

Article

## Risk Assessment in Victims of Gender Violence: Analyzing the Discrepancies Between Police and Forensic Reports

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### ABSTRACT

**Background/Objective:** Violence against women impacts on global health. We evaluate the degree of discrepancy between the protocols completed by the police and the forensic team, investigate the profile of the accused and the victim and evaluate the variables studied in the risk assessment protocols. **Method:** A retrospective observational descriptive epidemiological study was carried out with all the urgent assessments of the risk of gender-based violence carried out by the forensic expert adhered to the Unidades de Valoración Integral [Comprehensive Assessment Units] of the Institute of Legal Medicine and Forensic Sciences of the Region of Murcia (Spain) during 2020. A total of 95 urgent assessment reports were included. **Results:** The profile of the female victim resulted a 36 years old woman, who has suffered repeated physical and psychological abuse and who continues to live with the offender as a result of economic dependence. The accused profile was a 40 years old man, with a criminal record and a pattern of consumption of toxic substances. **Conclusions:** We detected a high degree of concordance between the assessments by the Police and the forensic team. However, we found discrepancies in 11.6% of the reports in which, the consideration of the intermediate risk category, may help in the decision-making process for protection measures.

## Evaluación de Riesgos en Víctimas de Violencia de Género: Análisis de las Discrepancias entre los Informes Policiales y Forenses

### RESUMEN

**Antecedentes/Objetivos:** La violencia contra las mujeres impacta en la salud global. Evaluamos el grado de discrepancia entre los protocolos cumplimentados por la policía y el equipo forense, investigamos el perfil del agresor y la víctima y evaluamos las variables estudiadas en los protocolos de valoración del riesgo. **Método:** Se realizó estudio epidemiológico descriptivo observacional retrospectivo con todas las valoraciones urgentes de riesgo de violencia de género realizadas por los equipos forenses de las Unidades de Valoración Forense Integral (UVFI) adscritos al Instituto de Medicina Legal y Ciencias Forenses de la Región de Murcia durante 2020. Se incluyeron un total de 95 informes de evaluación urgente. **Resultados:** El perfil de la víctima femenina resultó una mujer de 36 años, que ha sufrido reiterados malos tratos físicos y psicológicos y que sigue viviendo con el agresor por dependencia económica. El perfil del agresor era un hombre de 40 años, con antecedentes penales y patrón de consumo de sustancias tóxicas. **Conclusiones:** Detectamos un alto grado de concordancia entre las valoraciones de la policía y del equipo forense. Sin embargo, encontramos discrepancias en el 11,6% de los informes en los que, la consideración de la categoría de riesgo intermedio puede ayudar en la toma de decisiones de medidas de protección.

## Introduction

Violence against women has been a persistent problem throughout human evolution. In this way, in 1993, the United Nations (UN) held the World Conference on Human Rights in Vienna where the expression “Women’s rights are human rights” was enshrined, women’s rights are human rights (Palacios, 2011). At the same time, the UN Declaration on the Elimination of Violence against Women defines violence against women as “any act of gender-based violence that results in or is likely to result in physical harm or suffering, sexual or psychological for women, as well as threats of such acts, coercion or arbitrary deprivation of liberty, whether they occur in public or private life” (United Nations, 1993).

Violence against women is a phenomenon of great prevalence and with a severe harm (Arce et al., 2015). According to data from the latest macro-survey on violence against women carried out in 2019, 57.3% of women residing in Spain aged 16 or over have suffered violence throughout their lives due to the fact of being a woman. In line with the statistics section of the *Observatorio contra la Violencia Doméstica y de Género* (2020) of the Spanish Council of the Judiciary, in 2020 there were 150,785 complaints of gender-based violence, 10.3% less than in the previous year. Of all the complaints filed in 2020, 2,659 (1.76%) were filed directly by the victim in court, 3,051 (2.02%) after completing the injury report and up to 22,709 (17.52%) investigated based on police reports. At the regional level, we highlight a slight decrease in the number of complaints filed throughout 2020, with a total of 6,103 complaints, 5% less than the previous year. However, the Region of Murcia is the fourth autonomous community with the highest rate of women victims of gender violence per 10,000 women, with 79.5, exceeding the national average rate of 60.2 (*Observatorio contra la Violencia Doméstica y de Género*, 2020).

The World Health Organization (Krug et al., 2002) classified the nature of the violence in physical, sexual, psychological and deprivation or neglect that, within the framework of gender violence, the Spanish Branch Office against Gender Violence (*Delegación del Gobierno contra la Violencia de Género*, 2020) restricted to physical, psychological and sexual violence (it is unclear the reason because deprivation as economic deprivation was unconsidered as a target of gender violence. Probably the Office understood that deprivation and neglect is only applied to children. Nevertheless, economic deprivation and care neglect are violence tactics employed by batterers). Hence, it is important to highlight the role played in recognizing the symptoms and signs not limited to a physical component. Some of the signs that can guide us about the possibility of unreported violence are the presence of injuries in hidden places, the characteristics of the injuries (stage of evolution, defense injuries), repetition in consultations, confusing or incoherent reports in the anamnesis about the mechanism of injury and attitudes of rejection or mistrust during the examination and non-specific and indirect indicators of depression, agitation or emotional lability (Blanco et al., 2004; Osuna et al., 2009; Rivadeneira, 2017). In this regard, it is important to highlight the importance of completing the injury report that allows the judicial investigation and the channeling of the victim towards the available health and social resources (Reynaldos, 2018). We must not forget that gender violence encompasses other types of abuse such as psychological, sexual or economic, and it is common for different manifestations to coexist.

## Risk Assessment

It is of great importance to carry out an individual assessment of the probability of a new act of violence occurring after a woman’s complaint (Mora & Montes, 2009). In this sense, techniques for predicting violent behavior constitute the first step in treating violence at the level of the individual case and avoiding its continuity or chronicity. In gender violence, the use of these assessment guides or protocols helps us to determine the probability that violent phenomena against women appear in a certain environment and in a certain period of time, being able to establish, based on it, protection measures for the victim. In Spain, the *Delegación del Gobierno contra la Violencia de Género* (2011) together with the forensic experts who work in the Unidades de Valoración Forense Integral [Comprehensive Assessment Units] (UVFI) of the Institutes of Legal Medicine and Forensic Sciences approved a forensic protocol. Its main objective is to collaborate in determining the necessary protection measures for the victim, issuing an urgent assessment report on the risk of violence within a period of less than 72 hours from the court request. Thus, forensic experts carry out the risk assessment, at the request of the judicial authority. To carry it out, they first need to collect information through a structured interview with the accused and the victim, the study of the available health and psychiatric records of the accused, the victim’s injury report, in case there is, and the information provided in the police report. This urgent assessment of the risk refers to a specific moment or circumstance, so that, in the face of new complaints, the risk of gender-based violence must be reassessed, as it may have changed. In cases where the forensic expert considers that the urgent risk assessment is insufficient, he or she may recommend a comprehensive risk assessment to the judicial authorities, in which a more exhaustive study is carried out with psychological, social and forensic reports (Ministerio de Justicia, 2011).

Sometimes there is a discrepancy between different protocols, which can result in the risk going unnoticed, with the consequent repercussion on the diligence of risk prevention, the non-adoption of measures and the appearance of new violent acts, which can even result in dramatic situations. For this reason, we intended to evaluate the degree of discrepancy between the protocols completed by the Police and the forensic team. In addition, we set out to find out the profile of the accused and the victim, analyze the pattern of violence and evaluate the relevance of the different variables studied in the risk assessment protocols.

## Method

### Study Design

A retrospective observational descriptive epidemiological study has been carried out. All the urgent assessments of the risk of gender-based violence carried out by the forensic experts who work in the UVFI of the Institute of Legal Medicine and Forensic Sciences of the Region of Murcia during the year 2020 were included. They included the assessments previously carried out by the Police are also included.

The study was approved on February 11, 2021 by the Training and Research Commission of the Institute of Legal Medicine and Forensic Sciences of Murcia, which carries out the legal and ethical

supervision of the research projects carried out at the Institute of Legal Medicine and Forensic Sciences. At all times, the current regulations that guarantee the confidentiality of personal data and their automated processing have been respected, in compliance with the Spanish Data Protection Law ([Ley Orgánica 3/2018, de 5 de diciembre, de Protección de Datos Personales y Garantía de los Derechos Digitales, 2018](#)).

As inclusion criteria, urgent risk reports were included when completed within a period of less than 72 hours from their request by the judicial authorities, and exclusion criteria were those within more than 72 hours or when the police report was not included.

### Study Variables

A total of 58 variables have been collected, divided into three categories:

Variables related to the characteristics of the victim: sociodemographic, clinical, complaints, mistreatment or feeling of danger of death, as detailed:

- Age (quantitative) but which was also recoded for statistical treatment in age intervals (18 to 30 years, from 31 to 40 years, from 41 to 50 years, from 50 to 64 years and greater than or equal to 65 years).
- Number of complaints (quantitative).
- Number of children (quantitative).
- Nationality (qualitative non-dichotomous) that was later recoded into “Spanish-foreigner”.
- Educational level (qualitative non-dichotomous): classified according to low, medium or high grade.

Variables related to the characteristics of the accused: sociodemographic, clinical, history of violent behavior, consumption of toxic substances and addictive patterns, as follows:

- Age (quantitative) but which was also recoded for statistical treatment in age intervals (18 to 30 years, from 31 to 40 years, from 41 to 50 years, from 50 to 64 years and greater than or equal to 65 years).
- Nationality (qualitative non-dichotomous) that was later recoded into “Spanish-foreigner”.
- Educational level (qualitative non-dichotomous) classified according to low, medium or high grade.
- Toxic (qualitative non-dichotomous).

Variables related to the type of violence inferred on the victim: coexistence, child abuse, protection measures, injuries, type of abuse and its intensity and level of risk of violence, as follows:

- Time apart (quantitative): categorized as less than one year, less than two years or more than five years.
- Type of abuse inflicted on the children (qualitative, non-dichotomous): physical or psychological.
- Type of weapons (qualitative non-dichotomous): firearm or knife.
- Type of abuse (qualitative non-dichotomous): physical, psychological or sexual violence isolated or in combination.
- Degree of physical, psychological or sexual violence (qualitative non-dichotomous): very serious, serious or mild degree.
- Risk level according to forensic expert (qualitative, non-dichotomous): high, moderate or low. That was subsequently recoded for statistical treatment, grouping them into high and non-high risk.

- Level of risk according to the State Security Corps (qualitative, non-dichotomous): extreme, high, medium, low or unappreciated. Being subsequently recoded for statistical treatment, grouping them into high or extreme risk and not high.

### Police and Forensic Protocols for Assessing the Risk of Gender Violence

#### *Police Protocol of Risk Assessment*

The main objective of the protocol is that the Police, through the Sistema de Seguimiento Integral en los Casos de Violencia de Género [Comprehensive Monitoring System for Cases of Gender Violence], known as VioGén ([González-Álvarez et al., 2018](#)), carry out an assessment of the risk for the victims, which will allow them to organize and establish protective measures based on it. To carry out the police risk assessment, two forms are used, one that provides us with an initial estimate at the time of the complaint, called Valoración Policial del Riesgo [Police Risk Assessment] (VPR) and another that will allow us to monitor the risk of violence later. to the complaint, called Valoración Policial de la Evolución del Riesgo [Police Assessment of the Evolution of Risk] (VPER). In the present study, we have focused on the VPR police initial risk assessment form, and therefore it will be the one we will deal with. This has been the subject of multiple revisions to increase its internal validity, currently using the VPR4.0 version. This form includes 39 risk factors of dichotomous completion, grouped into four sections. In the first section, information is collected about the reported episode and the history of violence in the couple, in the second information about the accused, in the third reference is made to the relationship and vulnerability factors of the victim and the last refers to the appreciation that the victim has of his situation. Based on all these items, the reported episode is classified into five risk levels: unappreciated, low, medium, high and extreme. These will indicate the probability that a new case of gender-based violence will occur, allowing protection measures to be established based on it ([González-Álvarez et al., 2018](#)).

#### *Forensic Protocol of Risk Assessment*

Based on the scale on the Escala de Predicción del Riesgo de Violencia Grave contra la Pareja —Revisada— (EPV-R) [Severe Intimate Partner Violence Risk Prediction Scale-Revised]. It comprises 20 elements whose purpose is to allow both clinical and non-clinical professionals to predict the risk of serious violence in the couple or ex-partner. The different items are grouped into 5 different categories and weighted according to their discriminative suitability. The score is included in a range of 0-20, establishing different levels of risk of violence such as *low* (0-5), *moderate* (5-9) or *high* (10-20), not being valid if the information is not available, information from at least 12 items of the total or from 6 of the most discriminative items ([Andrés-Pueyo & López, 2005](#); [Echeburúa et al., 2010](#)).

### Data Analysis

A descriptive statistical analysis was carried out and the frequencies and percentages for the qualitative variables were obtained, on the other hand, the means and standard deviation for normal-distributed variables and median and interquartile range,

for non-normal variables, with its maximum and minimum values, were calculated.

Subsequently, we have carried out an inferential analysis to know whether or not there are statistically significant relationships between the variables under study. Association analyses were performed to evaluate significant association between two categorical variables. We observe that all the expected frequencies are greater than the unit and that 20% of all of them are equal to or greater than 5. A significant association is considered when it shows a probability ( $p < .05$ ). In the 2X2 contingency tables and with degree of freedom 1, we have applied the “Fisher’s exact test” (test that compares exactly two samples), and the effect size was computed as prevalence ratios. For the study of the correlation between the risk scales, the Cohen’s Kappa coefficient was performed, which indicates the level of concordance between two measures of a variable.

### Results

The study comprised a total of 128 reports completed by forensic experts between January 1, 2020 and December 31 of that same year. Of these reports, 28 did not meet the inclusion criteria, since they had been issued within a period of more than 72 hours and 5 were excluded because they did not have the police report, finally obtaining a sample of 95 urgent assessment reports of the risk of gender violence.

#### Descriptive Results

The average age of the victims is 36.3±1.1 years, with a range between 18 and 67. Regarding the accused, the average age is 39.6±1.1 with a range between 19 and 90. Victims were predominantly Spanish (73.7%); among the foreigners, there are eleven nationalities. Similar percentages are found among the accused: 76.8% are of Spanish nationality. 66.3% of the victims presented economic vulnerability compared to 54.7% of the accused. 20% of the victims had a psychiatric history, while the accused, 34.7%. We must point out that the documentation consulted only collects this information, without specifying either existing history or current pathology. Suicidal ideas are more prevalent among the accused (29.5%) than in the victims (12.6%) (see Table 1).

When studying the variables related to the current situation of violence by the victim, 87.4% reported having a feeling of danger of death in the last three months and 90.5% indicated a history of mistreatment, which has not been reported (see Table 2). In this regard, only 38.9% of the victims had filed a previous complaint and 18.9% commented that they had subsequently withdrawn it, even reaching 28.4% not filing it at any time. 20% of the assaulted say they have received mistreatment by another accused before. Of the total number of women, 41.1% reported not having family support. 30% of the victims reported having expressed their intention to break the relationship with the offender at some point during the last six months prior to the violent episode and 61% state that they are living with the offender at the time the aggression occurs. As for the accused, the presence of a criminal record stands out in 62.1% of the cases. Of the total sample, 68.4% of the subjects consume some type of substance, the most consumed being alcohol (72.5% of consumers) either alone or associated with other toxic substances (see Table 2). 75.2% of the subjects use another type of psychoactive substance. The most used drugs are cannabis with

**Table 1**  
Sociodemographic Characteristics of Victims and the Accused

		Victims: N(%)	Accused: N(%)
Age	18-30	31(32.6)	18(18.9)
	31-40	28(29.5)	38(40)
	41-50	24(25.3)	28(29.5)
	51-64	11(11.6)	9(9.5)
	≥ 65	1(1.1)	2(2.1)
Number of children	0	27(28.4)	
	1	32(33.7)	
	2	21(22.1)	
	3	9(9.5)	
	4	6(6.3)	
Nationality	Spanish	70(73.7)	73(76.8)
	Foreigner	25(26.3)	22(23.2)
Educational level	Low	38(40.0)	45(47.4)
	Medium	54(56.8)	44(46.3)
	High	3(3.2)	6(6.3)
Suicidal thoughts	Yes	12(12.6)	28(29.5)
	No	83(87.4)	67(70.5)
Financial problems	Yes	63(66.3)	28(29.5)
	No	32(33.7)	67(70.5)

38.9% and cocaine with 25.3% of the total sample studied ( $N = 95$ ). It is also found that 10.5% of the accused have gambling addiction.

When attending at the violent pattern, psychological abuse is the most frequent (94.7%), manifesting itself in 53.7% in a serious degree. It is followed by physical violence in 72.6% of the victims, which is serious in 23.2% and very serious in 7.4%. On the other hand, sexual violence is present in 15.8% of the reporting women. Regarding the act of violence, 16 episodes with the use of weapons have been collected, 11 of them with a knife. Of the total of our sample, 48.4% presented injuries. It should be noted that 15% of the victims did not request a restraining order after the reported episode of violence.

After applying the different risk assessment forms used, the VPR scale concluded that, 51.6% of cases presented high risk of developing a new episode whereas, 2.1% showed extreme risk and only in one case no risk was detected. The EPV-R forensic scale concluded the existence of a high risk in 50.5% of the victims, whereas the risk was assessed as moderate in the 42.1% of cases and low in the 7.4% (see Table 2).

#### Association Analysis

We analyzed the associations among variables that express the profile of the victim (see Table 3) observing a significant association between the presence of economic problems of the victim and the existence of reported abuse, such as 95.2% of reported mistreatment are related with victim’s economic problems, and 81.2% of reported mistreatment are not related with victim’s economic problems, a prevalence of 1.17 times more in victims with economic problems. We also identified a significant association between the existence of economic problems for the victim and the maintenance of



**Table 2**  
*Variables Related to the Current Situation of Violence*

Variables	N(%)
Victim's feeling of risk of death in the last 3 months	83(87.4)
Unreported mistreatment	86(90.5)
Previous complaints	37(38.9)
Complaints have been withdrawn	18(18.9)
They have not filed a complaint	27(28.4)
History of previous offenses	19(20.0)
Family support	56(58.9)
Number of previous complaints	0 58(61.1)
	1 21(22.1)
	2 7(7.4)
	3 6(6.3)
	4 2(2.1)
	5 1(1.1)
Toxic substances detected in accused	Alcohol 15(23.0)
	Illegal drugs 16(24.6)
	Alcohol and Illegal drugs 30(46.2)
	Alcohol and medicinal drugs 1(15.0)
	Illegal drugs and medicinal drugs 2(3.0)
	Alcohol, illegal drugs and medicinal drugs 1(1.5)
Physical violence	Yes 69(72.6)
	Very severe 7(7.4)
	Severe 22(23.2)
	Mild 40(42.1)
Psychological violence	Yes 90(94.7)
	Very severe 6(6.3)
	Severe 51(53.7)
	Mild 33(34.7)
Sexual violence	Yes 15(15.8)
	Very severe 2(2.1)
	Severe 5(5.3)
	Mild 8(8.4)
Risk level according to VPR scale	Extreme 2(2.1)
	High 49(51.6)
	Moderate 34(35.8)
	Low 9(9.5)
	Unappreciated 1(1.1)
Risk level according to EPV-R forensic scale	High 48(50.5)
	Moderate 40(42.1)
	Low 7(7.4)

coexistence with the offender: 71.4% of victims with economic problems lived with the offender for 50.0% of the victims without economic problems, a prevalence of 1.45 times more in victims with economic problems. Likewise physical abuse is significantly associated with economic problems of the victim: 71.0% of victims with economic problem live with the offender for 46.2% of non-coexistence with the offender, a prevalence of 1.45 times more in victims with economic problems. Moreover, the absence of family

support is significantly associated with living together the offender: 79.5% of victims with no-family support live with the offender for 53.6% with family support, a prevalence of 1.48 times more in victims with absence of family support. Similarly, the intention of breaking the relationship in the last 6 months is significantly associated with living together: 93.3% of victims expressed their intention of breaking the relationship in last 6 months were living together the offender for 50.8% did no express, a prevalence of 1.83 times more in victims expressed their intentions. As for the feeling risk of death in the last 3 months, we observed a significant association with suicidal ideation and the request for a restraining order. Succinctly, the 33.3% of victims who did not feel risk of death in the last 3 months had suicidal ideations for the 9.6% of victims felt risk of death last 3 months, a prevalence of 3.47 times more in victims did not feel risk of death in the last 3 months. And the 92.5% of the victims to whom the restraining order was restored had felt risk of death in the last 3 months for the 60.0% of victims did not feel risk of death the last 3 months, a prevalence of 1.54 times more in victims to whom the restraining order was restored.

In relation to the variables related to the accused (see Table 3), a significant association was found between the presence of a psychiatric disorder and suicidal ideation; the presence of a psychiatric history and cocaine use; and the existence of sexual violence and cocaine use. Specifically, 63.6% of accused with psychiatric history had suicidal ideation, meanwhile 11.3% of accused with non-psychiatric history had suicidal ideation, a prevalence 5.63 times more in accused with psychiatric history. As for the association of cocaine use and psychiatric history: 42.4% of accused with psychiatric history used cocaine, whereas 16.1% of accused without psychiatric history used cocaine, showing a prevalence 2.63 times higher of cocaine use in accused with psychiatric history. Finally, in 29.2% of accused cocaine use was associated with sexual violence whereas in 11.3% of non-cocaine users accused, resulting a prevalence 2.58 times higher in cocaine users.

To analyze the degree of concordance between the risk assessment procedures carried out by the Police and the forensic team, we applied a Kappa test. A 91.7% of concordance was observed between the two scales, showing a Cohen's Kappa coefficient of 0.77,  $p < .001$ , being a good agreement level,

**Table 3**  
*Association Study of the Variables Related to the Current Violent Episode*

		$\chi^2$	df	p	PR
<b>Victim's economic problems</b>	Unreported mistreatment	4.84	1	.037	1.17
<b>Accused psychiatric history</b>	Suicidal ideation offender	28.39	1	.000	5.63
<b>Living together</b>	Victim's economic problems	4.24	1	.034	1.45
	Physical violence	5.08	1	.023	1.45
	Victim family support	6.72	1	.008	1.48
	Intention to separate in last 6 months	16.18	1	.000	1.83
<b>Cocaine use by the accused</b>	Accused psychiatric history	7.89	1	.006	2.63
	Sexual violence	4.32	1	.044	2.58
<b>Danger of death in the last three months</b>	Suicidal ideation victim	5.33	1	.042	3.47
	Restraining order	12.09	1	.003	1.54

Note. PR = Prevalence Ratio.

according to Landis and Koch classification (Landis & Koch, 1977). However, in an 8.3% of the high-risk assessments performed by the forensic team, the police concluded non-high risk ( $p < .001$ ), whereas in 14.9% of the high or extreme risk assessments made by the police, the forensic team evaluation concluded low or moderate risk (see Table 4).

Since both police and forensic scales present different levels of categorization (unappreciated, low, medium, high and extreme for VPR scale, and low, moderate or high for EPV-R forensic scale), we speculated whether the decision of consider or not an intermediate category may influence in the implications of the interpretation of the risk scale. Hence, we now performed the Cohen's Kappa test including a new intermediate category of risk and realize that Cohen's Kappa coefficient remains almost unchanged 0.75, ( $p = .001$ ), but 34 cases are now in the "moderate risk" category of the VPR scale, whereas, for forensic scale, this category is composed of 40 cases.

## Discussion

### Profile of the Victim of Abuse

Gender violence is a globalized phenomenon, not limited to specific socioeconomic environments or educational levels, however, the victims of abuse may present common characteristics or specific circumstances or particularities that predispose them to suffer abuse.

In our study, we have obtained a profile of the woman who reports a violent situation. We observed that 73.7% of the women were Spanish and with an average of 36 years old. It should be noted that 32.6% of the victims are between 18 and 30 years old, while 40% of the accused are between 31 and 40 years old. In this regard, the presence of a hidden phenomenon must be considered, which is more prevalent in victims of a certain age, such as the elderly (Echeburúa et al., 2002). In this regard, in our study, those over 65 years of age comprise 1.1% of the total.

Our results show a statistically significant association between the offender-victim coexistence and the presence of physical violence. 61% of the victims lived with the offender at the time of suffering a physically violent episode. The significant number of cases in which the victim lives with the offender is striking, even on occasions in which there is an active restraining order or the intention to end the relationship has been expressed, so the risk of suffering a new

aggression increases. The reasons that explain this situation may be several and some of them are explained in the findings obtained in this study. In this regard, we must refer to the socioeconomic level or the absence of family support for the victim. Hence, according to our results, 71.4% of the women who live with the offender have economic problems and up to 79.5% of the victims lacked family support. This may also be one of the reasons why many victims eventually withdrawing the complaint or use their right of not testifying. This fact is also a common issue in the repeated violent phenomenon in which the coercion of the offender, overt or covert, is present (Llosa & Canetti, 2019). To deeply analyze this vulnerability of the victim, we studied the presence of suicidal ideation in the victim in relation to the feeling of danger of death in the last three months, which, as we have observed, are associated in a statistically significant way. It has been previously reported that, in some occasions, victims of gender violence choose suicide as the only solution to escape suffering (Devries et al., 2013). In our study, 9.6% of the women with a feeling of death danger in the last three months had presented suicidal ideas.

Victims of gender violence are exposed to different types of violence. It is important to highlight the legal obligations of the clinician as the completion of the injury report that allows the judicial authority to be informed of the existence of a violent act that must be investigated. This instrument will acquire great importance in the assessment of the risk of violence. Physical abuse may sometimes be easily identified by health professionals, but in other occasions, some physical signs can alert to their existence, as defense injuries, non-specific injury conditions, discrepancies about the mechanism that produces the injuries, etc.

During the year 2020, and given the pandemic situation, official data reveals that there a decrease in the total number of complaints of gender violence, however, increased the number of telephone calls to 016 (Ministerio de Igualdad, 2020). Home confinement clearly inhibited the complaint act, but victims resorted to the phone call to alert about the situation. However, many of the calls were not translated into complaints due to fear, given the proximity between the offender and the victim during this period. Another of the so-called "collateral effects of COVID-19" has been the decrease in the number of women treated in hospitals, due to the difficulty and restrictions, however, the severity of injuries was greater during this period of the pandemic (Gosangi et al., 2021).

**Table 4**  
Agreement Analysis (Cohen's Kappa Test)

	Risk level according to VPR police scale	Risk level according to EPV-R forensic scale			
		High	Non-high	Total	
% into risk level according to EPV-R forensic scale	Extreme or high	91.7	14.9	53.7	
	Non-extreme or high	8.3	85.1	46.3	
Total N(%)	Extreme or high	44(46.3)	7(7.4)	51(53.7)	
	Non-extreme or high	4(4.2)	40(42.1)	44(46.3)	
	Total	48(50.5)	47(49.5)	95(100)	
Kappa model considering Moderate risk		High	Moderate	Low	
	Total N(%)	Extreme or high	44(46.3)	7(7.4)	0(0.0)
		Moderate	4(4.2)	29(30.5)	1(1.1)
		Low or unappreciated	0(0)	4(4.2)	6(6.3)

As previously reported, psychological violence is the most prevalent type of violence (Palomar-Ciria et al., 2016), present in the 94.7% of the victims in our study. Psychological violence involves a wide variety of modalities, from verbal threats, contempt, humiliation, isolation to any situation that can cause emotional damage. This type of violence is more difficult to identify, both by health professionals and by the victim herself, since it can appear in a very subtle way and usually develops gradually, often even assuming certain behaviors as normal (Fariña et al., 2014). The repercussions on the mental health of the victim are also highlighted by numerous authors (Cheng & Lo, 2019; Ellsberg et al., 2008; Pérez & Hernández, 2009), showing in our study suicidal ideation in almost 13% of the victims.

### Accused Profile

As in victims, there are different characteristics or aspects of the accused personality that can favor violent behavior. The abuse of addictive substances is frequent among the offenders. In our study, 65% abuse some type of substance, with alcohol and cannabis being the most consumed. The use of these substances is considered a risk factor for new episodes of violence (Redondo & Graña, 2015). In this regard, in our results, we have found a statistically significant association between cocaine use and sexual violence, reinforcing the idea that it should be included in the risk assessment forms.

Drug use is related to the appearance of mental disorders (López & Becoña, 2006). In this sense, we have found an intense association between cocaine use and the presence of a psychiatric history in the accused. However, it has not been possible to demonstrate that offenders have a higher prevalence of psychopathological disorders than the general population (Fernández & Echeburúa, 2008) and is under intense debate (Arboleda, 2009). Fazel and Seewald (2012) also demonstrate the existence of an association between serious mental illness and the commission of criminal acts, as well as the consumption of toxic substances. Other studies indicate that violent behavior seems to be related to other concomitant factors, rather than to mental disorders per se, such as psychopathic personality, substance abuse, or demographic factors (Mullen et al., 2000).

### Gender-based Violence Risk Assessment

Since multiple professionals are involved in the comprehensive approach to gender violence, on some occasions, the judicial authorities may consider that the initial risk assessment should be reviewed by the forensic expert, as they can provide more information related to clinical aspects, both of the victim and the accused, and possible recommendations on the protection measures that should be adopted. In our study, we have been able to verify that there is an outstanding, statistically significant relationship between the risk of violence perceived by the Police and the forensic expertise. The kappa index used in the statistical treatment carried out demonstrates this. This fact may be due to that forensic experts rely on the report made by the police as an instrument to carry out their risk assessment.

However, we have found discrepancies in 11.6% of the cases ( $N = 11$ ) of the assessments between the evaluation carried out by the police and the forensic one. Of these, in 4 cases of the 95 studied (4.2%), the police evaluation was considered “not high

risk”, while the forensic evaluation was considered high risk and in 7 cases (7.4%) the police assessment was extreme or high, while the forensic assessment was considered low or medium risk. Studies have recently found adequate the predictive efficacy of the risk assessment forms carried out by the Police (López-Ossorio et al., 2016), being able to predict the risk of recidivism, serious violence, and multiple recidivism. Nonetheless, other studies revealed recidivism rates of 8.9% and 14.5% in cases recorded at negligible and low risk levels, respectively (López-Ossorio et al., 2019). Despite our study demonstrates that the forensic scale is more restrictive for low risk (7 vs. 10 in the police scale), when evaluating high or extreme risk, the forensic scale considers 48 while the police one, 51 cases. Hence, we wanted to know the real implication that this discrepancy would have in a hypothetical court decision, since, considering or not high risk may influence in the adoption of different protection measures. When we included the intermediate level in the risk evaluation to compare both scales, we obtained more relevant information, since we found that 34 cases were considered in the intermediate risk category for VPR scale, whereas the number of cases at intermediate risk resulted 40 with the EPV-R forensic scale. Now this category, that is already included in the EPV-R scale, may help in the decision-making process during a judgment.

### Conclusions

Gender-based violence is a phenomenon with a high incidence and impact on public health, with significant rates of recidivism, which is why an adequate assessment of the risk of violence after an episode of abuse is important.

In our study, the profile of the female victim of gender-based violence is that of a young woman, with an average age of 36 years, who has suffered repeated physical and psychological abuse and who continues to live with the offender as a result of economic dependence on him and the absence of family support.

The profile of the accused is that of a man, with an average age of 40 years, with a criminal record and a pattern of consumption of toxic substances, in which the abuse of alcohol and cannabis stands out.

There is a high degree of concordance between the assessments of the risk of violence carried out by the Police and the forensic team. However, we found discrepancies in 11.6% of the reports in which, the consideration of the intermediate risk category, may help in the decision-making process for protection measures.

### Study Limitations

The present study is subject to three limitations. First, the variability of information collected in the different reports and the lack of homogenization in their contents, since non-ruled official documents used. Second, concordance (Cohen's kappa) in not reliability. Thus, there is no evidence of the reliability of the measures. Third, kappa does not guarantee the exact concordance between raters i.e., if the exact correspondence between coding is not verified, two errors may be codified as an agreement (this effect is controlled by true kappa [Arce et al., 2000], but it was no possible to compute as the police reports did not include the source for each item). In consequence, general agreement is overestimated.

## References

- Andrés-Pueyo, A., & López, S. (2005). *Manual para la valoración del riesgo de violencia contra la pareja*. Universitat de Barcelona.
- Arboleda, J. (2009). Mental patients in prisons. *World Psychiatry*, 8(3), 187-189. <https://doi.org/10.1002%2Fj.2051-5545.2009.tb00249.x>
- Arce, R., Fariña, F. & Fraga, A. (2000). Género y formación de juicios en un caso de violación [Gender and juror judgment making in a case of rape]. *Psicothema*, 12(4), 623-628. <http://www.psicothema.com/pdf/381.pdf>
- Arce, R., Farina, F., & Vilarino, M. (2015). Daño psicológico en casos de víctimas de violencia de género: estudio comparativo de las evaluaciones forenses. *Revista Iberoamericana de Psicología y Salud*, 6(2), 72-80. <http://dx.doi.org/10.1016/j.rips.2015.04.002>
- Blanco, P., Ruiz-Jarabo, C., García de Vinuesa, L., & Martín-García, M. (2004). La violencia de pareja y la salud de las mujeres. *Gaceta Sanitaria*, 18, 182-188. <http://www.gacetasanitaria.org/es/content/articulo/13062524/>
- Cheng, T. C., & Lo, C. C. (2019). Health of women surviving intimate partner violence: Impact of injury and fear. *Health & Social Work*, 44(2), 87-94. <https://doi.org/10.1093/hsw/hlz003>
- Delegación del Gobierno contra la Violencia de Género. (2011). *Protocolo médico-forense de valoración urgente del riesgo de violencia de género*. Ministerio de Justicia. <https://violenciagenero.igualdad.gob.es/profesionales/Investigacion/juridico/protocolos/docs/protocoloMedicoForense2011.pdf>
- Delegación del Gobierno contra la Violencia de Género. (2020). *Macroencuesta de violencia contra la mujer 2019*. Ministerio de Igualdad. [https://violenciagenero.igualdad.gob.es/violenciaEnCifras/macroencuesta2015/pdf/Macroencuesta\\_2019\\_estudio\\_investigacion.pdf](https://violenciagenero.igualdad.gob.es/violenciaEnCifras/macroencuesta2015/pdf/Macroencuesta_2019_estudio_investigacion.pdf)
- Devries, K. M., Mak, J. Y., Bacchus, L. J., Child, J. C., Falder, G., Petzold, M., Atsburly, J., & Watts, C. H. (2013). Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies. *PLoS Medicine*, 10(5), e1001439. <https://doi.org/10.1371/journal.pmed.1001439>
- Echeburúa, E., Amor, P. J., & de Corral, P. (2002). Long term stay of battered women with the aggressor: Relevant variables. *Acción Psicológica*, 1(2), 135-150. <https://doi.org/10.5944/ap.1.2.548>
- Echeburúa, E., Amor, P. J., Loinaz, I., & de Corral, P. (2010). Escala de Predicción del Riesgo de Violencia Grave contra la Pareja—Revisada—(EPV-R) [Severe Intimate Partner Violence Risk Prediction Scale-Revised]. *Psicothema*, 22(4), 1054-1060. <https://www.psicothema.com/pdf/3840.pdf>
- Ellsberg, M., Jansen, H. A., Heise, L., Watts, C. H., & Garcia-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: An observational study. *The Lancet*, 371(9619), 1165-1172. [https://doi.org/10.1016/S0140-6736\(08\)60522-X](https://doi.org/10.1016/S0140-6736(08)60522-X)
- Fariña, F., Arce, R., Vilarino, M., & Novo, M. (2014). Assessment of the standard forensic procedure for the evaluation of psychological injury in intimate-partner violence. *Spanish Journal of Psychology*, 17, e32. <http://dx.doi.org/10.1017/sjp.2014.30>
- Fazel, S., & Seewald, K. (2012). Severe mental illness in 33 588 prisoners worldwide: Systematic review and meta-regression analysis. *British Journal of Psychiatry*, 200(5), 364-373. <https://doi.org/10.1192/bjp.bp.111.096370>
- Fernández-Montalvo, J., & Echeburúa, E. (2008). Trastornos de personalidad y psicopatía en hombres condenados por violencia grave contra la pareja [Personality disorders and psychopathy in men convicted for severe intimate partner violence]. *Psicothema*, 20(2), 193-198. <https://www.psicothema.com/pdf/3447.pdf>
- González-Álvarez, J. L., López-Ossorio, J. J., & Muñoz-Rivas, M. (2018). *La valoración policial del riesgo de violencia contra la mujer pareja en España—Sistema VioGén*. Ministerio del Interior. <https://shorturl.at/yzMX3>
- Gosangi, B., Park, H., Thomas, R., Gujrathi, R., Bay, C. P., Raja, A. S., Seltzer, S. E., Balcom, M. C., McDonald, M. L., Orgill, D. P., Harris, M. B., Boland, G. W., Rexrode, K., & Khurana, B. (2021). Exacerbation of physical intimate partner violence during COVID-19 pandemic. *Radiology*, 298(1), E38-E45. <https://doi.org/10.1148/radiol.2020202866>
- Krug, E., Dahlberg, L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). World report on violence and health. World Health Organization. [https://apps.who.int/iris/bitstream/handle/10665/42495/9241545615\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/42495/9241545615_eng.pdf)
- Landis, J. R., & Koch, G. G. (1977). The measurement of observer agreement for categorical data. *Biometrics*, 33, 159-174. <https://doi.org/10.2307/2529310>
- Ley Orgánica 3/2018, de 5 de diciembre, de Protección de Datos Personales y Garantía de los Derechos Digitales. (2018). *Boletín Oficial del Estado*, 294, 119788-119857. <https://www.boe.es/boe/dias/2018/12/06/pdfs/BOE-A-2018-16673.pdf>
- Llora, S., & Canetti, A. (2019). Depresión e ideación suicida en mujeres víctimas de violencia de pareja [Depression and suicide ideation in women victims of intimate partner violence]. *Psicología, Conocimiento y Sociedad*, 9(1), 178-204. <http://dx.doi.org/10.26864/pcs.v9.n1.1>
- López, A., & Becoña E. (2006). Consumo de cocaína y psicopatología asociada: Una revisión [Cocaine use and associated psychopathology: A review]. *Adicciones*, 18(2), 161-196. <https://fundacioncsz.org/ArchivosPublicaciones/150.pdf>
- López-Ossorio, J. J., González-Álvarez, J. L., & Andrés-Pueyo, A. (2016). Eficacia predictiva de la valoración policial del riesgo de la violencia de género [Predictive effectiveness of the Police Risk Assessment in intimate partner violence]. *Psychosocial Intervention*, 25(1), 1-7. <https://doi.org/10.1016/j.psi.2015.10.002>
- López-Ossorio, J. J., Loinaz, I., & González-Álvarez, J. L. (2019). Protocol for the police gender violence risk assessment (VPR4. 0): Review of its performance. *Spanish Journal of Legal Medicine*, 45(2), 52-58. <https://www.elsevier.es/en-revista-spanish-journal-legal-medicine-446-articulo-protocol-for-police-gender-violence-S2445424919300123>
- Ministerio de Igualdad. (2020). *Portal estadístico de la delegación del gobierno contra la violencia de género*. <http://estadisticasviolenciagenero.igualdad.mpr.gob.es/>
- Ministerio de Justicia. (2011). *Protocolo médico forense de valoración urgente del riesgo de violencia de género*. Ministerio de Justicia.
- Mora, M., & Montes, B. (2009). Aspectos básicos en el estudio de la violencia de género. Iniciación a la Investigación. 4, r1 <http://estadisticasviolenciagenero.igualdad.mpr.gob.es/http://estadisticasviolenciagenero.igualdad.mpr.gob.es/http://estadisticasviolenciagenero.igualdad.mpr.gob.es/>
- Mullen, P. E., Burgess, P., Wallace, C., Palmer, S., & Ruschena, D. (2000). Community care and criminal offending in schizophrenia. *The Lancet*, 355(9204), 614-617. [https://doi.org/10.1016/S0140-6736\(99\)05082-5](https://doi.org/10.1016/S0140-6736(99)05082-5)
- Observatorio contra la Violencia Doméstica y de Género. (2020). *Informe anual sobre violencia de género: Año 2020*. Consejo General del Poder Judicial. <http://shorturl.at/fsPT9>
- Osuna, E. (2009). Aspectos clínicos y médico-legales de la violencia de género. En F. Fariña, R. Arce, & G. Buela-Casal (Eds.), *Violencia de género: Tratado psicológico y legal* (169-190). Biblioteca Nueva.



- Palacios, P. (2011). *El tratamiento de la violencia de género en la Organización de Naciones Unidas (2011)*. Universidad de Chile. <http://dx.doi.org/10.34720/JM8W-D120>
- Palomar-Ciria, N., Fernández-Rodríguez, A. N., Rodríguez-Albarrán, M. S., Casas, J. D., & Bello, H. J. (2016). Valoración forense del riesgo psicológico inicial en víctimas de violencia de género [Initial forensic assessment of psychological risk in victims of domestic violence]. *Cuadernos de Medicina Forense*, 22(3-4), 64-72. <https://dialnet.unirioja.es/servlet/articulo?codigo=6264212&orden=0&info=link>
- Pérez, V. T., & Hernández, Y. (2009). La violencia psicológica de género, una forma encubierta de agresión [The gender psychological violence is a hidden way of aggression]. *Revista Cubana de Medicina General Integral*, 25(2). <http://scielo.sld.cu/pdf/mgi/v25n2/mgi10209.pdf>
- Redondo, N., & Graña, J. L. (2015). Alcohol consumption, illicit substances, and intimate partner violence in a sample of batterers in psychological treatment. *Adicciones*, 27(1), 27-36. <https://www.adicciones.es/index.php/adicciones/article/view/191/268>
- Reynaldos, B., Sánchez-Rodríguez, F., Legaz, I., & Osuna, E. (2018). Analysis of the information in mandatory reporting in victims of gender violence. *Journal of Public Health Research*, 7(3), 1443. <https://doi.org/10.4081/jphr.2018.1443>
- Rivadeneira, M. F. (2017). Violencia física contra la mujer: Una propuesta de abordaje desde un servicio de salud [Physical violence against women: An approach proposal from a health service]. *Revista Cuidarte*, 8(2), 1656-1667. <https://revistas.udes.edu.co/cuidarte/article/view/404/801>
- United Nations. (1993). *Declaration on the elimination of violence against women*. Office of the High Commissioner for Human Rights. <https://www.ohchr.org/sites/default/files/eliminationvaw.pdf>

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