

Medico-legal recommendations to fight the silent war of femicide in Europe

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Abstract

Femicide is a global phenomenon; yet there is no commonly accepted understanding of what counts as femicide. Different disciplines and approaches offer different definitions. Defining the term femicide is not only a purely lexical matter but also involves the aspect of data collection. Owing to the lack of a standardized definition, data collected by countries under this label are not comparable and cannot be used for global or regional estimates to provide an indication of the scale of this phenomenon. One tool to fight this silent war against women is certainly medical-legal diagnosis, with everything that the body of a victim of femicide can reveal. Autopsies are crucial; they can help differentiate between female homicide and femicide and the search for a formal, agreed-upon definition of femicide may be derived precisely from forensic pathology research and necropsy evidence. The autopsies performed and studies written on femicide cases are of extraordinary importance because they make it easy to identify which anatomical districts are most affected, which weapons are most frequently used, and where the bodies of victims of femicide are most often found. To curb this phenomenon, it is essential to act on several levels, starting with the national one. It is necessary to develop a data collection and processing system involving both law enforcement and forensic centers. It is also emphasized the relevance of creating a universal database that can be easily consulted, along the lines of the one that already exists in the United States.

Keywords

femicide, legal-medicine, autopsy, post-mortem examination

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Femicide, and more broadly violence against women, concerns one in three women in the EU, according to statistics. Furthermore, more than half of all women have been sexually harassed in Europe, and in almost one in five cases of violence against women, the perpetrator is an intimate partner. The issue of femicide is not just a European phenomenon; it occurs around the globe, and yet there is no commonly accepted understanding of what counts as femicide. Different disciplines and approaches offer different definitions.¹ The United Nations Office on Drugs and Crime (UNODC) in 2018 used the term femicide to name either the violent killing of women or the killing of women in the realm of intimate partner violence. In 2021, the European Institute for Gender Equality (EIGE) pointed out that no European Union Member State had a legal definition of femicide.² Over the years,

there have been many interpretations of the term. Femicide has been defined as the killing of women by men “motivated by hatred, contempt, pleasure, or a sense of ownership of women.”³ It has also been described “as the gender-related killings of women and girls.”^{4,5} A new and interesting definition was proposed in 2022: “a murder perpetrated because of a failure to recognize the victim’s right to self-determination.”⁶

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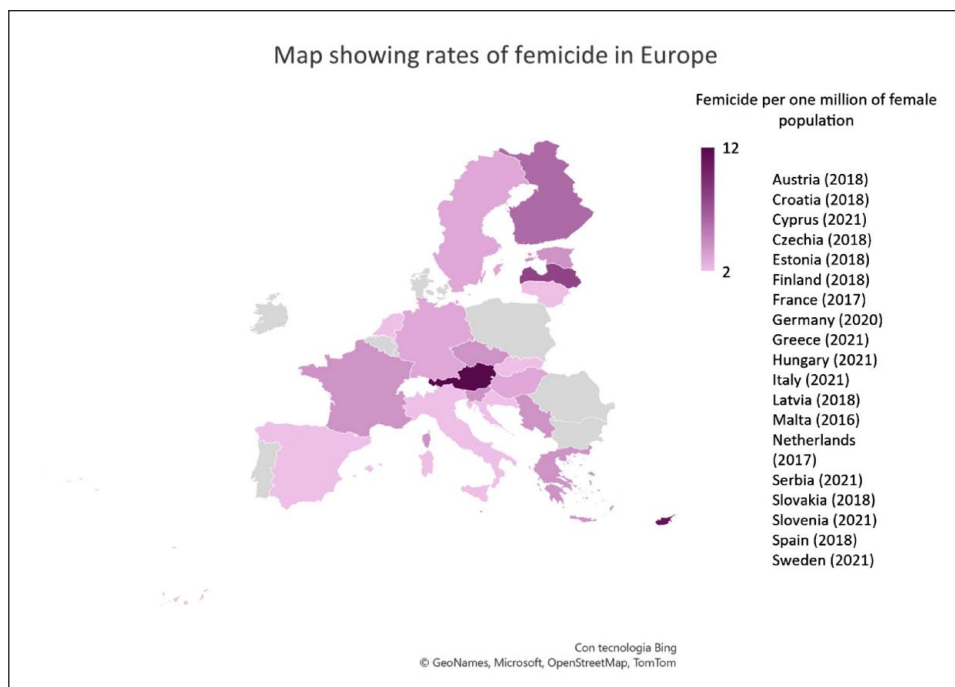


Figure 1. Map showing rates of femicide in Europe according to the latest data.

Defining the term femicide is not only a purely lexical matter but also involves the aspect of data collection. Owing to the lack of a standardized definition, data collected by countries under this label are not comparable and cannot be used for global or regional estimates to provide an indication of the scale of this phenomenon. In Europe, it is very complicated to make reliable comparisons between countries in femicide research, as the EIGE has highlighted.⁷ Existing data are based on administrative data in individual EU Member States. This entails a series of problems such as differences in the legal and operational definitions of crimes and the methodologies used in recording their prevalence, making comparisons between countries basically impossible. A globally accepted definition is needed to facilitate the work of officials and prosecutors in investigating these crimes and protecting victims and to enable better recording of gender-based homicides.⁸ As already mentioned, data collection systems across the EU remain very heterogeneous, as they are based on national crime statistics or other administrative data sources on homicide (from judiciary or health systems), or on media analyses conducted by non-governmental organizations, which vary substantially in their definitions and variables.⁹ The map in Figure 1 shows the rates of femicide per 1 million of the female population in European countries. Data are currently not available for eight countries in the region: Poland, Bulgaria, Denmark, Luxembourg, Belgium, Portugal, Ireland, and Romania. The map also indicates the most recent year for which data can be found. All data were collected by the European Data Journalism Network (EDJNet).¹⁰

The World Health Organization (WHO) identified problems concerning the definition of femicide and the collection of accurate data back in 2012.¹¹ It defined a femicide as “the intentional murder of women.” There are two interesting points to note here. First, although the WHO has published several articles¹² about violence against women, none of them deal directly with the issue of femicide and its definition. Second, the challenges of conceptualization and data collection have still not been adequately addressed.

Forensic sciences focus on the collection and analysis of scientific evidence during a criminal investigation to solve cases of femicide and prosecute offenders, thus providing a scientific basis for convictions.¹³ This work requires specific and well-defined processes and variables. The literature prioritizes the victim’s demographic characteristics and relationships, the location of the killing, the place where the victim was found, the modus operandi of the killer, and the positioning of the victim’s body.¹⁴ These factors and variables must be included in the documentation of the crime investigation, as they allow conclusions to be drawn regarding the motives for murder and the identity of the perpetrator.¹⁵ The exact documentation of the crime scene can help to identify a case of femicide, rather than suicide. A woman’s death may be described as suspicious in several circumstances, for example, alleged suicide, estrangement from the partner, prior domestic violence, and the death of a woman in her own home. Rules and agreed procedures are needed for post-mortem examinations of women who have died in potentially

suspicious circumstances. Dedicated fatality review boards are also essential.¹⁶

One tool to fight this silent war against women is certainly medical-legal diagnosis, with everything that the body of a victim of femicide can reveal. Autopsies are crucial for at least two reasons. First, they can help differentiate between female homicide and femicide. In addition, the search for a formal, agreed-upon definition of femicide may be derived precisely from forensic pathology research and necropsy evidence.⁶ During the investigation process, it is particularly important to search for, document, and interpret injury patterns related to death,¹⁷ for example, when the number of injuries is more than necessary to cause death (this can occur in cases where bladed weapons and firearms are involved), or when there are signs of defeminization, dismemberment, or defense wounds. Wounds may be found in different stages of vitality or non-vitality, which indicate that even after death, the victim continued to be the object of aggression.

It is crucial to perform autopsies and write studies on cases of femicide because they make it easy to identify which anatomical districts are most affected, which weapons are most frequently used, and where the bodies of victims of femicide are most often found. In this regard, Cecchi et al.¹⁸ recently noted that in male homicides the most affected anatomical regions are the back and chest, while in femicides the regions mainly targeted are the head, breasts, pubis, and limbs. Pereira et al.¹⁹ reported that the most frequently wounded area with fatal outcomes is the thorax, followed by the head, neck, and face. In another study, Franchetti et al.²⁰ reported that the most affected body districts are the head, the extremities, the trunk, and the neck.

As mentioned previously, another data point of particular importance when it comes to femicides is the type of weapon used. Cecchi et al.¹⁸ observed that in femicides sharp instruments are prevalently used, often in association with strangulation. In another study published by Biehler-Gomez et al.,²¹ it was noted that the most frequent cause of death was sharp force trauma, followed by blunt force trauma, gunshot trauma, and asphyxia. Pereira et al.¹⁹ found that fatal injuries, in order of frequency, were due to gunshot trauma, sharp and chop trauma, and blunt trauma. Vignali et al.²² reported that most of the victims died from sharp force injuries, followed by gunshot wounds, strangulation/suffocation, blunt forces trauma, combined methods, burning, and drowning. The study by Franchetti et al.²⁰ showed that the most frequent cause of death was sharp force trauma, followed by gunshot trauma, blunt force trauma, poisoning, and asphyxiation. All the above-mentioned articles report the interesting fact that in cases where a sharp weapon is used as the murder weapon, this is more often than not a kitchen knife.

This detail clearly relates to the places where the bodies of adult victims of femicide are most frequently found.

Cecchi et al.¹⁸ reported a significant prevalence of female murders perpetrated in indoor settings. This is in line with Biehler-Gomez et al.²¹ who found that the bodies of victims were mainly found in a domestic setting, garage, or car. Other frequent places of recovery include the street, green spaces, and workplaces. Only occasionally the bodies are recovered in carparks, rivers, hotels, schools, and shops. Pereira et al.¹⁹ noted that most of the femicides included in their study occurred in private residences, usually in homes shared by the victim and perpetrator, while the rest occurred in public places, including a case that happened in the victim's workplace. Franchetti et al.²⁰ also noted that most victims were killed indoor, especially in their own homes.

Considering the current situation, there is no operational uniformity regarding femicide in Europe. The following key recommendations could have a significant impact on medico-legal activities:

- Increase the number of autopsies. Post-mortem examinations are considered important because they can provide information to help improve the quality of medical diagnosis and treatment; there is currently a general trend toward decreasing autopsy rates.
- A complete autopsy should be performed, adhering to the following basic recommendations²³:
 - Use diagnostic imaging (X-ray, computed tomography, or magnetic resonance imaging) to preliminarily identify bone injuries, as well as micro-lesions or soft tissue bleeding which could remain unacknowledged upon examination of the corpse.
 - Proceed with a detailed description of the victim's clothing, which will be searched for biological evidence.
 - Describe the external injuries in detail to attempt to determine the means used to immobilize or injure the victim; carry out genetic analysis (detection of epithelial cells) on the object(s) that may have been used by the perpetrator.
 - Take matrices suitable for toxicological analysis, with appropriate biological samples: blood, the biological reference matrix for determining the level of drug intoxication when violence was committed; but also urine, to highlight intoxication in the last 24–48 h; and other matrices such as vitreous humor, bile, gastric contents, cerebrospinal fluid, and organ fragments. The choice of matrix will be determined by the state of the corpse and the demonstrative evidence available, depending on the individual case.
 - Retrieve all possible ballistic evidence and request the respective treatment in the

corresponding laboratory if the victim has suffered gunshots.

- Collect digital fingerprints from the materials used by the attacker in cases of dismemberment, abandonment of corpses inside plastic containers, or suffocation with a bag.
- Document and date the lesions or pathophysiological processes associated with the mechanism of death when there is evidence that the victim suffered periods of agony, through histopathological investigations which also include immunohistochemical techniques.
- A complete and well-conducted autopsy assessment, including laboratory investigations, must precisely determine the mechanism of death and, above all, identify whether there is a single cause or multiple concurrent causes.
- Advise the relevant authority on the type of femicide and on the presence or absence of pathological findings that could help establish precautionary measures or lead to better understanding of the risk factors for becoming a victim of femicide, such as pregnancy, age under 18 years, inability to resist or states of impotence associated with substance use or forced immobilization, physical disability, and associated sexual violence.
- Introduce an international database of autopsy cases to avoid data loss and to ensure diagnostic classification of injuries related to sexual violence.
- Such a database already exists in the United States, providing data on femicides in the country since 1959. Data on the victim, assailant, cause of death, details, and postmortem injuries are reported in Women Count USA.²⁴
- Update training for medico-legal experts who carry out autopsy examinations on victims of violence.
- Strengthen crisis teams and the interventions of anti-violence centers that operate immediately, through experts in offenses of medico-legal interest, including sexual violence and cases of attempted femicide.

Recently, there has been an increase in the awareness of another important phenomenon: forced suicides.²⁵ Forced suicide is the extreme act of a victim of severe and repeated psychological violence inflicted by an intimate partner, who is driven to end her own life as a way of escape. For the time being, though, this notion is not yet fully accepted and recognized. Usually, when a suicide is committed, a quick police investigation is conducted. However, in all cases of female suicide, the possibility that it was the result of intimate partner violence must be systematically considered, and appropriate measures must be taken. Although countries such as Spain have begun to investigate the suicidal thoughts of women victims of domestic violence, so

far France is the only European country that recognizes this notion in its legislation. Specifically, Article 222-33-2-1 of the French Penal Code²⁶ stipulates a penalty of 10 years' imprisonment and a fine of €150,000 if harassment leads the victim to commit suicide or attempt suicide.

To curb this phenomenon, it is essential to act on several levels,²⁷ starting with the national one. At the institutional level, it is necessary to develop a data collection and processing system involving both law enforcement and forensic centers. The relevance of creating a universal database that can be easily consulted, along the lines of the one that already exists in the United States, is again emphasized. This would make it possible to constantly monitor trends in femicides, to retrieve important data and, most importantly, to identify potential risk factors. Only after fully studying and understanding the phenomenon can effective counteracting policies be introduced.

Establishing international observatories and working groups with forensic experts between the different EU Member States will be the next challenge of the 21st century, guaranteeing databases or registers in which to insert data and propose research results to counter this constantly growing dramatic phenomenon.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Author contribution(s)

Roberto Scendoni: Conceptualization; Data curation; Writing – original draft; Writing – review & editing.

Giulia Ricchezza: Visualization; Writing – review & editing.

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References

- European Institute for Gender Equality (EIGE). *Defining and identifying femicide: a literature review*. Luxembourg: Publications Office of the European Union, 2021.
- European Institute for Gender Equality (EIGE). *Femicide: Name it, count it, end it!* <https://eige.europa.eu/newsroom/news/femicide-name-it-count-it-end-it> (2021, accessed 6 May 2024).
- Russell DEH and Harnes R. *Femicide in global perspective*. New York: Teacher's College Press, 2001.
- Giorgetti A, Fais P, Giovannini E, et al. A 70-year study of femicides at the Forensic Medicine department, University of Bologna (Italy). *Forensic Sci Int* 2022; 333: 111210.
- United Nations Office on Drugs and Crime (UNODC) and United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). *Gender-related killings of women and girls (femicide/feminicide): global estimates of female intimate partner/family-related homicides in 2022*. New York: UN Women Headquarters, 2023.
- Cecchi R, Sassani M, Agugiaro G, et al. A medico-legal definition of femicide. *Leg Med (Tokyo)* 2022; 59: 102101.
- European Institute for Gender Equality (EIGE). *Providing justice to victims of femicide: country factsheets*. <https://eige.europa.eu/areas/providing-justice-victims-femicide-country-factsheets> (2021, accessed 3 January 2024).
- United Nations Office on Drugs and Crime (UNODC). *Global Study on Homicide 2019 (Vienna)*. <https://www.unodc.org/documents/data-and-analysis/gsh/Booklet1.pdf> (2019, accessed 6 May 2024).
- European Institute for Gender Equality (EIGE). *Measuring femicide in the EU and internationally: an assessment*. <https://eige.europa.eu/publications-resources/publications/measuring-femicide-eu-and-internationally-assessment> (2021, accessed 6 May 2024).
- European Data Journalism Network. *Femicides: the undeclared war on women in Europe*. https://www.europeandatajournalism.eu/cp_data_news/femicides-the-undeclared-war-on-women-in-europe/ (2023, accessed 6 May 2024).
- World Health Organization (WHO). *Understanding and addressing violence against women*. <https://www.who.int/publications/i/item/WHO-RHR-12.35> (2012, accessed 6 May 2024).
- World Health Organization (WHO). *Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women*. Geneva: World Health Organization, 2021.
- Adhia A, Kernic MA, Hemenway D, et al. Intimate partner homicide of adolescents. *JAMA Pediatr* 2019; 173(6): 571–577.
- Stein M, Schlesinger LB and Pinizzotto AJ. Necrophilia and sexual homicide. *J Forensic Sci* 2010; 55(2): 443–446.
- Fong WL, Pan CH, Lee JC, et al. Adult femicide victims in forensic autopsy in Taiwan: a 10-year retrospective study. *Forensic Sci Int* 2016; 266: 80–85.
- Bitton Y and Dayan H. The perfect murder: an exploratory study of staged murder scenes and concealed femicide. *Br J Criminol* 2019; 59(5): 1054–1075.
- Häkkinen-Nyholm H, Repo-Tiihonen E, Lindberg N, et al. Finnish sexual homicides: offence and offender characteristics. *Forensic Sci Int* 2009; 188(1–3): 125–130.
- Cecchi R, Masotti V, Sassani M, et al. Femicide and forensic pathology: proposal for a shared medico-legal methodology. *Leg Med (Tokyo)* 2023; 60: 102170.
- Pereira AR, Vieira DN and Magalhães T. Fatal intimate partner violence against women in Portugal: a forensic medical national study. *J Forensic Leg Med* 2013; 20(8): 1099–1097.
- Franchetti G, Trevissoi F, Cocchio S, et al. Intimate partner femicide (IPF): medico-legal investigation at the Institutes of Legal Medicine of Freiburg (Germany) and Padova (Italy). *Forensic Sci Int* 2024; 361: 112084.
- Biehler-Gomez L, Maggioni L, Tambuzzi S, et al. Twenty years of femicide in Milan: a retrospective medicolegal analysis. *Sci Justice J Forensic Sci Soc* 2022; 62(2): 214–220.
- Vignali G, Franceschetti L and Merzagora I. A retrospective study on femicides assessed at the Institute of Legal Medicine of Milan. Are older women at risk? *Forensic Sci Int* 2021; 325: 110890.
- Latin American Model Protocol for the investigation of gender-related killings of women (femicide/feminicide). https://eurogender.eige.europa.eu/system/files/events-files/latin_american_protocol_for_investigation_of_femicide.pdf (accessed 2 February 2024).
- Women Count USA: femicide accountability project. <https://womenscountusa.org/the-databases> (2024, accessed 6 May 2024).
- Psytel. *European Guide on Forced Suicides. Guidance systems for frontline professionals*. https://psytel.eu/PSYTEL/psy-documents/Suicides_forces/2022-SF_Eur_Guide_EN3_221228_web.pdf (2022, accessed 6 May 2024).
- French Penal Code. Article 222-33-2-1. https://www.legi-france.gouv.fr/codes/article_lc/LEGIARTI000042193490 (2020, accessed 6 May 2024).
- Analysis of death due to gender-based violence: an autopsy-based cross-sectional study from Mumbai. Seth G C Medical College & King Edward Memorial Hospital Acharya Donde Marg, Parel, Mumbai, India. <https://www.vitalstrategies.org/wp-content/uploads/Gender-Based-Violence-Cross-sectional-study-from-Mumbai.pdf> (2023, accessed 6 May 2024).