Femicide

Violence against women comprises a wide range of acts – from verbal harrasment and other forms of emotional abuse, to daily physical or sexual abuse. At the far end of the spectrum is femicide: the murder of a woman (1,2).

While our understanding of femicide is limited, we know that a large proportion of femicides are of women in violent relationships, and are committed by current or former partners (**Box 1**) (3).

BOX 1. DEFINITIONS OF FEMICIDE

Femicide is generally understood to involve intentional murder of women because they are women, but broader definitions include any killings of women or girls.

This information sheet focuses on the narrower definition commonly used in policies, laws and research: intentional murder of women.

Femicide is usually perpetrated by men, but sometimes female family members may be involved. Femicide differs from male homicide in specific ways. For example, most cases of femicide are committed by partners or ex-partners, and involve ongoing abuse in the home, threats or intimidation, sexual violence or situations where women have less power or fewer resources than their partner.

Collecting correct data on femicide is challenging, largely because in most countries, police and medical data-collection systems that document cases of homicide often do not have the necessary information or do not report the victim–perpetrator relationship or the motives for the homicide, let alone gender-related motivations for murder (4–6). However, data on the nature and prevalence of femicide are increasing worldwide, illustrated by the following findings from the literature.

Types and prevalence of femicide

Intimate femicide

Femicide committed by a current or former husband or boyfriend is known as intimate femicide or intimate partner homicide. Preliminary findings of an ongoing study by WHO and the London School of Hygiene and Tropical Medicine show that more than 35% of all murders of women globally are reported to be

committed by an intimate partner (*7*). In comparison, the same study estimates that only about 5% of all murders of men are committed by an intimate partner. Among all homicides of men and women, approximately 15% are reported to be committed by an intimate partner (*7*). These numbers are conservative, given the high amount of missing data, which is particularly concerning in non-industrialized countries.

In addition to the ratio of women and men killed by their partner, evidence also shows that women killing their male intimate partners often act in self-defence following ongoing violence and intimidation (*8*). This corresponds with findings using national statistics from Canada that women are more likely to murder their partner while they are in the relationship, while men are more likely to kill an estranged partner (*9*) and that women are more likely to kill their partner as a result of arguments or quarrels, while men are more likely to have a motivation of jealousy for killing (*10*).

One group of women who might be at increased risk of intimate partner femicide are pregnant women, as an examination of police and medical examiner records in 11 US cities showed (*11*). (For more information, see the WHO *Intimate partner violence during pregnancy* information sheet http://www.who.int/reproductivehealth/publications/violence/rhr_11_35/en/).

Not only is intimate partner femicide the most extreme consequence of intimate partner violence, it also has a strong and prolonged impact on women's surroundings. For example, surviving children of women killed by their intimate partners experience long-lasting effects, since they lose one parent to the murder, the other parent to jail, and often have to leave their parental home and adjust to a new environment in which they might be labelled as the child of the murderer (*12*). A recent study from the UK further highlighted that the partner is seldom the sole victim in cases of intimate partner femicide. Others who might also be killed include the couple's children; unrelated bystanders; people perceived as the victim's allies by the perpetrator, such as lawyers, relatives, neighbours or friends; and the victim's new partner (*13*).

Murders in the name of 'honour'

'Honour'-related murders involve a girl or woman being killed by a male or female family member for an actual or assumed sexual or behavioural transgression, including adultery, sexual intercourse or pregnancy outside marriage – or even for being raped (*14*). Often the perpetrators see this femicide as a way to protect family reputation, to follow tradition or to adhere to wrongly interpreted religious demands. Murders in the name of 'honour' may also be used to cover up cases of incest (*15*), and there are reports of people using the 'honour defence' as a way to receive community and legal acceptance of a non-'honour' murder (*5*).

There are an estimated 5000 murders in the name of 'honour' each year worldwide, although this is believed to be an underestimate (*16*). These killings occur mainly in parts of the Middle East and South Asia, but also among some migrant communities – for example, in Australia, Europe and North America. Studies have reported 'honour' killings being committed by use of firearms, axes and edged tools; through strangulation and stabbing; and by burning, forcing a woman to take poison or throwing her from a window (*6,14*).

Murders of women to 'save the family honour' are among the most tragic consequences and explicit illustrations of embedded, culturally accepted discrimination against women and girls. They are often committed with

impunity owing to widespread acceptance of the practice and legal and judicial statutes that protect the murderer (*5,17*). In some cases, the murder may be encouraged or even motivated by the wishes of other family members, including women (*14*).

In the UK and Sweden, research shows that social service and criminal justice systems have often characterized these murders as 'cultural traditions' rather than as extreme forms of violence against women. This attitude, and a general misunderstanding of the gender underpinnings of these crimes, has led to inadequate legal and social protection for girls and women who are under threat of crimes related to 'honour' in these countries (*18,19*).

Dowry-related femicide

Another form of murder of women linked to cultural practices is related to dowry. It occurs primarily in areas of the Indian subcontinent, and involves newly married women being killed by in-laws over conflicts related to dowry, such as bringing insufficient dowry to the family (*4*). The documented incidence of dowry-related deaths varies greatly. For example, in 2006 India's National Crime Records Bureau reported approximately 7600 dowry-related deaths, while other estimates put the annual figure at more than double that number. Some sources have estimated that as many as 25 000 newly married women are killed or maimed each year as a result of dowry-related violence (*4*).

According to an analysis of data from the Global Burden of Disease study, women face a higher risk of death from burns than men and burns are the seventh most common cause of death for women aged 15–44 years worldwide (*20*). This is in large part because women spend more time cooking, often over open fires. However, some fire-related deaths of young women are also believed to be related to dowry, partner or family violence, or forced suicide, particularly in south and south-east Asia. In the WHO South-East Asia Region, burns were the third most common cause of death among women aged 15–44 years (*20*). A recent analysis of 2001 data from India estimated there were 163 000 fire-related deaths, a figure six times that documented in the national crime statistics; of these 65% were among women, mostly aged 15–34 years (*21*).

Non-intimate femicide

Femicide committed by someone without an intimate relationship with the victim is known as non-intimate femicide, and femicide involving sexual aggression is sometimes referred to as sexual femicide. Such killings can be random, but there are disturbing examples of systematic murders of women, particularly in Latin America.

For example, at least 400 women have been brutally murdered during the past decade in the city of Ciudad Juárez, on the Mexico–USA border (*22,23*). In 2008, more than 700 women were murdered in Guatemala; many of these murders were preceded by brutal sexual abuse and torture (*24*). A 2009 human rights campaign reported that there had been more than 500 femicides per year in Guatemala since 2001 (*25*). In the USA, two mass school shootings in 2006 were characterized by gunmen singling out girls and female teachers (*26*). In some settings, non-intimate femicide also disproportionately affects women involved in marginalized and stigmatized professions, such as sex work and work in bars and nightclubs (*23*).

Which factors might increase or decrease the risk of femicide?

Research is starting to help clarify the factors that increase women's risk of being killed, especially by intimate partners, and those associated with an increased risk that men will perpetrate femicide. Most studies relate to intimate femicide and therefore may not apply to other forms of murder, such as those in the name of 'honour'.

The most widely used model for understanding any form of violence is the ecological model, which proposes that violence is influenced by factors operating at four levels: individual, family/relationship, community, and societal or structural (which relates to laws, policies and wider societal influences). **Table 1** outlines the risk factors at these levels for both perpetrators and victims.

TABLE 1

Examples of risk and protective factors for perpetration of and victimization related to femicide

	For perpetrating femicide	For being a victim of femicide
Risk factors	**Individual level**	
	• Unemployment[a] (*3,4,11*) • Gun ownership (especially in the USA but also in countries with high levels of gun violence, such as South Africa, and in conflict and post-conflict settings) (*3,4,11,29*) • Threats to kill with a weapon (*3,11*) • Forcing sexual intercourse on a partner (*3,11*) • Problematic alcohol use and illicit drug use[b] (*3,4*) • Mental health problems[b] (*3,30*) (especially for femicide-suicide, in which the male perpetrator kills himself after killing his female partner) (*30*)	• Pregnancy, and being abused during pregnancy[a] (*3,11,30*). This association has been found primarily in the USA but studies from a few other countries have linked intimate partner violence with maternal mortality. For example, a study from Mozambique found that violence was the fourth highest cause of maternal death at one hospital; and as much as 16% of maternal mortality was attributable to intimate partner violence in Maharashtra, India.
	Family/relationship level	
	• Prior intimate partner abuse[a] (particularly against the woman they killed) (*3,11*)	• Prior abuse by the perpetrator[a] (*32*), especially severe abuse which took place within the previous month, and when abuse was increasingly frequent[a] • Presence of a child from a previous relationship (not the biological child of the perpetrator) (*3,4,11*) • Estrangement from the partner (*3,11*) • Leaving an abusive relationship (*4,32*)
	Societal/structural level	
	• Gender inequality, including low number of women in elected government[b] (*33*) • Reductions in government social spending on areas such as health and education (i.e. government final consumption expenditure) (*33*)	
Protective factors	**Individual level**	
	• University education (versus a high school education), including when unemployed but looking for work (*11*)	• Having a separate domicile (*3*)
	Societal/structural level	
	• Increased numbers of police (*34*) • Legislation restricting access to firearms for perpetrators of intimate partner violence (*34*) • Mandated arrest for violation of restraining orders related to intimate partner violence (*34*)	

[a] Most prominent factor across studies.
[b] Evidence is equivocal or unclear.

What is the best approach to ending femicide?

Strengthen surveillance and screening of femicide and intimate partner violence

There is a need to strengthen collection and analysis of mortality data, disaggregate these data by sex and, in the case of murders, ensure documentation of the relationship between the victim and perpetrator. These data can be complemented by information from other sources (e.g. police, mortuaries, courts and medical examiners) (4).

In countries where sparse evidence is available on femicide, awareness-raising and advocacy could encourage cooperation among police, medical staff and other relevant agencies to collect and report on the victim–offender relationship and the motivation for the homicide. Steps should also be taken to develop and strengthen research methods that improve understanding of the social context of femicide, including gender inequality (4).

Train and sensitize health staff

Training and sensitization of hospital and health workers, mortuary staff and medical examiners could enable personnel to improve the documentation of cases of femicide and of the circumstances surrounding them (4). Evidence-based guidelines are needed, particularly in relation to categorization of victim–perpetrator relationships and information regarding abuse history (4).

Moreover, there is a need to improve health-care providers' capacity to identify intimate partner violence and risk of femicide. In some settings, such as the USA, studies have shown that many women accessed health services in the year prior to being killed by their partners (27). Improving detection of severe partner violence within health systems, particularly during pregnancy, has been suggested as a means of reducing the risk of femicide (11). A number of assessment tools for detecting risks for intimate partner violence and femicide have been developed in the USA. These tools would need to be tested in other settings. One of the most well tested methods is the Danger Assessment Scale, which specifically assesses the risk that a woman who seeks health care for intimate partner violence has of being killed by her partner (28).

Train and sensitize police

As with health-care providers, it would be beneficial for police and other members of the criminal justice system to receive training and sensitization to identify and document cases of femicide, including the reporting of victim–perpetrator relationships. Training for police should also include instruction related to gun removal and enforcement of gun laws in cases of family violence (3).

In conjunction with child protection services, policies and training for police could facilitate identification and support of children affected by intimate partner violence and femicide (3); and laws could ensure appropriate prosecution of perpetrators (4).

Increase prevention and intervention research

Overall, the best way to reduce femicide is by reducing intimate partner violence. Research is needed with a focus on perpetrators and potential perpetrators – for example, in relation to risk and protective factors. Studies are also needed to investigate cases of near-fatal intimate partner violence, not only

to understand the needs of survivors and characteristics of perpetrators but also to shed light on the factors that may prevent femicide (3).

In light of evidence that leaving a relationship may increase the risk of a woman being killed by her partner (11), intervention research should also report and examine potential harms of interventions and consider steps for mitigation.

Reduce gun ownership and strengthen gun laws

Studies consistently show an association between ownership of guns, particularly handguns, and perpetration of intimate femicide (29). Research from the USA has even found an association between women's acquisition of a gun for their own protection and an increased risk of intimate femicide at the hands of a partner. Women were found to be three times more likely to be murdered if there was a gun in their home (29).

There are recommendations that gun ownership be restricted for all people. More specifically however, research has found that stronger gun laws related to men previously cited for or convicted of intimate partner abuse are of particular importance in reducing rates of femicide (34).

Strengthen surveillance, research, laws and awareness of murder in the name of 'honour'

While all of the recommendations related to ending femicide also apply to settings where murder in the name of 'honour' occurs, additional measures are needed. Surveillance and research on 'honour' crimes is sparse in most countries, and legislation, where it exists, is often poorly enforced and easily circumvented. Advocacy to change laws that permit these types of crimes is essential. Advocates have reported success in raising awareness of these crimes among the public and policy-makers, by collecting and analysing available data, court cases and judges' rulings, and referencing international human rights instruments relevant to protecting women's rights (14). These measures are an important first step in countries where femicide in the name of 'honour' takes place.

There is also a need to strengthen awareness of and response to the risks of 'honour' killings in countries where such killings may be committed, including within migrant communities. Social and health workers and those in the criminal justice system require training and sensitization to identify girls and women at risk of murder related to 'honour' and men and other family members at risk of perpetrating this femicide.

References

1. Central American Human Rights Council Ombudsman. *Regional report: situation and analysis of femicide in Central American Region*. San José, Costa Rica, Central American Human Rights Council Ombudsman, 2006.
2. Sagot M. *Strengthening and organization of women and coordinated action between the state and civil society at the local level to prevent and address family violence – research protocol*. San José, Costa Rica, Pan American Health Organization, 2002.
3. Campbell J et al. Intimate partner homicide: review and implications of research and policy. *Trauma, Violence, & Abuse*, 2007, 8(3):246–69.
4. *Strengthening understanding of femicide*. Seattle, Program for Appropriate Technology in Health, 2008.
5. Patel S, Gadit AM. Karo-Kari: a form of honour killing in Pakistan. *Transcultural Psychiatry*, 2008, 45(4):683–94.

6. Nasrullah M, Haqqi S, Cummings KJ. The epidemiological patterns of honour killing of women in Pakistan. *European Journal of Public Health*, 2009, 19(2):193–97.
7. Stöckl H et al. *The global prevalence of intimate partner homicide: a systematic review.* (Forthcoming.)
8. Daly M. & Wilson M. *Homicide*. New York, Aldine De Gruyter, 1988.
9. Losing control: homicide risk in estranged and intact intimate relationships. *Homicide Studies*, 2003, 7(1):58–84.
10. Hotton T. *Spousal violence after marital separation*. Ottawa, Canadian Centre for Justice Statistics, 2001.
11. Campbell JC et al. Risk factors for femicide in abusive relationships: results from a multisite case control study. *American Journal of Public Health*, 2003, 93(7):1089–97.
12. Lewandowski L et al. 'He killed my mommy!': murder or attempted murder of a child's mother. *Journal of Family Violence*, 2004, 19:211–20.
13. Dobash RP, Dobash RE. Who died? The murder of collaterals related to intimate partner conflict. *Violence Against Women*, 2012, 18(6):662–71.
14. Khafagy F. *Honour killing in Egypt*. Cairo, UN Division for the Advancement of Women, 2005.
15. Faqir F. Intrafamily femicide in defence of honour: the case of Jordan. *Third World Quarterly*, 2001, 22(1):65–82.
16. UN. *Impunity for domestic violence, 'honour killings' cannot continue – UN official*. UN News Center, 2011, 15 February 2011.
17. UN. *Working towards the elimination of crimes against women committed in the name of honour*. United Nations General Assembly, Fifty-seventh session, A/57/169, 2002.
18. Reddy R. Gender, culture and the law: approaches to 'honour crimes' in the UK. *Feminist Legal Studies*, 2008, 16(3):305–21.
19. Schlytter A, Linell H. Girls with honour-related problems in a comparative perspective. *International Journal of Social Welfare*, 2010, 19(2):152–61.
20. Ribeiro PS et al. Priorities for women's health from the Global Burden of Disease study. *International Journal of Gynecology & Obstetrics*, 2008, 102(1):82–90.
21. Sanghavi P, Bhalla K, Das V. Fire-related deaths in India in 2001: a retrospective analysis of data. *Lancet*, 2009, 373(9671):1282–88.
22. Violence against women and girls, and sexual and reproductive rights. In: *Mexico Annual Report*. Amnesty International 2011. http://www.amnesty.org/en/region/mexico/report-2011#section-91-8 accessed 15 November 2012.
23. Latin American and Caribbean Women's Health Network. *Dying because they are women femicide/feminicide: extreme gender violence*. Latin American and Caribbean Women's Health Network, *Women's Health Journal* 2009, 1.
24. Human Rights Watch. *World report 2010 – Guatemala*. New York, NY, Human Rights Watch, 2010.
25. Stop-Femicide. *Femicide in Guatemala counts!* Richmond, VA, Stop-Femicide, 2011.
26. Herbert B. Why Aren't We Shocked? *New York Times*, 16 October 2006, A19.
27. Plichta SB. Interactions between victims of intimate partner violence against women and the health care system: policy and practice implications. *Trauma, Violence & Abuse*, 2007, 8(2):226–39.
28. Campbell J. Assessing dangerousness in domestic violence cases: history, challenges and opportunities. *Criminology & Public Policy*, 2005, 4(4):653–72.
29. Langley M. *When men murder women: an analysis of 2006 homicide data – females murdered by males in single victim/single offender incidents*. Washington, DC, Violence Policy Center, 2008.
30. Campbell JC, Abrahams N, Martin L. Perpetration of violence against intimate partners: health care implications from global data. *Canadian Medical Association Journal*, 2008, 179(6):511–12.

31. Martin SL et al. Pregnancy-associated violent deaths: the role of intimate partner violence. *Trauma, Violence & Abuse*, 2007, 135–48.
32. Block CR. How can practitioners help an abused woman lower her risk of death? *National Institute of Justice Journal*, 2003, 250:4–7.
33. Palma-Solis M, Vives-Cases C, Alvarez-Dardet C. Gender progress and government expenditure as determinants of femicide. *Annals of Epidemiology*, 2008, 18(4):322–29.
34. Zeoli AM, Webster DW. Effects of domestic violence policies, alcohol taxes and police staffing levels on intimate partner homicide in large US cities. *Injury Prevention*, 2010, 16(2):90–95.

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Further information is available through WHO publications, including:

Preventing intimate partner and sexual violence against women: taking action and generating evidence
http://whqlibdoc.who.int/publications/2010/9789241564007_eng.pdf

WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses
http://www.who.int/gender/violence/who_multicountry_study/en/

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