Suicides Forcés en Europe

Forced Suicides in Europe

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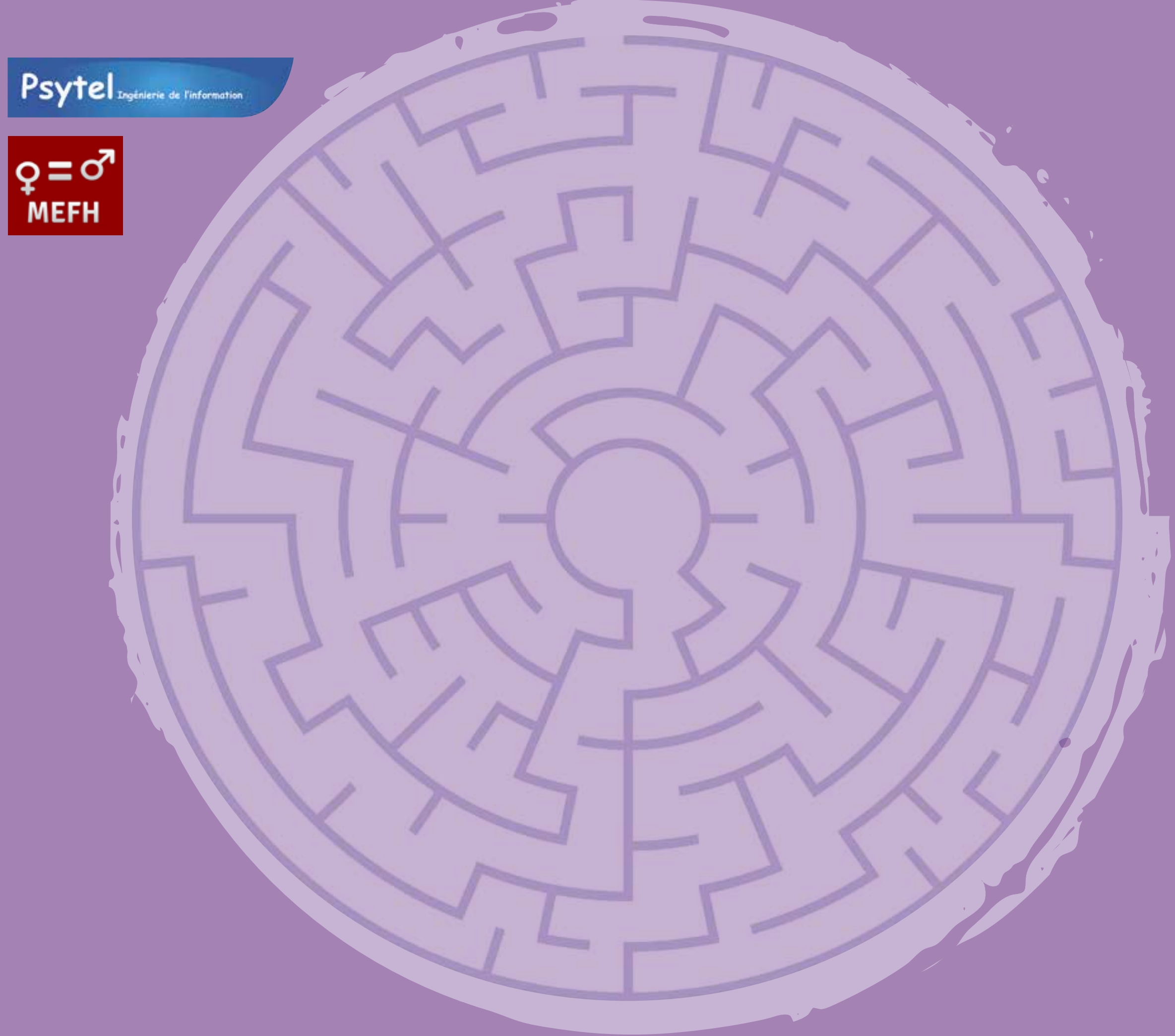

European Guide on Forced Suicides

Guidance systems for frontline professionals

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Guidance systems for frontline professionals

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Introduction

Forced suicide (FS) is the ultimate act of a victim of severe and repeated psychological intimate partner violence, who finds no other way out of the abuse than to end their life. This concept is not well known in Europe. Linked to domestic violence, it is a relatively new concept. It is the admission that some women take their own lives because of violence by their partner and therefore establishes the responsibility of the partner. Forced suicide is in fact the ultimate outcome of psychological violence against the victim: humiliation, insults, isolation, blackmail, etc. In many cases, physical, sexual, economic and social violence are added to this. For the time being, this notion is not yet fully accepted and recognised. The phenomenon of control, at the heart of domestic violence, and its most dramatic consequence, forced suicide, is still largely unknown.

The aim of this European project is to make FS an integral part of feminicide.

For each suicide, a rapid police investigation is carried out: for women, it should systematically consider the question of possible intimate partner violence. If there is the slightest suspicion, a psychological autopsy should be carried out to assess the causal link between said violence and the suicide.

Although countries such as Spain have begun to investigate suicidal thoughts among women victims of domestic violence[1], so far, France is the only European country that recognises this notion in its legislation (since July 2020).

1 Delegación de Gobierno contra la violencia de género, *Macroencuesta de Violencia contra la Mujer 2019*, https://violenciagenero.igualdad.gob.es/violenciaEnCifras/macroencuesta2015/Macroencuesta2019/home.htm, Consulté le 19 juin 2022

Objectives of the guide

1) Raising awareness among frontline professionals

The EU Guide on FS aims to raise awareness of the concept of FS among frontline professionals. It aims to help them to become more aware of this phenomenon and to be able to identify signals that will enable them to spot possible risk situations and to prevent them.

Professionals involved (non-exhaustive list):

Social services, treating physicians, hospital emergency services, police and gendarmerie services, rescue services, doctors from forensic institutes (IML).

This guide suggests measures to prevent suicide attempts or suicides among presumed victims of domestic violence:

- → Identifying a victim of domestic violence
- → Being aware of the concept of FS
- → Recognising a situation of attempted or forced suicide
- → Supporting and referring the victim to help services
- → Ensuring the quality and consistency of this support
- → Ensuring the confidentiality of this support
- → Alerting the appropriate authorities to work on prevention.

The guide includes a summary based on the suicide risk assessment grids and domestic violence assessment grids to assess the risk of suicide in a woman who is a victim of domestic violence.

Designed by professionals specialised in the field of domestic violence and forced suicides, this guide should be seen as a guidance document that complements national and international guidelines and procedures already in place regarding domestic and/or gender-based violence and the prevention and management of suicide cases.

Istanbul Convention, Article 15[2]

		Increasing the training of health workers
National	**Policy**	Promote a specific legislative framework to combat gender-based violence, with an article on initial and ongoing training for those in contact with potential victims.[3] **Create, implement and monitor a national action plan.** It should include a section explicitly allowing the health sector to record IPV as part of their routine examination to improve detection. These activities should be supported by ongoing training on detection and support for victims within the health services.
	Government	Establish an inter-ministerial committee to coordinate national activities to combat IPV across the different ministries involved: health, education, research, social affairs, justice.
	Education	The training of health workers will need to be integrated into existing frameworks, mainly on a national level. It depends on the means available, or the release of new means: 1. Introduction of compulsory modules in medical/nursing/midwifery studies and IPV questions in examinations 2. Offering specific modules in compulsory continuing education for doctors/nurses/midwives 3. Offering a training plan for health professionals and pedagogical tools 4. Voting on credits for the training of health professionals 5. Setting up a national telephone number that provides advice to health professionals in contact with potential victims 6. Regularly publishing articles in professional journals.
Women's health services	**Policy**	The identification and referral of victims to specialised services should be explicitly stated in the hospital's policy. Mobilise each major health institution (hospitals, clinics) to set up Victim Protection Groups or to appoint a point of contact.
	Training	Each health institution must provide tools to improve the identification and referral of victims to specialised structures. In particular: 1. Training for doctors/nurses/midwives 2. A training manual with different modules 3. A fundamental reference tool for doctors, interns and trainees[4] 4. Information sessions to raise awareness of how health professionals can play a role.

2 UNFPA-WAVE Training Manual "Strengthening Health System Responses to Gender-based Violence in Eastern Europe and Central Asia", (2014), p. 57.

3 See also Art. 21.– The initial and ongoing training of doctors, medical and paramedical staff, social workers, magistrates, civil servants and judicial staff, lawyers, teachers and educational staff, civil registrars, sports, cultural and leisure staff, national police staff, municipal police and national gendarmerie staff, prefecture staff responsible for issuing residence permits, staff of the French Office for the Protection of Refugees and Stateless Persons (OFPRI), and staff of the Ministry of Justice, municipal police forces and the national gendarmerie, prefecture staff responsible for issuing residence permits, staff from the French Office for the Protection of Refugees and Stateless Persons and prison officers, includes training on domestic violence, violence against women and psychological control mechanisms.

4 Blank K., Rosslhumer M. "IMPLEMENT Training Manual on gender-based violence for health professionals" (2015), p. 62.

2) Conducting advocacy work

This work also aims to raise awareness of the need to better identify victims of attempted suicide or suicide in the context of domestic violence, and to promote the inclusion of the concept of forced suicide in national and European legislation.

- → Recognition of the notion of forced suicide as a major consequence of domestic and/or gender-based violence
- → Adding the number of FSs to the feminicide figures
- → Specific training, better prevention of suicide attempts in victim support
- → Legal: inclusion of the concept of forced suicide in criminal law as part of the penalties for domestic violence
- → Policy: institutionalisation of the concept in ministries, inclusion in national action plans (e.g. in the conclusions of the Grenelle on domestic violence in France)
- → Recognition within the European legal framework, possibly an addition to the Istanbul Convention.

1. Awareness

1.1. Intimate partner violence

1.1.1 The Istanbul Convention

Signed in 2011, the *Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence*, known as the Istanbul Convention, is the reference document in this area. It states that the term "violence against women" should be understood as a violation of human rights, and a form of discrimination against women, and refers to all acts of gender-based violence that result in, or are likely to result in, physical, sexual, **psychological** or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

> **Common definition of domestic violence adopted on Wednesday 8 February 2006 by the Belgian federal, community and regional ministers:**
>
> Violence in intimate relationships is a set of behaviours, actions and attitudes of one of the partners or ex-partners that aim to control and dominate the other. This is very different from what happens in an argument or a marital conflict where two points of view are opposed in an equal relationship.
>
> Domestic violence includes verbal, physical, sexual or economic aggression, threats or coercion, repeated or likely to be repeated, which affects the integrity of the other person and even his or her socio-professional integration. This violence affects not only the victim, but also other family members, including children. It is a form of intra-family violence.
>
> It appears that the vast majority of perpetrators of such violence are men and the victims are women. Violence in intimate relationships is the manifestation, in the private sphere, of the unequal power relations between women and men still at work in our society.

Figures for France

The official figures state that 210,000 women per year are victims of domestic violence. On average, the number of women aged between 18 and 75 who, in the course of a year, are victims of physical and/or sexual violence committed by their spouse or ex-spouse is estimated at 213,000 women[5]. The perpetrator of this violence is the husband, partner, boyfriend, former or current, cohabiting or not.

- → 7 out of 10 female victims say they have suffered repeated abuse
- → 8 out of 10 female victims report that they have also been subjected to psychological or verbal abuse[6].

5 Minimum estimate, based on the results of the annual 'Living environment and security' victimisation survey (INSEE-ONDRP-SSMSI).
6 arretonslesviolences.gouv.fr

Figures for Belgium

There is no recent study on the figures of domestic violence in Belgium. According to the most recent study dating from 2014, 1 in 4 women aged 15 and over (24%) have been physically and/or sexually abused by their partner or ex-partner[7]. The majority of perpetrators are men.

There are more than 45,000 cases registered by the public prosecutor's office each year. However, not all acts of domestic violence are reported. In Belgium, only 13.9% of women victims of domestic violence file a complaint against their spouse[8].

1.1.2 Mechanisms of domestic violence

Domestic violence is a system set up by the aggressor to take power over an individual. The perpetrator will set up a whole mechanism to control the victim. This mechanism consists of a series of acts aimed at subjugating someone, or making them dependent by isolating them, confiscating their resources for personal use, depriving them of the means necessary for their independence, and deciding on their daily behaviour. This is called coercive control. Domestic violence is defined by the perpetrator's intention to (re)gain power.

The victim may find herself under the control of the perpetrator. Control refers to the state of the victim whose reality has been distorted by the aggressor, who is alienated from herself. It is an alteration of the victim's psychological state.

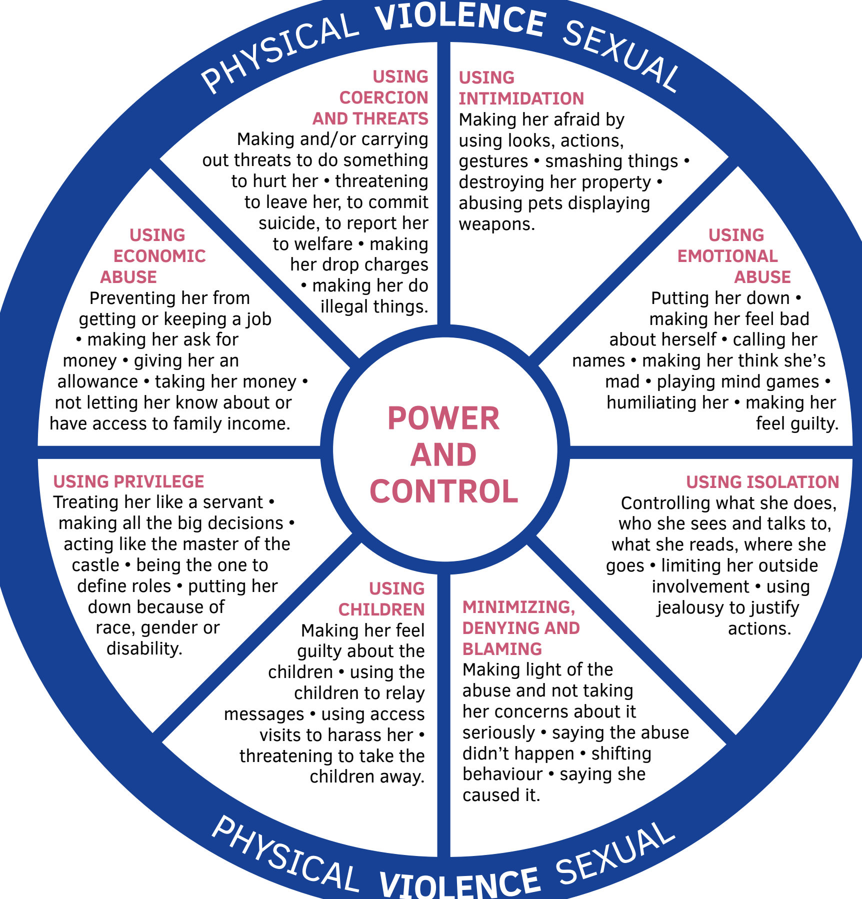
The control mechanisms that underlie domestic violence are analysed in what is known as the "marital domination process", a systemic analysis that highlights the mechanisms of coercive control of one spouse over the other. This systemic analysis makes it possible to understand how this system is set up, structured and perpetuated by specifying the perpetrator's strategies and the victims' responses. This serves to identify the dynamics of couples where the risk is significant and also to determine the level of victimisation of the victims (learned incapacity, level of ability to mobilise resources, etc.).

The author of this analysis is DENISE TREMBLAY, psychologist and director of La Séjournelle, a resource centre for women victims of domestic violence in Shawinigan (Trois RIVIERES, QUEBEC), who collaborated with the University of Quebec for the validation of the concepts, and Accord Mauricie, a service specialising in the psychosocial support of perpetrators of domestic violence

Currently, this analysis of the "mechanics of being in control" is disseminated in the training courses given by the resource centres specialising in domestic violence (Solidarité femmes, CVFE, PRAXIS) in Belgium at the request of the Walloon Region.

7 Violence against women: an EU-wide survey, FRA, 2014. https://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-at-a-glance-oct14_fr.pdf .
8 All about domestic violence in Belgium, Justifit, 06/08/2020: https://www.justifit.be/b/violence-conjugale/

Power and control wheel[9]



The different forms of violence

Psychological and emotional abuse	An action or series of actions that directly harm a woman's psychological integrity. Acts of psychological violence include: • Threats of violence and harm against the woman or those around her, through words or actions (harassment, weapons) • Harassment and bullying at work • Humiliating and insulting comments • Isolating the woman and restricting her contact with the outside world • The use of children by an abusive spouse to control or harm the woman. These acts constitute both violence against children and against women
Physical violence	“Assault, shoving, slapping, biting, spitting, burning, confinement, murder, injuries produced by a weapon and/or object • Most publicised violence • The resulting injuries are often disguised as accidents.”[10]

9 Domestic Abuse Intervention Programs, theduluthmodel.org
10 Exerpt from: Axelle Beghlin & Nadia Laouar. “La violence conjugale. Évaluation du risque et éloignement du domicile.” Apple Books.

Economic violence	Used to deny or control women's access to resources, including time, money, transport, food, clothing. Acts of economic violence include: • Prohibiting women from working • - Excluding from financial decision-making in the family • - Excluding from financial means or information • - Refusing to pay bills or to provide for themselves or their children • - Destroying common property
Sexual violence	Forcing a sexual act, attempting to obtain a sexual act, making unwanted sexual comments or advances, engaging in prostitution, interfering with an individual's sexuality using coercion, by any person, regardless of their relationship to the victim, in any setting (including the home and workplace)[11]. Acts of sexual violence include: • Rape or other forms of sexual assault • Unwanted sexual advances, sexual harassment • Trafficking for sexual exploitation • Forced exposure to pornography • Forced pregnancy, forced sterilisation, forced abortion[12] • Forced marriage/child marriage • Female genital mutilation • Virginity tests • Incest
Violence 2.0	"Locating a partner via mobile phone, GPS, placing a tracker • New form of violence".[13]

Psychological violence

Repeated psychological violence (lies, sarcasm, contempt, humiliation, denigration, insults, isolation, financial dependence, harassment, threats, etc.) creates continuous psychological pressure on the victim. This is the process of domination. The hold induces a colonisation by the perpetrator of all areas of the victim's life - self-esteem, environment, money, etc. - until the loss of their sense of self-worth. - This is the aim of the aggressor, who wants to dominate and control everything. The result of this violence is the moral destruction of a person. We are not referring to a one-off "slip", but rather to the installation and maintenance of domination as a relationship mode.

Psychological violence is the foundation of all other forms of violence. Physical violence takes place when the victim's psychological resistance has given way, when the situation of domination has already been established. Psychological violence, even without physical violence, alters the victim's critical judgement and free will, to the point where she is unable to name what she is experiencing, to say what she tolerates or not.

The after-effects are numerous: post-traumatic stress disorder, depression, anxiety, sexual disorders, sleep disorders, eating disorders, self-mutilation, chronic pain, psychosis, substance abuse, risky sexual behaviour and suicide. Suicide is the most extreme psycho-traumatic consequence, while being the culmination of the process of domination (to the point of annihilation), as well as an escape from the mental prison set up by the perpetrator.

11 WHO, "World Report on Violence and Health" (2002), p. 149.
12 Council of Europe, "Convention for the Prevention of Violence Against Women and Domestic Violence", the Istanbul Convention (2014), coe.int/en/web/istanbul-convention
13 Exerpt from: Axelle Beghlin & Nadia Laouar. "La violence conjugale. Évaluation du risque et éloignement du domicile." Apple Books.

Impact of violence on the victim

→ **Acquired disability or learned helplessness:**

Acquired disability is a state of resignation of a person resulting from the loss of a sense of control over the events that occur and affect them.

Acquired disability is the result of repeated exposure to a lack of control over one's life and actions, which results in a decline in performance when carrying out a task.

This is reflected by three deficits at the cognitive level:

→ Cognitive, or difficulty in establishing a link between one's own actions and their consequences for a given task

→ Motivational, consisting of a decrease in the effort put into the task

→ Emotional, with increased depressive affect.

→ **Victimisation-related disorders in cases of psychotrauma:**

→ Acute stress, distress with or without peri-traumatic dissociation, brief psychotic disorders up to one month following the trauma.

→ Post-traumatic stress disorder (less than one month), chronic (more than six months):

- Revivification syndrome (traumatic memory)
- Avoidance syndrome
- Neurovegetative hyperactivity syndrome (alertness and control)

→ Symptoms of dissociation, altered state of consciousness, feeling of strangeness, disturbances in memory, concentration, depersonalisation, feeling of being a spectator of one's life.

→ **Injuries: bruises, cuts, burns, concussions, fractures, miscarriages, etc.**

→ **Chronic health problems: sleeping disorders, gastrointestinal problems, loss of appetite, headaches, backaches, etc.**

→ **Psychological disorders: loss of self-esteem, depression, stress, anxiety, panic attacks, despair, suicide attempts.**

→ **Alcohol, drugs or medication abuse as an escape.**

→ **Social and economic impacts: frequent absenteeism from work, loss of concentration, loss of income, loss of employment**

→ **Social isolation: less and less contact with friends, family, work colleagues, etc.**

1.2. A definition of the concept of forced suicide

Repeated violence gradually leads to a real break in identity, the moral destruction of the victim. Not only does the victim suffer, she is also increasingly colonised and does not know how to break free.

Sometimes suicide appears as the only solution to the victim:

- → who has been deprived of her free will
- → whose judgemental skills have been impaired
- → whose psychic resistances have given way
- → whose survival instinct has disappeared, along with her illusions
- → whose cries for help have not been heard

> **"Forced suicide" is the name given to situations where women victims of violence kill themselves.**
>
> **In this sense, suicide can be likened to feminicide. To date, France is the only European country with a legal tool aimed at seeking to prosecute the perpetrators.**

1.3. Creation of the concept of *forced suicide* in French law

The history of the emergence of the concept of *forced suicide* in French law is presented below as an example.

This example could indeed be used in other Member States (MS) to initiate similar mechanisms based on the existing national legal context.

Before the law of 30 July 2020, which introduced two new aggravating circumstances for moral harassment, suicide and attempted suicide, we were faced with a legal vacuum in France.

While psychological harassment at work was recognised in 2002, confirming years of case laws within the industrial court, psychological harassment in relationships and psychological violence weren't recognised and integrated into the Penal Code until 2010:

"The violence provided for in this section is punishable regardless of its nature; this includes psychological violence" (art. 222-14-3 of the Criminal Code).

All these forms of violence – lies, sarcasm, insults, contempt, humiliation, denigration, isolation, financial dependence, threats – are recognised in a specific offence.

The *Grenelle* on domestic violence was a series of round tables organised by the French government between 3 September and 25 November 2019. Its aim was to bring together people concerned by the problems associated with domestic violence, in order to determine the measures to be taken to combat it.

It was this *Grenelle* that led to the inclusion in the law of the notion of forced suicide.

The constraint, highlighted by Véronique Wester-Ouisse, lecturer in private law and criminal law and now Deputy Public Prosecutor in Quimper, was to ensure compliance with the principle of criminal legality: *nulla poena nullum crimen sine lege* – an act, no matter how shocking, cannot be condemned without the legislator having **previously** stipulated that it should be criminally sanctioned and without having a clear, precise **text** for this purpose.

Véronique Wester-Ouisse also provided an overview of the existing offences and found that none of them could be applied in the case of suicide caused by repeated violence and humiliation by a spouse:

1) **Intentional homicide**, murder or assassination, will not be a basis for guilt.
   It is true that in cases of spousal suicide, physical or psychological violence led to the death, but
   - it is the person themselves who, by their act of suicide, is the cause of death
   - Most of the time, the *intention* to kill will be missing. By definition, the pervert spouse uses his victim, needs her. Her disappearance, in principle, does not help his “business”.

2) Suicide provoked by a spouse will bring to mind the incrimination of **provocation to suicide**, in Article 223-13 of the Penal Code: "The fact of provoking another person to commit suicide is punishable by three years' imprisonment and a fine of 45,000 euros when the provocation was followed by the suicide or attempted suicide.

   Although it could indeed be considered in some cases, this offence is too restrictive:
   - provocation to commit suicide, real incitement to suicide by the respondent, directly addressed to the spouse, must be demonstrated
   - there must be a completed act (a suicide or an attempt)
   - There must be an intention on the part of the provoker to have the spouse effectively commit suicide: it will be difficult to find such intentions in someone who needs the object of his perversion.

3) **Reckless homicide**

   Article 221-6 refers, for the definition of recklessness to Article 121-3 of the Criminal Code, which is one of the most complex texts available. The application of this text to the suicide of a spouse presupposes that this suicide is qualified as a homicide, that is to say, the death of another person, which implies demonstrating a causal link between the 'recklessness' and this death, which, incidentally, another person has inflicted upon themselves.

   The reasoning imposed by article 121-3 defining recklessness is paved with pitfalls, the first difficulty to be resolved being that of the certainty of causality. First of all, it must be shown that the death was caused by the recklessness, even partially; the causal link must exist, with certainty. Applied to our hypothesis, it must be shown that the violence and degrading remarks observed caused or at least contributed to the suicide. If the causal link exists, a distinction must then be made between two types of causal link. Article 121-3 distinguishes between direct causality, between recklessness and death, and indirect causality. Causality is direct if the recklessness was decisive in producing the damage (art. 121-3 paragraph 3). Causality is indirect if the recklessness created the situation that allowed the damage to occur, or if the respondent did not take measures to avoid it (art. 121-3 paragraph 4)

   Applied to our situation:
   - Psychological or physical violence is direct causation if it is a determining factor in the spouse's suicide
   - Psychological or physical violence is indirect causation if the violence allowed the suicide to take place, or if the defendant did not foresee measures to prevent it.

   These complex texts were drawn up for material accidental situations and not for cases of psychological violence. Using them for spousal suicides adds legal subtleties to the subtlety of the situation of intra-family violence that are not suited to the situation. Moreover, to qualify induced suicide as manslaughter would imply being able to qualify psychological or even physical violence as 'recklessness', notwithstanding its irreducible voluntary nature. This qualification must therefore be rejected.

4) **Endangerment of others** could be considered, but a reading of the text of the offence immediately excludes any application to spousal suicide. Indeed, Article 223-1 only criminalises exposure to an immediate risk of death “by the manifestly deliberate violation of a particular obligation of prudence or

safety imposed by law or regulation". Only technical obligations of safety and prudence are considered here.

5) The offence of **intentional violence resulting in death without intent to kill**, often referred to as "fatal blows", is incriminated in Article 222-7 of the Penal Code; the penalties are aggravated by Article 222-8 when committed by the spouse, live-in partner or civil partner.

→ **To incriminate spousal suicide, it is therefore preferable to start with what already exists and amend it in the simplest way possible.**

The reflection was based on positive law, which had a text criminalising spousal harassment, a possible basis for the criminalisation of suicide caused by a spouse.

And a giant step has been taken, ten years after the recognition of psychological violence in couples: **forced suicide has been included in the penal code (Article 222-33-2-1)** on the same basis as hold. Parliament definitively adopted (law n°2020-936 of 30 July 2020) the law aimed at protecting victims of domestic violence.

> **Article 222-33-2-1 of the Penal Code**
>
> Harassing one's spouse, civil partner or live-in partner through repeated comments or behaviour with the aim or effect of degrading their living standards, resulting in an alteration of their physical or mental health, is punishable by three years' imprisonment and a fine of €45,000 when these acts have caused a total incapacity to work of up to eight days or did not result in any incapacity to work, and five years' imprisonment and a fine of €75,000 when they caused a total incapacity to work of more than eight days or were committed while a minor was present and assisted.
>
> The same sentences are incurred when this offence is committed by a former spouse, live-in partner or civil partner of the victim.
>
> The sentences are increased to ten years' imprisonment and a fine of €150,000 where the harassment has led to the victim committing or attempting to commit suicide.

1.4. Emblematic cases of forced suicide

The case of Mélissa Perrot

For the first time, all players involved in the criminal chain recognised a causal link between the harassment suffered and the suicide.

Mélissa was 23 years old when she met Johan W., 30 years old. This relationship, which lasted barely 5 months, was a meteoric descent into hell for Mélissa Perrot, whose change in behaviour was noted by everyone around her: isolated, thinned out, she no longer went out with her friends, saw little of her family, and even abandoned her professional project. In 2016, Mélissa committed suicide by jumping from the second floor of a building.

Her psychologist said that she was very sensitive to injustice and criticism, and that she had an enormous capacity for guilt, without any suicidal tendencies. J. W. is described as a possessive, jealous, authoritarian man, who used to belittle, humiliate and threaten.

This process is precisely what was demonstrated and characterised by the entire criminal chain. The referral order is exemplary in this respect, in that it clearly establishes the direct causal link between the psychological harassment suffered by Mélissa Perrot and her suicide:

"J. acknowledged that he knew Mélissa was fragile. He could not have been unaware of the hold he had over her. This hold and the real enterprise of denigration set up by J. throughout the five months of their relationship reached its paroxysm on the night of 11 to 12 February and on the morning of 12 February, with an exchange of text messages including insults and threats of extreme violence, with J. pushing the perversity to the point of trying to make her believe that he could attempt to commit suicide because of her by cutting his index finger and wrist. The fact that he then rejected her and refused to talk to her when she had come to his home to talk to him led Mélissa, who was obviously already in a very fragile psychological state at the time given the violent messages she had received, to her fatal act.

The result of these observations is that J.'s repeated actions, characterised throughout his five-month relationship with Mélissa, initially through denigrating and guilt-inducing, then violent and insulting remarks towards her, resulted in a progressive deterioration of her living standards, and finally led her to end her life."

The procesution's closing speech is unequivocal:

"Furthermore, while the act of suicide is proven, which the investigation does not contradict, the incapacity is necessarily greater than 8 days, since the harassment led Mélissa to commit suicide."

It was unheard of for a man to be tried for psychological harassment causing a temporary total incapacity to work (ITT) of more than 8 days when the victim died as a result. When language becomes violence, it too can lead to death. And this is what the referral of J. W. to the Criminal Court meant when it became clear that the harassment suffered by Melissa was the direct cause of her suicide.

However, J. W. was acquitted on 26 June 2020 by the Criminal Court of Chambéry, in view of *"the absence of a clear causal link between the comments and behaviour of the defendant and the deterioration of living standards affecting the health"* of his girlfriend.

The prosecution appealed. The Court of Appeal confirmed the acquittal, which confirms the absolute necessity of specific training on this new and complex concept of forced suicide.

The case of Odile Nasri, the first forced suicide complaint filed in France

Odile took her own life on 1 January 2021, at the age of 50. She was found lifeless in the early hours of the morning on a beach in Toulon. She was pronounced dead at 12 noon.

It is clear from the numerous testimonies of her family members, friends and professional contacts, that this woman's state of health, particularly in psychological terms, had deteriorated considerably starting in 2010. From that date, Odile began a relationship with H., whom she married on 30 April 2011. Odile's isolation from her family and friends gradually began to take hold. She quickly broke the ties that bound her to her friends, her colleagues, as well as her brothers and sisters with whom she was particularly close, especially her sister Fadila.

Far from being a simple, deliberate life choice, this sudden change was accompanied by particularly visible changes in her personality and living standards. Many relatives describe a loss of joie de vivre, a 'depressed, extinct and withdrawn' personality, prone to anxiety. Such descriptions are in stark contrast to the cheerful, happy and fulfilled character described by family members and close associates.

They also described signs of control and domination by her husband. Several people close to her testified that her husband prevented her from maintaining relations with her family and restricted her financial

independence. Her sister Fadila spoke of her visible weight loss, which Odile explained by the fact that her husband only gave her 'two euros for lunch'.

Odile Nasri's suicide thus came at the end of 10 years marked by suffering visible to all and isolation resulting from a situation of strong control.

Odile's last days are worrying in this respect.

After several years of no contact with her sisters, Odile wrote them an email on 17 December 2020, titled *"meeting – too late or a chance"*. She suggested that they meet again, saying *"if you don't feel like it anymore, that's life... if you find that it won't bring you anything, that's life..."*.

The meeting took place on 30 December 2020 in Montpellier. According to her sister Fadila, Odile made the following comments:

- → self-blame for being the cause of her husband's misfortune
- → dark thoughts and anxieties
- → self-deprecation
- → regrets at having left Montpellier to please her husband.

On 31 December, Odile returned to the marital home at 12 noon. From the information provided to Odile's brothers and sisters, it appears that a very high level of tension was felt as soon as she returned to the flat.

The circumstances in which Odile attempted to take her life and the clear link between her act and a lasting situation of suffering, as well as the total lack of empathy shown by her husband after her disappearance, **led her brothers and sisters to file a complaint on 1 June 2021 with the Toulon Public Prosecutor's Office for psychological harassment leading to suicide.**

An investigating judge has been appointed. *The investigation is ongoing.*

The French press relays the information:

For the first time a complaint for forced suicide, Le JDD, 3 July 2021
lejdd.fr/Societe/info-jdd-harcelement-pour-la-premiere-fois-une-plainte-pour-suicide-force-a-ete-deposee-4055727

Feminicide, a first complaint for forced suicide, Au Féminin, 9 July 2021
aufeminin.com/news-societe/feminicide-une-premiere-plainte-pour-suicide-force-en-france-s4026517.html

Après l'inscription dans la loi du délit de «suicide forcé», une première plainte en justice, Le Figaro, 02 September 2021
lefigaro.fr/actualite-france/apres-l-inscription-dans-la-loi-du-delit-de-suicide-force-une-premiere-plainte-en-justice-20210902

After Odile's death, her family files a complaint – BFM/RMC 2 September 2021
https://rmc.bfmtv.com/actualites/police-justice/il-a-tout-fait-pour-qu-on-ne-la-retrouve-pas-apres-la-mort-d-odile-sa-famille-porte-plainte-pour-suicide-force_AV-202109020521.html

BELGIUM

Fabienne's suicide attempt, victim of psychological pressure and rape by her partner [14]

At the age of eighteen, Fabienne met Marc, her first intimate partner, at her student job. She already lacked self-confidence, but she was in love. She didn't listen when those close to her recommended that she leave Marc, saying that he wasn't right for her. She didn't understand that there is a problem with Marc's behaviour towards her. After three years in this relationship, Fabienne realised that she did not like it when Marc insisted on having sex with her, that she was afraid of his reaction, because every time she refused, Marc insulted her, denigrated her and shouted at her. He used this pressure every time they see each other. Fabienne made two or three suicide attempts during this period of her life. She made one more attempt, after Marc raped her. He was present during this attempt but decided to leave, abandoning her as the drugs began to take effect. Fortunately, Fabienne's parents took her to A&E. She was hospitalised, underwent therapy and filed a complaint. Today, she makes the connection between these suicide attempts and this abusive relationship. No further action was taken following the complaint filed, and Fabienne, four years later, remains traumatised by these events.

1.5. Estimates of forced suicides in France and Europe

One of the aims of the project was to provide an estimate of the number of FSs in the EU. The number of forced suicides remains little or not documented. This is the first time that an estimate has been attempted at European level. To carry it out, however, we had certain elements:

→ - official mortality data on the number of female suicides by age group coming from each Member State (MS) and which are reported to Eurostat. The most complete year for this data is 2017. We also know that the number of suicides is greatly underestimated. Some suicides escape the coding of death certificates.

→ we also had a few international studies on the causes of suicide or attempted suicide among women in connection with domestic violence. For instance:

- The cost of domestic violence - University of Leeds - UK, Sylvia Walby, 2004: female suicide rate attributable to DV = 12.5%;
- Enveff Survey - INED - FR, 2008: rate of suicide attempts among women directly linked to DV = 13%;
- Department of Epidemiology of the University of Kentucky - USA, Sabrina Brown and Jacqueline Seals, 2019: percentage of suicides studied where DV contributed mainly to female suicide = 11%.

Etat membre	Nombre de suicides de femmes	Estimation du nombre de SF
Belgium	471	52
Bulgaria	149	16
Czechia	278	31
Denmark	154	17
Germany	2055	226
Estonia	44	5
Ireland	72	8
Greece	97	11
Spain	908	100
France	1896	209
Croatia	155	17
Italy	800	88
Cyprus	6	1
Latvia	59	6
Lithuania	137	15
Luxembourg	14	2
Hungary	362	40
Malta	4	0
Netherlands	606	67
Austria	237	26
Poland	575	63
Portugal	253	28
Romania	322	35
Slovenia	76	8
Slovakia	63	7
Finland	207	23
Sweden	324	36
Total	10 324	1 136

Source: Psytel estimate based on Eurostat mortality data – 2017

- From the Virage survey, a population survey of 12,500 women - INED - FR, 2015: we can deduce that the percentage of suicide attempts accounting to frequent psychological domestic violence among all suicide attempts of women aged 20 to 69 is 11.5%.

→ There are very few studies on the subject worldwide, but the advantage is that the results of these studies converge in a range between 11% and 12.5%.

14 This story has not been made public, it comes from private conversations.

→ For our counting, we made a number of assumptions: the distribution of the causes of suicides is the same as that of the causes of suicide attempts; the % of suicide or attempts in adult women in a past or present relationship connected to DV is 11% in the low hypothesis; this same percentage of 11% can be applied in all MS. We then obtain the table on page 18.

The following can be observed:

- → The number of forced suicides in France in 2017 is estimated at 209;
- → The number of forced suicides in Belgium in 2017 is estimated at 52;
- → The total number of forced suicides in the 27 Member States in 2017 is estimated at 1,136.

Consequences for the number of feminicides:

The figures produced in France each year since 2006 by the Victim Delegation (VD) of the national police and national gendarmerie directorates on violent deaths within intimate partner relationships are essential in determining the number of victims. Thus, for 2017, we have the following figures for violent deaths:

Women victims within intimate partner relationships (feminicides): 130
Male victims within intimate partner relationships: 21
Child victims: 25
Collateral victims: 12

These data remain incomplete because we lacked a figure for suicides by women whose main cause is the intimate partner violence they suffer, "forced suicides", as the ultimate consequences of the psychological, physical and/or sexual violence they have suffered. By adding to these data our estimate of the number of FS for France in 2017, we obtain:

Women victims within intimate partner relationships (feminicides): 130
Women victims of forced suicide: 209

i.e. a total of 339 deaths for female victims of IPV for 2017. We have deliberately excluded the suicides of the perpetrators of homicides from this total so as not to group together the victims and the perpetrators of the crimes, nor the children and collateral victims, in order to stick to the number of female victims alone. However, it is true that we are adding together recorded figures (those of the DVD) and estimated figures (those of forced suicides), but we are thus certainly closer to reality than with recorded figures alone. In other words, there was almost one victim of domestic violence per day in France in 2017, and not one every three days, as is usually reported when feminicides are considered restrictively.

In Belgium, there is an on average of forty feminicides per year, but there are no official records from the public authorities. It is a press census that is carried out by associations via the "Stop Féminicide" blog. Thus, for 2017, we would have the following figures for violent deaths:

Women victims within intimate partner relationships (feminicides): 43
Women victims of forced suicide: 52

This would be a total of 95 female deaths from IPV for 2017.

Objective: to improve the estimation of the number of forced suicides

There are three ways of improving the estimation of the number of FSs:

- → Carrying out a systematic psychological autopsy for several months when a woman commits suicide, asking the question of possible IPV;
- → Conducting a study on the causes of suicide attempts in women with systematic questioning on possible IPV.
- → Establishing a count in the same way as the Ministry of the Interior's counts of feminicides.

What are the causes of forced suicides?

According to several longitudinal studies (Devries et al., 2013), suicide risk is predicted by intimate partner violence. Indeed, there is a strong correlation between intimate partner violence and suicidal ideation (Pico-Alfonso et al., 2006; Chan et al., 2008), via depression (Chan et al., 2008). 76% of victims in the Feminist Citizen survey (2019) had suicidal ideation, which would be more than 7 times the rate found among non-victims (Afifi, et al., 2009, cited by Cavanaugh et al., 2011).

In the VIRAGE survey, "Among the women who reported that they had suffered psychological violence in the last 12 months, 22.3% also answered that they had had several dark thoughts, thought it would be better to be dead, or had considered self-harm in the last two weeks (compared to 14.5% of those who did not report that they had suffered psychological violence). More than one in 200 women (0.6%) who reported that they had suffered psychological violence said that they had attempted suicide in the last 12 months, which is four times more than women who did not report that they had suffered violence (0.15%)"[15].

Other studies (Chan et al., 2008; Cavanaugh et al., 2011; Citoyenne féministe, 2019) have found that between 20% and 29% of victims of intimate partner violence have attempted suicide at least once. The rate is estimated to be 5 to 8 times higher than the rate for the general population (Chauvin, 2002; Hirigoyen, 2009). In Sylvia Walby's study (2004), 12.5% of women's suicides were attributable to violence, while the rate was 11% in Kentucky (Brown & Seals, 2019).

According to Pico-Alfonso et al (2006), the impact of violence is identical, whether it is solely psychological or both psychological and physical. And 17.9% of women in a relationship or recently separated declare having experienced at least one act of psychological violence in the last 12 months, according to the Virage survey. Moreover, declarations of physical and sexual violence are always associated with declarations of psychological violence (Virage survey).

According to Wolfort-Clevenger and Smith (2017), it is the coercive control present in some situations of intimate partner violence that is strongly associated with suicidal behaviour. Thus, the main characteristic of violence leading to forced suicide is that it is repeated psychological violence, the basis of which is a desire for domination.

15 *"Violence and gender relations: contexts and consequences of violence experienced by women and men"*, INED, France, 2015

1.6. The European Union's challenges regarding forced suicide

1.6.1 In legal terms

The Committee on Equal Opportunities for Women and Men of the Parliamentary Assembly of the Council of Europe (PACE) organised the hearing on 8 June 2011 of Marie-France Hirigoyen, psychiatrist, and Yael Mellul, member of our project team, to take stock of the situation in the Council of Europe member states with the aim of recognising psychological violence as an offence and including it in the Convention on preventing and combating violence against women and domestic violence.

"Psychological violence is the basis of domestic violence and should be regarded as the psychological equivalent of murder. Without psychological preparation to subdue her, no woman would accept physical violence. It is this psychological preparation, this psychological pressure, this violence of words creating a situation of domination, which leads in an irreversible way, to the moral destruction of a being, then to physical violence" declared lawyer Yael Mellul during her hearing before the Commission.

For psychiatrist Marie-France Hirigoyen, making psychological violence an offence is a way of acting upstream, of preventing it, but without educating all those involved, especially judges and police officers, it is inapplicable. "Many women do not know that they are victims of violence. At what point is there a conflict between couples, at what point is there violence? At the base there is social conditioning. Psychological violence takes place through insidious microviolence, humiliation, denigration, then through insults, threats, financial pressure, harassment and social isolation. The hold acts on three levels: cognitive, behavioural and emotional and it can lead to a kind of mutual addiction".

In conclusion, Elvira Kovács (Serbia, EPP/CD), who was responsible for preparing a report on this subject, considered that psychological violence should be made an offence even if it is difficult to prove, and included in the Council of Europe Convention on preventing and combating violence against women and domestic violence. In her report, she wishes to examine, among other things, the legal and practical problems involved in proving psychological violence.

For example, the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, adopted on 11 May 2011, criminalises *the intentional infliction of psychological harm through coercion or threats* (Article 33 - Psychological violence).

It is now a question of going further and integrating the most extreme traumatic consequence of harassment, suicide and attempted suicide, so that this essential principle is enshrined: moral harassment also kills, in the same way as physical violence does.

For UN Women: *“The law should criminalise any act of intentionally advising, encouraging, inducing or assisting a person to commit suicide, or any attempt to do so.”*

1.6.2 In epidemiological terms

The number of forced suicides remains poorly documented, or not at all. Several studies in France, the United Kingdom and the United States nevertheless tend to consider that they represent 12% of women's suicides, based on an estimate of the number of attempted suicides of women due to domestic violence. This ratio was applied by the independent experts at Psytel, who provided an estimate for the Grenelle on domestic violence.

According to Psytel, 217 women took their own lives as a result of violence by their partners in 2018 in France, and more than 1,000 across the European Union.

1.6.3 In political terms

The notion of psychological harassment of a spouse is accepted in the majority of States, but nothing is provided for in the event of the victim's death. France is the first country in Europe to have added an aggravating circumstance in the event of suicide or attempted suicide. The person responsible will then be tried before a criminal court and the penalties incurred will be 10 years' imprisonment and a fine of 150,000 euros. In order to extend this legal concept to all Member States, political support is needed, which can only be based on the awareness of decision-makers of the existence, gravity and frequency of forced suicides. Our report on the state of play of the concept of forced suicide in Europe should contribute to this.

On the occasion of the 19ème International Day for the Elimination of Violence against Women, France reaffirmed its commitment and determination to ensure that the international community combats and eliminates all forms of violence against women. Equality between women and men, which the French President has once again made a major cause of the five-year term, was a priority for France's action in 2019 in the context of its presidencies of the G7 and the Committee of Ministers of the Council of Europe. In conjunction with its European and international partners, France launched a campaign to universalise the adoption of the Council of Europe's Istanbul Convention on preventing and combating violence against women and domestic violence.

The purpose of the Istanbul Convention is to end violence against women and domestic violence, and to guarantee the fundamental right of women to live free from violence. The prevention of violence, the protection of victims and the prosecution of perpetrators are the pillars of the Convention, which states that the fight against gender-based violence can only be effective if States implement comprehensive and coordinated policies.

It is in this spirit that the essential principle for combating all forms of violence must be enshrined in the Istanbul Convention and must be recognised within every Member State: psychological harassment also kills and must be combated with the same force and severity as physical violence.

Forced suicide must be recognised in the same way as feminicide.

2. Orientation

2.1. Identifying victims

As a general principle, frontline professionals should know how to identify victims of intimate partner violence and try to assess the level of danger they are in. The victim of domestic violence is in a dangerous situation. The ultimate risks are femicide or forced suicide. It is therefore essential to identify and assess the dangerousness of the situation experienced by the victim, in order to be able to prevent any dangers.

2.1.1 Differentiate conflict and domestic violence

The first thing to do is to identify a victim of domestic violence, and to detect if it is indeed coercive control.

To identify domestic violence, it is important to differentiate it from arguments or conflicts:

In case of an argument, **two different points of view** are being brought forward, **on equal terms**.		Violence implies a **relationship of domination** and of the perpetrator taking power over the victim. Through his words and behaviour, the perpetrator wants to control and destroy his partner.

2.1.2 Detecting coercive control

In order to detect a situation of domestic violence, it is important to know how to identify the elements of coercive control. This can be done using the screening grid below, for example. This questionnaire, developed by the West Island Women’s Shelter in Canada, was designed specifically for workers wishing to assess coercive control in a relationship. The list is exhaustive and may seem long. But, as a reminder, the perpetrator will use any strategy to gain control and have power over the victim or take it back. The reality of violence is the perpetrator's search for control and power who will use various strategies and means, including those mentioned in the questions below.

It is important to be able to question the victim alone. If her partner is present, you have to be able to see her alone. In any case, the fact that the victim cannot go out alone is an additional sign of control.

SCREENING GRID[16]

Indicators of coercive control

In your relationship:

- → Is he jealous?
- → Does he scream at you?
- → Does he insult you?
- → Is he threatening you (you, children, pets)?
- → Is he threatening to call the authorities (child protection services, immigration, mental health, social services, etc.)?
- → Is it damaging your property?
- → Are you afraid to make him angry?
- → Do you feel like you're walking on eggshells since you don't know what will trigger his anger?
- → When he is dissatisfied with your behaviour, does he refuse to talk to you or ignore you for long periods?
- → Does he blame you for taking care only of the children and never of him?
- → Is he accusing you of having a lover?
- → Does he drive dangerously when he is mad at you?
- → Does it block access to doors during your arguments?
- → Does he prevent you from sleeping during your arguments?
- → Does he ever scare you by standing near you with his fists clenched?
- → Does he threaten you with objects?
- → Does he physically lash out at you and then ask how you hurt yourself?
- → Does it prevent you from getting treatment at the clinic or the hospital?

In your communications:

- → If he texts you or calls you, and you don't answer him, are you afraid of his reaction?
- → Does he call you frequently at work?
- → When you go out,, does he constantly maintain contact with you and give you the impression that you have to respond to him immediately?
- → Does he monitor your social media?
- → Do any new activities on your social networks trigger an interrogation?
- → Does he insist on having your social network passwords?
- → Does he impersonate you on social media?
- → Does he enter your account and interact for you on social media?

16 West Island Women's Shelter, Kirkland, Canada.

In your respective tasks:

- → If the chores at home are not done, are you afraid of his reaction?
- → Are his expectations of housekeeping so high that you never have time to do anything else?
- → Are his expectations of housekeeping so unrealistic that you have trouble balancing it with your job or caring for the children?
- → Did he make you quit work or school?
- → Does he do all the shopping so you don't have to go out?
- → Did you lose your job or school year because of him?

In the management of your income or important documents:

- → Does he require your earnings to be deposited in his account or in the joint account?
- → Does he deny that you have your own account or does he demand access to your personal account himself?
- → Does he request that the family allowances be deposited in his account or in the joint account?
- → Do you have to account for all the money you spend?
- → Does he get angry if you go over budget?
- → Do you have access to money if you want to spend on the children?
- → Do you have access to money if you want to spend on yourself?
- → Does he get angry when he is restricted in his own spending?
- → Does he seem to keep your financial situation a secret?
- → Does he tell you that you don't have to worry about money matters, that he manages everything?
- → Do you have to ask him for money every time you go shopping for the family?
- → Have you had to borrow money from your loved ones for your needs or those of your spouse?
- → Does he ask you to borrow money in your name from the bank?
- → Does he steal money from you or sell things that belong to you?
- → Do you keep in your possession your identity papers/ important papers, as well as those of the children?
- → Do you have access to your identity papers or other important papers, as well as those of the children, at all times?
- → Has he stolen your identity papers or other important documents, or those of the children?

In your comings and goings:

- → Are you afraid of his reaction when you are late?
- → Does he react strongly when you go out longer than he would like?
- → Does he limit the time you go out?
- → Does he limit the frequency of your outings?
- → Does he limit your right to go out?
- → Does he make you feel guilty when you go out without him?
- → Does he make you feel guilty when you go out without the kids?
- → Does he tell you that he doesn't like you going out without him because he's worried?
- → Does he accompany you in all your comings and goings?
- → Will he pick you up, for example at work, to prevent your colleagues from “getting the wrong ideas”?
- → Does he force you to take the children on all your outings?
- → Does he often come to your work to see if everything is going well?
- → Does it ask you to activate your Sat Nav when you are without him?
- → Does he follow you via geolocation applications?
- → When you come back, does he ask you about everything that happened?

In your appearance:

- → Does he choose your clothes because he wants you to be flawless?
- → Does he force you to change clothes because he finds them too provocative?
- → Does he force you to wear sexy or embarrassing clothes?
- → Does he demand unattainable aesthetic standards from you, or does he compare you to other women?

In your relationships with those around you:

- → Have you lost contact with relatives due to your relationship with him?
- → Does he make you feel guilty when you see loved ones without him?
- → Does he talk to your loved ones for you?
- → Does he frequently call your relatives, your bosses or your colleagues to ask them about you?
- → Does he call your loved ones to check that you are okay with them?
- → Does he accuse you of being a lesbian when you hang out with your friends?
- → Does he accuse you of flirting with any man you know?
- → Does he ask the children to watch you?
- → Does he try to seduce the women around you?

In your sexual relations:

- → Does he insist on performing sexual acts that make you uncomfortable?
- → Does he make sex jokes that put you down in front of the children or other people?
- → Does he insult you or criticize you regarding your attributes or sexual acts?
- → Does he insist that you send him photos or videos that make you uncomfortable?
- → Does he share your intimate photos or videos without your consent?
- → Does he make sexual comments about you on social media?
- → If you refuse to act on his sexual desires, does he insult you, threaten you or ignore you?
- → Does he insist on performing sexual acts in front of other people?
- → Does he force you to have sex with other people?

2.2. Assessment of the victim's condition

If the identification elements of coercive control are verified, it is indeed a situation of domestic violence. At this stage, it is important to see how the victim is doing, to check her state of mental health.

2.2.1 Risk factors[17]

Consider:

- → Acts of violence committed against the wife, children or other family members, as well as previous spouses
- → Violent acts committed outside the family
- → Recent separation or divorce
- → Acts of violence by other family members may be used to control the victim
- → Possession and/or use of weapons
- → Alcohol or drug abuse can disinhibit an abuser
- → A threat should always be taken seriously. Many women who have been murdered by their partners had received death threats before they were killed
- → Extreme jealousy and possessiveness
- → Extreme patriarchal concepts and attitudes
- → Persecution and psychological terror (harassment)
- → E-violence
- → Danger to children, including threats to abduct, injure, kill
- → Failure to comply with a restraining order issued by the court or the police

Potential triggers for increased violence include changes within the relationship, for example when a woman finds a job against her partner's will, when she seeks help, or when she files for divorce.

17 UNFPA-WAVE, *"Strengthening Health System Responses to Gender-based Violence in Eastern Europe and Central Asia"* (2014), p. 83-84.

CLINICAL CONDITIONS ASSOCIATED WITH VIOLENCE, in order to identify women at risk:[18]

Note: some aspects of diagnosis below are more specific to healthcare professionals

- Depression, anxiety, post-traumatic stress, sleep disorders
- Suicidal thoughts and suicide attempts, self-harm
- Alcohol and other substance abuse
- Unexplained gynaecological symptoms, pelvic pain, sexual dysfunction
- Unwanted pregnancies and/or abortion, late pregnancy follow-up, negative attitude to the birth of the baby
- Unexplained genitourinary symptoms, including frequent urinary tract infections, kidney problems
- Chronic unexplained pain
- Repeated traumatic injuries with vague or implausible explanations
- Central nervous system problems, migraines, cognitive problems, hearing loss
- Frequent medical consultations without an obvious diagnosis
- Intrusive spouse, husband or other adults during consultations
-

SIGNS RELATED TO VIOLENCE:[19]

- Injuries unrelated to the causes expressed
- Frequent appointments for vague symptoms
- The woman tries to hide or minimize her injuries
- The woman is reluctant to speak in front of her partner or accompanying adult, seems dominated
- Does not follow the medical prescription
- Misses her appointments
- Multiple wounds appear during healing
- The woman is afraid, seems very anxious or depressed
- The husband is aggressive or dominant, speaks for the woman or refuses to leave the room
- The woman does not go to the department where she is in care, or does so only rarely
- Early discharge from hospital

18 Ibid, p. 67.
19 UNFPA-WAVE, *"Strengthening Health System Responses to Gender-based Violence in Eastern Europe and Central Asia"* (2014), p. 68.

2.2.2 Principles for mentioning the subject

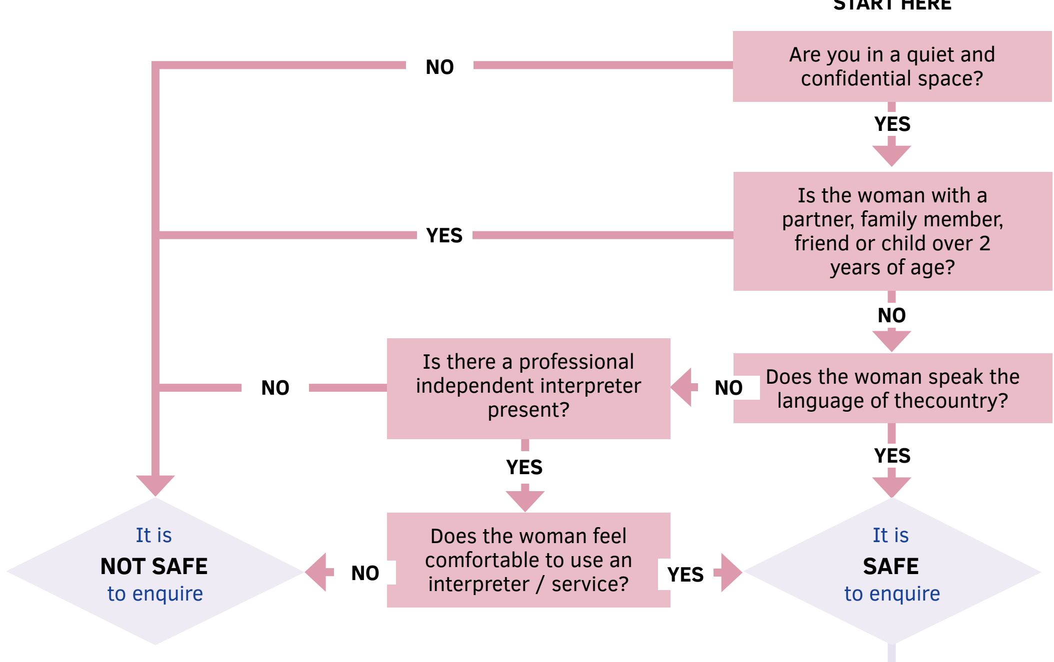
Universal or systematic screening

There is some debate among health professionals as to whether all women should be asked the question – in a routine questionnaire, among other questions – “Is everything OK with your partner?” – or whether this should apply only if there are indications that she is a victim of domestic violence.

However, universal screening for intimate partner violence should be considered in certain specific circumstances[20] – the risk of suicide is one:

- Women with symptoms and disorders (depression, anxiety, post-traumatic stress disorder, self-harm/suicide attempts), due to the strong correlation between mental health disorders and domestic violence
- HIV testing, as domestic violence may affect HIV disclosure or compromise the safety of women who disclose violence and their ability to implement risk reduction strategies
- Antenatal care, due to the double vulnerability caused by pregnancy and by providing follow-up in antenatal care.[21]

The conditions of the interview[22]



EXPLAIN CONFIDENTIALITY

Information may be shared if:
- The woman gives consent
- There is a statutory duty to share information (ex. court order)
- It is in the best public interest (including
- safeguarding children)

You will not inform the partner about the discussion around GBV

HOW TO ASK ABOUT GBV
- Take the initiative to ask about violence
- Explain confidentiality
- Use eye contact and be aware of body language
- Use supportive comments and avoid passive listetning
- Show a non-judgemental and supportive attitude
- Reinforce that GBV cannot be tolerated
- Be patient, and do not pressure patient to disclose
- Emphasize that there are options and resources available

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20 In order to implement systematic screening, it is necessary to ensure that all staff have been trained in these situations. See WHO 2013, https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595_eng.pdf
21 Ibid, p. 67.
22 Ibid, p.69.

EXAMPLES OF INTRODUCTORY QUESTIONS FOR THE INTERVIEW:[23]

1. “I have found that many women experience violence at home. Is this your case?”
2. “We know that many women experience violence at home and that this violence has consequences for their health. Have you experienced violence at home?”
3. “Many of my patients are abused by their partners. It's not easy to talk about it. They may feel scared or uncomfortable. Have you ever been abused by your partner?”

EXAMPLES OF DIRECT QUESTIONS DURING THE INTERVIEW:[24]

1. “I feel like your symptoms are the result of abuse. Is someone hurting you?”
2. “In my experience, these injuries can be the result of a physical assault. Has this happened to you?”
3. “Is your partner, ex-partner or family member humiliating you? Or threatening you?”
4. “Are you afraid of your partner, ex-partner or family member?”
5. “Have you been forced to have sex when you didn't want to?”
6. “Has your spouse ever deprived you of freedom and prevented you from doing what you wanted to do?”

* *It is relevant to have booklets or leaflets on domestic violence available in health facilities. These documents can encourage women to break the silence.*

Active listening[25]

Active listening is a communication technique developed by American psychologist Carl Rogers. It is based on the following principles:

Respect the person you are talking to, listen to them without judging, whatever the situation. This also implies knowing how to respect silence, understanding that silence is full of emotions that are expressed and is necessary before giving way to words.

→ The victim should be encouraged to speak freely or articulate their problem if they wish. Let them know that you are listening, for example by nodding, acquiescing or rephrasing what they say. Do not trivialise or judge the victim. Do not interrupt. Adapt to the person's psychological and physical rhythm: let them express themselves at their own pace.

To feel **empathy**, to be able to put oneself in the other person's shoes, to understand their inner world, without carrying all their pain on one's own shoulders.

→ Show solidarity and respect. You can understand and acknowledge emotions but also be alert to your own feelings. Keep the necessary distance and perspective. If the victim expresses guilt to you, your role is to hear the feeling without minimising it. You are not in the victim's shoes: do not say "I can relate", "I know how you feel", and do not talk about your own experience in any circumstances. Keep your emotions in check. Listening to a victim's suffering, including their hatred and anger, does not leave you unscathed and it is important to be able to analyse your own reactions. Use a neutral, calm and composed tone of voice. Position yourself close to the person, keeping an appropriate distance.

23 Ibid p.71.
24 Ibid.
25 Ecoute-entraide.org

→ If the person is in severe physical or psychological distress, refer them to hospital services

Speaking to the **heart** rather than to the mind, expressing emotional rather than intellectual content.

Non-directiveness, i.e. refraining from giving any advice, because we trust that the other person is capable of finding his or her own resources, once the emotional conditions for trusting and taking charge have been met.

In concrete terms, it is articulated in two stages, known as reflexion-reformulation.

Reflection is about identifying and naming the emotion conveyed in the personal story that has been told. Reflection is only possible after silent and respectful listening, done with the heart as well as the ears.

Rephrasing mirrors the situation described, expressed in the words of the listener.

The combination of mirroring and rephrasing allows the listener to recognise the emotions they are feeling and to feel understood.

Active listening thus aims to enable the person being listened to to take a step back, to "ground themselves" and to become aware of their abilities. It allows them to gain confidence and find the internal resources to move forward in their personal journey.

2.3. Referral

Once the victim's condition has been assessed, they should be referred to the appropriate services.

2.3.1 Belgium

Suicide prevention

Centre de prévention du suicide:
Tel. : 0800 32 123 (24/7)
https://www.preventionsuicide.be

Un pass dans l'impasse:
https://un-pass.be/

Suicide attempt

Tel. : 112, emergency services and ambulance

Domestic violence

Écoute violences conjugales:
Tel. : 0800 30 030 (24h/24 et 7j/7).
https://www.ecouteviolencesconjugales.be/

List of organisations:
https://www.ecouteviolencesconjugales.be/services-guide/

Resource centers specializing in domestic and family violence:
Two support services for victims:
Liège: CVFE asbl (Collectif contre les Violences Familiales et l'Exclusion)
La Louvière: Asbl Solidarité Femmes (Tél. 064 21 33 03) and Refuge pour femmes battues. https://www.solidarite-femmes.be/
For perpetrators
Liège, Bruxelles et La Louvière : Praxis asbl

Institut pour l'égalité des femmes et des hommes:
https://igvm-iefh.belgium.be/fr/activites/violence/violence_entre_partenaires

2.3.2 France

Suicide prevention

Tel. : 3114 (24/7)
https://3114.fr/

Suicide attempt

Tel. : 15
SMS : 114

Domestic violence

Emergencies:
Tel. : 17 (police) or 112

National helpline - Solidarité Femmes:
Tel. : 3919 (24/7)
https://www.solidaritefemmes.org/

From the government:
https://arretonslesviolences.gouv.fr/besoin-d-aide/violences-au-sein-du-couple
https://www.service-public.fr/cmi

Femmes solidaires :
https://femmes-solidaires.org/violences-conjugales/

2.4. What about professional secrecy?

2.4.1 Belgium

Articles 458bis and 458ter of the Belgian Criminal Code allow for the release of professional secrecy.

Article 422bis (which also applies to doctors and other professionals) **imposes an obligation** to assist a person in danger.

Art. 458bis. Any person who, by virtue of his or her status or profession, is the keeper of secrets and therefore has knowledge of an offence (...), which has been committed against a minor or a person who is **vulnerable** by reason of age, pregnancy, **intimate partner violence**[26], acts of violence perpetrated in the name of culture, custom, religion, tradition or so-called "honour", illness, infirmity or physical or mental disability may, without prejudice to the obligations imposed by Article 422bis, inform the public prosecutor, either when there is **a serious and imminent danger** to the physical or mental integrity of the minor or vulnerable person in question, and he or she is not in a position, alone or with the help of third parties, to protect that integrity, or when there are indications of a serious and real danger that other minors or vulnerable persons in question may be the victims of the offences provided for in the above-mentioned articles and he or she is not in a position, alone or with the help of third parties, to protect that integrity.

Art. 458ter. § 1. c This consultation may be organised exclusively with a view to **protecting** the physical and psychological integrity of the person or of third parties, or with a view to **preventing** the offences referred to in Title Iter of Book II or the offences committed within the framework of a criminal organisation (...)

Cette concertation peut exclusivement être organisée soit en vue de **protéger** l'intégrité physique et psychique de la personne ou de tiers, soit en vue de **prévenir** les délits visés au Titre Iter du Livre II ou les délits commis dans le cadre d'une organisation criminelle (…)

Art. 422bis. Anyone who fails to come to the aid of or provide assistance to a person exposed to serious danger, either because he or she has observed the situation of this person him or herself or because this situation is described to him or her by those who request his or her intervention, shall be punished by imprisonment for a period of eight days to (one year) and a fine of fifty to five hundred euros, or by one of these penalties only. (...)

Thus, in Belgian law, **reporting and disclosure are mandatory** in cases of serious danger..

2.4.2 France

Law no. 2020-936 of 30 July 2020, drafted following the recommendations of the *Grenelle* on domestic violence, now **authorises** doctors or any other health professional to inform the public prosecutor of domestic violence suffered by their patients, under certain strict **conditions**.

Article 226-14 of the Criminal Code, supplemented by a third paragraph, provides that Article 226-13 of the Code, which punishes the violation of professional secrecy, does **not** apply to *“a doctor or any other health professional who brings to the attention of the public prosecutor information relating to* ***intimate partner violence*** *covered by Article 132-80 [of this Code],* ***when he or she consciously believes that this violence puts the life of the adult victim in immediate danger and that the victim is unable to protect him or herself due to the moral constraint resulting from the hold exercised by the perpetrator of the violence****. The doctor or health professional must endeavour to obtain the agreement of the adult victim; if it is impossiblé to obtain this agreement, he or she must inform him or her of the report made to the public prosecutor.”*

26 Intimate partner violence is a form of vulnerability in itself, regardless of the physical or mental condition of the victim.

From now on, **the release of medical confidentiality is possible if two conditions are met:**

- when the violence puts the life of the adult victim in **immediate danger**
  and
- when the victim is under the **hold** of the perpetrator and cannot protect herself[27].

Les nouvelles dispositions précisent que le médecin doit s'efforcer d'obtenir l'accord de la victime majeure. En cas d'impossibilité d'obtenir cet accord, il doit l'informer du signalement fait au Procureur de la République.

It is therefore up to the doctor to assess in good conscience whether this violence puts the life of the adult victim in immediate danger **and** whether the victim is unable to protect him or herself because of the hold the perpetrator.

Thus, in French law, it is up to the professional to decide what course of action to take according to the rules of his or her conscience, of his or her intimate conviction.

2.5 A multi-sectoral response

Setting up a referral system between players

The problem of violence needs to be recognised by the health and social services system as a whole, as well as by women's shelters. Each sector may need to develop its own model to implement solutions and respond optimally to each situation. A multi-sectoral response increases the chances of victims receiving help.

Criteria for victim support structures, Istanbul Convention, Article 18[28]

An approach focusing on gender, violence against women, human rights and victim safety.	The structures aim at the autonomy and financial independence of women victims of violence.
An integrated approach that takes into account the relationships between victims, perpetrators, children, and the wider social environment.	If possible, several services are located in the same place.
Avoiding secondary victimisation	Structures must be accessible and address the specific needs of vulnerable populations, including children.

2.5.1 Elements for a forced suicide risk assessment procedure

Context of the procedure

First of all, it should be noted that there is currently no procedure for assessing the risk of forced suicide in the context of Intimate Partner Violence (IPV), for the essential reason that the very notion of FS is new, as our entire study demonstrates.

We wanted to begin partly filling this gap by aiming to raise awareness among frontline professionals dealing with known victims of intimate partner violence of the need to undertake further research into the prevention of this type of suicide.

27 The law of 30 July 2020 introduces the notion of hold into French law.
28 UNFPA-WAVE Training Manual *"Strengthening Health System Responses to Gender-based Violence in Eastern Europe and Central Asia"*, (2014), p. 57.

NOTE: The procedural elements we propose are not intended to be, and should not be interpreted as, clinical or professional advice. This is only a first version of a simple, general tool, to be validated, improved and developed further[29]. The elements of the suicide risk assessment procedure in the context of Intimate Partner Violence (IPV) below are purely informative and limited. They are based on a presentation in the *Suicide Risk Assessment Guide: A Resource for Health Care Organizations* developed by the Ontario Hospital Association (OHA) in partnership with the Canadian Patient Safety Institute (CPSI).

The following list is intended to bring together and highlight the main factors that need to be taken into account when assessing suicide risk in the context of IPV, in order to best ensure the safety of the person concerned. It is aimed primarily at health care staff in contact with victims of IPV and more generally at anyone with a relatively intimate knowledge of a victim of such violence. It also aims to promote the need for a national strategy to prevent suicide in the context of IPV, including the assessment of the risk of forced suicide.

Such a list, not necessarily ours, could or should be used, for example, in emergency services in case of suicide attempts or contact with a victim of IPV considered at risk, in mental health care units, in medico-judicial units, in support associations or by general practitioners in case of contact with a victim of IPV considered at risk.

Suicide risk is a fundamental safety issue. Suicide risk assessment should be an indispensable tool for the prevention of this bane. But it is essential to stress that this type of grid can only be one element of an overall care process that opens the way for meetings between the person concerned and care or support staff and all other potential support.

Our approach when proposing such a list for information purposes was to select from among the recognised and validated suicide risk assessment grids, the one that seemed to us to be both the simplest and the closest to our specific concerns, and to develop it to take better account of the context of IPV.

2.5.2 First elements

First of all, in assessing suicide risk, a distinction must be made between **potentiating risk factors** (these factors are known to be correlated with suicide) and **warning signs** that increase the risk of suicide. They are not on the same time scale. Potentiating risk factors have been present for some time (their presence is estimated in weeks, years), warning signs can trigger the suicide process in the short term (their presence is estimated in hours, days). In general, it is accepted that it is the combination of warning signs and potentiating risk factors that increases the risk of suicide (Jacobs et al., 1999).

The presence of potentiating risk factors predisposes a person to a greater risk of suicide and this risk is confirmed by the presence of warning signs. An increase in the number of these signs increases the risk of suicide. However, for example, not all unemployed people are, of course, at risk of suicide. It is **the accumulation of potentiating risk factors in combination with warning signs that constitutes an increased risk**. This is why the number of warning signs must be taken into account.

Below we present a first list of the main potential risk factors and warning signs of suicidal risk (adapted from Rudd et al., 2006) provided by the above-mentioned guide; we will then propose the same list adapted to the context of IPV. In blue, we show the potential risk factors and warning signs that already exist but need to be reinterpreted in the context of IPV. Indeed, in this context, it is important to understand and emphasise that signs such as "expression of suicidal ideation", "despair", "expression of a feeling of being trapped", "isolation from family, friends, society" and a risk factor such as "chronic mental illness", which includes, for example, depression or depressive episodes, **are often simply consequences of the situation experienced over time by the victim of IPV.**

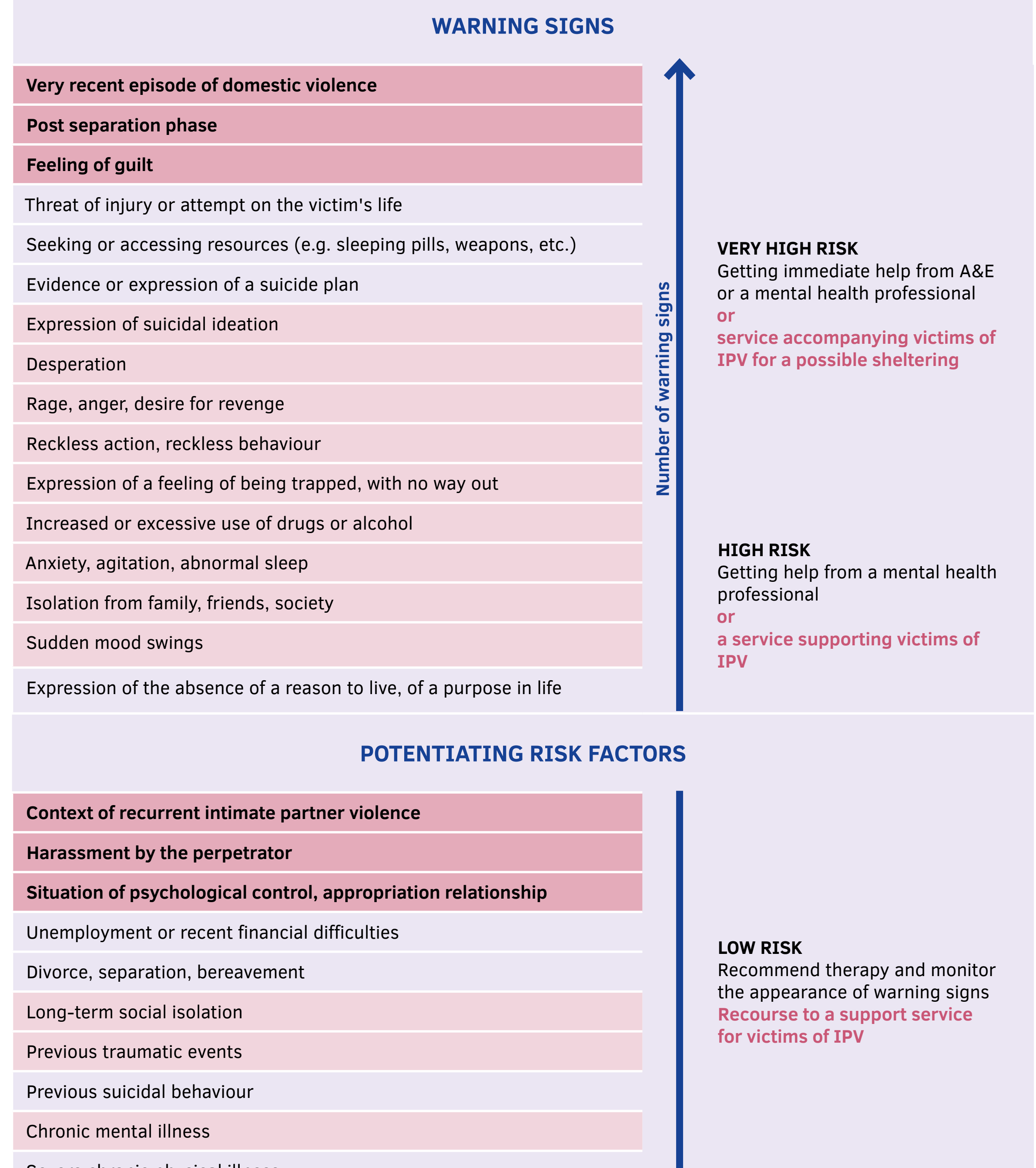
29 Psytel cannot be held responsible for any prejudice or damage that may arise from the use of this purely informative tool.

It is the accumulation of potentiating risk factors and warning signs related to the violence experienced that increases the risk of suicide in the context of IPV.

The authors of the guide state: "In the absence of warning signs, potentiating risk factors may pose a risk of suicide, but in a less immediate way. By focusing treatment efforts on these kinds of potentiating factors, providers can actually prevent the person from eventually developing warning signs. In other words, warning signs indicate the person's level of risk for suicide, while potentiating risk factors indicate where interventions should be focused.

Several existing suicide risk assessment tools generate global scores. In our opinion, these global scores are less useful, in this first phase of developing a tool concerning FS, than the topics addressed by the questions that make up the tool. Moreover, we feel that it is dangerous to rely on score thresholds to determine whether a person belongs to one category or another of people at risk.

2.5.3 List of key risk factors and warning signs for suicidal risk in the context of IPV[30]



The proposed list illustrates the multifactorial nature of the suicidal act, but also the fact that in the specific context of intimate partner violence the dominant factor becomes this very context of IPV and can lead to “forced suicide”. It is a situational suicide.

“Situational suicide” is suicide that occurs when a person not suffering from a mental illness experiences an unacceptable situation that they feel has no other outcome than death (Pridmore, 2009, p113). This is precisely the case for victims of IPV who feel alone and isolated with no one to turn to for support. It is

30 Adapted by Psytel from Rudd et al, 2006

therefore particularly important for frontline professionals to identify such situations and to offer and refer to specialised support.

> **Consequently, in the event of hospitalisation for a suicide attempt, it seems to us essential to systematically question the patient about possible violence within the relationship, using the appropriate well-known questions and, if necessary, using the proposed list to obtain elements for assessing the risk.**

Nevertheless, a risk assessment must be centred on the person, not on the automated completion of a questionnaire resulting in a numerical score. The first principle is to establish a relationship, therapeutic if it takes place with a care professional, or not, based on active listening, trust, respect and empathy.

The proposed list is therefore only there to draw the attention of the listener to the situation experienced by the victim and to contribute to building his/her own assessment of the risk of FS.

2.6 Systemic approach to the treatment of violence – The need for immediate care of a victim of attempted SF

> *"Too often, law enforcement seems to have an "incidental" reading of what sometimes turns out to be a process. As isolated events, a death threat, slashed tyres or a slap do not necessarily require intervention. However, in a number of feminicide cases, these events taken in succession are markers of a more global pattern: the taking of control by one individual over another, the outcome of which may prove fatal. In police stations and brigades, we would prefer to measure the size of bruises and the number of days of total incapacity to work (ITT), and use this to assess the risk of murder. In the light of the cases studied by Le Monde, however, this is not the only or the best indicator. Psychological control and harassment are also warning signs."*
>
> *Investigation: in feminicide cases, alerts overlooked by law enforcement,* Nicolas Chapuis, Lorraine de Foucher, Jérémie Lamothe, Frédéric Potet, Le Monde, 21 October 2019

If a victim is treated as soon as a complaint is lodged in accordance with the seriousness of the violence he or she has suffered, even if it is invisible, and its traumatic consequences are immediately dealt with, the suicide act can be avoided. It is precisely when this suffering is not properly assessed, when the victim feels abandoned by the system, that she will turn to suicide. Frontline professionals therefore have a role to play in preventing these tragedies and offering victims appropriate guidance and care.

3. Psychological autopsy: the need for thorough investigation in cases of suicide and suspected abuse

The study of a dozen cases of forced suicide[31] has made it possible to extract a modus operandi that is in fact very similar to that of feminicide cases.

In the majority of cases, the suicidal act occurs in the post-separation phase, a period during which the female victim has already announced that she wishes to leave her partner or has already left him. A violent outbreak will then occur, which will be a culmination of all the violence suffered during the relationship, the insults will be the strongest, the humiliations will be more radical than ever. In the aftermath of this violent outbreak, within a few minutes or a few hours at most, the suicidal act takes place. The hold and the real enterprise of denigration set up throughout the shared relationship will reach its paroxysm in a scene of extreme violence, which will lead the victim, who is already in a very fragile psychological state at that moment, to her fatal act.

This procedure will make it possible to establish proof of the causal link between the harassment suffered and the suicidal act.

> This commonality between feminicides and forced suicides in their *modus operandi* implies an identical judicial treatment, with the same gravity.
>
> As soon as the suicide occurs, and the investigation begins, it is necessary to immediately investigate whether domestic violence was involved and to conduct a psychological autopsy.

A thorough investigation must reconstruct the biography of the suicide victim:

- → Hearings of the family, family circle and professional circle
- → Search for a day book entry or complaint
- → Immediate review of mobile phones and computers
- → In-depth examination of the medical file, follow-up by general practitioner or psychologist, psychiatrist
- → Search for sick leave

Gathering evidence:

- → To provide evidence of the psychological violence suffered by the victim, based on a number of clues
- → Proving an impairment of the victim's physical and mental health
- → The observation that the repeated acts throughout the relationship resulted in a gradual deterioration of the victim's living conditions, and finally led her to take her own life.

31 By Yaël MELLUL, a pioneer in France on the subject of FS in the context of domestic violence.

The defence strategy:

The defence strategy will be to argue that the suicide victim had psychological problems, financial worries, conflicts at work, which is absolutely true: victims of domestic violence lose their jobs, have no money, are ruined, in debt, have sometimes lost custody of their child(ren), often sink into alcoholism, have spent time in psychiatric hospitals or have attempted suicide.

→ These are the **consequences** of the violence suffered. It is important to remember that the cause should not be confused with the consequences.

In the same spirit, it will be argued that they had psychiatric and psychological problems prior to meeting their attacker, and that these were the cause of their suicide. However, it is precisely because of these narcissistic flaws that they were chosen by a violent man.

→ These are not exonerating causes of responsibility, but aggravating circumstances; it is therefore with full knowledge of the facts that the violent men put the victim at serious psychological risk, which led her directly to suicide.

ANNEX

Belgium does not recognise forced suicide in the context of domestic violence. However, emblematic cases of other forms of forced suicide, such as those resulting from *revenge porn* and moral harassment at work, broaden the concrete description of forced suicides.

The suicide of Maëlle, 14, a victim of school bullying and *revenge porn*

Maëlle committed suicide on 31 January 2020 as a result of school bullying and the dissemination of sexual images and videos on social media. One of the perpetrators, aged 16, admitted to having posted a video of the young victim naked “to get even”. He had requested videos from Maëlle himself and posted them on Snapchat and other websites. He had also sent images to other people. The intimate video circulated for two months on social media. Other young people at her school informed Maëlle, who panicked at the rapid spread of the images. In a video she left her parents to explain her action, she describes the situation as unbearable for her. Her mother found out about this after her daughter died.

The suspects are four in number. They are charged with inhuman treatment with the aggravating circumstances of causing death without intent, harassment, voyeurism for minors under 16 years of age and possession and dissemination of images of child pornography.

A teenage girl was sentenced to 75 hours of educational service and the main suspect was sentenced to 120 hours of educational service and/or community service. The other suspects are still awaiting trial.

The suicide of a policewoman, following moral harassment from her superiors

On 11 November 2011, Ms S.K., a policewoman in Waremme, killed her daughter, tried to kill her son, attempted suicide, and then committed suicide the following year after being interned. She had previously suffered an accident at work, and had undergone an assessment on her return, which apparently took place in a context of settling scores. The policewoman had been under continuous pressure for months, according to several witnesses. The judgment denounced the following treatment of the victim: sudden coldness, unusual distances, criticism and a series of reproaches on her return from sick leave, humiliation in the presence of an offender when asked to justify the drafting of an official report on an offence, and the organisation of a hurtful evaluation procedure in a stressful atmosphere.

The two superiors of Mrs S.K. were found to be criminally responsible for the harassment that led her to commit such acts and to commit suicide. The defendants were prosecuted for, among other things, degrading treatment and moral harassment of Mrs S.K.; involuntary manslaughter of Mrs S.K.'s daughter; involuntary manslaughter of Mrs S.K. and involuntary assault and battery of Mrs S.K. and her son.

The Court of Appeal's judgment, considering that the facts were part of a "collective suicide dynamic", concluded that these physical injuries would not have occurred had it not been for the criminal misconduct imputed to the hierarchical superiors. In other words, the Court's judgment states that the psychological state of the policewoman, at the time of the act, is a state resulting from the malicious treatment she received from her superiors. Given this, the judgment legally justified the existence of a causal relationship between the acts of harassment and the charges of homicide and manslaughter.

This ruling is a very important step forward in the fight against moral harassment at work, since the link between inappropriate actions and harassment and the resulting consequences (homicide, attempted suicide and then suicide) was upheld by the Supreme Court.

Suicide of a 14-year-old girl after she was raped and the perpetrators posted the images online

A 14-year-old girl committed suicide in Ghent in May 2021, within a week of being raped and having the images posted online. Four days earlier, a friend had arranged to meet her in a cemetery near her home. Four other youths then arrived, raped the girl, filmed the attack and posted the footage online. According to the victim's father, if this had not happened, his daughter would still be here. “Those images were the last straw for her.” The girl's parents only found out what had happened to their daughter after she died.

The five perpetrators were identified: three minors and two adults. The three minors were placed in custody. The two adult perpetrators, aged 18 and 19, were arrested and are being prosecuted for rape, indecent assault and taking and distributing images likely to endanger the integrity of a person, with the aggravating circumstance that the offences resulted in the death of the victim.

Notes

Notes

Suicides Forcés en Europe
SF♀Eur
Forced Suicides in Europe