

Rev Mex Med Forense, 2019, 4(3):51-61 ISSN: 2448-8011

# Feminicide and Feminicide followed by suicide Review Article

Guerra Rosas, Ana Laura <sup>1</sup>; Cabrera Castillo, Manuela <sup>2</sup>

Received: December 15, 2018, Accepted: March 5, 2019, Published: September 15, 2019

- <sup>1</sup> Bachelor of Psychology, Master of Forensic Medicine, Institute of Forensic Medicine, Universidad Veracruzana
- 2 Bachelor of Psychology, Master in Health System Administration, Universidad Veracruzana

Corresponding author: Ana Laura Guerra Rosas, psic.laura.guerra@icloud.com

## **SUMMARY**

Women homicides, followed by suicide, are a problem that is not very visible; reviewing international literature, it is clear that most cases have the characteristics and criteria to be

considered feminicide. In this review, we analyzed four key conceptualizations to understand this situation: feminicide, suicide, homicide / suicide and feminicide followed by suicide; we analyzed femincide motivations, vulnerable population and the potential victimizers.

### INTRODUCTION

In recent years, the number of murdered women has increased drastically; however, the continuous and parallel increase in other forms of violence has led to the concealment of this fact (Castañeda, 2012).

Femicide is the social violence exerted against women; it implies ignorance, silence, invisibility and devaluation (Carosio, 2013). It is a consequence of being a product of the behaviors allowed in the society where they occur; not only is the person who commits the crime responsible, but also the society that allows it.

Murdered women are in a social dynamic where violence spreads daily; it is a part of the fundamental institutions of company and integration such as family, church, school, state and work; it allows interactions with a stereotyped vision, where the different forms of violence are minimized and naturalized with a feminine judgment (Arteaga, 2010).

Violence affects women and not only victims of feminicide; women who have received long-term violence have shown high levels of anxiety, depression and post-traumatic stress, as well as a tendency to consume substances and suicidal behavior (Palomar, 2016).

Suicide is also a social problem, in which the person ends his life due to insufficient motivation; above all, in many cases it is seen as a definitive response to their suffering. This in turn is related to homicide / suicide, in which the perpetrator ends the life of another person,

having several connotations and links with that person.

## **Feminicide**

Victims of feminicidal violence are alone in most cases; they are mostly without stable or healthy social networks to guide or advise them; even, family and friends are unaware of the situation in which they are immersed; in cases where support is sought within institutions, they do not act on time (Bejarano, 2014).

Tecla (2009) emphasizes violence as a learned element, largely dismissing the innate question, as it is the product of relationships and circumstances in which it can be modified. Violence against women is related to the expected subordination for this gender, with a root in traditions; men are placed above women, which fosters relations of power and aggressiveness (Carosio, 2013; Echarri, 2016).

Those responsible for this violence camouflaging often unnoticed, go themselves with a positive image of father and husband, which allows for the isolation and guilt of the victim; generally, the death of women is the last step of a long path of niches of aggression that over the years is occurring in their private spaces, hiddening their important affective relationships. The family is one of the most important factors for the victim to have both positive and negative progress; it is the fundamental support group (Castellano, 2004).

## Classification of feminicidal violence

There are different typologies to categorize the areas where femicides occur; we will mention the relationship between the victim and the perpetrator, taking into account the main common factor: the killing of women is carried out with intention (Iribarne, 2015, Carosio, 2013, Arteaga, 2010).

**Intimate Femicide** It occurs when it seeks to cancel the sentimental subjectivity that the victimizer grants to the woman; it destroys the self-sufficiency and the competence of the couple over the trajectory of the love relationship. It is the murder committed by a man who had a relationship with the victim, whether sentimental or intimate: it also includes the cases of "friends" who kill the woman for refusing to enter into a relationship with them. One of the important characteristics is the need to show anger, largely due to rejection; perpetrators usually place messages about the feelings they have for the victim; Another situation is when the woman tries to end a relationship.

## Feminicide Family or intrafamiliar.

Death is produced within a bond of kinship, which may be of descent, relationship or adoption; there are occasions where the relationship is over, but the ex-partner returns and continues to use violence, despite not having more ties; in many cases they are "honor crimes", women who are sexually active before marriage or who were raped, which generates a punishment on the part of their family.

**Feminicide Children.** It is committed against young girls or those who do not have the intellectual capacity; these girls

can be daughters or collateral up to fourth degree, who maintain an affective or protective relationship with the victimizer; involves the security and authority provided by the difference in age.

Feminicides perpetrated by other acquaintances. These are friends of the family or the victim, male colleagues, male figures of authority, acquaintances or dating (non-sexual).

Feminicide not intimate. It is one that is performed by a victimizer who had no pre-existing relationship; in many cases, a sexual assault leads to the murder of the woman by an unknown man with whom the victim did not have any kind of relationship

Of possession. Its purpose is to use and produce torture to the victim, before causing death; its purpose is not, to a large extent, sexual rape but rather seeks to eradicate the woman's opportunity for resistance and to highlight the power of those responsible in the body of the victim; they are committed mainly by gangs, gangs or groups against women who live around their meeting point or even know them previously; With this type of violence, the superiority of aggressors is emphasized through torture.

By Connection. The victim is the result of being in proximity to another woman who is being assaulted and her death is the result of defending or trying to help her; maybe women shared affective bonds, consanguinity or outsiders who tried to help.

## Femicide for Stigmatized Occupations.

Femicides are murders of women because they are women; in this case, the stigma is added to their work activity; victims work in places where their occupation makes them more vulnerable, such as sex workers, waitresses or dancers; they are attacked to a great extent by the occupation they perform and the added vulnerable sense. In this case the perpetrator murders the woman motivated by hatred and misogyny caused by the woman's work; in addition, in these cases there is a high justification on the part of the murderers and society to standardize comments of the type "it deserved it", "she looked for it".

**Femicide for Traffic or Traffic.** The murder is found in a woman deprived of her freedom and subjected to nonconsensual practices.

**Lesbofóbico** and Transpóbico Feminicide. The victims are violated from two fronts, their gender and their sexual orientation.

**Feminicide by Sexual Mutilation.** Death is the result of the practice of genital mutilation.

**Racist Feminicide.** The perpetrators kill women because of the aversion generated by their ethnic or racial origin.

Femicide, in everyday life, is fundamentally due to the presentation of at least two processes (Arteaga, 2010):

It arises with the limitation in living conditions, especially in urban areas; this fosters the development of an economy based on women as a support element; it is influenced by the inadequacy of salaries and the limitation of social protections, which causes women to need work; this breaks with the idea that man is the only provider of the family.

Secondly, there is an evolution of exercise of female sexuality based on the disposition of women about their life and body; the displacement of the original centrality of man as an element of economic stability provokes a crisis of patriarchal gender schemes; this is opposed to the construct based on decades of aging.

Sanz-Barbero et al (2016)established three risk factors for femicide. which depend on the circles in which the couple intervenes. Among the individual risk factors are: being an immigrant, belonging to a racial or ethical minority, having an unemployed partner or expartner, abusing substances (alcohol or drugs), etc. Among the relational risk factors are concubinage, daily coexistence with children of unions that do not share blood ties with both, decision to be separated by the woman, history of violence by the couple, violence in pregnancy, disputes for jealousy and wide age difference in the couple. Finally, among the community risk factors we have the little disposition and response of the legal procedures that protect women.

The murders of women manifest the oppression of gender as well as the disparity in relations between men and women; the domain, fear and violence realized and allowed by society stand out; gender violence has great social and economic repercussions for the members of the community and not only for women; high levels of violence in the community deeply mark the society since they demonstrate the limitations in the lives of the people who live there (Fragoso, 2000).

## Femicide as an increasing element

Femicides are highly related to the degree of tolerance that the population manifests, as well as the level of violence present at that moment (Fragoso, 2000).

Despite the knowledge of these events, many media refuse to use the term "feminicide", ignoring the need to show and make evident this type of homicide (López, 2017). On the contrary, the use of the term is maximized, giving the idea of being attended (Katzensteiner, 2011).

It is common for femicides to be forgotten and remain impune as a consequence of the lack of investigation, largely due to the lack of diligence; many of the violent deaths of women are not investigated in depth because of the possibility that they are feminicides (Echarri, 2016). It is very possible that this is due to the lack of sanctions against public servants, which has led to the absence of investigations either due to omission or overreaching of their functions (Castañeda, 2012).

Taking into account that many of the corpses of women are reported as unknown, this gives the perpetrator the certainty that it is almost impossible to be held responsible for his crime; the anonymity of women allows the aggressor and society to reify and dehumanize the victims through the exercise of greater power and control over women (Fragoso, 2000).

## Suicide

Historically, most of the writings that talk about suicide focus on the feeling of loss that reflects the degree of tolerance regarding this phenomenon, which goes from the criminalization and criminalization of the fact, to its idealization in certain situations seen as heroic acts. For example, Rosado et al (2014) tell us about the consideration in Greece, being unacceptable due to the fact of putting an end to one's life; on the other

hand, it was accepted as long as it was motivated by acts of heroism, loving abandonment or terminal illness.

Fernández (2016) and Rosado et al (2012) established the risk factors that facilitate suicide; they are defined as the elements by which the level of suicidal risk increases; they are grouped into three spheres: individual, social environmental; they are modifiable in the cases of social, psychological and psychopathological spheres and unmodifiable when they are related to the subject or his social group; almong the individual sphere are mental disorders such as major depression, anxiety eating disorders, behavior disorders, substance abuse and personality disorders; psychological factors, such as impulsivity, feelings of personal failure, difficulty solving problems, thoughts of helplessness, perfectionism, hopelessness and cognitive rigidity; previous suicide attempts and suicidal ideation, age; Family and contextual factors that include family history of suicide, socio-family and environmental factors (lack of sociofamily support, low socioeconomic status, educational or lack of employment), stressful life events or feeling of loss (divorce, grief for work or conflicts in their interpersonal relationships), suicide in the environment, history of physical abuse or sexual abuse; precipitating factors are stressful life events, easy access to weapons or medications, harassment or substance abuse.

There are factors that reduce the risk of suicide; among them we find a protective environment, availability of help and possibility of asking for support, spirituality, sense of responsibility for the welfare of other people, hope or future plans, fear of social disapproval.

## **Demands of the male gender role**

As children, males are categorized as the main producers; their gratification and self-esteem come from the external environment, so that they are contained in sphere, affective limiting expression of their emotions and feelings; their liberties, talents and ambitions are enhanced, so that work is a defining element of them, which includes their highest priority and reduces the desire to search for something else (Ferrer, 2013). It is not surprising then that the absence of a stable job is a precipitating factor; taking into account the low possibility of expressing feelings and emotional regrets, this makes it express in the socially established way; with violence and anger as a form of response and expression.

Men usually receive less attention to their needs and mental illnesses; in addition, the feeling of melancholy is seen as a sign of weakness, for the requirement to be the strongest sex, making it very reluctant to seek medical attention and especially not to recognize the disease depression to say one- for being something belonging to the stereotype of the woman (Cheyenne, 2007; Rosado, 2014). This is related to the sexist stereotypes that limit the exercise of women, but also of men, when pressured by society; a male role is evaluating their required, behavior, behavior and rejection if their behavior is not approved (Antúnez, 2016).

Addis (2011) stipulated a situation of lack of protection linked to men who are silent when they feel vulnerable due to non-compliance with the demands of their gender role. It can reach a maximum form of violence, such as homicide.

## Homicide followed by suicide

Homicide followed by suicide (homicide / suicide) conceptually is violent death followed by the suicide of the perpetrator within the first 24 hours; although in practice this is usually consecutive without much intermediate time (Antúnez, 2016).

Considering that the practice of homicide-suicide is uncommon, it is very likely that it exists as a result of the murder of a person with whom one had an intimate relationship (Dawson, 2005).

The homicidal act as such has a multitude of social factors, which include stress, alcoholism, family violence and child abuse as a recurrent element (Delgado, 1993). The main perpetrators are young men with intense cellopathy, depressed mothers or desperate old people. Normal homicides without suicide are usually carried out by men and the victims are also men (Ramírez, 2012). But when later suicide is involved, the main victims are women murdered by husbands, close friends or relatives (Castaño, 2009). In the case of men, it is more frequent that the method is with firearms, while in women it differs from the population and the elements to which it has access (Grupta, 2008).

Social maladjustment, frustration, poverty of personal achievement and loss of self-esteem contribute to the people who commit homicide-suicide having a negative perception of them, of their life; so that death is a better alternative to survival (Castaño, 2009).

Homicide can cause certain phenomena (Castaño, 2009): The couple is murdered as an act of extreme violence as

a result of rabies or paranoia. They are cases in which a conventional homicide is carried out and the murderer, fearing to be discovered and imprisoned, commits suicide. On other occasions, suicide occurs when the person is arrested or during the trial. Other situations are terrorist acts, where the perpetrators die with a byproduct of the homicidal act.

## Type of homicide followed by suicide

Coello makes an adaptation of the Marzuk classification, establishing three categories:

- a) Wife-consort. It is subdivided into a possessive type (related to the abuse of one of the partners or both, until the limits of tolerance are reached) and type of illness of the consort (the greeting of one or both of them deteriorates and the main stressor is the physical inability on the part of one of them to face loneliness or an uncertain future).
- b) Family The victim is one of the members of the family; it includes the filicide subtype (death of a child as a result of the aggression of one of its parents), the familicide subtype (it includes the parents or mothers who murder their son, wife or pet) and the subtype of the adult family member (when the perpetrator murders the family and all members older than 16 years).
- c) Extrafamiliar. Those involved have no relationship of kinship; it is frequent among friends, colleagues or acquaintances; an example is the case of adolescents acting for revenge or adults with terrorist actions.

## Feminicide followed by suicide

Most publications on homicide followed by suicide address homicide as a type of family or domestic violence; however, in most cases it should be conceptualized as feminicide (González, 2018, Richards, 2013, Liem, 2010).

Frequently, the feminicide is a person close to the victim, with whom she maintained an affective relationship accompanied by violence; in many cases, the responsibility is assigned to the woman, stating that she is responsible for the acts of the victimizer.

Femicide followed by suicide follows the same timeline as homicide followed by suicide: suicide occurs in the next 24 hours, although Matthews (2008) mentions that it can occur up to a week later. Men commit suicide after murdering their partner; it is often done with the same object used to kill, and usually do not leave explanatory notes (Echeburúa, 2009). Many of them are carried out with firearms, which are also used for subsequent suicide (Dias de Castro, 2009, Logan, 2008, Saint-Martin, 2008, Barber, 2008).

Echeburúa (2009) considers that the risk of femicide increases when the perpetrator maintains a violent lifestyle, with poor mental health; if the victim is perceived as vulnerable, the risk increases when there are interactions with high stress. The high point for a woman's physical health is the moment she starts the separation; it is when the man realizes that the term of the relationship is inevitable (Fernández, 2013).

The risk increases when there is a history of physical violence, there has been aggression or intimidation with firearms, if the couple does not accept the end of the relationship, if they conduct abuse, if they suspect infidelity, a history of alcoholism or there are psychopathological alterations (jealousy, impulsiveness, emotional dependence, depression) (Dubugras, 2007). Perpetrators frequently have a history of aggression against previous couples or people close to their social circle (friends, neighbors or co-workers).

Homicidal men to a large extent show an emotional dependence on their partner; they show clear examples of being obsessed, in addition to not being able to understand or accept the love break. Miller (1996) states that the ability of males to produce harm is validated at the social and individual level. So being at a certain level in society gives you the opportunity and status to exercise violence. However, they establish that women exercise acts of violence with the same frequency as men, even to a greater extent, but with less damage, which makes them more victims than victimizers (Moral de la Rubia, 2016).

The cognition process starts with a fixed idea; part of obsessive and persevering thoughts, showing an almost hecatombite perception to the love breakdown and the woman's blame; besides, man does not perceive optimism in the future. The final result of the violence process in this case is feminicide, as an explosive behavior, after the event where the perpetrator feels flooded by the situation; he does not have the capacity at that moment to articulate a solution (Echeburúa, 2009).

## REFERENCES

- Antúnez, J. (2016). Una forma extrem de violencia de género. Revista de Psicoterapia Psicoanalítica, 113-127.
- Arteaga-Botello, N., & Valdés-Figueroa, J. (2010). Contextos socioculturales de los feminicidios en el Estado de México: nuevas subjetividades femeninas. Revista Mexicana de Sociología, 5-35.
- 3. Barber, C. W., Azrael, D., Hemenway, D., Olson, L. M., Nie, C., Schaechter, J., & Walsh, S. (2008). Suicides and Suicide Attempts Following Homicide: Victim—Suspect Relationship, Weapon Type, and Presence of Antidepressants. Homicide studies, 285-297.
- 4. Bejarano-Celaya, M. (2014). El feminicidio es sólo la punta del iceberg. Región y sociedad, 13-47.
- 5. Carosio, A. (2013). Feminicidio: morir por ser mujer. Revista Sujeto, Subjetividad y Cultura, 68-73.
- 6. Castañeda-Salgado, M. P., Ravelo-Blancas, P., & Pérez-Vázquez, T. (2012). Feminicidio y violencia de género en México: omisiones del Estado y exigencia civil de justicia. Iztapalapa: Revista de Ciencias Sociales y Humanidades, 11-39.
- 7. Castaño-Henao, B. L. (2009). Filicidio-suicidio. Colombia: Instituto Nacional de Medicina Legal y Ciencias Forenses.
- 8. Castellano-Arroyo, M., Lachica-López, E., Molina-Rodríguez, A., & Villanueva-de la Torre, H. (2004). Violencia contra la mujer. El perfil del agresor: criterios de valoración del riesgo. Cuadernos de Medicina Forense, 15-28.
- 9. Cheyenne-Verite, C. (2007). México, tierra donde se cultiva el femincidio. Entre textos, 1-7.
- Coello-Hidalgo, J. E. (2014).
   Caracterización epidemiológica de las muertes por el fenómeno de

- homcidio-suicidio en Bógota entre los años 2007-2012. Bogotá: Universidad Nacional de Colombia.
- 11. Dawson, M. (2005). Intimate femicide followed by suicide: examining t he role of premeditation. Suicide and life-theatening behavior, 76-90.
- 12. Delgado, S., Rodríguez-Pulido, F., & González de Rivera, J. L. (1993). La metodología en el estudio psiquiatrico de los homicidios. En J. L. González de Rivera Revuelta, F. Rodríguez-Pulido, & A. Sierra-López, El método epidemiológico en Salud Mental (págs. 307-318). Barcelona: Masson-Salvat.
- Dias de Castro-Bins, H., Döler, C., & Teitelbaum, P. O. (2009). Homicide followed by suicide: case report. Revista de Psiquiatria do Rio Grande do Sul, 128-131.
- Dubugras-Sá, S., & Guevara-Werlang, B. S. (2007). Homicidio seguido de suicidio. Universitas Psychologica, 231-244.
- Dubugras-Sá, S., & Guevara-Werlang, B. S. (s.f.). Homicidio seguido de suicidio. Universitas Psychologica.
- Echarri-Cánovas, C. J. (2016). La violencia feminicida en México. México: INMUJERES.
- Echeburúa, E., & De Corral, P. (2009). El homicidio en la relación de pareja: un análisis psicológico. Eguzkilore, 139-150.
- Fernández-Domaica. (2016). El suicidio: una perspectiva criminológica. Zientzia Kriminologikoen Aldizkari Elektronikoa/Revista Electrónica de Ciencias Criminológicas, 1-63.
- Fernández-Teruelo, J. G. (2013).
   Riesgo de femincidio de género en situaciones de ruptura de la relación de pareja. Estudios penales y criminológos, 149-173.
- Ferrer-Pérez, V., & Bosch-Fiol, E. (2013). Del amor romántico a la violencia de género. Para una coeducación emocional en la agenda

- educativa. Profesorado: Revista de currículum y formación del profesorado, 2013.
- 21. Fragoso-Monárrez, J. E. (2000). La cultura del feminicidio. Frontera Norte. 87-117.
- 22. Gómez, A. (2012). Evaluacipo del riesgo de suicidio: enfoque actualizado. Revista Medica Clínica Condes, 607-615.
- 23. González, J. L., Garrido, M. J., López, J. J., Muñoz, J. M., Arribas, A., Carbajosa, P., & Ballano, E. (2018). Revisión pormenorizada de homicidios de mueres en relaciones de pareja en España. Anuario de Psicología Jurídica, 28-38.
- 24. Grupta, B. D., & Gambhir-Singh, O. (2008). A unique trend of murder—suicide in the Jamnagar region of Gujarat, India (A retrospective study of 5 years). Journal of Forensic and Legal Medicine, 250–255.
- 25. Iribarne, M. (2015). Feminicidio en México. Economía: revista en Cultura de la Legalidad, 205-223.
- 26. Katzensteiner , E. (2011). Die Wirkungskraft des Konzeptes feminicidio im allgemeinen Gewaltkontext im Norden Mexikos. Am Beispiel der Städte Ciudad Juárez und Monterrey. Viena: Universität Wien.
- 27. Liem, M. (2009). Homicide followed by suicide. Agression and violent behavior, 153-160.
- Liem, M., Barber, C., Markwalder, N., Killias, M., & Nieuwbeerta. (2010). Homicide–suicide and other violent deaths: An international comparison. Forensic Science International, 70-76.
- 29. Logan, J., Hill, H. A., Lyngerg-Negro, M., Crosby, A. E., Karch, D. L., Barnes, J. D., & Lubell, K. M. (2008). Characteristics of Perpetrators in Homicide-Followed-by-Suicide Incidents: National Violent Death Reporting System—17 US States, 2003–2005. American Journal of Epidemiology, 1056-1064.

- López-Triana, S. (2017). Eres mía y no serás de nadie más: discursos en torno a los feminicidios en el periódico El tiempo 2010-2016. Bogotá: Universidad Nacional de Colombia.
- 31. Matthews, S., Abrahams, N., Jewkes, R., Martin, L. J., Lombard, C., & Vetten, L. (2008). Intimate femicide—suicide in South Africa: a cross-sectional study. Bulletin of the World Health Organization, 552-559.
- 32. Moral de la Rubia, J., & Ramos-Basurto, S. (2016). Machismo, victimización y perpretación en mujeres y hombres mexicanos. Estudios sobre las Cultruras Comntemporáneas, 37-66.
- 33. Oblitas-Béjar, B. (2009). Machismo y violencia contra la mujer. Investigaciones sociales, 301-322.
- 34. Palomar-Ciria, N., Fernández-Rodríguez|, A. N., Rodríguez-Albarrán, M. S., Casa, J. D., & Bello, H. J. (2016). Valoración forense del riesgo psicológico inicial en víctimas de violencia de género. Cuaderno de Medicina Forense, 64-72.
- 35. Pinos, G., & Ávila, J. (2012). El feminicidio: la manifestación mortal de la violencia contra la mujer.

- Maskana: Dirección de Investigación de la Universidad de Cuenca, 19-30.
- 36. Ramírez de Alba, L., Solís, L., & De Buen, N. (2012). Indicadores de v'citimas visibles e invisbles de homicidio. Ciudad de México: México evalúa: Centro de análisis de políticas públicas.
- Richards, T. N., Kirkland-Gillespie, L., & Smith, D. (2013). An examination of the media portrayal of feminicide-suicides: an exploratory frame analysis. Feminist criminology, 1-21.
- 38. Rosado-Millán, M., García-García, F., Alfeo-Álvarez, J. C., & Rodríguez-Rosado, J. (2014). El suicidio masculino: una cuestión de género. Prisma social: revista de ciencias sociales, 433-491.
- 39. Saint-Martin, P., Bouyssy, M., & O'Byrne, P. (2008). Homicide-suicide in Tours, France (2000–2005) description of 10 cases and a review of the literature. Journal of Forensic and Legal Medicine, 104-109.
- Sanz-Barbero, B., Heras-Mosterio, J., Otero-García, L., & Vives-Cases, C. (2016). Perfil sociodemográfico del feminicidio en España y su relación con las denuncias por violencia de pareja. Gaceta sanitaria, 273-278.



Revista Mexicana de Medicina Forense v Ciencias de la Salud