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Introduction

The main objective of this poster is to analyze different aspects of the prosecution of violence against women. As part of this task, we examine the victim's attitude toward reporting the different types of abuse as well as the overall role of their testimony at the oral trial. The poster also attempts to evaluate the importance of the medical documents in the prosecution of these aggressions.

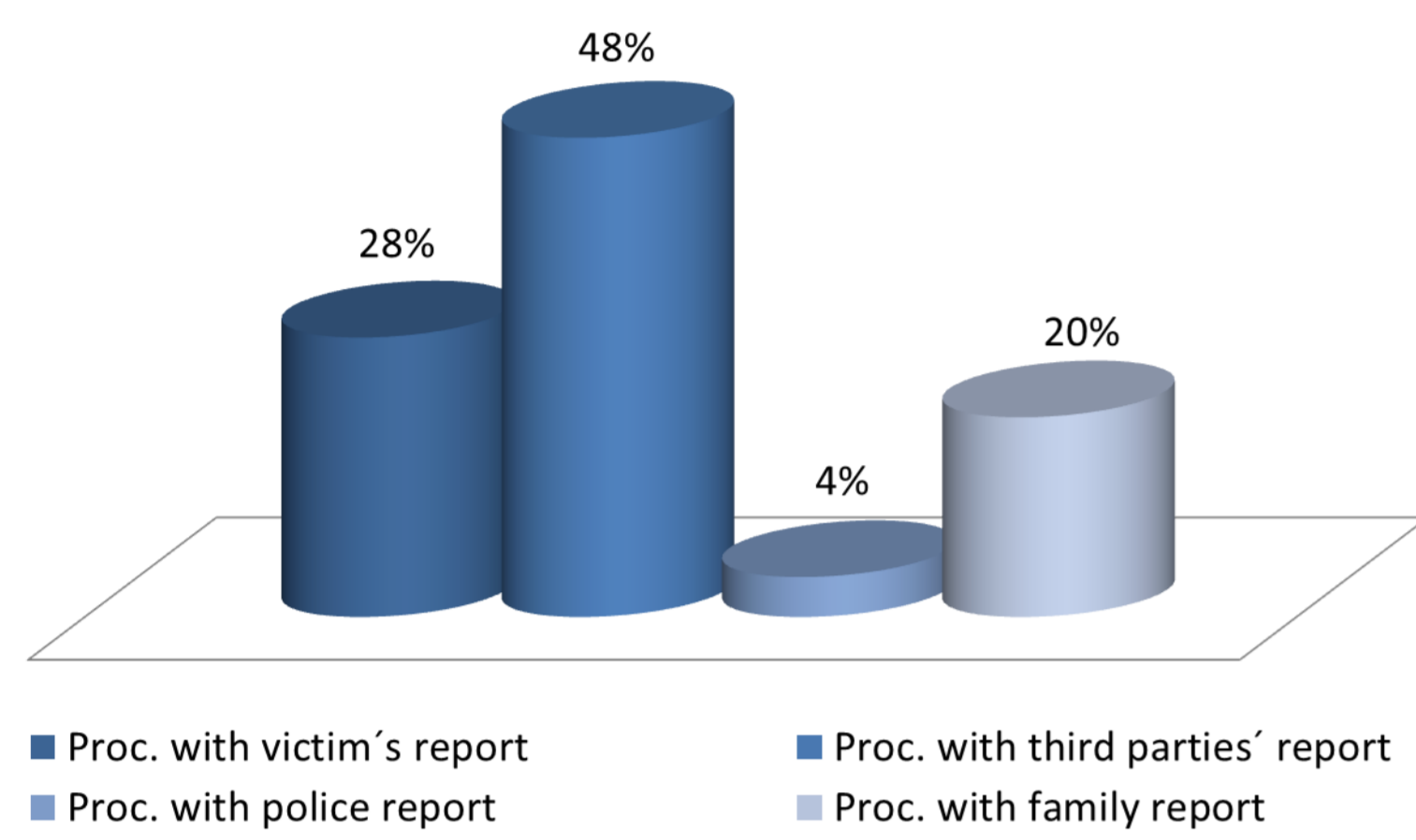
Methodology

Files classified as gender violence from the prosecutor office of Santiago de Compostela (Galicia, NW Spain) were examined and analysed. A total of 419 files from 2007 to 2011 were included in the investigation. The clinical histories of victims were also studied. A descriptive statistical analysis, testing the possible association of variables was carried out with the statistical package SPSS.

Results

VICTIM'S TESTIMONY ROLE IN CRIMINAL PROSECUTION

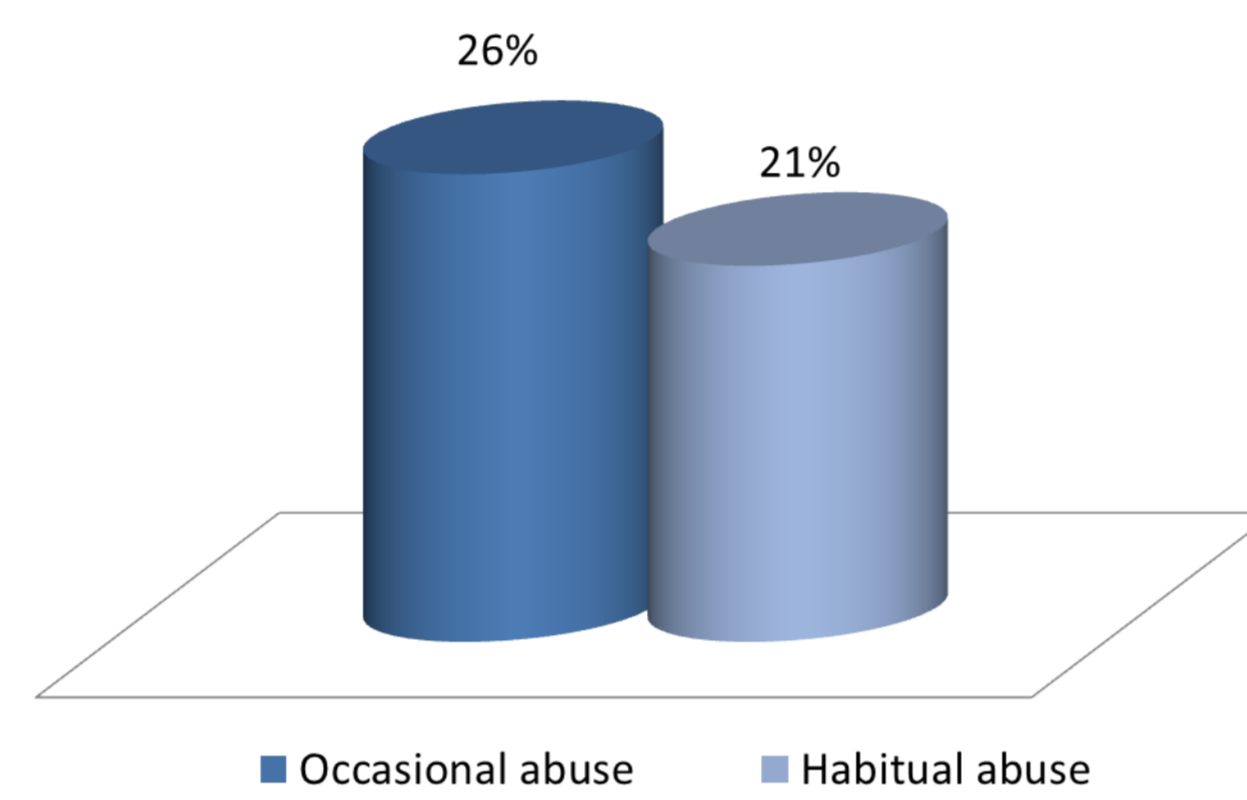
Proceedings with victim's testimony



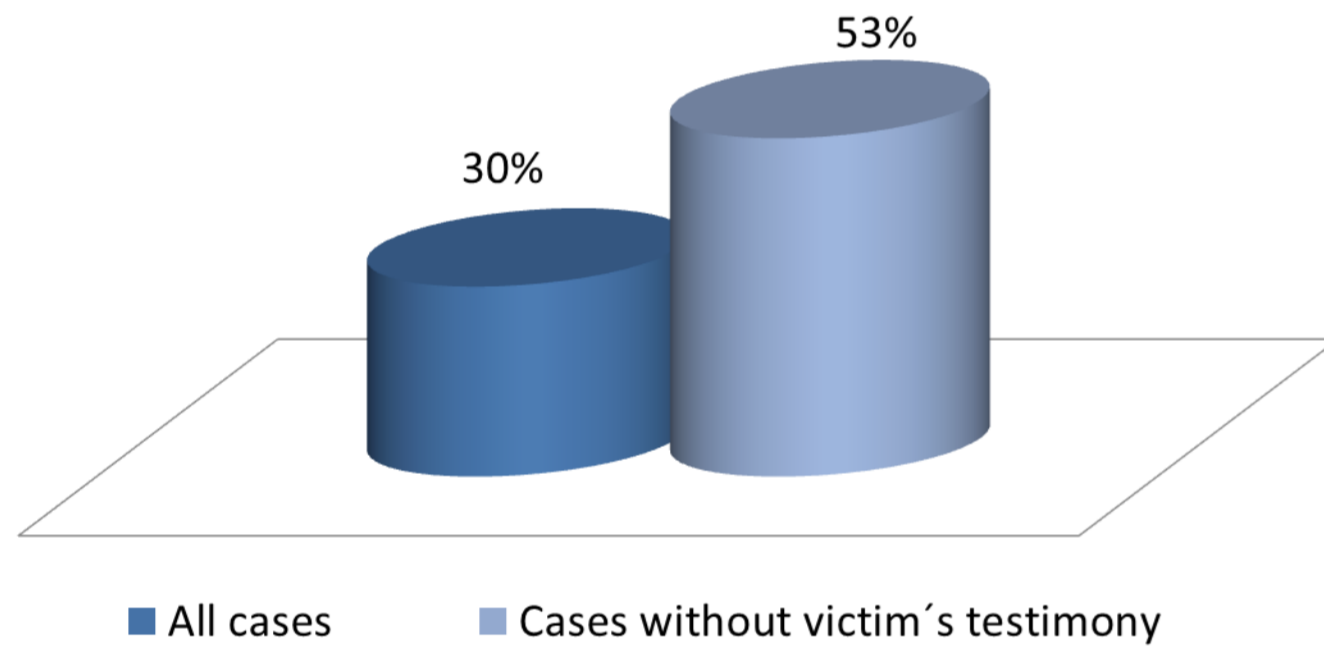
The victim declares as a witness (either called by the prosecution or by the defense) in approximately 85% of the cases. This percentage decreases in proceedings initiated by a victim's report (84.23%) or (more remarkably) a third parties' report (71.42%). However, filing a police report or a family report increases the presence of the victims (to a 91.66% and a 100% respectively) to testify in the process.

Meanwhile an analysis of the same data disaggregated by the type of crime reported shows one remarkable aspect: while in processes related to occasional abuse 26,12% of the women did not appear in person at the trial resulting in the decision or exercised their right not to testify, this percentage drops below 21% in the case of proceedings conducted for habitual abuses. Three personal and social factors generate distortions, both in terms of content and expression of testimony: the socio-economic and family circumstances and the cohabitation with the aggressor.

Proceedings without victim's testimony



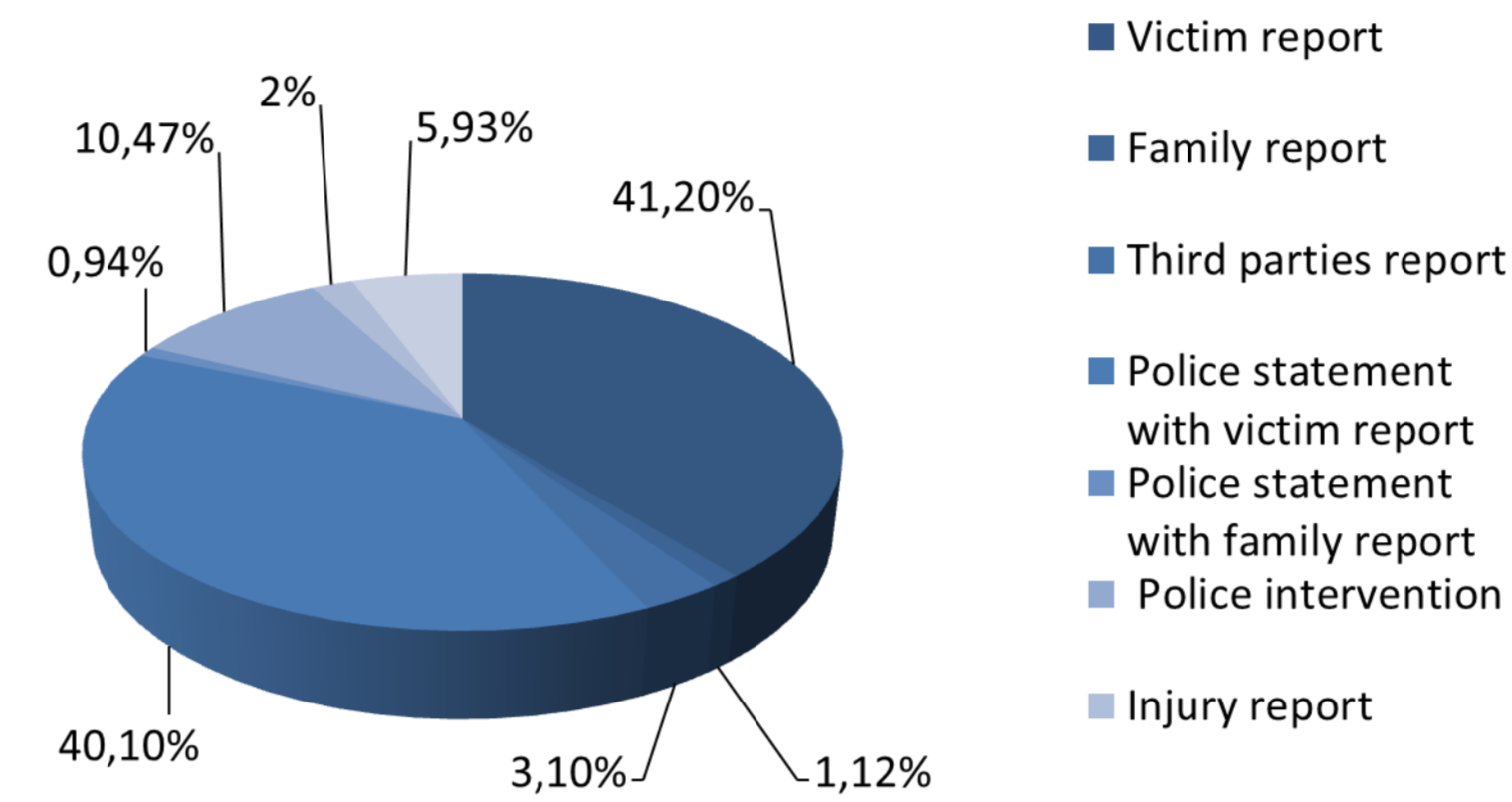
Third parties' testimony



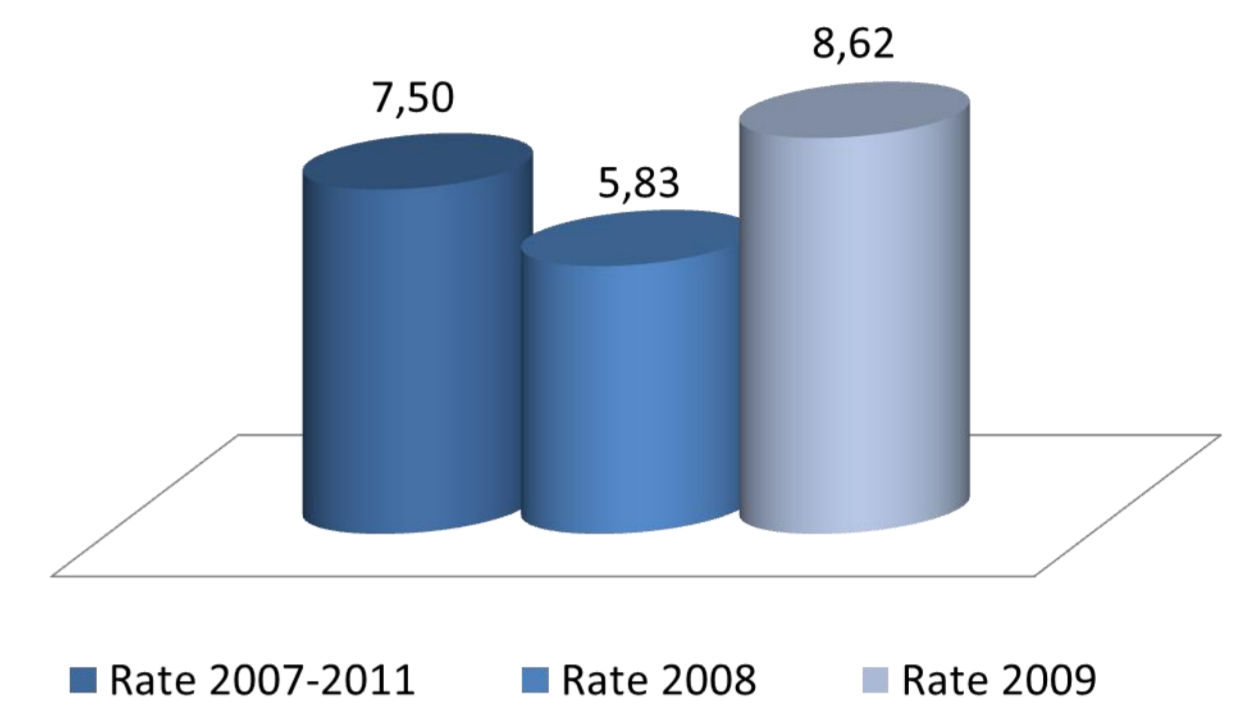
Relatives, neighbors, friends, colleagues or third parties provided information in 53% of all studied cases. In the processes in which the victim exercised their right not to testify the percentage goes down to 29,76%. This just goes to prove that social support for values like dignity and equality of the women is still fragile. Criminal policy must face in this area considerable obstacles.

FIRST STEP IN CRIMINAL PROSECUTION: REPORTING ABUSE

Reporting gender-based violence



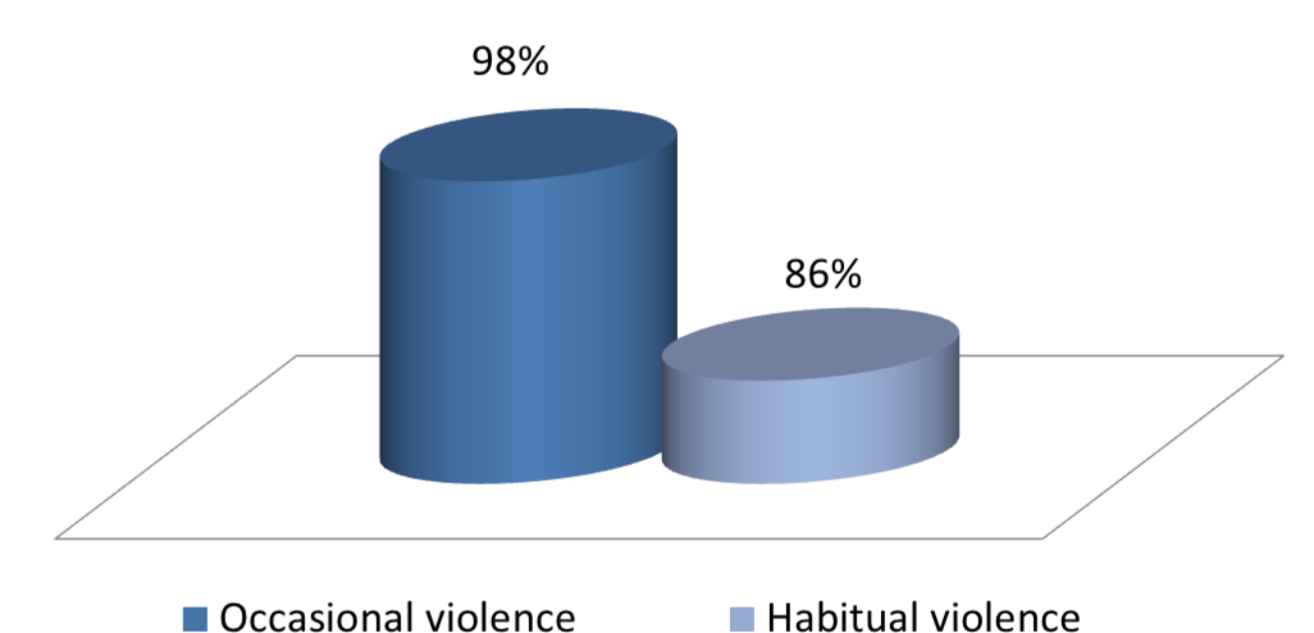
Reporting rate per 10.000 women



81.3% of the gender-based violence proceedings were initiated by a victim's report or a police statement with victim's report. The low percentage of the cases initiated by a direct intervention of the Police -10.47%- confirms that it is difficult to impulse the prosecution of these abuses when the victim does not wish to report them. Factors such as the consequences of the criminal sanctions for the whole family or the fear of producing a definitive family breakdown play a significant role in the low proportion of processes initiated by a relative's report (or a police statement with a relative's report) (2.06%). In this period the report ingrate stood at 7.5 per 10.000 women and has remained above 8 since 2009. The rate fluctuated from 5.83 in 2008 (lowest) to 8.62 in 2009 (highest). These statistics provide an evidence of the success of the strategies developed to encourage the victims to report (including controversial decisions like the aggravation of criminal penalties and other sanctions).

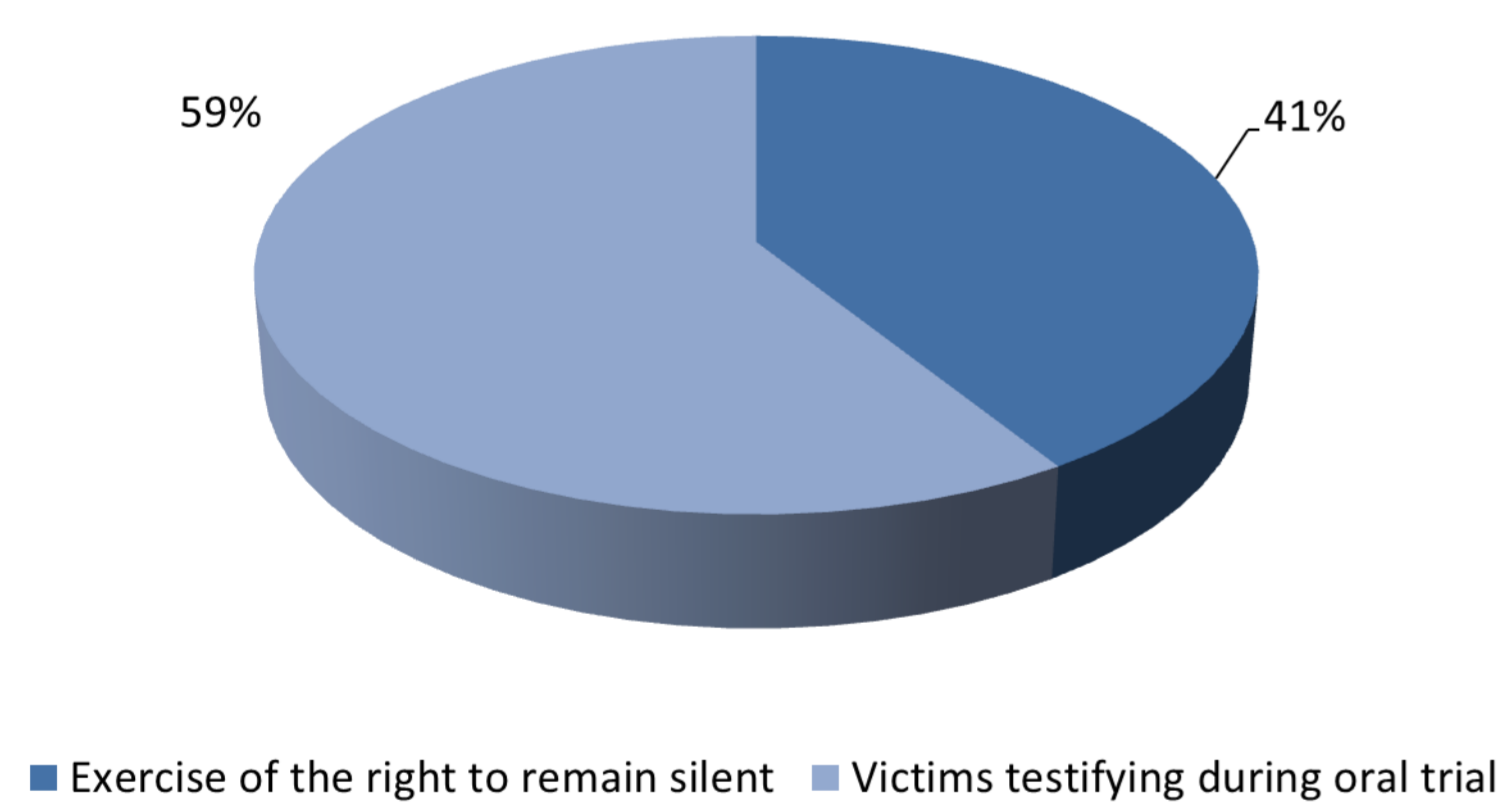
Women don't display the same attitude and mentality toward reporting the different types of abuses. 9.8 out of ten proceedings related to habitual violence were initiated by the victims, whereas the proportion goes down to 8.6 in cases of occasional violence.

Reporting rate and types of abuse

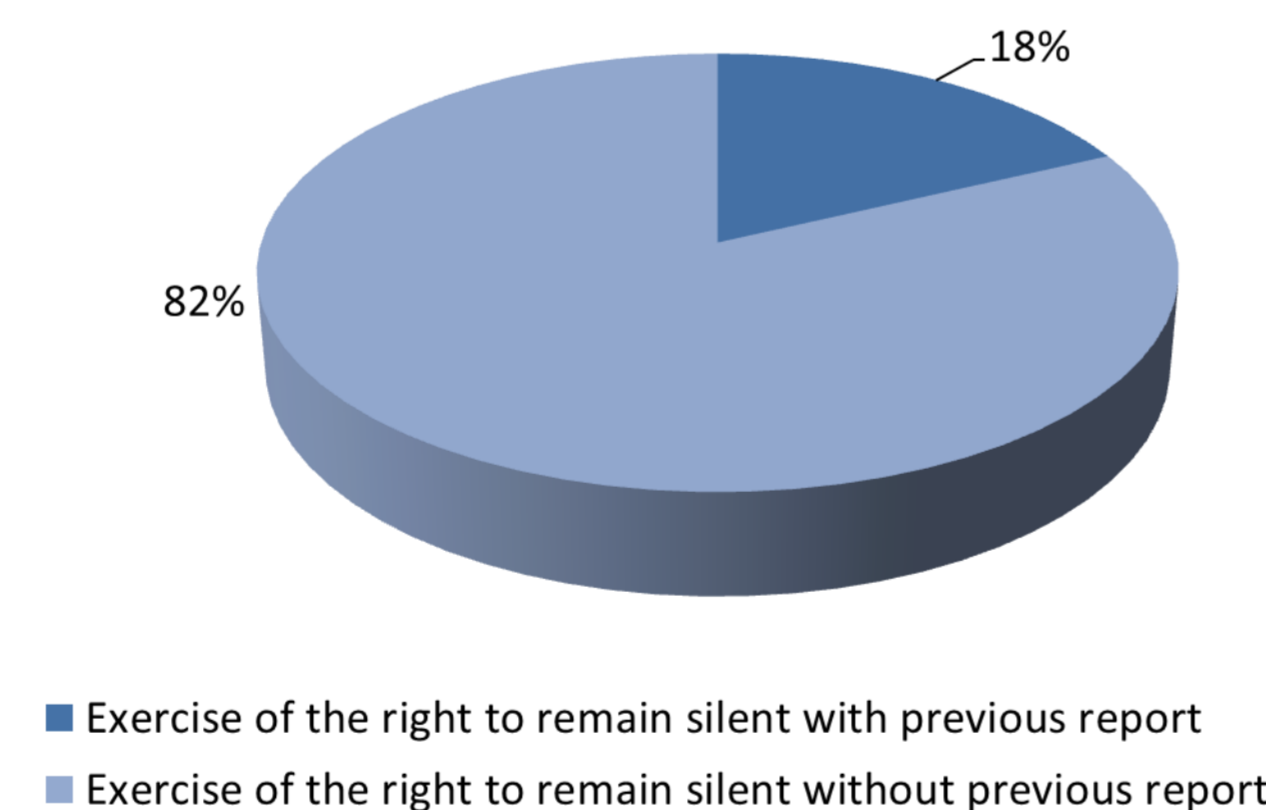


REPORTING GENDER-BASED VIOLENCE

Overall results

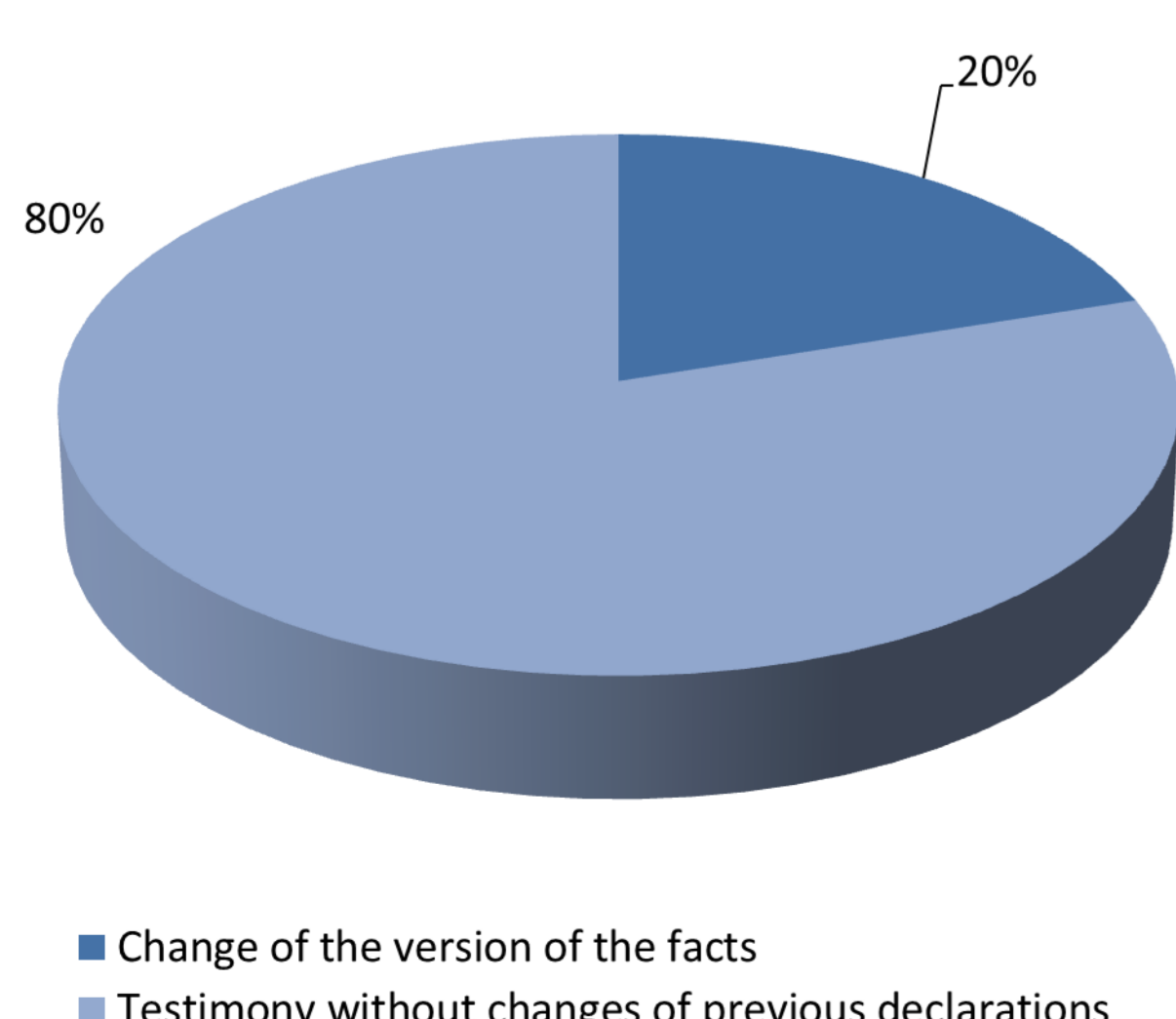


Right not to testify and report



In 41% of the cases the victim refused to ratify during the oral trial what she declared during the pre-trial phase, availing themselves of their right to remain silent and "forcing" the judiciary to acquit the accused on the grounds of lack of evidence. These data make clear the difficult situation of these women and the significant conflict of interest between their obligations to declare (especially when they represent the *notitia criminis*: 82.14% of them had filed a report) and their family and socioeconomic background.

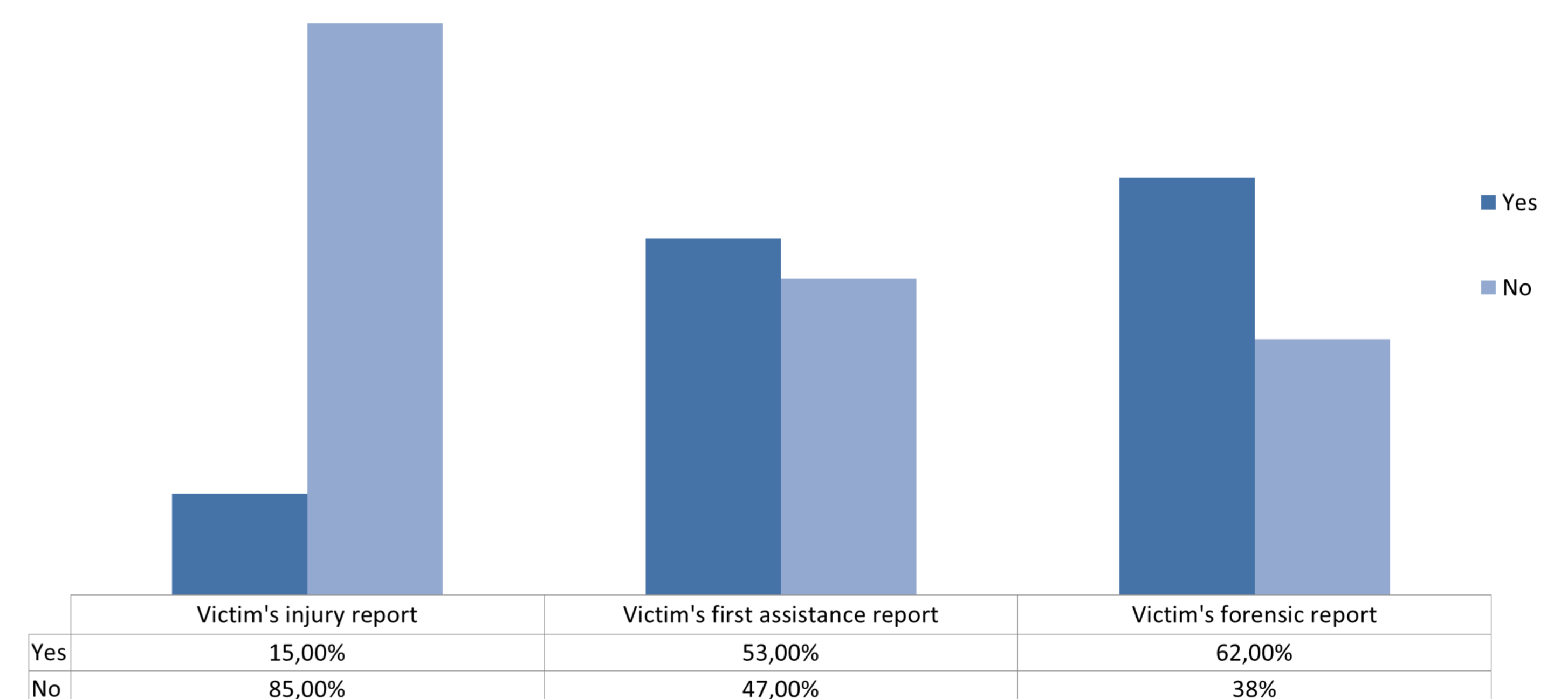
Victim's versions of the incident



In almost 20% of cases in which the victims testified at the trial they did recant their previous declarations or recognized at minimum that they had exaggerated when they had filed the report, changing significantly their version of the facts. The preparation of the testimony of the victims, with the lawyer and other specialists (such as psychologists or other advisors), is key in any criminal political strategy aimed at ensuring and improving the prosecution of these crimes. In general, and according to what has already been pointed out, it would be truly committed to define the position of the victims as totally free trial agents.

MEDICAL DOCUMENTS' ROLE IN CRIMINAL PROSECUTION

Types of documents incorporated to the prosecutor's files



Medical documents are considered to be an insufficient evidence to prove the responsibility of the aggressor, unless they support the testimonies presented by the witnesses. For this reason, the inclusion of victim's injury reports in 15% of the prosecutor files did not prevent the conclusion of the process with a not guilty verdict. This statement is valid for both first assistance reports (included in 53% of the prosecutor files) and victim's forensic reports (included in 62%).

Their evidential value is associated with their capacity to prove the reality and the production mechanism of the aggressions narrated by the victim and/or third parties. Empirical investigations need to be implemented in order to know the experiences and points of view of the professionals, to ensure a better coordination and to prevent secondary victimization.