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Domestic-related homicide:
keynote papers from
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Domestic-related homicide: Keynote papers from the 2008 international conference on homicide

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In December 2008, the Australian Institute of Criminology (AIC) held an international conference on homicide with a focus on domestic-related homicide. Undertaken as part of a project funded by the Australian Government to examine the issue of domestic-related homicide in Australia, the conference was an important opportunity to learn about international and national developments in research, policy and practice. This report includes the papers of keynote speakers, with an emphasis on policy- and practice-relevant research.

Since the AIC published the report *Killing the Beloved* over 15 years ago (Easteal 1993), there has been limited research on intimate partner homicide or other forms of homicide, besides papers based on data from the AIC's *National Homicide Monitoring Program* (NHMP). These include papers on family homicides (Mouzos & Rushforth 2003), intimate partner homicides (Carcach & James 1998), homicides between friends and acquaintances (Mouzos 2000) and murder-suicide (Carcach & Grabosky 1998).

Homicide, which covers the most serious criminal offences of murder and manslaughter, is a rare event in nearly all western, industrial countries. For example, in Australia in the past 20 years, the highest number of homicide incidents was 354 in 2001–02 (Dearden & Jones 2008). This is not to trivialise or deny the seriousness of the offence, but to undertake research on this type of crime presents considerable challenges. It is difficult to amass sufficient data to identify trends and risk factors associated with characteristics of the incidents, victims and offenders. Although a number of countries, including Australia, have invested in national, ongoing and detailed data collections, there is invariably the need to consider with all homicide research the sources of data, the definitions of different categories of homicide and the classifications of variables. Police data may vary in its quality and there is the inevitable challenge that there is no information directly from the victim(s) on the incident or preceding events.

A crucial dimension, and a common subject of study, is the relationship between the victim(s) and offender(s). The AIC International Homicide Conference had the major theme of 'domestic-related homicides' to capture homicides that involve partners, former partners and family members, including children. To help refine and improve the analysis of the NHMP data and build on earlier work (eg Carcach & James 1998; Mouzos & Rushforth 2003), especially as it relates to domestic-related homicides, the conference provided a unique opportunity to identify key concerns among policy and practice stakeholders, and to undertake a stocktake of what is known about domestic-related homicide, based on research undertaken here and overseas. The NHMP has been operational since 1989 and at 30 June 2007, included data on 5,486 incidents, 6,063 offenders and 5,883 victims (Dearden & Jones 2008). Data on a total of 77 variables are collected by the NHMP and the variable of victim–offender relationship is broken down into five major categories of intimate partners, family, friends/acquaintances, stranger and other. Intimate partner homicide incorporates relationships where the victim–offender were current or former married or cohabiting/de facto couples, current or former lovers or girl/boyfriend, including same-sex relationships. Separate to this, family relationships includes custodial and non-custodial parent–child, stepparent and child, grandparent–grandchild, siblings, in laws and niece/nephew–uncle/aunt. Under the broad heading of 'family homicides', a study revealed that in Australia, over a 13 year period, 38 percent of victims were killed where a family member was the primary offender. Of these family homicides, the majority involved intimate partners (60%), followed by parents killing children (filicide; 17%) and parricide (children killing their parents; 9%; Mouzos & Rushforth 2003).

In Australia, more common forms of interpersonal violence (assault and sexual assault) show increases in the past 10 years according to victim-based data recorded by police. This has not been the case with homicide, which suggests that the recorded crime increases may be partly a result of increased reporting of certain kinds of violent crime (Bricknell 2008). Since the inception of NHMP in 1989, there has been an overall decline in the number and rate per year per 100,000 population in homicide incidents (Dearden & Jones 2008). Where reliable data exists, it seems in several western, industrial societies that trends in overall homicide are typically mirrored by similar trends in intimate partner homicide (eg Canada see *Over three decades of*

public policy change: What has been the impact for victims of intimate partner violence and homicide? in this report), so that in Australia, the proportion of homicides that involves former or current partners has remained relatively constant, at about one-quarter of all incidents/offenders. The rate of intimate partner homicides has declined from around 0.5 per 100,000 population per year in the late 1980s and early 1990s, to 0.4 in the early to mid-2000s; a decrease of one-quarter, although a similar number of 70 to 80 victims have been killed each year over this period of time (AIC 2008b).

Although overall there are more male victims of homicide in Australia, female victims are far more likely to be killed by someone they have been intimate with. The most recent published data shows that in a one year period where the relationship between the victim and offender was recorded, 10 percent of 222 male victims were killed by an intimate partner and 15 percent by a family member, while over half of 80 female victims were killed by an intimate partner and 21 percent by a family member (Dearden & Jones 2008). There are also gender differences in offender–victim relationships, with female offenders twice as likely as male offenders to kill an intimate partner or family member (18% of 243 male offenders killed an intimate partner compared with 38% of 55 female offenders). In the same year, 43 percent of intimate partner homicides had some form of prior domestic violence history recorded by police.

In her 1993 report, Easteal (1993) provided an overview of what was then known about homicides involving adult sexual intimates, primarily based on overseas research. Many of those themes remain salient today, including significant differences between incidents where men kill compared with incidents where women kill, the likelihood of prior history of domestic violence, contributing and exacerbating factors such as alcohol intake by victim or offender, and whether children were also killed, or suicide or attempted suicide was an outcome of the incident. However, as Easteal (1993) stressed at the time, the international literature provides important contextual information and helps guide the focus of Australian studies, but any findings may have limited application to the Australian context. Her study involved an examination of two years of the NHMP data and an analysis of coroners' and criminal court

data from Australia's two largest jurisdictions— Victoria and New South Wales. Some of her findings were consistent with other research on intimate partner homicide, such as the preponderance of female victims, the home as the primary risk location and late night hours as the most dangerous time. With only two years of data to analyse, other findings were more preliminary and required further investigation and Easteal stressed the need to look more closely, within the Australian context at weapons, estrangement, alcohol involvement, unemployment, age and specific risk factors associated with overseas-born and Indigenous victims.

A later paper, based on seven years of NHMP data, compared intimate partner homicides with other homicides and identified variables that had a significant effect on the risk of an incident involving intimate partners (Carcach & James 1998). Similar themes emerged and except for the overrepresentation of Aboriginal offenders and Aboriginal victims, they were comparable to findings from overseas research. Unsurprisingly, given the relationship between the offender and victim, intimate partner homicides were more likely to be related to a domestic altercation, occur in the offender or victim's home and for the offender to be male and the victim female. Since then, a number of papers have looked more closely at several potential risk factors in relation to homicide generally using NHMP data, including a paper on Indigenous homicides (Mouzos 2001), mental disorder (Mouzos 1999) and most recently, alcohol (Dearden & Payne 2009).

In order to prevent and reduce the number of domestic-related homicides, and to reduce the proportion that they constitute of all incidents, there is a need to improve our knowledge of risk factors associated with homicides where there is no apparent history of domestic violence, as well as identifying the constellation of factors associated with domestic violence incidents that might help predict where there is risk of further and more serious violence, including the possibility of homicide. As Easteal (1993) indicates, the prevention of intimate partner homicides typically relates to three key premises:

- that many killings are a culmination of ongoing domestic violence;

- that police and other service providers (health and social services) have had prior contact with many of these victims; and

- that controlling behaviour and jealousy are extreme examples of underlying societal beliefs and attitudes about gender, relationships and violence.

Much of the research on intimate partner homicides has therefore sought to contribute to prevention by investigating risk factors, testing risk assessment instruments and monitoring the attitudes of community and decision makers in the criminal justice system (judges, police and juries) to gender roles, violence and violence against women.
A recent review of (primarily American) research on intimate partner homicide highlighted the range of homicide data sources, including police data and records, medical examiner records, interviews with police, convicted offenders and with 'proxy' informants for victims (ie those who knew the victims), as well as data from interviews with abused women from population-based surveys and health service-based samples (Campbell et al 2007).
The studies are reviewed to assess the evidence on major risk factors for intimate partner homicide, particularly femicide, related to current circumstances such as access to guns and estrangement, past relationship events such as prior domestic violence, prior threats and forced sex, and socio-demographic characteristics of offender and victim, including alcohol and drug use.

The Australian Government provided funding to the AIC to help improve knowledge of domestic-related homicides and to continue to improve the NHMP. Several projects are currently underway—one that focuses on increasing the understanding of Indigenous homicides, as Indigenous people are disproportionately at risk of being offenders and victims, and another that examines the efficacy of various risk assessment tools used by police to assess the likelihood of further or more serious domestic violence.

Another important dimension to the program of work involved bringing together those who are involved in working with those affected by domestic violence and homicide—such as support services for victims and the police responsible for apprehending and charging offenders—along with researchers and

academics, to obtain current evidence and applied knowledge of domestic-related homicides. The international conference in November 2008 included keynote international and Australian speakers, with sessions on a range of themes.

There are six papers from keynote speakers in this report: two by Australian authors and four by overseas authors. The papers encompass a range of themes, with different research designs and methods depending on the topic and authors' discipline. The key topics relate to men who kill women intimate partners, homicide suicides, the psychology of intimate partner homicide, violence and homicide in a remote Indigenous community, the risk to women of intimate partner homicide and the impact of social change and criminal justice reform on intimate partner homicide.

In *The Murder in Britain Study: Broadening the analysis of men who murder an intimate woman partner*, the focus of the paper is to identify risk factors associated with intimate partner murder, drawing on data from two major studies that have been undertaken in Britain—the *Murder in Britain Study* and the *Violent Men Study*. The former involved using quantitative and qualitative data from 866 case files and 200 in-depth interviews, while the latter study involved in-depth interviews and follow-up surveys of 122 men convicted of non-lethal violent offences and 134 women partners. The authors summarise the research literature on risk factors associated with lethal and non-lethal violence against women intimate partners, including socio-demographic characteristics, individual biographies from childhood to adulthood, personality and cognitions, and contextual and situational factors. In particular, they sought to test the common assumptions that there is a history of escalating non-lethal violence prior to a murder and that those men who commit murder have more socioeconomic problems or disadvantages than those who abuse.

The comparison between murderers and abusers confirmed some risk factors for intimate partner murder, including violence against a previous partner, separation and the use of elevated levels of violence during the attack. An unexpected finding was that the overall profile of the abuser group was akin to that of the persistent offender, with numerous

problems in childhood and as an adult, while the murderers had fewer problems and had more 'conventional' backgrounds and current circumstances. The murderers were, however, more likely to be separated at the time of the event, to have conflicts involving jealousy and possessiveness, to use instruments such as clubs and knives and to sexually assault the victim. The second part of the paper reports on further research that sought to look more closely at the murderer group, by comparing those with previous convictions to those without previous convictions. It was found that the former group more closely resemble intimate partner abusers and persistent offenders. Importantly, though, the two groups were found to have similar orientations (beliefs and attitudes) toward a woman partner, a willingness to use lethal violence in certain circumstances and to be similar in their lack of empathy with the victim or remorse for their actions.

The focus of *Homicide followed by suicide: A unique type of lethal violence* is on homicide-suicide, a very rare form of interpersonal violence. NHMP data shows that six percent of incidents can be classified as murder-suicide, the majority (82%) involving one offender and one victim. The most common is a parent killing their child(ren) (38%), followed by the killing of an intimate partner and then themselves (31%; AIC 2008a). In the paper, Marieke Liem notes that international literature suggests that virtually all victims of homicide-suicides are either female sexual partners or blood relatives, usually children. Because victim and perpetrator die in these events, previous studies have often lacked detailed information. Liem addresses this by examining cases from hospital and medical centre records in the Netherlands of homicide-parasuicide, homicide and parasuicide. She found that the homicide-parasuicide individuals were different to homicide only and to parasuicide only in two main ways—their high degree of psychopathology, notably depression and personality disorders, and their degree of dependency on the victim. She concludes by arguing against a homicide-suicide checklist as it would generate too many false positives. Instead, Liem argues for clinicians to assess whether there is also homicidal ideation when individuals report suicidal ideation and vice versa. She also mentions firearms controls.

Intimate partner homicide and familicide in Western Australia begins with a discussion of definitions of

three categories of homicide—intimate partner homicides, intimate partner homicides that were followed by suicide and familicides—and then summarises two key findings from a comparison of a total of 127 homicides in Western Australia over a 10 year period (of which 103 were intimate partner homicides, 18 were intimate partner homicides that were followed by suicide and six were familicides). The author, Carolyn Harris Johnson, found no female perpetrators in the homicide-suicide cohort, consistent with other research (see *Homicide followed by suicide: A unique type of lethal violence*), and Indigenous perpetrators were only found in the intimate partner homicide cohort (see Carcach & Grabosky 1998, where an analysis of 6 years of NHMP data found that Indigenous people were less likely to be victims and offenders in murder-suicides compared with their involvement in other homicides).

The next part of the paper concentrates on the findings from 20 interviews with 12 perpetrators and eight survivors who had a blood relationship to either the victim or perpetrator and were known to both. The interviews (supplemented by documentation) revealed similar antecedents across the three cohorts, including a history of family and domestic violence, with pervasive violence within the relationship and in the family histories of both the perpetrator and the victim. Other antecedents included a history of substance abuse and a history of mental illness which was often reported to be undiagnosed and/or ineffectively treated. A history of childhood trauma was found to be common in perpetrators of intimate partner homicide and familicide, which included a range of experiences such as separation from carers as well as child abuse and neglect. The discussion of key themes that emerged from the research focused on the possible effects of childhood trauma, intergenerational transmission of trauma, the homicidal couple relationship, rejection and abandonment, being trapped in a hostile and unresponsive world, and rationale for homicide. The paper concludes with a diagram that shows how the dynamics of retaliation, depression, lack of individuation or possessiveness come into play when a non-Indigenous homicidal male responds to perceived abandonment by an intimate partner and outlines the implications for policy, practice and research.

A consistent finding in Australian research has been the overrepresentation of Indigenous people, as victims and offenders, in recorded violent crime and homicide statistics (Easteal 1993; Mouzos 2001). Using 11 years of NHMP data, a comparative analysis of 440 Indigenous homicides (where both the victim's and offender's appearance was recorded by police as Indigenous) with 3,571 non-Indigenous homicides found that the former were more likely to occur in rural locations, were more likely to involve females as offenders and victims, were more likely to be a result of a domestic altercation and more likely to result from an alcohol-related incident (Mouzos 2001). More recently, a study of alcohol and homicide using NHMP data found that the majority of Indigenous intimate partner homicides were alcohol-related (Dearden & Payne 2009).

High levels of violence, including homicide, are found in many remote Indigenous communities and regional areas. As an anthropologist who has spent over a decade living and working in a remote community (Aurukun) in north Australia, David Martin seeks in his paper (*Domesticating violence: Homicide among remote-dwelling Australian Aboriginal people*) to show how violence and homicide needs to be understood and interpreted within a cultural context, arguing that structural factors do not by themselves explain high levels of violence. By 'culture', he is referring to how a particular social group of society think and act, noting that ethnographic research has described major and accelerating changes, as well as continuities over time, in Aboriginal societies. He describes Wik life over the past three decades as increasingly characterised by 'disputation, violence, trauma and chaos' but refers to research that shows of the 65 documented homicides involving Aurukun people during the twentieth century, two-thirds took place before the late 1930s. After a lull where there were very few homicides, there was another peak in the 1980s and 1990s following the increased availability of alcohol and the welfare-based cash economy.

By using a myth segment, Martin shows that conflict and violence were seen by Wik as intrinsic to the order of things and the use and expression of violence is linked to stress on individual and local group autonomy, egalitarianism and the right and obligation to take direct action to address wrongs.

Grievances may arise as a perceived failure to act in accordance with accepted norms of sharing and the expression of grievance as anger results from jealousy within the context of sexual relationships or as a manifestation of grief. However, he notes that men—adolescents and young men in particular—are more likely to express their anger through violence than women and that particular forms of behaviour are associated with particular groups of Wik. These groups have had differentiated responses to imposed and alienating changes. In terms of policy implications, he argues that efforts to address socioeconomic disadvantage and improve service delivery in remote settings will not necessarily translate into violence reduction unless there is also cultural change, including the 'transformation of deeply-held values and practices'.

Over three decades of public policy change: What has been the impact for victims of intimate partner violence and homicide? is concerned with risk factors for intimate partner homicide, but from the point of view of which factors should practitioners look out for when they have contact with abused women. The paper summarises research from the *Chicago Women's Health Risk Study*, which first began over 15 years ago and involved collaboration between those working in public health and safety, and researchers. A sample of intimate partner homicides was compared with a sample of high-risk women at the point of service in clinics and hospitals. The paper summarises the methodology that was informed by the need to be robust but also ethical to ensure that there were safe, confidential and culturally-sensitive interviews with women. The findings from the study are presented under the following headings:

- *Past violence as a risk factor for homicide*—including the type, the recency and increasing frequency of past incidents;
- *The first violent incident can be fatal*—where information was available, fatal incidents occurred the first time for 12% of 51 women homicide victims and 19% of 26 female homicide offenders;
- *Leaving is not simple*—many women had left or tried to leave or asked the partner to leave, but leaving can increase the risk of violence and risk of death;

- *Risk factors for abused women becoming homicide offenders*—included more severe, frequent and recent violence, women who had fewer resources, poorer health, older and in more traditional relationships;
- *Abused women do seek help*—this includes a breakdown of different groups contact with counselling, medical help and the police; and
- *Medical staff and police can be gatekeepers*.

In the conclusion, the author Carolyn Rebecca Block summarises the implications for research—recognising the complexity of women's lives, developing a collaborative culture, the importance of measuring strangulation—and implications for practice in term of assessing risk of death, with eight key questions listed in the paper. As a final statement, six general guidelines are provided for anyone in contact with potential women victims or offenders:

- provide a safe place for her to talk to you;
- keep asking;
- listen;
- be there when she is ready;
- be able to refer her to helping resources; and
- remember that her active help-seeking carries not only potential gain but also potential risk.

An addendum to the main paper reminds us that women are also killed in other circumstances than by a current or former intimate partner and some examples are provided.

In the United States, recorded declines in rates of intimate partner homicide have been attributed to improvements in domestic violence laws and resources, shifts in patterns of family formations and the status of women (see Campbell et al 2007; Carcach & James 1998). In both the United States and Canada, the largest decreases have been for male victims (Campbell et al 2007; *Over three decades of public policy change: What has been the impact for victims of intimate partner violence and homicide?*) and in Chicago this was the case in the 1990s (see *Reducing intimate partner homicide rates: What are the risk factors for death when a woman is being abused?*). In *Over three decades of public policy change: What has been the impact for victims of intimate partner violence and homicide?* Myrna Dawson examines the contribution

of key legislative and policy initiatives in Canada in the past three decades to the documented decline in intimate partner homicide. Focusing on women killed by male partners, she lists key domestic violence initiatives since the 1970s as:

- steady growth in emergency shelters for women and children;
- mandatory reporting and no-drop policies;
- domestic violence courts;
- treatment programs for abusers; and
- court- and community-based victim services.

Criminal justice reforms include the introduction of the stalking offence, protection or restraining orders, the domestic violence death review committee in Ontario and sentencing principles in the criminal code that stipulate relationships offenders have or had with victims may act as an aggravating factor.

Both American and Canadian research has focused on important social changes that might reduce exposure to intimate partner homicide—by helping exit from, or inhibiting the development, of violent relationships. The paper refers to research the author and colleagues have undertaken in Canada, which involved investigating the impact of increased gender equality, changing relationship structures and increased availability of resources and services by looking at trends in key indicators for these social changes. As the paper outlines, the research found parallel trends between:

- the decrease in the gap between female-male employment levels and the rate at which women were killed by male spouses;
- the increase in university education of males and the decrease in men killed by female spouses; and
- the increase in divorce rates and the decrease in female and male spousal homicide rates.

Dawson also summarises her research on changes over time in court outcomes, finding that intimate partner killers received more serious sanctions, were more likely to be found guilty, more likely to be convicted (when compared with non-intimate partner killers) and more likely to be convicted of murder in the post-1983 period. The last part of her paper calls for more research on common societal stereotypes that exist about intimacy and violence, referring to her own research that found contrary to stereotypes about 'crimes of passion', there

was more evidence of premeditation and intent in homicide cases involving intimate partner homicides than among other homicides. She also stresses the need for more communication, cooperation or collaboration among those who have contact with victims or abusers and between government and the research community.

As well as the papers from keynote speakers found in this report, presentations on such topics as reviews of domestic violence deaths, media representations and the geography of homicide, use of firearms, missing persons, filicide, and on policing and legal themes such as performance measurement, risk assessment and investigative interviews, forensic science and the provocation defence, can be accessed on the AIC website (http://www.aic.gov.au/events/aic%20upcoming %20events/2008/homicide.aspx).

References

All URLs correct at 4 November 2009.

Australian Institute of Criminology (AIC) 2008a. Murder-suicide in Australia. *Crime facts info* no. 176. Canberra: AIC. http://www.aic.gov.au/publications/current%20series/ cfi/161-180/cfi176.aspx

Australian Institute of Criminology (AIC) 2008b. Intimate-partner homicides. *Crime facts info* no. 182. Canberra: AIC. http://www.aic.gov.au/publications/current%20series/ cfi/181-200/cfi182.aspx

Bricknell S 2008. Trends in violent crime. *Trends & issues in crime and criminal justice* no. 359. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/ current%20series/tandi/341-360/tandi359.aspx

Campbell J et al 2007. Intimate partner homicide: Review and implications of research and policy. *Trauma, violence and abuse* 8(3): 246–268

Carcach C & Grabosky PN 1998. Murder-suicide in Australia. *Trends & issues in crime and criminal justice* no. 82. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current%20series/ tandi/81-100/tandi082.aspx

Carcach C & James M 1998. Homicide between intimate partners in Australia. *Trends & issues in crime and criminal justice* no. 90. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current%20series/ tandi/81-100/tandi090.aspx

Dearden J & Jones W 2008. *Homicide in Australia: 2006–07 National Homicide Monitoring Program annual report*. Monitoring report no. 1. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/ current%20series/mr/1-20/01.aspx

Dearden J & Payne J 2009. Alcohol and homicide in Australia. *Trends & issues in crime and criminal justice* no. 372. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current%20series/ tandi/361-380/tandi372.aspx

Easteal PW 1993. *Killing the beloved: Homicide between adult sexual intimates*. Australian studies in law, crime and justice. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/previous%20series/ lcj/1-20/beloved.aspx

Mouzos J 2001. Indigenous and non-Indigenous homicides in Australia: A comparative analysis. *Trends & issues in crime and criminal justice* no. 210. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/ current%20series/tandi/201-220/tandi210.aspx

Mouzos J 2000. Homicide between friends and acquaintances in Australia. *Trends & issues in crime and criminal justice* no. 182. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/ current%20series/tandi/181-200/tandi182.aspx

Mouzos J 1999. Mental disorder and homicide in Australia. *Trends & issues in crime and criminal justice* no. 133. Canberra: Australian Institute of Criminology. http://www. aic.gov.au/publications/current%20series/tandi/121-140/ tandi133.aspx

Mouzos J & Rushforth C 2003. Family homicide in Australia. *Trends & issues in crime and criminal justice* no. 255. Canberra: Australian Institute of Criminology. http://www. aic.gov.au/publications/current%20series/tandi/241-260/ tandi255.aspx

The Murder in Britain Study: Broadening the analysis of men who murder an intimate woman partner

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The *Murder in Britain Study* was a three year national study of all types of murder based on three sources of data: the Homicide Indexes for England/Wales and Scotland; quantitative and qualitative data from the case files of 786 men and 80 women convicted of murder; and qualitative data from interviews with 180 men and 20 women currently in prison for murder. The objectives were to examine various types of murder in terms of differential pathways to murder, victim–offender relationships, risk factors and situations and circumstances at the violent event. To date, we have analysed the data on intimate partner murder, child murder and the life-course of male offenders (Dobash, Dobash & Cavanagh 2009; Dobash et al 2007a, 2007b, 2004; Cavanagh et al 2007). Here, the primary focus is on intimate partner murder beginning with a comparison of non-lethal abusers (*The Violent Men Study*) and intimate murderers (*Murder in Britain Study*) in order to explore potential differences in the two groups as a means of identifying risk factors associated with intimate partner murder. Men who commit non-lethal abuse and those who murder an intimate woman partner are compared across numerous factors in childhood, adulthood and the violent event. The factors reflect those generally associated with the risk of violence and/or of offending in general and it might be expected that the patterns will reflect an increasing level of personal problems, difficult circumstances and escalating violence among those who commit murder compared with non-lethal abusers. While the comparisons of non-lethal and lethal violence suggest some distinct contextual and situational risk factors for murder (eg separation, jealousy/possessiveness, the use of a weapon, sexual assault) they also indicate, somewhat surprisingly, that the men who murder have better backgrounds than abusers, have fewer problems in childhood and adulthood and are less likely to be offenders. Since this is in the opposite direction of what might be expected, the cases of intimate partner murder are

examined more closely in order to consider why this might be so. In these comparisons, intimate partner murderers are divided into those with, and those without, previous convictions and compared across the same factors as above.

Literature

In recent years, criminological research has adopted an epidemiological approach to crime and violence with an emphasis on identifying risk factors. The study of risk factors associated with non-lethal and lethal violence against women intimate partners continues to develop. An early meta-analysis of risk factors identified 97 markers of risk (Hotaling & Sugarman 1986). The number has now been reduced and the focus has been sharpened but debate remains about the relative importance of different factors and the utility of a formulaic approach to their use. It is useful, however, to think in terms of constellations of risk factors including socio-demographic characteristics, individual biographies from childhood to adulthood, personality and cognitions (particularly beliefs and orientations toward women and intimate partners) and contextual and situational factors (eg relationship type, jealousy, possessiveness, separation). Discussed below are the well-founded and generally agreed upon risk factors associated with intimate partner violence, repeat and/or escalating violence and intimate partner murder.

Socio-demographic factors

Economic and social disadvantage, unemployment, low levels of education and relatively young offenders have all been identified as important correlates of intimate partner violence and murder. In the United States, ethnicity is also important, although this may be a reflection of historical and contemporary patterns of disadvantage (see Barnish 2004; Browne, Williams & Dutton 1999; Campbell et al 2007; Dobash & Dobash 2003; Walby & Allen 2004; Wilson & Daly 1992).

Individual biography of offenders

Childhood adversity and untoward experiences, particularly, witnessing domestic violence and/or

being a victim of physical violence have been identified in the backgrounds of offenders (Moffitt, Caspi & Silva 1998; Ehrensaft et al 2003). Adulthood factors such as poor educational achievement, chronic unemployment, history of arrest/conviction for any type of offence, difficulty in relationships (particularly intimate relationships with women) and chronic substance abuse (primarily alcohol) also have been found to be associated with lethal and non-lethal intimate partner violence (Campbell et al 2007; Cattaneo & Goodman 2005; Dawson & Gartner 1998; Dobash et al 2004, 2000; Fals-Stewart 2003; Finney 2004; Hanson, Helmus & Bourgan 2007; Hanson & Wallace-Capretta 2004).

Personality and cognitions

While the above factors are generally agreed to be important, there is less agreement regarding the personality traits of men who have used non-lethal and/or lethal violence against a partner. Non-lethal abusers have been variously described as suffering from a mental illness and as angry, hostile, narcissistic, emotionally dependent and insecure (Dutton & Hart 1992; Dutton & Kerry 1999; Walton-Moss et al 2005) or as differing very little from men in the general populations, although a minority might have mental health problems (Gondolf 2002). One typological approach identified three types of abuser: 'family only' abusers with few personality problems, 'borderline' abusers with anger control problems and likely to be dysphoric and obsessively jealous and 'violent antisocial' abusers most likely to exhibit antisocial personality traits (Holzworth-Munroe & Stuart 1994). The sparse research on men who murder an intimate partner also varies, with one Canadian study describing the men as depressed and dependent (Dutton & Kerry 1999) and others suggesting that men who murder an intimate partner are rather less likely to have personality problems than abusers, although they may be even more likely to exhibit distorted thinking about women, to minimise and deny their violence and to express little remorse for their violence and/or empathy with the victim (Dobash, Dobash & Cavanagh 2009; Dobash et al 2004; Echebura, Fernandez-Montalvo & Amor 2003; Grann & Wedin 2002).

Contextual and situational factors

Repeat violence against a woman partner has consistently been shown to be a reliable marker of further non-lethal and lethal violence (Aldridge & Browne 2003; Campbell et al 2007; Dobash et al 2007a). Relationships characterised by abuse and violence are chronically conflicted regarding issues such as allocation of time and resources, children, domestic work, alcohol, authority, jealousy and possessiveness of male partners. Cohabiting relationships have been consistently linked to an elevated risk of non-lethal and lethal violence (Campbell et al 2007; Dawson & Gartner 1998; Dobash et al 2007a; Shackleford & Mouzos 2005; Wilson & Daly 1998; Wilson, Johnson & Daly 1995). Separation and termination of a relationship constitute a very risky process for women (Dawson & Gartner 1998; Dobash et al 2007a, 2000; Johnson & Hotton 2003; Wilson & Daly 1993). Here, issues of jealousy, possessiveness and in some relationships, conflicts regarding the custody of children, contribute to an elevated risk of violence. Obviously, the nature of the violence is a significant risk factor for escalation of violence, injuries and a possible lethal outcome. Evidence suggests that significant risk factors for severe and lethal violence include sexual assault, attempts to strangle, threats to kill, the use of a weapon (in the United Kingdom usually a club or knife, in the United States a firearm) and in the United States, intoxication, threats to kill and gun ownership (Campbell et al 2007, 2003; Dobash & Dobash 2007a; Kellerman, Rivara & Rushforth 1993).

Method: Two studies

As well as using the results of the Murder in Britain study, we have also employed evidence from the Violent Men Study which allowed us to examine patterns of non-lethal violence and to compare these to those associated with murder. Below, we briefly describe the two studies (for details see Dobash, Dobash & Cavanagh 2009; Dobash et al 2007b; 2004). The Murder in Britain study examined all types of murder in order to provide detailed information about a range of factors linked to lethal violence. Using an approach that involved the

collection of information shown to be associated with domestic abuse, intimate partner murder and other types of murder, we conducted a three year study that employed three research methods. The Homicide Indexes for England/Wales and Scotland were used to provide summary, albeit limited, information about all murders in Britain. There are different criminal justice jurisdictions for England and Wales (Home Office in London) and Scotland (Scottish Executive in Edinburgh). Both jurisdictions annually record summary data about all homicides (murder and manslaughter) and this is reported in the Homicide Indexes. In order to expand knowledge beyond that collated in the Homicide Indexes, two original databases were constructed using quantitative and qualitative data from the case files of 786 men and 80 women convicted of murder and in-depth interviews with a sample of 200 men and women currently in prison for murder in Great Britain. Extensive information is held in the case file of every person serving a life sentence for murder, including reports and assessments from a number of professionals working within and outside the criminal justice system. The information is used for pre-sentence and post-sentence reports and to follow progress in prison. Case files are often 100 or more pages in length and contain information about the murder provided by the offender, witnesses, forensic experts, police, solicitors, trial judges, psychiatrists, social workers and probation officers. Information about childhood and family circumstances are contained in reports of teachers, school psychologists and probation officers. Once in prison, those convicted of murder are assessed and interviewed at frequent intervals by a range of prison staff (prison governors, prison officers, psychologists and prison doctors, probation officers and clergy) and summaries of these and other reports provide information to assist with education and rehabilitation. For the Murder in Britain Study, this extensive amount of information was used to construct the original case file dataset that includes 425 quantitative variables as well as extensive file of qualitative data.

The sample for the case file dataset was selected from all cases of those currently serving a sentence for murder in England/Wales and Scotland. For the interview dataset, strategic sites (prisons) were

selected and interviews were conducted with men and women who had committed different types of murder. For both original datasets, information was gathered about childhood, adulthood, criminal career and the murder event (for details see Dobash, Dobash & Cavanagh 2009; Dobash et al 2004). The case file dataset includes only those convicted of murder and excludes manslaughter and those who also committed suicide. Here, we use data from the case files only and focus on the subset of 106 men convicted of murdering an intimate female partner. The 106 men in the lethal group included those who killed a current or former partner in a marital, cohabiting (defined as unmarried couples in co-residence or a serious dating/engaged relationship that did not involve co-residence).

The Violent Men Study included 122 men convicted of an offence involving non-lethal violence against a female partner and 134 women partners (this included 95 couples) in an evaluation of various criminal justice responses to intimate partner violence including the usual sanctions, fines and probation as well as two innovative abuser programs (for details and results see Dobash et al 2000). The sample was drawn from all cases involving intimate partner violence in two court jurisdictions in Scotland. Data were gathered over three time periods (at intervention and two follow-ups over a one year period). In-depth interviews were conducted at Time 1 and postal questionnaires were used at Times 2 and 3. The interviews explored a wide range of issues including childhood and adult circumstances, the relationship and the abuse throughout the relationship during the 12 month period prior to the interview and during two specific violent events, the first one in the relationship and the specific event that led to a prosecution (Dobash et al 2000). The data used for the comparisons presented here are from the initial interviews and include information regarding childhood, adulthood, the relationship and the circumstances associated with the specific violent event that led to prosecution. These data enable us to compare these cases of assault with the cases of intimate partner murder in the Murder in Britain study and to consider what might distinguish cases that end in murder from those that do not.

Comparisons: Non-lethal abuse and murder of an intimate woman partner

It is often accepted with little or no further reflection that when a man murders his intimate woman partner there will be a history of escalating non-lethal violence that ultimately ends in murder. A history of abuser turned murderer. There is also an implicit notion that those who commit murder are in many respects 'worse' than those who limit their violence to non-lethal abuse. Given this, it would be expected that while non-lethal abusers may be disadvantaged socially, educationally and economically, those who murder would have even higher levels of every form of disadvantage and more extensive histories of violence and/or criminal offending. Little has been done to explore these two notions of continuity: that of increasing severity of violence from non-lethal to lethal and that of increasing levels of problems in the characteristics and circumstances of non-lethal abusers compared to those who commit murder. In order to explore these questions, men who perpetrated non-lethal violence against an intimate woman partner (IPV) and those who murder an intimate partner (IPM) are compared across several factors that have been identified either theoretically or empirically as relevant to an explanation of violence and/or violent offenders. The analysis is restricted to issues assessed in both studies and includes factors in childhood, adulthood and circumstances at the time of the event.

For this analysis, the cases of non-lethal IPV contain information about violence that is sufficiently serious to pose a threat of lethality as well as detailed information about the offender and the circumstances of violent events. In addition, the cases of IPM include those with no prior history of violence against the victim before the murder and as such, are unknown to the criminal justice system. This contrasts with other comparisons of lethal and non-lethal violence against women in intimate relationships that are restricted to murders with a prior history of domestic violence and excludes all cases without a prior history of abuse (Campbell et al 2003). Here, the inclusion of cases with no known history of domestic abuse prior to the murder provides insight into another 'pathway'

to intimate partner murder about which little is known. By examining cases of lethal violence that were not preceded by a known history of previous non-lethal abuse, we move beyond the common assumption of a progression from one to the other and open for examination those cases when non-lethal violence does not appear to be the 'route' to lethal violence. The comparisons between the non-lethal and lethal groups focus on a number of factors about childhood, adulthood, intimate relationships and the violent event (Tables 1–3).

Findings

At the time of the violent event, the ages of offenders and of victims were similar for both the IPV and the IPM groups. The average age of the men in IPV group was 31.9 years (range 17–56 years) and in the IPM group 34.1 years (range 17–54 years). The average age of the women victims in the non-lethal group was 30.8 years (range 16–56 years) and in the lethal group 31.2 years (range 15–56 years). The majority of both samples were white and therefore ethnicity is not considered separately.

Childhood

The importance of early onset of offending and negative experiences in the family and childhood across the life course of persistent offenders, including violent offenders, has been established (Farrington 1994; Loeber & Stouthamer-Loeber 1998; Dobash et al 2007b). For domestic violence, the negative impact upon children who observe their father using violence against their mother, as well as physical and/or sexual abuse as children, has long been suggested as a factor in their own behaviour as an adult (Dobash et al 2007b).

When non-lethal (IPV) and lethal offenders (IPM) groups are compared on factors relating to parents/ family and their own problems as children, there were a number of significant differences between the two groups (see Table 1). Non-lethal abusers are significantly more likely to have a father who was physically violent toward their mother (48.3% vs 11.7%) and/or to have had a problem of alcohol abuse (36.1% vs 11.5%), while the IPMs were significantly more likely to have had a father with

Table 1 Comparison of non-lethal and lethal violence: childhood (pre-16)

	IPViolence n=122 (%)	IPMurder n=106 (%)	Chi-square significance[a]
Parents and family			
Father, skilled and white collar	43.8	63.2	*
Mother, homemaker	31.0	70.9	***
Broken relationship	23.0	28.7	ns
Alcohol abuse by father	36.1	11.5	***
Father violent to mother	48.3	11.7	***
Problems of the child			
Physically abused by father	33.6	14.8	**
3+ changes in caretakers	13.9	16.3	ns
In care as child	20.5	13.4	ns
Arrest pre-16 yrs	17.1	25.3	ns

a: Levels of statistical significance: *p<.05, ** p<.01, *** p<.001

ns = not significant. Yeats correction applied to all chi-square results

Table 2 Comparison of non-lethal and lethal violence: adulthood

	IPViolence n=122 (%)	IPMurder n=106 (%)	Chi-square significance[a]
Education and employment			
GCSE[b] or above	27.9	39.6	ns
Usually unemployed	66.9	51.5	*
Skilled or white collar job	27.5	49.0	*
Problems as adult			
Alcohol abuse	53.3	37.5	*
Drug abuse	10.7	14.6	ns
At least 1 previous conviction	96.7	75.2	***
Previous violent conviction	64.8	39.0	***
6+ convictions	49.6	41.9	ns
Previous intimate relationships			
2+ previous relationships	36.9	40.6	ns
Violence to previous partner	27.9	56.9	***

a: Levels of statistical significance: *p<.05, ** p<.01, *** p<.001

b: GCSE General Certificate of Standard Education, national examination at age 16

ns = not significant. Yeats correction applied to all chi-square results

a skilled or white-collar job (43.8% vs 63.2%) and a mother who was a fulltime homemaker (31% vs 70.9%). The two groups did not vary statistically concerning a breakdown of the relationship between their parents. There were no significant differences between the two groups in terms of sexual abuse as a child, having three or more caretakers, having been in institutional care and being arrested before 16 years of age. Here, the only statistically significant difference was the greater likelihood that men in the IPV group had been physically abused by their father (33.6% vs 14.8%).

Table 3 Comparison of non-lethal and lethal violence: circumstances at violent event/murder			
	IPViolence n=122 (%)	IPMurder n=106 (%)	Chi-square significance[a]
Intimate relationship—type			
Married	48.4	42.5	ns
Co-habiting	47.5	32.1	**
Serious dating/engaged (non-residential)	4.1	25.5	***
Intimate relationship—context			
Previous violence, offender to victim	100.0	59.0	***
Possessiveness at event	9.5	34.8	***
Separated at violent event	19.7	36.8	**
Alcohol at event, offender			
Drunk (offender)	46.7	20.4	***
Elevated risk for lethality at event			
Sex assault	0.0	16.0	***
Strangle/choke	15.6	37.7	***
Instrument/weapon used[b]	8.2	75.5	***

a: Levels of statistical significance: *p<.05; ** p<.01;*** p<.001; ns =not significant. Yeats correction applied to all chi-square results

b: usually blunt instruments, clubs, knives and in 4.6% cases firearms

Adulthood

In adulthood, there were no statistically significant differences in educational achievement or age of leaving school, but there were differences in terms of employment (see Table 2). Although it should be stressed that most of men in both groups were usually unemployed, men in the non-lethal group were significantly more likely to experience long-term unemployment (66.9% vs 51.5%). Of those who were employed, most had unskilled jobs, although men in the lethal group were significantly more likely to be working in skilled or white-collar jobs than men in the non-lethal group (27.5% vs 49%). A history of failed relationships was apparent in the backgrounds of a considerable proportion of both groups (36.9% vs 40.6%) as was violence to a previous partner which was significantly more likely for men in the IPM group (27.9% vs 56.9%).

Overall, men in the IPV group were significantly more likely than the IPM group to experience a variety of problems as adults, including chronic alcohol abuse (53% vs 37.5%). Although drug abuse featured in the backgrounds of a small proportion of men in both groups, it was not a prominent feature of the lives of most men and there was little difference

between the two groups on this variable (10.7% vs 14.6%; not significant). Concerning previous convictions, men in the IPV group were significantly more likely to have had at least one previous conviction (96.7% vs 75.2%) and a previous conviction for violence (64.8% vs 39%), although the groups were fairly similar for those with six or more convictions. Of particular note is the large proportion of men in the IPV group with a previous conviction for violence. It should be stressed however that the previous conviction for violence included all forms of violence toward a variety of victims and was not restricted to violence against a woman partner or, in the case of the murder, against the person they killed.

Circumstances of the violent event/murder

The focus on the context and circumstances at the time of the violent event (see Table 3) included issues relating to the type of relationship (married, cohabiting, serious dating), previous violence to the victim, separation at or near the time of the event,

jealousy/possessiveness as a source of conflict and the nature of the assault.

Focusing on type of relationship (married, cohabitation, serious dating), comparisons of the IPV and the IPM groups reveal that the majority were in marital relationships (48.4% vs 42.5%). Cohabitation was significantly more likely in the IPV group (47.5% vs 32.1%) whereas serious dating/engaged relationships were significantly more likely in the IPM group (4.1% vs 25.5%). The finding regarding 'serious dating' may be, to some extent, a reflection of the nature of the IPV sample, but nonetheless it suggests the importance of including this type of relationship in the study of violence and murder within intimate relationships.

Previous violence against the victim was more likely in the non-lethal than the lethal group (100% vs 59%). While the fact that all of the non-lethal cases involved previous violence is likely to be an artefact of the criminal justice sample, it is nonetheless surprising that 41 percent of the murder cases did not appear to involve previous violence to the victim. Although most current literature suggests a progression, or pathway, from non-lethal to lethal violence in most intimate partner killings, these findings reveal a sizeable minority for whom this may not be so and strongly suggests that such cases be examined in their own right in order to consider how they might differ from that pathway.

Separation has repeatedly been found to be an important risk factor in research on non-lethal and lethal violence against women and these findings suggest that separation constitutes a significantly greater risk among the lethal group compared to the non-lethal group. Of the women partners who were murdered, about one-third (36.8%) were divorced or separated at the time of the murder, while about one-fifth (19.7%) of women in the non-lethal group were subjected to violence when separated. About half of the murders occurred within a period of three to six months after separation. It should nonetheless be stressed that the majority of cases were not separated at the time of the non-lethal attack or murder.

Although the source of conflict at the time of the event might involve a wide variety of issues including domestic work, children, money, drinking, jealousy and possessiveness, here we have focused only

on the last two. Male possessiveness and jealousy were significantly more likely in cases of murder than those involving non-lethal violence (9.5% vs 34.8%). For non-lethal violence, possessiveness was often an ongoing issue in the relationship but not necessarily the source of conflict in a specific violent event. Since it was the source of conflict in only about one-third of the murders, this challenges the almost singular focus on this source of conflict and suggests the need to investigate others.

The findings about intoxication refer to drunkenness rather than simply having been drinking at the time and reveal another exception to the notion that a given risk factor for non-lethal violence might be expected to be elevated when lethal violence occurs. For those who committed non-lethal violence, 46.7 percent were drunk at the time compared to 20.4 percent of those who committed murder. Therefore, while drunkenness appears to be an important risk factor for non-lethal violence, in this study it is less important for lethal violence since the vast majority of the men who murdered an intimate woman partner were not drunk at the time.

Obviously, the type of attack has implications for a lethal outcome even if it does not occur. While many different forms of violence might result in death, strangling, smothering and the use of instruments, knives and guns clearly embody a greater risk of lethality and these were more likely to be used in events resulting in a murder. Of the 106 men who killed an intimate partner, 40 strangled the woman and 31 of the women died as a direct result of asphyxiation. The use of an instrument, knife or gun during the attack is not only a risk factor for lethal violence because it increases the likelihood of serious injury but also because the use of such forms of violence would seem to indicate a heightened estrangement from the relationship and/or an increased objectification of the victim upon whom such 'elevated' forms of violence are used. Indeed, instruments and knives were used in only a few of the non-lethal events but were used in the vast majority of lethal events (8.2% vs 75.5%). For the most part, the weapons used in the murders were knives/sharp objects (35.9%), blunt instruments such as household items, wooden bats and hammers (16.6%), ligatures (16.4%) and guns (4.6%). The additional use of sexual violence during a violent event might also be an indicator

of further estrangement from the relationship and/or objectification of the woman and in this sense, may indicate an increased risk of lethality. Sexual violence did not occur in the specific non-lethal events examined in this study but did occur in the lethal events (0% vs 16%).

Overall, the comparisons of a number of personal, social and circumstantial factors associated with non-lethal and lethal violence against an intimate woman partner reveal some patterns that might be expected and others that are not. Some of the main risk factors for intimate partner murder appear to be violence against a previous partner, separation and the use of elevated levels of violence during the attack (strangulation, weapon and/or sexual assault). Unexpectedly, the comparisons of the IPM group and the IPV group revealed that murderers were less likely than abusers to have experienced a variety of problems in childhood and/or adulthood. Whereas, the overall profile of the IPV group more closely approximates that of the persistent offender, with numerous problems in childhood and adulthood (eg chronic unemployment and alcohol abuse), the overall profile of the IPM group more closely approximates that of the conventional man, with fewer problems in childhood and adulthood and less offending. The finding of greater 'conventionality' among murderers than abusers is both unexpected and puzzling. Without further investigation, it does not seem to support the expected 'pathway' from abuse to the murder of an intimate partner. However, a closer examination of the IPM group suggests that it may be heterogeneous rather than homogeneous in nature and contain men who more closely resemble abusers and others with a more conventional profile.

Comparisons: Men who murder an intimate woman partner (with and without previous convictions)

In order to examine the possibility of heterogeneity among men who murder an intimate woman partner, we identified two groups within the sample of IPM, those with and those without a previous conviction

for any type of offense prior to the murder. Since previous arrest/conviction for any type of offense has been found to be a risk factor for future offending, including intimate partner violence (Hanson, Helmus & Bourgan 2007), previous conviction was used to identify the two groups (PrevConvict n=79) and (NoConvict n=25). When a man murders his intimate partner, has no previous convictions and does not seem to fit the profile of the abuser/murderer, the murder is often viewed as unexpected, as 'coming out of the blue'. In order to investigate this notion, we compare the two groups on a variety of factors associated with childhood, adulthood, the circumstances prior to and at the time of the murder event and in terms of the assessments of prison professionals. The results suggest the possibility of two distinct pathways to IPM.

Childhood (prior to age 16 years)

The childhoods of the NoConvict and the PrevConvict groups were compared on several clusters of factors and the results reveal a number of significant differences in the experiences of the two groups (see Table 4). Significant differences were apparent on a number of comparisons of adversity and untoward experiences in childhood such as problems in school (13% of NoConvict vs 51.6% of PreConvict), disruptive behaviour at home and/or school (4.3% vs 40%), alcohol abuse (0% vs 27.4%), criminal offending before age 13 years (0% vs 16.9%), five or more convictions before age 16 years (0% vs 16.4%) and incarceration in a criminal justice institution (0% vs 21.9%). During childhood various professionals were involved with the families of men in the NoConvict group, especially the social (0% vs 26.1%) and medical (0% vs 35.3%) services. The proportion of relationship failures between their parents was similar for both groups (eg divorced or permanently separated 26.1% vs 30.4%; not significant) as was the proportions where their father had been violent to their mother (10% vs 11.7%; not significant). Physical abuse, disrupted caretaking and the experience of being taken into care was evident in the childhood experiences of a minority of both groups and no significant differences emerged for these comparisons.

Table 4 Comparison of intimate partner murderers with and without previous convictions, childhood (pre-16 years)

Problems in childhood	No previous conviction n=25 (%)	Previous convictions n=79	Chi-square significance[a]
Parents and family			
Broken relationship	26.1	30.4	ns
Father violent to mother	10.0	11.7	ns
Problems of the child			
Physically abused by father	13.0	22.2	ns
3+ changes in caretakers in care	12.0	18.1	ns
	8.0	14.1	ns
Problems at school	13.0	51.6	***
Disruptive behaviour (pre-13 yrs)	4.3	40.0	***
Alcohol abuse	0.0	27.4	**
Violence and criminal justice			
Onset of offending before 13 years	0.0	16.9	*
5+ Convictions before 16 years	0.0	16.4	*
Criminal justice institution (ever)	0.0	21.9	**
Involve professional w/family			
Social services	0.0	26.1	**
Medical	0.0	35.3	***

a: Levels of statistical significance: *p<.05, ** p<.01, *** p<.001

ns = not significant. Yeats correction applied to all chi-square results.

Adulthood

The vast majority of men in both groups were white British. Men from Afro-Caribbean and Asian (family origins in the Indian subcontinent) backgrounds were, by comparison to the wider population, overrepresented (although they were few in number). Men with an Asian background were particularly overrepresented in the NoConvict group compared to the PrevConvict group (12% vs 3.8%; not significant) and men in this group were significantly more likely to be regularly employed (70.8% vs 43.4%). Chronic alcohol abuse was much more likely in the PrevConvict group (12.5% vs 41.6%) and while drug abuse and/or mental health problems were also more likely in this group, the differences were not statistically significant.

In their adult lives, men in the PrevConvict group were likely to be involved in a variety of serious criminal behaviour. Prior to the murder, nearly two-thirds had six or more convictions for any type of offence and just over one-half had at least one conviction for a violent assault (two-thirds of these involved violence against a woman, usually but not always an intimate partner). It appears that a considerable proportion of these men specialise in violence against women. Around one-half of the PrevConvict group had served at least one prison sentence. Four of the men in the PrevConvict group had previous convictions for an earlier homicide and all the victims were intimate woman partner.

A substantial proportion of both groups experienced at least one failed long term relationship but this was significantly less likely among the NoConvict group (52.4% vs 84.4%). A comparison of the occurrence of violence in a previous relationship also differed but did not reach statistical significance; however, the size and direction of the difference is noteworthy (21.5% vs 62.8%). It is not surprising that most of

Table 5 Comparison of intimate partner murderers with and without previous convictions: adulthood (post-16 years)

Adult life course	No previous conviction n=25 (%)	Previous conviction n=79 (%)	Chi-square significance[a]
Ethnicity[b]			
White/anglo/European	84.0	86.1	ns
Afro-Caribbean	4.0	6.4	ns
Asian, Indian subcontinent	12.0	3.8	ns
Education and employment			
GCSE[c] or above	56.0	35.1	ns
Regularly employed	70.8	43.4	**
Problems as adult			
Alcohol abuse	12.5	41.6	**
Breakup of intimate relationship	52.4	84.4	***
Violent to previous partner[d]	21.5	62.8	ns
Professionals involved as adult			
Social services	4.3	10.7	ns
Medical	12.5	27.0	ns
Psychiatric/psychological	8.3	29.2	ns
Police	8.3	79.2	***
Probation	4.2	27.0	*

a: Levels of statistical significance: *p<.05, ** p<.01, *** p<.001

b: A small number of men from other ethnic backgrounds were excluded

c: GCSE—General Certificate of Standard Education, obtained through national examination at age 16 years

d: applies only to those men who had a previous relationship, n=51

ns = not significant. Yeats correction applied to all chi-square results

the PrevConvict group had persistent contact with the police (79.2%) and just over one-quarter had previous contact with probation (27%) and medical professionals (27%). Contact with the psychiatric/psychological professionals was more likely for the PrevConvict group (8.3% vs 29.2%).

The findings regarding the backgrounds of the two groups indicate important differences and suggest that the NoConvict group have an overall profile that is more conventional than that of the PrevConvict group. This conventional profile lends support to the notion that the murder of an intimate partner by such men is inexplicable and therefore appears to come out of the blue. The more problematic and criminogenic profile of the PrevConvict group more closely resembles the popular imagery of the persistent offender who commits such an offence.

As such, the backgrounds of PrevConvict group found in this research more closely approximate the characteristics of men who eventually commit murder including the murder of an intimate partner.

Circumstances at time of murder and murder event

At the time of the murder, both groups of men were of a similar average age (32.7 vs 34.6 years) as were the victims (30.1 vs 31.6 years) who were generally a couple of years younger. The NoConvict group was significantly more likely to be employed at the time of the murder than the PrevConvict group (69.6% vs 42.9%). As discussed above, the type of intimate relationship appears to be linked to IPM. In this

Table 6 Comparison of intimate partner murderers with and without previous convictions: circumstances at time of and prior to murder event

Circumstances	No previous conviction n=25	Previous conviction n=79	Chi-square significance[a]
Circumstances at time of murder			
Age and employment at murder (mean age)			
Offender	32.7yrs	34.6yrs	ns[b]
Victim	30.1yrs	31.6yrs	ns[b]
	(%)	**(%)**	**(%)**
Employed at time of murder	69.6	42.9	*
Relationship at murder			
Married	64.0	36.7	*
Cohabiting	12.0	38.0	*
Girlfriend/non-residential	24.0	25.3	ns
Separated at time of murder	32.0	38.0	ns
Conflict and violence in the relationship			
Ongoing dispute between offender and victim	72.0	70.9	ns
Previous violence, offender to victim	45.8	62.2	ns
Circumstances at murder event			
Confrontation immediately preceding murder	79.2	72.2	ns
Jealousy/possessiveness[c]	24.0	31.6	ns
Conflict regarding 'separation'[c]	20.0	22.8	ns
Drinking and drugs at murder—offender and victim			
Drinking (offender)	20.0	46.7	*
Drunk (offender)—method of killing	8.0	24.0	ns
Sexual assault	16.7	16.7	ns
Strangle/choke	36.0	26.6	ns
Instrument/weapon used[d]	60.0	82.1	*
Five or more injuries	76.0	59.5	ns
Sexual assault	16.7	16.7	ns
Responses during and after murder			
Emotion—anger/rage	68.0	40.5	*

a: Levels of statistical significance: *p<.05, ** p<.01, *** p<.001

b: two tailed t test

c: mutually exclusive

d: included blunt instruments, clubs and knives and in 4.6% of cases firearms

ns = not significant. Yeats correction applied to all chi-square results

Intimate Partner Murder, n=104

analysis, the NoConvict group were significantly more likely to be married (64% vs 36.7%), whereas men in the PrevConvict group were significantly more likely to be in cohabiting relationships (12% vs 38%). A serious but non-cohabiting boyfriend/ girlfriend relationship was evident in around a quarter of both groups. This finding supports the notion of greater conventionality in the NoConvict group prior to the murder. At the time of the murder, about one-third of the cases involved separation. Long-

standing disputes between the man and woman characterised the majority in both groups (72% vs 70.9%; not significant) and a considerable proportion involved previous violence by the offender to the victim (45.8% vs 62.2%; not significant). The presence of ongoing disputes and previous violence to the victim challenge the notions that apparently conventional men are living in harmonious, non-violent relationships until the moment when something unusual happens causing them to 'snap' and commit a murder which comes 'out of the blue'.

Confrontations preceded the murder in about three-quarters of the cases in both groups (79.2% vs 72.2%; not significant). Conflicts concerning jealousy, possessiveness (24% vs 31.6%; not significant) and separation/termination of the relationship (20% vs 22.8%; not significant) were the most important sources of dispute in both groups.

While the use of drugs did not feature in either group, alcohol consumption prior to the murder was significantly less likely among the NoConvict (20% vs 46.7%). Intoxication was more likely among the PrevConvict group, but the difference was not significant (8% vs 24%; not significant). The PrevConvict group was significantly more likely to use some type of implement (blunt instrument) or knife (60% vs 82.1% during the lethal assault, but there was little difference between the two groups in the use of choking or strangling (36% vs 26.6%; not significant). Men in the NoConvict group were somewhat more likely to inflict five or more injuries (76% vs 59.5%; not significant) and significantly more likely to be defined as in a state of anger/rage during and after the murder (68% vs 40.5%). There was no difference between the groups concerning the presence of a sexual attack (often rape) within the murder event (16.7% for both groups; not significant).

Prison: Behaviour and assessments of professionals

In general, intimate partner murderers are often described by prison staff as 'model' prisoners. In some ways this reflects the view that this type of murder is an aberration and is unlikely to be repeated, that this type of murderer is unlikely to cause problems in prison or to be a risk to public safety. However, the description of the 'model prisoner' may apply more to the NoConvict group than to their more criminogenic counterparts. The NoConvict group was significantly more likely than the PrevConvict group to be defined as model prisoners (52% vs 29.1%) and they were less likely be placed on 'report' for infractions of discipline. Men in the PrevConvict group were significantly more likely to have been placed on a discipline report (40% vs 65.8%) and to have received 10 or more discipline reports while in prison (12.5% vs 46.1%).

It might be expected that since men in the NoConvict group were often viewed as model prisoners, presented few problems within prison and had no known history of criminality, they would be more likely to be assessed as 'safe' by prison staff. There was, however, little or no difference in professional judgments of the two groups with respect to concerns about 'a risk to public safety' (41.7% vs 41.3%; not significant) or 'dangerousness' (45.8% vs 40.8%; not significant) upon release. Although men without previous convictions may be more likely to behave well in prison, they are no more likely to be deemed safe to return to the community. These judgments may be based upon the pivotal issues of whether or not the men express genuine remorse for the murder and empathy with the victim. It might be expected that a conventional man who commits an apparently uncharacteristic violent crime might by rather more remorseful and empathetic than his more criminogenic counterpart. The results reveal no significant differences between the two groups in reports of the lack of remorse for the murder (44% vs 32.9%; not significant) and/or empathy with the victim (60% vs 44.7%; not significant). It may be that the absence of remorse and empathy reflect a problematic orientation toward women as well as toward intimate relationships with women. Indeed, the vast majority of men in both groups were characterised by various professionals as 'having problems with women' throughout the life course (80% vs 73.3%; not significant).

Table 7 Comparison of intimate partner murderers with and without previous convictions: behaviour and assessments of professionals for intimate partner murderers

Behaviour and assessments	No previous conviction n=25 (%)	Previous conviction n=79 (%)	Chi-square significance[a]
Behaviour in prison			
Model prisoner	52.0	29.1	*
Ever on discipline report	40.0	65.8	*
10 or more discipline reports	12.5	46.1	**
Assessments of professionals prison			
Concern about risk to public safety	41.7	41.3	ns
Concern about 'dangerousness'	45.8	40.8	ns
Orientation to the victim and murder			
No remorse for murder	44.0	32.9	ns
No empathy with victim	60.0	44.7	ns
Problems with women	80.0	73.3	ns

a: Levels of statistical significance: *p<.05, ** p<.01, *** p<.001

ns = not significant. Yeats correction applied to all chi-square results

Intimate Partner Murder, n=104

Summary

In brief, the findings reflect two sets of comparisons. The first comparisons were between non-lethal abusers and intimate partner murderers. The comparisons of childhood and adult backgrounds of non-lethal abusers and intimate partner murderers revealed some surprising differences that were not in the expected direction, with men who murdered having fewer problems in childhood and adulthood than abusers. On the other hand, murderers were comparatively more likely to be separated at the time of the event, to have conflicts involving jealousy and possessiveness, to use instruments such as clubs and knives and to sexually assault the victim. The more problematic backgrounds of non-lethal abusers compared to murderers was unexpected and suggested the need to examine the murder group more fully in order to consider the possibility that this group might not be homogeneous, but instead contain more than one 'type' of intimate partner murder.

In order to do this, the second set of comparisons involved only intimate partner murderers who were divided into two groups, those with and those without a previous conviction prior to the murder. These comparisons revealed several significant differences between the NoConvict and the PrevConvict groups, with considerable problems in childhood and adulthood of the former and relatively unproblematic backgrounds and circumstances of the latter. In this sense, the IPM group appears to be bimodal in character, with those who more closely resemble intimate partner abusers and persistent offenders and those who may be characterised as more conventional. In other respects, the two groups were very similar. The similarities in orientations to women, to relationships with intimate partners and to the use of violence by men against women all point to a set of cultural beliefs, individual behaviour and institutional responses that underpin intimate partner violence. Here, the focus on the similarities rather than differences extends the understanding of intimate partner murder. Despite the differences in personal background, childhood, adulthood and previous criminal behaviour, the two groups were very similar in terms of the orientations toward a woman partner and the willingness to use lethal violence under certain circumstances. Additionally, the lack of empathy with the victim or remorse for the act, apparent in both groups of intimate partner murderers, suggests the relevance of a wider cultural context that underpins the behaviour and sense of justification not only of

men with a criminogenic history but also those with no such past.

References

All URLs correct as at 9 July 2009

Aldridge ML & Browne KD 2003. Perpetrators of spousal homicide. *Trauma, violence & abuse* 4: 265–276

Barnish M 2004. *Domestic violence: A literature review*. London: HM Inspectorate of Probation

Browne A, Williams KR & Dutton DG 1999. Homicide between intimate partners: A 20-year review, in Smith MD & Zahn MA (eds), *Homicide: A sourcebook of social research*. Thousand Oaks, CA: Sage

Campbell JC et al 2007. Intimate partner homicide: Review and implications of research and policy. *Trauma, violence & abuse* 8: 246–269

Campbell JC et al 2003. Risk factors for femicide in abusive relationships: Results from a multi-site case control study. *American journal of public health* 93: 139–152

Cattaneo LB & Goodman LA 2005. Risk factors for reabuse in intimate partner violence: A cross-disciplinary critical review. *Trauma, violence & abuse* 6: 141–175

Dawson R & Gartner R 1998. Differences in the characteristics of intimate femicides: The role of relationship state and relationship status. *Homicide studies* 2: 378–399

Dobash RE et al 2007a. Lethal and non-lethal violence against an intimate partner: Comparing male murderers with non-lethal abusers. *Violence against women: An international and interdisciplinary journal* 13(4): 1–27

Dobash RE et al 2007b. Onset of offending life course among men convicted of murder. *Homicide studies* 11: 243–271

Dobash RE et al 2004. Not an ordinary killer—just an ordinary guy: When men murder an intimate woman partner. *Violence against women* 10: 577–605

Dobash RE et al 2000. *Changing violent men*. Thousand Oaks, CA: Sage

Dobash RP & Dobash RE 2003. Violence in intimate relationships, in Heitmeyer W & Hagan J (eds), *International handbook of violence research*. London: Kluwer: 737–752

Dobash RE, Dobash RP & Cavanagh K 2009. Out of the blue: Men who murder an intimate partner. *Feminist criminology* 4(3): 194–225

Dutton DG & Hart S 1992. Risk markers for family violence in a federally incarcerated population. *International journal of law and psychiatry* 15: 101–112

Dutton D & Kerry G 1999. Modus operandi and personality disorder in incarcerated spousal killers. *International journal of law and psychiatry* 22: 287–299

Echeburua E, Fernandez-Montalvo J & Amor PJ 2003. Psychopathological profile of men convicted of gender violence: A study in the prisons of Spain. *Journal of interpersonal violence* 18: 798–812

Ehrensaft MK et al 2003. Intergenerational transmission of partner violence: A 20 year prospective study. *Journal of consulting and clinical psychology* 71: 741–753

Fals-Stewart W 2003. The occurrence of partner physical aggression on days of alcohol consumption: A longitudinal study. *Journal of consulting and clinical psychology* 71: 41–52

Farrington DP 1994. Childhood, adolescent, and adult features of violent males, in Huesmann LR (ed), *Aggressive behavior: Current perspectives*. New York: Plenum: 215–240

Finney A 2004. *Alcohol and intimate partner violence: Key findings from the research*. Home office bulletin 216. London: Research, Development and Statistics Directorate

Gondolf EW 2002. *Batterer intervention systems: Issues, outcomes and recommendations*. Thousand Oaks, CA: Sage

Grann M & Wedin M 2002. Risk factors for recidivism among spousal assault and spousal homicide offenders. *Psychology, crime & law* 8: 5–23

Hanson RK, Helmus L & Bourgan G 2007. *The validity of risk assessments for intimate partner violence: A meta-analysis. Corrections research report no. 2007–07*. Ottawa, ON: Public Safety Canada

Hanson RK & Wallace-Capretta S 2004. Predictors of criminal recidivism among male batterers. *Psychology, crime & law* 10: 413–427

Holzworth-Munroe A & Stuart GL 1994. Typologies of male batterers: Three sub-types and the differences among them. *Psychological bulletin* 116: 476–497

Hotaling GT & Sugarman DB 1986. An analysis of risk markers in husband-to-wife violence: The current state of knowledge. *Violence & victims* 1: 101–124

Johnson H & Hotton T 2003. Losing control: Homicide risk in estranged and intact intimate relationships. *Homicide studies* 7: 58–84

Kellerman AL, Rivara FP & Rushforth NB 1993. Gun ownership as a risk factor for homicide in the home. *The New England journal of medicine* 329: 1084–1091

Loeber R & Southamer-Loeber M 1998. Development of juvenile aggression and violence: Some common misconceptions and controversies. *American psychologists* 53: 242–259

Moffit TE, Caspi A & Silva PA 1998. Developmental antecedents of partner abuse: A prospective study. *Journal of abnormal psychology* 107: 375–389

Shackleford TK & Mouzos J 2005. Partner killing by men in cohabiting and marital relationships: A comparative, cross-national analysis of data from Australia and the United States. *Journal of interpersonal violence* 20: 1310–1324

Walby S & Allen J 2004. *Domestic violence, sexual assault and stalking: Findings from the British crime survey*. Home office research study 276. London: Home Office Research, Development and Statistics Directorate

Walton-Moss BJ et al 2005. Risk factors for intimate partner violence and associated injury among urban women. *Journal of community health* 30: 377–389
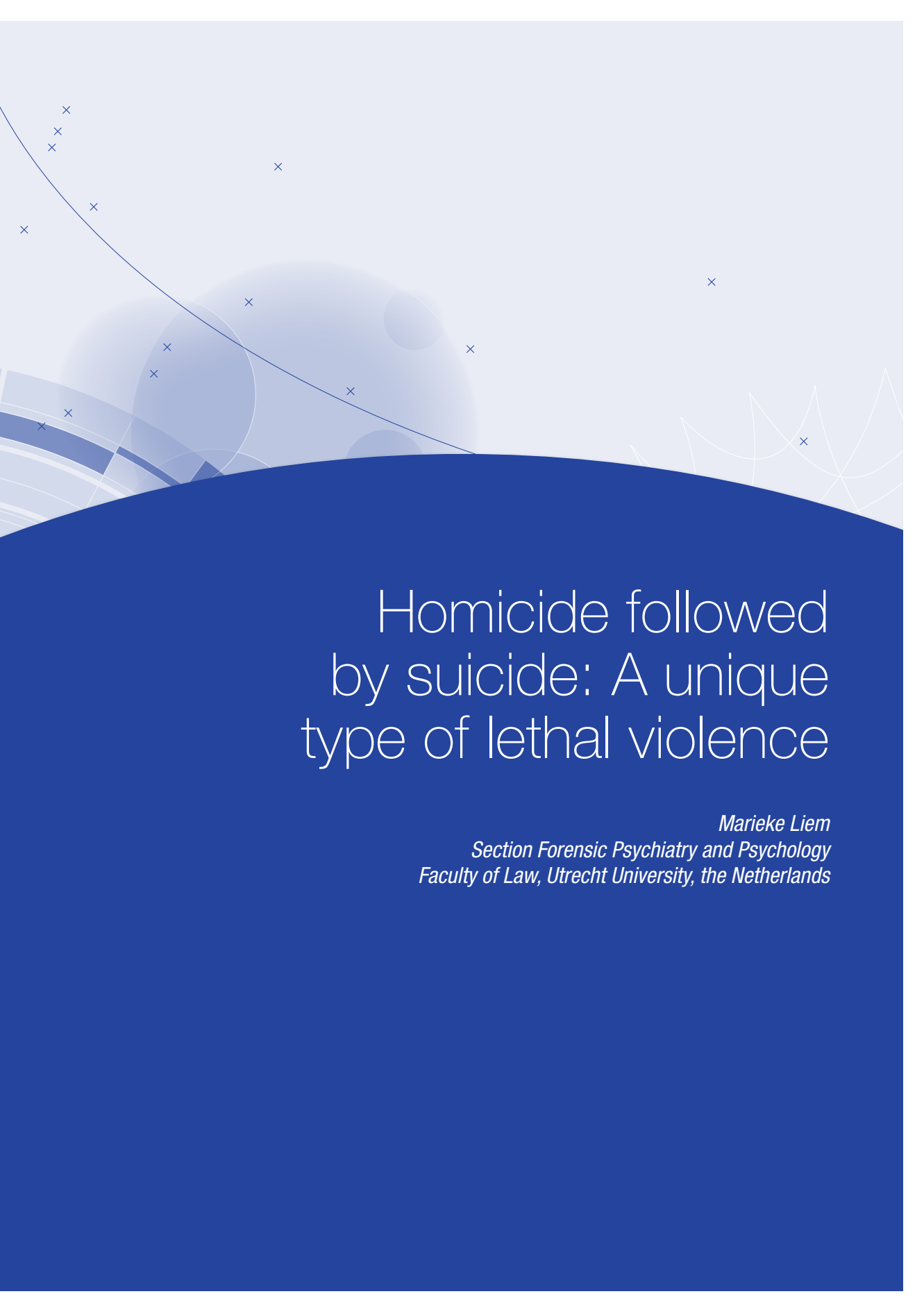
Wilson M & Daly M 1998. Lethal and nonlethal violence against wives and the evolutionary psychology of male sexual proprietariness, in Dobash RE & Dobash RP (eds), *Rethinking violence against women*. Thousand Oaks, CA: Sage

Wilson M & Daly M 1993. Spousal homicide risk and estrangement. *Violence and victims* 8: 3–16

Wilson M & Daly M 1992. Who kills whom in spouse killings? On the exceptional sex ratio of spousal homicides in the United States. *Criminology* 30: 189–215

Wilson M, Johnson H & Daly M 1995. Lethal and nonlethal violence against wives. *Canadian journal of criminology* 37: 331–365

Homicide followed by suicide: A unique type of lethal violence

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Homicide followed by suicide is a rare yet very serious form of interpersonal violence which mainly occurs within families; the main victims being women and children. Homicide-suicides are typically considered a variation of either suicidal or homicidal behaviour. On the basis of case material for three groups: homicide-parasuicides, homicides and parasuicides, it is emphasised that homicide followed by suicidal behaviour constitutes a different type of lethal violence. The events are typically premeditated and perpetrators frequently express either homicide or suicide threats prior to the event. Further, these perpetrators are marked by severe psychopathology and far-reaching dependency on the victim. This distinguishes them from individuals 'only' engaging in homicidal or suicidal behaviour. Special attention is paid to the implications of these findings, giving recommendations that could possibly diminish the occurrence of this extreme type of lethal violence.

Homicide-suicide is a generic term referring to a homicide and a subsequent suicide by the same actor. Although homicide-suicide is often referred to as murder-suicide, the latter denotes the legal aspect of homicide, whereas homicide-suicide includes both murder and manslaughter. Therefore, the term 'homicide-suicide' will be used rather than the term 'murder-suicide'.

While homicide and suicide are two well-defined entities, there is no standard legal description of the homicide-suicide phenomenon (Palermo 1994), because cases typically do not result in a criminal charge or trial. International literature suggests that, with few exceptions, virtually all victims of homicide-suicide are either female sexual partners or blood relatives, usually children (Brown & Barraclough 2002; Campanelli & Gilson 2002; Carcach & Grabosky 1998; Gartner & McCarthy 2008; Harper & Voigt 2007; Malphurs & Cohen 2002; Marzuk, Tardiff & Hirsch 1992; West 1965). Most commonly, homicide-suicides are classified according to the relationship between perpetrator and victim, discerning the categories uxoricide-suicide (the killing of an intimate partner followed by suicide), filicide-suicide (the killing of a child(ren) followed by suicide), familicide-suicide (the killing of multiple family members followed by suicide) and finally,

extra-familial homicide-suicide (the killing of victims outside the family followed by suicide; Marzuk, Tardiff & Hirsch 1992).

Conventional theories on both homicide and suicide perceive homicide-suicide to constitute a variation of either homicidal or suicidal behaviour. This dichotomous division applies to the major subcategories of homicide-suicide: those involving women and/or children.

First of all, various international studies on uxoricide-suicide report a two-fold division in these cases: the first centering on a pathological type of possessiveness and the latter clustered around a theme of old age and ill-health. Perpetrators of the first, most common type of uxoricide-suicides are reported to be characterised by jealousy and attempts to control their partner's behaviour (Dutton & Kerry 1999; Koziol-McLain et al 2006; Palermo 1994). What these men seem to have in common is a profound emotional dependency on their intimate partner, regarding her as inherent to their existence. When continuation of the relationship is threatened, a breakthrough of aggression takes the shape of a homicide-suicide. In this view, uxoricide-suicides are considered as primarily homicidal—after having killed the victim to prevent her from leaving, the perpetrator commits suicide out of remorse over the homicidal act or out of a wish to be reunited with her (Guttmacher 1960; Henry & Short 1954; Lester & Lester 1971; Stack 1997).

Uxoricide-suicides motivated by ill-health are also classified as suicide pacts between spouses, although research has shown that coercion to participate is a central characteristic in these pacts, thereby resembling homicide-suicides. Here, suicidal motives are thought to predominate. Both partners create a special, inseparable and isolated unit. The homicide-suicide occurs when the unit is threatened with dissolution (Rosenbaum 1983), not infrequently when one partner suffers from ill-health (Brown 1965; Brown & Barraclough 1999; Brown, King & Barraclough 1995; Fishbain et al 1989). Polk (1994) has argued that there is an element of masculine control in these pacts, with the view that the couple should 'both go together' if one of them threatens to decease. These perpetrators are therefore not primarily focused on the destruction of their partner, but reach the point of insisting, after they have

concluded that their own lives must end, that their partner should be part of this decision as well. These acts are perceived to be primarily suicidal.

Similarly, filicide-suicides are also reported to be primarily suicidal. Here, the main aim of parents killing themselves and their children is thought to be their own self-destruction, with the children being killed as part of an 'extended suicide'. The self is, as it were, integrated with the other (Collins et al 2001; Dettling, Althaus & Haffner 2003; Haapasalo & Petäjä 1999; Harder 1967; Liem & Koenraadt 2008a; McDermaid & Winkler 1995). If the parent decides to die, they decide to take with them into the beyond what is loved most dearly out of pseudo-altruistic motivations. Not infrequently, in these cases the child is thought to be 'better off' dead.

Conversely, other researchers point out that a child might be in danger of becoming part of a filicide-suicide when the perpetrator's aggression is directed towards the (estranged) spouse; in these cases, children could become part of the so-called 'Medea Complex' (Holden, Burland & Lemmen 1996; Liem & Koenraadt 2008a; Wilson, Daly & Daniele 1995). This term refers to the ancient myth in which Medea kills her two children in order to punish her ex-husband Jason for leaving her for another woman. Here, the child is killed in order to hurt the (estranged) intimate partner. From this perspective, filicide-suicides are primarily homicidal; the perpetrator's egocentric motives stand in stark contrast to the abovementioned pseudo-altruistic motivations underlying suicidal filicides.

The third most common type of homicide-suicide constitutes familicide-suicides, encompassing the killing of multiple family members followed by suicide. Most commonly, this constitutes the killing of a partner (estranged) and child(ren). Although strictly speaking, two child victims also constitute a killing involving multiple family members, such cases are usually not reported to make up a familicide. On occasions, its perpetrators are also referred to as 'family annihilators' (Hanzlick & Koponen 1994) since they typically end the lives of all family members. Familicide-suicides are typically dichotomised into categories which Frazier (1975) termed 'homicides-by-proxy' and 'suicides-by-proxy'. The first category resembles uxoricide-suicides in that the primary object of the man's aggression is the (estranged)

partner rather than the children. This type of perpetrator is motivated by a wish to 'get even' with his wife by killing her and all of 'her' children. When she threatens to leave and/or take away the children, he responds with lethal violence. In this view, familicide-suicides are primarily homicidal.

Conversely, familicides which are primarily suicidal seem to resemble filicide-suicides. Here, the familicidal man does not see another option but to 'protect' his family from perceived future pain and suffering after loss of employment or financial trouble. From this perspective, familicides are altruistically motivated, as the perpetrator aims to protect his loved ones from a catastrophic future. Considering suicide implies leaving his family to an even worse future without him as the provider of the family. In order to protect his family members from a worse future, he takes them with him in death (see also Liem & Koenraadt 2008b).

Therefore, among the most predominant types of homicide-suicide there has been a twofold division of considering homicide-suicides either as homicidal, where suicide follows out of remorse, fear of the consequences or a wish to be reunited with the victim, or considering homicide-suicides as primarily suicidal, where the victim is 'taken along' in death out of pseudo-altruistic considerations.

So far, very few studies have actually examined to what extent homicide-suicides can be understood as either homicidal or suicidal. Most existing empirical studies on homicide-suicide have taken on a descriptive, epidemiological approach (Allen 1983; Barraclough & Clare Harris 2002; Campanelli & Gilson 2002; Lecomte & Fornes 1998; Milroy 1993). Other studies (qualitatively) describe a relatively small number of homicide-suicide cases (Goldney 1977; Rosenbaum 1990; Saint-Martin, Bouyssy & O'Byrne 2007; Saleva et al 2007). With a few exceptions (Carcach & Grabosky 1998; Stack 1997; West 1965), in the majority of studies on homicide-suicide there is no comparison group of homicides not followed by suicide or suicides not preceded by homicides. In addition, because of the nature of homicide-suicide, both perpetrator and victim die in these events. Therefore, the data sources used in previous studies typically lack detailed information. The current study overcomes this limitation by making use of data on homicide-parasuicides:

homicides followed by a failed suicide of the perpetrator (Berman 1996; Brett 2002). This allows for studying the mental state of the perpetrator as well as the motives underlying the offence. It has been suggested that in homicide-parasuicides, the non-lethal outcome of the act may be a matter of chance. Hence, this group is likely to have similar characteristics to the homicide-suicide group.

This is the first study to compare homicide-parasuicide to both homicide and parasuicide. In doing so, this study is able to answer the question to what extent homicide-parasuicide can be understood as a homicidal phenomenon, as a suicidal phenomenon or as a different type of lethal violence. This paper first addresses the general characteristics of homicide-suicide in the Netherlands. Then, the research methodology employed in the current study will be described. Finally, findings will be discussed based on which implications and recommendations will be given.

Homicide-suicide in the Netherlands

In the Netherlands—a European country with approximately 16 million inhabitants—similar homicide patterns to Australia are reported. Like Australia, in the Netherlands, the majority of homicides are of a domestic nature or arise out of an argument related to (other) criminal activities or alcohol and drugs (Mouzos & Houliaras 2006; Nieuwbeerta & Leistra 2007). In addition, for both countries in recent years there has been an overall decline in the number of homicides (Davies & Mouzos 2007; Nieuwbeerta & Leistra 2007). The overall similarities in homicide characteristics between the two countries are also applicable to homicide-suicides; in both countries, homicide-suicides are predominantly male-perpetrated, of a domestic nature and typically committed with a firearm (Carcach & Grabosky 1998; Liem, Postulart & Nieuwbeerta 2007).

From 1992 to 2006 in the Netherlands, homicide-suicides occurred on average seven times per year, equivalent to approximately four percent of all homicides per year and 0.5 percent of all suicides per year (Liem, Postulart & Nieuwbeerta 2007). This corresponds to a rate of between 0.02 and 0.07 persons per population per year, a rate comparable to other European countries such as Denmark (Gottlieb et al 1987) and England (Milroy 1993). The European situation, however, seems to be in sharp contrast with current rates in other Western countries such as Australia and the United States. Carcach and Grabosky (1998) found the Australian homicide-suicide rate to be 0.22 per population; findings from the United States vary from 0.19 (Barber et al 2008) up to 0.7 in Florida (Cohen et al 1998). A higher homicide-suicide rate in these regions might be reflections of relatively easier firearm acquisition compared with the Netherlands and other European countries.

In the period 1992–2006, no seasonal variation in the homicide-suicide rate could be established. Also, no significant increase or decrease in the rate could be observed. Some have argued that the relative stability of homicide-suicides can be attributed to the relative stability of 'abnormal' homicides in society. Coid (1983) has previously argued that an increase in the homicide rate mainly includes an increase in the proportion of 'normal' offenders. Homicides by 'abnormal' offenders remain fairly stable over time. Others have attributed the stability of homicide-suicide to the high degree of involvement of family members in homicide-suicides. From this view, homicide-suicides are subject to similar influences and are of comparable stability as the rate of domestic homicide. Indeed, in the Netherlands, for the research period 1992–2006, the number of domestic homicides remained relatively stable. These findings provide support for the notion of considering the proportion of homicides ending in a suicide as a reflection of domestic homicides, rather than all homicides occurring nationwide.

Overall, general characteristics of Dutch homicide-suicide correspond to other international studies (eg Barber et al 2008; Bossarte et al 2006; Brown & Barraclough 2002; Campanelli & Gilson 2002; Carcach & Grabosky 1998; Comstock et al 2005; Logan et al 2008; Malphurs & Cohen 2002), suggesting that homicide-suicides share universal characteristics; the majority of the homicide-suicide events are perpetrated by men and the majority of the victims are women and children. Between 1992 and 2006 in the Netherlands, most homicides were

committed by firearms; the subsequent suicide was typically committed with the same weapon.

The study presented here is part of a larger ongoing research project on homicide-suicide in the Netherlands. Given the fact that extra-familial homicide-suicide is very rare and committed out of very different motives, the focus of this study lies on intrafamilial homicide-suicides, paying special attention to the most common types of homicide-suicide—those involving the intimate partner and/or children.

Methodology

As outlined above, previous studies investigating the homicide-suicide phenomenon have been hampered by the lethal outcome of these acts; given the nature of homicide-suicides, both perpetrator and victim(s) typically die. The current study overcomes this limitation by studying homicide-parasuicides and comparing these to both homicides not followed by a suicidal act and to parasuicides not preceded by a homicide. It should be noted that parasuicides cannot be equated with successful suicides; individuals attempting suicide and individuals committing suicide constitute different populations (Mann 2002). Therefore, in order to exclude non-serious parasuicides following a homicide, only near-lethal parasuicides are selected for the analysis. Parasuicides following a homicide were assessed using the Pierce Suicide Intent Scale (Pierce 1977). This scale consists of 12 items ranging from timing, intent and premeditation to lethality. Cases were coded as involving a parasuicide if the risk for a suicidal outcome was considered high (the Pierce Suicide Intent Scale has a maximum value of 25. According to this scale, the risk for suicide was considered low if they scored less than 4; risk was regarded as medium if their score ranged from 4 to 10 and risk was high if the total score was higher than 10). Here, factors that were not under the control of the perpetrator played a prominent role in determining whether the victim(s) and perpetrator survived. These include the unexpected presence of witnesses who summoned help, the promptness and quality of emergency medical response, weapon 'failure' and so on (Hillbrand 2001). Parasuicides in the control group

for the homicide-parasuicides were selected according to the same criteria.

Data sources

Both homicide and homicide-parasuicide cases were collected from the Pieter Baan Centre, a forensic psychiatric observation hospital in the Netherlands. The hospital has a national function. Reports stemming from this hospital consist of an investigation of the social environment of the accused person, a report of their behaviour on the ward, a short medical examination, a psychological and a psychiatric assessment (Koenraadt, Mooij & Mulbregt 2007). The final sample consisted of 507 individuals who were accused of having committed a domestic homicide. Of these individuals, 77 were found to have committed a serious parasuicide following the offence.

Near-lethal parasuicide cases were retrieved from the department of psychiatry of the Erasmus Medical Centre, University Medical Centre, Rotterdam. Individuals who commit a parasuicide requiring medical care are sent to this hospital where a psychiatric consultation is undertaken. Reports of these consultations include information on socio-demographic, psychopathological and other background characteristics. Parasuicides were matched to homicide-parasuicide cases according to gender and family situation. The available psychiatric consultation files included the period 2000–04. All files were manually searched and included in the study if the patient committed a severe parasuicide according to the Pierce Suicide Intent Scale and if the patient matched the characteristics required for this study's control group. All data were made anonymous. Data extraction conformed to ethical and judicial guidelines.

Findings

The demographic characteristics of the homicide-parasuicide perpetrators largely correspond to studies based on successful homicide-suicides nationally (Liem, Postulart & Nieuwbeerta 2007)

and internationally (Barber et al 2008; Carcach & Grabosky 1998; Logan et al 2008; Stack 2003; West 1965); the majority of the perpetrators being white males aged in their thirties. These similarities also suggest that this study's sample of homicides followed by near-fatal parasuicides resemble homicides followed by a fatal suicide.

The findings overall showed that homicide-parasuicide constitutes an event different from both homicide and parasuicide. Homicide-parasuicide individuals differed from individuals 'only' committing a homicide and individuals 'only' committing a parasuicide by being diagnosed with a high degree of psychopathology. Here, depression and

personality disorders are particularly pronounced in the homicide-parasuicide group. In addition, it was found that homicide-parasuicide perpetrators were more likely than individuals in the other two groups to have premeditated the event and to have expressed death threats and/or suicide threats prior to the event.

The most important factor, however, differentiating the homicide-parasuicide group from the other two groups concerned the degree of dependency on the victim, sometimes evolving to such an extent that one could speak of a so-called symbiotic relationship. This dynamic can be exemplified in Cases 1 to 3 (see boxes).

Case 1

G's childhood is characterised by sexual abuse by her grandfather, a disturbed relationship with her parents and bullying by her peers. Aged 16 years, she leaves the parental home and moves in with her boyfriend. Both get involved in frequent drug and alcohol use. Her boyfriend leaves her after the birth of a child.

For G, her three year old daughter encompasses 'everything that is good in this world'. Meanwhile, problems related to finances and drug use increase. G confides in her mother a plan to take her daughter along in her suicide. She perceives her daughter to constitute a part of her—'[m]e and my daughter, we are one person.' The situation deteriorates. Faced with a lack of money, alcohol and drug addiction and an overall hopeless situation, she does not see any other option but to end her life. She cannot bear the thought that this would imply an end to the relationship with her daughter. G kills her daughter and subsequently attempts to commit suicide. In the suicide note found at the scene she writes: '…I couldn't cope any more…We want to be together.'

She is diagnosed as suffering from a borderline personality disorder, combined with substance abuse.

[Dutch female, 34 years]

Case 2

At age 17 years, S meets K, his girlfriend. A year later, they move in together. Over the course of time, tensions arise. In the relationship, S shows signs of far-reaching emotional dependency on K—'She was everything, she was my life…She was part of me, really. The way in which I lived, the things I did, it was all because of her…I did everything for her.'

After six years of being together, K decides to end the relationship, leaving S devastated and depressed. He is unable to eat or sleep and only focuses on the loss of K, still hoping that she will come back to him. When she explicitly states that the relationship is over, he decides that the two of them should die together. Shortly before the event, he calls a friend and expresses his plan to kill K and subsequently kill himself.

When K meets him to pick up her belongings, he strangles her and subsequently attempts to commit suicide. Later, he states '[i]t was the only solution. We would be together again.'

[Dutch male, 24 years]

Case 3

F is a 34 year old man married to V. In the relationship with V, three children are born. F is very proud of his family and tends to romanticise his family life. He primarily identifies himself as a husband and father and considers himself to be the focal point of 'his' family and the one responsible for their wellbeing.

When the family experiences financial problems and the relationship with V deteriorates, his position as the central figure of the household is challenged. He does not know how to deal with the arising problems and feels stressed anxious—'[m]y wife, my family…they seemed to slip away from me.' As a result of these problems, he temporarily stops working.

When his wife suggests a divorce, he develops a detailed homicide-suicide plan: 'I did not see any other way out. In this way, we could all go together...still be a family together.' He shoots his wife and his children, but survives a suicide attempt by the same gun.

[Dutch male, 34 years]

Case 4

When Y is 11 years old, she is sexually abused by her mother's boyfriend, as a result of which she spends the remainder of her childhood in a children's home. In her adolescence, she is diagnosed with and treated for depressive disorder. Aged 15 years, she attempts suicide. Several years later, she meets K. Soon after, she gives birth to a daughter. K engages in criminal behaviour and is incarcerated for five years. Y feels increasingly hopeless and depressed—'[i]t seems that everything I do fails. I work, but I do not make enough money. I am not a good mother'.

When her daughter is diagnosed with a learning disorder and needs additional care and additional schooling, Y's depression increases. 'I do not deserve to have a daughter. I cannot offer her what she really needs…', referring to the lack of a father for the child and a lack of money. She attempts suicide when her daughter is at school, leaving behind a suicide note to her parents with instructions on how to take care of her daughter.

[Dutch female, 24 years]

Case 5

From an early age onwards, L is involved in criminal behaviour. He suffers from alcohol and drug abuse. Aged 25 years, he meets S in a rehabilitation clinic. Soon after, they move in together. They lead an isolated life, characterised by discord, physical aggression and alcohol abuse by both partners. He blames S for these conflicts, 'Whenever she was drunk, she would destroy things, she would yell… Also, she neglected the household'. The severity of the physical violence increases, which he explains by referring to her scornful attitude— '[s]he simply wouldn't shut up.' Although police and social welfare organisations are aware of the disturbing relationship, they are unable to convince S to leave L.

One night, after drinking alcohol, she insults him, after which he strangles her. 'She said things that were not true, which made me angry. She shouldn't have insulted me…'.

[Dutch male, 35 years]

In Case 1, the victim was considered as a part of the perpetrator that could not be left behind. Considering suicide 'alone' is not considered to be an option. Rather, the intended homicide-suicide is considered to be the only solution.

Typically, in these cases there is no prepared suicide plan, only a prepared homicide-suicide plan.

It has been argued that the deterioration of cognitive processing could aggravate the perpetrator's psychological estrangement from moral values

and respect for the autonomy of family members (Starzomski & Nussbaum 2000), in many cases evolving into disregarding the victim's autonomy altogether and considering the victim as a part of the self that cannot be separated. Such symbiotic relationships are not present among those 'only' attempting to kill themselves or others. Consider Case 4 for example.

In Case 4, the potential victim (ie the child) was regarded as an autonomous individual, rather than as an extension of the perpetrator or as dependent on the perpetrator, such as observed in Cases 1 and 3. In homicides not followed by suicidal behaviour, far-reaching feelings of dependency are typically absent as well.

Although these cases constitute an over-simplification of the complex dynamics underlying homicide-parasuicides, homicides and parasuicides, they provide an insight into what was found to be the determining factor differentiating homicide-parasuicides from the other two groups; feelings of far-reaching dependency on the victim(s), typically combined with severe psychopathology. Not infrequently, warning signs were expressed, varying from suicidal threats to homicidal threats.

Implications and recommendations

As with attempts to predict simple suicide and homicide, any evaluation of homicide-(para)suicide is likely to over-predict mortality (Marzuk, Tardiff & Hirsch 1992; Nock & Marzuk 1999). Most individuals who fit the 'stereotypical' profiles discussed in the literature and in this study will never die in a homicide-suicide event; a checklist or homicide-suicide assessment tool will therefore generate too many false positives (see Fox & Levin 1994). Moreover, as previously outlined, factors underlying a domestic homicide-(para)suicide are multifactorial and multidimensional. Nonetheless, as Nock and Marzuk (1999) suggested, it is useful to consider both the types of settings where potential perpetrators or victims of homicide-(para)suicide present for evaluation as well as behavioural patterns or life circumstances associated with an elevated risk.

The findings from this study suggest that homicide-parasuicide cannot simply be interpreted as a variation of homicidal or suicidal behaviour, but constitute a unique phenomenon. In possible prevention measures for homicide-suicide, risk assessment for both homicide and suicide should go hand in hand. Hillbrand (2001) has previously put forward that in these assessments, clinicians cannot rely on spontaneously uttered threats to detect risk. They should be mindful that individuals reporting suicidal ideation may also be experiencing homicidal ideation that they are unwilling to report. Conversely, individuals reporting homicidal ideation may also be experiencing suicidal ideation. The latter may increase the homicidal risk because such individuals may feel that they have nothing to lose. In this regard, it should be noted that there is a misconception that asking about suicidal ideation increase the odds for suicide or would inspire the suicidal patient. If approached with empathy, the patient feels understood. Motto (1989) suggests that the easiest way to determine the likelihood of an individual committing suicide is to ask them. Suicide threats or suicidal ideation should at all times be taken seriously.

Additionally, when psychopathology is accompanied by real or perceived threats to child and/or intimate relationships, clinicians must incorporate a full assessment of family relationships, particularly bearing in mind that standard risk assessment strategies focused on either suicide or homicide prevention may let them down in this unusual group. When suicidal ideation is extended towards others, in particular towards the intimate partner and/or children, adequate prevention measures should be taken, including extensive communication between different (mental health care) institutions, child protection agencies and other parties involved.

The prevention of homicide-parasuicide should be focused on, but not limited to, an analysis of the situation preceding the event. DuRand and colleagues (1995) have shown that a charge of murder or manslaughter poses an important risk factor in jail suicides. Treatment and prevention programs should recognise these inmates are in a very high-risk category. The findings of the present study show that this might be particularly relevant if the charge constitutes the killing of an intimate partner and/or child.

Finally, prevention measures in the area of homicide-(para)suicide can be sought in firearm legislation and possession. Here, Australia serves as an encouraging example of restrictive gun ownership laws, having managed to reduce the numbers of both homicides and suicides committed by shooting. Suicide attempts involving firearms are proven to be more lethal than those involving other methods (Shenassa, Catlin & Buka 2003), thereby increasing the lethality of the homicide-suicide event. Firearms facilitate a subsequent suicide of the offender as well as the killing of multiple victims at the same time. Killias, Walser and Markwalder (2007) have shown that the presence of a firearm in the home is related to an increased likelihood of separate homicide and suicide events as well as for homicide-suicide. The restriction of firearm licenses and possession might be one step in the direction of preventing these tragic events from happening.

References

All URLs correct as at 9 July 2009

Allen N 1983. Homicide followed by suicide: Los Angeles 1970–1979. *Suicide and life-threatening behavior* (13): 155–165

Barber CW et al 2008. Suicides and suicide attempts following homicide. *Homicide studies* 12(3): 285–297

Barraclough BM & Clare Harris E 2002. Suicide preceded by murder: The epidemiology of homicide-suicide in England and Wales 1988–92. *Psychological medicine* 32: 577–584

Berman AL 1996. Dyadic death: A typology. *Suicide and life threatening behavior* 26: 342–350

Bossarte RM et al 2006. Characteristics of homicide followed by suicide incidents in multiple states, 2003–04. *Injury prevention* 12: 33–38

Brett A 2002. Murder-parasuicide: A case series in Western Australia. *Psychiatry, psychology and law* 9: 96–99

Brown C 1965. *Manchild in the promised land*. New York: New American Library

Brown M & Barraclough BM 2002. Suicide preceded by murder: the epidemiology of homicide-suicide in England and Wales 1988–92. *Psychological medicine* 32: 577–584

Brown M & Barraclough BM 1999. Partners in life and in death: The suicide pact in England and Wales, 1988–92. *Psychological medicine* 29: 1299–1306

Brown M, King E & Barraclough BM 1995. Nine suicide pacts: A clinical study of a consecutive series 1974–9. *British journal of psychiatry* 167: 448–451

Campanelli G & Gilson T 2002. Murder-suicide in New Hampshire, 1995–2000. *American journal of forensic medicine and pathology* 23: 248–251

Carcach C & Grabosky PN 1998. Murder-suicide in Australia. T*rends & issues in crime and criminal justice* no. 82. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current%20series/tandi/81-100/tandi082.aspx

Cohen D et al 1998. Homicide-suicide in older persons. *American journal of psychiatry* 155: 390–396

Coid J 1983. The epidemiology of abnormal homicide and murder followed by suicide. *Psychological medicine* 13: 855–860

Collins PL et al 2001. Filicide-suicide: In search of meaning. *North American journal of psychology* 3(2): 277–292

Comstock RD et al 2005. Epidemiology of homicide-suicide events: Oklahoma, 1994–2001. *American journal of forensic medicine and pathology* 26: 229–235

Davies M & Mouzos J 2007. *Homicide in Australia: 2005–2006 national homicide monitoring program (NHMP) annual report*. Research and public policy series no. 77. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current%20series/rpp/61-80/rpp77.aspx

Dettling A, Althaus L & Haffner HT 2003. Criteria for homicide and suicide on victims of extended suicide due to sharp force injury. *Forensic science international* 134: 142–146

DuRand CJ et al 1995. A quarter century of suicide in a major urban jail: Implications for community psychiatry. *American journal of psychiatry* 152: 1077–1080

Dutton DG & Kerry G 1999. Modus operandi and personality disorder in incarcerated spousal killers. *International journal of law and psychiatry* 22: 287–299

Fishbain DA et al 1989. Homicide-suicide and chronic pain. *Clinical journal of pain* 5: 275–277

Fox JA & Levin J 1994. Firing back: The growing threat of workplace violence. *Annals of American academy of political and social science* 536: 16–30

Frazier SH 1975. Violence and social impact, in Schoolar J (ed), *Research and the psychiatric patient*. New York: Brunner and Mazel

Gartner R & McCarthy B 2008. Twentieth-century trends in homicide followed by suicide in four north American cities, in Weaver J & Wright D (eds), *Histories of suicide: international perspectives on self-destruction in the modern world*. Toronto: University of Toronto Press

Goldney RD 1977. Family murder followed by suicide. *Forensic science international* 3: 219–228

Gottlieb P et al 1987. The practice of forensic psychiatry in cases of homicide in Copenhagen 1959–1983. *Acta psychatria Scandinavia* 76: 514–522

Guttmacher MS 1960. *The mind of the murderer*. New York: Farrar, Straus and Cudahy

Haapasalo J & Petäjä S 1999. Mothers who killed or attempted to kill their child: Life circumstances, childhood abuse and types of killing. *Violence and victims* 14: 219–239

Hanzlick R & Koponen M 1994. Murder-suicide in Fulton County, Georgia: Comparison with a recent report and proposed typology. *American journal for medical pathology* 15: 168–175

Harder T 1967. The psychopathology of infanticide. *Acta psychiatria Scandinavia* 43: 196–245

Harper DW & Voigt L 2007. Homicide followed by suicide: An integrated theoretical perspective. *Homicide studies* 11(4): 295–318

Henry A & Short J 1954. *Suicide and homicide*. Glencoe: The Free Press

Hillbrand M 2001. Homicide-suicide and other forms of co-occurring aggression against self and against others. *Professional psychology: research and practice* 32: 626–635

Holden CE, Burland AS & Lemmen CA 1996. Insanity and filicide: Women who murder their children. *New directions for mental health services* 69: 25–34

Killias M, Walser S & Markwalder N 2007. Homicide-suicide in Switzerland, 1980-2004. Paper presented at the European Society of Criminology, Bologna

Koenraadt F, Mooij A & Mulbregt J 2007. *The psychic condition in criminal law: forensic mental health assessment in a residential setting*. Amsterdam: Dutch University Press

Koziol-McLain J et al 2006. Risk factors for femicide-suicide in abusive relationships: Results from a multisite case control study. *Violence and victims* 21: 3–21

Lecomte D & Fornes P 1998. Homicide followed by suicide: Paris and its suburbs, 1991–1996. *Journal of forensic sciences* 43: 760–764

Lester G & Lester D 1971. *Suicide: The gamble with death*. Englewood Cliffs, NJ: Prentice-Hall

Liem M & Koenraadt F 2008a. Filicide: A comparative study of maternal versus paternal child homicide. *Criminal behaviour and mental health* 18: 166–176

Liem M & Koenraadt F 2008b. Familicide: A comparison with spousal and child homicide by mentally disordered perpetrators. *Criminal behaviour and mental health* 18(5): 306–318

Liem M, Postulart M & Nieuwbeerta P 2007. Homicide-suicide in the Netherlands: An epidemiology. *Tijdschrift voor Veiligheid* 6(2): 16–36

Logan J et al 2008. Characteristics of perpetrators in homicide-followed-by-suicide incidents: National violent death reporting system—17 US states, 2003–2005. *American journal of epidemiology* 168(9): 1056–1064

Malphurs JE & Cohen D 2002. A newspaper surveillance study of homicide-suicide in the United States. *The American journal of forensic medicine and pathology* 23: 142–148

Mann JJ 2002. A current perspective of suicide and attempted suicide. *Annals of internal medicine* 136: 302–311

Marzuk PM, Tardiff K & Hirsch CS 1992. The epidemiology of murder-suicide. *Journal of the American medical association* 267: 3179–3183

McDermaid G & Winkler EG 1995. Psychopathology of infanticide. *Journal of clinical and experimental psychopathology* 16: 22–41

Milroy CM 1993. Homicide followed by suicide (dyadic death) in Yorkshire and Humbershire. *Medicine, science and the law* 33: 167–171

Motto JA 1989. Problems in suicide risk assessment, in Brown HN & Jacobs D (eds), *Suicide: Understanding and responding: Harvard medical school perspectives*. Madison: International Universities Press

Mouzos J & Houliaras T 2006. *Homicide in Australia: 2004–2005 national homicide monitoring program (NHMP) annual report*. Research and public policy series no. 72. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current%20series/rpp/61-80/rpp72.aspx

Nieuwbeerta P & Leistra G 2007. *Lethal violence: Homicide in the Netherlands 1992–2006*. Amsterdam: Prometheus

Nock MK & Marzuk PM 1999. Murder-suicide, in Jacobs DG (ed), *The harvard medical school guide to suicide assessment and intervention*. San Francisco: Jossey-Bass: 188–209

Palermo GB 1994. Murder-suicide—an extended suicide. *International journal of offender therapy and comparative criminology* 10: 106–118

Pierce DW 1977. Suicidal intent in self-injury. *British journal of psychiatry* 130: 377–385

Polk K 1994. *When men kill: Scenarios of masculine violence*. Cambridge: Cambridge University Press

Rosenbaum M 1990. The role of depression in couples involved in murder-suicide and homicide. *American journal of psychiatry* 147: 1036–1039

Rosenbaum M 1983. Crime and punishment—the suicide pact. *Archives of general psychiatry* 40: 979–982

Saint-Martin P, Bouyssy M & O'Byrne P 2007. Homicide-suicide in Tours, France (2000–2005)—description of 10 cases and a review of the literature. *Journal of forensic and legal medicine* 15: 104–109

Saleva O et al 2007. Homicide-suicide—an event hard to prevent and separate from homicide or suicide. *Forensic science international* 166: 204–208

Shenassa ED, Catlin SN & Buka SL 2003. Lethality of firearms relative to other suicide methods: A population based study. *Journal of epidemiology and community health* 57: 120–124

Stack S 2003. Suicide in the media: Reporting of nonfictional media: a meta analysis. Paper presented at the American Sociological Association, Atlanta

Stack S 1997. Homicide followed by suicide: An analysis of Chicago data. *Criminology* 35: 435–454

Starzomski A & Nussbaum D 2000. The self and the psychology of domestic homicide-suicide. *International journal of offender therapy and comparative criminology* 44: 468–479

West DJ 1965. *Murder followed by suicide*. Cambridge: Harvard University Press

Wilson M, Daly M & Daniele A 1995. Familicide: The killing of spouse and children. *Aggressive behavior* 21: 275–291

Intimate partner homicide and familicide in Western Australia

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This exploratory research considered common factors in the antecedents to three categories of homicide in Western Australia over a 10 year time frame; intimate partner homicide, intimate partner homicide followed by suicide and familicide. Questions are raised about how these offences are defined. Particular attention was paid to the possible existence of childhood trauma in the background of perpetrators. To this end, male and female perpetrators were interviewed in depth about their experience of homicide and were asked to complete the Child Trauma Questionnaire (QTC), a retrospective self-reporting measure of childhood trauma (Bernstein & Fink 1998). Survivors from both perpetrators' and victims' families were also interviewed in relation to their experience of homicide and the aftermath. There were found to be common factors in the antecedents to the three categories of offence, for example a family context which included violence, substance abuse and mental illness. Childhood trauma was found to be a factor in the backgrounds of intimate partner homicide and familicide perpetrators, but could not be assessed in the homicide-suicide cohort. There were also differences between the cohorts. There were no Indigenous perpetrators found in either the homicide-suicide or in the familicide cohort and there were no female perpetrators found in the homicide-suicide cohort, although atypically there was one in the familicide cohort.

This WA study examined three categories of intra-familial homicide—intimate partner homicide, intimate partner homicide-suicide and familicide. The aims were first to explore whether there are common antecedents across these three offence types, and in particular whether childhood trauma is one of these and second, what inferences may be drawn from such experience. The purpose was to increase understanding about the offences in order to better inform strategies aimed at prevention.

In trying to understand the offence of homicide, it is important to consider the antecedents to the offence, including the nature of the perpetrator–victim relationship and the social context within which homicide occurs. In studying the relationship between victim and perpetrator, it can be seen that long-term antecedents may be just as important as

short-term antecedents in providing information to help understand why a particular offence occurs. To this end, data was sought from a variety of disparate sources in an attempt to learn as much as possible about what was happening in the lives of both perpetrator and victim prior to the offence. Data sources included police offence reports, coronial records, information provided by the Department of Justice and the Family Court, newspapers, electronic newspaper archives (Factiva Electronic Media Archive Database http://global.factiva.com.ezproxy.library.uwa.edu.au), in-depth interviews with both perpetrators and survivors, as well as results from the Child Trauma Questionnaire (Bernstein & Fink 1998)—a psychometric test administered to perpetrators.

Problems of definition

A problem for researchers, when reviewing the international homicide literature, is the lack of clarity about whether the definitions used to categorise a particular offender–victim relationship are uniform between jurisdictions. Added to this is the problem that the individuals themselves may have differing perceptions and ways of classifying the nature and status of their relationship. In a number of cases in this study, there were also discrepancies in the perceptions of others about the status of the relationship, which were sometimes described as current and sometimes as separated or terminated.

With regard to the definition of intimate partner homicide-suicide, there are variations between studies, with regard to the designated interval between the homicide and the suicide event. Reasons for the adoption of a particular timeframe are rarely given and may possibly relate to the availability of data. It is important to acknowledge that adopting a definition based purely on a timeframe may have no relevance to the dynamic of the interpersonal relationship between perpetrator and victim, or to the internal psychological processes of the perpetrator, both of which are vital to understanding the offence. In light of the high incidence of suicidal ideation reported by perpetrators in this study, the high number of successful perpetrator suicides in jail and the lack of information available about attempted suicide by

perpetrators after incarceration, it is likely that there is an even greater incidence of suicidal ideation among perpetrators of intra-familial homicide than was found in this study.

If we are to increase understanding of why these offences occur, as much information as can be obtained is needed about the perpetrator's emotional state and the behavioural manifestation of this prior to, but also following, the homicide or homicide-suicide event. This type of information could be obtained through the process of intra-familial homicide reviews and should include any history of violence, mental illness, suicidal and homicidal ideation, homicidal and/or suicidal threats and suicide attempts, as these factors are positively correlated with homicide and homicide-suicide (Allen 1980; Barber et al 2008; Campbell 2003; Johnson 2005; Koziol-McLain et al 2006; Liem & Koenraadt 2008; Saleva et al 2007; Starzomski & Nussbaum 2000). Consistent with this international research, some of those interviewed reported contemplating suicide prior to or at the time of the homicide, even though no suicide attempt was made. Furthermore, they considered themselves at risk of suicide, sometimes for years afterwards. They also reported remaining confused about how their suicidal thoughts had translated into the homicide event. Wallace (1986: 157) found that with homicide-suicide 'in most cases there was no evidence of any qualitative distinction (in terms of motivation) between successful and unsuccessful suicides', while Easteal (1993: 108) found 'few significant differences between incidents ending in suicide and those that did not'.

It can be seen from this that an arbitrary cut-off, in terms of length of time elapsed after the event, may not accurately capture the extent of this phenomenon. Therefore, for the purpose of this study, it was determined that any attempted suicide by a perpetrator, whether or not successful, which became apparent either through the document searches, or through the in-depth interview, would be categorised as a homicide-suicide.

The term 'familicide' appears to be an even more imprecise and evolving term than either intimate partner homicide, or intimate partner homicide-suicide and may be used to describe homicide where there are a range of different configurations

of perpetrator–victim relationships. These murders are typically concurrent with the perpetrator's suicide. The term is also used in the academic literature to describe murder-suicide within the nuclear family, where the spouse and children are killed (Alder & Polk 2001) or to describe massacres which include members of the extended family, whether or not the perpetrator suicides (Ewing 1997). It is also sometimes used to describe murder of the spouse and children where the perpetrator does not necessarily suicide (Daly & Wilson 1988) and sometimes to describe offences where all the children, but not the spouse are killed, whether or not the perpetrator's suicide attempt is successful (Johnson 2005).

In summary, generally in the criminological literature, familicide refers to acts of multiple intra-familial homicide, followed by the suicide or attempted suicide of the perpetrator (Alder & Polk 2001; Ewing 1997; Olivier et al 1991; Wilson et al 1995) whereas in the news media and among the general public (including homicide survivors), the term is used far more loosely. Without a clear definition, there are obvious problems in researching the offence.

For this study, a definition of familicide was initially adopted that included the suicide or attempted suicide of the perpetrator. This was done firstly as a result of the paucity of cases and the lack of quantifiable differences between cases where the suicide was successful and those where it was not, and secondly, because perpetrators and survivors identified these cases as being similar and reported them as having the same dynamics and risk factors. Later, the definition was expanded to include a case where there was no suicide attempt because survivors referred to it as familicide.

Findings from the complete data set

Incidence

It was found that in Western Australia during the nominated timeframe of 1996–2005, there were 103 intimate partner homicide offences (not including the woman who murdered her husband's new partner), 18 cases of intimate partner homicide where the

perpetrator suicided, or had clearly made a suicide attempt and six cases of familicide (including 1 attempted offence)—a total of 127 offences.

Differences between cohorts

While there appeared to be many similarities across the three offence cohorts in the complete data set, the amount of qualitative data pertaining to each offence was variable. However, there were clearly some major differences in the quantitative data that centred primarily on the two issues of gender and race.

Gender

There were no female perpetrators in the homicide-suicide cohort. This is consistent with research that has suggested that even though she may have been suicidal in the past, once a female victim of domestic violence has killed her partner and has ensured her own safety, suicide as an escape from the abuse is no longer necessary (Chan 2001). There was atypically one female in the familicide cohort, when generally the literature refers to familicide as an almost exclusively male offence (Ewing 1997; Alder & Polk 2001; Wilson et al 1995).

Race

Indigenous perpetrators were found only in the intimate partner homicide cohort. This finding is particularly interesting and while it may be tempting to hypothesise about why they were not seen in either the homicide-suicide or the familicide cohort, it is clear that more research is needed before this phenomenon may be more fully understood and also to close the gap the current study left by not interviewing Indigenous perpetrators.

Findings from interviews with survivors and perpetrators
Similarities between cohorts

When the results of the in-depth interviews and the CTQ were combined with the data obtained from document searches, findings were generally consistent across cases within the intimate partner homicide and the familicide cohorts. Due to the lack of respondents in this cohort, data pertaining to the homicide-suicide cohort was derived only from document searches, newspapers and electronic media archives. However, the data sourced in this way indicated there was also consistency in antecedents within this cohort.

It was also found that there were far more similarities across the cohorts than there were differences. The most obvious examples of similarities across the three cohorts reported by interviewees were the existence of a history of childhood trauma, family and domestic violence (including threats to kill and threats to suicide), a history of substance abuse and a history of mental illness, which was often reported to have been undiagnosed and/or ineffectively treated either because the individual did not seek treatment, or because the treatment received did not appear to have relieved the reported symptoms. The results of this study also suggest that these issues may be present in the psycho-social history of the victim, as well as in the perpetrator's history, and that homicidal and suicidal ideation may be very closely linked to intimate partner homicide. Childhood trauma was found to have existed in relation to the children of homicidal couples, as well as with their parents, even though there was no evidence of the involvement of child protection authorities.

Respondents

The total number of respondents was 20, comprising 11 perpetrators who had killed an intimate partner and/or their children, plus the woman who murdered her husband's new lover and eight survivors who had a blood relationship to either perpetrator or victim and were known to both, as part of the extended family network. Surviving perpetrators frequently gave insights into the early life experience of their victims, as the nature of their intimate relationship with the deceased meant that they had often in the past fulfilled the role of confidant. There were no respondents from the intimate partner homicide-suicide cohort, as those who had survived their suicide attempt were deemed by prison authorities too emotionally vulnerable to participate in the research.

History of violence

Apart from the more obvious manifestations of family and domestic violence, such as hitting and other forms of assault, a number of other behaviours including emotional abuse, sexual abuse, stalking and hostage taking were reported. The history of violence, described by respondents, was not restricted to perpetrator violence and was not restricted to the homicidal couple relationship. It was found frequently, though not in every case, that violence was multifaceted, pervasive and to have existed inter-generationally in both the family of the perpetrator and the family of the victim. It was found to include family and domestic violence, stalking, child abuse and neglect. It included threats to harm and/or kill partners, family members, children and pets. In the case of perpetrators' violence, including violence towards animals, this was traced back to childhood in several cases. Male and female perpetrators reported that, prior to the offence, there had been an increase in violence related to separation and feelings of abandonment. In addition, female perpetrators reported an increase in victim-precipitated violence prior to them killing their partners. Some respondents conveyed a perception of having been isolated in their misery and that they neither sought, nor expected, any help from the community surrounding them. Others reported seeking help only to find rejection. Some victims appeared to have been rendered incapable of seeking help by months, or years, of being humiliated, controlled, demeaned, threatened and beaten by their partners.

History of substance misuse

The social context of homicidal couples was often reported to have been characterised by poly-substance misuse. Three of the 12 perpetrator respondents reported illegal drug dealing to be a principal source of income for the couple. The majority, though not all perpetrators and victims, appeared to use or misuse a range of substances, both legal and illegal, as a way to cope with the stressors of their daily lives. These included alcohol, prescribed medication and illicit drugs.

Mental illness

Respondents in both the perpetrator and survivor cohorts frequently reported mental illness in perpetrators and victims (apparently not always diagnosed, effectively treated or monitored). The most common illness reported was depression, which often followed conflict or problems in intimate partner relationships, and tended to increase markedly when the couple separated. There were also cases of what appeared to be psychosis in the male perpetrator, where delusional states were reported and appeared to have been a significant factor in committing the offence. There were many instances of co-morbidity in perpetrators, where substance abuse co-existed with mental health issues, with no effective treatment, to produce a complex effect on personality and behaviour. Arguably, it was this combination of factors that may well have contributed to perpetrators becoming more constricted in their thinking (Allen 1980) and therefore becoming more likely to commit homicide and/or suicide.

Childhood trauma

A history of childhood trauma was found to be common in perpetrators in those cases where either the perpetrator or a survivor was interviewed in both the intimate partner homicide and familicide categories. The few surviving perpetrators of homicide-suicide, as previously mentioned, were deemed too vulnerable to interview and therefore the level of childhood trauma in this cohort could not be assessed. Childhood trauma was also found to have been present in the background of the woman who killed her ex-partner's new lover. However, once again, trauma was not just confined to perpetrator experience because both they and survivors reported that victims too had experienced childhood trauma, ranging from disrupted attachment, through physical and sexual abuse by a parent to sexual assault by a stranger.

As the historical context (long-term antecedents) from which the homicide event evolved emerged from the in-depth interviews, it became clear that these included a range of trauma experiences that included separation from carers as well as abuse and neglect, which appeared to have contributed to an increased susceptibility for individuals to become perpetrators and/or victims of violence and abuse. Even those perpetrators found to be minimising or denying in their CTQ responses, gave small insights

into their trauma history, which they may not have been conscious of, as they described experiences during their in-depth interviews which they appeared to perceive as positive or neutral but which were clearly abusive. For example, one man described how as a child he had watched his sister being beaten with sticks and pieces of wood; an experience he saw as having been helpful in influencing him to behave and avoid being beaten himself.

Of the 11 intimate partner homicide and familicide perpetrators interviewed, nine disclosed having experienced childhood trauma in the form of abuse, neglect or both. The other three scored highly on the scale measuring minimisation and denial, which suggests they too may have experienced childhood trauma. Interviews with survivors confirmed the link between childhood trauma and homicide in the lives of perpetrators and consolidated the picture that was provided by perpetrators in the results of their CTQ's and in-depth interviews. While this link cannot be said to be causal, there is mounting evidence to indicate it needs further exploration.

The results of the CTQ administered to perpetrators indicate that emotional abuse and emotional neglect featured frequently in the childhood experience of both men and women. However, within the domains of physical and sexual abuse, there were gender differences in the frequency and extent to which these types of trauma were reported. The domain of physical neglect did not feature as frequently, or to the same extent, as the other domains of abuse with either men or women.

Emotional abuse, emotional neglect and physical abuse featured strongly in the CTQ results of the men, who reported high levels of these three forms of trauma. Sexual abuse was rarely reported by them, with only one male respondent openly acknowledging this experience and another suggesting, while completing the questionnaire, that he had also been sexually abused. However, one may have been inhibited from reporting sexual abuse for cultural reasons, above and beyond what may be considered a normal reticence to report such abuse, due to particular cultural sensitivities towards this issue in his country of origin.

One man, who had experienced severe physical and emotional abuse only partly completed the questionnaire. He became distressed while responding, saying the questions were triggering memories which he did not wish to recall. He asked to be excused from completing the CTQ, saying he did not want to re-experience his abuse by answering any more questions. The limited responses he did provide attracted a score of severe to extreme on the physical abuse scale and his descriptions in the in-depth interview of the extensive abuse he suffered leave little doubt that he suffered severe trauma in childhood. The two men who did not score highly in any trauma domain both scored highly on the minimisation/denial scale.

Although caution should be exercised in considering and/or generalising the results of the CTQ for female perpetrators of intimate partner homicide due to their low numbers, their scores were very consistent. The picture elicited for the three women who had killed their partners was one of them experiencing similarly high levels of emotional abuse in childhood to that experienced by men, but that they experienced higher levels of emotional neglect, much higher levels of sexual abuse and considerably lower levels of physical abuse than their male counterparts. These women reported extreme levels of sexual abuse accompanied by severe levels of emotional abuse and neglect. As with men, physical neglect was the least prevalent form of trauma reportedly experienced.

The woman mentioned previously, who had not killed her ex-husband but killed his new girlfriend, participated in both the in-depth interview and also completed the CTQ. Her results in each of the trauma domains on the CTQ were consistent with those of the women who had killed their male partners, especially with regard to emotional abuse and neglect. However, her score for physical abuse was much higher. The one woman who did not score highly on any domain of abuse, scored highly on minimisation/denial.

As I was unable to interview or use the CTQ with victims, I relied totally on survivor reports to assess victims' experience of childhood trauma. Survivors included both perpetrators and family members. Following a homicide, it is often the case that families once joined as a consequence of the couple's intimate relationship become fractured. Views of causal factors may become polarised by

grief and families of the perpetrator and families of the victims often retreat to their own extended family, each holding the other responsible for the offence regardless of who killed whom. It seemed the reported experiences of victims was generally not dissimilar to those of perpetrators and possibly rendered them vulnerable to engaging in future relationships where abuse was a factor (Doumas et al 1994; Ehrensaft et al 2003). It seems that the cycle of abuse originated in childhood (in some cases in infancy), often persisted into adolescence (in one case adulthood) and had been repeated in intimate partner relationships up to and including the homicidal relationship. In addition to being victimised themselves, it was reported that perpetrators and victims witnessed parental substance abuse, violence between the parents and/or violence towards siblings.

Key themes

In this study, it was found that violence, substance misuse and childhood trauma were commonly reported experiences of perpetrators and victims of intimate partner homicide and familicide. The stories that perpetrators and survivors related indicated previous partners, and members of the extended families of both perpetrators and victims, also had childhood trauma histories. In addition, two of the eight survivors interviewed reported that this was not the first homicide experienced in their extended family. Such data indicate that these forms of homicide are not simply an aberrant act of violence in an otherwise typical family, but that they occur in a family context pre-existed by violence, substance misuse, mental health issues and intergenerational trauma. To better understand these homicides, key areas that require further investigation include possible effects of childhood trauma, intergenerational transmission of trauma, homicidal couple relationship, rejection and abandonment and the existence of a rational choice to kill.

Possible effects of childhood trauma

Studies on the effects on children of emotional deprivation and trauma suggest that early psycho-

social events are imprinted into the neurobiological structures that are maturing during the brain growth spurt in the first two years of life and therefore have far reaching effects (Perry et al 1995). When there is a lack of stimulation through nurturing, touching, cuddling, caring and loving, the brain fails to develop properly, resulting in lack of growth in those areas affecting compassion, empathy and attachment (Perry 1996). Schore (2001) explains that early trauma alters the development of the right hemisphere of the brain, which is the hemisphere which processes socio-emotional information; infants who experience chronic relational trauma forfeit potential opportunities for socio-emotional learning during critical periods of right brain development.

In particular, exposure to violence activates a set of threat-responses in the developing brain which, in excess, may be the root of violence-related problems (Perry 2001). Abuse and/or neglect over the first two years negatively impacts on the orbital pre-frontolimbic system causing failure to acquire complex social knowledge and an enduring impairment of social and moral behaviour (Anderson et al 1999). Trauma may compromise attachment and the child's behavioural response to this may further compromise the parent–child relationship, as the child may be perceived as unresponsive or rejecting (Crockenberg 1986; Crockenberg & Leerkes 2000; Delaney 1991; van der Kolk & Fisler 1994). In this way, childhood trauma and attachment disturbance may be seen as interrelated. The individual may not acquire the ability to mentally place themselves in the position of the other and be able to understand their feelings (ie empathise). When attachment formation is compromised, the negative effects of this have a strong tendency to persist throughout the lifespan.

In adolescence and adulthood, a lack of empathy and compassion leave the individual with an egocentric approach to relationships and a propensity for anger should their needs not be gratified. In psychodynamic terms, egocentric love demands that the love object provides emotional regulation, as the egocentric individual does not have the capacity to self-regulate. In a sense, emotions are regulated by the proximity of the love object, to the extent that the individual feels whole only in that presence. Perceived rejection

or abandonment can generate depression in the individual as well as intense rage, directed at the source of the perceived hurt. Failure to meet the need for emotional regulation, and in particular acts which are interpreted as rejecting, are interpreted as attacks on the fragile self and can lead to violence, and in extreme cases, to homicide and/or suicide. Those who have a history of being violent in relationships are unlikely to change without successful therapeutic intervention. Even if one partner is successful in leaving the relationship, it is likely that the abusive behaviour will simply be repeated with the next partner (Johnson 2008).

Intergenerational transmission of trauma

If we accept the importance of stable attachment to psychological wellbeing and its relevance to the individual's ability to form, maintain and even to successfully terminate relationships, it follows that we must consider the issue of transmission of patterns of attachment across generations. Since *Maternal deprivation re-assessed*, Rutter's (1972) publication which built on Bowlby's (1969) earlier theorising on attachment, the understanding of attachment has continued to be progressed. It has now been shown that secure and insecure attachment can be transmitted across the generations, by the behaviour of the primary caregiver towards the child (Fonagy 2001). This may explain why individuals who have experienced early relationship trauma often go quickly from one partner to the next, as they never feel whole when alone. For these individuals, separation from the love object can cause depression and/or anxiety or anger, which can only be ameliorated by regaining proximity, because the source of nurturance is always located outside the self and within the other. Self-soothing is not possible. In the context of an intimate relationship, such an individual will have an egocentric expectation of the other fulfilling their needs for symbiosis, while at the same time feeling the need to control the other, to ensure fulfilment of this need. If the need is not met then the self is experienced as no longer whole, begins to disintegrate and experiences the threat as life threatening.

Homicidal couple relationship

Data gathered from survivor interviews, newspaper articles and the electronic media archive database indicated that there was domestic violence in many of the intimate relationships preceding the homicide event. But the in-depth interviews provided a much more detailed and clearer picture of lives that were attenuated by a range of abuse experiences. Although attempts were sometimes made to leave the abusive relationship, these were unsuccessful. This reportedly left people in deep despair; feeling trapped and isolated in a hostile and unresponsive world.

It is also known that often people will seek out the kind of partner who will reinforce their previous experience of intimate relationships (Johnson 2008). Therefore, it is no surprise that men with poor attachment experiences are frequently seen to form relationships with partners who also have an early history of disturbed attachment and/or abuse. The difficulty that ensues when either one or both parties wish to leave the relationship is quite predictable. There may be much ambivalence about the separation. There may be increased levels of violence in what may already have been a violent relationship. The woman may wish to leave, but also minimise the danger, in spite of her obvious fear—caught between her emotional need to be in a relationship in order to feel whole and her need to survive. This ambivalence may make it difficult for service providers to engage with her and to accurately assess risk.

Rejection and abandonment

Ambivalence was expressed by both men and women when they were asked to describe their attempts to separate. Loss of a very significant relationship can cause emotional regression and other negative consequences, for example, somatic complaints such as loss of appetite, sleep disturbance and loss of energy in individuals with secure attachment (Johnson & Egan 2006). Therefore, where attachment is disrupted, the effects of the relationship loss can be extremely serious, leading to 'emotional disturbance, erratic behaviour,

violence towards others and self harming behaviour' (Johnson & Egan 2006).

Attachment theory is not inconsistent with the work of the neurobiologists who claim the infant brain is actually physically compromised by early relational trauma and that the perception of threat by such an individual may engender a primitive aggressive or violent response, the intention of which is primarily self-protective and neurobiological in origin (Perry et al 1995; Schore 2001; Schwarz & Perry 1994). Transmitted through the lifespan, this could explain why the risk of violence in intimate relationships escalates significantly at the point of separation. It may also explain why the risk of violence does not always decline over time and why in some cases, the result is homicide and/or homicide-suicide. It is not difficult to hypothesise that for an individual with a history of cumulative relational trauma, emotional abandonment or physical separation can be experienced as extremely threatening to the sense of self, may be very difficult to effect or accept and can lead to a major emotional crisis.

Men leaving

When men began to speak about their attempts to leave the intimate relationship, they articulated a variety of reasons for leaving, for staying in the relationship and also for repeatedly returning to the relationship after leaving. Their fears centred around being left alone, feeling that they could not exist unless they were in a relationship, reluctance to leave their children, fear of their children being abused in their absence and fear of reprisal by their partner for leaving. In spite of relationships being described as unstable, violent and abusive, it was not uncommon for men to claim they still loved their wives after killing them. This is consistent with them having grown up in families where violence was an integral and accepted part of a loving relationship.

Women leaving

Women's responses to the question about why they attempted to leave were very different from men's. Women articulated just one reason for leaving—the escalation of violence towards them and the resultant fear for their lives or the lives of children and/or loved ones. In some cases, the threat of self-harm by the man kept the woman from leaving. Reasons for returning to the violent

relationship centred on fear of being alone and fear for the safety of loved ones, including their children and the perpetrator, who may have threatened suicide in response to her departure. Another major factor in women's return was the firm belief that permanent escape was impossible. This belief of being trapped in a hostile world, with no possible escape was very much linked to, and was a possible motivator for, killing their partners.

Trapped in a hostile and unresponsive world

Male and female perpetrators reported that from their perspective, escape from this current trauma seemed only possible either by homicide, suicide or both. Most men openly admitted their own violence towards their partners and also spoke of the abuse they felt they had suffered at the hands of their female partners. This abuse was most frequently emotional abuse, but also included instances of quite severe physical abuse, including punching and assaulting with weapons. Notwithstanding this, and unlike women, there were no reports from men that they were terrified by the violence and some reported that they had always felt able to control it due to their superior strength.

Both men and women also reported male-perpetrated sexual abuse in their intimate relationships, some of which appeared to have been sadistic, and which often occurred within the context of other violence. There were also examples of animal cruelty and killing reported, which had its origins in the perpetrator's childhood and which appeared in adulthood to have been employed as a form of psychological abuse on the victim forced to witness it.

Rationale for homicide

Men explained they saw themselves as having killed in self defence, after being physically threatened, feeling emotionally abandoned and/or humiliated or after experiencing an extreme sense of loss. Women reported that the precipitator to homicide was a realisation that there was an imminent threat to either their own or their child's life (or to both) and that there was no recourse to effective outside

help. Most perpetrators claimed not to have had a conscious memory of the actual killing, even if they retained some memory of the antecedents to the homicide event itself. Several said they were traumatised by the murder and one man said he had been diagnosed with post-traumatic stress disorder as a result of it.

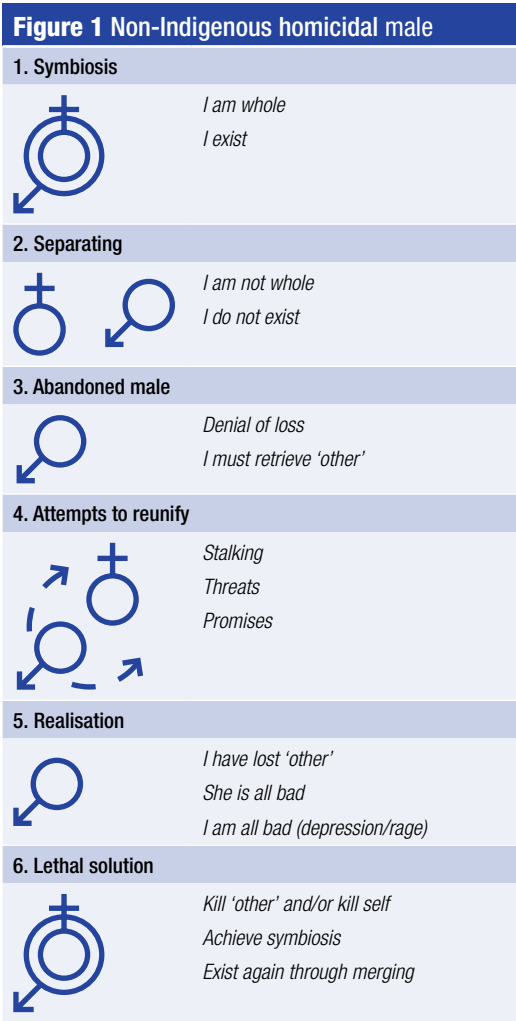## The existence of a rational choice to kill

For the individual to have conscious choice there must be perceived alternatives which are accessible. For the majority of the perpetrators interviewed who were likely to have been traumatised as infants or young children, it is possible that some neurological damage was incurred. If so, then the neurological functioning of the brain may have been altered, so that 'fight' or 'flight' may have been the only options available to the lower or midbrain because this was activated by a trauma-induced, heightened sense of threat which did not involve the reasoning of the frontal cortex or higher brain.

It is also possible that early trauma could have left them with a propensity to dissociate when threatened. Therefore, it is not surprising that when interviewed and asked to describe the homicide event, men reported their conscious memory of the event as varying from total amnesia, to fragmented memories similar to the type of memory so often described by those experiencing or suffering the results of trauma. It is debatable whether this might have been as a result of previous trauma, the result of dissociation, the trauma of the homicide or a combination of these factors.

Conclusion

In my earlier research on familicide (Johnson 2005), I referred to offences evidencing one or more of the homicidal-suicidal dynamics of retaliation, depression, lack of individuation or possessiveness. This is consistent with earlier work by Ewing (1997), Polk (1994), Wilczynski (1997) and Alder and Polk (2001). By considering intra-familial homicide within a context of disrupted attachment within the perpetrator, it becomes clearer as to how these

dynamics may present, not just in familicide, but also in intimate partner homicide whether or not suicide is attempted. It suggests why these dynamics may co-exist in an individual's response to perceived abandonment and challenges the notion that these offences have different antecedents and perpetrator motivation. It provides an explanation for these offences in terms of the perpetrator's distorted strategy for survival of the self by killing the other, killing the self or killing both self and other. Figures 1 and 2 provide models of how this may happen. They are simply representations of the hypothetical internal processes of non-Indigenous perpetrators. As I did not interview Indigenous perpetrators or survivors, more research is needed before their relevance to Indigenous offences may be gauged.

Figure 1 Non-Indigenous homicidal male

1. Symbiosis

I am whole
I exist

2. Separating

I am not whole
I do not exist

3. Abandoned male

Denial of loss
I must retrieve 'other'

4. Attempts to reunify

Stalking
Threats
Promises

5. Realisation

I have lost 'other'
She is all bad
I am all bad (depression/rage)

6. Lethal solution

Kill 'other' and/or kill self
Achieve symbiosis
Exist again through merging

Figure 2 Non-Indigenous homicidal female

1. Symbiosis

I am whole
I exist

2. Violent relationship

I am all bad
I cannot exist separately

3. Attempts to separate

Stalking
Threats
Promises (by male)

4. Reunification

I cannot survive alone
He will kill me
He will kill my family
He will suicide
There is no outside help
There is no safe place

5. Violence escalates: realisation

He will kill me
He will kill us

6. Lethal solution

Kill self (I escape pain)

or

Kill 'other' (I survive)

Implications for policy, practice and future research

This research adds to the understanding of how patterns repeat themselves across generations. That is, when the input from carers is insufficient to meet the needs of children in order for them to achieve their optimal psycho-social development, they may go on to repeat the pattern with their own offspring. The result is adults more likely to be inhibited from meeting their potential, as their energies are constantly directed towards maintaining the equilibrium of the family system, thereby avoiding change. They, in turn, may produce children who accept violence and abuse with the same predisposition their parents had and pass these behaviours on to successive generations. Government and professionals may contribute to this process by emphasising individual pathology, rather than seeing the individual and the family as part of the community, and by intervening in a fragmented way, with services that treat people and families as individual problems, rather than taking a systemic view which locates them and their problems as part of the community in which they reside. We need to avoid simplistic labelling, based on discrete sequences of experience or behaviour, for example 'victim' or 'perpetrator', and remain open to seeing the traumatised child within the perpetrator, the perpetrator within the child and the traumatised child within the victim. We need to appreciate the effect that pervasive trauma has on the lives of individuals, and on communities, and the resultant impact this may have on their coping strategies.

While an obvious conclusion is that early intervention aimed at enhancing the infant/carer relationship is vital, there is clearly a need to find ways of more effectively engaging with communities where children, adolescents and adults are at risk. Perry (1996) proposes that in the case of traumatised children, healing needs to be provided in the day-to-day relational context by parents, teachers and others, where the potential for countless repetition of the positive interactions is highest. To ensure the effectiveness of assessment of children and families at risk, and to maximise the success of interventions, there needs to be a collaborative approach towards these tasks that should be interagency and interdisciplinary. Consideration should be given to co-location of services, both as a means of improving accessibility and as a strategy for improving interagency collaboration and service delivery. However, in the long term, none of this is likely to be effective unless the underlying social justice issues are addressed.

It is a priority for the community to progress this research further, in particular to gather the qualitative data from Indigenous perpetrators and survivors that this research was unable to obtain, and to engage with them in exploring the causes and options for prevention of intimate partner homicide in their communities. No less important is to seek their help in understanding why there are no Indigenous perpetrators in the cohorts of intimate partner homicide-suicide and familicide, for this information has the potential to assist in prevention of these offences. Disrupted attachment in perpetrators clearly has implications for intra-familial homicide risk assessment and also for assessment of perpetrator homicide risk following such offences.

References

All URLs correct as at 9 July 2009

Alder C & Polk K 2001. *Child victims of homicide*. Cambridge, Cambridge University Press

Allen NH 1980. *Homicide, perspectives on prevention*. New York, Human Sciences Press

Anderson SW et al 1999. Impairment of social and moral behavior: Related to early damage in human pre-frontal cortex. *Nature, neuroscience* 2: 1032–1037

Barber CW et al 2008. Suicides and suicide attempts following homicide: Victim suspect relationship, weapon type and presence of anti-depressants. *Homicide studies* 12: 285–297

Bernstein DP & Fink L 1998. *Childhood trauma questionnaire: A retrospective self-report*. San Antonio, TX: The Psychological Corporation, Harcourt Brace & Company

Bowlby J 1969. *Attachment and loss volume 1 attachment*. London: The Hogarth Press

Campbell JC 2003. Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American journal of public health* 93(7):1089

Chan W 2001. *Women, murder, and justice*. Houndmills, NY: Palgrave

Crockenberg S 1986. Are temperamental differences in babies associated with predictable differences in care giving? In Lerner JV & Lerner RM (eds), *New directions for child development: vol 31 temperament and social interaction during infancy and childhood*. San Francisco, CA: Jossey Bass

Crockenberg S & Leerkes E 2000. Infant social and emotional development in family context, in Zeanah CH (ed), *Handbook of infant mental health*. New York: The Guildford Press: 60–90

Daly M & Wilson M 1988. *Homicide*. New York: A de Gruyter

Delaney RJ 1991. *Fostering changes: Treating attachment disordered foster children*. Oklahoma City, OK: Wood N Barnes

Doumas D et al 1994. The intergenerational transmission of violence across three generations. *Journal of family violence* 9(2): 157–175

Easteal PW 1993. *Killing the beloved: Homicide between adult sexual intimates*. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/previous%20series/lcj/1-20/beloved.aspx

Ehrensaft MK et al 2003. Intergenerational transmission of partner violence. *Journal of consulting and clinical psychology* 71(4): 741–753

Ewing CP 1997. *Fatal families: the dynamics of intrafamilial homicide*. Thousand Oaks, CA: Sage Publications

Fonagy P 2001. *Attachment theory and psychoanalysis*. New York: Other Press

Johnson CH 2008. Killing the other—'Killing the self: A distorted strategy for survival': Intimate partner homicide and familicide in Western Australia 1996–2005. Unpublished PhD Thesis

Johnson CH 2005. *Come with daddy: Child murder-suicide after family breakdown*. Crawley, WA: University of Western Australia Press

Johnson CH & Egan G 2006. Male perpetrated intimate partner homicide and child trauma. *Men's Advisory Network Inc. national conference 2006: From babies to blokes*. Fremantle, Western Australia

Koziol-McLain J et al 2006. Risk factors for femicide-suicide in abusive relationships: Results from a multisite case control study. *Violence and victims* 21(1): 3–21

Liem M & Koenraadt F 2008. Familicide; A comparison with spousal and child homicide by mentally disordered perpetrators. *Criminal behaviour and mental health* 18: 306–318

Olivier LP et al 1991. *The phenomenon of family murder in South Africa: An exploratory study*. Pretoria, South Africa: The Human Sciences Research Council

Perry BD 2001. The neurodevelopmental impact of violence in childhood, in Schetky D & Benedek EP (eds), *Textbook or child and adolescent forensic psychiatry*. Washington, DC: American Psychiatric Press Inc

Perry BD 1996. *An interview with Bruce D Perry by Lou Bank*. Child trauma academy materials. www.childtrauma.org/CTAMATERIALS/loubank.asp

Perry BD et al 1995. Childhood trauma, the neurobiology of adaption, and 'use-dependant' development of the brain: How 'states' become 'traits'. *Infant health journal* 16(4): 271–279

Polk K 1994. *When men kill: Scenarios of masculine violence*. Cambridge: Cambridge University Press

Rutter M 1972. *Maternal deprivation reassessed*. Harmondsworth: Penguin Books Inc

Saleva O et al 2007. Homicide-suicide—an event hard to prevent and separate from homicide or suicide. *Forensic science international* 166(2–3): 204–208

Schore AN 2001. The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant mental health journal* 22(1–2): 201–269

Schwarz ED & Perry BD 1994. The post-traumatic response in children and adolescents. *Psychiatric clinics of North America* 17(2): 311–313

Starzomsky A & Nussbaum D 2000. The self and the psychology of domestic homicide. *International journal of offender therapy and comparative criminology* 44(4): 468–479

van der Kolk BA & Fisler RE 1994. Childhood abuse and neglect and loss of self regulation. *Bulletin of the Meninger clinic* 58: 145–168

Wallace A 1986. *Homicide: The social reality*. Sydney: New South Wales Bureau of Crime Statistics

Wilczynski A 1997. *Child homicide*. London: Greenwich Medical Media

Wilson M et al 1995. Familicide: The killing of spouse and children. *Aggressive behaviour* 21: 275–291

Domesticating violence: Homicide among remote-dwelling Australian Aboriginal people

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An ancient charter

Long ago, 'before-time'—and thus in a sense before time—when the world was as yet unformed and not as people know it now, the Two Pungk–Apalacha Brothers travelled south together down the central western coast of Cape York peninsula singing, dancing, creating the totemic centres and apportioning the country between the different clan groups and languages of the region.

Eventually, they came to Okanych–konangam, south of the Kendall River. Here they speared Shovel Nosed Ray, dragged it up on to the shore and made a large fire. One brother went to get tea tree bark in which to wrap the ray while it cooked, the other stayed behind but, overcome with hunger, quickly cooked and ate the meat himself. When his brother returned, the two argued and then fought bitterly over this failure to share the meat and the younger brother nearly killed the elder, eventually forcing him back northwards. The younger brother continued south, creating and leaving Wanam ritual for the peoples of that area, while the elder created Apalach ritual for those to the north, each ritual cult with its distinctive body paint designs, dances, songs and calls.

This is an abbreviated version of part of the foundation myth of the Apalach ritual cult of Wik Aboriginal people from the coastal region of western Cape York Peninsula. In it, ancestral beings create landscape, society, culture and 'Law' as an interrelated whole in that distinctive way to be found in various forms across traditional Aboriginal Australia. There are particular cultural themes around conflict and violence in this myth of relevance to this paper. It will be argued that while 'culture' may not provide a causal explanation for such phenomena as violence or homicide, it does provide an essential grounding to understand them—and thus to develop responses. 'Culture', that is, does not of itself provide a causal explanatory framework, but it is an essential component of any interpretive one.

To return to the myth—here, conflict, competition and violence are not established as aberrant and nor is any moral evaluation made of them. Rather, they are an intrinsic aspect of the order of things laid down in the ancestral time. The disputation, and ultimately the violence, arose from competition over resources and the failure of one ancestral brother to share meat with the other—that is, from a failure to adhere to an ethic of sharing between close kin which any Wik person hearing this myth would immediately recognise and understand. They involve conflict between an older and a younger brother, in a society where structurally senior people have authority over their juniors. Further, a key incident in the myth centres on a near domestic homicide, which nonetheless results in the creation of regional religious cults; that is, in the ancestral charter, conflict and violence lead to creativity and regeneration. Finally, the myth exemplifies an important principle of Wik social life, to be found across Aboriginal Australia; the right of individuals to take direct action, including the use of violence, to redress perceived wrongs done to them.

Cultures, continuities, transformations

In this paper, certain of these themes will be outlined, drawing on some 10 years of living and working as a community advisor and subsequently researching with the Wik Aboriginal people of Aurukun in western Cape York Peninsula over the past three decades. During this period, a set of interrelated social problems such as widespread alcohol abuse, violence and general community disorder have dramatically escalated. The aim of this paper is to place phenomena such as violence and homicide in a cultural context—how people themselves understand them and the values and meanings which inform them. At the core of the analytical framework being advanced here is an anthropological concept of 'culture'. 'An anthropological concept' is said because it is a contested one across different theoretical paradigms within anthropology, and indeed beyond it. For the purposes of this paper, however, 'culture' refers to the sets of ideas, understandings, values, norms and meanings (many of which will be held unconsciously or tacitly), together with the practices that they inform, which are more or less shared by members of a particular social group or society.

Culture, in this formulation, encompasses not simply how members of a particular social group or society think, but also how they act. Nor is it to be confined to such features as aesthetics as expressed for example through art and dance, or religious beliefs, or the language spoken and so forth. These indeed are aspects of a culture—but so too are a host of other values and practices. Culture includes such matters as the meanings and values which people attach to relationships between themselves and others including with kin and the appropriate means through which those relationships should be expressed, the ways in which members of the group understand and implement hierarchy and authority and the values and practices around personal autonomy. It encompasses what it means for members of the particular group or society to be male or female, young or old and the repertoire of behaviours, roles and knowledge appropriate to each; how children are raised and socialised; and what arouses hurt, rejection and anger and how these emotions can and should be expressed. The culture of a group then can be seen as comprising its way of life and its ethos, and its members' more or less shared ways of being and acting in the world as they perceive it. Whether or not people live on their traditional homelands, or speak a traditional language, cannot be seen as proxies for this more complex notion of culture (cf Snowball & Weatherburn 2008).

Furthermore, cultures are not static; they do not somehow exist out of history. They are impacted by wider structural features of the natural, social, political and economic environments within which they are situated and in turn feed back into those environments. That is, cultures are inherently recursive, being impacted and often transformed by their environments through time and in turn impacting on and potentially transforming those environments. From this perspective, the dichotomy often drawn between structural and cultural factors underlying social phenomena is a false one, for each informs and is deeply implicated in the other. Of themselves, both structural and cultural accounts of social phenomena—particular manifestations and patterns of violence, or homicide, or substance use and abuse for instance—can only ever be partial ones.

Neither can cultures be understood as isolates. While this is more generally true in an era of ever increasing globalisation, it is particularly the case for Australian Aboriginal social groups or societies; nowhere in Australia do (or indeed can) Aboriginal people live in self-defining and self-reproducing domains of meaning and practices (Martin 2005; Merlan 2005). This is not to deny the realities of cultural difference and distinctiveness. It is, however, to recognise that the contemporary values and practices found within even the most remote Aboriginal communities have been produced, reproduced and transformed through a complex process of engagement with those of the dominant society which has established what Merlan (2005) terms an 'intercultural' social field. This process has involved not just the domination of Aboriginal people by the wider society through processes such as state-instituted discrimination and forced assimilation, but also Aboriginal people's active appropriation and incorporation of many of the wider society's forms, values and institutions into their own ways of being and acting. For example, the author's own research in Aurukun has demonstrated the ways in which the welfare-based cash economy and the use of alcohol (to identify just two phenomena), have been incorporated into Wik society and culture in distinctive ways, but simultaneously profoundly transformed them.

All too many of Australia's remote Aboriginal communities are currently in a parlous situation. Aurukun in particular has been constantly in the national media for at least two decades now over alcohol problems, large-scale brawling, assaults and homicides, and more latterly the abuse of children. Yet the portrayal of such communities in the media and by public commentators as being essentially defined by their dysfunction ignores other aspects of their complex realities. Many of the most seriously affected communities continue vibrant practices around initiation, mortuary and other ceremonies, connections to traditional lands and use of Aboriginal languages. Indeed, as has been argued elsewhere (Martin 2005) while the causes of dysfunction cannot be reduced to culture, there is a complex interrelationship between the two with important policy implications (eg Sutton 2001).

More generally, the concept of culture, outlined here as constantly transforming and transformative sets of more or less shared values and meanings, practices and so forth, allows us to develop more

nuanced analyses of Aboriginal social groups and societies, including phenomena such as violence and homicide within them, than those which focus on such structural features as socioeconomic disparity with the general Australian society. For Aboriginal lifeworlds and values cannot be properly understood in terms of statistical deficits—what they lack or do not exhibit in comparison with the society around them (see also Taylor 2008: 115). As an example, objective health data on the comparatively high levels of Indigenous morbidity in no way help in understanding the finding in the 1994 National Aboriginal and Torres Strait Islander Survey that some 88 percent of the people surveyed identified themselves as being in good, very good or excellent health—health being an archetypically 'culturally dense' concept (Anderson & Sibthorpe 1996; Peterson 2005).

There is now a very substantial body of ethnographic research, the author's included, which certainly demonstrates both profound and indeed accelerating changes in Aboriginal societies but also extraordinary continuities, even for those groups who may be generations away from their traditional forebears and no longer in regular, or any, contact with their traditional lands (see eg Brunton 1993, Cowlishaw 1998; Elkin 1951; Folds 2001; Martin 2001, 1998, 1993; Pearson 2000; Stanner 1979; Sutton 2001). Phenomena such as the high levels of violence and homicide which are seen in remote societies in particular have arisen through an ongoing process in which Aboriginal people have brought particular values and practices of an exceedingly ancient origin (Sutton 2001) to bear on their responses to the demands and opportunities of the colonising society, which in turn has impacted on and transformed those values and practices. This is the case not only in remote Aboriginal Australia, but beyond it. In summary, my argument is that in contemporary Aboriginal societies, both long-term cultural continuities and cultural transformation exist simultaneously and interdependently. I will turn now to a more specific outline of the values and meanings attributed to violence among the Wik people of Aurukun.

Culture and violence, and the abnormal enculturation of violence

First, the issue of domestic violence and homicide among Aboriginal people needs to be placed into a broader perspective. In considering phenomena such as domestic violence and homicide among remote-dwelling Aboriginal people, it is important to note that there are a number of definitional and cross-cultural issues which arise. For instance, there are potentially significant conceptual and practical problems around what is to be understood by 'family' and 'domestic unit' for kin-based societies in which virtually everyone is in some sense family albeit closer or more distant, and in which it is normal for people—especially children and young men—to be highly mobile between households and communities. Similar conceptual and practical definitional issues are confronted in the work of the Australian Bureau of Statistics in its census of Aboriginal people living in remote communities (eg see Morphy 2007, 2004).

Nonetheless, recent data from the National Mortality Database, consistent with patterns over many years (eg Martin 1988) demonstrates that for Indigenous Australians, the annual death rate due to assault is significantly higher than for non-Indigenous Australians. Across Australia, Indigenous females were nearly 11 times more likely to die due to assault than non-Indigenous females and their male counterparts were nine times more likely to die due to assault (Al-Yaman, Van Doeland & Wallis 2006 cited in Davies & Mouzos 2007; see also Memmott et al 2001). Indigenous Australians are overrepresented both as victims and perpetrators of all forms of violent crime. The rate of victimisation through family violence for Indigenous women could be as much as 40 times the rate for their non-Indigenous counterparts and despite Indigenous people constituting only around two percent of the total Australian population, Indigenous women accounted for 15 percent of homicide victims in 2002–03 (Mouzos & Makkai 2004). Many remote Aboriginal communities are particularly impacted by high levels of violence (eg Martin 1993, 1992). As one example, my own data indicate that in the latter 1980s, there was a homicide rate in Aurukun

equivalent to 400 per 100,000—extraordinarily high by international standards. Are such phenomena largely or entirely explicable in terms of 'structural' factors such as ongoing social exclusion, disadvantage, exclusion and racism? I suggest not.

It was seen that in the Apalach myth segment, conflict and violence were treated as intrinsic features of the order of things. Rather than establishing a moral code for everyday life however, myth places the principles and practices of that life in a transcendent and axiomatic framework. Certainly, conflict and violence are omnipresent features of everyday Wik life. Disputation, public harangues and swearing, ritualised provocation through a particular form of women's dance, physical threats and violence, and indeed homicide, along with accusations of sorcery (Martin 2008), constitute a repertoire of direct action within a society in which there is a high stress on individual and local group autonomy, a powerful ethos of equalitarianism and a strong commitment to the right and obligation of people to take action themselves to address real or perceived wrongs done to them. This willingness to take direct, and if necessary violent, action on their own and close kin's behalf is inculcated in Wik children from earliest infancy.

As was reflected in the Apalach myth, violence can arise as result of a failure to act in accordance with accepted norms of sharing. A failure or refusal to give positively valued tangible or intangible resources —food, cash, alcohol, help, respect—or equivalently the proffering of negatively valued ones—insults, public shame, gratuitous references, injury, infringements of ritual or territorial property—is a rejection of one's own or one's group's autonomy and status in a society where all assert they are equals. As such, a response is demanded, for to not seek redress is to accept inequality and compromise one's autonomy. This principle of retributive action in kind (often referred to by Aboriginal people as 'payback') pervades all dimensions of Wik life, from relations within the familial domain, to those between kin groups and other collectivities.

At the same time, among Wik, retaliation is itself a particular instance of a more general underlying principle—that of reciprocity and equivalence in the transactions of both material and symbolic items—

through which the crucial principles of autonomy and equality are realised (Martin 1993). Wik see retaliation as an intrinsic part of the way they have always dealt with the world. 'This thing going to continue forever. This payback, it part of our culture', I was told by one senior man. Like the flows of material goods, the symbolic exchanges of retribution serve to structure and reproduce not only the relationships between individuals but between groups.

Sexual relationships and jealousy are another major source of disputation and violence among Wik people. I have observed and recorded numerous fights between women over 'jealousing' from boyfriends or husbands, between men—mainly young men—over girlfriends and between partners over actual or alleged sexual relationships involving the other person. Many large-scale brawls are precipitated by fights involving aggrieved partners or male kin of young women. Heated argument or violent retribution arising from a partner's infidelity is not the sole prerogative of either gender; I witnessed both men and women being assaulted by their spouses over sexual affairs, women fighting one another over boyfriends and men over girlfriends. However, while both men and women angered by their partner's affairs frequently sought retribution through violence, men's assaults were usually the more dangerous and potentially lethal.

Older Wik made it clear that conflict and violence over the control of sexuality was no recent phenomenon. Although they often made complaints about today's young girls 'running around' too much, in the past, major arguments, fights and homicide had resulted from woynpiy or maarrich, the non-sanctioned lovers' relationship. Both men and women had died in the past as the result of retribution from affairs, but to my knowledge at least, always at male hands. Sutton (2006) has compiled from various sources a list of some 65 homicides involving Aurukun people over the course of the twentieth century. In all but three cases, the perpetrator(s) were male and in just over 40 percent of cases, the victim was female. The data indicate that a significant proportion of these homicides (two-thirds of the total) took place up until the late 1930s when the total population was considerably smaller and well before alcohol and the cash economy were significant factors. There were

relatively fewer homicides in the 1940s and 1950s, less than 10 percent of the total, with virtually none then until a peak in homicides in the 1980s and 1990s—significantly, following the increasing availability of alcohol and the welfare-based cash economy.

Wik children, both boys and girls, when refused money or lollies or a coveted toy from the store, will display their outrage and rejection through spectacular tantrums, screaming, rolling around on the ground and sometimes biting and kicking their mothers. However, men—adolescents and young men in particular—are more likely to express their anger at rejection through violence than are women. Like the children, young Wik men too will frequently go into paroxysms of rage at being denied such items as food, money, or alcohol by spouses or kin. Their rage is manifested through such means as attacks on kin and destruction of their property, stealing vehicles for high speed and often life-threatening rides and discharging firearms as they run through the village. One young man for instance, when his non-drinking girlfriend failed to purchase him beer at the canteen, went berserk. He systematically smashed the walls and louvres of his parent's house, strewed the contents of their drums of flour on the ground, attacked and punched his father and nine year old brother and belted his small sister with a broom handle. Such public berserks by young men were commonplace occurrences when I lived and worked in Aurukun in the 1970s and 1980s and continue to this day.

Reser (1990), in a research submission to the Royal Commission into Aboriginal Deaths in Custody, argues that there is a significant difference between Aboriginal and the general Australian cultures in the domain of the emotions and in particular in the socialisation of emotional expression and coping. In his view, this is markedly so in the case of anger; he suggests that the 'substantial cultural elaboration of expressed anger' is a general phenomenon among many Aboriginal people (Reser 1990: 29). This was certainly true of Wik, for whom the forceful expression of anger provided both a central dimension of the individual ethos and a constituting dynamic of social life. There was a very strong emphasis on expressing one's grievances and anger, rather than restraining them. People would often say in English that they 'fight for satisfy'—fight until they

felt that their anger had been assuaged. The following is a translation of a response to my question as to why:

> It's like this, let's say there are two people fighting. All right, his heart, that anger in his heart, in English you call it temper...it is as if his heart were crying. He feels as if he could do damage to that other person, he thinks to himself; what did that person say to me, he treated me as if I were timid and frightened when he confronted me...He has to settle that heart, he has to keep on fighting (Martin 1993: 146).

Anger for Wik people is also closely associated with grief; both are expressed by kin following deaths and at certain stages of subsequent mortuary ceremonies, when seriously ill relatives are being sent out to Cairns on the aerial ambulance and when men are sentenced to long prison terms following convictions for serious crimes. Both grief and anger are emotions which demand a response from other Wik, what Lutz and White (1986: 417) term a 'primary idiom for defining and negotiating social relations of the self in a moral order'. As such then, they are structurally akin to the demanding of food, money and other material goods; that sought, whether tangible item (money) or symbolic one (sympathy), serves to substantiate and indeed define the individual's connections to others.
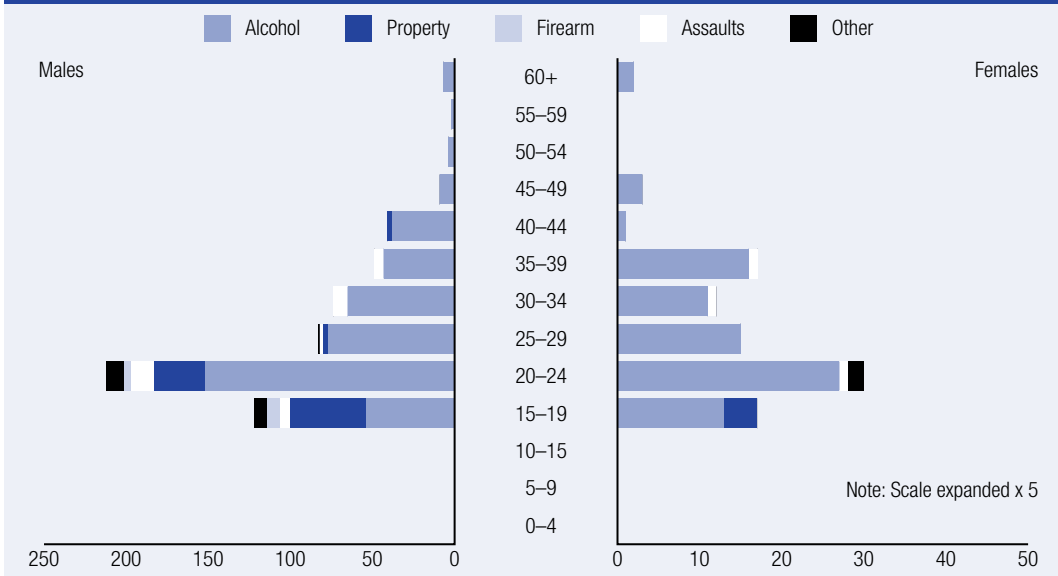
In a background paper prepared for the Aurukun hearings of the Royal Commission into Aboriginal Deaths in Custody (Martin 1988; see also Martin 1993), the author analysed incidents recorded in the Aurukun police station charge sheets for the sample year of 1987. These demonstrated that close to 45 percent of males between 15 and 19 years, and virtually all males between 20 and 29 years, were arrested at least once during the sample year, as shown in Figure 1 where the number of those arrested for each age and gender cohort is plotted against the total Aurukun Aboriginal population for each cohort. In Figure 2, the data has been disaggregated, classifying the various incidents in the charge sheets into five categories; alcohol related, property, assaults, firearm and other. This last category included sexual offences (such as rape and sexual offences against minors), resisting arrest and sundry other offences.

A noteworthy point is that overall, arrest rates for women for all categories of offences including

Figure 1 Those arrested at least once by age and gender

Legend: Arrested, Population

Males | Females

Age groups: 60+, 55–59, 50–54, 45–49, 40–44, 35–39, 30–34, 25–29, 20–24, 15–19, 10–15, 5–9, 0–4

Males axis: 80 70 60 50 40 30 20 10 0
Females axis: 0 10 20 30 40 50 60 70 80

Figure 2 Offence categories by age and gender

Legend: Alcohol, Property, Firearm, Assaults, Other

Males | Females

Age groups: 60+, 55–59, 50–54, 45–49, 40–44, 35–39, 30–34, 25–29, 20–24, 15–19, 10–15, 5–9, 0–4

Males axis: 250 200 150 100 50 0
Females axis: 0 10 20 30 40 50

Note: Scale expanded x 5

drunkenness were less than a fifth that of men. Drunkenness, however, was overwhelmingly the most common reason for being arrested for both men and women, with the only exception being for young men between 15 and 19 years old, for whom property offences were equally common. Young men aged between 15 and 24 years, comprising some 16 percent of the population at that stage, were responsible for virtually one-third of all incidents recorded. Those from this cohort were by far the most frequently arrested for drunkenness, property damage and assaults and for all the incidents categorised as 'other', including sexual offences. These data should not be surprising of course. They illustrate what Egger (1995) refers to as the striking relationship between masculinity and violence in Australia, further observing that the overwhelming majority of violent offences are committed by males.

Furthermore, in terms of the reproduction of social problems, it is this cohort of young men aged between 15 and 24 years in 1987 who now comprise a significant proportion of the fathers, and some of the grandfathers, of today's equally troubled young men aged between 15 and 19 years.

These data paint a suggestive picture in terms of the propositions being put in this paper. They indicate that there are major differences in the way Wik men and women have responded to the changes in structural circumstances in the previous decade or so. They also indicate that particular forms of behaviour—firearms offences, property damage and assaults—are associated with particular groups of Wik. No women were arrested for firearms offences for instance and assaults were largely the province of men under the age of 30 years. Such practices then do not simply arise through the collective and undifferentiated responses of Wik people to imposed and alienating changes. They are enculturated, engendered and specific practices of particular subgroups of Wik, subcultures we might say, which are both responses to the objective circumstances of their lives and contributors to these circumstances. For Wik growing up in this period in Aurukun and since then, endemic conflict, chronic violence and heavy drinking have become naturalised, assimilated to the rightful order of things.

To conclude this section, Wik people themselves give great prominence to conflict, violence and alcohol consumption in their own understandings and characterisations of their situation. While explicitly recognising a link between alcohol consumption and violence in contemporary society, Wik people assert that conflict and violence are 'from before', practices which they themselves see as part of their culture and as having a strong continuity with the past. I have argued elsewhere (Martin 1992) that while the nature and role of contemporary fighting and violence at Aurukun

> ... can be attributed in part to the effects of ever increasing intervention by the wider society, they are also deeply rooted in cultural values relating to such matters as the high stress on personal autonomy, on appropriate behaviour for each sex, on notions of morality, on how individuals are seen to be related to wider social groupings, on the appropriate expression of emotions such

as anger, and how individuals are expected to act upon the world in order to achieve their ends or redress wrongs done to them (Martin 1988: 16).

Yet, there are of course fundamental differences between the worlds of contemporary Wik and those of their forebears. Aggression and violence as such may well resonate with certain deeply sedimented cultural views and practices as suggested, but its massive scale and chronic nature, and its domination of community social, intellectual and emotional agendas are entirely contemporary phenomena. Over the past three decades or so, Wik life in Aurukun has been increasingly characterised by disputation, violence, trauma and chaos on a quite unprecedented scale. This is what Memmott et al (2001: 23–24) refer to as the 'abnormal enculturation of violence' in many Aboriginal communities, a growing acceptance and tolerance of quite extraordinary levels of violence as a normalised aspect of everyday life.

Implications for policy development

Finally, this paper will turn to a brief consideration of what the implications of this analysis are for the development of policies and programs to address the high rates of violence in remote Aboriginal communities. There are four general and interrelated points.

First, a caveat: this is in no way to accept that Aboriginal violence, let alone homicide, should be accepted because it is part of, or perhaps in complex ways linked to, Aboriginal culture. This issue has been explicitly raised in the recent report of the Aboriginal and Torres Strait Islander Social Justice Commissioner (2006), it which it is stated that any attempts to recognise Aboriginal customary law in a manner inconsistent with human rights standards would place Australia in breach of its obligations under international law and activate a duty on the part of the Australian Government to nullify or override such breaches.

Second, the framework adopted for the analysis and interpretation of given social phenomena can have a

Figure 3 Priority Indigenous outcomes
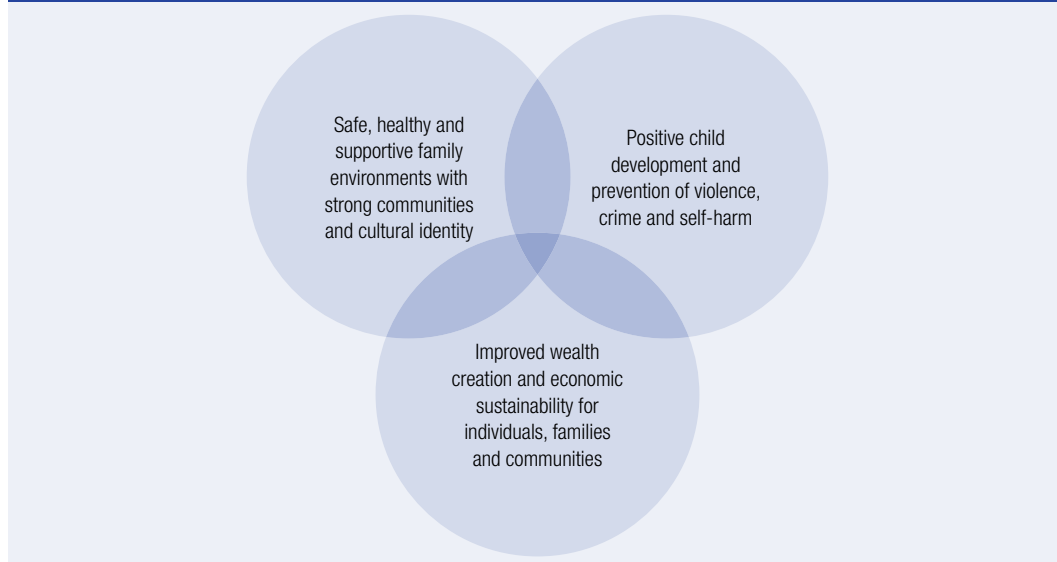
Source: Productivity Commission 2003

major impact on the policy frameworks ultimately adopted by government to address these phenomena. This is more than simply a matter of the theoretical and technical underpinnings of a given interpretive paradigm being imported across into government. Despite the rhetoric, and often the best of intentions, concerning 'evidence-based policy development' there are inevitably ideological factors at work. This is perhaps nowhere more apparent than in the Aboriginal policy arena, which has been marked by competing and indeed diametrically opposed explanatory paradigms for Aboriginal disadvantage and social problems and consequently quite different means proposed to address them. A decade and a half ago, Brady (1992) observed that a completely different paradigm had been adopted to explain Aboriginal alcohol abuse in comparison to those used of Australian society more generally, with Aboriginal drinking patterns seen as resulting from the dispossession, discrimination and socioeconomic disadvantage suffered by Aboriginal people through the historical processes of colonisation. Under this paradigm, in contrast to prescriptions for members of the wider society, addressing the alcohol problems of individual Aboriginal drinkers is seen as requiring the historically-based social problems of Aboriginal society more generally to be addressed. I would

note in passing that Aboriginal intellectual Noel Pearson has forcefully challenged this view over the past decade or so (Pearson 2000).

Echoes of similar viewpoints can be found in the literature with regard to Aboriginal violence and homicide. Thus, Al-Yaman, Van Doeland and Wallis (2006) summarise other researchers as stating that the high rates of domestic and family violence in Aboriginal communities must be seen in the context of colonisation, disadvantage, oppression and marginalisation. As another example, Mouzos (2004) refers to the Productivity Commission's priority outcomes in its 2003 *Overcoming Indigenous Disadvantage* report, as an instance of policy frameworks developed to address the 'root causes' of Indigenous violence. Figure 3 reproduces the Commission's priority outcomes within its recommended reporting framework for government.

Each of these interlinked outcomes '… reflect a vision for how life should be for Indigenous people that is shared by Governments and Indigenous people alike' (Steering Committee for the Review of Government Service Provision 2003: xxi). These are clearly laudable goals for the citizens of a wealthy, pluralist democratic society such as Australia. However, for the Aboriginal residents of remote communities, realising these goals is going to require
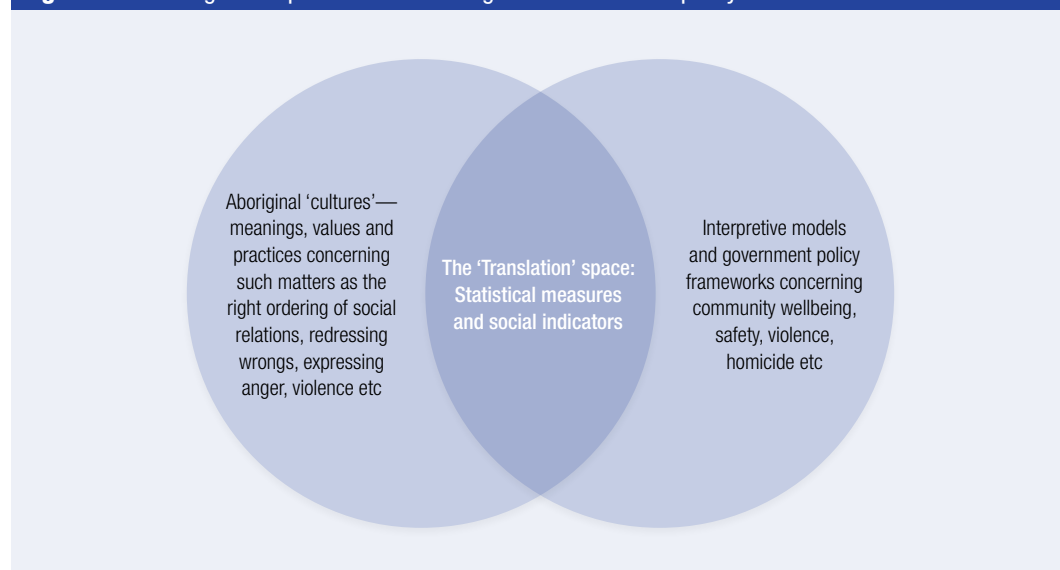
more than changes in the architecture of government service delivery; it will entail quite profound social and cultural change in those communities. To take one instance, if the propositions put forward in this paper are accepted, then a strong cultural identity (such as that of the Wik people of Aurukun) may actually entail a readiness to use violence to achieve particular ends. As another example, research demonstrates that involvement in the general Australian economy may be only one of a number of flexible and opportunistic livelihood strategies which Aboriginal residents of remote communities utilise to maintain core cultural goals such as retaining a degree of independence from the dominant society, visiting kin, maintaining connections to traditional country and taking part in ceremony (eg Martin 2008; Peterson 2005).

This leads to the third point—understanding and addressing issues around Aboriginal violence and homicide, especially but not only in remote regions, necessarily involves very complex cross-cultural issues. These have implications not only for Aboriginal people's own understandings and values around phenomena such as violence in the terms raised in this paper, but also for the data used both to develop explanatory or causal frameworks for such phenomena and to implement and monitor policy measures to address them. However, cross-cultural issues also go to questions of

what it is we are actually measuring through standard social indicators. As Taylor (2008) observes of indices of Aboriginal wellbeing, much of what constitutes different Aboriginal ways of life is not brought to the level of public and policy discourse and is not necessarily easily amenable to measurement. That is, adapting the heuristic device of Taylor (2008), statistical measures and social indicators can be understood as lying in a 'translation space' between the realities of Aboriginal lifeworlds on the one hand and interpretive models and government policy frameworks on the other. This is represented in Figure 4.

In this translation, there is always the possibility of varying degrees of incommensurability between the phenomenon concerned and the social indicator being used to measure or provide information on it. Particular care needs to be taken when it is not just the phenomena themselves which are being directly measured—levels of violence, numbers of homicides, alcohol consumption levels for example—but more complex analytical and administrative constructions such as the various components of socioeconomic status (employment status, education level, income etc). A failure to take into account cross-cultural considerations in these situations can lead to quite false assumptions being made about their import in and relevance to Aboriginal lifeworlds. On occasion, social indicators which have been developed for the

Figure 4 The recognition space between Aboriginal lifeworlds and policy frameworks

Aboriginal 'cultures'—meanings, values and practices concerning such matters as the right ordering of social relations, redressing wrongs, expressing anger, violence etc

The 'Translation' space: Statistical measures and social indicators

Interpretive models and government policy frameworks concerning community wellbeing, safety, violence, homicide etc

circumstances and culture of non-Aboriginal Australians (such as household compositions and family structures) can generate 'nonsensical outputs' when applied to remote Aboriginal populations (Taylor 2008 based on the findings of Morphy 2004). As the French sociologist and anthropologist Bourdieu (1977) admonished us, we should never mistake the model of reality for the reality of the model.

This, then, directly leads to the next matter I will briefly raise—that of establishing or implicitly assuming causal relationships between particular indicators and the social phenomena to which (it is presumed) they are related. This is of more than theoretical significance, since as discussed earlier, the interpretive frameworks for given social phenomena can determine the policy frameworks adopted to address them and the indicators selected for government purposes would appear to commonly reflect those interpretive models. This is clear in the report of the Productivity Commission (2003) referred to previously. As another example, in a model of Aboriginal violence which assumes it arises essentially through historical dispossession, racism and ongoing social and economic exclusion, indicators of socioeconomic disadvantage may appear to offer an appropriate measure against which to determine the success or otherwise of redressing both historical wrongs and social and economic exclusion.

Furthermore, failing to take account of Bourdieu's admonishment not to confuse the model of reality with the reality of the model, the next step in this chain of imputed causality can be to assume that policies designed explicitly to address socioeconomic disadvantage, such as reforming welfare and moving people to jobs in the 'real' economy, will also address problems of violence, excessive alcohol consumption and so forth. That is, unless it is clearly understood that social indicators lie in a 'translation space' between Aboriginal lifeworlds and government reporting mechanisms, and thus potentially provide more or less problematic measures of the subjective character of the actual phenomena within the Aboriginal domain, policies can be directed to impacting on the indicators rather than on the phenomena. If indeed culture is to be a component of an integrated theory of Aboriginal violence, as called for by Snowball and Weatherburn

(2007), then we will need more sophisticated proxies for and measures of relevant features of culture than have hitherto been available in surveys such as the NATSISS and in the census (eg see Peterson 1996; Taylor 2008).

Finally, what are the implications of this analysis for policies directed at reducing the high incidence of violence and homicide within many remote Aboriginal communities? The current Australian Government has adopted an overarching Indigenous affairs policy framework of 'Closing the Gap'— reducing current levels of Indigenous disadvantage with respect to life expectancy, child mortality, access to early childhood education, educational attainment and employment outcomes. This is a laudable, but hugely ambitious challenge for government, given the slow progress in these areas over recent decades (Altman, Biddle & Hunter 2008), and the longstanding failure of Australian governments at all levels to invest in the necessary capital and social infrastructure (eg Taylor & Stanley 2005). However, the issue of cultural difference and its import for the social and economic integration which almost by definition is necessary for socioeconomic parity is rarely given policy attention; culture, when it is raised in policy discourse, is either treated as the laudable exotic—as in Aboriginal art and dance—or the problematic and dysfunctional— mobility, lack of commitment to economic participation, violence and use of alcohol, for example.

However, there is always the possibility that health, educational, income and other socioeconomic indicators for particular Aboriginal groups or communities may suggest continuing discrimination and exclusion by the dominant society, whereas in fact they may be also be (in part) the entailments of preferred lifestyles and ways of being and acting in the world. A difficult philosophical, ethical and political question arises here as to what extent diversity should be accepted or even encouraged in a pluralist society, when it may be implicated in significant disparities in socioeconomic status (Martin 2008, 2005). Much of the subtext of this paper has been a call for full acceptance of the realities of cultural difference, especially in remote Aboriginal communities. Note that I am calling for acceptance of the realities of cultural difference, not necessarily for acceptance of specific different cultural values and practices.

In this paper, it has been argued that in dealing with violence and other such phenomena in Aboriginal communities, it is essential to recognise the cross-cultural arena in which government policies and programs attempt to impact on the phenomena at which they are directed. In devising policies to address social phenomena such as Aboriginal violence and homicide, for example, it has been suggested that more sophisticated and culturally informed analyses need to be developed which are not based on inferred causal connections between the phenomena concerned and social indicators established as 'proxies' for them. Finally, my analysis would suggest that cultural change in remote Aboriginal communities is essential to address violence. This certainly must entail significant changes to the structural circumstances of Aboriginal peoples lives—their access to education, appropriate housing, economic opportunities and so forth. But it must also involve profound transformations in deeply-held values and practices which are not necessarily seen as aberrant within Aboriginal groups but on the contrary, are part of the naturalised order of things. This is far from an issue particular to Aboriginal people, as evidenced for instance by the ongoing debate in Australia around the hard drinking and misogynistic culture to be found in many rugby league and other football clubs. As we know, such changes are never easy and success can never be guaranteed.

References

All URLs correct as at 9 July 2009

Aboriginal and Torres Strait Islander Social Justice Commissioner 2006. *Ending family violence and abuse in Aboriginal and Torres Strait Islander communities—key issues*. Sydney: Human Rights and Equal Opportunity Commission

Altman JC, Biddle N & Hunter B 2008. *How realistic are the prospects for 'closing the gaps' in socioeconomic outcomes for Indigenous Australians?* CAEPR discussion paper no. 287. Canberra: Centre for Aboriginal Economic Policy Research, Australian National University

Al-Yaman F, Van Doeland M & Wallis M 2006. *Family violence among Aboriginal and Torres Strait Islander peoples*. Canberra: Australian Institute of Health and Welfare

Anderson I & Sibthorpe B 1996. The NATSIS and policy and planning in Aboriginal health, in Altman J & Taylor J (eds), *The 1994 National Aboriginal and Torres Strait Islander survey: Findings and future prospects*. CAEPR monograph 11. Canberra: Centre for Aboriginal Economic Policy Research, Australian National University: 118–134

Bourdieu P 1977 (translated by Nice R). *Outline of a theory of practice*. Cambridge: Cambridge University Press

Brady M 1992. *Heavy metal: The social meaning of petrol sniffing in Australia*. Canberra: Aboriginal Studies Press

Brunton R 1993. *Black suffering, white guilt? Aboriginal disadvantage and the royal commission into deaths in custody*. West Perth: Institute of Public Affairs

Cowlishaw G 1998. Erasing culture and race: Practising 'self-determination'. *Oceania* 68(3): 145–169

Davies M & Mouzos J 2007. *Homicide in Australia: 2005–06 national homicide monitoring program annual report*. Research and public policy series no. 77. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current%20series/rpp/61-80/rpp77.aspx

Egger S 1995. Preface: an overview of violence in Australia, in Chappell D & Egger S (eds), *Australian violence: Contemporary perspectives II*. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/previous%20series/other/21-40/australian%20violence%20-%20contemporary%20perspectives%20ii.aspx

Elkin AP 1951. Reaction and interaction: A food gathering people and European settlement in Australia. *American anthropologist* 53: 164–186

Folds R 2001. *Crossed purposes: the Pintupi and Australia's Indigenous policy*. Sydney: University of New South Wales Press
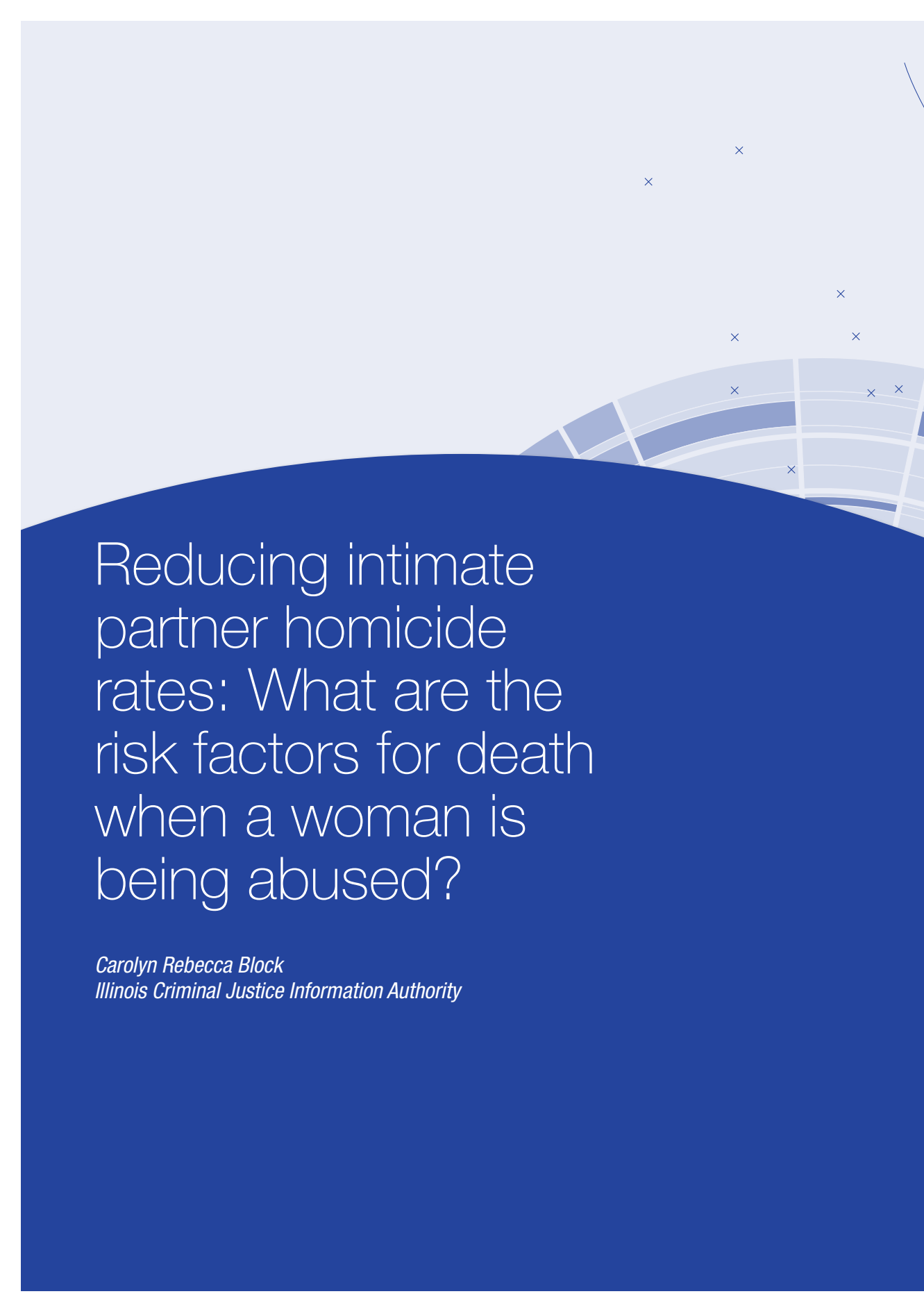
Lutz C & White GM 1986. The anthropology of emotions. *Annual review of anthropology* 15: 405–436

Martin DF 2008. Aboriginal sorcery and healing, and the alchemy of Aboriginal policy making. *Journal of the anthropological society of South Australia* 33: 75–128

Martin DF 2005. Rethinking Aboriginal community governance: Challenges for sustainable engagement, in Smyth P, Reddel T & Jones A (eds), *Community and local governance in Australia*. Sydney: University of New South Wales Press: 108–127

Martin DF 2001. *Is welfare dependency 'welfare poison'? An assessment of Noel Pearson's proposals for Aboriginal welfare reform*. CAEPR discussion paper no. 213. Canberra: Centre for Aboriginal Economic Policy Research, Australian National University. http://dspace.anu.edu.au/bitstream/1885/41362/1/2001_DP213.pdf

Martin DF 1998. *The supply of alcohol in remote Aboriginal communities: Potential policy directions from Cape York*. CAEPR discussion paper no. 162. Canberra: Centre for Aboriginal Economic Policy Research, Australian National University

Martin DF 1993. Autonomy and relatedness: An ethnography of Wik people of Aurukun, western Cape York peninsula. PhD thesis. Canberra: Australian National University

Martin DF 1992. Aboriginal and non-Aboriginal homicide: Same but different, in Strang H & Gerull S (eds), *Homicide: patterns, prevention and control, conference proceedings* no. 17. Canberra: Australian Institute of Criminology: 167–176

Martin DF 1988. *Background paper on social and family factors for the Aurukun case. Report to the royal commission into Aboriginal deaths in custody*. Canberra: Australian National University

Memmott P et al 2001. *Violence in Indigenous communities. Report to crime prevention branch of the attorney-general's department*. Brisbane: University of Queensland

Merlan F 2005. Articulating cultures? Understanding engagements between Indigenous and non-Indigenous lifeworlds: Explorations towards intercultural accounts of socio-cultural reproduction and change. *Oceania* 75(3): 167–182

Morphy F (ed) 2007. *Agency, contingency and census process: Observations of the 2006 Indigenous enumeration strategy in remote Aboriginal Australia*. CAEPR monograph no. 28. Canberra: Centre for Aboriginal Economic Policy Research, Australian National University

Morphy F 2004. When systems collide: The 2001 census at a northern territory outstation, in Martin DF et al (eds), *Making sense of the census: Observations of the 2001 enumeration in remote Aboriginal Australia*. Canberra: ANU E Press: 29–77

Mouzos J 2004. Linking data to practice in homicide and violence prevention: The Australian experience, in Pottie Bunge C, Block R & Lane M (eds), *Linking data to practice in violence and homicide prevention: Proceedings of the 2004 meeting of the homicide research working group*. Chicago, IL: HRWG Publications: 15–29

Mouzos J & Makkai T 2004. *Women's experiences of male violence: Findings from the Australian component of the international violence against women survey (IVAWS)*. Research and public policy series no. 56. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current%20series/rpp/41-60/rpp56.aspx

Pearson N 2000. *Our right to take responsibility*. Cairns: Noel Pearson and Associates Pty Ltd

Peterson N 2005. What can pre-colonial and frontier economies tell us about engagement with the real economy? Indigenous life projects and the conditions of development, in Austin-Broos D & Macdonald G (eds), *Culture, economy and governance in Aboriginal Australia*. Sydney: Sydney University Press: 7–19

Peterson N 1996. Cultural issues, in Altman JC & Taylor J (eds), *The 1994 national Aboriginal and Torres Strait Islander survey: findings and future prospects*. CAEPR research monograph no. 11. Canberra: Centre for Aboriginal Economic Policy Research, Australian National University: 149–156

Productivity Commission 2003. *Overcoming Indigenous disadvantage: Key indicators 2003*. http://www.pc.gov.au/gsp/reports/indigenous/keyindicators2003

Reser J 1990. *A perspective on the causes and cultural context of violence in Aboriginal communities in north Queensland. Report to the royal commission into Aboriginal deaths in custody*. Townsville: James Cook University

Snowball L & Weatherburn D 2008. Theories of Indigenous violence: A preliminary empirical assessment. *Australian & New Zealand journal of criminology* 41(2): 216–235

Stanner WEH 1979. Continuity and change among the Aborigines, in Stanner WEH (ed), *White man got no dreaming, essays 1938–1973*. Canberra: ANU Press

Steering Committee for the Review of Government Service Provision 2003. *Overcoming Indigenous disadvantage: Key indicators 2003*. Canberra: Productivity Commission

Sutton P 2006. *Wik homicides*. Typescript version 5/9/2006

Sutton P 2001. The politics of suffering: Aboriginal policy in Australia since the 1970s. *Anthropological forum* 11(2): 125–73

Taylor J 2008. Indigenous peoples and indicators of well-being: Australian perspectives on United Nations global frameworks. *Social indicators research* 87: 111–126

Taylor J & Stanley O 2005. *The opportunity costs of the status quo in the Thamarrurr region*. Working paper no. 28. Canberra: Centre for Aboriginal Economic Policy Research, Australian National University

Reducing intimate partner homicide rates: What are the risk factors for death when a woman is being abused?

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The Chicago Women's Health Risk Study project is dedicated to the women and their families who allowed us into their lives and were willing to overcome fear and grief to share their stories with us.

When nurses, police officers and other service providers talk with a woman experiencing violence from an intimate partner, what should they say or do that will lower the risk of the woman's death or the risk that she might kill the intimate partner? The Chicago Women's Health Risk Study (CWHRS) was designed to answer this question. This paper will look at the most important findings of the CWHRS. Although some of these findings will not be surprising to practitioners, it is useful to be able to point to research that confirms field experience. However, some findings may be surprising. For example, the CWHRS not only found that past violence is an important risk factor for intimate partner homicide, but also found that some women are at risk of death even with no previous violent incident against them. Other findings of importance to practitioners are the following:

- leaving or trying to leave is a protective factor but also a risk factor for death;
- the importance of choking/attempted strangulation as a risk factor for death;
- risk factors for an abused woman killing her abuser; and
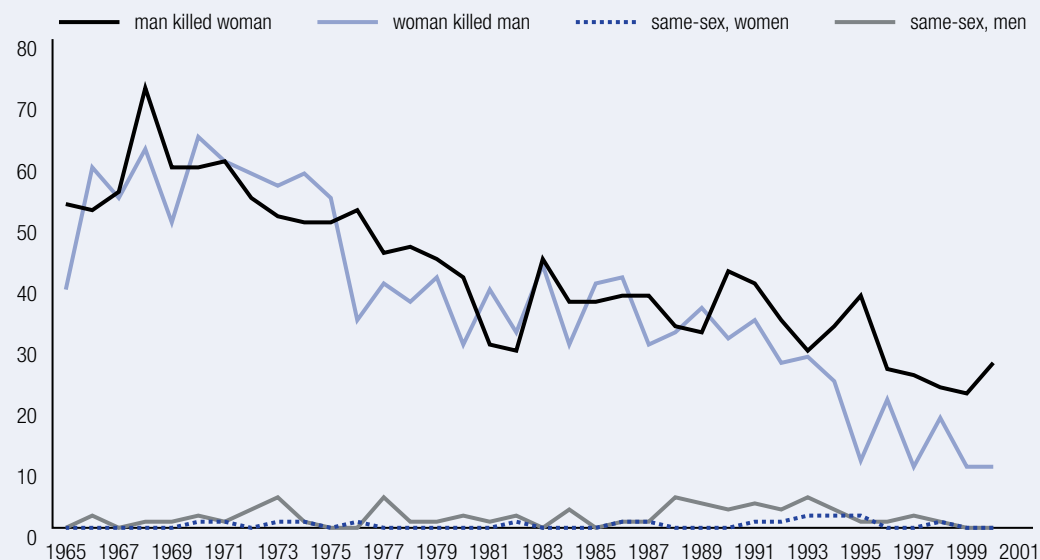- the voices of women about help-seeking.

The paper concludes with implications for practice, including three key questions a helping professional or anyone talking with an abused woman should ask her.

People in Chicago, like people in most places around the world, have been increasingly concerned about homicides of women and men by an intimate partner (see Figure 1 for trends in Chicago in the numbers for the different types of intimate partner homicide). Intimate partner homicide tends to account for a relatively low proportion of all homicides (Figure 2) and in many places this number has changed less over time than have other homicides types. Looking at these relatively steady trends, some people ask whether intimate partner homicide can be prevented. However, research undertaken over many years into lethal and non-lethal violence (eg Block 1987; Block & Block 1992; Block & Christakos 1995) indicates that homicide can be prevented. Prevention is possible, however, only by realising that homicide is not monolithic. There is no such thing as 'homicide'. Instead, there are different types of violence, some of them ending in death. For example, to figure out how to prevent robbery homicide, compare the robberies that ended in death to those that did not, that is, lethal versus non-lethal robberies. Similarly, to figure out how to prevent intimate partner homicide, compare lethal and non-lethal intimate partner violence.

That is why a small group of people, working in public health and public safety in Chicago, decided over 15 years ago that they would work together to design a research study on 'risk factors for death in intimate partner violence'. At the time, there were some existing research studies on the population-based risk of intimate partner violence, notably the 1993 Violence against Women Survey in Canada (Johnson 1996; Johnson & Sacco 1995) and the

Figure 1 Intimate partner homicides in Chicago by type, 1965–2000 (n)

1996 National Violence Against Women Survey in the United States (Tjaden & Thoennes 2000, 1998). These studies were designed to describe the risk of experiencing intimate partner violence for various groups in the population. However, such survey results are not particularly helpful to the officer responding to an emergency call where a man has attempted to strangle a woman, or to the nurse talking to a woman in a baby clinic who says that her husband had been hitting her, or to a woman sitting at the kitchen table with a friend who is experiencing intimate partner violence. People listening to and hoping to advise these women need to know the risk factors for death or serious injury for women experiencing intimate partner violence. The CWHRS collaborators decided to try to answer that question.

About 35 people dedicated to reducing deaths from intimate partner violence joined the collaboration to design a study that would provide information about risk factors for death. They included nurses, doctors,

an epidemiologist, police officers, domestic violence advocates, other helping professionals and researchers (see Block et al 2000; Donoghue 2001). Many of them had reservations about the possibility of doing such a study while maintaining the safety of the participants. Nonetheless, they decided that the information was needed so badly that they would join the collaboration and work to design a study that would be safe and would also provide solid and useful information. This paper outlines the design of the CWHRS and its most important results.

Why is the information gathered by the CWHRS important?

When nurses, beat officers and other primary support people talk to an abused woman, they need

Figure 2 Chicago homicide trends, 1965–2000, intimate partner[a] homicide versus all other homicides (n)

a: Intimate partner homicides include husband/wife, common-law husband/wife, boyfriend/girlfriend, same-sex partner, estranged or former relationships of all these types and situations in which the offender is sexually pursuing the victim regardless of whether they have been intimate

Source: Chicago Homicide Dataset. The Chicago Homicide Dataset has been compiled over many years by Carolyn Rebecca Block of the Illinois Criminal Justice Information Authority and Richard L Block of Loyola University Chicago, working in close cooperation with the Chicago Police Department. The data collection was initially established in 1967 by Richard Block and Franklin Zimring of the University of Chicago Law School, working with the Chicago Police Department. Subsequent contributions were made by Margo Wilson and Martin Daly of McMaster University. Support for the Chicago Homicide Project has been provided over the years by the Illinois Criminal Justice Information Authority, Loyola University Chicago and the University of Chicago Law School under grants from the National Institute of Justice, Ford Foundation, Bureau of Justice Statistics, National Institute of Mental Health, Harry Frank Guggenheim Foundation, National Institute of Occupational Safety and Health and the Joyce Foundation. Since 1979, the Chicago Homicide Dataset has been maintained by the Illinois Criminal Justice Information Authority. The Chicago Homicide Dataset for 1965–95 is available through the National Archive of Criminal Justice Data, Inter-university Consortium for Political and Social Research (ICPSR), University of Michigan both online and through downloading. The revised 1965–2000 dataset will be archived after cleaning is completed. For more information about the archived CHD, see the NACJD website *Homicide Data User Resource Guide* at http://www.icpsr.umich.edu/nacjd

to know the best way to respond in order to lower the risk of death or life-threatening injury. Although previous research has indicated who in the general population is most likely to be abused, it did not inform practitioners about risk patterns for women who were experiencing violence. Specifically, previous research was limited in the following ways:

- it did not indicate which abused women were in a situation where the risk of serious injury or death might be especially high;

- few studies evaluated potential interventions from the woman's perspective, particularly women who have not sought help; and

- it rarely addressed multiple barriers to safely leaving a dangerous situation.

In addition, previous research tended to measure only one or two variables and did not take into

account the interaction of events and circumstances as they change over time. Practitioners need to know how changing factors such as attempting to leave, pregnancy, children at home or firearm availability may affect the risk of a lethal outcome. They also need to know whether risk patterns differ for different racial or ethnic groups, for women in same-sex relationships or for pregnant women, and they need to be able to respond to women who may be in high risk situations but have not sought assistance from helping agencies or support networks. Prior to the existence of the CWHRS, information about the needs and best interventions for these groups was very limited.

In response to this situation, the purpose of the CWHRS was not to provide population-based estimates of domestic violence in Chicago. Rather, the goal was to sample high-risk women at a point

of service. There are many other studies measuring the risk of being abused in the general population (eg the Canadian and United States Violence Against Women Surveys). There are also studies that follow abused women identified in shelter or other agency populations. These studies are relatively easy to do, because the agency records data and agency settings provide access to women who are already identified as being abused. However, the results of these studies may not be generalisable to 'hidden' women, that is, women who may be at high risk but who are not known to helping agencies (Watters & Biernacki 1989: 417).

Another goal of the CWHRS was to ensure that high-risk but understudied populations (eg expectant mothers, women without a regular source of health care and abused women where the abuse is unknown to helping agencies) would be included in the CWHRS. To accomplish this, the study chose sample screening sites in areas of the city with a high rate of intimate partner homicide and designed instruments and procedures to minimise selection bias. A major concern of the CWHRS was that the sample would not exclude women who might be at high risk for serious or lethal violence, but who were unknown to any helping agency. Therefore, the CWHRS design and procedures emphasised including every woman who walked through the door and having an interview format that was safe and accessible. To produce valid results within racial/ethnic groups (ie for African/American/black women, Latina/Hispanic women and white or other women), the study had a large sample size and developed culturally sensitive instruments and methods.

Respondent safety and confidentiality were primary considerations throughout the study. Ethical and safety concerns took priority over achieving research goals. These concerns can be summarised by the three ethical principles for human research set forward in the Belmont Report which are *beneficence*, *respect* and *justice* (DHEW 1978; Sieber 1992). Beneficence refers to avoiding unnecessary harm while maximising good outcomes for the research and for the participants. Respect means protecting autonomy with courtesy and respect. Justice means, among other things, that 'those who bear the risks of the research should be those who benefit from it' (Sieber 1992: 18).

What was the methodology of the CWHRS?

The CWHRS was designed to compare a 'homicide sample' of all intimate partner homicides involving a woman that occurred in Chicago over a two year period and a 'clinic/hospital sample' of detailed, longitudinal interviews with women sampled as they came into hospitals and clinics in Chicago neighbourhoods where the risk for intimate partner violence was high. Because the CWHRS was part of a multiple-city research project (Campbell et al 2003a, 2003b; Glass et al 2007, 2004; Koziol-McLain et al 2006), many CWHRS results can be analysed comparatively across 11 US cities.

Clinic/hospital sample

As part of regular clinic or hospital routine, and following a strict protocol for safety and confidentiality, approximately 2,740 women entering a hospital or health centre for any reason (eg a well-baby check, bad cold or car accident) were asked three short questions about possible domestic violence against them in the past year, including physical violence, sexual violence and being 'afraid to go home'. The CWHRS conducted interviews with all women over the age of 17 years who answered 'yes' to at least one of these screening questions and with a random sample of women over the age of 17 years in an intimate relationship in the past year who answered 'no' to all three questions. Of those women eligible, there was an 86 percent interview rate for women who screened positive, a 27 percent interview rate for women who screened negative (but who had experienced abuse before the prior year) and a nine percent interview rate of other women who screened negative. Older screened women were significantly less likely to be interviewed; however a woman's language (whether she chose the Spanish version of the screener) or racial/ethnic group made no difference to their likelihood of participating in an interview. In total, 705 women were interviewed. A considerable number (22%) of women who screened negative to intimate partner violence in the past year interviewed positive and some (9%) who screened positive to intimate partner violence in the past year interviewed negative.

The CWHRS design chose study sites that were located in areas of Chicago with the highest population-based rates of intimate partner homicide. They included the Roseland Health Center of the Chicago Department of Health, Erie Family Health Center and Cook County Hospital. The study was approved by the Institutional Review Board of each site and women were asked to give informed consent to both the interview and the screener. The staff from each site, and of the separate clinics or practices within the site, worked with interviewers and project staff to uphold safety and privacy standards. A priority of the CWHRS was to make sure that high-risk but understudied groups would not be excluded from the CWHRS sample and the team designed instruments and procedures to minimise selection bias. In addition to physical violence, interviews covered:

- demographics;
- partner age disparity (Breitman, Block & Shackelford 2004);
- employment of both partners (see Kellum 2008);
- living arrangements, children and household composition;
- leaving, trying to leave and returning to the relationship (Block & deKeseredy 2007);
- physical health;
- pregnancy;
- substance use;
- mental health (depression, anxiety);
- mental health (post-traumatic stress disorder; see Morland et al 2008; Perez & Johnson 2008);
- household firearm availability;
- social support network;
- the partner's controlling behaviour;
- the partner's stalking (see McFarlane, Campbell & Watson 2002; McFarlane et al 1999); and
- the woman's experience with interventions and help-seeking (Davies, Block & Campbell 2007; Fugate et al 2005).

The collaborating team worked intensely over many months to develop the questionnaires and other study instruments. Advocates, activists, community members, academics and researchers all took an active role to find and evaluate scales for the various dimensions the study hoped to capture. When the

team realised that there was no instrument capturing social support network that would meet the needs of this population, the team developed and tested the Social Support Network (SSN) scale which has been translated into three languages and has been used in other research studies around the world (Block 2005, 2004). The collaborators developed screening and interview procedures by working closely with the separate clinics of each medical site so that the woman's safety, privacy and confidentiality would be ensured (Block et al 1999a, 1999b, 2000).

Some of the issues covered by the CWHRS relate to highly sensitive topics and women from different cultural backgrounds might have different perceptions of these sensitive issues. Therefore, the collaborators spent a great deal of effort framing questions, and providing a context for those questions, that would encourage women to disclose personal and sensitive experiences. Collaborators also undertook to keep the questionnaire short enough so that participants would not be fatigued or their safety jeopardised and to build in enough flexibility to encourage a natural flow of speech. Community members (the Erie Site Advisory Board) and two members of the collaborative team developed Spanish versions of the instruments, which were back-translated into the English versions. Although time-consuming, this process produced Spanish instruments that were linguistically correct and culturally sensitive to Latina/Hispanic women from different countries of origin.

Based on their response to 11 interview questions about attempted or completed physical violence at the hands of an intimate partner in the past year, 500 women were categorised as 'abused in the past year' and 205 as 'not abused in the past year' (the comparison group). The 11 questions were a modified version of the Conflict Tactic Scale (CTS; Straus 1979) originally constructed for the Canadian Violence Against Women Survey (Johnson 1996; Johnson & Sacco 1995). In addition, women who responded 'yes' to any CTS item were asked to complete a calendar history covering the previous 12 months in which they and an interviewer marked on a calendar important events in their lives as well as the violent incidents, with details about each incident noted in the margin. Because responses to the CTS items indicated whether a woman was in the abused or the comparison group by definition,

none of the comparison group women answered 'yes' to any of these items. In the calendar history, the 500 women reported 5,014 specific incidents in the past year. The most severe incident for any woman ranged from a threat of violence (5%) or slapping, pushing or throwing something (20%), to much more severe incidents. For 30 percent, the most severe incident involved being beaten up, choked or strangled (technically, the scientifically correct term is 'strangle', but women understand and use the word 'choke'. To be sure the information is understood, both terms are used in CWHRS instruments), or suffering burns, teeth knocked out, broken bones or a miscarriage; 18 percent were threatened with a weapon or suffered a permanent injury, an internal injury, a head injury or loss of consciousness. For 13 percent, the most serious incident was weapon use or attempted murder. Approximately one-quarter (28%) of the 500 women mentioned only one incident in the past year, but one woman mentioned 172 incidents.

Approximately two-thirds of the 500 women in the 'abused' group were followed up at least once during the following 12 months, with new interviews and calendar histories spanning the period between the earlier interview and the current interview. Of the 323 women re-interviewed at least once, 46 percent did not experience any incident in the follow-up period, 25 percent experienced at least one violent incident (but not a severe incident) and 29 percent experienced at least one severe or life-threatening incident.

Homicide sample

The focus of the CWHRS was to look at the risk of death among women who were being abused by an intimate partner. Therefore, the CWHRS design was built around a comparison of lethal and non-lethal intimate partner violence. The 'lethal' part of the design was not based on a sample of homicides, because homicide is a rare phenomenon and an important goal of the CWHRS was to capture the variety of detailed situations and circumstances leading to this rare outcome. Because a CWHRS goal was to provide 'risk of death' information to practitioners as soon as possible, it was not designed to follow each sampled 'non-lethal' woman to a possible lethal outcome. Given the rarity of

homicide, that design would have required a much larger non-lethal sample and the study would have had to have followed those women for years, with all of the safety issues that would have involved. Instead, the CWHRS design compared the non-lethal sample of all women stepping through the door of hospitals and clinics located in high risk areas to intimate partner homicides in the city.

The CWHRS homicide sample included all 87 intimate partner homicides that occurred in Chicago in 1995 or 1996, with a woman victim or offender aged 18 years or over. There were 57 homicides with a female victim and a male offender, 28 with a male victim and female offender and two with a female victim and offender. There were two sources of data for the homicide sample—interviews and official or public records. Because, obviously, women victims could not be interviewed, the team conducted detailed, face-to-face 'proxy' interviews with friends, family or others who knew about the relationship (for details of the proxy methodology see Block et al 2000, 1999c). In addition, the team conducted interviews with women offenders. The questionnaires used in the homicide interviews were the same as the questionnaires used with the clinic/hospital women (to the extent possible). In addition, detailed information was gathered about the legal outcome of the homicide, such as arrest, sentence and time served, as well as whether the homicide offender committed or attempted suicide (see Koziol-McLain et al 2006) and the outcome for children (see Lewandowski et al 2004). As many as three proxies were interviewed per woman and the team was able to interview at least one proxy for 76 of the homicide victims. In addition, for all 87 homicide cases, the team gathered information from the Chicago Homicide Dataset, Medical Examiner's Office records, court records, newspapers, Order of Protection records and other sources.

CWHRS key findings

The CWHRS achieved its goal of sampling and interviewing all women 'coming through the door'. As a result, CWHRS data reflect the voices of women who may be excluded from other studies, such as women who could be at risk of serious injury or death but who are unknown to helping

agencies ('hidden' women), women of colour, women in same-sex relationships and women who become the offender. It is a rich dataset with the necessary accuracy and detail to answer both practical and research questions. Practitioners working with women will not be surprised by most CWHRS results, but they will appreciate the added support these precise numbers supply. Some CWHRS results, on the other hand, may challenge commonly held beliefs.

Finding: Past violence is a risk factor for homicide

As practitioners know, the past is often the best indicator of the future. The CWHRS is no exception. Most women homicide victims (88%) and offenders (81%) had experienced violence at the hands of her partner in the past year. Further, 29 percent of abused clinic/hospital women experienced at least one severe or life-threatening incident in the follow-up period—beaten up, choked or strangled, miscarriage, burns, broken bones, teeth knocked out, weapon used or threatened, lost consciousness, permanent injury, internal injury, head injury or attempted murder.

This is not new information but the CWHRS results reveal more—the particular types of past violence that indicate the most risk. When a woman mentions that she has experienced violence at the hands of her partner, what specific questions should be asked about that violence? What aspects of past violence indicate the highest risk for lethal or life-threatening violence in the future? CWHRS results indicate that three aspects of past violence are important—the type of past violence, the recency of the last incident and the increasing frequency of past incidents.

Type of violence

A woman's risk of life-threatening injury or death is higher when the past violence against her included at least one incident in which a firearm was threatened or used against her, in which a knife was threatened or used against her or in cases where the abusing partner attempted to strangle or choke her. In addition, she was more at risk of death in a given incident when her partner threatened or used a gun or a knife in that incident, when her partner

attempted to strangle or choke her in that incident, or when she, her partner, or both were using alcohol or drugs in that incident. What is the evidence for these risk factors?

Firearm threat or use against her

Combining the lethal and non-lethal samples and looking only at women who had been physically abused in the past year, 21 percent of women whose partner had threatened or used a firearm against her in the past year were in the homicide sample, versus seven percent of abused women who had not experienced a firearm incident in the past year.

Of the 5,014 incidents in the past year women or their proxies told us about, 23 percent of the incidents in which a firearm was threatened or used against her had a lethal outcome, versus one percent of other incidents.

Clinic/hospital women who said their abusing partner had threatened or used a gun against them in the past year were more likely (25% versus 9%) to experience a very severe or life-threatening incident on follow-up (weapon use or threat, lost consciousness, permanent injury, internal injury, head injury or attempted murder).

Knife threat or use against her

Combining the lethal and non-lethal samples and looking only at women who had been physically abused in the past year, 16 percent of women whose partner had threatened or used a knife against her in the past year were in the homicide sample, versus six percent of abused women who had not experienced an incident involving a knife in the past year.

Of the 5,014 incidents in the past year women or their proxies told us about, 35 percent of those in which a knife was threatened or used had a lethal outcome, versus one percent of other incidents.

Clinic/hospital women who said their abusing partner had threatened or used a knife against them in the past year were more likely (24% versus 8%) to experience a very severe or life-threatening incident on follow-up (weapon use or threat, lost consciousness, permanent injury, internal injury, head injury or attempted murder).

Attempt to strangle or choke her

Combining the lethal and non-lethal samples and looking only at women who had been physically abused in the past year, 12 percent of women whose partner had tried to choke or strangle them in the past year were in the homicide sample, versus six percent of abused women who had not experienced a choking incident in the past year.

Of the 5,014 incidents in the past year women or their proxies told us about, five percent of those in which the abuser tried to choke or strangle them had a lethal outcome, versus one percent of other incidents.

Clinic/hospital women who said their partner had tried to choke or strangle them in the past year were more likely (16% versus 8%) to experience a very severe or life-threatening incident on follow-up (weapon use or threat, lost consciousness, permanent injury, internal injury, head injury or attempted murder).

Partner's use of alcohol or drugs

Because the CWHRS design includes interview questions about a woman or her partner's general use of alcohol or drugs as well as their use of alcohol or drugs in each specific violent incident, the analysis can distinguish between the role of alcohol or drugs in the woman's life overall and the role that alcohol or drugs may have played incident by incident (see Sharps et al 2001b).

Of the 5,014 incidents in the past year women or their proxies told us about, two percent of those in which the partner was using drugs had a lethal outcome, versus one percent of other incidents.

In the 20 incidents where a woman or her proxy said that she was attacked because her partner wanted money for drugs, 45 percent had a lethal outcome (versus 1% of incidents with other motives).

Of the 5,014 incidents in the past year women or their proxies told us about, two percent of those in which the partner had been drinking had a lethal outcome, versus one percent of other incidents.

Combining the lethal and non-lethal samples and looking only at women who had been physically abused in the past year, 16 percent of those whose partner 'uses drugs' versus seven percent of others

were in the homicide sample. Again, combining the lethal and non-lethal samples but looking at those women who had not been physically abused in the past year, 29 percent of those whose partner 'uses drugs' versus two percent of others were in the homicide sample.

Combining the lethal and non-lethal samples and looking only at women who had been physically abused in the past year, 15 percent of those whose partner 'has or ever had an alcohol problem' versus seven percent of others were in the homicide sample. Again, combining the lethal and non-lethal samples but looking at those women who had not been physically abused in the past year, the partner's 'alcohol problem' made no significant difference in whether or not they were in the homicide sample.

Her use of alcohol or drugs

Of the 5,014 incidents in the past year women or their proxies told us about, six percent of those in which she had been using drugs had a lethal outcome, versus one percent of other incidents.

In the 1,120 incidents where a woman or her proxy said her partner had been using drugs, her risk of death was five percent when she had also been using drugs versus one percent when she had not. In the 3,969 incidents where a woman or her proxy said her partner had not been using drugs, her risk of death was three percent when she had also been using drugs versus one percent when she had not.

Of the 5,014 incidents in the past year women or their proxies told us about, 14 percent of those in which she had been drinking had a lethal outcome, versus one percent of other incidents.

In the 2,103 incidents where a woman or her proxy said her partner had been drinking, her risk of death was 14 percent when she had also been drinking and less than one percent when she had not. In the 2,984 incidents where a woman or her proxy said her partner had not been drinking, her risk of death was two percent when she had also been drinking and less than one percent when she had not (not a significant difference).

Recency

For clinic/hospital women, because the date of the interview and the date of each incident are known,

the number of days between the most recent incident in the past and the interview can be counted. For the homicide sample, respondents were asked, '[w]hat about the most recent incident of physical violence, not including the incident that led to (the victim's) death? How long before (the victim's) death did that incident happen?' What does this information tell us about recency as a risk factor for death or life-threatening injury?

Recency of the most recent past incident before the interview or homicide

Combining the lethal and non-lethal samples and looking only at women who had been physically abused in the past year, 15 percent of those whose most recent incident had happened within 30 days were in the homicide sample, versus five percent of others. Nineteen percent of those whose most recent incident had happened within 24 hours were in the homicide sample, versus nine percent of others.

Recency is especially important in the risk that an abused woman will become a homicide offender. Combining the lethal and non-lethal samples and looking only at women who had been physically abused in the past year, seven percent of those whose most recent incident had happened within 30 days became a homicide offender, versus less than one percent of others. Nine percent of those whose most recent incident had happened within six days were in the homicide sample, versus one percent of others.

Which group was most likely to have experienced violence or a threat of violence within a week (six days or fewer before the interview or homicide?

- 68 percent of previously abused women homicide offenders;
- 33 percent of previously abused women homicide victims;
- 27 percent of clinic women who had experienced severe or life-threatening violence against them in the past year; and
- 16 percent of clinic women who had experienced violence, but not severe or life-threatening violence, against them in the past year.

Which group was most likely to have experienced violence or a threat of violence the same day (within 24 hours) as the interview or homicide?

- 16 percent of previously abused women homicide offenders;
- 12 percent of previously abused women homicide victims;
- 7 percent of clinic women who had experienced severe or life-threatening violence against them in the past year; and
- 5 percent of clinic women who had experienced violence, but not severe or life-threatening violence, against them in the past year.

Increasing frequency of violence: Number of incidents in the past year

In addition to the type of past violence and the recency of the last incident, a characteristic of past violent incidents that is a risk factor for death or life-threatening injury is whether or not the incidents were becoming more frequent before the interview or homicide. How often were the incidents occurring and were they becoming more frequent in the past year?

Violence increasing in the past year

Combining the lethal and non-lethal samples and looking only at women who had been physically abused in the past year, 14 percent of those where the 'physical violence against [them] was increasing in frequency in the past year' were in the homicide sample, versus eight percent of others.

Abused clinic/hospital women who said that the physical violence against them had been increasing in the past year were more likely than other abused women (17% versus 8%) to experience a very severe or life-threatening incident (weapon use or threat, lost consciousness, permanent injury, internal injury, head injury or attempted murder) on follow-up.

Which group was most likely to have experienced increasing violence?

- 72 percent of previously abused women homicide offenders;
- 46 percent of previously abused women homicide victims;

- 59 percent of clinic/hospital women who had experienced very severe or life-threatening violence (weapon use or threat, lost consciousness, permanent injury, internal injury, head injury or attempted murder) against them in the past year; and

- 28 percent of clinic/hospital women who had experienced less severe violence against them in the past year.

Number of violent incidents in the past year

The CWHRS does not have proxy information on the exact number of violent incidents in the past year. Among the clinic/hospital women, however, the number of past incidents was a significant predictor of the severity of future incidents. Who was most likely to report at least one very severe or life-threatening incident on follow-up (weapon use or threat, lost consciousness, permanent injury, internal injury, head injury or attempted murder)?

- 19 percent of women experiencing 11 to 172 incidents in the past year;

- 16 percent of women experiencing five to 10 incidents in the past year;

- 12 percent of women experiencing two to four incidents in the past year; and

- 4 percent of women experiencing one incident in the past year.

Finding: The first violent incident can be fatal

Even though past violence is one of the most dangerous risk factors for future life-threatening violence or death, some women who had never before experienced violence are still at risk of death. Conservatively, CWHRS results indicate that in at least 12 percent of cases where women who were killed or killed their partner or where clinic women experienced a very severe or life-threatening incident, there was no prior violence against her.

Homicide evidence

For 12 percent of the 51 women homicide victims for whom good information was available, the first violent incident they experienced from their partner was the homicide. For five of the 26 women (19%)

who became the homicide offender, there had been no past violence against her. In three of the five cases, violence in the fatal incident had been initiated by her partner. Note: these figures count *only* for women where good information was available.

Clinic/hospital evidence

Of the 141 clinic women who told us about only one incident in the past year, that single incident was life-threatening for 12 percent (internal or permanent injury, head injury, lost consciousness, attempted murder, wounds from a weapon or weapon threat) and very severe for another 28 percent (beaten up, choked, burned, broken bones or teeth, miscarriage).

Shelter and other helping agencies seldom encounter these 'first fatal' women. They are not likely to see themselves as being in danger or seek help. Although their numbers are relatively small, and though they may be invisible to helping agencies, these women do exist. It is important to help women who may be at risk of a 'first fatal' homicide recognise the possible danger and to help them find a safe place for their children and themselves. To do this, the key risk factors for death or life-threatening injury for women who have not previously experienced physical violence from their partner must be known. However, by definition, one of the strongest risk factors—past violence—does not apply to these women. What, then, are the key risk factors for 'first fatal' homicides?

Partner characteristics

Combining the lethal and non-lethal samples and looking only at women who had not been physically abused in the past year:

- 29 percent whose partner 'uses drugs' versus two percent of others were in the homicide sample;

- 14 percent of women whose partner was unemployed at the time of interview or at the time of the homicide were in the homicide sample, compared to two percent of other non-abused women; and

- 22 percent whose partner was 'violent outside the home' versus four percent of others were in the homicide sample.

Demographics and household characteristics

Combining the lethal and non-lethal samples and looking only at women who had not been physically abused in the past year:

- Two percent of Latinas were in the homicide sample, compared to seven percent of black women and four percent of white women. Also, no woman with a Latina/o partner was in the homicide sample, compared to seven percent of women with a black partner and nine percent of women with a white partner.

- 11 percent of women aged 30 to 39 years were in the homicide sample, compared to three percent of women aged 29 years or younger, three percent of women aged 40 to 49 years and no women 50 years or older.

- 24 percent of women in a common law relationship were in the homicide sample, compared to two percent of women married to the partner, four percent in a girlfriend/boyfriend relationship, 10 percent where the partner was the victim's ex-boyfriend and none of the women in a same-sex relationship.

- 8.2 percent of women who had not had any children with her partner were in the homicide sample, compared to 1.3 percent of women who had had at least one child with the partner.

Women with children who are stepchildren to her partner were more at risk of a 'first fatal' homicide. Combining the lethal and non-lethal samples and looking only at women who had not been physically abused in the past year, 13 percent of women with one or more children in the household who are hers but not her partner's were in the homicide sample, compared to two percent when all of her children are the partner's and none when she has no children or no children living in the household.

In summary, when working with a woman who had not experienced physical violence at the hands of her partner, the important questions to ask to assess her risk of death or life-threatening violence are whether the partner uses drugs, is unemployed or is violent outside the home. In addition, women may be especially at risk if they are in a common law relationship with no children together, but with her own children living in the household.

Although the partner's jealousy, controlling behaviour or stalking are not significant risk factors for whether a previously non-abused woman is in the homicide sample, there is strong evidence among clinic/hospital women that jealousy and controlling behaviour are important risk factors for women who had not previously experienced violence. Among clinic/hospital women with only one incident in the past year, that single incident was more likely to involve very severe or life-threatening injury (weapon use or threat, lost consciousness, permanent injury, internal injury, head injury or attempted murder) in the following circumstances:

- the woman said that her partner was 'violently and constantly jealous' of her (19% vs 7% of others);

- partner left threatening messages on voicemail (33% vs 10% of others);

- partner tried to get her fired from her job (44% vs 10% of others);

- partner followed her (21% vs 8% of others);

- partner sat in a car or stood outside her home (23% vs 6% of others);

- partner tried to limit her contact with friends or family (25% vs 3% of others);

- partner called her names to put her down or make her feel bad (19% vs 5% of others); and

- partner prevents her from knowing about family income, even if she asks (20% vs 9% of others).

Finding: Leaving is not simple

Many people ask why she doesn't just leave? These are the answers.

Abused women do try to leave

Abused women are significantly more likely than non-abused women to leave, try to leave, or ask the partner to leave and they are even more likely to leave when the abuse severity is worse.

Which group was most likely to have left or tried to leave in the year before the interview or homicide?

- 70 percent of previously abused women homicide offenders;

- 79 percent of previously abused women homicide victims;

- 60 percent of clinic/hospital women with at least one very severe or life-threatening incident (weapon use or threat, lost consciousness, permanent injury, internal injury, head injury or attempted murder) in the past year;

- 47 percent of clinic/hospital women with less severe violence in the past year; and

- 18 percent of women who had not experienced violence in the past year.

Leaving can help women escape the violence

When an abused woman is able to successfully leave the relationship, and has no further contact with the abusing partner, her risk of life-threatening injury or death at the hands of that partner is greatly diminished.

Combining the lethal and non-lethal samples and looking only at women who had experienced physical violence in the past year that did not include any serious or life-threatening incident, 1.3 percent of women who had left were in the homicide sample, compared to 8.9 percent of women who had not left.

Clinic/hospital women who had experienced physical violence in the past year that did not include any serious or life-threatening incident were less likely to experience any partner violence in the follow-up period when they had left or tried to leave in the past year (29% vs 63%).

Note, however, that leaving or trying to leave was not a significant protective factor for violence in the follow-up period when the past violence was severe or life-threatening.

Leaving can increase the violence and risk of death

If an abused clinic/hospital woman left in the past year and she *still* experienced follow-up violence, that violence was significantly more likely to be severe or life-threatening (70%) compared to women who had not left (43%).

Over half (51%) of women killed by a male partner were killed as they were trying to leave (leaving was an immediate precipitating factor of the homicide). Of these women, 48 percent had not previously tried to leave; the first time they tried to leave, they were killed.

In 26 percent of homicides where a woman killed her male partner, the incident was precipitated by the

man initiating violence when the woman tried to leave the relationship. Of these women, 71 percent had not previously tried to leave. The first time they tried to leave, they were attacked and then became a homicide offender.

Finding: Risk factors for abused women becoming a homicide offender

Of the 28 women homicide offenders in the CWHRS, it is known that 21 had experienced violence or the threat of violence from their partner in the past year (for two women there was no information). How did the abused women homicide offenders differ from abused women homicide victims and abused clinic/hospital women?

There was more severe, frequent and recent violence against her in the past year

- 51 percent of abused women offenders had had a weapon used against them in the past year, versus 42 percent of abused women homicide victims and 13 percent of abused clinic/hospital women;

- 81 percent of abused women offenders had experienced attempted strangulation or choking in the past year, versus 67 percent of abused women homicide victims and 47 percent of abused clinic/hospital women;

- 64 percent of abused women offenders had 'ever' experienced forced sex by the partner, versus 46 percent of abused women homicide victims and 48 percent of clinic/hospital women abused in the past year. Eight percent of comparison women had not experienced forced sex by the partner in the past year, but had in the past;

- for 72 percent of abused women homicide offenders, the violence had been increasing in frequency, versus 46 percent of abused women homicide victims and 38 percent of abused clinic/ hospital women; and

- for 68 percent of abused women homicide offenders, the most recent violence against them had occurred within a week, versus 31 percent of abused women homicide victims and 23 percent of abused clinic/hospital women.

They had fewer resources, they were in poorer health and they were older

- 80 percent of abused women offenders were unemployed, versus 43 percent of abused women homicide victims, 51 percent of abused clinic/hospital women and 40 percent of comparison women;

- only 28 percent of abused women offenders had a high school diploma, versus 62 percent of abused women homicide victims, 52 percent of abused clinic/hospital women and 62 percent of comparison women;

- 57 percent of abused women offenders were in fair or poor health, versus 40 percent of abused women homicide victims, 37 percent of abused clinic/hospital women and 30 percent of comparison women; and

- 38 percent of abused women offenders were aged 41 years or older, versus 16 percent of abused women homicide victims, 15 percent of abused clinic hospital women and 25 percent of comparison women.

They were in a more traditional relationship

- 29 percent of abused women offenders were currently married to the abusing partner, versus 12 percent of abused women homicide victims, 17 percent of abused clinic/hospital women and 26 percent of comparison women;

- 55 percent of abused women offenders had been in a relationship with the partner for at least five years, versus 33 percent of abused women homicide victims, 32 percent of abused clinic/hospital women and 35 percent of comparison women;

- 62 percent of abused women offenders were currently living with the partner, versus 53 percent of abused women homicide victims, 32 percent of abused clinic/hospital women and 48 percent of comparison women; and

- 48 percent of abused women offenders had at least one child with the partner, versus 33 percent of abused women homicide victims, 44 percent of abused clinic/hospital women and 38 percent of comparison women.

Abused women homicide offenders were significantly more likely to be in a long-term

relationship, experience more severe violence from the partner and to have limited personal resources. This picture of a woman who may think there is 'no way out' is found not only in CWHRS results but in the results of the 11 city comparative studies (Glass et al 2004).

In addition, abused women homicide offenders were more likely to have a firearm in the home (42% compared to 22% of abused women homicide victims, 6% of clinic/hospital women who had experienced very severe or life-threatening violence, 4% of other abused clinic/hospital women and 1% of non-abused clinic/hospital women) and the woman's partner was more likely to have an alcohol problem (81% compared to 65% of partners of women homicide victims, 57% of partners of clinic/hospital women who had experienced very severe or life-threatening violence, 40% of partners of other abused clinic/hospital women and 20% of partners of non-abused clinic/hospital women.)

Abused women homicide offenders are much more likely than any other group of women to have called the police after an incident in the past year (70% compared to 48% of women homicide victims, 59% of clinic/hospital women who had experienced very severe or life-threatening violence and 35% of other abused clinic/hospital women). This suggests that there may have been a missed opportunity for a helping agency to have intervened and prevented the tragedy (see Sharps et al 2001a). Perhaps these women are not the most attractive victims. They have little education. They may have difficulty communicating their situation to others. They may be afraid of losing their children. They may fight back or use drugs or alcohol with their partner. Whatever the reason, it is important to examine the resources available to women who are in such a situation and to make those resources as accessible as possible.

Finding: Abused women do seek help

After a tragic and shocking intimate partner homicide, many people ask why abused women don't seek help. The CWHRS results indicate that abused women do seek help and the more serious the abuse the more likely they are to seek help.

Who sought some kind of help in the past year (informal help from friends or family, or formal help from counselling, medical help or law enforcement)?

- 94 percent of abused women homicide offenders;
- 90 percent of abused women homicide victims;
- 84 percent of clinic/hospital women who had experienced very severe or life-threatening violence in the past year;
- 86 percent of clinic/hospital women where the most serious violence in the past year was being beaten up, choking, burns, broken bones, teeth knocked out, miscarriage;
- 74 percent of clinic/hospital women where the most serious violence was slapping, pushing, punching or kicking; and
- 52 percent of clinic/hospital women where the most serious incident was a threat of violence (other than a weapon threat).

Who sought any formal help in the past year (counselling, medical help or law enforcement)?

- 77 percent of abused women homicide offenders;
- 52 percent of abused women homicide victims;
- 68 percent of clinic/hospital women who had experienced very severe or life-threatening violence in the past year;
- 57 percent of clinic/hospital women where the most serious violence in the past year was being beaten up, choking, burns, broken bones, teeth knocked out, miscarriage;
- 35 percent of clinic/hospital women where the most serious violence was slapping, pushing, punching or kicking; and
- 13 percent of clinic/hospital women where the most serious incident was a threat of violence (other than a weapon threat).

Finding: By seeking formal help, she tells you that she may be at high risk

When a woman comes to your office or sits at your kitchen table and tells you that she thinks she is at risk, believe her. On top of all the other risk factors identified in the CWHRS, women who sought help in the past year were even more at risk.

Help-seeking as an additional indicator of risk

Among the clinic/hospital women who said that their partner controlled most of their daily activities, substantially more who had sought formal help experienced very severe or life-threatening violence in the follow-up period (17% vs 8%).

Among the clinic/hospital women who said that their partner was violently and constantly jealous, substantially more who had sought formal help experienced very severe or life-threatening violence in the follow-up period (20% vs 10%).

Among the clinic/hospital women who said that they had been beaten up or worse in the past year, substantially more who had sought formal help experienced very severe or life-threatening violence in the follow-up period (21% vs 9%).

Among the clinic/hospital women who said that their partner controlled most of their daily activities, substantially more who had sought formal help experienced very severe or life-threatening violence in the follow-up period (17% vs 8%).

Finding: Some abused women do not seek help

A substantial minority of severely abused women did not seek help in the past year, even informal help from family or friends. Other severely abused women did not seek any type of formal help (counselling, medical or law enforcement). These women can be called 'hidden', because they may be at risk of serious injury or death, but they are not known to any helping agency.

Who did not seek any type of help in the past year?

- Six percent of abused women homicide offenders;
- 10 percent of abused women homicide victims;
- 16 percent of clinic/hospital women who had experienced very severe or life-threatening violence in the past year; and
- 22 percent of other abused clinic/hospital women.

Who did not seek any formal help (counselling, medical, police) in the past year?

- 12 percent of abused women homicide offenders;
- 40 percent of abused women homicide victims;
- 32 percent of clinic/hospital women who had experienced very severe or life-threatening violence in the past year; and
- 57 percent of other abused clinic/hospital women.

Which groups were especially unlikely to seek any formal help?

- 23 percent of abused women homicide victims whose partner was unemployed;
- 50 percent of Latina abused women homicide victims;
- 45 percent of severely abused Latina clinic/hospital women;
- 62 percent of clinic/hospital women who were severely abused in a same-sex relationship; and
- 50 percent of severely abused clinic/hospital women who were pregnant at the time of the interview.

Finding: Few women sought help from an agency, counsellor or shelter

Abused women were more likely to seek medical help or to contact the police than to seek help from an agency or counsellor.

Who had contacted an agency or counsellor in the past year?

- 24 percent of abused women homicide offenders;
- 22 percent of abused women homicide victims;
- 28 percent of clinic/hospital women who had experienced very severe or life-threatening violence in the past year; and
- 16 percent of other abused clinic/hospital women.

Who had sought medical help after an incident?

- 38 percent of abused women homicide offenders;
- 38 percent of abused women homicide victims;

- 46 percent of clinic/hospital women who had experienced very severe or life-threatening violence in the past year; and
- 17 percent of other abused clinic/hospital women.

Who had called the police in the past year (or someone had called on her behalf)?

- 78 percent of abused women homicide offenders;
- 54 percent of abused women homicide victims;
- 59 percent of clinic/hospital women who had experienced very severe or life-threatening violence in the past year; and
- 35 percent of other abused clinic/hospital women.

Finding: Medical staff and the police can be 'gatekeepers'

The chance that a severely abused woman contacts an agency or counsellor increases substantially if she also seeks medical help or contacts the police. By giving women support, validation and information about counsellors or agencies, medical and criminal justice staff can have a tremendous impact. The officer responding to an emergency call or the medical worker in the trauma department may never know that they helped, and may never get any feedback about the woman, but it is important for these helping professionals to know that they may have saved someone's life.

Who had sought help from an agency, counsellor or shelter in the past year?

Of clinic/hospital women who had experienced very severe or life-threatening violence, 45 percent sought help from an agency, counsellor or shelter if they had also sought medical help but 14 percent if they had not.

Of other abused clinic/hospital women, 33 percent sought help from an agency, counsellor or shelter if they had also sought medical help but 13 percent if they had not.

Of clinic/hospital women who had experienced very severe or life-threatening violence, 38 percent sought help from an agency, counsellor or shelter if they also contacted law enforcement but 14 percent if they had not.

Of other clinic/hospital women, 26 percent sought help from an agency, counsellor or shelter if they also contacted law enforcement but 11 percent if they had not.

Implications of CWHRS results for research and practice

Implications for research

Among the many challenges faced by CWHRS collaborators was assuring the safety of all of the participants, developing a sample design that would include 'hidden women' and other high-risk groups, developing instruments (such as the SSN scale) that would yield accurate measures appropriate for this population and maintaining an exact and replicable design while fitting the data collection into the routine of hospitals and clinics. Among the lessons the CWHRS collaborators learned in this process, the following stand out.

Recognise the complexity of women's lives

If our own lives are complex, why should it be expected that the lives of women experiencing intimate partner violence would be any less so? CWHRS collaborators minutely examined and challenged each item in the interview schedules, and tested the instruments thoroughly, so that they would reflect this complexity and accurately reflect the voices of the women.

Develop a collaborative culture

A major reason that the CWHRS was able to listen to the voices of women was that the collaborative team included practitioners and researchers working closely together. The process of developing a collaborative culture is described in detail in Block et al (1999a, 1999b).

The importance of measuring strangulation

A key CWHRS result is that previous incidents of attempted strangulation or choking increase the risk of death or life-threatening violence in the future and that the chance of death in a violent incident is higher when the incident includes strangulation or choking (see also Glass et al 2007; Smith, Mills & Taliaferro 2001). Despite this finding, and despite similar results in other studies, strangulation remains unmeasured in standard law enforcement and public health epidemiological datasets. The analysis of the past is a necessary step in the development of successful prevention or intervention strategies for the future. If the number of women who are strangled to death by an intimate partner is to be reduced, public record-keeping agencies must begin to collect data on both lethal and non-lethal strangulation.

Implications for practice: Assessing risk of death

The most important goal of the CWHRS was practical. It was designed to produce results that would help nurses, police officers and other service providers, as well as friends or family of a woman experiencing violence from an intimate partner, to know what they should say to her or do that will lower the risk of the woman's death or the risk that she might kill the intimate partner (Block 2003). CWHRS results show that the key questions to ask a woman differ according to her situation—most importantly, whether she has experienced physical violence from her partner in the past year or not.

Questions to ask when a woman is currently being physically abused by a partner

- How long ago did the last incident happen (any incident, even a threat)?;
- Has your partner tried to strangle or choke you?;
- Has your partner threatened or used a knife or gun against you?; and
- Has the violence been increasing in frequency?

Questions to ask when a woman is not currently being physically abused by a partner

- Is your partner violent outside the home?;
- Does your partner have a problem with drugs?;

- Is your partner violently and constantly jealous of you?; and

- Does your partner control most or all of your daily activities?

When first responders, such as police officers or medical personnel responding to an emergency call, hear a woman say that she has been 'choked' or 'grabbed around the neck', it is not only a risk for a lethal incident in the future, but an immediate risk (Smith et al 2001; Strack et al 2001). Even if there is no visible mark on her throat, she may be at risk of death and should be taken to the hospital for evaluation.

Implications for everyone who knows a woman who may be facing violence

Provide a safe place for her to talk to you

If you are a counsellor, police officer or medical practitioner, find a way to create privacy. Don't allow the woman's intimate partner to enter this private and safe space. If you are a friend or family member, try to find a way to see her even when the partner tries to prevent it.

Keep asking

Judith McFarland, who works with pregnant women, says that it is so important to keep asking. The first time you ask, she will say 'no' because she always says 'no'. The second time you ask, she may realise that you are going to keep asking and think that maybe the next time, she will answer. The third time you ask she may be brave enough or frightened enough about her situation to answer you.

Listen

Don't lecture. Many CWHRS women, when asked '[w]hat were your reasons?' for not seeking help, said 'I know what they will say' or 'They will only tell me to leave and I can't do that'.

Be there when she is ready

Try not to give up on her, even though she has not attempted to leave or has returned to the relationship. Isolation from her friends and family can lead to disaster. She needs you more than ever. Try to stay in her life, to whatever extent the situation allows.

Be able to refer her to helping resources

If she is thinking about leaving, tell her to call a domestic violence helpline or seek counselling from someone who can help her plan for her and her children's safety.

Remember that her active help-seeking carries not only potential gain, but also potential risk

There is also a risk for you. Protect yourself. Take reasonable precautions. If you have been threatened or stalked, consider seeking an order of protection for yourself.

Addenda: Femicide and intimate partner homicide

Many people seem to equate 'femicide' with intimate partner homicide. They are not the same for two reasons. First, as the CWHRS shows, men as well as women are killed in intimate partner homicides. Second, the majority of women and girls who are murdered are not killed in an intimate partner homicide (Figure 1). Therefore, in order to develop successful prevention and intervention plans for femicide, all the situations in which women and girls are killed must be examined, not just intimate partner violence.

Just as the close examination of lethal and non-lethal intimate partner homicide can provide information that could help to reduce the number of deaths of women and men at the hands of their partner, so the first step in reducing the number of other kinds of femicide deaths is to look closely at how these women and girls are killed. Looking at the

Chicago Homicide Dataset, it seems clear that the situations vary according to the age group. The following is a summary of homicide situations of femicide, for nine age groups from infant girls to women aged 80 years and older.

It may not be surprising to see that children from infancy through age four are most often killed in child abuse. This has obvious implications for prevention. However, some children are also killed to punish a parent. This is a particular danger in intimate partner violence. At most ages, in fact, some of the homicide victims were killed in an intimate partner confrontation but were not one of the intimate partners. For example, a teenage girl is trying to protect her mother when she is killed. This category also includes familicides, or people caught in the crossfire of intimate partner violence. Chicago children begin to be vulnerable to street gang
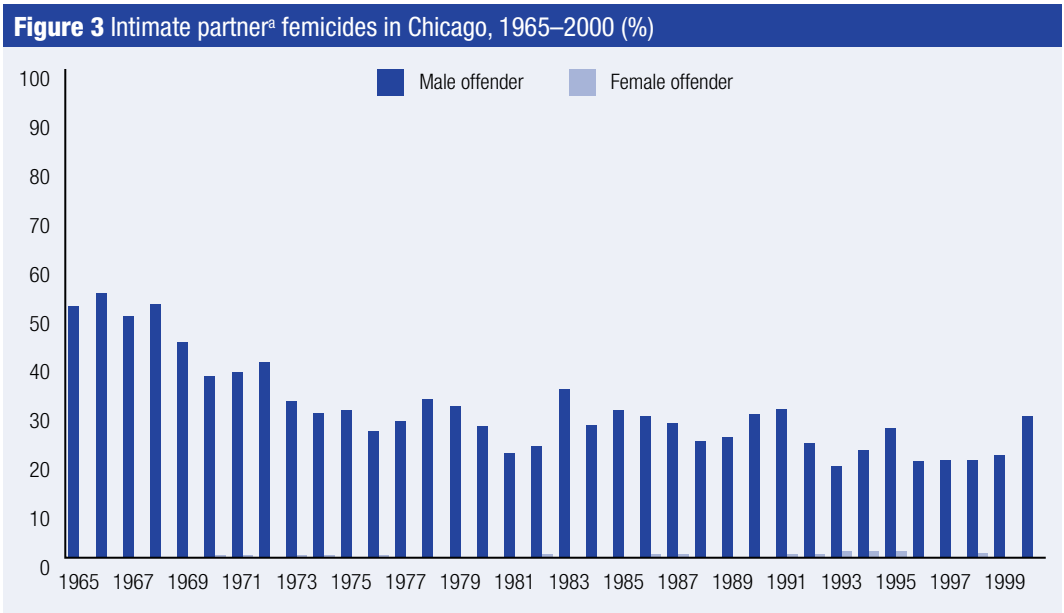
violence at a very young age. Children as well as the elderly are vulnerable to home invasion robberies.

Infant (n=111)

Child abuse (89%), killed to punish parent (7%), intimate partner (0%), non-intimate in partner confrontation (8%), offender's mental disorder (7%), teasing (0%), shooting into a group (0%), playing with a gun (0%), gang motive (0%), rape or attempted rape (0%), robbery (0%), home invasion (0%).

Aged 1–4 years (n=186)

Child abuse (78%), killed to punish parent (3%), intimate partner (0%), non-intimate in partner confrontation (5%), offender's mental disorder (7%), teasing (0%), shooting into a group (2%), playing

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Figure 3 Intimate partner[a] femicides in Chicago, 1965–2000 (%)

a: Intimate partner homicides include husband/wife, common law husband/wife, boyfriend/girlfriend, same-sex partner, estranged or former relationships of all these types and situations in which the offender is sexually pursuing the victim regardless of whether they have been intimate

Source: Chicago Homicide Dataset. The Chicago Homicide Dataset has been compiled over many years by Carolyn Rebecca Block of the Illinois Criminal Justice Information Authority and Richard L Block of Loyola University Chicago, working in close cooperation with the Chicago Police Department. The data collection was initially established in 1967 by Richard Block and Franklin Zimring of the University of Chicago Law School, working with the Chicago Police Department. Subsequent contributions were made by Margo Wilson and Martin Daly of McMaster University. Support for the Chicago Homicide Project has been provided over the years by the Illinois Criminal Justice Information Authority, Loyola University Chicago and the University of Chicago Law School under grants from the National Institute of Justice, Ford Foundation, Bureau of Justice Statistics, National Institute of Mental Health, Harry Frank Guggenheim Foundation, National Institute of Occupational Safety and Health and the Joyce Foundation. Since 1979, the Chicago Homicide Dataset has been maintained by the Illinois Criminal Justice Information Authority. The Chicago Homicide Dataset for 1965–95 is available through the National Archive of Criminal Justice Data, Inter-university Consortium for Political and Social Research (ICPSR), University of Michigan both online and via download. The revised 1965–2000 dataset will be archived after cleaning is completed. For more information about the archived CHD, see the NACJD website *Homicide Data User Resource Guide* at http://www.icpsr.umich.edu/nacjd

with a gun (2%), gang motive (2%), rape or attempted rape (4%), robbery (1%), home invasion (1%).

Aged 5–9 years (n=56)

Child abuse (23%), killed to punish parent (9%), intimate partner (0%), non-intimate in partner confrontation (14%), offender's mental disorder (18%), teasing (0%), shooting into a group (4%), playing with a gun (0%), gang motive (11%), rape or attempted rape (20%), robbery (4%), home invasion (5%).

Aged 10–14 years (n=135)

Child abuse (5%), killed to punish parent (4%), intimate partner (6%), non-intimate in partner confrontation (6%), offender's mental disorder (4%), teasing (3%), shooting into a group (13%), playing with a gun (7%), gang motive (21%), rape or attempted rape (21%), robbery (7%), home invasion (6%).

Aged 15–19 years (n=500)

Child abuse (1%), killed to punish parent (1%), intimate partner (20%), non-intimate in partner confrontation (3%), offender's mental disorder (1%), teasing (1%), shooting into a group (6%), playing with a gun (6%), gang motive (15%), rape or attempted rape (10%), robbery (5%), home invasion (4%).

Aged 20–24 years (n=2,528)

Child abuse (n/a), killed to punish parent (n/a), intimate partner (40%), non-intimate in partner confrontation (1%), offender's mental disorder (2%), teasing (1%), shooting into a group (1%), playing with a gun (1%), gang motive (2%), rape or attempted rape (7%), robbery (8%), home invasion (4%).

Aged 40–59 years (n=921)

Child abuse (n/a), killed to punish parent (n/a), intimate partner (37%), non-intimate in partner

confrontation (2%), offender's mental disorder (4%), teasing (1%), shooting into a group (1%), playing with a gun (1%), gang motive (2%), rape or attempted rape (6%), robbery (12%), home invasion (5%).

Aged 60–79 years (n=384)

Child abuse (n/a), killed to punish parent (n/a), intimate partner (14%), non-intimate in partner confrontation (2%), offender's mental disorder (7%), teasing (1%), shooting into a group (1%), playing with a gun (1%), gang motive (1%), rape or attempted rape (7%), robbery (39%), home invasion (19%).

Aged 80 years and older (n=128)

Child abuse (n/a), killed to punish parent (n/a), intimate partner (5%), non-intimate in partner confrontation (1%), offender's mental disorder (6%), teasing (0%), shooting into a group (0%), playing with a gun (0%), gang motive (0%), rape or attempted rape (6%), robbery (46%), home invasion (27%).

Tragically, one-fifth or more of young girls aged five to 14 years who are murdered are killed in a sexual assault. Although the numbers are small, this proportion is higher than women at any other age. It clearly shows the need for intervention.

A small number (6%) of murdered girls aged 10 to 14 are killed in intimate partner violence and the proportion increases sharply to a peak for women in age group 20 to 24 years. It does not disappear for older women, however. Of the women murdered in age group 60 to 79 years, 14 percent were killed by their intimate partner.

Vulnerability to robbery homicide increases with the woman's age, until it accounts for 46 percent of the homicides of women aged 80 years and older. Many of these are home invasion robberies. In addition, middle-aged and older women are often killed in a robbery of the store or small shop where they work. This indicates the necessity of thinking of ways to keep older women safe on the street and in their homes.

References

All URLs correct as at 9 July 2009

Block CR 2005. *Social support network (SSN) scale*. Chicago IL: Illinois Criminal Justice Information Authority

Block CR 2004. Risk factors for death or life-threatening injury for abused women in Chicago, in Fisher B (ed), *Violence against women and family violence: Developments in research, practice, and policy*. Washington, DC: National Institute of Justice

Block CR 2003. How can practitioners help an abused woman lower her risk of death? *NIJ journal* 250: 4–7

Block CR 1987. *Homicide in Chicago: Aggregate and time series perspectives on victim, offender and circumstance*. Chicago: Center for Urban Policy, Loyola University Chicago

Block CR & Block R 1992. Homicide syndromes and vulnerability: Violence in Chicago community areas over 25 years. *Studies on crime & crime prevention* 1: 61–87

Block CR & Christakos A 1995. Intimate partner homicide in Chicago over 29 years. *Crime & delinquency* 41(4): 496–526

Block CR & deKeseredy W 2007. Forced sex and leaving intimate relationships: Results of the Chicago women's health risk study. *Women's health and urban life* 6(1): 6–23

Block CR et al 2000. *The Chicago women's health risk study, risk of serious injury or death in intimate violence: A collaborative research project. Final report*. Washington, DC: Department of Justice, National Institute of Justice

Block CR et al 1999a. The Chicago women's health risk study: Lessons in collaboration. *Violence against women* 5(10): 1158–1177

Block CR et al 1999b. *Collaboration in the Chicago women's health risk study: Research brief: May 1999*. Chicago IL: Illinois Criminal Justice Information Authority

Block CR et al 1999c. Beyond public records databases: Field strategies for locating and interviewing proxy respondents in homicide research. *Homicide studies* 3(4): 349–366

Breitman N, Block CR & Shackelford T 2004. Couple age discrepancy and risk of intimate partner homicide. *Violence and victims journal* 19(4): 321–342

Campbell JC et al 2003a. Assessing risk factors for intimate partner homicide. *NIJ journal* 250: 14–19

Campbell JC et al 2003b. Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American journal of public health* 93: 1089–1097

Davies K, Block CR & Campbell JC 2007. Seeking help from the police: battered women's decisions and experiences. *Criminal justice studies: a critical journal of crime, law and society* 20(1): 15–41

Department of Health, Education and Welfare (DHEW) 1978. *The Belmont report: ethical principles and guidelines for the protection of human subjects of research: National commission for protection of human subjects of biomedical and behavioral research*. Washington, DC: Government Printing Office

Donoghue ER 2001. Domestic violence: Predicting fatal outcomes. *Chicago medicine* 104(9): 4–5

Fugate M et al 2005. Barriers to domestic violence help seeking. *Violence against women: An international and interdisciplinary journal* 11(3): 290–310

Glass N et al 2007. Non-fatal strangulation is an important risk factor for homicide of women. *Journal of emergency medicine* 25: 329–335

Glass N et al 2004. Female-perpetrated femicide and attempted femicide: A case series. *Violence against women: An international and interdisciplinary journal* 10(6): 606–625

Johnson H 1996. *Dangerous domains: Violence against women in Canada*. Scarborough, Ontario: International Thomas Publishing

Johnson H & Sacco VF 1995. Researching violence against women: Statistics Canada's national survey. *Canadian journal of criminology* 37(3): 281–304

Kellum SA 2008. Domestic homicide: Female victim's employment status as a risk factor. Dissertation, College of juvenile justice and psychology, Prairie View A&M University

Koziol-McLain J et al 2006. Risk factors for femicide/suicide in abusive relationships: Results from a multi-site case-control study. *Violence and victims* 21(1): 3–21

Lewandowski LA et al 2004. 'He killed my mommy!' Murder or attempted murder of a child's mother. *Journal of family violence* 19(4): 211–220

McFarlane J, Campbell JC & Watson K 2002. Intimate partner stalking and femicide: Urgent implications for women's safety. *Behavioral sciences and the law* 20(1–2): 51–68

McFarlane JA et al 1999. Stalking and intimate partner femicide. *Homicide studies* 3(4): 300–316

Morland LA et al 2008. Intimate partner violence and miscarriage: Examination of the role of physical and psychological abuse and posttraumatic stress disorder. *Journal of interpersonal violence* 23(5): 652–669

Perez S & Johnson DM 2008. PTSD compromises battered women's future safety. *Journal of interpersonal violence* 23: 635–651

Sharps PW et al 2001a. Health care provider's missed opportunities for preventing femicide. *Journal of preventive medicine* 33: 373–380

Sharps PW et al 2001b. The role of alcohol use in intimate partner femicide. *The American journal on addictions* 10: 122–135

Sieber JE 1992. *Planning ethnically responsible research: A guide for students and internal review boards*. Newbury Park, CA: Sage Publications

Smith DJ, Mills T & Taliaferro E 2001. Frequency and relationship of reported symptomology in victims of intimate partner violence: The role of multiple strangulation attacks. *Journal of emergency medicine* 21: 323–329

Strack GB, McClane GE & Hawley D 2001. A review of 300 attempted strangulation cases. Part I: Criminal legal issues. *Journal of emergency medicine* 21(33): 303–309

Straus MA 1979. Measuring intrafamily conflict & violence: The conflict tactics (CT) scales. *Journal of marriage & the family* 41: 75–88

Tjaden P & Thoennes N 2000. *Full report of the prevalence, incidence, and consequences of violence against women*. Office of Justice Programs. Bureau of Justice Statistics, National Institute of Justice. NCJ 183781. http://www.ojp. usdoj.gov/nij

Tjaden P & Thoennes N 1998. *Prevalence, incidence, and consequences of violence against women: Findings from the national violence against women survey. Research in brief*. Washington, DC: National Institute of Justice and Centers for Disease Control and Prevention

Watters JK & Biernacki P 1989. Targeted sampling: Options for the study of hidden populations. *Social problems* 36 (4): 416–430

Over three decades of public policy change: What has been the impact for victims of intimate partner violence and homicide?

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Consider the following three scenarios:

- a stranger enters the home of a woman and, after a struggle, he pulls out a gun and shoots her;

- a man enters the home of a woman, his estranged female partner; there is a struggle and he pulls out a gun and shoots her; and

- a man and a woman, who are husband and wife, are at home; there is a struggle, he gets his gun and he shoots her.

All three scenarios involve the same set of basic facts—a man, a woman, a struggle, a shooting and a death. Only one variable has changed; the degree of intimacy that existed between the killer and the victim prior to the homicide. In the first scenario, there was no intimacy, no prior relationship. They were strangers. Members of society are appalled. How could this happen? Is no one safe in their own home? In the second scenario, there was a prior intimate relationship between the victim and the offender. We are saddened. What a tragedy. Two people who used to be in love, now estranged, the situation driving the individuals to a shocking end. In the final scenario, the degree of intimacy is the closest social relationship that can exist between two adults. We are resigned. Another domestic dispute spirals out of control and ends in death.

When an individual kills someone with whom they share an intimate relationship, this fact has long been seen as a crucial element of the homicide and traditionally, intimacy has often served to mitigate, rather than aggravate the crime; to reduce rather than increase the offender's culpability. This has occurred despite the fact that such acts exploit or violate the trust and vulnerability inherent within intimate and familial relationships. The description of society's response to the above three scenarios— appalled, saddened, resigned—more often than not, reflects the reality of society's formal and informal responses to such acts. Simply put, as the degree of intimacy between a victim and their killer becomes closer, more intimate, society's collective gut reaction seems to become less intense, less strong, less indignant and somehow, more accepting. This occurs because violence that occurs between intimates, and particularly intimate partners, is typically seen as 'normal', 'expected', 'spontaneous', 'unpredictable' and, therefore, unpreventable.

However, victims (primarily women) killed in the context of intimacy are no longer discounted by society as they once were. The social and legal reaction to their deaths and the punishment of their killers now reflects society's abhorrence of these crimes. Today, the situation is better for these victims than it once was, isn't it? In this paper, that exact question is posed: what has changed for victims of intimate partner violence and homicide in the past few decades? It seems timely to ask. Society has witnessed tremendous legislative and public policy initiatives that target this type of violence. It has seen the rise of both new and traditional resources and programs—in the community and in the criminal justice system—that are meant to help prevent or reduce this violence. During the same period, several countries, including Canada, have documented declines in intimate partner homicide that parallel these efforts. The tentative, and hopeful, conclusion is that this changing social and legal environment has contributed, at least in part, to these declines. Research examining this question has only just begun, but it should become the key focus of attention in all countries who have attempted to improve their response to intimate partner violence and homicide. To date, in Canada, we have yet to comprehensively examine what we have achieved as a country through the efforts of the past three decades.

This paper will try to answer this complex question in the Canadian context—to answer, what has changed for victims of intimate partner violence and homicide? It begins by highlighting some of the key initiatives targeting intimate violence that have occurred in Canada. Second, it briefly describes the current trends in, and characteristics of, intimate partner homicide and what is known about the association between these patterns and the social and legal changes that have occurred in recent decades. Third, this paper examines whether there have been any changes in how the criminal justice system responds to intimate partner homicide during the same period. Finally, it highlights two key challenges that remain in efforts to respond more effectively to this type of violence that, if not overcome, have the potential to prevent any real or lasting change in our response to intimate violence. These challenges are framed as solutions, however, that can push research forward in a positive manner

so that efforts can be continued to reduce and prevent this type of violence.

In addressing the above, this paper will focus on intimate partner homicide and more specifically, on women killed by male partners. It is acknowledged that men, too, are killed in the context of intimate relationships; however, in Canada and in most countries, this occurs much less often than for women and when it does, it is often preceded by the abusive actions of male victims. It is also acknowledged that children are often killed in domestic homicides, either as the sole victims, as victims killed along with their mother, or as part of an offender's efforts to wipe out his entire family and then himself. However, the presence of child deaths often increases the perceived severity of the crime in society's eyes, in contrast to the reaction that results when it is an intimate partner, more often a woman, who is killed. Therefore, it has traditionally been this group—female victims of intimate partner violence—that has suffered from what Rapaport (1994) has called the 'domestic discount.'

Key legislative and policy initiatives in Canada

At one time, Canadian laws made little mention of intimacy and its meaning in the criminal justice process. Today, however, the sentencing principles in the Criminal Code of Canada stipulate that the relationships offenders have (or had) with their victims may act as an aggravating factor in determining their punishments, specifically in cases of domestic and child abuse. The symbolic success of this amendment is obvious given the law's previous silence on this issue. The law and those who impose it must recognise the seriousness of this type of violence before society can effectively combat it. As a result, this legislative amendment may be viewed as a social barometer of sorts that demonstrates the extent to which the treatment and perception of intimate partner and domestic violence has changed in Canada. Other major changes that have occurred in Canada in recent decades, some of which will no doubt be similar to other countries, include the following:

- In 1975, there were only 18 shelters in Canada. Today, after a steady growth, there are over 550 shelters that provide residential services to women and children seeking refuge from abusive situations. More recently, between 1998 and 2006, the number of emergency facilities that serve this population has more than doubled (Taylor-Butts 2007: 2).

- Between 1983 and 1986, federal and provincial governments adopted mandatory charging and 'no-drop' policy directives that require police and Crown prosecutors to charge and prosecute all incidents of spousal abuse where there are reasonable and probable grounds to do so (FPT 2000). Since then, other measures have been implemented that aim to strengthen these policies across the country.

- For example, there has been a rapid rise in specialised domestic violence courts (Ursel, Tutty & leMaistre 2008). At least four provinces and one territory have implemented these courts in some of their jurisdictions or across their province. Some common goals of these courts are to expedite the processing of cases for victim safety, to intervene early with first-time offenders and to more effectively investigate and prosecute these cases.

- The rise in specialised courts has also contributed to the increase in treatment programs now available for abusers. Although records are incomplete, it is known that about 28 programs for men who abused their partners were operating in Canada in 1984. In a 2004 update, at least 205 programs existed across the country (Health Canada 2004). This number is a minimum count since data have not been systematically collected over time.

- A range of other victim-assistance programs have also become available, including police-, court- and community-based victim services. For example, in Ontario, the implementation of specialised domestic violence courts has prompted a rise in the court-based Victim-Witness Assistance Program that serves primarily women and child victims of domestic violence. These programs are meant to make the criminal justice system less intimidating for victims by providing support and information throughout the process.

Other legislative initiatives include:

- The introduction, in 1993, of the offence of criminal harassment (also known as stalking) to the Criminal Code of Canada. This legislation was prompted by several highly publicised cases of women being stalked and killed by estranged male partners in the early 1990s.

- Domestic violence legislation enacted, or about to be enacted, by various provinces that aims to provide protection to these victims in the form of short-term emergency intervention/protection orders or longer term victim assistance orders.

- Finally, in 2002, Canada's first domestic violence death review committee was implemented in Ontario after two separate coroner's inquests into the killing of two women by their male partners lead to numerous recommendations, including the introduction of such a committee. The committee's goal is to assist the chief coroner with the investigation and review of deaths involving domestic violence and to make recommendations aimed at preventing similar deaths in the future. Several other provinces are currently talking about implementing such committees.

Why is there the tentative, but hopeful, conclusion that the changes described above might have made a difference? In part, it has to do with declines in these types of crimes. This will be discussed in the next section.

Trends and characteristics of intimate partner homicide in Canada

Since the mid-1970s, following the pattern of homicide rates overall, the rate of spousal homicide in Canada has been declining for both female and male victims. In addition, since 1991 when data first began to be collected for other types of intimate partner relationships, including current or former boyfriends and girlfriends as well as legally separated or divorced couples, there have been noticeable declines in their rates as well (Pottie Bunge 2002: 3). Declines have not been distributed evenly across groups, however.

Gender

For example, between 1974 and 2005, the spousal homicide rate dropped by 57 percent for female victims, but more significantly by 76 percent for male victims (Ogrodnik 2007: 10). Similar trends have been documented in other countries (eg United States) and the greater declines for male victims have caused some frustration among those who have worked to achieve safety and justice for women experiencing violence by male partners. Despite these declines, women continue to be three to five times more likely than men to be killed by an intimate partner in Canada.

Type of intimate relationship

Declines in Canada have also differed according to the type of intimate relationship. While declines have been documented for most relationship types, the largest declines have occurred for women and men killed by common-law partners (Ogrodnik 2007). Furthermore, rates of homicide have also decreased for separated women (Pottie Bunge 2002: 3). There was no parallel change in the rate for separated husbands; however, few men are killed by estranged partners.

Linking social and legal change to declines in intimate partner homicide: The role of exposure reduction

Despite variations, the importance of these declines has been noted and researchers are seeking to identify what the contributing factors might be, focusing on sources of exposure reduction (Browne & Williams 1989; Dawson, Pottie Bunge & Balde 2009; Dugan, Nagin & Rosenfeld 1999, 2003; Rosenfeld 2000). This research, originating in the United States, is based on the premise that mechanisms which help abused partners exit from violent relationships, or inhibit the development of such relationships in the first place, may reduce an individual's exposure to lethal and non-lethal violence

in the context of intimacy (Dugan, Nagin & Rosenfeld 2003, 1999). Three important social changes that may reduce exposure have been identified:

- increased gender equality;
- changing relationship structures; and
- increases in the availability of domestic violence resources and services.

In Canada, preliminary research has found some support for the role of exposure reduction for both women and men as highlighted below (Dawson, Pottie Bunge & Balde 2009). It is important to emphasise that these findings are based on one Canadian study and therefore, future research needs to examine these issues further before anything but speculative explanations can be offered.

For example, in Canada from 1974 to 2001, as the gap in female-male employment levels decreased so, too, did the rate at which women were killed by male spouses. As such, it could be argued that, as women have become more financially independent through greater levels of employment, they may be more likely to exit violent relationships or, alternatively, they may be more selective in their relationships, possibly decreasing their exposure to victimisation by violent male partners.

It was also found that, as the level of university education increased for males, the rate at which men were killed by female spouses decreased. One interpretation of this finding might be that a more educated male population will have less traditional and more liberal attitudes toward gender roles. This might, in turn, result in less controlling and violent behaviour by some males and therefore, fewer women killing to escape the violence. Education levels for women, however, while they increased more significantly than for men, did not appear to be related to female risk of homicide.

Finally, it was found that divorce rates were positively associated with both female and male spousal homicide rates. This is consistent with other research that has shown higher divorce rates lead to higher rates of spousal homicide and homicide rates more generally (Bailey & Peterson 1995; Dugan, Nagin & Rosenfeld 2003; Parker, McCall & Land 1999). One interpretation of this finding is that higher divorce rates lead to increases in other types of unions such as common-law and

dating partnerships which, in turn, may be shorter and more likely to end in separation—a well-documented risk factor for lethal violence (Campbell et al 2003; Gartner, Dawson & Crawford 1999).

Finally, with respect to the last social change, the role of increasing domestic violence resources on declines in intimate partner homicide in Canada has yet to be examined and it will be difficult, although not impossible, to do. As is likely the case in many countries, there is a paucity of data in Canada that consistently details the growth and existence of the wide range of services that target domestic violence. Canada has the Transition Home Survey that documents the growth and existence of shelters over time and it is evident that this growth parallels documented declines (Taylor-Butts 2007). There has also been, as noted above, an attempt to document the increase in treatment programs for abusers which also shows parallel trends with declines in intimate partner and spousal homicide. However, given the lack of consistent data, we can only conclude, at this point, that these trends have paralleled one another. It cannot be concluded that increasing domestic violence resources have caused, or even contributed, to declines in intimate partner homicide.

In thinking about such data collection efforts, it is important to determine exactly what is meant when 'domestic violence resources' are discussed. To date, there has been more emphasis on criminal justice resources than community-based and/or non-profit services—the latter of which has played, and continues to play, an important role in providing help to victims of intimate partner and domestic violence. In the United States, where the majority of this research has occurred to date, criticisms have arisen recently around the reliability and validity of the data that have been used to capture the availability and growth of resources (DeLeon-Granados & Wells 2003). In addition, focusing solely on the availability of resources does not allow for a consideration of the role played by quality of services (eg what is offered by various programs) or their utility for victims (eg who is accessing these services).

While the collection of such data represents a daunting task given the number of services and resources that have evolved during the past several

decades, this effort is crucial if researchers are to systematically assess their relative impact on the victimisation experiences of Canadian women and men. However, one sector that has undergone significant transformation in what it offers victims of intimate partner and domestic violence is the criminal justice system and it is possible to examine whether or not there is any evidence of change in this environment that has paralleled legislative and policy initiatives targeting this sector.

The treatment of intimate partner homicide by the courts

In the late 1970s, in a classic study of homicide in Houston, Texas, Lundsgaarde (1977) argued that homicide is a product of our culture. He wrote: 'killing…when defined in terms of social relationships and punishment, if any, can be explained by referring to cultural values deeply embedded and reflected in formal legal institutions' (Lundsgaarde 1977: 185). He further argued that the principal link between cultural values, as guidelines for our behaviour, could be found in the formal sanctions imposed by society for different types of violence. By focusing on homicide, he demonstrated that more severe sanctions were imposed in cases of violence seen to directly threaten overall public welfare (eg random violence between strangers) compared to cases of violence not viewed as threatening the social order (eg violence between intimates).

During the past three decades, given the changing response to intimate violence, it can be argued that our cultural values have undergone a significant transformation in what is now seen as acceptable and unacceptable behaviour. As a result, if Lundsgaarde (1977) is correct, it might be expected that this change will be reflected in the formal sanctions applied to specific types of behaviours and, in particular, those imposed in cases of intimate partner violence and homicide. An important research question, then, is are those accused of killing intimate partners treated more leniently by the courts compared to those who killed victims with whom they shared more distant relationships and, if so, has this treatment changed over time?

To examine this issue, the author analysed criminal justice outcomes in homicide cases in Toronto, Ontario, that were handled by the courts between 1974 and 2002—a period of almost three decades (Dawson 2003, 2004, 2005a). The results show that, yes, intimate partner killers were treated more leniently by the courts than other types of killers, at some stages of the criminal process. The answer to the second part of this question—were there changes over time?—again, results showed the answer is, yes, as outlined below.

The author compared cases resolved by the courts between 1974 and 1983 to those handled from 1984 to 2002. This breakdown in time periods was chosen because, with the exception of the shelter movement that began in the early 1970s, it was during the post-1983 period that many of the criminal justice initiatives occurred and, thus, if changes were evident, it was expected the more recent period should reflect these changes. The author further broke down the later period to pre- and post-1996 because 1996 was the year in which the legislative amendment to the sentencing principles stipulated that domestic abuse should be considered an aggravating factor. By examining these different periods, it can be seen that the leniency for crimes involving intimate partners was more evident in the earlier period (1974–1983), but not in the later periods (1984–1996 and 1997–2002), at some stages of the criminal process.

Verdict at trial

Of those cases resolved at trial (rather than through guilty pleas), individuals accused of killing intimate partners were more likely to be found guilty in the more recent time periods than those who killed other types of victims. This was not the case in the earlier period (1974 to 1983). Specifically, the likelihood of being found guilty at trial has increased in recent years for those accused of intimate partner homicide from 48 percent in the early period to 78 and 82 percent in the most recent periods (compared to 54%, 64% and 59%, respectively, for those who killed other types of victims; Dawson 2005a).

Likelihood of conviction

Accused persons in intimate partner homicides were more likely to be convicted in the more recent time

periods compared to cases involving more distant victims and defendants. This was not the case in the earlier period of the study. Specifically, 68 percent of intimate partner killers were convicted in the early period compared to 90 percent in the more recent periods (compared to 70%, 80% and 70%, respectively, for other types of killers; Dawson 2005a).

Severity of conviction

Accused persons in cases of intimate partner homicide were less likely to be convicted of murder (either first- or second-degree) in the earlier period of the study than accused in other types of homicide. In the more recent periods, however, this was no longer the case; those accused of killing intimate partners were as likely to be convicted of murder as those accused of other types of homicides. Specifically, 21 percent of those who killed an intimate partner were convicted of murder in the early period, 50 percent in the middle period and 68 percent in the most recent years (compared to 40%, 37%, and 44% for cases of non-intimate homicide; Dawson 2005a).

It appears, then, that changing cultural values have become to some extent reflected in formal sanctions, at least in one jurisdiction, indicating one positive outcome of public policy change. However, one stage of the criminal process in which outcomes did not change over time was mode of conviction—whether the case was resolved by guilty plea or at trial. With respect to this stage, intimate partner homicide cases were more likely than other types of homicide to be resolved by guilty pleas in both time periods.

As is known, many cases are resolved through guilty pleas, but what is it about intimate partner homicides that makes them more amenable to such resolutions than other types of homicide? This question requires further research; however, one possibility that should be examined is whether the way in which cases of intimate partner homicide are viewed—the stereotypes that surround these crimes—prompt decision-makers to see guilty pleas as more appropriate for these offenders compared to other types of killers. Put another way, are common stereotypes, beliefs or assumptions about intimate partner homicide linked to decisions, or

used justify decisions, about punishments of such killers? From this speculation derives the first key challenge that remains in our efforts to more effectively respond to intimate partner violence and homicide.

Challenging persistent stereotypes about intimacy and violence

Recently, when reviewing the large body of literature on intimacy and violence, numerous stereotypes, beliefs, or assumptions were found that could be, and have been used, to justify more lenient treatment of intimate violence by the courts compared with violence between those who shared more distant relationships—other family members, friends, acquaintances, strangers (Dawson 2006). The crucial question this raises is the following—if, indeed, criminal justice actors are, consciously or unconsciously, relying on particular stereotypes when responding to these crimes, are these stereotypes valid? Do they arise out of an empirical reality? To address this question, one of the most dominant and persistent stereotypes that surrounds intimate partner violence which has served to mitigate the criminal justice responses to these crimes in various ways was examined. This is the stereotype that portrays such acts as expressive or spontaneous 'crimes of passion'.

In the past several decades, criminal typologies have been developed that distinguish between types of violent crime, including homicide, using this expressive/instrumental dichotomy. Robbery is often used as an example of the classic instrumental crime. In contrast, intimate partner violence has become the archetype of expressive crime because of the perceived intensity of such unions and the related interactions. Recall that killing out of some strong emotion—such as jealousy—may lessen the degree of blame attributed to a defendant because the law recognises that such strong emotion can undermine or destroy the rational capacity to deliberate and to plan thereby often precluding premeditation or intent. If this stereotype is valid, then, it might be expected that cases of intimate partner violence are less likely to have evidence of

premeditation and/or intent than other types of violent crime.

Drawing from the larger study on Toronto homicides discussed above, 108 cases were examined in more detail to determine the relative presence or absence of premeditation and/or intent, comparing 54 cases of intimate partner homicide to 54 cases of homicide that involved other victim–defendant relationships (Dawson 2006). To keep them as 'legally alike' as possible, the cases were matched according to the gender, age and prior criminal record of the defendant, gender of the victim, mode of conviction (guilty plea versus trial) and the year in which the case was resolved.

Drawing from an earlier study of homicide in Australia (Wallace 1986), a modified set of indicators was developed to capture the existence of premeditation or intent. They were:

- the defendant purchased a weapon prior to the homicide;

- the defendant brought a weapon to the scene of the homicide;

- the victim was sleeping when killed;

- the defendant had made prior threats to kill the victim in front of witnesses;

- the defendant contracted out the homicide;

- the victim was abducted or lured to a particular location for the purposes of the killing;

- the defendant followed or laid in wait for an opportunity to kill the victim;

- the defendant made a previous attempt(s) to kill the victim; and

- there was other documented evidence that the defendant intended to kill the victim (eg letters stating such intentions, changes in wills).

If one or more of these indicators were present in a case, the case was coded as having some evidence of premeditation and/or intent (see also Dawson 2005b).

Contrary to the view that intimate partner homicide is the typical expressive 'crime of passion', evidence of premeditation or intent was more frequent among cases that involved intimate partners than among homicides involving other victims and defendants. Specifically, 22 of the 54 cases of intimate partner homicide (or 41%) had evidence of premeditation or

intent. In contrast, only 17 of the 54 cases involving other types of relationships (or 31%) had evidence of premeditation or intent. While, on the surface, this difference does not appear huge nor is it statistically significant with this small sample, it does directly challenge the traditional view that acts of intimate partner violence are typically spontaneous, hot-blooded events that preclude premeditation/intent.

In addition, what is perhaps more important is that, despite the greater evidence of premeditation/intent in cases of intimate partner homicide, these defendants received shorter sentences in 44 percent of the cases and similar sentences in 32 percent of the cases, compared with defendants who killed other types of victims. Simply put, evidence of premeditation—recognised as a legal variable in criminal justice decision-making—did not appear to lead to more serious sentences for those accused of intimate partner homicide. It is acknowledged that the indicators used may not parallel legal notions of premeditation or intent, but that is the point—research needs to examine what the law does define as premeditated acts of violence, or intentional crimes, and how intimacy might factor into these definitions.

To conclude this point, it is argued that researchers must begin to examine the validity of common stereotypes that exist in society about intimacy and violence and how they might impact attitudes and responses to these crimes. To date, few studies have systematically examined whether there have been changes in attitudes about intimate violence among criminal justice actors that may parallel the significant social and legal transformations of the past few decades. But, as Lundsgaarde (1977) argues, if the way in which criminal justice actors differentiate between lawful and unlawful violence stems from the custom or culture within which such legal decisions are made, so too do cultural images of what is a premeditated crime, what constitutes victim provocation (another important issue) and so on.

Therefore, research needs to examine the perceptions of practitioners, policymakers, and the public at large with respect to common, but not necessarily supported, assumptions about intimacy and violence—assumptions that people may carry with them. How might these assumptions be linked

to actual practice and policy on the ground or to how research is conducted? This has not yet been done in Canada. It is expected that the dominant belief among the general public, of which our legal decision makers are a part, still views domestic homicide as less serious than other types of homicide and, given that in Canada at least, the victims are primarily women—this represents a serious form of gender discrimination.

Recognising interdependency: The need for communication, cooperation and collaboration

Finally, with respect to the second key challenge, there has been a rise in recent years of domestic violence coordinating councils, domestic violence advisory committees, domestic violence death review committees and so on. These initiatives reflect more than new mechanisms for responding to this type of violence. More importantly, they symbolise the growing recognition that reducing and preventing intimate partner violence and homicide requires communication, cooperation and collaboration (or the 3Cs) among groups that traditionally have worked separately, sometimes at odds with each other and in some cases, as adversaries. Two obvious examples of where there is increased need for the 3Cs are:

- between (and within) criminal justice actors/ institutions and community-based agencies/ victim/survivor advocacy groups; and
- between (and within) governments and academics/researchers.

With respect to the first example—criminal justice actors and community/victim/survivor advocacy groups—this paper draws attention to one relatively recent intervention—risk assessment tools—to briefly demonstrate the importance of the 3Cs. There has been a rapid rise in the past few years in the availability of risk assessment tools as one mechanism for helping to prevent re-victimisation and, ultimately, deaths in the context of intimate

partner violence. One outcome of this trend is that the courts, including judges and Crowns, police officers as victim service workers, doctors, nurses, counsellors and shelter workers are now being asked to undertake risk assessments (Campbell 2007). Victims, their family members, friends and neighbours are also being asked to do so in an informal way. However, a risk assessment—no matter who does it—is only as good as the information available and if all those professionals and/or sectors who are dealing with victims or abusers do not communicate, cooperate, or collaborate, the information will be less than is required to accurately assess risk for the victim or perpetrator. The utility of a risk assessment will be diminished, despite increasing reliance on these tools.

Despite significant progress in bringing previously isolated professionals together with others working to prevent domestic violence re-victimisation, fragmented services continue to be a key concern when responding to these cases. There are at least five reasons why achieving the 3Cs remains a challenge:

- overwhelming caseloads do not always allow for sufficient time to communicate adequately;
- a legacy of mistrust between some individuals and agencies may preclude amicable communication;
- a lack of knowledge that increased information sharing can enhance the overall response to victims;
- the increasing complexity of issues related to privacy and confidentiality; and
- inadequate or non-existent data systems that prevent easy information sharing—a situation that is likely compounded or created by the previous reasons.

To address this situation, policymakers need to begin to recognise and emphasise the importance of both generating and more importantly, sharing data about victims served which, of course, must be accompanied by the provision of adequate resources to do so. Given that the criminal justice system is set up primarily to address crime-related issues, and not victim needs, and that community-based agencies are often mandated to deal with only one victim need at a time (eg domestic violence,

housing, mental health or addictions), the ability of criminal justice and community-based service providers and professionals to work together to serve victims is of paramount importance. Achieving this, however, assumes that all criminal justice professionals are collaborating together and that all community-based services are doing so as well, but this may not always be the case, making the 3Cs within these agencies integral as well. When communication, cooperation and collaboration is lacking, interventions may actually exacerbate the already perilous situation of many victims and could—has—led to death.

The second area requiring increased 3Cs is between governments and academics/researchers. Limitations of evaluations and other types of research that stem in part from data issues, remain key obstacles to improving our knowledge of what works in preventing or reducing domestic violence and homicide. In a recent review of what works to reduce this type of re-victimisation, it was concluded that, despite years of research

> we as yet have little systematic basis for stating what works…even if we understand what factors cause domestic violence, that knowledge does not necessarily mean we know much about how to effectively reduce domestic violence or re-victimization (Mears 2003: 134).

Such an obstacle cannot be overcome unless governments and researchers begin to work together and moreover, that researchers from across disciplines begin to join forces. Considerable research has been compiled in the past 30 years and much of this has occurred within a variety of disciplines including sociology, criminology, psychology, law, public health, social work and so on—many of whom may not often communicate, cooperate or collaborate. This work needs to be synthesised before its contribution can be fully realised and the 3Cs need to be emphasised.

In addition, academics are often seen to be critical of governments and in particular, systems of criminal justice. In some cases, this may be true and these criticisms may be valid. Alternatively, research conducted within universities by academics has often been ignored by policymakers if they were aware of it in the first place, which often they are not. To address this, academics/researchers need to

begin to make their work more accessible to all levels of government who, in turn, need to recognise that if a research finding shows something does not work, it is not a criticism, but a basis for creating more effective change. We cannot fear the finding that something does not work. Not everything can work. Knowing when something does not achieve its goals should be perceived as constructive criticism that can lead to change. Negative findings should encourage governments to make program changes and to work with researchers to implement more rigorous and systematic evaluations so as to determine more clearly what does work. Part of this collaboration needs to involve the sharing of data required to conduct research which is often under the control of governments and their related criminal justice agencies.

If the ultimate goal is to determine if the changes in the past three decades (and which changes) have had a significant impact on victims of intimate partner violence and homicide, relationships need to change and in some cases, this has begun to occur. An example of this is the Canadian Observatory on the Justice System Response to Intimate Partner Violence (http://www.unb.ca/observ/). The Canadian Observatory is a national network of researchers, government partners, criminal justice agencies, practitioners and community representatives who have started to take the lead in enhancing partnerships across sectors in the study of intimate partner violence.

To conclude, the answer to the question posed at the beginning of this paper—what has changed for victims as a result of social and legal transformations in the past several decades?—is that there is no doubt that federal, provincial and territorial initiatives to provide resources and services to victims/survivors of domestic violence and homicide have created positive change in Canada. It must be recognised, though, that the existence of these initiatives is a necessary, but not a sufficient condition, for achieving or continuing to achieve change. It is time to determine in concrete terms the extent to which efforts have impacted victims and for which group of victims has change been the most significant and why? Of course, the second obvious and equally important question for governments and researchers is whether and what changes have been ineffective, for whom, and why?

References

All URLs correct as at 9 July 2009

Bailey WC & Peterson RD 1995. Gender inequality and violence against women: The case of murder, in Hagan J & Peterson RD (eds), *Crime and inequality*. California: Stanford University Press: 174–207

Browne A & Williams K 1989. Exploring the effect of resource availability and the likelihood of female-perpetrated homicides. *Law & society review* 23(1): 75–94

Campbell JC 2007. *Assessing dangerousness: Violence by batterers and child abusers*, 2nd ed. New York: Springer

Campbell JC et al 2003. Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American journal of public health* 93(7): 1089–1097

Dawson M 2006. Intimacy, violence and the law: Exploring stereotypes about victim–defendant relationship and violent crime. *Journal of criminal law and criminology* 96(4): 1417–1450

Dawson M 2005a. *Criminal justice outcomes in intimate partner and non-intimate partner homicide cases*. Ottawa: Department of Justice Canada

Dawson M 2005b. Intimate femicide followed by suicide: Examining the role of premeditation. *Suicide and life-threatening behaviour* 35(1): 76–90

Dawson M 2004. Rethinking the boundaries of intimacy at the end of the century: The role of victim–defendant relationship in criminal justice decision-making over time. *Law & society review* 38(1): 105–138

Dawson M 2003. The cost of 'lost' intimacy: the effect of relationship state on criminal justice decision-making. *British journal of criminology* 43(4): 689–709

Dawson M, Pottie Bunge V & Balde T 2009. National trends in intimate partner homicides: Explaining the decline, Canada, 1976–2001. *Violence against women* 15(3): 276–306

DeLeon-Granados W & Wells W 2003. The reliability and validity of measures of domestic violence resources used in intimate partner homicide research. *Violence against women* 9: 148

Dugan L, Nagin DS & Rosenfeld R 2003. Exposure reduction or retaliation? Effects of domestic violence resources on intimate partner homicide? *Law & society review* 37(1): 169–198

Dugan L, Nagin DS & Rosenfeld R 1999. Explaining the decline in intimate partner homicide: The effects of changing domesticity, women's status, and domestic violence resources. *Homicide studies* 3: 187–214

Federal-Provincial-Territorial Ministers Responsible for Justice (FPT) 2000. *Spousal abuse policies and legislation: Final report*. Ottawa: Department of Justice

Gartner R, Dawson M & Crawford M 1999. Woman killing: intimate femicide in Ontario, 1974–1994. *Resources for feminist research* 26: 151–173

Health Canada 2004. *Canada's treatment programs for men who abuse their partners*. Ottawa: Health Canada

Lundsgaarde HP 1977. *Murder in space city: A cultural analysis of Houston homicide patterns*. New York: Oxford University Press

Mears DP 2003. Research and interventions to reduce domestic violence re-victimization. *Trauma, violence, & abuse* 4(2): 127–147

Ogrodnik L 2007. *Family violence in Canada: a statistical profile 2007*. Ottawa: Statistics Canada

Parker KF, McCall PL & Land KC 1999. Determining social-structural predictors of homicide, in Smith MD & Zahn MA (eds), *Homicide: a sourcebook for social research*. Thousand Oaks, CA: Sage: 107–124

Pottie Bunge V 2002. National trends in intimate partner homicides, 1974–2000. *Juristat* 22(5): 1–18

Rapaport E 1994. The death penalty and the domestic discount, in Fineman MA & Mykitiuk R (eds), *The public nature of private violence*. New York: Routledge: 224–251

Rosenfeld R 2000. Patterns in adult homicide: 1980–1995, in Blumstein A & Wallman J (eds), *The crime drop in America*. New York: Cambridge University Press

Taylor-Butts A 2007. Canada's shelters for abused women, 2005/2006. *Juristat* 27(4): 1–19

Ursel J, Tutty LM & leMaistre J 2008. *What's law got to do with it? The law, specialized courts and domestic violence in Canada*. Toronto: Cormorant Books Inc

Wallace A 1986. *Homicide: The social reality*. NSW: New South Wales Bureau of Crime Statistics and Research

In December 2008, the Australian Institute of Criminology held an international conference on homicide with a focus on domestic-related homicide. Undertaken as part of a project funded by the Australian Government to examine the issue of domestic-related homicide in Australia, the conference was an important opportunity to learn about international and national developments in research, policy and practice. This report includes the papers of keynote speakers, with an emphasis on policy- and practice-relevant research.

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