Psytel

Ingénierie de l'information

Programme DAPHNE III – 2007

« Estimation of Intimate" Partner Violence related mortality in Europe - IPV EU_Mortality »

Project n°JLS/2007/DAP-1/140

Synthesis of the scientific report

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1> Objectives and method:

➔ The main objective of the project is to provide an **estimate of intimate partner violence (IPV) related mortality in Europe EU27, as well as an estimation of the cost of these deaths**. This question has never been globally tackled.
- This work takes place within the European DAPHNE III 2007-2013 program (European program for the prevention of violence towards children, adolescents and women). Partners from three Member States participated (France/Psytel, Italy/ASLN5 and Hungary/Mona).

➔ - The methodology utilised has a triple approach, from a gender-based point of view:

- a « macro-data approach» : we collected data useful for our estimation amongst the European and international databases available. The data were medical (Eurostat mortality data on homicides and suicides and those from the World Health Organization) and police data (homicides from Interpol - International Criminal Police Organization and from the United Nations- United Nations Office on Drugs and Crime);

- a « meso-data approach» : we collected the results of studies, estimations and specific reports from all of the 27 Member States (MS) related to IPV mortality, depending on their availability and if the results appeared viable and the methodology clear and explicit;

- a « micro-data approach» : we collected homicide cases by key word search in major newspapers in France, Italy and Austria, as well as press reviews by womens' associations. It seemed necessary to illustrate the interpretation of published numbers with real case studies within a sociological approach, as the numbers alone cannot sufficiently advance a gender-based analysis.

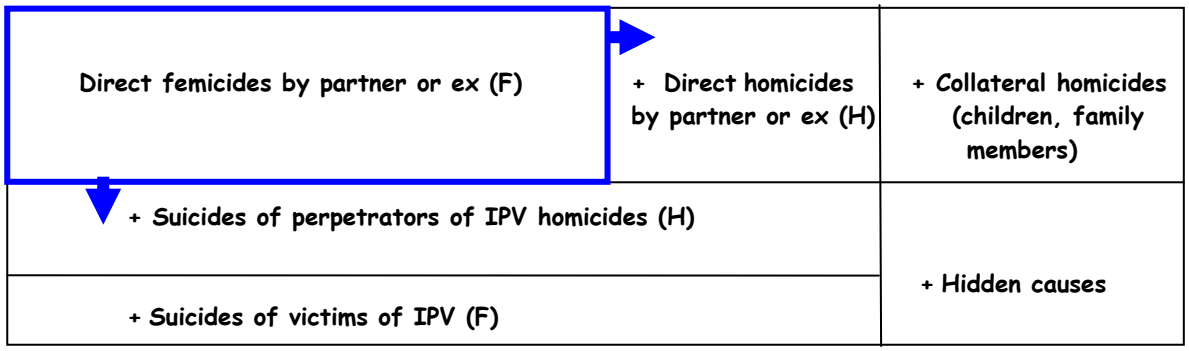
2> An expanded definition:

- We propose an **expansion of the concept of « IPV femicides » to « mortality linked to IPV »**. In this way we included in our estimation model direct homicides by males towards their intimate partner, and **also direct homicides towards males** by their female partners, who were often themselves victims of violence. We also include homicides between persons of the same sex, **suicides of perpetrators of**

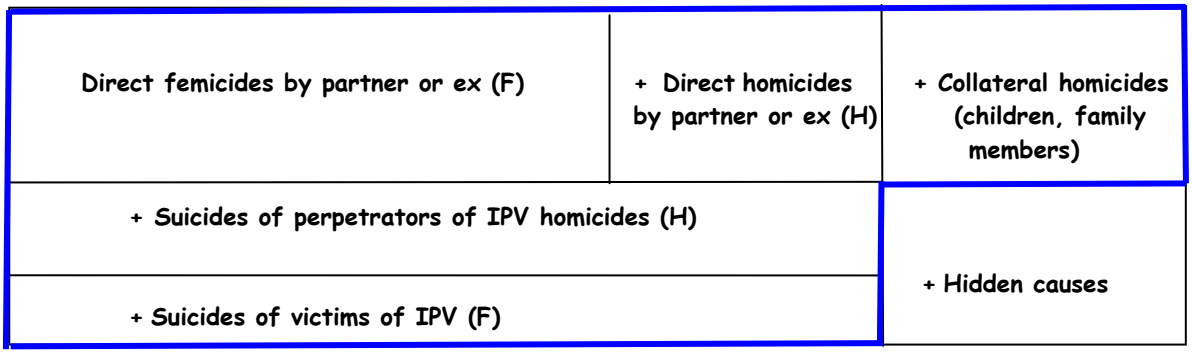
homicide, **collateral homicides** (children, family members) at the moment of the crime and especially **the suicides of female victims of IPV**. Due to the near total absence of published data, this estimation does not include the victims of **hidden causes** (e.g. homicides disguised as accidents, fatal pathologies due to the stress of IPV, disappearances).

- Thus, our expanded definition based on reason, current state of knowledge, and the concept of mortality linked to gender-based IPV, can be visualised as follows:

Restricted definition



Expended definition

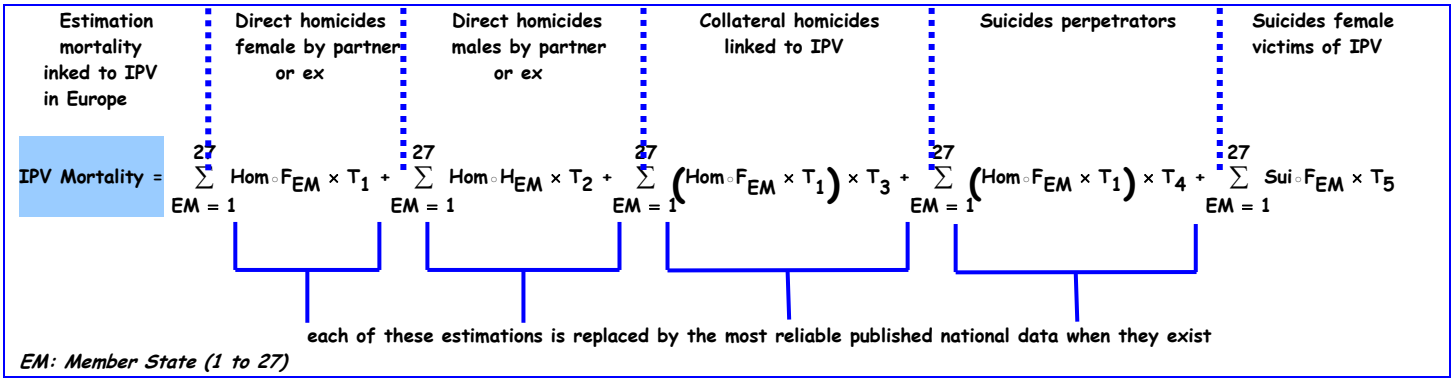


- We included in IPV mortality the direct femicides in which the perpetrators were or have been intimate partners. In addition to husbands and current or past partners, we included whenever feasible given the data source, ex-boyfriends/girlfriends, boyfriends/girlfriends and persons dating (without having necessarily an intimate relationship). These are not always included as it is difficult to identify the persistent control certain men have over « their » partner, which is at the origin of these crimes independent of the legal relationship between the victim and the perpetrator. We did not include crimes of honour which is gender-based violence, but are not yet quantifiable. Finally, in our project design we included all deaths linked to IPV for persons 15 years of age and older, and for all ages concerning collateral homicides which mainly comprised children.
- In the final scientific report we have developed arguments for the inclusion of female suicides attributable to IPV and other mortality cases (suicides of perpetrators, etc.).

3> A mixed estimation model:

- The equation of our estimation model is provided further below. We placed priority on the observed and published national data judged reliable, whenever they exist. The available data vary in accordance with the evolution of legislative changes, and the social and scientific contemplation taking place in each of the Member States. Thus, for France we used data published by the Delegation of Victims (DAV) which appear exemplary, fulfilling 4 out of 5 components in our model. In each Member State where such data exist we used these data instead of theoretical estimations. The software developed *IPV EU_Mortality soft* allows us to easily adapt the parameters of the model in order to obtain minimal and maximal values, as a function of the hypotheses made. Estimations are available for each year from 2004 to 2007 and of course for each MS and all of Europe EU27:

Model equation for IPV EU_Mortality estimation



The 5 parameters of the model are:

T1: Number of female homicides direct (femicides) attributable to IPV compared to the total femicides

T2: Number of male homicides directly attributable to IPV compared to the total male homicides

T3: Number of collateral homicides attributable to IPV compared to total femicides linked to IPV

T4: Number of male suicides amongst perpetrators of homicides attributable to IPV compared to total femicides linked to IPV

T5: Number of suicides of female victims of IPV compared to the total female suicides in past or current relationships

The model developed presents the following advantages (+) and limitations (-):

+ *A novel concept*: in this model we take into account not only the homicides by partners and collateral homicides, but also suicides by perpetrators of homicide and especially suicides of female victims of IPV.

+ *A novel function*: our model allows for calculating estimates for all of the Member States, thus for Europe EU27. It is flexible and simple to use: one can easily calculate hypotheses, by year from 2004 to 2007. This can be easily expanded to include additional years and to add published data.

+ *Mixed model estimated/published*: our model places priority on the national published data and then relies on theoretical estimates based on the 4 components calculated by the published data (T_1 to T_4).

+ *A dynamic learning model* as uploading new « national data published as valid » makes for a better adjustment of the model parameters (for the 4 calculated components). Thus we can calculate an « estimation error index » for each estimation so that we are able to compare adjustments to the model.

- *Definitive limits*: the definition of IPV-related mortality can be different between the Member States. We have attempted to take this into account, yet it would be crucial to have consensus on a definition for Europe. We do not take into account the hidden causes which may be important statistically. Also, including the suicides of female victims of IPV is controversial.

- *Intrinsic limit*: it is an estimation model, thus we had to make hypothesis calculations for four out of the five components based on the published data in Europe.

- *The fragility of the model*: the « published data deemed reasonably valid » are still few in number in Europe. The matrix of published data (numbers x MS) comprises many « holes ». Also, the studies on the link between suicide and IPV are not developed enough.

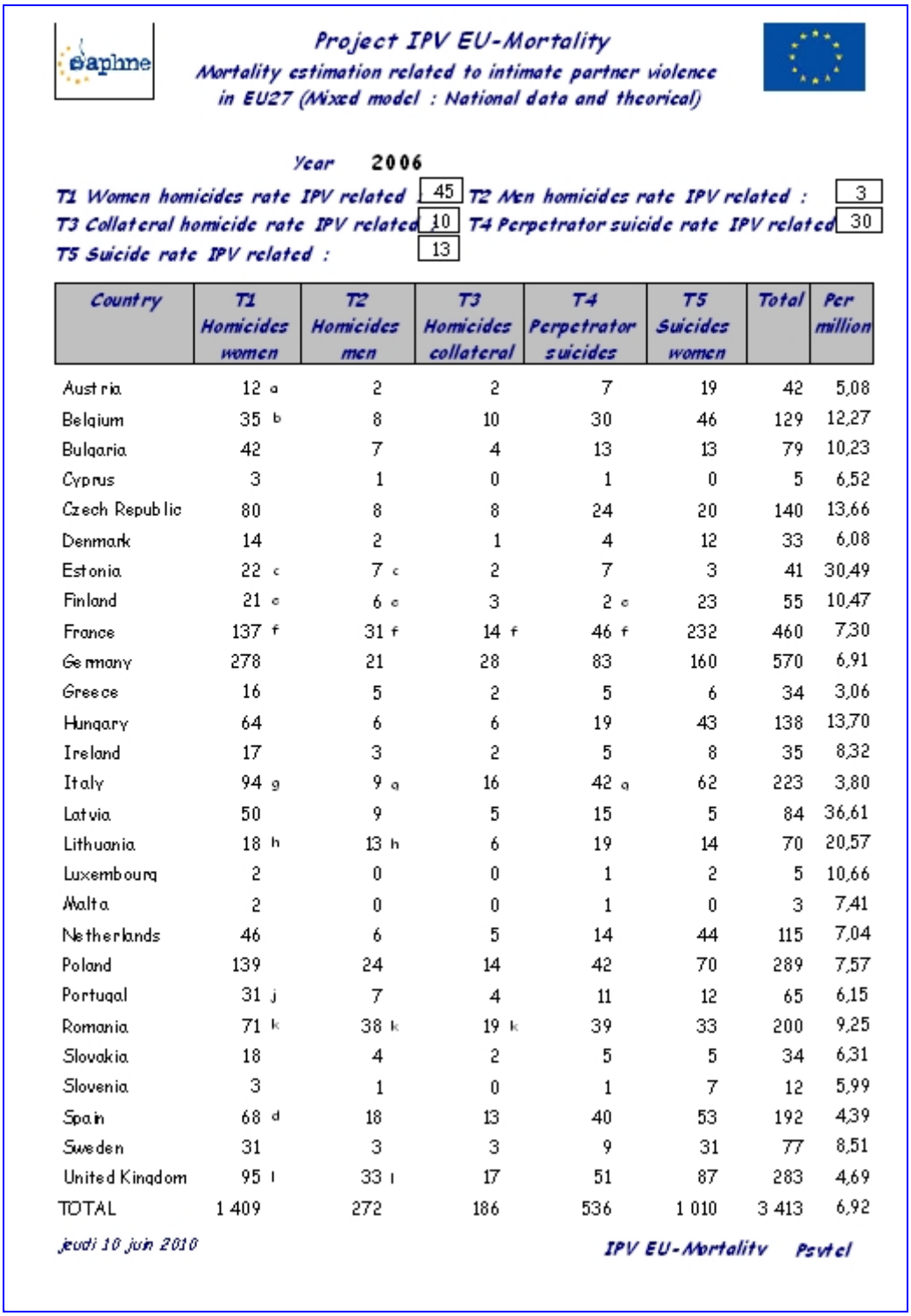
- *Uniformity and linearity of the calculation hypotheses*: the calculation hypotheses in absence of published data are the same for all of the EU27 countries. Yet the reality is certainly « non linear » (if one observes less female suicides, it does not necessarily mean they are fewer in numbers) and « non uniform » (there are not identical numbers for all of the Member States).

4> Estimation results for EU27:

- Our team chose a « parametric vector » (T_1 = 45 %, T_2 = 3 %, T_3 = 10 %, T_4 = 30 %, T_5 = 13 %) based on the calculated numbers from the published national data, the literature results and the experience gained by implementing this project.

- Due to the choice of parameters and giving priority to national published data found reasonably viable (« mixed model»), the following results exist for 2006:

Extract from the software *IPV EU_Mortality soft (mixed model)*



Project IPV EU-Mortality

Mortality estimation related to intimate partner violence in EU27 (Mixed model : National data and theorical)

Year **2006**

T1 Women homicides rate IPV related : 45 *T2 Men homicides rate IPV related* : 3

T3 Collateral homicide rate IPV related : 10 *T4 Perpetrator suicide rate IPV related* 30

T5 Suicide rate IPV related : 13

Country	*T1 Homicides women*	*T2 Homicides men*	*T3 Homicides collateral*	*T4 Perpetrator suicides*	*T5 Suicides women*	*Total*	*Per million*
Austria	12 a	2	2	7	19	42	5,08
Belgium	35 b	8	10	30	46	129	12,27
Bulgaria	42	7	4	13	13	79	10,23
Cyprus	3	1	0	1	0	5	6,52
Czech Republic	80	8	8	24	20	140	13,66
Denmark	14	2	1	4	12	33	6,08
Estonia	22 c	7 c	2	7	3	41	30,49
Finland	21 e	6 e	3	2 e	23	55	10,47
France	137 f	31 f	14 f	46 f	232	460	7,30
Germany	278	21	28	83	160	570	6,91
Greece	16	5	2	5	6	34	3,06
Hungary	64	6	6	19	43	138	13,70
Ireland	17	3	2	5	8	35	8,32
Italy	94 g	9 g	16	42 g	62	223	3,80
Latvia	50	9	5	15	5	84	36,61
Lithuania	18 h	13 h	6	19	14	70	20,57
Luxembourg	2	0	0	1	2	5	10,66
Malta	2	0	0	1	0	3	7,41
Netherlands	46	6	5	14	44	115	7,04
Poland	139	24	14	42	70	289	7,57
Portugal	31 j	7	4	11	12	65	6,15
Romania	71 k	38 k	19 k	39	33	200	9,25
Slovakia	18	4	2	5	5	34	6,31
Slovenia	3	1	0	1	7	12	5,99
Spain	68 d	18	13	40	53	192	4,39
Sweden	31	3	3	9	31	77	8,51
United Kingdom	95 l	33 l	17	51	87	283	4,69
TOTAL	1 409	272	186	536	1 010	3 413	6,92

jeudi 10 juin 2010 *IPV EU-Mortality Psytel*

The letters visible next to the numbers relate to the « reliable national data » collected during the study and described in the final scientific report.

5> Main study conclusions:

Upon completion of the project IPV EU_Mortality we are able to make the following statements regarding the estimation of mortality linked to IPV in Europe (EU27):

➔ **Estimation of mortality linked to IPV in Europe EU27**: we estimate for 2006 a total of **3 413** deaths linked to IPV in Europe EU27, **from whom 2 419 are female**: 1 409 direct femicides by a partner, 1 010 suicides of females who were victims of IPV, 272 male homicides by a partner, 186 collateral homicides, 536 male suicides of homicide perpetrators linked to IPV. We provide these

estimates in detail for each MS. In addition to the precise numbers, let us summarise: there are approximately **3 500 deaths yearly related to IPV in Europe EU27, making for 9 deaths a day, from whom 7 are females.**

➔ Direct femicides represent less than half (41 %) of the total mortality linked to IPV. **Yet it is women who are most often victims of this extreme form of violence** (71 % of victims: direct femicides + female suicides), **as well as children,** as they are the ones most affected by the collateral homicides.

➔ We have shown that there is **no significant statistical link between Gross Domestic Product and mortality numbers linked to IPV,** but there is a **very significant statistical link between the Human Development Index and the mortality numbers linked to IPV** (negative correlation).

➔ **An attempt at estimating the cost of mortality linked to IPV in Europe EU27:** the value assigned to the price of a human life is a controversial topic. The values assigned to loss of human life do not share a similar methodology. The estimation that we chose is based on the work by the report Boiteux (France, 2001). In this way we estimate the yearly cost of IPV mortality at **5,7 billion euros** for Europe EU27 in 2006 (see our report Daphne 2006-73 on the cost of IPV in Europe).

➔ Our approach at the level of the European information systems (macro-data) led us to conclude that it is imperative to have **sex (biological) and gender-based (sociological) statistical data** (analyses in function of gender relations). We have again seen that, for example the data from Eurostat Justice (homicides per year) are not gender-based. A European directive could make this obligatory.

➔ Our approach at the national level (meso-data) led us to conclude that at the national level (meso-data) specific studies and officially available data are too rare in Europe. Crime at the level of the couple is studied very little and not thought of as a result of a relationship based on the violence and control a man has on his partner resulting in deadly consequences to one or the other, depending on the case.

➔ Our approach at the level of cases (micro-data) led us to recommend implementing a **systematic and centralised press review** on IPV mortality. The reasons for this press review are three-fold:
- assists the **counting of** homicide cases
- serves as a **case-based data collection tool** which allows for a first partial analysis of the main circumstances and causes mentioned
- finally, it is also a **sociological marker** to observe the terms used by journalists based on police or justice sources, often revealing how society considers femicides. The press review also allows for following a case for a more complete and pertinent analysis. The press review opens up a playing field to interact and debate with the media. Only a detailed analysis of the prehistory, the circumstances and the type of relationship allows for a better understanding of the characteristics of this phenomenon.

➔ Over the course of our work we determined that one field of study has been minimally explored, **the link between suicides and IPV.** It should be the topic of more comprehensive studies as it is an important subject, if only for the number of potential deaths attributed to this. We are conscious of the multi-factorial nature of suicide. Sociological studies on suicides also showed the collective dimension. The development of the notion of « *psychological autopsies* », which display the number and the importance of the repercussions on the mental health of IPV victims, should assist in better recognising this cause as a principal cause of mortality liked to IPV. One should encourage an expert consensus on the topic.

➔ This project has led us to propose the creation of « **national observatories on mortality due to gender violence** ». The role of this observatory would be to collect all of the data and information obtained from the different sources - police, justice, health, associations, media, research, and to synthesize these data and information, as well as analyse and propose protection and prevention measures that are most appropriate for each Member State: short term emergency measures to diminish violent acts, prevention measures for the mid and long term. This observatory could also be in charge of the press review and perform specific research in this domain. We also suggest that it produces a

« *minimum data set* » for each death which would be collected in a European harmonised: ***IPV Mortality Database***. Only such an observatory could manage and lead such a dynamic and varied « workflow ».

➔ In each Member State it is necessary to first **collect data at the police level** and from legal medicine, with assistance from specialists in gender violence. A real political will is needed for this on behalf of the authorities to *dare to identify* this type of homicide. These specific data collections, starting with a qualitative information search, require a specialisation by the professionals involved and a gendered qualitative approach. It is essential to take into account the manner of relationships involved as well as the previous cycle of violence in order to use a quantitative approach and to support the numbers, including their evolution in the short and long term.

➔ An analysis of IPV related homicides and the experience of lawyers and associations which assist victims indicate that when the woman separates from her partner (announces the separation, the separation has taken place and the post-separation visits) appears to be the most dangerous time. It also appears that the deadly act is not an isolated experience, as it is often preceded by a number of other violent acts which may not be necessarily made known via the justice system (complaints, charges filed or sentencing). **Femicide is very often the outcome of a violent masculine process which one did not know about or did not want to listen to.** We can only highlight the recommendation often made by the NGOs that the best protection measures for women and their children, notably the unique jurisdiction as in Spain, where an excellent relationship exists between the **civil justice and the penal justice** so that the « civil judges » take into account the antecedents of violence in the partnership which were formally denounced and eventually abruptly dropped or not.

➔ It is practically impossible to display all of the information available in the articles written by journalists that are published in the newspapers. We do not have access, understandably, to the police records, which do not include all of the information leading up to the event and the contextual information. Thus real **« IPV mortality investigation »** should be implemented based on the model of « accident investigation » which takes place after an aerial accident or a fatal traffic accident, to explore all of the antecedents, and include interviews of persons close to the victim. The observatory could take the lead on this.

➔ One should be able to devise from these surveys **specific prevention methods for crisis situations**. Establishing screening tools for police services or hospitals, and providing a *telephone hotline* which is directly linked by one button to the police services is undergoing testing in France and Spain as a prevention method in dangerous situations. Other methods include the restrictions of child visits by perpetrators of violence, use of penal mediation and improved processing of charges filed.

➔ The model that we have constructed is above all a **tool for reflexion**: for the conceptual basis of IPV mortality and the magnitude of this mortality in Europe EU27 and its cost. This model is not enclosed in a false scientific notion, but rather serves to reflect together on the complexity of this phenomenon of IPV mortality, on its dimension and costs based on sound figures.

Let us summarise the products resulting from the study IPV EU_Mortality:

1> The scientific report and its annexes which detail all the results of our approaches; **2> This synthesis report (En/Fr)**; **3> The final administrative contract report**; **4> The software *IPV EU_Mortality,*** functioning on *Microsoft Windows* © 98 and future versions with a **user manual**. It allows for creating, updating published national data and making estimates.	**5> Articles** for the scientific review (currently in publication) ; **6> A CD-Rom** containing all of the documents and the software products, including a copy for the Commission for the Toolkit part of the Daphne website; **7>** The documents and the software are also available for upload from our **website: *www.psytel.eu***