessive or morbid jealousy, expressed in statements such as "you're going to suck the old man’s cock, you whore," which was witnessed by several neighbours.

• Item 12 - Threats of suicide

In the community, there was information that the perpetrator had said "I'm not going to be arrested. If that ever happens, I will not be arrested, I'll kill myself. "

• Item 16 - Significant financial problems

Among the group of friends, it was said that B spent the first part of his salary on two Viagra boxes and resorted to prostitution (at least once a week)," which apparently brought financial difficulties.

• Item 19 - Special Needs or Third Party Support

J (father of the perpetrator) was 87 years old, had several illnesses, was mostly bedridden and depended heavily on the care provided by M. This information was recorded in the GNR file on September 25, 2015.

We consider that item 6 - escalation, which was removed in the revaluation, in fact remained an issue as M had communicated to B that she wanted a divorce.

It should also be noted that nothing was included in item 22 of the RVD, which is intended to record other factors that the professional considers being of particular risk in the specific case.

Although in RVD the existing risk factors are quoted with equal weight (which, in our opinion, should be reweighted in a future review), it is recognized that some of them are indicators of greater risk, including threats to kill/ commit suicide, separation, persecution, control and excessive jealousy on the part of the perpetrator and intuition on the part of the victim that he/she may be killed).

Therefore, RVD-1L and RVD-2L, as well as having a grid to calculate the level of risk according to the number of factors indicated, also includes professional judgement on the part of the police officer that may mean a different level of risk is assigned than indicated solely by risk factors. Both parts need to be completed to calculate a more accurate risk level.

If the victim states that she fears for her life, this should always trigger the quest for additional sources of information to ensure a more complete knowledge of the situation. In this case, the risk assessment was inadequate and should not have been assigned of the level of medium (RVD-1L) or low (RVD-2L).

5.4.2. Victim Safety Plan and actions

As already mentioned, no initiative was taken by the MP regarding coercive measures to be applied to the perpetrator or measures to protect the victim. The GNR, in turn, implemented the following protection measures: reinforcing the victim's personal protection guidelines (safety plan), reinforcing with the victim other support services and reinforcing patrolling around the victim's residence.

Requesting clarification as to whether these measures were implemented, GNR replied that they were "taking into account the operational availability of relevant resources and as to its documentation clarified that "these actions are intended to be proactive, and are not routinely documented. The documentation of the implementation of these procedures is, in our view, very important to ensure its implementation and monitoring.

5.4.3. The Enquiry of B and M by the GNR

As mentioned in the information collected, the victim M and the perpetrator B were summoned to be heard at the GNR Station on the same day, having been summoned at 3:00 p.m. and at 4:00 p.m. It has not been possible to clarify whether they will not have been both there at the same time.

This action was not adequate, because, as already mentioned, the summons of B to be questioned as a defendant was the second trigger in raising the risk to M.

It is therefore important that this type of procedure is not replicated. As a rule, the victim and perpetrator should be summoned and heard on different days, with natural priority given to the victim. The manner in which the victim is summoned must protect his or her safety.

5.4.4. Professional training and supervision

All situations of domestic violence are, since November 1, 2014, subject to risk assessment and periodic reassessments. Complaint and risk assessment procedures are often carried out by GNR military personnel who do not carry out functions in specialized teams dealing with domestic violence (the Nuclei Research and Support to Specific Victims - NIAVE). In this case, the EARHVD was informed by the GNR that the police officer had benefited from internal training "on the Crime of Domestic Violence and processing of risk assessment forms."

Assessments and reassessments made by professional security forces, regardless of their level of expertise in domestic violence and risk assessment are subject to formal supervision by managers. If it is impossible for the victim's first contact with a criminal police body to be always with an element of specialist training, it is necessary to ensure that supervision is guaranteed by those with specialist knowledge and professional experience in this field.

6. Conclusions

6.1. In this case, the information included in the health records, although scarce and vague, shows evidence of conflict symptoms between B and M, as well as "bad family support" for J. However, there is no record of adopting specific prevention measures or of sharing information with other intervention agencies.

6.2. Currently, the Domestic Violence Law expressly requires the Public Prosecutor's Office to act proactively when receiving a complaint about a domestic violence crime, enshrined in articles 29, 29-A and 30. This application must also be guaranteed during court vacation periods. This was not the case, and it merely delegated the investigation to the National Republican Guard.

6.3. The risk assessment was not carried out or supervised by a member of the Republican National Guard with specialized training for the management of these cases. No information was sought other than that provided by M, as well as not giving due importance to her statement that she feared for her life. The victim is the one who, in general, knows the perpetrator better and knows the risk that this represents for them. The level of risk attributed to the victim was initially rated as medium and in the reassessment decreased to the low, which indicates a poor use of risk assessment instruments.

6.4. The interrogation of the perpetrator B worked as a trigger for increasing risk, resulting in the homicide the following day. The summoning and hearing of B and M for the same day, with only one-hour difference between, would have increased the risk in this case.

6.5. There is no documentation on the implementation of the protection measures outlined by the Republican National Guard. These are included in the risk assessment sheet which is, a very important document to record and monitor actions.

7. Recommendations

In the light of the analysis of this case, the following recommendations are made:

7.1. In the area of health, the Team (EARHVD) recommends:

a) That health care providers must systematically screen for the presence of domestic violence and that in all screening processes, neutral questions are asked about the occurrence of violence within the family, in accordance with the technical reference "Interpersonal Violence - Approach, Diagnosis and Intervention in Health Services" of the Directorate-General for Health.

b) That all health professionals document the statements of users about the violence to which they may be subjected and the occurrences they uncover in the exercise of their duties.

c) That, whenever there is a well-founded suspicion or confirmation of domestic violence, health professionals provide information on resources to support the victim and that they take care of the necessary security measures, as well as reporting this situation to judicial entities, on the basis of the **technical reference mentioned above.**

7.2. In the area of Police Forces, the Team recommends:

a) That the risk assessment for the victim (use of records RVD-1L and RVD-2L) is carried out by specialized professionals with experience in the field of domestic violence. If this does not prove feasible it should be supervised by experienced personnel within 48 hours.

b) That the steps taken to implement the protection measures and safety plan for the victim, as well as dates of their implementation, must be recorded in a document that will be attached to the criminal file so that it is possible to monitor its effective implementation.

c) That the interview of the victim and of the aggressor is, as a rule, carried out on different days, in order to better protect the victim.

Lisbon, October 25, 2017

The representative of the General Secretariat of the Ministry of Internal Affairs

Dr António Castanho (Case Manager, Permanent Member)

The representative of the Ministry of Justice

Dr. Maria Cristina Mendonça (Permanent Member)

The representative of the Ministry of Health

Dr Vasco Prazeres (Permanent Member)

The representative of the Ministry of Labour, Solidarity and Social Security

Dr Cristina Serém (Permanent Member)

The representative of the Public Administration body responsible for citizenship and gender equality

Dr José Palaio (Permanent Member)

The representative of the territorially competent Police Force (GNR)

1st Sergeant Nuno Diogo, (Non-Permanent Member)

Approval of the Report No. 1/2017-AC

(article 6, d), e) and f) of Ordinance nº 280/2016, of October 26)

1. The objective of the retrospective analysis of homicides in the context of domestic violence is to contribute to an improvement in the performance of agencies that commonly respond to domestic violence albeit in different ways and with varying roles.

2. In the present case, the investigation covered the health sector and the judiciary, the analysis focused on the relationship of the victims and the aggressor with the National Health Service and on the role of the National Republican Guard from the moment in which one of the victims reported the violence to which she was subjected, central aspects in the analysis of development of the conflict and (insufficient) preventive action developed by the entities which it took note.

3. The analysis procedure defined in the rules governing the activity of the EARHVD has been respected.

4. The findings are based on the facts ascertained. The Report is objective, reasoned and drafted clearly.

5. The recommendations presented relate to weaknesses evidenced in the course of the review process, are duly justified in the Report and are timely.

Therefore, **I approve** the report.

Communicate the Report to all permanently represented entities in the EARHVD, as well as to the General Command of the Republican National Guard, the Assistant Secretary of State and Health and the Directorate General of Health.

Also to communicate to the IGC, the Supreme Judicial Council, the Office of the Ombudsman, the National Directorate of Public Security Police, the National Directorate of the Judicial Police, the Social Security Institute, the Institutes of the Azores Social Security and Madeira, the National Institute of Legal Medicine and Forensic Sciences, the General Directorate of Rehabilitation and Prison Services and the Centre for Judicial Studies.

In due course, insert the Report on the EARHVD website.

October 31, 2017

Rui do Carmo

EARHVD Coordinator