



Latin American Model Protocol for  
the investigation of gender-related  
killings of women  
(femicide/feminicide)



# **LATIN AMERICAN MODEL PROTOCOL FOR THE INVESTIGATION OF GENDER- RELATED KILLINGS OF WOMEN (Femicide / Feminicide)**

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**WE ONLY SEE WHAT**

**WE LOOK,**



**WE LOOK ONLY WHAT  
WE HAVE IN OUR MIND**

Alphonse Bertillon, XIX c

**What do we need to be succesful in  
a femicide invetigation?**

**Considering that we don't know  
that the case is a femicide**

- . Suspect**
- . Knowledge**
- . Professional attitude**
- . Cooperation / Coordination**
  - . Multidiciplinary**
  - . Different phases**

# **FEMICIDE**



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graph TD; A[FEMICIDE] --> B[KILLING OF A WOMAN]; A --> C[GENDER-RELATED MOTIVATION]; C --> B; B --> D[". Body<br/>. Circumstances<br/>. History"]
```

The diagram is a flowchart on a blue background. At the top center is a red box with the word 'FEMICIDE' in white. Two white arrows point down from this box to two white boxes below it. The left white box contains the text 'KILLING OF A WOMAN' and the right white box contains 'GENDER-RELATED MOTIVATION'. A yellow arrow points from the right box to the left box. Below the left box, a yellow arrow points down to a yellow box containing a bulleted list: '. Body', '. Circumstances', and '. History'.

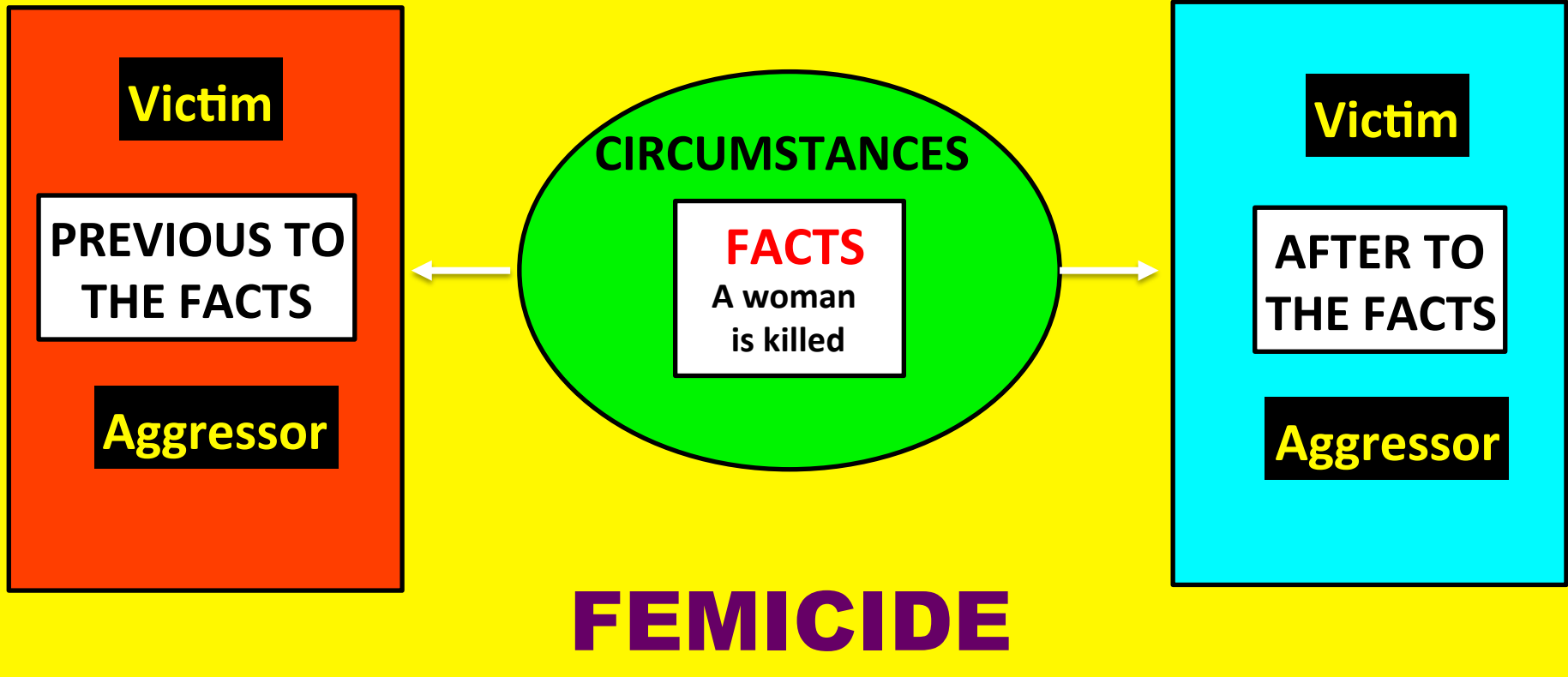
**KILLING OF  
A WOMAN**

**GENDER-RELATED  
MOTIVATION**

- . Body**
- . Circumstances**
- . History**

# FEMICIDE

## INVESTIGATION



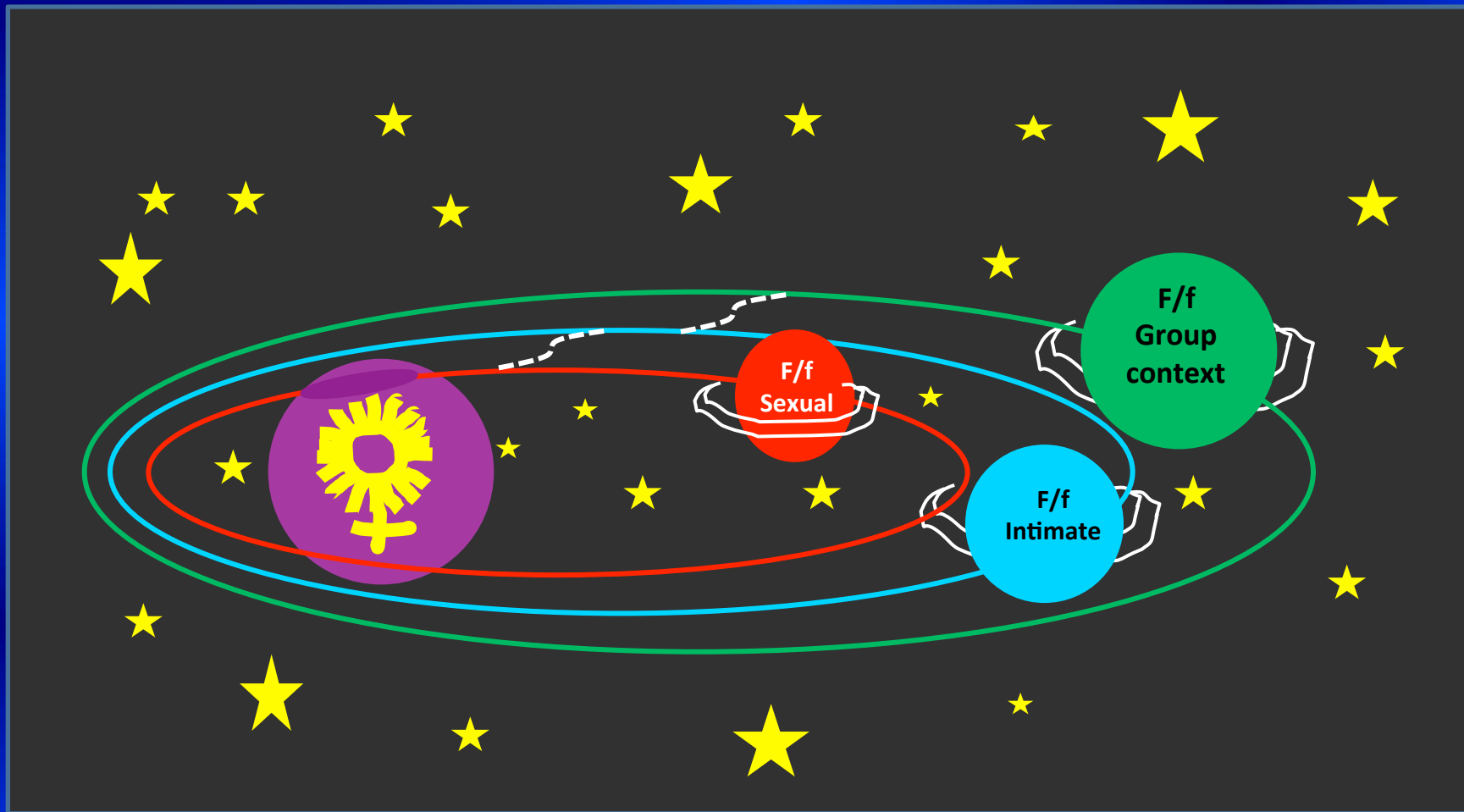


## Latin American Model Protocol for the investigation of gender-related killings of women (femicide/feminicide)



*Regional Office for Central America*





## THE "UNIVERSE" OF FEMICIDE

Gender motivated  
Moral crime  
Hate / emotional behaviour

# **GENDER PERSPECTIVE**



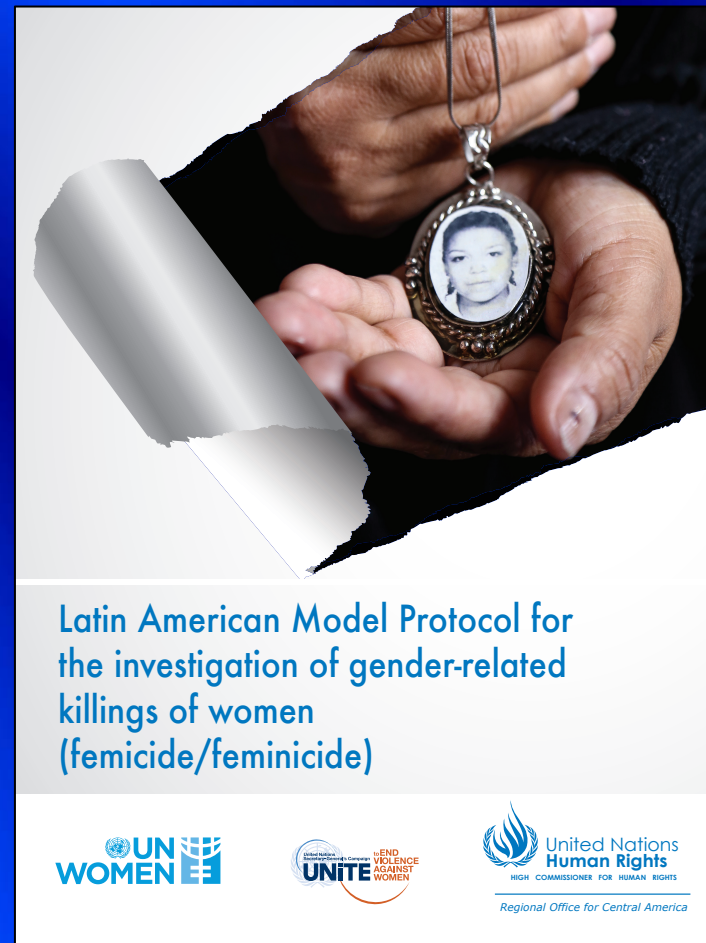
**FEMICIDE**



1. F/f INTIMATE / FAMILY
2. F/f SEXUAL
3. F/f GROUP CONTEXT

1. Criminal deaths
2. Violent deaths under suspect
3. Suicides

1. Autopsy
2. Crime scene
3. Circumstances around the facts
4. Victim
5. Aggressor



1. To apply the standar procedures of criminal investigation
2. To use the Latin American model of protocol to investigate femicides

**Table 6. Signs and indicators associated with intimate femicides**

<b>AUTOPSY</b>	<b>CRIME SCENE</b>	<b>CIRCUMSTANCES</b>	<b>VICTIM</b>	<b>PERPETRATOR</b>
Excessive violence.	Cohabitation; most frequent place: the home.	Separation or divorce.	Prior violence in the relationship: semi-structured interview of surroundings (Annex 2).	Prior violence in the relationship: semi-structured interview (Annex 3).
Most injuries located in vital zones.	Signs of aggression and symbolic violence.	Colder and more emotionally distant aggressors act when they reach the “point of no return” upon confirming that the woman will not return to them after a separation.	Psychological autopsy.	Existence of elements associated with gender-based violence.
Great intensity and force in the strikes and application of the homicidal weapon.	No cohabitation; most frequent place: the victim’s or the aggressor’s residence.	Prior reports of gender-based violence.	Physical consequences and changes caused by gender-based violence.	Behavior after the crime: voluntary submission to authorities, suicide or attempt.
More than one homicidal method.	Other places: public spaces related to daily routine.	Problems related to child custody or finances.	Psychological consequences and changes caused by gender-based violence.	Presence of elements identified as femicide/feminicide risk factors in gender-based violence.
Hands as a direct homicidal method.	No effort to hide from possible witnesses.		Situation and health of the children. Possible impacts from gender-based violence.	
Injuries from different dates.				

**Table 8. Risk factors associated with sexual femicides**

Factors described by Malamuth and others. <sup>211</sup>	<ul style="list-style-type: none"> <li>- Having grown up in families where violence was present.</li> <li>- Victims of abuse during childhood.</li> <li>- Participation in criminal conduct, himself or his friends.</li> <li>- Having ran away from home for more than 24 hours.</li> <li>- Sexual promiscuity, related with two elements: <ul style="list-style-type: none"> <li>- Age of first sexual encounter.</li> <li>- Number of sexual partners.</li> </ul> </li> <li>- Difficulty relating socially.</li> <li>- Hostile masculinity: <ul style="list-style-type: none"> <li>- Negative masculinity assuming rigid stereotypes associated to power, the use of force and violence, etc.</li> <li>- Hostility toward women.</li> </ul> </li> <li>- Attitudes related to: <ul style="list-style-type: none"> <li>- Contradictory ideas about sexuality.</li> <li>- Accepting the myths about rape.</li> <li>- Accepting violence against women.</li> </ul> </li> </ul>
Sexual offender recidivism risk <sup>212</sup>	<ul style="list-style-type: none"> <li>- Early sexual activity.</li> <li>- Sexual aggression against minors.</li> <li>- Background of other sexual aggressions.</li> <li>- Antisocial personality.</li> <li>- Recourse to violence in general and having committed other aggressions.</li> <li>- Never having married.</li> <li>- Abandoning treatment and therapy directed at addressing his conduct.</li> </ul>
Static-99 <sup>213</sup>	<ul style="list-style-type: none"> <li>- Having carried out aggressions against men.</li> <li>- Married or having cohabitated with a partner for no more than two years.</li> <li>- Convictions for prior sexual aggressions.</li> <li>- Use of non-sexual violence.</li> <li>- Having been convicted four or more times for criminal acts.</li> </ul>
SVR-20 <sup>214</sup>	<ul style="list-style-type: none"> <li>- Victim of abuse in childhood.</li> <li>- Psychopathy.</li> <li>- Substance abuse.</li> <li>- Relationship problems.</li> <li>- Recent employment problems</li> <li>- Having committed multiple sexual aggressions.</li> <li>- Having committed different types of sexual aggressions.</li> <li>- Inflicting physical violence on the victims of sexual aggressions.</li> <li>- Use of weapons and death threats during the sexual aggressions.</li> <li>- Minimizing or denying the sexual aggressions committed.</li> <li>- Lack of realistic plans.</li> <li>- Negative attitude toward therapeutic intervention.</li> </ul>



### AUTOPSY

- Excessive violence.
- Most injuries located in vital zones.
- Great intensity and force in the strikes and application of the homicidal weapon.
- More than one homicidal method.
- Hands as a direct homicidal method.
- Injuries from different dates. Health problems as a result of gender-based violence.

### CRIME SCENE

- Cohabitation:  
most frequent place is the home.
- Signs of aggression and symbolic violence.
- No cohabitation:  
most frequent place is the victim's or the aggressor's residence.
- Other places:  
public spaces related to daily routine.
- No effort to hide from possible witnesses.

## INVESTIGATION

### CIRCUMSTANCES

- Separation or divorce
- Colder and more emotionally distant aggressors act when they reach the "point of no return" upon confirming that the woman will not return to them after a separation.
- Prior reports of gender-based violence.
- Problems related to child custody or finances.

### VICTIM

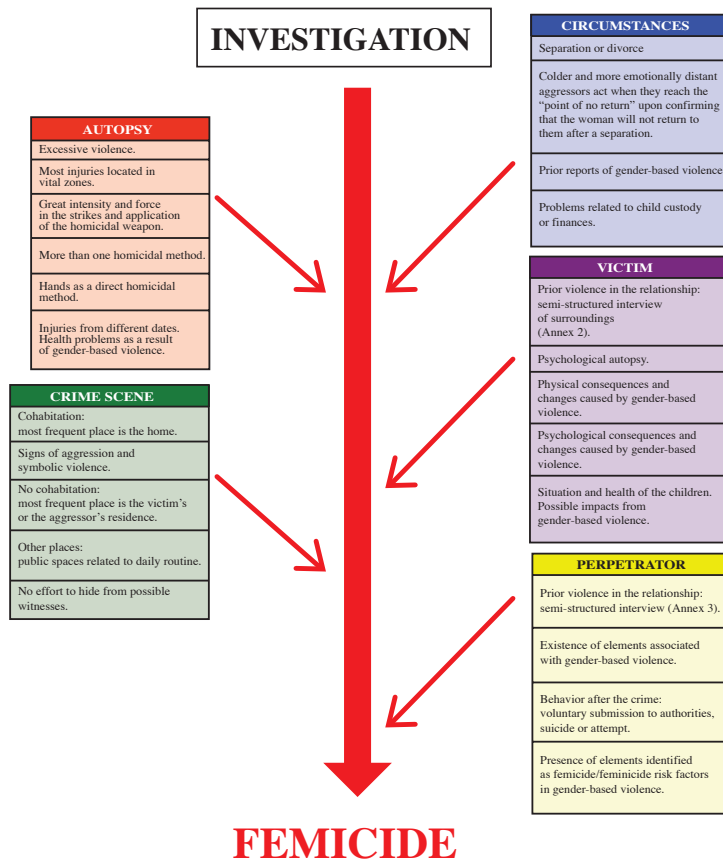
- Prior violence in the relationship: semi-structured interview of surroundings (Annex 2).
- Psychological autopsy.
- Physical consequences and changes caused by gender-based violence.
- Psychological consequences and changes caused by gender-based violence.
- Situation and health of the children. Possible impacts from gender-based violence.

### PERPETRATOR

- Prior violence in the relationship: semi-structured interview (Annex 3).
- Existence of elements associated with gender-based violence.
- Behavior after the crime: voluntary submission to authorities, suicide or attempt.
- Presence of elements identified as femicide/feminicide risk factors in gender-based violence.

## FEMICIDE

Graphic 8. In Summary, where can the signs and indicators associated with femicide be found?



312. These levels are for situating the results of the investigation into the context, and not for establishing criminal responsibility or other legal conclusions. The levels are:

- diagnosis of a femicidal context
- findings that are typical of a femicidal context
- strong relation to a femicidal context
- probable relation to a femicidal context
- no apparent relation to a femicidal context

# How can we get it?

Considering that there is not a real  
will to get it

- . Training
- . Specialization
- . Protocol

- . Data
- . Information
- . Experience
- . Evidence-based knowledge





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# EUROPEAN PROTOCOL FOR THE INVESTIGATION OF FEMICIDES

Twitter: Miguel\_\_Lorente  
Blog wordpress: Autopsia  
Blog wordpress: Cardiopatía Poética



**Thanks**



**I AM YOUR  
MOTHER...**

**...EQUALITY  
GO WITH  
YOU**



**ugr** | Universidad de Granada  
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