



Original communication

Medico legal and epidemiological aspects of femicide in a judicial district of north eastern Italy

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ARTICLE INFO

Article history:

Received 1 September 2015

Received in revised form

14 December 2015

Accepted 18 January 2016

Available online 25 January 2016

Keywords:

Femicide

Risk factors

Prevention

ABSTRACT

Femicide is the intentional killing of a woman because she is female, and often occurs when there are pre-existing relations, intimate or otherwise, between the victim and the murderer.

A retrospective epidemiological study was made of 34 female homicides recorded in a university departmental register of post-mortems, pertaining to a judicial district of about 700,000 inhabitants in north eastern Italy, during a 21-year period from January 1st 1993 to December 31st 2013.

The temporal trend, the socio-demographic characteristics of victims and perpetrators, the circumstances surrounding the crime and the risk factors for femicide were studied with the aim of identifying and developing preventive strategies.

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1. Introduction

Femicide was first mentioned by a number of European writers in the eighteenth century, but it has only received widespread media attention in recent years.^{1,2}

Although no standard or commonly accepted definitions exist, femicide is usually defined as the killing of a woman, where the victim's gender appears to be of primary importance for the perpetrator (and should be distinguished from the incidental killing of a female during robbery, brawling, war or acts of terrorism).^{3,4}

A typical feature of femicides is that there is frequently a pre-existing relationship, often of an intimate nature, between the victim and the perpetrator or a situation where the murderer knows the victim because he has observed her from a distance.⁴ According to North American publications, the male partner or ex-partner is responsible in 40–50% of cases.^{5–8}

Various scientific studies have attempted to identify the risk factors for femicide and to put forward appropriate preventive measures. Many studies were based on epidemiological research using questionnaires (e.g. the Danger Assessment and the Spousal

Assault Risk Assessment, currently also used in some Italian centres).⁴ Such questionnaires are normally used to identify risk factors for femicide and are completed at the crime scene or during hospital admission by the local health or social welfare personnel working with the victims of domestic violence.⁴

In 2012 Eures, a private Italian socio-economic research institute which maintains a homicide database, published the first research into femicides in Italy between 2000 and 2011.⁹ This research showed that 70.8% were committed in a family or relationship context with a fairly constant temporal trend over the period of time studied; in 66.3% of cases the partner or the ex-partner of the victim was the perpetrator; in many cases (41.6%) victim and perpetrator were married or co-habiting, but the number of homicides carried out by ex-husbands or ex-partners was also significant (17.6%).⁹

The aim of this work was to conduct a retrospective epidemiological study of female homicides recorded in a university departmental register of post-mortems, involving the temporal trend, the socio-demographic characteristics of victims and perpetrators and the circumstances and risk factors surrounding the crimes, in order to identify possible preventive strategies.

2. Methods

The cases of 34 female homicides recorded in the Departmental Section of Legal Medicine of the University of Udine during the period from January 1st 1993 to December 31st 2013, from a

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judicial district of almost 700,000 inhabitants in north eastern Italy, were examined.

A retrospective and descriptive statistical study of the phenomenon was carried out in order to identify: a) the temporal trend over the twenty one-year period, b) the victim's background (age, history of alcohol or drug use, nationality and occupation), c) the perpetrator's background (relationship with the victim, mental disorder, age and nationality), d) the specific circumstances surrounding the homicide (existence of known risk factors where victim and perpetrator were a couple, motive, crime setting, weapons, cases of murder-suicide).

3. Results

A total of 34 female homicides, recorded in the Departmental Section of Legal Medicine of the University of Udine during the period from January 1st 1993 to December 31st 2013, was reviewed.

A total of 51 male homicides occurred during the above time interval in the same judicial district.

3.1. Temporal trend

During 1993, 1995 and 2005 no cases of femicide were recorded, while 2009 saw the highest number ($n = 4$). The majority of femicides occurred in the second half of the period studied. Frequency was therefore fairly constant over the whole period, with only minimal variations (Fig. 1).

3.2. Socio-demographic data of victims

- Age: 9 cases of femicide involved the age group of 30–39 years (26.5%), 8 cases involved the age group of 20–29 years (23.5%), 5 cases involved the age group of 40–49 years (14.7%), 5 cases involved the age group of 60–69 years (14.7%), 3 cases involved the age group of 80–89 (8.8%), 1 case involved the age group of 0–9 (2.9%), 1 case involved the age group of 10–19 (2.9%), 1 case involved the age group of 50–59 (2.9%) and 1 case involved the age group of 70–79 (2.9%) (Fig. 2).
- Alcohol or drug use: according to the toxicological investigations carried out at autopsy, 3 victims (8.8%) had blood alcohol levels indicating inebriation, and in 1 woman (2.9%) blood analysis revealed levels of alcohol, methadone and morphine suggesting she was intoxicated.

- Nationality: 25 were Italian (73.5%), 3 were Albanian (8.8%), with one each (2.9%) of the following nationalities: Antigua, Argentinian, German, Nigerian, Romanian, Tunisian.
- Occupations: 8 retired (23.5%), 7 prostitutes (20.6%), 4 blue-collar workers (11.8%), 2 students (5.9%), 2 teachers (5.9%), 2 unemployed (5.9%), 1 white-collar worker (2.9%), 1 postwoman (2.9%), 1 janitor (2.9%), 1 legal practitioner (2.9%), 1 businesswoman (2.9%) and 1 elderly carer (2.9%). It was impossible to identify the occupation of 3 of the victims (8.8%) (Fig. 3).

3.3. Socio-demographic data of perpetrators

The perpetrators were identified in 30 cases out of 34 (88.2%). In 2 cases the same person killed 2 women and in 1 case the woman was killed by 2 different people. A total of 29 perpetrators were therefore identified [28 males (96.6%) and 1 female (3.4%)]. The main demographic features were as follows:

- Relationship with the victim: 17 women were killed by their partners (50.0%), of whom 15 were current partners (44.1%) and 2 were ex-partners (5.9%). One woman (2.9%) was killed by 2 people: her current partner and one of her relatives. Of the remaining perpetrators 3 were relatives (8.8%), 2 were brother/sister (5.9%), 2 were friends/acquaintances (5.9%), 1 was the father (2.9%), 4 were strangers (11.8%), and in 4 cases the killer was not identified by investigators (11.8%) (Fig. 4).

As regards the prostitutes, 1 was killed by a current client, 2 were killed by a new client, 1 was killed by her partner and cousin and 3 were killed by an unidentified perpetrator.

- Mental disorders: mental disorders were documented in 11 (37.9%) of the 29 perpetrators: depression in 6 (20.7%), with 1 case each (3.4%) of senile dementia and schizophrenia. 2 refused their psychiatric medication some days before committing murder and another, aged 16, killed his teacher after being told off. There were 3 cases of unspecified mental disorders (10.3%). In the other 18 cases (62.1%) no mental disorder was recorded (Fig. 5).
- Age: the age of 2 of the perpetrators (6.9%) is unknown. The majority were aged 30–39 (12 cases – 41.4%). Of the other age groups: 5 were aged 50–59 (17.2%), 3 were 80–89 (10.3%), 2 were 40–49 (6.9%), 2 were 60–69 (6.9%), and there was 1 case (3.4%) in each of the following groups: 10–19, 20–29, 70–79 (Fig. 6).

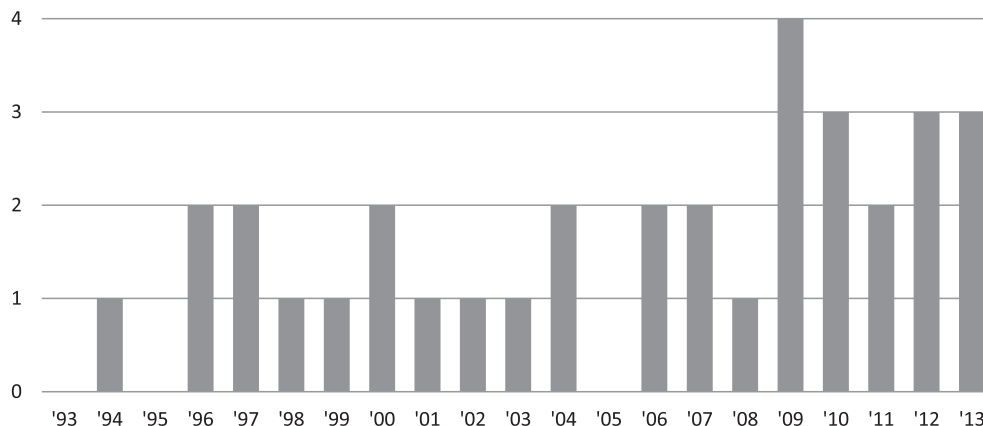


Fig. 1. Annual trend of femicides during the period 1993–2013.

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