

Case: **5/2018-AM**



**EARHVD**

Equipa de Análise Retrospectiva de  
Homicídio em Violência Doméstica

# FINAL REPORT

**Domestic Homicide Review**

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# Glossary<sup>1</sup>

ACES - Local Network of Health Centres

CEPMPL - Code on the enforcement of custodial sentences and measures

CIG - Commission for Citizenship and Gender Equality - Public administration body responsible for citizenship and gender equality

CPP - Code of Criminal Procedure

DGRSP - Directorate-General for Reintegration and Prison Services

EARHVD - The Domestic Homicide Review Team

EP - Prison Establishment

GNR - Republican National Guard

LVD - Law no. 112/2019 of 16th September

MP - Public Prosecutor's Office

NUIPC - Unique Criminal Case Identification Number

PAVD - Programme for Domestic Violence Offenders

PIR - Individual Readaptation/Rehabilitation Plan

RNAVVD - National Support Network for Domestic Violence Victims

SNS - National Health System

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<sup>1</sup> Please see also general glossary



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# 01.

## Case Identification



CHAPTER

# 01.

## Case Identification

### 1.1. Judicial sentence and review decision

The current review document pertains to the facts subject of NUIPC (...).

In pursuant to article 10, number 4 of the Ministerial Order no. 280/2016 of the 26<sup>th</sup> October, the law regulating the procedure of the review of a homicide in a domestic violence context, the identification of the parties involved is the following: **A – Victim** - spouse of the perpetrator; **B – Perpetrator**.

Within the previously mentioned process a final judgement was presented by the Judicial Court of the Region of (...) on 2018, which sentenced **B** to 15 years and 6 months of imprisonment through an accumulation of sanctions, as author of the following crimes:

- Crime of aggravated murder (article 22, no. 1 and 2, paragraph b), article 23, no. 1 and 2, article 73, no. 1, paragraph a) and b), article 131 and 132, no. 1 and 2, paragraph b), from the Penal Code];
- Crime of possession of a prohibited weapon (article 86, no. 1, paragraph d), by reference to article 2, no. 3, paragraph p) of the Weapons and Ammunition Legal Regime].

The homicide reviewed in this report occurred in the year of 2017.

The Domestic Homicide Review Team (EARHVD) believes that this situation meets the requirements to be analysed by the Team, in light of article 4-A, number 1 of Law no. 112/2009 of 16<sup>th</sup> September (legal framework applicable to the prevention of domestic violence, protection and assistance to its victims - hereinafter LVD), namely because it is a situation compatible with EARHVD Rules of Procedure, article 3, no. 2, paragraph a).



## 1.2. Characterisation of the parties involved

### Characterisation of A - Victim (spouse of B)

- Sex: female
- Date of birth: (...) 51 years old at the time of the occurrence
- Marital status: Married
- Profession: Professional cleaner/housekeeper

### Characterisation of B

- Sex: male
- Date of birth: (...) 50 years old at the time of the occurrence
- Marital Status: Married
- Profession: Tyre assembler



Domestic Homicide Review

# 02.

**Team Composition  
and Information  
Sources**

**CHAPTER****02.**

# Team Composition and Information Sources

The EARHVD Team included its permanent members and a non-permanent member representing the Republican National Guard (GNR).

Under the terms foreseen in article 4/A, no. 4 of the LVD and articles 10 and 13 of the Ministerial Order no. 280/2016, of 26<sup>th</sup> October, the review was based on the documentation and information obtained from the justice system, from the criminal police body, from the health sector, from the Directorate-General for Reintegration and Prison Services (DGRSP), and through testimonies gathered by the Team, under the terms of article 13 of the Ministerial Order no. 280/2016, of 26<sup>th</sup> October.





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# 03.

**Collected Information**



CHAPTER

# 03.

## Collected Information

### 3.1. Matter of proven fact in legal proceedings (summary)

1. **B** married **A** in 1992, and the couple lived in (...), together with their son, who was of age at the time of the murder.
2. Between **B** and **A**, there had been disagreements for some time concerning various issues in their marital life, which often led to arguments between them.
3. On a given day in the year 2017, at approximately 2.30 pm, inside the couple's home, and following an argument between them, **B** came towards **A** and, wielding an extendable stick at hand, hit her several times on her body, striking her mainly on the head, left hand and left thigh, causing her blunt wounds on the head as well as several bruises on the parts of her body he hit.
4. After this, **A** ran screaming from inside the room towards the balcony adjacent to the kitchen and, once there, she approached the window, held on to the curtains and, placing her head outside the window, she cried out for help, uttering, among others, the words "I'M GOING TO DIE! HELP!"
5. **B**, who, in the meantime, had chased her to that spot and was coming at her from behind, took a knife which was lying there and struck her with a blow, piercing with the blade the thoracic and abdominal regions of **A**.
6. **B** made two phone calls, one just before 2.30 pm to his son and another at 2.55 pm to the number 112 (European Emergency Number), both announcing that he had killed **A**.



7. He sat on the sofa in the living-room of the house and remained there, a few metres away from **A**'s body and without providing any assistance, despite the wounds that **A**'s body bore and the blood that gushed from them until the arrival of the National Institute of Medical Emergency (INEM) and GNR.
8. As a direct and necessary consequence of the aggressions, **A** suffered thora-coabdominal and cranio-menoencephalic traumatic injuries, which directly and necessarily caused her death.
9. A wooden stick, a wooden brown knuckle and a club made of dry wood (usually called "moca (PT)/large wooden stick-club") were found inside **B**'s car, which was parked in the garage of the house.
10. **B** acted freely, deliberately and well aware of the reprehensibility and criminality of his conduct.
11. **B** was born and raised in a household that included, in addition to his parents, seven older siblings. The father died when he was three years old and the family's support was then assured exclusively by the mother, who always worked as a housewife and in agriculture.
12. **B** completed the 6<sup>th</sup> grade, leaving school at around 14 years of age. The household was facing economic difficulties and started his working life in order to contribute to the household expenses. In the last 23 years, he has worked as a tyre assembler in a transport company. He was described as a quiet individual, but compliant with his tasks.
13. In his interpersonal relations, **B** maintained relationships in adult contexts mainly related to his professional life, not integrating peer groups in his youth, having only some occasional intimate/sexual relationships and without a significant attachment. Which shows, until adulthood, a certain social isolation and a lack of stable affective relationships.
14. He met **A** at 23 years of age.
15. **A** and **B** lived in their own flat. Their household income was enough to live on, paying for housing, electricity, gas, water, and food.
16. **B** has always presented a very reserved behaviour, without close relationships



with neighbours. However, he was considered hard-working, respectful calm and polite.

17. The couple's relationship was conflictive and unstable, which worsened in recent years, with frequent arguments, sometimes over "trivial" issues, and on some occasions was due to the fact that **B** "worked late", as he worked overtime to increase the family income, which displeased **A**.
18. **A** was absent several times in the last two years from the family home to live with her mother, where she spent periods of time, and then returned to **B** and their son again.
19. Despite this conjugal environment, no physical aggressions had ever occurred. Sometimes the arguments reached high levels of verbal aggressiveness, with a predominance level of verbal aggressiveness from **A** towards her husband. She would address to her husband, among others, expressions such as "you are worthless", "I should never have married you", "you came from poverty" and "you should commit suicide like your brother" (one of **B**'s brothers had committed suicide years before).
20. It was **A** who managed the family budget, making the payments of the bills and keeping the ATM card that gave access to the joint bank account through which current expenses were paid. **B** kept only the amount he received from overtime for his personal expenses.
21. Eleven days before the facts, **A** left the family home and went, once again to her mother's house taking the ATM card with her. In the meantime, an invoice for family expenses arrived at the family household. **B** and his son had no money to pay it. Faced with this situation, on 19<sup>th</sup> March they went to look for **A**, but they were only able to speak with her on the telephone, although they suspected that she was inside her mother's residence.
22. The day before the homicide, **B** went to see **A** again, and **A** agreed to accompany him back to their home, bringing with her the suitcases containing the clothes and articles she had taken with her. That night, they slept in different rooms and the following morning **B** did not go work, remaining in bed.
23. On the day of the murder, **B** addressed offensive expressions to his son and **A** and **B** argued.



## 3.2. Other information during the judicial intervention (source: file)

### 3.2.1. A and B's son statement

In his statement to PJ **A** and **B**'s son mentioned that "the relationship between his parents had always been rife with arguments, motivated by small things, such as bills to pay, the fact that his father came home a little later, among others". He also said that he never witnessed physical aggressions from both sides, nor did he notice them occurring at times when he was not present.

He stated that throughout the years, his mother left home several times, going to live at his maternal grandmother's house, because of the arguments she had with his father. There, she would stay for a few days, after which she would return home.

### 3.2.2. A and B's neighbour statement

This neighbour declared that **A** was a reserved person, she didn't talk to anyone but, one day they had arranged to go for a coffee, having observed that she was a sad person. After this encounter with **A**, she said that she felt that **B** began to look at her in a different way, colder, and **A** informed her, at the end of that week, that she would not be able to meet with her again, for work reasons, but thought this might have been due to **B**'s influence.

### 3.2.3. Social report for the determination of the sanction

In this report **B**, when confronted about the reasons for the discussions with **A**, he wasn't able to specify them, giving evasive and superficial answers. He said that **A** had a difficult temperament and that she provoked arguments for no apparent reason, blaming her for the bad conjugal environment.

When questioned about the criminal process, he delivered a speech of excusing and minimizing his involvement and personal responsibility, having been identified limitations at the level of normative reasoning and consequential thinking.

The report presents the proposal that **B** "should integrate personal and social skills



training programmes with a view to reflect on aspects related to emotional self-determination and personal freedom in the context of conjugality, to be fully aware of the legal goods at stake”.

### 3.3. Regarding the Health sector

#### a. Regarding the Victim (**A**)

From the information collected from the ACES, there are no records containing clinical or other information relevant to the present review procedure.

From 2014 to 2017, amongst an increasing number of annual medical appointments (a total of 45), special note for the frequent recording of “Depressive disorders” (as of 5<sup>th</sup> June 2014) and of “sleep disorder” (from 20<sup>th</sup> November 2015), and the mention of symptoms of “Acute reaction to stress”, in a consultation carried out on 18<sup>th</sup> January 2017.

None of the records contain any reference to domestic violence.

#### b. Regarding the perpetrator (**B**)

With regard to **B**, there are medical records since 2009, but these do not reveal any relevant aspects for the present review.

### 3.4. Hearings

Given the scarce information obtained from the different sectors, due to the unawareness of the marital conflicts between **A** and **B** that preceded the homicide, the EARHVD collected some testimonies under the terms of article 13 of the Ministerial Order no. 280/2016, of 26<sup>th</sup> October, from which resulted the essential information that is summarized below.

1. The relationship between **A** and **B** has always been conflictual, with frequent arguments.
2. From **B**'s perspective, **A** was jealous and controlling and there were always conflicts in the couple's relationship, which worsened over time.



3. **A** and **B** grew apart, with **B** sleeping on the sofa in the living room. Sometimes she would leave the house for a few days and go to live with her mother. Most of the time family income management was the main reason for the arguments between them.
4. **B** did not know that **A** regularly went since 2014 to medical appointments, as they did not talk about it.
5. The family lived isolated, “nobody came to the house”. **A** was alone for most of the day, her routine consisting in domestic chores and some work as a professional cleaner. **B**'s routine was summarised as going from home to work and vice vice-versa, passing by the café at the end of the day, where he drank a beer alone. When he got home, he would eat and go to bed.
6. **B** considered the possibility of getting divorced and even discussed it with his son; **A** also talked about separating from **B**.
7. The couple never had any contact with the police or the court as a result of the family conflicts.
8. Since he has been in prison, **B** had one “psychological support session”, in the first establishment at the very beginning, and has not attended any specific programme for domestic violence offenders and is currently integrated in a professional activity.

### 3.5. Clarifications provided by the DGRSP regarding **B**'s attendance to the Programme for Domestic Violence Offenders in a prison environment

The following clarification request was made in writing to the DGRSP:

1. Whether the above-mentioned inmate was offered the possibility of participating in a Programme for Domestic Violence Offenders during the course of his prison sentence.
  - a. If yes: whether he accepted it and whether he attended it;
  - b. If no: what is the reason why this possibility was not considered.



2. If the inmate, during the course of serving his sentence, was given another possibility of technical support, namely psychological, with the aim of understanding the censorship of his behaviour and the preparation for future full reintegration in social life.

DRGSP from (...) provided an answer to the questions in the following terms:

1. Prison Treatment Programming:

- a. In compliance with Code on the enforcement of custodial sentences and measures (CEPMPL), upon his entry into the prison establishment the detainee was subjected to a risk assessment and criminogenic needs evaluation in order to design an "Individual Re-adaptation Plan". This Plan contemplates a set of interventions aimed at satisfying the assessed needs, with the aim of reducing and diminishing the risk of recidivism.
- b. Among them, there is a timetable for the frequency, in the first phase, of a specific "transversal" rehabilitation programme of training emotional and personal skills, which aims to promote critical awareness of the act committed and motivation for the assumption of the nature and seriousness of the crime.
- c. In a second phase of the prison treatment process (PIR), it is planned the attendance of the VIDA Programme, a programme for Domestic Violence Offenders, which aims to promote the change of violent behaviour through cognitive restructuring, in particular of beliefs and cognitive distortions that may have been at the root of the violent behaviour.
- d. Finally, also planned a third programme within the scope of Restorative Justice, which has as its main objective to develop in the subject the notion of the damage caused and the development of strategies of reparation (to society) by the damage caused.
- e. In parallel to these interventions aimed at the specific criminal problems, the subject is also referred to the EP's Psychology Service, for individual supporting, a process that has not yet begun due to inconstant motivation.

2. Evaluation and monitoring of the execution of the Individual Rehabilitation Plan:

- a. According to the technical guidelines in force in the DGRSP, the PIR is as-





sessed annually or at any time if supervening facts have occurred that justify it. In each assessment are adopted the necessary measures to strengthen compliance with the measures indicated for the case in question.



Domestic Homicide Review

# 04.

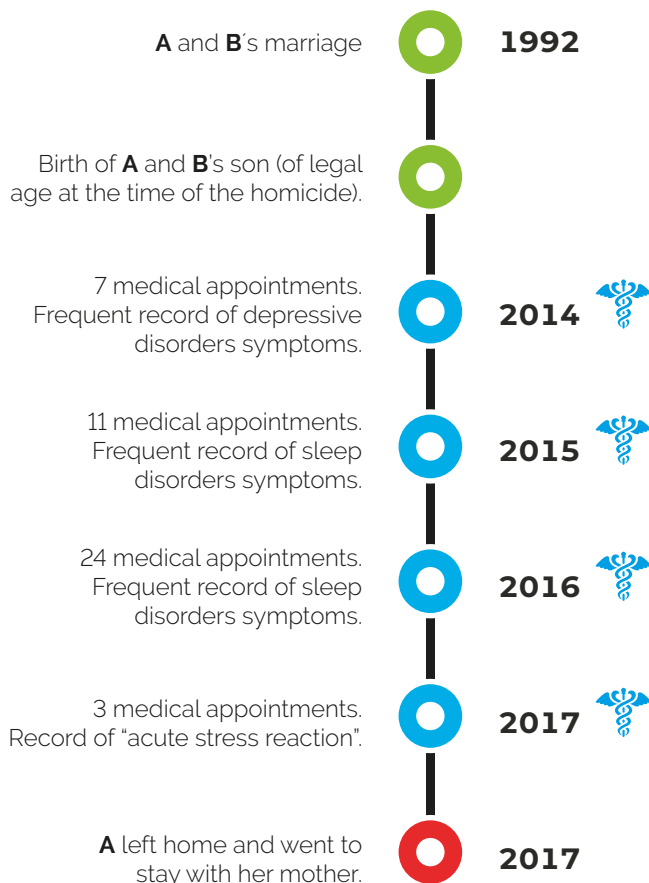
**Timeline of the case –  
graphic representation**



CHAPTER

# 04.

## Timeline of the case – graphic representation



A had 45 medical appointments/ SNS in 3 years.

Frequent verbal conflicts between the couple and some absences of A to her mother's house.








10 days after **B** and his  
son contacted **A** and  
she returned home.



The day after the return to the  
family home – **A**'s homicide.



### Legend

-  Beginning of the relationship/son's birth
-  Background/risk factors
-  Opportunities for intervention
-  Homicide
-  Contacts with Health



Domestic Homicide Review

**05.**

**Review**



CHAPTER

# 05.

## Review

### 5.1. A conjugal relationship based on the banalisation of a gender inequality culture

**A** and **B** married young, she was 26 and he was 25. From its very beginning the relationship was characterised by arguments, with mutual verbal aggressions. As years went by, resentments emerged and the aggressions became more acute, increasing the distance between them.

They shared the same house but lived in solitude, with a dynamic focused on the difficulties of "home life" and professional activity.

**A** spent much of her time isolated, alone, doing house chores and some work as a cleaning person. She only maintained a relationship of greater proximity with her mother, who lived in another town, and in whose house she would retreat for a few days when conflicts escalated.

**B** had a routine centred on going from home to work, returning at the end of the day, with a stop at the café where he drank a beer alone. When he got home, he would eat and went to sleep. After a certain point, as the conflicts and the number of arguments and insults between the couple escalated, he began usually sleeping on the sofa in the living room. According to his statement "we had no longer a relationship" and I "become more and more within myself (introvert)". **A** was described by **B** as a jealous and controlling person, starting arguments over trivial matters, addressing him with offensive words, as "I should never have married you", "you came from poverty" and "You should commit suicide like your brother".

This was a dysfunctional conjugal relationship, of permanent conflict, marked by a constant tension and aggression environment, and lacking communication (see, for example, **B**'s lack of knowledge about **A**'s frequent medical appointments since 2012), which caused emotional suffering to them both.



This family was focused on internal conflicts and lived isolated, not benefiting from a network of close personal relationships (family, friendship or neighbours) nor the contact with entities or professionals who could help them to face and overcome this dysfunctionality.

The tension accumulation and the conflict escalation grew in a family where the roles of men and women were learned and internalised according to social beliefs based on inequality and gender stereotypes. These stereotypes are considered *natural* by the society and by the victims themselves. **B** was responsible for the work away from home and provide the necessary income for the household's support- role considered to be the prevailing one according to this paradigm; **A** was responsible, in addition to occasional domestic/cleaning work outside the home, to carry out exclusively the day-to-day household chores, necessary tasks for those who lived there - role considered to be the subordinate one according to this paradigm.

The fact that there was no known history of physical aggression does not simplistically explain this homicide as an impulsive, unexpected reaction of **B** to a new conflict situation, mitigating its gravity.

On the one hand, the persistent psychological conflict, the emotional instability and social isolation, which were notorious, constituted risk factors of imminent serious physical violence. On the other hand, the circumstances in which the aggression leading to the homicide underlie a culture of asymmetry in conjugal relationships, in which violence is used (and sometimes legitimised) to assert, when questioned, the power of the one who assumes the dominant role in the relationship, usually the man.

## 5.2. The relevance and accessibility of health services

The National Health Service (SNS) was, as far as we could ascertain, the only entity with whom **A** and **B** had regular contact in the ten years prior to the homicide. Between 2014 and 2017 **A** attended 45 medical appointments, with frequent records for "depressive disorders" "sleep disorder" and symptoms of "acute stress reaction".

There is, however, no record as to the possible causes of the aforementioned symptoms that, as we now know, accompanied the period in which the conjugal and family conflict escalated and which may explain it.

Nor is there any record of any intervention, in view of the dysfunctional family relationship, of a therapeutic nature or social support intervention involving **B**, whose emotional



instability, as we know today, was clearly a homicide and even suicide risk factor.

As already stated in the EARHVD report approved in case report no. 4/2017-VP (on 28<sup>th</sup> September 2018), “[the] National Health Service - SNS, in addition to the responsibility of clinical management situations of this type, has also the mandate to investigate the socio-familial factors contributing to these situations and take initiatives towards their resolution”. The procedures that should be adopted are outlined in the Technical Standards “Interpersonal Violence - Approach, Diagnosis and Intervention in Health Services”, of the Directorate-General for Health.

Health services, particularly proximity services, are, by their nature, accessibility and by the close relationship that is often established between users and professionals, entities that are in a privileged situation to know and provide an early screening of signs of unrest, dysfunctionality and conflict in family and intimate relationships, and to set in motion measures to prevent their aggravation, which seek to avoid the outbreak or escalation of violence. In cases where family life takes place in an isolation context, as the one we are analysing here, the importance of this action is even greater.

Therefore, it is important to emphasise the need for attention to these signs by the different health professionals and the need for their training to assess these, and consequently break the barrier of inaction (whether resulting from the force of routine or the condescension towards apparently less serious situations of violence); the importance of the sector organisation for the development of an objective, timely, coherent and effective action should also be highlighted.

The frequent contacts that **A** had with the health services in the years 2014 to 2017, and in particular in the year 2016 (in which 24 consultations are recorded) were, therefore, missed opportunities to act on the family dysfunctionality in which she lived, and which worsened over time.

### 5.3. Violence prevention

This case is paradigmatic and reflects:

1. The importance of gender equality education and its progressive implementation as essential factors in preventing violence against women, domestic violence and homicides in intimate relationships;





2. The relevance of professionals (namely in the areas of health, education and social action) to be alert to the first manifestations of family unrest and conflict, in order to be able to timely adopt the adequate measures and provide support to the case;
3. The need to act before the occurrence of maltreatment, in order to have an effective action in these situations. The prevention of conflict or its escalation depends on the availability and accessibility to support as well as early intervention.

As mentioned in the Istanbul Convention, Article 1, no. 1 – General obligations “ Parties shall take the necessary measures to promote changes in the social and cultural patterns of behaviour of women and men with a view to eradicating prejudices, customs, traditions and all other practices which are based on the idea of the inferiority of women or on stereotyped roles for women and men. ”; as well as to encourage mutual respect, the non-violent resolution of conflicts in interpersonal relationships and the right to personal integrity.

The Commission for Gender Equality (CIG) has recently published the Guide of Minimum Requirements for Primary Prevention of Violence against Women and Domestic Violence Programmes and Projects (May 2020), whose elaboration was included in the Resolution of the Council of Ministers no. 139/2019, of 18<sup>th</sup> July<sup>1</sup> (published in the Official Journal 1<sup>st</sup> series, of 19<sup>th</sup> August 2019) and constitutes one of the necessary tools for the herein foreseen development of an “integrated action on primary and secondary prevention of violence against women and domestic violence, to be promoted by the governmental areas of citizenship and equality, justice education, work, solidarity and social security and health” (no. 2, d).

It is urgent that this action translates into a wider range of specific community projects to be widely publicised, and that people are encouraged to join in an easily accessible way.

## 5.4. The process of reintegration in a prison environment

The EARHVD analyses and draws conclusions that allow the implementation of new preventive methodologies and, whenever justified, to present recommendations for im-

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1 Cf. no. 2, d).



proving the procedures in force in the criminal justice system and in the National Support Network for Domestic Violence Victims (RNAVVD). Its objectives are the strengthening and improvement of the means of combating domestic violence and the promotion of joint action between all the entities, structures and programmes involved, thus contributing to reducing the occurrence of situations that lead to the death of the victim.

In this sense, and despite the analysis of the cases being carried out in retrospective terms, conclusions and recommendations are drawn with a view to producing prospective effects, among others, the reduction of the risk of recidivism of the perpetrator, namely through the use of social reintegration activities and programmes aimed at promoting the acquisition of personal and social skills, through a culture of non-violence and stereotypes deconstruction.

With this purpose, information was gathered on the intervention with **B** during his prison sentence, which we will now analyse.

In the Social Report for the determination of the sanction, prepared by the DGRSP on 11<sup>th</sup> December 2017, it is proposed that **B** "will integrate personal and social skills training programs with a view to reflecting on aspects related to emotional self-determination and personal freedom in the context of conjugality for internalisation of the legal goods at stake".

The Code on the enforcement of custodial sentences and measures - CEPMPL, approved by Law no. 115/2009, of 12<sup>th</sup> October) states, in article 5, number 2, that "prison treatment consists of a set of social reintegration activities and programmes aimed at preparing the inmate for freedom, through the development of his or her responsibilities, the acquisition of skills that enable them to choose a socially responsible way of life, without committing crimes, and providing for their needs after release". And Article 21 states that the individual rehabilitation plan "aims at preparation for freedom, establishing the measures and activities adequate to the prisoner's treatment, as well as their duration and phasing, namely in the areas of education, training, work, health, socio-cultural activities and contacts with the outside world" (paragraph 3), for which one should "seek to obtain the participation and compliance of the inmate".

**B** has been in prison for more than three years. EARHVD ascertained that **B** had one "psychological support session", in the first establishment at the very beginning. At the request of EARHVD, the DGRSP informed that it is foreseen, in the Individual Re-adaptation Plan (PIR), that he will benefit from "personal and emotional skills training", from VIDA Program (application of the Programme for Domestic Violence Offenders - PAVD,



in the prison context), and from a programme within the scope of restorative justice. **B** is also as referred to the EP's Psychology Service, but has not yet begun individual support "due to inconstant motivation".

PIR fulfilment, and namely the attendance of the VIDA programme, may constitute an important factor for recidivism prevention. However, according to the governmental data, of the 1064 prisoners who in the 2<sup>nd</sup> quarter of 2020 were in prisons for crimes committed in the domestic violence context (847 serving a sentence and 217 in pre-trial detention), only 28 attended the programme aimed at these offenders.

It should be noted that the law that defines the objectives, priorities and guidelines of criminal policy for the biennium 2020-2022 (Law no. 55/2020, of 27<sup>th</sup> August), like the one before, names DGRSP responsible for developing, in prisons, specific programmes for domestic violence prevention" so that attendance can be associated with the prison sentence".

After more than three years in prison, it is essential that B's PIR stages evolve so that the sentence may ensure not only the protection of legal goods and social defence, but also the purpose of "reintegration of the offender in society, preparing him to conduct his life in a socially responsible manner" (article 2, no. 1. CEP MPL; Article 40, no.1 of the Penal Code).

Domestic Homicide Review

# 06.

**Conclusions**



CHAPTER

# 06.

## Conclusions

1. The conjugal relationship between **A** and **B** lasted 25 years under a family environment in which the role of a man and the role of a woman were defined according to social beliefs based on inequality and gender stereotypes. From the beginning, there were frequent arguments and mutual verbal aggressions, which became the centre of family life and caused a progressive estrangement and lack of communication between them, also increasing their social isolation.
2. The homicide of **A** by **B** occurred after another family conflict situation. There was no known history of physical aggression. However, this does not allow us to explain the homicide as being the result of an unexpected impulsive reaction from **B** to a new situation of conflict. The circumstances in which the aggression led to the homicide have an underlying culture of asymmetry in marital relationships, in which violence is used (and sometimes legitimised) to assert, when questioned, the power of the one who assumes the dominant role in the relationship, usually the man.
3. The SNS was, as far as we could ascertain, the only entity with which **A** and **B** had contact with in the ten years prior to the homicide. Between 2014 and 2017, **A** was in 45 consultations, with frequent records of "depressive disorders", "sleep disorder" and symptoms of "acute stress reaction", 24 of which in the year before the homicide. However, there is no record as to the causes of this symptoms, which, as we now know, went along with conjugal and family acute conflicts.
4. These contacts, as far as we could ascertain, constituted missed opportunities for action on the family dysfunctionality and conflict in which **A** and **B** were living. Health services, particularly those of proximity, are, by their nature, accessibility and by the close relationship that is often established between users and professionals, entities that are in a privileged position to know and provide an early screening of signs of unrest, dysfunctionality and conflict in family and intimacy relationships, and set in motion measures to prevent their aggravation, which seek to avoid the outbreak or the escalation of violence.



5. There is an urgent need for the expansion, promotion and dissemination in the community of forms of support and early intervention, easily accessible to people, that promote equality, prevent conflict or its escalation, and are not dependent on the verification of preconditions for criminal proceedings.
  
6. The perpetrator of the homicide (**B**) has been in prison for more than three years and his Individual Rehabilitation Plan contemplates specifically the integration in a programme for domestic violence offenders, which will certainly help the sentence to ensure not only the protection of legal property and the defence of society in general, but also the purpose of “reintegration into society, preparing the offender to conduct his life in a socially responsible manner” (article 2, no. 1 CEPMPL; Article 40, no. 1 from the Penal Code), which, however, has not yet been initiated.



Domestic Homicide Review

# 07.

**Recommendations**



CHAPTER

# 07.

## Recommendations

As a result of the present review, the EARHVD recommends:

**1.** To the National Support Network for Domestic Violence Victims (RNAVVD):

Being urgent the expansion, promotion and dissemination in the community of forms of support and early intervention, which do not depend on the verification of the preconditions for criminal proceedings, promote equality and prevent conflict or its escalation. It is essential that the Guide of Minimum Requirements for Primary Prevention of Violence against Women and Domestic Violence Programmes and Projects, recently published by the CIG, provides leverage for the development of an integrated prevention action by all RNAVVD services, encouraging the implementation and commitment to specific projects in the community, and that people are encouraged to get involved and to which they have easy access.

**2.** To the Directorate-General for Reintegration and Prison Services (DGRSP)

Given the small number of people integrated in the VIDA programme (a programme for domestic violence offenders in prison), it is urgent to promote a greater compliance to the programme and also the capacity to implement it, so that the sentence may ensure not only the protection of legal goods and social defence, but also the purpose of reintegrate the perpetrator into society, preparing him to lead his or her life in a socially responsible manner" (article 2, no. 1. CEP MPL; article 40, no. 1. of the Penal Code).

Lisbon, 30<sup>th</sup> September 2020

**Representative of the Ministry of Labour, Solidarity and Social Security**

Dr.<sup>a</sup> Aida Marques (Permanent Member)

**Representative of the General Secretariat of the Ministry of Internal Affairs**

Dr. António Castanho ((Rapporteur, Permanent Member)





**Representative of the Public Administration body responsible for the area of citizenship and gender equality**

Dr. José Manuel Palaio (Permanent Member)

**Representative of the Ministry of Justice**

Dr.<sup>a</sup> Maria Cristina Mendonça (Permanent Member)

**Representative of the Ministry of Health**

Dr. Vasco Prazeres (Permanent Member)

**Representative of the Republican National Guard**

Corporal António Guilherme Ferreira da Costa e Sousa (Non-Permanent Member)

**Approval of the Case Report No. 5/2018-AM**

(Article 6, d), e) and f) of Ministerial Order no. 280/2016, of 26<sup>th</sup> October)

1. I hereby declare that all the members of the EARHVD agree with the contents of the previous report regarding the review of this case.
2. The review of homicides in a domestic violence context aims to contribute to improving the performance of the entities/services involved in the different aspects and levels of intervention in the domestic violence phenomenon, particularly for the implementation of new preventive methodologies.
3. In this specific case, the analysis focuses in particular on the needs for the prevention of violence against women, domestic violence and homicides in this context. We highlight the need to promote the value of equality, the need to combat gender stereotypes, early and preventive intervention, not dependent on the verification of criminal proceedings, and the valorisation of the re-socialising aspect in the prison sentence.
4. The review procedure defined in the EARHVD rules of procedure was respected.
5. The conclusions are based on the facts. The report is objective, reasoned and clearly written.
6. The recommendations presented are relevant and timely, in the light of the established facts and the identified shortcomings in the case.



For all the above reasons, I approve the Report.

*The Report should be sent to all entities permanently represented in the EARHVD, as well as to the GNR General Command.*

*The Report should also be sent to:*

- *Parliament Subcommittee for Equality and Non-Discrimination*
- *Portuguese Judicial High Council*
- *Ombudsman's Office*
- *Commission for Citizenship and Gender Equality*
- *National Directorate of the Public Security Police*
- *National Directorate of the Judicial Police*
- *Social Security Institute, Public Institution*
- *Social Security Institutes of the Azores and Madeira*
- *National Institute of Legal Medicine and Forensic Sciences*
- *Directorate-General for Health*
- *Inspectorate-General for Health Activities*
- *Inspectorate-General for Internal Affairs*
- *Directorate-General for Reintegration and Prison Services*
- *Centre for Judicial Studies*



In due course, the adapted version of this Report will be uploaded to the EARHVD website.

2<sup>nd</sup> October 2020

Rui do Carmo  
Coordinator of EARHVD