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Death Threats and Attempted Femicide in the Context of Domestic Violence in Portugal

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Abstract: Domestic violence is a serious problem in Portugal, affecting mainly women. The significant number of femicides in the context of intimate partner violence has been showing not only the severity of the crime, but also the necessity to reinforce strategies to prevent and combat it. Although several studies were developed in the last decades to portray domestic violence, research on the threat of death and attempted femicide is scarce. This study aims to characterize death threats and attempts of femicide, in the light of the professionals' perspectives from the Portugal National Support Network for Victims of Domestic Violence, contributing to informing best practices of risk assessment. Seventy-one professionals, 62 female (87.3%) and 9 male (12.7%), at an average age of 37.69 years, filled a questionnaire survey. Results suggest weaknesses in the application of current legislation and the adoption of effective measures in situations where victims experience death threats and attempted murders. Although there are criminal proceedings before these episodes, this does not seem to have effective consequences in terms of protection and security, whereby the development of strategies that safeguard victims from tragic endings such as femicide are necessary.

Keywords: gender-based violence; victims; femicide; risk assessment; professionals



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1. Introduction

Domestic violence is a crime that affects thousands of people every year, in Europe and particularly in Portugal. Although we have acknowledged the vulnerability to which women are subjected, the official numbers are probably different in reality. In 2021, domestic violence was the most reported crime, with 26,520 complaints presented to the Portuguese police authorities. Nearly 75% of the victims were female, and 81% of the offenders were male (SSI 2022). Most of the victims and the offenders were 25 years old or more, respectively 73.3% and 93.6%. Concerning domestic violence homicides, according to the official data, 23 people were murdered in the same period, 16 of which were women (SSI 2022).

Even though the crime of domestic violence has been studied by the Portuguese academia since the 1990s (Lourenço et al. 1997; Neves and Brasil 2018), and ever since several studies have been conducted about homicides perpetrated by partners or former partners, research regarding death threats and homicide attempts as risk factors to femicide is still scarce (Loinaz et al. 2018).

Indeed, evidence from previous works (e.g., Agra et al. 2015; Castanho 2013; Matias et al. 2020; Unidade de Informação Criminal—Policia Judiciária 2020) points out that women are the most susceptible to be murdered by partners or former partners (Stöckl et al. 2013), especially when they have a history of domestic violence associated with severe physical aggression, death threats, and homicide attempts, and when they decide to end abusive relationships (Campbell et al. 2007; Spencer and Stith 2020). As is highly described in the literature, women who experience physical, emotional, and sexual violence are at a higher risk of becoming femicide victims (Campbell et al. 2003; Pengpid et al. 2018; WHO 2012). Further, some studies have concluded that women who are victims of physical

partner violence are more likely to suffer from sexual violence, experience threatening or attempting suicide, use alcohol or substances, and be killed (e.g., [Penggpid et al. 2018](#)).

According to [Lewandowski et al. \(2004\)](#), each homicide is preceded by three homicide attempts. Several studies (e.g., [Ruiz and Calderón 2020](#)) have concluded that, in a very high rate of homicide cases, victims were physically assaulted by their partners before being killed. Thus, severe physical violence is one of the most relevant risk factors for domestic violence homicide, with nonlethal strangling being flagged as one of the strongest predictors of women homicide by their partners or former partners ([Glass et al. 2008](#); [Reckdenwald et al. 2020](#)). Results of a meta-analysis suggest that men are the ones who most-often resort to this action, given that the use of strangulation seems to be based on power dynamics ([Sorenson et al. 2014](#)). According to [Thomas et al. \(2014\)](#), strangling plays a specific part because it sets the stage for the homicide scenario. By exerting physical control over their victims, offenders show them they are willing to kill. Indeed, some authors (e.g., [Pritchard et al. 2017](#)) argue that strangling is often a prelude to homicide. Even when it is not lethal, it has severe, and sometimes irreversible, consequences for victims' health. Several victims who had been strangled but survived suffer from visual consequences, and some may not remember what happened because of amnesia caused by cerebral hypoxia ([Strack et al. 2001](#)). Along with strangling, a strong association between firearms, domestic violence, and intimate partner homicide has been found, suggesting that firearm use is linked to an increased incidence of femicide ([Gold 2020](#)).

Besides neurological damage due to severe physical violence, cognitive and behavioural changes have been identified, producing psychological trauma ([Patch et al. 2018](#)). However, these injuries appear not to be properly considered in clinical and forensic reports and are not sufficiently documented ([Bichard et al. 2021](#)). By neglecting the observation of this violence, routine exams lose reliability, making difficult the adoption of procedures in line with victims' needs.

Depressive symptomatology, anxiety problems, and suicidal ideation are prevalent among victims who suffered severe violence ([Logan et al. 2022](#)).

Research also indicates that children who are exposed to death threats or homicide attempts towards significant others, who most times are their mothers, present indicators of suffering and dysfunction, which impairs their short, medium, and long-term development ([Christianson et al. 2013](#)). Children who witness episodes of severe, potentially lethal, physical violence are at particular risk, both from the perspective of their mental health and their social integration ([Alisic et al. 2017](#)). Considering that about 60% of murdered women have two or three children in their care ([Lewandowski et al. 2004](#)), they must receive clinical, social, and academic attention and priority.

The analysis of the situations leading to femicide is essential to conduct risk assessment processes with the smallest margin of error. To do so, information on victims' and offenders' characteristics, together with murder antecedents, namely threat of death and attempted femicide, is indispensable.

To frame the study on death threats and attempted femicide in the context of domestic violence in Portugal, a brief contextualization of the protection system for victims of domestic violence, with references to the legal system organization, will be presented first. After the method description, main results will be discussed, and finally conclusions and recommendations will be endorsed.

2. The Protection System for Victims of Domestic Violence in Portugal

The structural nature of violence against women has been recognized by multiple national and international directives, such as the Istanbul Convention, ratified by Portugal in 2013 ([Conselho da Europa 2011](#)). The gendered nature of the crimes that are perpetrated against women by their partners or former partners has been highlighted since the 1970s, when, for example, Diana [Russell \(2001\)](#) defended that homicide against women motivated by gender should be designated as femicide. According to her perspective, women are killed for being women, and in that sense, the crime could not be judged as gender neutral.

Although the term femicide is not adopted in the scope of the Portuguese criminal law, it was chosen by the authors for the purpose of this study as it reflects, in a more accurate way, the structural dimension of the crime, which is gender-based (Neves 2016; Russell 2001).

In Portugal, domestic violence is a public crime under article 152 of the Penal Code. The crime is defined as physical and psychological violence, including body punishments, deprivations of liberty and sexual offences to (a) a spouse or a former spouse; (b) a person of another or of the same sex with whom the agent maintains or has maintained a dating relationship or a relationship similar to a marital relationship, even if without cohabitation; (c) a progenitor of common descendant in first degree; or (d) a person particularly undefended, due to age, deficiency, disease, pregnancy or economic dependency, who cohabitates with him/her.

To promote gender equality and prevent and combat domestic violence, Portugal has been adopting Strategies and Action Plans for the last two decades, ever closer to an intersectional matrix. From 1999 to 2013, four National Plans against Domestic Violence were developed in the country. From 2014 to 2017, the V National Plan to Prevent and Combat Domestic and Gender-based Violence was implemented, expanding its scope to gender-based violence and incorporating practices such as female genital mutilation and sexual assaults. From 2018 to 2030, the National Strategy for Equality and Non-Discrimination “More Equal Portugal” is in execution, which puts together, for the first time, three action plans: (1) the Action Plan for Equality between Women and Men, (2) the Action Plan to Prevent and Combat Violence Against Women and Domestic Violence, and (3) the Action Plan to Combat Discrimination based on Sexual Orientation, Gender Identity and Expression, and Sexual Characteristics. The three plans, in line with the United Nations 2030 Agenda for Sustainable Development Goals, are focused on the eradication of all forms of discrimination and violence against the most socially vulnerable groups, among which women stand out.

One of the aims of the current Action Plan to Prevent and Combat Violence Against Women and Domestic Violence is to support and protect victims, expanding the measures firstly defined by the law n.º 107/1999 of 3 August (Assembleia da República 1999), which established the creation of the public network for sheltering women and children victims of domestic violence.

Currently, the National Support Network for Victims of Domestic Violence (RNAVVD), which is under the technical supervision of the Commission for Citizenship and Gender Equality (CIG), the national body for the promotion and advocacy of the principle of gender equality, is composed by 243 structures, 180 victim support centres, 28 emergency shelters and 35 shelters. The structures provide specialized services free of charge and bring together 733 professionals working in interdisciplinary teams. Among others, they have the functions of assessing and managing victims’ level of risk, assuring the satisfaction of their needs, preparing their individual intervention plans, and periodically updating their safety plans. Since 2020, the level of risk is assessed by professionals who have to fill out a registration form (Despach n.º 5374/2020 of 11 May) systematizing information on victim and her/his victimization historic.

Risk assessment in cases of domestic violence took place in Portugal for the first time in 2006, according to the Resolution of Council of Ministers n.º 21/2005 of 28 January. The registration form used by the RNAVVD’s professionals was adapted from the risk assessment form created for the police authorities, the Republican National Guard (GNR) and the Public Security Police (PSP).

Reinforcing the need to protect victims, and recognizing the lethality of domestic violence, the law n.º 112/2009 of 16 September (Assembleia da República 2009), modified by the law n.º 19/2013 of 21 February (Assembleia da República 2013), the law n.º 82-B/2014 of 31 December (Assembleia da República 2014), and the law n.º 129/2015 of 3 September (Assembleia da República 2015), defined the creation of a Retrospective Domestic Violence Homicide Analysis Team, that

(. . .) has the mission to carry out a retrospective analysis of homicide situations that occurred in the context of domestic violence and that have already been the subject of a final court decision, or a decision to archive, or to not pronounce, in order to draw conclusions that allow the implementation of new preventive methodologies in terms of procedures and, whenever justified, the production of recommendations to public or private entities with intervention in this field. (art. n.º 3, Portaria 280/2016, [Presidência do Conselho de Ministros, Administração Interna, Justiça, Trabalho, Solidariedade e Segurança Social, e Saúde 2016](#), p. 3827)

Many of the recommendations made by the Retrospective Domestic Violence Homicide Analysis Team bring into discussion the need of improving risk assessment procedures, making them urgent and effective.

The main aim of the present study is to characterize domestic violence associated with death threats and attempts of femicide, considering the perspectives of the RNAVVD's professionals. By identifying the antecedents of femicide, it would be easier to formulate more effective strategies for its prevention. The specific goals of the research are (1) to characterize victims who attend the structures of the RNAVVD, (2) to analyze types and typologies of domestic violence, (3) to map situations involving death threats, attempts of femicide and consummated femicide and its consequences and impacts, and (4) to assess professionals' perspectives of the protection system for victims of domestic violence.

3. Method

The sample is constituted by 71 RNAVVD's professionals, 87.3% ($n = 62$) female and 12.7% ($n = 9$) male, representing about 9% of the global universe (Table 1). Their ages range between 25 and 64 years old ($M = 37.69$; $SD = 9.114$), and 50.7% ($n = 36$) have a bachelor's degree, 46.5% ($n = 33$) have a master's degree, and 2.8% ($n = 2$) have a PhD. About half of the sample (49.3%) has a degree in Psychology ($n = 34$), followed by Social Service in 23.3% of the cases ($n = 16$), Criminology in 8.7% ($n = 6$), and Law in 5.8% ($n = 4$). More than 90% of the sample ($n = 67$) has specific training in domestic violence. On average, the participants have been working in the field for 7.5 years and 70.4% work in victim support centres. In 45.1% ($n = 32$) of the cases, the structures are located at the north of the country, 18.3% ($n = 13$) are located at the center, and 15.5% ($n = 11$) are located at the metropolitan area of Lisbon.

Table 1. Sociodemographic characterization.

| | | | |
|-------------------------------|-------------------|----|-------|
| Gender | Female | 62 | 87.3% |
| | Male | 9 | 12.7% |
| Nationality | Portuguese | 71 | 100% |
| Education level | Bachelor's degree | 36 | 50.7% |
| | Master's degree | 33 | 46.5% |
| | PhD. | 2 | 2.8% |
| Education area | Psychology | 34 | 49.3% |
| | Social Service | 16 | 23.2% |
| | Criminology | 6 | 8.7% |
| | Law | 4 | 5.8% |
| Training in domestic violence | Yes | 67 | 94.4% |
| | No | 4 | 5.6% |

For data collection, a questionnaire survey was developed and made available online via google forms. The measure is composed by 52 questions based on the specialized literature, divided into six sections: (1) the sociodemographic characterization, (2) the characterization of professional practice, (3) the characterization of domestic violence cases, (4) the characterization of domestic violence cases associated with death threats or attempts of femicide, (5) the characterization of domestic violence cases associated

with consummated femicide, and (6) characterization of domestic violence cases in the context of the COVID-19 pandemic. The initial part of the questionnaire included an informed consent.

The link of the questionnaire survey was sent by email to CIG, requesting the dissemination through all the RNAVVD structures. The data collection occurred between 28 May and 13 July 2020. The responsibility of managing the responses was taken by the research team, entirely composed by researchers in the Psychology field.

The present study was conducted according to the ethical precepts underlying scientific research with human beings. In that sense, it will comply with the Code of Ethics and Deontology of the Portuguese Psychologists Association (Código de Ética e Deontologia da Ordem dos Psicólogos Portugueses), the ethical principles of the American Psychology Association (APA), and the General Regulation on Data Protection (Regulamento Geral de Proteção de Dados) from the European Union.

For the data treatment and analysis, the Statistical Package for the Social Sciences (IBM SPSS Statistics, version 27.0, Armonk, NY, USA) program was used.

4. Results and Discussion

Corroborating the statistical data and the empirical evidence, at both national and international levels (FRA-European Union Agency for Fundamental Rights 2014; WHO 2013), 98.6% ($n = 70$) of the participants indicated that the victims assisted and/or admitted at the RNAVVD are mostly female and adults (85.9%; $n = 61$). In 95.8% ($n = 68$) of the cases, domestic violence occurs in intimate relationships. These results reinforce the gendered nature of intimate partner violence that continue to impact, in a highly disproportionate way, women's lives (Neves 2017; Stöckl et al. 2013). The entire sample indicated that they mostly work with victims who have a heterosexual sexual orientation, that are, according to 60.6% ($n = 43$) of the professionals, married. Most of the sample reported that victims have children (94.4%; $n = 67$), with 85.9% ($n = 61$) mentioning that they are under the age of 18 years old. According to 67.6% ($n = 48$), the victims are Portuguese and have concluded the 9th grade (43.7%; $n = 31$). About 45% ($n = 32$) and 48% ($n = 34$) of the participants, respectively, responded that the victims are between 26 and 40 years old, and 41 and 60 years old. Regarding the offenders, 32.4% ($n = 23$) and 57.7% ($n = 41$) of the participants, respectively, are between 26 and 40 years old, and 41 and 60 years old.

Domestic violence is characterized as chronic, according to 77.5% ($n = 55$) of the participants. The entire sample pointed that psychological violence is very frequent. About 80% mentioned that physical and economical violence (78.9%; $n = 56$), social violence (77.5%; $n = 55$), and sexual violence (36.6%; $n = 26$) are very frequent. Most of the professionals (87.3%; $n = 62$) admitted work or have worked with victims who were exposed to death threats or attempts of femicide, which means they are in contact with cases where the risk to femicide is very high, probably due to their chronic nature. On average, RNAVVD's professionals indicated having been in contact with a total of 11 victims who suffered death threats or attempts of femicide. Considering the average time of professional practice, 7.5 years, each professional will have had contact with about 1.5 victims with this kind of history per year. Only 25.8% ($n = 16$) responded that the victims were, at the time of the death threats or attempts of femicide, being assisted in the structures of the RNAVVD. This fact may indicate that most victims ask for support only after experiencing high-risk situations and contacting police authorities. About 70% of the participants ($n = 49$) affirmed that victims had previously reported the crime to the police authorities. However, no coercion measure had been applied to the offenders in consequence (87.3%; $n = 62$).

Considering the data from the General Secretary of Ministry of Internal Administration (SGMAI 2021), the existence of previous reports was confirmed in 19.4% of the cases registered by police authorities. About 20.07% of the victims presented high risk, after the initial assessment. However, from the overall result of the surveys reported and analyzed in 20,120 ($n = 14,986$), 78.5% were archived, 16.9% resulted in an accusation, and 4.5%

resulted in provisional suspension of the process. The prison sentences, when applied, were overwhelmingly suspended, in 89.5% of the cases (SGMAI 2021).

According to professionals, in a result of death threatening or femicide attempting, offenders were subjected to electronic surveillance measures (60.6%; $n = 43$), suspended sentences (42.3%; $n = 30$), and effective prison sentences (30%; $n = 21$). About 30% ($n = 21$) reported that there were no consequences. The discrepancy between the number of complaints presented to police authorities for domestic violence and the number of convictions was noted by the Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO) (2019), as well as the excessive use by the justice system of suspended sentences.

The entire sample referred to victims who experience severe psychological consequences after being threatened with death or faced a femicide attempt. Depression, anxiety, and suicidal ideation were highlighted as common among victims. The social consequences of victimization, namely isolation and avoidance, were pointed by about 60% ($n = 42$) of the participants. The physical consequences were also indicated (31%; $n = 22$), with injuries and chronic pain being emphasized.

As stated previously, domestic violence has short, medium, and long-term consequences for the victims and their children, constraining health, and wellbeing (Alisic et al. 2017; Patch et al. 2018). In a very expressive number of cases, domestic violence, including death threats or attempts of femicide, is inflicted against adult victims who have minor children that are in their presence. Adding the fact that such cases are associated with a previous history of complaints to the police authorities, the risk underlying the cases assisted by the RNAVVD's professionals is evident. It should be noted that official data from 2020 reveal that, in 31.7% of the cases, the occurrences were witnessed by minors (SGMAI 2021), with intimate relationships being the privileged context for this type of violence (Neves 2017).

Of the total number of participants, only 7% ($n = 5$) reported having worked with victims who were killed, one of them a child. In all cases, previous complaints were presented to the police authorities. All the adult victims had children. The homicides included severe physical violence and use of firearms and edged weapons. The participants, when characterizing the situations, reinforced risk factors that are already highly described in the literature, such as previous existence of death threats, easy access to firearms, and adoption of physical violence behaviours, which increases the likelihood of the incident becoming fatal, as well as femicide being followed by suicide (Barber et al. 2008; Kivisto 2015). One of the offenders tried to commit suicide after perpetrating femicide.

Considering the prominent percentage of RNAVVD's professionals who admit having worked with victims of domestic violence facing a high risk of being murdered by their partners or former partners (87.3%) and the significant rate who have been in contact with cases resulting in femicide (7%), it is evident the complexity of situations RNAVVD is handling with.

The persistent seeking for clinical care by domestic violence victims in consequence of different traumatism episodes (e.g., wounds, fractures, injuries) confirm the severity of victimization, which tends to involve behaviours such as strangle attempts and use, or threat to use, firearms (Dossier no. 1/2019-VP from the *Retrospective Analysis Team in Domestic Violence Homicides*). According to SGMAI (2021), in 2020, 5.6% of the offenders who committed crimes of domestic violence had a gun, and in 1.4% of the situations, they used a knife or a firearm.

Concerning the first lockdown period imposed by the State of Emergency decreed in Portugal because of the COVID-19 pandemic, which lasted from March to May 2020, most participants have not considered differences both in terms of the flow of seeking and the characteristics of the violence practiced. The same applies to the cases of death threats, attempts of femicide, and consummated femicide. About 70% of the professionals ($n = 47$) considered that the reinforcement measures to support victims of domestic violence, adopted by the state, were effective during this period.

Despite this perception that there was no increase or decrease in the cases, perhaps influenced by the temporal period during which the data were collected, when comparing the number of complaints between 2019 and 2020, there is a decrease of 6.3%. This fact may be explained by the lower accessibility that victims had to the formal complaint mechanisms during lockdowns, as they were at home with their offenders. Maybe for the same reason, the number of admissions in shelters also decreased by 15.7%, from 3596 in 2019 to 3022 in 2020 ([República Portuguesa 2020](#)).

5. Conclusions

According to the RNAVVD' professionals who participated on the present study, the victims of domestic violence who seek victim support centres and emergency shelters are frequently exposed to death threats and attempts of femicide, which reveals they are subjected to a very high risk of being killed. Moreover, RNAVVD' professionals have experience in dealing with cases of consummated femicide, reinforcing the need to handle with particular attention threats and attempts that may result in murder.

Portuguese, heterosexual, and married women, along with their children, are the main victims of domestic violence, characterized as chronic, multiple, and potentially lethal. Intimate violence perpetrated by partners or former partners is the most referred. Even though psychological violence is the most prevalent among this sample, physical, and sexual violence present high rates. As high-risk factors for femicide, their presence might explain the number of situations of death threat and attempts of femicide found. A more accurate evaluation on strangling behaviours, firearms use, and sexual aggressions must be taken in the scope of the regular risk assessment procedures.

Although these situations have been, on their majority, previously reported to the police authorities, the measures adopted did not take into consideration adults and minors victims' safety and protection. The ineffective application of coercion and restraining orders towards offenders, as well as the excessive use of suspended sentences, worsen the danger to which the victims are exposed, demonstrating the lack of awareness, by the legal system, of the severe and harmful, sometimes lethal, consequences of gender-based violence.

The present research also highlights the severe psychological impacts victims experienced when exposed to death threats and attempts of femicide. Depression, anxiety, and suicidal ideation are often associated with psychological trauma, which limits victims' autonomy and decision-making ability. Alongside this, physical, social, and economic consequences are also pointed out, contributing to the impairment of victims' functioning areas.

Regarding the impacts of this severe violence in the children who witness it, the scenario is equally concerning. In 2021, from 45,132 danger situations communicated to the Commission for the Promotion of Children and Young People, 13,782 were related to domestic violence ([Comissão Nacional de Promoção dos Direitos e Proteção das Crianças e Jovens 2022](#)). However, little or nothing is known about the real consequences that these experiences have in children's development. Moreover, the reality concerning children being confronting with death threats and attempts of femicide, or children becoming orphans in consequence of femicide, is yet to be known. Thus, improving scientific research on the topic and strengthening intervention programs for children are fundamental aspects to be considered.

This study emphasizes the system's fragility which seems to be inoperative in victims' protection, thus increasing the risk of revictimization. This is particularly evident regarding the small number of formal complaints resulting in effective convictions.

The evidence that many victims of domestic violence are not being assisted in the RNAVVD structures when the death threats and attempts of femicide occurred show their aggravated vulnerability. Thus, information on the existence of RNAVVD should be spread, the intra and inter-institutional articulation should be expanded. Once in contact with institutions, the victims must obtain diligent and aligned responses that mitigate the effects of the violence they suffer, preventing the risk of femicide. As reflected in some

recommendations made by the Retrospective Domestic Violence Homicide Analysis Team, continuous follow-up and monitoring of the victims assisted by professionals must be guaranteed. The professionals' capacitation is also a field to be systematically improved.

Even though they exist, public policies are still difficult to apply, with a clear mismatch between the measures provided by law and the ones that are put into practice. Such is corroborated by GREVIO (2019), which states that Portugal should invest in careful data collection on gender-based violence that enables us to uncover the phenomena, that provides clues for the informed implementation of expected measures in public policies, and that helps to prevent femicide situations timely and effectively. Moreover, and even though the national public policies are already beginning to contemplate the need to revert the mechanisms that sustain gender hierarchies and patriarchy, namely through the mandatory implementation of the National Strategy for Citizenship Education, it is imperative to train, more consistently, future generations towards equality.

Despite the decreasing number of complaints and homicides during the first lockdown in the country (República Portuguesa 2020; OMA-UMAR 2020), the approach to domestic violence in the pandemic contexts cannot be reduced to its numerical dimension. Thus, there is a need to analyze the characteristics and dynamics of domestic violence from an integrated point of view, paying special attention to the post-lockdown period. If this period can constitute itself as an aggravated risk factor for the victims, a longitudinal analysis will be essential to understand the effects of the pandemic on the adult and child victims, and to identify prevention policies, at medium and long-term.

As it is highly documented in the literature, intervention in high-risk victimization cases contributes to professionals' stress and strain, and therefore, it is urgent to adopt intervention and supervision practices that prevent vicarious victimization. These practices, when assured, contribute to increase resilience and to decrease the emergence of psychopathological symptomatology (Michalchuk and Martin 2019). The establishment of supervision and intervision is especially relevant in this domain. These procedures are extremely relevant so that professionals can activate the necessary resources for the effective protection of the victims (Campbell et al. 2003).

This study offers fundamental clues about the intervention with women victims of domestic violence who suffered death threats and attempts of femicide, about the (in)effectiveness of the protection system, and about victims' needs. It seems evident and urges us to invest in most accurate risk assessment instruments and procedures and, in consequence, in a most effective application of protective measures for victims and criminal justice responses for offenders. As mentioned before, predictors of femicide, such as nonlethal strangling, use of firearms and sexual harm, must be seriously considered in the risk evaluation, as well as the specific conditions of victims and offenders.

One of the limitations of the current study was the dimension of the sample, as only 9% of the universe of the RNAVVD's professionals filled the questionnaire survey. Because data collection was performed in a period when most professionals were working at home, due to the safety measures adopted in consequence of COVID-19 pandemic, the motivation to participate was probably lower.

Further studies should investigate death threats and attempts of femicide associated with situations involving strangling, use of firearms and sexual harm. It would be very important to systematize the impacts of handling with cases of death threats, attempts of femicide and consummated femicide on professionals' health and wellbeing.

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