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The right to health

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Sladana Jovanović*

Original Scientific Paper
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OUTLINING MENTAL HEALTH ISSUES RELATED TO FEMICIDE PREVENTION

Author outlines the problems in coping with relevant mental health issues linked to femicide in intimate partner/family violence context. One of them is related to firearms control and the other one to insufficient, unsatisfactory managing and protection of mental health care in Serbia in general, as well as neglecting and minimizing its relation to femicide. The general, starting thesis is that mental health care in Serbia is not at the satisfactory level, even though some interventions could be made quite easily, thus contributing to better protection of victims. In brief, respecting the right to health of the individuals with mental health problems, promotion activities, adequate care, monitoring and evaluation are expected to be effective (in synergy with other measures aimed at social factors as crucial) in preventing and combating femicide.

Keywords: *mental health, mental health care, mental disorder, femicide, firearms control, medical security measures*

* PhD, full professor at the Union University School of Law, Belgrade,
email: sladjana.jovanovic@pravnofakultet.edu.rs, ORCID: [0000-0001-8300-2594](https://orcid.org/0000-0001-8300-2594)

Introduction

Violence against women (especially domestic violence) is an actual topic in Serbia, but femicide, as its the most extreme manifestation is emerging one. It has recently become recognized as global, persistent problem (as gender-motivated killing of women)¹ in need of various, multidisciplinary, both international and national responses. The femicide rate in Serbia is stable (according to available data, deriving from the media – approximately 30 victims per year) (Women’s Autonomous Centre, 2025)², despite efforts taken mostly in normative area, with poor results in practice (Jovanović, 2010; Simeunović-Patić, Jovanović, 2013 & 2017; Konstantinović-Vilić et al., 2019; Jovanović, Vujičić, 2022; GREVIO, 2020; Beker, 2023; Jovanović, 2024b)³.

The other important topic is juvenile criminal activity with elements of violence. Juveniles are interesting as domestic violence offenders, too, but it is also an under-researched topic (Jovanović, Sofrenović, 2016), as they are still in focus mostly as peer-violence offenders. Juvenile violent behaviour with lethal consequences that shook society from the core was well-known mass murder in elementary school (“Ribnikar” case), followed by mass murder in Dubona and Malo Orašje (perpetrator was younger adult).

The link between these topics is the (absence of) care for mental health problems, as well as poor firearms control policy. The link between mental health care and firearms control is indisputable in femicide cases (and other cases of violence against women) as in cases that are always sensationally portrayed in media, such as above mentioned mass murders – one committed by a criminally irresponsible boy/child., and the other one by the younger adult (ineligible for the harshest sentence – life imprisonment); both of them used firearms that were in the possession of their fathers.

In these and similar cases, the question of mental health of perpetrators is the topic of paramount interest in the public discourse (especially in sensationalist media coverage and penal populism context (Jovanović, 2021, Pavlović 2024), usually linked to the lay person’s conclusion – “Somethihg that monstrous could not be performed by mentally sane person”.

The other unavoidable question is related to firearms availability and control. For example, one of the recent cases of femicide that drew public attention has been the

¹ About development of notion and recognition of femicide as specific phenomenon/type of homicide: Jovanović, Simeunović-Patić, 2011; EIGE 2023; Jovanović, 2024b).

² There is no official data on this phenomenon in Serbia, which is considered as serious flaw regarding ratified relevant international documents (Jovanović, Vujičić, 2022). About efforts to „measure” the phenomenon: UNODC, UN Women, 2022.

³ Moreover, available data suggest that while the overall number of homicides globally has begun to fall in 2022 after a spike in 2021, the number of female homicides are not decreasing (UNODC, UN WOMEN, 2023: 1)

“Bajina Bašta case”: the ex-spouse and child were murdered, and the perpetrator committed suicide; all acts were committed by the illegally possessed gun (Stevanović, 2025). The headline of the article is very expressive and worrying: “Man sentenced for family violence, no restraining order, wife and daughter murdered” (Ibid). In the mentioned article, author stated that perpetrator was known as a very angry man who has kept on saying that he would perform something dreadful. It was obviously alarming, and maybe adequate reaction could have been timely undertaken, murders prevented, but there has been no attempt (as usually).

The perpetrator from the “Ribnikar case” ended up in Clinic for neurology and psychiatry for children and youth (Tanjug, 2023), and the other young mass murderer was diagnosed as a person “with lowered tolerance to frustrations”, while the personality of his father (passionate collector of the firearms) was marked with “passive-aggressive traits”, (Mladenović, 2024). How come father has got the permit to possess firearms, and his son has the access to them?

These mass shootings perpetrated by young persons put the “mental health care in the centre of attention in Serbia” (Vukadinović, 2023). Generally, mental health care has become an important topic in Europe (and in Serbia, too) quite recently, since COVID-19 pandemic and subsequent economic and other crises (armed conflicts, etc), so there are various efforts underway to identify shortcomings in the system and to make improvements at European level (Amand-Eeckhout, 2023). It is expected that Serbia will make efforts to harmonize its legislation and practice with new European recommendations and requirements in the field.

Considering the abovementioned, it is not surprising that mental health issues of the perpetrators of femicide (as a new topic) has been put aside in European surveys (Caman, Sturup, Howner, 2022), and Serbia is not an exception (Jovanović, 2024b).

1. One look at the mental health care in Serbia

Undoubtedly, mental health care is a social necessity (having in mind long-term exposure to different crises⁴, “culture of violence”, but also to various stressors related to COVID-19 pandemic and post-COVID period). One recent mental health survey shows a gloomy picture of the mental health care state of play in Serbia: about one third of the population could be considered psychologically endangered, 15.6% has shown symptoms

⁴ About a steady rise in mental and behavioural disorders and shortages in mental health care system in Serbia: Lečić Toševski et al., 2010.

of depression, 7.2% of anxiety, while 1.6% of the population is at the high risk of suicide (Živanović et al., 2022: 4).

The Programme on the Protection of Mental Health in the Republic of Serbia (2019-2026)⁵ (Chapter 2.3.2: “Shortages of the actual organization of the mental health care system”) describes grim actual response to one extremely important social need. Data from the Report on the implementation of the Action Plan for the Programme on the Protection of Mental Health in the Republic of Serbia indicates that, during three years Of the Action Plan implementation (2019-2022), its overall goal hasn’t been fulfilled, while some efforts have been made to achieve specific goals, with more or less success (Stojadinović, Ankić, 2023)⁶. It is important to mention that the Movement for Mental Health, founded in July 2021 by the NGOs devoted to mental health care improvement, asked several times for the information (of public importance) from relevant state agencies in charge of monitoring and reporting in the process of Action Plan implementation, but received answers indicated that monitoring and reporting have not been conducted or demanded type of information has not been publicly available (Ibid: 6).

In comparison to some other European countries (from Serbia’s neighbourhood) one could find data corroborating previously mentioned about mental health care in Serbia: on 100.000 habitants in Serbia (according to 2020. data) there are just six psychiatrists, while the situation in other countries is much better – Croatia:13, Slovenia:12, Bosnia and Herzegovina: 9, and Switzerland: 47)⁷.

In the context of the mental health care and actual problems, it is important to emphasize “traditional”, deeply rooted resistance to visiting mental health professionals; stigmatization of those who ask for help, as well as fear of stigmatization when the problem and the need for professional help are recognized. There is also the insufficient knowledge of the family members (and intimate partner) of an individual with mental

⁵ Programme on the Protection of Mental Health in the Republic of Serbia (2019-2026), Official Gazette, no. 84/2019.

⁶ Number of mental health care centres has not been changed; number of beds in psychiatric institutions on 100,000 inhabitants has not been changed; 24h emergency rooms for urgent needs in child and adolescent psychiatry has not been available since March 2020, and is considered big shortage in mental health care of children and youth. These findings have been corroborated by the Recommendation of the Ombudsman (November, 2021) addressed to the Ministry of Health, about necessity of psychiatric services for children and youth. Additionally, services for the prevention and treatment for children and youth with addiction problems are not available as they should be, and their foundation has been expected... (Stojadinović, Ankić, 2023: 20-26).

⁷ Psychiatrists per 100,000 people (Data Source: WHO Mental Health Atlas 2020 via UNICEF (2023)) <https://ourworldindata.org/grapher/psychiatrists-working-in-the-mental-health-sector#sources-and-processing>. According to the Report on implementation of the Action Plan on Programme on protection of Mental Health in the Republic of Serbia (2019-2022) the specific goal for 2012 regarding increasing number of mental health professionals is fulfilled – there are 11 professionals (psychiatrists and neuro-psychiatrists) on 100,000 inhabitants (Stojadinović, Ankić, 2023: 31).

disorder about the characteristics of the disorder, the necessity for regular therapy application and regular mental health check-ups. The relevant institutions fail to provide necessary information, and even the adequate treatment and/or control. For illustration: one patient (offender of violent crime, who was found not guilty due to mental illness and sanctioned to medical security measure – compulsory psychiatric treatment in medical institution) was released from the Special Prison Hospital for the weekend. He murdered his wife by a hammer, in the bed in which his grand daughter slept and whose screaming “woke him up” (as he has said). He suffered from residual schizophrenia and, as he admitted in court proceedings, he hasn’t applied the prescribed therapy (neither in hospital!) (Simeunović-Patić, Jovanović, 2013: 78).

In the grim picture of the health care system in Serbia, UNICEF has added extremely worrying data on shortages in mental health services suitable for children and youth, both on national and local level, and unavailability of relevant data and mechanisms for data collecting. It is also pointed out that there is high level of stigmatization of the persons with mental health problems in Serbian society (UNICEF, 2021). At this point, it is necessary to emphasize that the juvenile offenders with mental disorders are placed in the so-called “juvenile room” in the Special Prison Hospital instead of a specialized institution. Specialized institution for medical treatment and acquiring of social skills is envisaged by the Law on Juvenile Criminal Offenders and Criminal Law Protection of Juveniles⁸, but it does not exist (although there is an exceptional need for its establishment) (Jovanović, Sofrenović, 2019: 88).

Undoubtedly, it is necessary to work on public awareness about mental health care (especially among children and youth), but the availability of adequate professional services is of paramount importance. We must not forget that *mental health is more than the absence of mental disorders*; it is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community⁹.

1.1. Mental health, firearms control and femicide prevention

Violence against women is persistent, global public health problem of epidemic proportions (WHO, 2013), but femicide as its extreme manifestation has just recently started to draw attention in Europe (EIGE, 2023). Femicide is a complex, multifaceted phenomenon, deeply rooted in gender-based discrimination and violence, and it is most

⁸Article 134 of the Law on Juvenile Criminal Offenders and Criminal Law Protection of Juveniles, Official Gazette, No. 85/2005.

⁹More about concept of mental health and its characteristics: WHO (2022).

often related to intimate partner/domestic violence context, although it happens in other contexts (Jovanović, 2024b). In Europe (and in Serbia, as well) the femicide is also seen (almost exclusively) as intimate partner femicide, related to hegemonic masculinity (Mršević, 2024: 560), but surveys (and official data) on rates and characteristics are relatively scarce and barely comparable (Spinelli, 2011; Weil, Naudi, 2018; Corradi, 2021).

One area of research, particularly in need of further scrutiny, is to what degree perpetrators of intimate partner femicide suffer from mental health problems, and what the clinical features are, especially those related to mental health disorders and substance abuse among perpetrators (Caman, Sturup, Howner, 2022).

Among multiple relevant risk factors that should be addressed in all policies and actions in order to prevent femicide (especially its well-known type – perpetrated by intimate partner/family member) are the presence of mental health problems, such as alcoholism, alcoholophilia, paranoid or schizophrenic psychosis, depression or certain personality traits (psychopathic structure, passive-dependent personalities, etc.), pathological possessiveness (related to issues of power imbalance and control tactics within the partnership), jealousy and pronounced ambivalence towards the partner, as well as the possession, or more precisely – the availability of firearms (Jovanović, 2024b: 540). Some authors argue that perpetrators of femicide are more likely than perpetrators of the other types of homicide to have experienced psychological distress, serious mental health problems, thus the mental health should be seen as an important driving factor (Simeunović-Patić, 2003: 118; Di Marco, Baranyi, Evans, 2024).

1.2. Firearms control and mental health

The firearms (even in legal possession) have been frequently used in femicide cases or other kind of violence against women in partner/family context (e. g. the mere presence of a gun in the house could be threatening for a woman whose partner is violent). Several studies indicate significant data on the presence of weapons as a risk of death in domestic violence. In the United States of America, which is among the most liberal states in possessing, holding, and carrying weapons, 84% of all murdered women are killed with firearms. In that country, the risk of killing women in the family increases by almost 300% if there are weapons in the house. There are also numerous studies showing that the risk of a woman being killed in the context of domestic violence increases by five to twelve times if the perpetrator possesses a weapon, or if the weapon is in the house. Several additional factors contribute to such high rates of a fatal outcome engender-based violence when the perpetrator possesses a weapon: severity of injuries, reduced ability of a woman to resist, reduced opportunity for a woman to escape or have strangers intervene

and help, and increased chances that the perpetrator will actually misuse weapons in domestic violence cases (Božanić, 2016).

According to the first study on femicide (in judicial practice) in Serbia – firearms were used in 60% of cases (Simeunović-Patić, Jovanović, 2013: 36), while for the whole period 2011-2024 (according to data from the media) firearms were used in 31,68 % of cases (Autonomous Women’s Centre, 2025). Some judicial practice surveys show that use of firearms in femicide cases has declined (Konstantinović Vilić, Petrušić, 2021; Beker, 2023). That could be related with better state firearms control and actions that had been undertaken after some deeply disturbing events (especially after “Ribnikar” and “Dubona and Malo Orašje” mass shootings).

Despite some encouraging hints, there is still lot of space for improvements in the firearms control policy. For example, medical examinations (relevant for obtaining a permit to possess and carry weapons) are quite superficial; doctors/psychiatrists perform examinations without sufficient attention and focus on details¹⁰¹¹.

The other problem is duration of the period between medical check-ups (in order to extend permit validity): the period of five years seems to be too long, and its shortening and even emergency health check-ups should be envisaged. In brief: every medical examination (the first and all subsequent ones) must be thorough, detailed, performed with due diligence and with emphasis on mental health status and anamnesis (including information on intimate partner/family violence).

Specialized trainings (on gender-based violence and misuse of firearms in its context) for health professionals are also important. The cooperation among health professionals of different profiles (including chosen doctor) in case of determining the deterioration of mental health status of a person who possesses a firearm (or even in the case of illegal possession or access to firearms) should be established, so that the police would be informed timely about the need to carry out extraordinary/emergency security control.

Control of firearms in illegal possession is particularly challenging issue, and the mental health problems and their timely recognition and adequate response are of

¹⁰ This information was corroborated by statements of the professionals from the Ministry of Interior. Interviews were conducted within the UNDP Project – „Developing evidence-based recommendations for more effective prevention and reducing the risk of violence in intimate partner/family context by using firearms” (2024-2025). There were four seminars with participation of professionals from different sectors (from Belgrade, Niš, Novi Sad, Kragujevac) discussing about actual state of affairs and measures that could enhance prevention of violence, especially femicide, with special emphasis on better firearms control.

¹¹ The medical certificate includes: an insight into the report of the chosen medical doctor on the health of the person; taking anamnestic data; clinical examination of an individual performed by a team of health workers and associates which involves a medical examination by a psychiatrist or specialist in neuropsychiatry who examines the mental status, speech, and writing skills, conducts a psychological interview and assesses personality traits (Art. 6-9 of the Rulebook on determining health status of an individual for possessing and carrying firearms, Official Gazette RS, No. 25/2016 and 79/2016).

great importance for prevention. The Article 12 of the Law on Weapons and Ammunition¹² specifies details about obtaining medical certificate, period of health status checking, as well as the duty of the chosen doctor (who has the information on permit issuance) to inform immediately the nearest organizational unite of the Ministry of the Interior about relevant changes in health status of the permit holder). Thus, the communication between chosen doctor and other medical doctor (even from the private practice) who could learn about change of the mental health status of permit holder would be necessary. The health practitioners most often don't have information on permit issuance, and they have no obligation to contact chosen doctor. At least, the relevant information could be available among medical practitioners within the same institution (e. g. clinical centre) or the information on permit could be inserted in health insurance card of a permit holder. Problem with private medical practice would remain unresolved until comprehensive network within health system is established, but the obligation of every health practitioner who gets the information that patient with deteriorated mental health status has the gun (in legal or even illegal possession) to inform the police, should be envisaged. Duty of the doctors to keep professional secret and confidentiality of medical data should not be an obstacle, because it is counterbalanced by the duty to preserve the public interest or predominant interest of other individual in relation to the interest of keeping the secret¹³

1.3. Mental health of perpetrators

First survey on femicide in Serbia (for a period of ten years, with intimate partner femicide in focus) shows that (at least!) 39% of men who perpetrated femicidal violence suffered from some mental health problem (the most often, these perpetrators used firearms in illegal possession, and very often committed suicide afterwards). Most of them suffered from serious mental health disorders – psychosis with paranoid symptoms (paranoid schizophrenia, paranoid psychosis), following by mental/behavioural disorders related to abuse of psychoactive substances (drug addiction and alcoholism). Most of the perpetrators, especially those prone to excessive use of alcohol, experienced irrational jealousy, with bizarre ideas, while depressive symptoms are observed in persons with behavioural conformity before femicide perpetration (Simeunović-Patić, Jovanović, 2013: 38-40).

¹² Law on Weapons and Ammunition, Official Gazette, Nos. 20/2015, 10/2019, 20/2020, 14/2022.

¹³ Article 141, paragraph 2 of the Criminal Code of Serbia (Unauthorized Disclosure of Secret) envisages that there is no offence for a person who discloses a secret in public or in other person's interest when such interest prevails over the interest of non-disclosure. Criminal Code, Official Gazette of the RS, Nos. 85/2005, 88/2005 - correction, 107/2005 - correction, 72/2009, 111/2009, 121/2012, 104/2013, 108/2014, 94/2016, 35/2019, 94/2024.

According to the results of the recent research on femicide in judicial practice (Beker, 2023) about one in seven perpetrators had diminished mental capacity, while others were capable of reasoning and decision-making and were aware that the act they were committing was not in accordance with the law (Ibid: 54). The results of the study also indicate the importance of mental health care and the need for early diagnosis of symptoms (if not by individual with mental health problem, then by closest ones (who could be endangered)).

Research on judicial practice on stalking (that very often precedes femicide) shows that there are 25% of perpetrators who suffered from some type of mental disorder and were sentenced to medical security measure – compulsory psychiatric treatment, as mentally incompetent (Jovanović, 2024a: 135). However, the same study shows that within other categories of stalkers, there are perpetrators who also have problems with substance abuse or other mental health problems, and were in need of professional mental health treatment (Ibid: 134-135).

A problem that also needs attention is insufficient knowledge and skills of professionals who come into contact with the individuals with mental health problems in the context of intimate partner/family violence (e.g. police officers). They could have problem to understand and recognize the quality of the particular mental health issue, its potential dangerousness, so it is very important to improve their knowledge and skills to cope with such challenges.

Mental health care and problem of monitoring persons with mental disorders is another question that deserves better response, both from the perspective of protecting the rights of the individuals with mental health problems and from the aspect of protecting the rights of others, especially family members, or other close persons who often don't have knowledge about necessity of regular application of therapy and regular health check-ups. Neither does the health care system pay enough attention to conducting regular check-ups and monitoring of individuals with mental health problems, even though the opinion that individuals with mental disorders, especially those with schizophrenia, are not more dangerous to other people, is outdated. Recent studies show that personality disorders, and alcoholism present greater risk for violent behavior towards family members (or other close persons), as well as that schizophrenia increases the causal relationship of homicidal violence by eight times for men and 6.5 for women (Walsh, Buchanan, Fathy, 2002; Simeunović-Patić, 2003: 135; Kovačević, Kecman, 2006: 28).

In our community, visiting psychiatrist or even obtaining advice to do so seems to be shameful and degrading, but all relevant cases (of perpetrators with some mental health problems) in survey conducted by Simeunović-Patić and Jovanović (2013) are marked by insufficient care for mental health problems, both on the side of individuals

with mental health problems and their family members, and on the side of health care services, or other state agencies. It seems that competency, care and genuine interest for the problem are missing; as well as good cooperation with family members, and better organization of the regular health check-ups for persons with mental disorders who could put in danger other persons, especially closest ones (so it is necessary to involve family members in the treatment process in an appropriate manner) (Simeunović-Patić, Jovanović, 2013: 136).

In cases of danger posed by the perpetrator that is generated by mental disorder which carries significant potential for lethal violence (such as paranoid psychosis), timely interventions could be undertaken in order to reduce risk of lethal outcome: timely identification of the mental disorder and regular application of therapy, but also monitoring of the therapeutic process (by the family members who must be informed about characteristics of the specific disorder and potential risks, as well as by competent health care practitioners). There are also various omissions at the macro level. The promotion of the importance of mental health care in general is almost invisible, as well as promotion (and monitoring) of regular application of therapy, regular health check-ups, rising awareness of potential risks in cases of mental health care neglect. The mentioned actions are usual in the cases of “dangerous” disorders of physical health (such as tuberculosis, AIDS, etc.) that could put in danger other persons, and even in other cases that are not so endangering for other people (cervical cancer, breast cancer, lung cancer, cardio-vascular diseases...).

Without disputing the need for the protection of rights of the individuals with mental health problems, it is necessary to raise awareness of the need to protect the rights of other individuals who may be in danger, most often their closest relatives or intimate partners. These individuals deserve at least to be well informed about the dangers posed by a certain mental disorder, especially about the importance of therapy and regular health check-ups, in order to provide, at the same time, better care for the individual with mental health problem and the prevention of their criminalization through murder (or some other offense), as well as the homicidal/femicidal victimization for others. If someone can't be persuaded to undergo medical treatment without reasonable cause, it could be left to the discretion of the “well-informed” closest ones (e.g., family members, intimate partners) to assess the danger of such actions and to make appropriate decisions to protect themselves from possible victimization. That's the least they deserve as the closest “associates” of the mental health care practitioners.

The Programme on the Protection of Mental Health in the Republic of Serbia (2019-2026) emphasizes the importance of cooperation between professionals and the family of the patient in order to achieve the best results in treatment and protection of

patient rights. Similar provisions are envisaged by the Law on Health Protection of Persons with Mental Disorders¹⁴, but there is provision which stipulates that family members will not be included in the treatment of a person with mental disorders if it would negatively affect the treatment (Article 15, paragraph 3). It is necessary, while fully respecting the rights of individuals with mental disorders, not to overlook the family itself in terms of detailed information about the mental health problems of a family member, its characteristics, and the potential dangers and risks for the family members themselves. Collaboration with relevant health practitioners is undoubtedly important from the perspective of protecting the rights of individuals living with someone with a mental disorder.

Individuals with mental disorders have the right to refuse the proposed medical measure, and they must be made aware of the consequences this entails (Article 17 of the Law on Health Protection of Persons with Mental Disorders). The same must be presented to family members in cases when non-compliance with therapy poses a specific risk. Also significant is the provision on the implementation of medical measures without the consent of a person with mental disorder if it is necessary to prevent endangering his/her life and safety or the life and safety of others (Article 19, paragraph 1, item 3 of the Law on the Protection of Persons with Mental Disorders). Hence, family members must be well-informed about the right to initiate a procedure for involuntary detention and placement without consent of a person with mental disorder in the case of their threatening behavior.

When speaking about insufficient, unsatisfactory mental health care in general, let's mention that GREVIO (the body responsible for monitoring the implementation of the Council of Europe Convention on preventing and combating violence against women and domestic violence ("Istanbul Convention") by States that have ratified it, including Serbia¹⁵) criticizes Serbia for its inadequate response regarding the inclusion of domestic violence offenders in specialized programs carried out in the community (e.g. at the Institute for Mental Health in Belgrade). It also highlights the need to increase the number of adequate programs for this type of offenders in closed settings, as well as the need for their standardization and focusing on effectiveness from the perspective of victim safety and prevention of recidivism (GREVIO, 2020: 25-26).

¹⁴ Law on Health Protection of Persons with Mental Disorders, Official Gazette of the RS, No. 45/2013.

¹⁵ Law on Ratification of the COE Convention on Preventing and Combating Violence against Women and Domestic Violence, Official Gazette of the RS - International Treaties, No. 12/2013.

Concluding remarks

The aspects concerning mental health features in femicide perpetrators (in intimate partner/family context) are under-researched and underestimated, even neglected, so there is a lot of space for improvement. More research endeavours are needed, as well as improvement within health care system in general, but it seems necessary for health professionals to receive training on risk factors for intimate partner/family femicide. Hence, trained professionals should rightly assess potential risk factors (i.e. they should pay special attention to mental disorders such as schizophrenia, depressive and suicidal tendencies; information on firearm possession is also of great importance in this context...) and take necessary measures to protect patient as well as family members (family members/intimate partners should be well informed about potential risks in order to help the patient, but also to keep themselves safe).

The law enforcement professionals should also undergo trainings on better recognition of the characteristics of relevant mental health problems, and their risk potential. Poor enforcement of firearms control measures correlate with more femicides, so the changes of legal provisions and practice of the professionals engaged in assessment of the relevant conditions regarding mental health of the permit holders are necessary.

In brief, well-tailored measures for (potential) perpetrators are necessary, such as improvement within mental health care system and criminal sanctions including special programs for them (as well as informing of the family members/intimate partners about their own possible endangerment). Better functioning of the mental health care system would be beneficial in general, as better firearms control would be, too, but gender-based dimension must be included, as the surveys indicate strong relation between these issues and femicide.

Tackling the social factors (patriarchal culture, systemic discrimination, inadequate response to intimate partner/family violence) are indisputably of paramount importance for femicide prevention, but mental health issues must not be neglected, especially in the era of actual social crises and various stressors affecting mental health of almost everyone.

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