
Title registration for a systematic review: Risk factors for femicide

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Title of the review

Risk factors for femicide: a systematic review

Background

Femicide is the killing of women, girls and baby girls because of their gender. It can be defined as the ultimate form of violence against women, which ends in the killing of a woman or women affected. In the words of sociologist Diana Russell, “killing of females by males because they are female” (Russell, 2011). The term was used in the First International Tribunal on Crimes Against Women in 1976, with the objective of emphasizing differences in the homicides of men and women. The term became frequently used in academic research, epidemiology, public health, politics, social science, law, policy making even several conceptual theories being spread throughout scientific literature. The Inter-American Court of Human Rights defined femicide as "the gender-based murder of women " (Sosa, 2017).

The term femicide is used in general for conceptualized forms of discrimination and violence against women, sometimes with government complicity and as a result of a cultural construction. Femicide was translated to Spanish as *feminicide* and it is used in Latin American countries as Mexico, Guatemala, Costa Rica, Bolivia, Chile, El Salvador, Brazil, Uruguay, Peru, Nicaragua, and Honduras for the description of cases and in law rules. Five theoretical approaches to femicide analysis have been recently reviewed: feminist, sociological, criminological, human rights and decolonial (Corradi, Marcuello-Servos, Boira, & Weil, 2016).

Femicide constitutes a violation of women's rights, particularly the right to life and life free of violence (Laurent, Platzer, Idomir, & Academic Council on the United Nations System (ACUNS), 2013). Femicide is the result of multiple and increased manifestation of violence, which are rooted in the historical unequal power relations between men and women and in the systemic gender-based discrimination, supported by social values, cultural patterns and practices (Laurent, Platzer, Idomir, & Academic Council on the United Nations System (ACUNS), 2013). Traditional societies defend men's rights of physically punishing their wives, cultural and religious justifications are part of traditional notions of proper roles of men and women, as are conceptions of women as a property (Ellsberg et al., 2000; Etienne G Krug et al., 2002).

Killing of women based on the gender is a global issue: there are cases in all countries of the world. They are tolerated, accepted, justified and most of them remain unpunished (Laurent, Platzer, Idomir, & Academic Council on the United Nations System (ACUNS), 2013). It was estimated that 60.000 women were intentionally killed per year in a violent way; it means approximately 17% of the intentional homicides in the world (Global burden of armed violence, 2011). Women are killed with firearms, knives, or brute force, depending on the circumstances of the incident, the type of perpetrator, and other contextual factors, such as the presence of firearms in the home (Global Burden of Armed Violence, 2015).

Worldwide 38% of murders of women are committed by a male intimate partner. Proportions vary widely across countries, the WHO indicates that 40–70% of female murder victims were killed by their husband or boyfriend, frequently in the context of an ongoing abusive relationship (World Health Organization, 2013). Evidence indicates that the majority of gender motivated killings of women are perpetrated by the intimate partners or close family members (United Nations Office on Drugs and Crime, 2011).

Intimate partner violence is particularly a major public health problem. Home is the most likely place for a woman to become a victim of homicide, while men are more likely to be murdered in the street or in public places (United Nations Office on Drugs and Crime, 2011). Women are often emotionally involved and economically dependent on those who victimize them contributing to the perpetuation and acceptance of violence (Ellsberg, Pena, Herrera, Liljestrand, & Winkvist, 2000; Etienne G Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Etienne G. Krug, Mercy, Dahlberg, & Zwi, 2002). Most women who are targets of physical aggression experience multiple episodes over time, usually including various types of abuse, e.g. sexual, physical, economical, moral, patrimonial and psychological abuse.

A woman's response to abuse is often limited by the options available to her, taking into account the lack of positive response of society. According to a survey carried out in Nicaragua the median period that women spent in a violent relationship was around 5 to 10 years, depending on the woman's age (Ellsberg et al., 2000). Justifications to continue in a violent relationship include fear of reprisal, lack of alternative means of economic support, concern for children, emotional dependence, a lack of support from family or friends, an abiding hope that the abusive man will change, and the stigmatization associated with being unmarried (Ellsberg et al., 2000).

Femicide has serious consequences for the family, community and for the society as a whole. In fact, all forms of violence against women have several and deep consequences. Significant evidence reveal that abusive partner relationships have a deep impact on women's health. Such impact can result in physical, sexual, reproductive, physiological, behavioural and fatal health consequences. The damage also impacts the health of women's children. They may suffer a range of behavioural and emotional disturbances and the experience of violence can be associated with perpetrating or experiencing violence later in life. Intimate partner violence has also been associated with higher rates of infant and child mortality and morbidity (United Nations General Assembly, 1993). Nearly half of abused women reported that their children were usually present during violent episodes. In fact, having children increase the risk of battering, perhaps by increasing stress or by providing more causes for marital disagreement., However, the reverse may be true as well, violence may be a risk factor for large families (Ellsberg et al., 2000).

Men are more likely to perpetrate violence if they have low education, a history of child maltreatment, exposure to domestic violence against their mothers, harmful use of alcohol, unequal gender norms, attitudes including acceptance of male violence, and a sense of entitlement over women.

As mentioned above, analysis of violence phenomena must recognize the influence of cultural factors constructed around the roles and behaviour of men and women and the diminished power of women explained by the lack of access to resources. The pursuit of a single explanatory factor is inadequate. Approximations as ecological framework/model have been applied to conceptualize violence against women integrating four levels, individual, situational/relationship, exosystem/community and macrosystem/societal factors (L. Heise, 1989; Etienne G Krug et al., 2002).

Other forms of femicide not associated with intimate partner violence are dowry deaths, female genital mutilation, accusations of sorcery/witchcraft and sex selective abortions; all of them have a gender component. Dowry is a commercial transaction that reinforces the financial dependency of women on their husband. Female genital mutilation include procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons, and do not benefit girls or women, on the contrary, can cause severe bleeding, urinary problems, cysts, infections and deaths (World Health Organization, 2018). Witchcraft-related femicide is the killing of women suspected of causing harm by supernatural means. In addition, sex selective abortions were a manifestation of the unwantedness of girl children, in addition to the neglect of these girls, leading to excess female child mortality (George, 1997).

Policy relevance

Femicide is a research priority because of fatal consequences and the protection of women's human rights. Femicide is still present in all cultures and societies. A better knowledge of the risk factors will influence the comprehension of the dynamics of femicide in different contexts around the world and will help to understand and develop intervention and prevention strategies.

Ending violence against women should be a specific target in the development agenda, reducing by half the number of femicides by 2025 (Laurent, Platzter, Idomir, & System, 2013). Very small progress has been achieved towards gender equality and empowerment of women and girls (five sustainable development goals). Currently 47% of the women who are homicide victims worldwide are still intentionally killed by an intimate partner or family member (UN Women, 2017). Several risk practices for women are currently frequent, as child marriage and female genital mutilation, that have a direct link with women vulnerability.

A systematic review about risk factors of being a victim or a perpetrator of femicide will help the collection, analysis, evaluation of the most relevant information. At the same time, it will help the femicide transfer knowledge across geographical regions.

The femicide concept is still challenging. In spite of its importance as a politic mobilization term since 1992, it has different understandings and gaps; in this sense, some authors defend that there are crimes committed exclusively by men against women (Radford & Russell, 1992;

Russell, 2011), other authors include crimes committed by women in favour of the interest of a man (World Health Organization, 2012), while others include all female homicides (Garcia, de Freitas, da Silva, & Hofelmann, 2015), but all these killings have a gender component (Meneghel & Portella, 2017). No previous work has been carried out yet about how femicide is defined by researchers, or any quantitative synthesis about important risk factors for femicide.

Objectives

To identify the risk factors for a woman to become victim of femicide.

Review questions

- What are the working definitions of femicide in the primary studies?
- Which factors are associated with a woman becoming a victim of femicide in the available studies?
- Which are the factors associated with a man who commits a femicide in the available studies?

Existing reviews

Systematic reviews about femicide were not found. However, some articles summarizing risk factors have been published, e.g. “Violence against women: an integrated, ecological framework” (L Heise, 1998) and “Intimate partner homicide review and implications of research and policy” (Campbell, Glass, Sharps, Laughon, & Bloom, 2007). This publication presents summaries of risk factors, however it was not conducted using systematic review methods and it does not evaluate the quality of the evidence. Here our interest is in exceeding this limitation and summarizing risk factors using the methodology of the systematic reviews.

Intervention/ exposition

This review is focused on the correlates of femicide. For the purpose of this review, we will use the United Nation’s definition of femicide:

The killing of women and girls because of their gender, which can take the form of, inter alia: (1) the murder of women as a result of intimate partner violence; (2) the torture and misogynist slaying of women (3) killing of women and girls in the name of “honour”; (5) targeted killing of women and girls in the context of an armed conflict; (5) dowry-related killings of women; (6) killing of women and girls because of their sexual orientation and gender identity; (7) the killing of aboriginal and indigenous women and girls because of their gender; (8) female infanticide and gender-based sex selection feticide; (9) genital mutilation related deaths; (10) accusations of witchcraft; and (11) other femicides connected with gangs, organized crime, drug dealers, human trafficking and the proliferation of small arms (United Nations, Economic and Social Council, & Commission on Crime Prevention and Criminal Justice, 2013).

Population

We will include studies that assess factors associated with being victims of femicide (women of any age) or perpetrators (men of any age).

Outcomes

Primary outcomes

- Associated factors to be victim of femicide (estimated by RR, OR or available data to calculate)
 - Associated factors for a man to commit a femicide (estimated by RR, OR or available data to calculate)
 - Definitions of femicide and feminicide used in the primary studies (including or not the gender component)
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Study designs

We will include cohort and case-control studies which include a risk measure (OR, RR), irrespective of sample size or year of publication, written in English, Spanish and Portuguese languages.

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Review authors

Lead review author: The lead author is the person who develops and co-ordinates the review team, discusses and assigns roles for individual members of the review team, liaises with the editorial base and takes responsibility for the on-going updates of the review.

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Roles and responsibilities

Monica Caicedo Roa is currently working on the theme of femicide, and has experience in the systematic review methodology. Ricardo Cordeiro is a senior researcher at UNICAMP and he has experience in violent death associated to external causes (Homicide, suicide, traffic accidents, and so on). We can contact a professional with experience in statistical analysis in systematic reviews, Professor Marcus Torentino Silva, Faculty of Medicine, Federal University of Amazonas, who can help in the analysis, but he will not be part of the systematic review team due to multiple research occupations. Finally, we will have the assistance of Mirla Bravo and Mariangela Marini, students of public health from the postgraduation program of Unicamp, in the process of reading and information data extracting.

Review team composition:

- **Content:** Monica Caicedo Roa, Ricardo Cordeiro
- **Systematic review methods:** Monica Caicedo Roa
- **Statistical analysis:** Monica Caicedo Roa, Ricardo Cordeiro, Marcus Silva
- **Information retrieval:** Monica Caicedo Roa has a certified training in systematic review search by the Cochrane Sexually Transmitted Infections (STI) Group and we will use the services offered by the trained personnel in the faculty of medical science library. They offer services related to search methods according to database requirements, enabling full text retrieval.

Funding

We do not have any support to perform the systematic review. However, Monica Caicedo holds a fellowship by the Coordination for the Improvement of Higher Education Personnel (Capes), a federal government organization that finances education and research projects. This scholarship will be available for four years and has started in April 2017.

Potential conflicts of interest

None.

Preliminary timeframe

Note, if the protocol or review is not submitted within six months and 18 months of title registration, respectively, the review area will be opened up for other authors.

- Date you plan to submit a draft protocol: 30 January 2019
- Date you plan to submit a draft review: 1 December 2019

This study identified femicide-suicide risk factors in an 11-city case-control study of femicide in the United States. Perpetrator, victim, relationship, and incident characteristics are... The killing of women by men who then take their own lives (femicide-suicide) is the most common form of homicide-suicide. This study identified femicide-suicide risk factors in an 11-city case-control study of femicide in the United States. Perpetrator, victim, relationship, and incident characteristics were analyzed for femicide-suicide cases (n = 67) and controls (n = 356, women living in the community with nonfatal physical abuse) using logistic regression modeling. Descriptions of risk factors for outbreaks are often non-specific and not easily generalisable to similar situations. This review attempts to capture relevant evidence and explore whether it is possible to better generalise the role of risk factors and risk factor cascades these factors may form.

Methods A systematic search of the key databases and websites was conducted. In order to capture all risk factors and risk factor mechanisms that might not have been labelled risk factors or been mentioned as a side note, we decided to not include terms for risk factors in our search strategy. However, they were applied as an inclusion criterion. A search for systematic reviews and meta-analyses discussing any of the ten included risk factors for breast cancer was carried out in November 2005. The search was run on the Medline and Embase databases, the Cochrane Database of Systematic Reviews, the DARE and HTA databases. The results from this process established the date range for the individual risk factor searches that followed i.e. primary studies were sought only for years not already covered by satisfactory systematic reviews. There was enough recent information from systematic reviews to cover one of the risk factors... Risk factors that increase the likelihood of intimate partner femicide include: when a male has previously threatened to commit suicide or kill the woman if she cheats on him and/or leaves him, when there is elevated alcohol or drug abuse by either partner, or when a male attempts to control a woman's freedom. Risk factors for women include: if they are pregnant, have faced prior abuse from their partner, are estranged from their partner or are attempting to leave a relationship, their likelihood of femicide increases.[24] The presence of firearms within a home is a large factor in intimate partner femicide, and worldwide firearms are used in one-third of all femicides.[32].