

# Trends & issues

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**Foreword** | *While there is a sizable body of research on intimate partner homicide in general, there has been limited focus on intimate partner homicide involving people in same-sex relationships.*

*The present study, one of the first of its kind, uses data from the National Homicide Monitoring Program (NHMP) within a context of national and international research to describe what is known about the trends and key characteristics of same-sex intimate partner homicide in Australia.*

*An analysis is provided of the similarities and differences between same-sex and opposite-sex intimate partner homicide incidents, including identification of some of the factors associated with these incidents.*

*Consideration is also given to the role of sexual discrimination and marginalisation in same-sex intimate partner homicide.*

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## Same-sex intimate partner homicide in Australia

Alexandra Gannoni and Tracy Cussen

According to the most recent National Homicide Monitoring Program (NHMP) annual report, there have been more than 6,200 homicides in Australia since data collection began in 1989–90, with one in every four cases involving the death of a victim killed by his or her intimate partner (see Chan & Payne 2013). Of these, the vast majority (approximately 98%) involved partners from opposite-sex relationships, while a small proportion (approximately 2%) involved partners from same-sex relationships. Same-sex intimate partner homicides are generally aggregated with all other intimate partner homicides for the purpose of broad descriptive analysis of the NHMP database.

Comparatively little international research has been conducted exploring the nature and context of same-sex intimate partner homicides and no research has specifically examined same-sex intimate partner homicides in Australia. However, as Drake (2004: 317) argues:

Research about [gay, lesbian, bisexual and transgendered] homicide is necessary if the overall homicide rate is to be reduced... Focusing on stigmatised and underrepresented groups... might not appear important, [but] this kind of attitude helps exacerbate the crime problem and ensures that homicide will always be problematic.

In an attempt to address this gap in the Australian homicide literature and to contribute new knowledge to the study of homicide in general, this paper describes the key characteristics of same-sex intimate partner homicide in Australia as recorded in the NHMP and draws together national and international research concerning its associated factors.

### Method

#### Data source

Data for this study were extracted from the NHMP database. The NHMP collects information across all Australian jurisdictions, providing details on victims, offenders and circumstances of all homicide incidents each year. The NHMP database is constructed from the triangulation of police records, coronial findings (including records such as toxicology and post-mortem



reports) and media reports. Where available, court transcripts are reviewed to confirm the facts of the incident. The NHMP is an important source of information for local and national law enforcement agencies and policymakers, and is an important tool in the development of homicide prevention and reduction strategies. For more detail, see the most recent NHMP annual report by Chan and Payne (2013).

### Homicide terminology

Within the NHMP, a *homicide incident* is an event in which one or more persons are killed at the same place and time. This definition includes all cases resulting in a person or persons being charged with murder or manslaughter and murder–suicides classed as murder by the police. Attempted murder and lawful homicide are excluded.

*Intimate partner homicide* refers to incidents in which the victim and offender are current or former intimate partners. In this paper, intimate partner homicide is subdivided into two categories based on the sex of the partners—*same-sex intimate partner homicide* (also known as a homosexual relationship) and *opposite-sex intimate partner homicide* (also known as a heterosexual relationship).

Given that the NHMP is largely sourced from police, court and other administrative records, it is important to note that there is rarely specific information about a victim or offender’s sexual or gender identity (eg transgender, bisexual, intersex etc). As a consequence, the term *same-sex intimate partner homicide* is used here to define those incidents where the victim and offender were identified in administrative data as being of the same sex (ie either male or female) and where they were known to be in a current or former intimate partner relationship.

### Identification of same-sex intimate partner homicide incidents

Within the NHMP, 25 categories are used to identify the relationship between each victim and offender pairing. Incidents are categorised on the basis of the ‘closest’ relationship between any victim/offender

**Figure 1** Intimate partner homicide type by year, 1989–90 to 2009–10 (n)



Source: AIC NHMP 1989–90 to 2009–10 [computer file]

pairing where multiple victims and/or offenders are involved.

Ten relationship categories (according to the principal relationship between the victim and offender) are used to classify intimate partner homicides for the purpose of analysis. These categories are:

- spouse;
- separated spouse;
- divorced spouse;
- de-facto;
- ex de-facto;
- extra-marital lover/former lover;
- girlfriend/boyfriend;
- former girlfriend/boyfriend
- homosexual relationship; and
- former homosexual relationship.

In this study, homicide incidents coded against any of these categories and where the victim and offender were identified as being of the same sex (ie either both male or both female) were grouped and reclassified as same-sex intimate partner homicides after cross checking with the paper files to ensure no coding errors had occurred.

### Limitations

The findings in this paper should be interpreted in light of the following five limitations. First, despite the quality

assurance efforts, there may be an undercount of same-sex intimate partner homicide incidents. Due to concealment issues associated with same-sex relationships, there is a possibility that some cases may have been miscoded by police as between strangers, or between friends or acquaintances. Second, as already noted, the lack of specific information about a victim or offender’s sexual or gender identity precludes an analysis of transgendered, bi-sexual or intersex persons as victims or offenders in homicide matters. Third, it is possible that the prevalence of drug and alcohol use among both same-sex and opposite-sex intimate partner homicide incidents is underrepresented. While the NHMP relies on post-mortem toxicology tests to determine whether the victim had drugs or alcohol in their system, identifying drugs or alcohol for the offender is usually based on a subjective assessment of the investigating officers. Fourth, although the paper uses the NHMP’s best available data on mental health, it is possible that the prevalence of mental disorders is underrepresented. A mental disorder is recorded where information is available and where a specific condition of the offender has been determined. This information does not always come to the attention of investigating officers. Finally, both same-sex and opposite-sex intimate partner homicide rates per population may be an overestimate.

Calculations in this paper were based on the Australian Bureau of Statistics' (ABS) population data of couples predominantly living together, compared with NHMP data of intimate partner homicide incidents, where couples may have been living either together or separately.

## A snapshot of same-sex intimate partner homicide from the NHMP

### Descriptive statistics

As this study is based on population data (ie all intimate partner homicide incidents recorded since 1989–90), the following analysis reports on actual population differences. Therefore, it does not necessitate any statistical testing and relies on descriptive statistics only.

### Proportions

As previously noted, same-sex intimate partner homicide is a minority subgroup of intimate partner homicide. Of the 1,536 intimate partner homicide incidents recorded from 1989–90 to 2009–10 in Australia, approximately two percent were classified

as same-sex intimate partner homicides (n=31; 2.1% of n=1,505; 97.9% classified as opposite-sex intimate partner homicides).

This proportion is consistent with results from the United States, which found that of the 51,007 intimate partner homicide incidents recorded from 1976 to 2001, approximately two percent (n=1,092; 2.1%) were coded as homosexual relationships (Mize & Schackelford 2008).

### Trends

In Figure 1, same-sex and opposite-sex intimate partner homicide incidents are presented by year from 1989–90 to 2009–10. Same-sex intimate partner homicides have fluctuated from zero to four per year. Analysis of any trend is limited by the small number of homicide incidents. Opposite-sex intimate partner homicide incidents have fluctuated from 58 to 92 per year, with the overall proportion (against total homicides) showing a modest decline in recent years (from 24 percent of homicides in 1989–90 to 21 percent in 2009–10).

### Rates

Given the possibility that same-sex population estimates and same-sex

intimate partner homicide numbers may be an undercount (as noted in the *Limitations* section), presenting an accurate representation of same-sex intimate partner homicide rates may not be possible. The following homicide rates rely on the best available data and are indicative only; caution should be exercised with interpretation.

Rates for opposite-sex and same-sex intimate partner homicides were calculated based on population estimates obtained from the ABS *Labour Force Survey* (ABS 2011)—the only official data to reflect the Australian population of same-sex couples for June 2010. The ABS (2011) defines a same-sex couple as two persons of the same sex who are in a couple relationship and are usually resident in the same household. According to the ABS (2009), population estimates of same-sex couples may be an undercount due to a reluctance to identify as being in a same-sex relationship and/or a failure to recognise that these relationships would be counted in the survey.

In June 2010, there were 29,000 same-sex couples and 5,192,400 opposite-sex couples identified from the *Labour Force Survey* (ABS 2011). In 2009–10, there was one same-sex intimate partner homicide and 59 opposite-sex intimate partner homicides recorded in the NHMP. Based on these figures, the intimate partner homicide rate calculated for the most recent year of NHMP data collection (2009–10) was 3.4 per 100,000 for same-sex couples and 1.1 per 100,000 for opposite-sex couples.

Again, NHMP findings somewhat parallel those found in the United States by Mize and Schackelford (2008), where the intimate partner homicide incident rate was highest for gay couples (63.72 per million per annum), followed by heterosexual couples (21.25 per million per annum), and lesbian couples (9.07 per million per annum).

### Gender representation of offenders and victims

The number of offenders and victims in homicide incidents may exceed the number of incidents because some incidents involve multiple offenders and victims (also known as collateral intimate partner homicide). A total

**Table 1** Apparent motive in homicide incidents by type of homicide victim, 1989–90 to 2009–10

	Same-sex intimate partner homicide victims (n=32)		Opposite-sex intimate partner homicide victims (n=1,505)	
	n	%	n	%
Revenge	1	3	23	2
Jealousy	3	9	102	7
Relationship desertion/termination	2	6	291	19
Domestic argument	8	25	837	56
Money	3	9	24	2
Drugs	0	0	6	<1
Racial vilification	1	3	0	0
Alcohol related argument	0	0	45	3
Sexual vilification	1	3	0	0
Other argument	4	13	16	1
Sexual gratification	0	0	2	<1
Mercy killing	1	3	10	1
Prevent victim testifying/avoid arrest	0	0	2	<1
Apparently delusional	1	3	10	1
No apparent motive/unknown	7	22	137	9

a: Percentages may not total 100 due to rounding

Source: AIC NHMP 1989–90 to 2009–10 [computer file]

of 36 offenders and 33 victims were involved in same-sex intimate partner homicides. Opposite-sex intimate partner homicides involved 1,585 victims and 1,629 offenders.

The following analysis excludes any ancillary victims and focuses only on those who shared a current or former intimate partner relationship with an offender—32 same-sex intimate partner homicide victims (28 male; 88% and 4 female; 13%) and 1,505 opposite-sex intimate partner homicide victims (353 male; 23% and 1,152 female; 77%). It should be noted that one of the male same-sex intimate partner homicide incidents involved one offender who shared an intimate partner relationship with two victims.

### Cause of death

Consistent with overall homicide findings, from 1989–90 to 2009–10, stab wounds were the leading cause of death for both same-sex and opposite-sex intimate partner homicide victims (n=15; 47% and n=610; 41% respectively). However, some differences were noted. For example:

- strangulations or suffocations were more common among same-sex intimate partner homicide victims (n=8; 25%) than opposite-sex intimate partner homicide victims (n=181; 12%);
- beatings were more common among opposite-sex intimate partner homicide victims (n=321; 21%) than same-sex intimate partner homicide victims (n=5; 16%); and
- about one in five opposite-sex intimate partner homicide victims (n=272; 18%) died from gunshot wounds, compared with none for same-sex intimate partner homicide victims (n=0; 0%).

### A comparison of male and female same-sex intimate partner homicide victims' cause of death

When comparing male and female same-sex intimate partner homicide victims, differences included:

- female same-sex intimate partner homicide victims were more likely to die from stab wounds (n=4; 100%) compared with male same-sex intimate partner homicide victims (n=11; 39%); and
- male same-sex intimate partner homicide

victims died as a result of strangulations or suffocations (n=8; 29%), beatings (n=5; 18%), other causes—for example, hit by a car (n=2; 7%), a drowning (n=1; 4%) and unknown causes (n=1; 4%). Of the eight male same-sex intimate partner homicide victims who died as a result of strangulations or suffocations, three (38%) were known to have been attributed to erotic asphyxia according to court transcript material.

### Motive

Within the NHMP, motive refers to the apparent reason for which a homicide event occurred (eg an act of jealousy or financial gain) or an antecedent event (eg a domestic argument) and is based on a subjective assessment of the investigating officers during the homicide investigation.

According to Virueda and Payne (2010: 16):

Assigning a single reason or motive to a homicide incident is difficult because the reasons, or lack thereof, may be varied and complicated. However, the objective of ascribing motivation is to better understand the factors or situations that are likely to precipitate a homicide event.

Analysis of the apparent motives (or reasons) from 1989–90 to 2009–10 indicates that same-sex intimate partner homicides occurred for many of the same reasons as opposite-sex intimate partner homicides (see Table 2). Domestic arguments were identified as the leading motive for both same-sex and opposite-sex intimate partner homicide incidents (n=8; 25% and n=837; 56% respectively), although in most cases further information regarding the nature of the argument was not available. Other apparent motives identified for both same-sex and opposite-sex intimate partner homicide victims included:

- revenge (n=1; 3% and n=23; 2% respectively);
- jealousy (n=3; 9% and n=102; 7% respectively);
- relationship desertion/terminations (n=2; 6% and n=291; 19% respectively);
- money (n=3; 9% and n=24; 2% respectively);

- other arguments (n=4, 13% and n=16; 1% respectively);
- mercy killings (n=1; 3% and n=10; 1% respectively); and
- apparently delusional (n=1; 3% and n=10; 1% respectively).

### An overview of some of the factors associated with intimate partner homicide

Other types of crimes and behavioural factors are often associated with homicide incidents (Drake 2004). This section provides an overview of some of the associated factors commonly found in the same-sex intimate partner homicide incidents from 1989–90 to 2009–10 as recorded in the NHMP. While associated factors such as drug and alcohol use, mental disorders and intimate partner violence appear to be common across both same-sex and opposite-sex intimate partner homicides, research suggests that the underlying causes of homicide can differ for same-sex attracted persons.

### Drug and alcohol use

Since 1989–90, the NHMP has collected data on the drug and alcohol use of homicide victims and offenders. For victims, post-mortem toxicological analysis is the preferred indicator of recent use, whereas for offenders, the data relies on information identified by the police during their investigation of the incident—both of these measures indicate recent drug or alcohol use, not lifetime histories of use. Table 2 shows that any drug or alcohol use, either by the victim or offender, was more commonly identified for same-sex intimate partner homicides than opposite-sex intimate partner homicides (n=21; 68% and n=768; 51% respectively). This difference, however, was largely driven by a higher prevalence of drug use recorded for same-sex intimate partner homicides (52% *cf* 31% for opposite-sex intimate partner homicides). While less pronounced, alcohol consumption was more commonly recorded in opposite-sex intimate partner homicides (40% *cf* 35% for same-sex intimate partner homicides).

Comparing these findings with the wider population, the Australian Institute of Health and Welfare (2011) found that, in 2010:

**Table 2** Drug and alcohol use in homicide incidents by homicide type, 1989–90 to 2009–10

	Same-sex intimate partner homicide (n=31)		Opposite-sex intimate partner homicide (n=1,505)	
	n	%	n	%
<b>Drugs</b>				
Victim used drugs	15	48	363	24
Offender used drugs	10	32	344	23
Any drug use	16	52	460	31
<b>Alcohol</b>				
Victim drinking	10	32	512	34
Offender drinking	9	29	564	37
Any alcohol use	11	35	597	40
<b>Any drug or alcohol use</b>				
Any drug or alcohol use by the victim	19	61	623	41
Any drug or alcohol use by the offender	14	45	653	43
Any drug or alcohol use by either victim or offender	21	68	768	51

Source: AIC NHMP 1989–90 to 2009–10 [computer file]

- same-sex attracted Australians were more likely than opposite-sex attracted Australians to have recently used illicit drugs (36% and 14% respectively); and
- same-sex attracted Australians were more likely than opposite-sex attracted Australians to drink alcohol at risky levels (29% and 20% respectively).

### Mental disorders

Limited information regarding the mental health status of homicide offenders has been collected by the NHMP since 1989–90. The data relies on information identified by investigating police officers, coronial records, or as agreed upon by judge at trial. The triangulation of these sources of data indicates whether an offender was suffering from a mental disorder at the time of the homicide incident. Analysis of NHMP data showed that only a small proportion of both same-sex (n=4; 13%) and opposite-sex (n=121; 8%) intimate partner homicide offenders appeared to have been suffering from a mental disorder at the time of the homicide incident. A more nuanced understanding of the presence of mental health conditions or concerns of either victims or offenders is not contained within the NHMP, but such data, were it to be available, may assist in understanding these incidents.

Data obtained from the ABS *National Survey of Mental Health and Wellbeing for 2007* (ABS 2008) indicate that, among the general

population, same-sex attracted Australians were more likely than opposite-sex attracted Australians to have experienced a mental disorder in the 12 months prior to interview (41% and 20% respectively), including:

- anxiety disorders (eg those involving feelings of nervousness and distress; 32% and 14% respectively);
- affective disorders (eg depressive episode, bipolar affective disorder; 19% and 6% respectively); and
- substance use disorders (eg alcohol harmful use, drug use disorders; 9% and 5% respectively).

While the results from the survey (ABS 2008) show that same-sex attracted persons exhibited heightened levels of mental disorders compared with their heterosexual counterparts, it is important to note that just over half did *not* experience a mental disorder in the 12 months prior to survey interview (59% *cf* 80% for opposite-sex attracted persons).

Using an online sample of 5,476 gay, lesbian, bisexual, transgender and intersex (predominantly same-sex attracted) persons in Australia, Pitts and colleagues (2006) found high levels of depression to exist, with 33 percent indicating that they had been told by a doctor that they were suffering from depression. More specifically, 16 percent of total participants reported that they had experienced suicidal ideation

two weeks prior to completing the survey (Pitts et al. 2006).

A number of studies have suggested that sexual stigma and discrimination are linked with increased risk of mental health problems among same-sex attracted persons (see Chakraborty et al. 2011; Frost & Meyer 2009; House et al. 2011; Newman et al. 2009). Further compounding this issue, an Australian study conducted by Dane and colleagues (2010) found high levels of perceived stigma to exist among a sample of 2,032 same-sex attracted persons.

### Intimate partner violence

For the purposes of this paper, *intimate partner violence* refers to any behaviour that may cause harm between current or former intimate partners, including:

- physical aggression;
- psychological abuse;
- sexual violence; and
- any other controlling behaviours (see WHO 2006).

Qualitative analysis of available court transcripts has revealed historical incidents of intimate partner violence between the parties in the majority of NHMP same-sex intimate partner homicide cases from 1989–90 to 2009–10. This includes intimate partner violence perpetrated by either the victim or offender. Characteristics associated with the violence included (but were not limited to) learned helplessness, jealousy, substance use, constant insults, mental illness, forced sex and threats to harm if 'outed'.

Similarly, case study analysis of nine female same-sex intimate partner homicides (or attempted homicides) from across the United States revealed that all involved prior physical violence by either the victim or offender (Glass et al. 2004). Other characteristics commonly reported across the cases included controlling behaviours and jealousy, drug and alcohol use, attempts to terminate relationships, and suicide threats or attempts (Glass et al. 2004).

As with opposite-sex couples, intimate partner violence is a serious issue for same-sex couples (Ball & Hayes 2009; Carvalho et al. 2011; Pierre & Senn 2010) and there is a growing body of reports to confirm this

(see ACON & LGBTIQ Domestic Violence Interagency nd b; Davis & Glass 2011; Kay & Jeffries 2010).

Yet, there is conflicting evidence on the prevalence of same-sex intimate partner violence, with some studies suggesting similar or higher rates than opposite-sex couples (see Kay & Jeffries 2010; Messinger 2010), while others indicate no difference (see Stevens, Korchmaros & Miller 2010). Researchers attribute such debate to the fact that same-sex intimate partner violence has been a largely invisible and silent issue (see Kay & Jeffries 2010; Pitts et al. 2006).

Nevertheless, Pitts et al. (2006) found that a high proportion of same-sex attracted persons had experienced intimate partner violence (33%). This was most commonly reported among female same-sex attracted persons (41% *cf* 28% of male same-sex attracted persons). The most frequently recorded types of violence included physical assault and injury, insult and isolation. Other types of violence included forced sex, hitting, constant monitoring, deprivation of financial independence and fear of life (Pitts et al. 2006).

One form of violence unique to same-sex relationships is when the perpetrator 'outs' or threatens to 'out' their partner's sexual status to family or friends as a form of control (ACON & LGBTIQ Domestic Violence Interagency nd a; Chan 2005; Kay & Jeffries 2010). For instance, a perpetrator may tell their partner that they will lose custody of their children if 'outed' (Chan 2005). Kay and Jeffries (2010) argued that this fear of 'outing' exists primarily because of homophobic attitudes in society and can act as a key barrier to victims seeking support. A gap analysis of NSW domestic violence support services (Constable et al. 2011) found that the fear of institutional homophobia and not being taken seriously were key barriers to victims seeking support.

Another same-sex intimate partner violence-related issue concerns the difficulties of identification. For instance, service providers can have a particularly difficult time when identifying victim-offender dynamics; perhaps because these cases do not conform to heterosexual

stereotypes of intimate partner violence (see Basow & Thompson 2012; Blasko, Winek & Bieschke 2007; Duffy 2011; Swan & Drake 2004). Further, many same-sex attracted persons do not know that intimate partner violence exists in their communities and may have particular difficulties identifying the nature of violence in their own relationships (Constable et al. 2011). Intimate partner violence may also be largely perceived as something that occurs in heterosexual relationships (Constable et al. 2011). As Duffy (2011: 492) stated

the concept of a woman hitting another woman or a man being a victim can be very provoking for some people and can require a significant shift in thinking.

## Conclusion

The purpose of this study was to gain a better understanding of same-sex intimate partner homicide in Australia, describing key findings from the NHMP and drawing on the wider literature to provide some context surrounding its associated factors. This research is the first of its kind in Australia.

Analysis of the NHMP data showed that same-sex intimate partner homicides represented only two percent of all intimate partner homicides in Australia from 1989–90 to 2009–10 and in many respects, both same-sex and opposite-sex intimate partner homicides shared many similar features and characteristics. For example, same-sex intimate partner homicide victims died from many of the same causes as opposite-sex intimate partner homicide victims, including (but not limited to) stab wounds, beatings, drownings and strangulations. Likewise, key motives (or reasons) for both same-sex and opposite-sex intimate partner homicide incidents included domestic arguments, jealousy and relationship terminations.

Where differences were identified, some tended to reflect gender norms rather than relationship type. For instance, males were overrepresented as offenders in the intimate partner homicides regardless of the homicide type (same-sex or opposite-sex intimate partner homicide). There was also a slightly higher prevalence of

mental disorders and a higher level of drug use among same-sex intimate partner homicides (compared with opposite-sex intimate partner homicides), although these differences may only be apparent as a result of the very small number of same-sex intimate partner homicide cases that were able to be identified.

Other differences, however, point to the need for a more nuanced approach to violence prevention among same-sex attracted persons. While drug and alcohol misuse, mental disorders and intimate partner violence are associated with both forms of intimate partner homicide, the wider literature suggests that sexual stigma, discrimination and marginalisation may be associated with an increased risk of such issues among same-sex attracted persons (see Carvalho et al. 2011; House et al. 2011; GLBTI MAC 2009; Ritter, Matthew-Simmons & Carragher 2012). Taken as a whole, the findings in this paper serve as a reminder of the importance in ensuring services are inclusive and responsive to the needs of more marginalised groups in society.

The challenges associated with the conduct of research among same-sex attracted persons are not unique to homicide, as concealment and other identification issues often mean sample sizes may be unrepresentative, small or selective. It is important that homicide investigators, practitioners and researchers improve strategies and data collection instruments to increase the likelihood of identifying and addressing relationship nuances. By improving response and prevention strategies, same-sex intimate partner homicide incidents can be prevented and the overall rate of homicide can be reduced. Future intimate partner homicide research should include consideration of gender, sexual and relationship nuances not included in this paper.

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