Domestic Homicide Risk Factors: Rural and Urban Considerations

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Graduate Program in Psychology

A thesis submitted in partial fulfillment of the requirements for the degree in Master of Arts

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DOMESTIC HOMICIDE RISK FACTORS: RURAL AND URBAN CONSIDERATIONS

(Thesis format: Monograph)

by

Victoria Leigh Banman

Graduate Program in Counselling Psychology

A thesis submitted in partial fulfillment of the requirements for the degree of Masters of Arts

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Abstract

This study examined 132 domestic homicide cases to determine whether there were differences in domestic homicide risk factors between rural and urban areas in Ontario. Previous research found that rural areas are unique in terms of culture, attitudes, and resources, and fewer resources are available to support victims of domestic violence. However, no research has examined domestic homicide in rural Ontario. Data for this study was provided by the Domestic Violence Death Review Committee through the Chief Coroner of Ontario. A focus on separation between intimate partners, excessive alcohol/drug use, firearms, and risk management plans was taken. Results indicate that rural perpetrators were significantly more likely to have access to a firearm and to use that firearm to kill their intimate partner. Additionally, separation between intimate partners was significantly more common in urban cases of domestic homicide, and urban perpetrators were more likely to exhibit obsessive behaviour and sexual jealousy. This study offers several implications and recommendations to policy makers, police, support services, families, neighbours, and friends, and suggests future areas of research.

Keywords

Domestic Homicide, Risk Factors, Rural, Urban, Separation, Alcohol Use, Firearms, Safety Plans, Ontario, Domestic Homicide Death Review Committee, Femicide, Risk Assessment
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Chapter 1

1 Introduction

Imagine for a moment that your husband or boyfriend is regularly assaulting you, and often tells you that “nobody cares.” Now imagine that you live in an isolated rural community. The nearest health care services are 75 [kilometers] away—and you can’t get there because he removes the car battery to keep you from driving, and there is no public transportation. You tried to call the cops once, but it took the small local force hours to respond. Your pastor is his hunting buddy; your family believes that a woman should stay with a man no matter what. One day he breaks your arm, and then he drives you to that distant hospital. Will the nurses recognize what is happening? Will there be a chance for you to tell them? (Dudgeon & Evanson, 2014, p. 26).

Domestic violence affects thousands of Canadians (Northcott, 2011). In 2007, 40 200 incidents of spousal violence were reported to Canadian police (Statistics Canada, 2009), and yet it is estimated that only about 36% of female victims and 17% of male victims report violence to police (Statistics Canada, 2006) for various reasons including feeling as though it is a private matter, lack of available resources, fear, and uncertainty. The rate of domestic violence is even greater in rural communities (Northcott, 2011), yet the majority of research on violence against women and risk assessments does not distinguish between urban and rural communities and the unique variables that place them at risk of harm. Rural women face greater obstacles in receiving support and accessing resources (Dudgeon, 2014). In New Brunswick, almost 70% of intimate partner deaths occurred in small towns or rural communities (Doherty, 2006). Approximately 14% of Ontario’s population lives in rural areas; therefore it is of increasing importance that professionals, neighbours, friends, families, and communities realise the unique risks women face and conduct risk assessments, and provide support accordingly.
1.1 Domestic Violence as a Serious Societal Concern

In Canada, approximately 1.2 million Canadians have experienced at least one incidence of violence by their intimate partner within the past five years according to the 1999 General Social Survey (Hotton, 1999). Yet, “prior to the 1970’s there was no name for violence against women by their husband or partners” (DeKeseredy & Dragiewicz, 2014, p.2). Since this time, more effort has been focused on this area, and it has become a societal concern as studies have shown that each year between 11% and 24% of Canadian women who are in a marital or cohabitating relationship are physically assaulted (Brinkerhoff & Lupri, 1988; Kennedy & Dutton, 1989; Smith, 1987).

The consequences of domestic violence can be felt for generations. It can have an impact on women and children emotionally, psychologically, financially, and physically (Messing, 2007). For example, at rates greater than the general population, women who have been involved in a violence domestic relationship are more likely to experience the following symptoms: depression, anxiety, post traumatic stress disorder, low self esteem, and drug and alcohol dependence (Messing, 2007). Fully exploring the deleterious effects of domestic violence is beyond the scope of this thesis; nevertheless, at its most extreme end, as Messing (2007, p. 3) stated, “injury and death are a bleak fact of intimate partner violence”.

1.2 Domestic Homicide

Domestic violence is a serious societal concern as it is the highest risk factor for domestic homicide (DVDRC, 2014). Domestic homicide is defined by the Domestic Violence Death Review Committee (DVDRC) as “all homicides that involve the death of a person,
and/or his child(ren) committed by the person’s partner or ex-partner from an intimate relationship” (DVDRC, 2012, p.1). Intimate partner homicide is a term commonly interchanged throughout the literature with domestic homicide. Throughout the literature there are various other terms that are often found within the context of violence and homicide. Femicide, specifically, is the killing of a female spouse, filicide the deliberate killing of a child by a parent, and familicide the death of at least two family members such as parents, children, grandparents or other relatives (Gill, 2012). Murder-suicide occurs when the perpetrator murders an individual and then dies by suicide.

“In its most tragic form, domestic homicide can be considered one of the most pressing societal issues facing the members of our society today” (Wiltsey, 2008, p.9). Globally, more than one third of female homicides are perpetrated by an intimate partner (Stöckl et al., 2013). In America, in 2004, more lives were lost to domestic homicide than there were lives lost in the 25 months of war in Iraq (Roberts, 2009; U.S. Department of Defense), while over fourteen hundred Canadian women were murdered by their husband between 1979 and 1998 (Dawson, 2001). Specifically in 2007, fifty-one Canadian women were killed by their intimate partner (Statistics Canada, 2009). Research concluded that Canadian women are at greater risk of being killed by their intimate partner than any other person (Campbell et al., 2003). Domestic homicide is an extreme concern, and identifying risk factors is the basis for prevention.

Although not exclusively the sole victims of domestic homicide, women are at a definite higher risk of domestic homicide than men (DVDRC, 2012; Beattie & Cotter, 2010). Specifically, women under the age of 25, women with a disability, Aboriginal women, women in a common-law relationship, women who have separated, or women who have
been in a relationship for three years or less are at a higher risk of abuse (Statistics Canada, 2005).

1.3 Urban and Rural Considerations

In a study of domestic homicide rates between American rural and urban areas across twenty years, Roberts (2009) found that murder rates were higher in rural counties compared to urban; however, domestic homicides were affected by their proximity to metropolitan areas such that living closer to a metropolitan area decreased one’s risk for domestic homicide. Nevertheless, those living in metropolitan or urban areas were at a greater risk of being murdered by someone other than their intimate partner. “…in rural areas of both the developing and the developed world, violence experienced by women at the hands of their intimate partners may even be worse than the situation we glean from our urban-based studies of this phenomenon” (Se’ver, Dawson, & Johnson, 2004, p. 566).

The culture and norms of rural and urban areas differ and require different responses to domestic violence as the manner in which community services, criminal justice, and mental health services respond to domestic violence is mediated by the overall socioeconomic status and cultural factors of the area (Logan, Walker, & Leukefeld, 2001). Research found that rural victims of domestic violence may be less likely to seek police services, experience greater variety of abuse tactics, and require more assistance in accessing services (Dudgeon & Evanson, 2014). Logan, Walker, and Leukefeld (2001, p. 267) suggested that “an improved understanding of the differences in rural and urban experiences with domestic violence and differences in perpetrator characteristics may help target interventions more appropriately for victims and perpetrators”.

A lower tax base often results in limited resources for adequate staffing. Limitation to treatment and services is more problematic in rural areas due to generally fewer trained staff, limited transportation systems, higher costs, and less acceptance of prevention and treatment efforts (Logan et al., 2001). Research has found several factors that differentiate rural from urban areas such as limited access to services, lower education and literacy rates, norms and attitudes of tolerance towards domestic violence, isolation, and poverty (Logan et al., 2001). Doherty and Hornosty (2008) found that “[a]bused rural women confront numerous barriers such as geographic and social isolation, lack of access to transportation, and community values that encourage women to return to the abuser” (p. 4). Therefore, the nature of domestic violence varies between urban and rural areas.

Rural areas tend to have their own norms and attitudes (Logan et al., 2001) as well as more rigid views of gender role stereotypes (Goeckermann, Hamberger, & Barber, 1994) which reinforce the traditional view of masculinity and negatively affect an individual’s effort to seek treatment. Additionally, Logan, Walker, and Leukefeld (2001) found that rural male perpetrators of domestic violence were significantly more likely to have a history of domestic violence convictions than urban males. As the literature suggests, this repeated history of domestic violence may indicate a tolerance towards domestic violence which reinforces the behaviour (Goeckermann et al., 1994; Logan et al., 2001).

Logan, Walker, and Leukefeld (2001) also found that rural male perpetrators of domestic violence are less likely to be court mandated to anger counselling and more likely to be court mandated to marital counselling than their urban counterparts. They suggested that the trend may reflect the difference in attitudes towards treatment in rural areas as rural areas may view domestic violence as a marital concern versus a criminal act. This is
problematic as research found that marital counselling for domestic violence is not
effective and may, in fact, be detrimental to the victim (Dobash & Dobash, 1992; Edleson
& Tolman, 1992). Osgood and Chambers (2000, p. 82) suggested that:

The rural-urban dimension is itself an essential aspect of communities and
our current theories of communities and crime would be far more useful if
they apply to the entire range of this dimension. Indeed, if the study of
communities and crime is to mature, it must expand to encompass the full
variety of communities.

Furthermore, research has shown that urban and rural areas present unique cultural
values, norms, and risk factors which may depend on the community in question (Logan
et al., 2001). This study will examine the differences in risk factors and prevention
resources available between urban and rural areas such as alcohol, firearms, safety plans,
and risk management plans in hopes of gaining knowledge that can protect individuals in
similar circumstances. Roberts (2009) pointed out that, based on previous research,
domestic homicide is the “most preventable form of lethal violence” (p. 68). There are a
number of risk factors that put women at risk of becoming victims as well as risk factors
for perpetrators. Special committees have been established to identify these risk factors.

1.4 Domestic Violence Death Review Team

Domestic Violence Death Review teams (DVDR) have been established throughout
several Canadian provinces as well as internationally to perform an in-depth analysis of
domestic homicide cases to determine trends and risk factors that would inform
prevention efforts such as safety plans (Wilson & Websdale, 2006). Names and practices
vary across jurisdictions. For instance in the United States, most of these committees are
known as Domestic Violence Fatality Review Teams (DVFRT), and in Ontario they are
called the Domestic Violence Death Review Committee (DVDRC). Once all
investigations and court proceedings have been completed, in Ontario, this multidisciplinary committee reviews reports from coroners, police, witnesses, families, and service agencies (DVDRC, 2014). The committee then analyses this information to determine trends, themes, and factors associated with the case under review in the hopes of predicting the risk of domestic homicide in similar circumstances. The DVDRC present the findings of the analysis and make recommendations which may inform the practices of various community organizations and agencies (DVDRC, 2014). These agencies often include correction services, police, Children’s Aid, shelters, courts, physicians, and the media (DVDRC, 2008).

The first DVDR was established in San Francisco, USA, in 1991 in response to a high profile femicide case which highlighted the need for a change in the systemic response to domestic violence (Commission on the Status of Women, 1991). The importance of such teams has become evident throughout the world and areas such as Australia, New South Wales, the United Kingdom, and Canada who have established similar committees. Recently DVDR teams have been established in provinces such as Ontario, British Columbia, Manitoba, New Brunswick, and Alberta. Since its inception in 2003, the DVDRC in Ontario has reviewed 183 cases involving 328 deaths (DVDRC, 2014).

Enhanced education and information can support individuals in potentially dangerous relationships realise the risk and provide supports and interventions to prevent tragic outcomes. Specifically, the DVDRC provides a chance to learn about the process of separation and risks involved in different contexts. The DVDRC highlights gaps in services or missed opportunities to protect victims (Jaffe, Dawson, & Campbell, 2011). Committees examine the circumstances leading up to the homicide and then factors
surrounding the event including the services and interventions provided. The DVDRC then makes recommendations on how these systems could have improved their responses. As Jaffe et al. (2011) stated, “Many agencies and services are involved with at-risk couples and thus have the opportunity to provide support and/or interventions that could prevent a homicide if such opportunities were identified and acted upon effectively” (p. 142).

1.5 Importance of Risk Assessment

For professionals responding to domestic violence, knowledge of risk factors can assist in identifying potentially dangerous situations and provide recommendations for protection and support to women at high risk (Johnson & Hotton, 2003). Risk assessments can help determine the severity of abuse and identify factors that women may have in their intimate relationships that put them at risk for violence or homicide (Glass, Laughon, & Campbell, 2008). It is important to note that statistical analysis cannot unfailingly predict what each victim will face if they remain with an abusive partner; however, they provide practical tools clinicians can use in supporting women (Johnson & Hotton, 2003) such as creating safety plans. A risk assessment brings light to the amount of danger a woman may be in and suggests ways to keep her safe (Kropp, 2008).

Campbell established the Danger Assessment Scale (DA) which identifies several factors that are significantly associated with femicide and helps to establish the level of danger a woman is in of being killed by her intimate partner (Campbell, Webster, & Glass, 2009). Campbell established the assessment in consultation with professionals who work directly with women who were abused such as shelter workers, law enforcement officials, other clinical experts, as well as the women who were abused (Campbell, Webster, &
Risk assessments and the DVDRC have established several common factors that increase risk for domestic homicide including estrangement, excessive use of alcohol or substance use, access to guns, or threats with a weapon (Campbell et al., 2003; DVDRC, 2014; Johnson & Hotton, 2003).

1.6 Separation

“Separation does not necessarily mark the end of a violent relationship” (Hotton, 1999, p. 1), for as Polk (2003) reminded us, “[T]ime and time again the phrase ‘if I can’t have you, no one will’ echoes through the data” (Dekeseredy & Schwartz, 2006, p. 134). In fact, women who exit or try to leave relationships are at a high risk of experiencing domestic violence (Toews, McKenry, & Catlett, 2003; Hotton, 1999; Wilson, Johnson, & Daly, 1995). DeKeseredy and Schwartz (2009) found that the first two months following separation were the most dangerous for women as the risk of physical assault peaks during this time. In comparison to their married counterparts, separated women are more likely to be beaten, raped, harmed by their intimate partner, or murdered (Basile & Black, 2011; Brownridge, 2009; DeKeseredy, 2011). Research confidently concluded that the risk of nonlethal domestic violence increases post separation; however, at its most extreme, the risk of domestic homicide also increases post separation for women.

Research has identified separation is a risk factor for domestic homicide (Campbell et al., 2003; DeKeseredy & Dragiewicz, 2014; DeKeseredy & Rennison, 2013; DeKeseredy, Schwartz, & Hall, 2006; DVDRC, 2014). In 2008, 87% of domestic homicides in Ontario occurred after separation between intimate partners (DVDRC, 2008). Canadian women are six times more likely to be killed by their intimate partners whom they have separated from compared to women who remain with their male partners (DeKeseredy, 2011).
Johnson & Hotton (2003) identified separation as “one of the most important predictors of homicide of female partners” (p. 68). Many survivors of separation and domestic violence report “they were never more frightened than in the days, weeks, or months after they moved out” (Stark, 2007, p. 116). However, some women underestimate the danger they are in before and after separation and tend to think that they are safe once they have left their partner (Cousins & Gangestad, 2007), while in fact, separation and the year after is the most dangerous time for women (Deskeseredy & Schwartz, 2009). As such, it is increasingly important to find ways to keep women safe during separation and prevent violence from occurring. Johnson and Hotton (2003) recommended that “threats of violence during separation and signs of increasing violence and emotional abuse need to be taken seriously by police and others providing help to battered women” (p. 81).

Women need to be aware of these risk factors and ways to protect themselves when they are contemplating separation. The public including family, friends, neighbours, and frontline professionals such as lawyers, clergy, police, doctors, and nurses also need to be aware of this when they are supporting a woman who is leaving her relationship.

Men may engage in controlling behaviours without resorting to physical violence (Hayes, 2012). Controlling behaviours may include intimidation, financial control, isolating the woman from a support network, or regulation of a woman’s behaviour to stereotypical gender roles (Stark, 2007). Many victims of domestic violence report the controlling behaviours as worse than the physical violence (Bankroft, 2002, Stark, 2007). When a woman begins the process of separation it changes the dynamics of the relationship, such that men may view this separation as a challenge to their control, and they view violence as the means by which they can restore the dynamic of control (Campbell, 1992a, 1995;
Wilson & Daly, 1993). Brownridge (2006) found that as separation between intimate partners progressed, the perpetrators’ attempts to control or isolate the victim increased. Unfortunately, controlling behaviours are more likely to go undetected because laws focus on physical violence (Hayes, 2012), yet physical violence can occur following separation even when there was no previous history of violence (Hotton, 1999). Hotton (1999) found that violence began after separation in 39% of the cases. Regrettably, many women do not realise the danger they are in when contemplating separation from their intimate partner.

There are a few theories that attempt to explain why separation is a dangerous time for women. The term “gender” is not interchangeable with terms such as “sex” or “women” (DeKeseredy & Dragiewicz, 2014). Men and women’s behaviour are deeply ingrained and gendered aspects of society’s values. For example, society dictates what it means to be masculine. The media, family, and social constructions reinforce these messages; to be masculine, men need to maintain control and be in a dominating role. When that role is threatened, such as when a woman attempts to leave the relationship, they may see that as an act of disobedience. The message that society sends out is that violence is the only way to regain power. Therefore, when women attempt to leave their partners, men who hold tightly to these patriarchal beliefs may see violence as the only means to uphold the image that society projects onto men of when men should be (Brownridge, 2006). The relationship between gender and violence are topics of investigation for researchers and more focus is needed on this topic in the future.

Support from men can have escalating as well as preventative effects. A man who holds to patriarchal views, is supported by his friends and family in these views, and feels as
though he will be ostracised if his partner leaves him, is more likely to become violent against his partner (Brownridge, 2006). Some receive support from their social circles when the abuse remains private; therefore, a man may also use violence to prevent his abuse from becoming public (Hearn, & Whitehead, 2006). On the other hand, men who receive limited social supports may be at risk for killing their partners as they perceive that they have nothing to lose (Brownridge, 2006).

1.6.1 Urban and Rural Considerations for Separation

Research has found significant differences in the experiences of rural and urban women when they have separated from their intimate partner (DeKeseredy & Rennison, 2013; Rennison, DeKeseredy, Dragiewicz, 2012). Specifically, rural women are more than three times more likely to experience intimate sexual assaults/rape and abuse after separation/divorce compared to their urban counterparts in the United States (DeKeseredy & Rennison, 2013; Rennison, DeKeseredy, & Dragiewicz, 2012). There are numerous barriers in rural areas that encourage women to return to their abusive partner such as lack of resources, geographic and social isolation, and community values (Doherty & Hornosty, 2008). However, little research has examined the difference in rates of intimate partner separation between rural and urban areas. Moreover, research on the danger of separation in rural areas is still in an early stage and more research is necessary to increase understanding of the problem in order to establish preventative strategies (Rennison, DeKeseredy, Dragiewicz, 2012).
1.7 Alcohol as a Risk Factor

The influence of alcohol can be seen in domestic violence and homicide cases as an overwhelming proportion of domestic homicides occur when the perpetrator is under the influence of substances (Roberts, 2009). Walsh and Hemenway (2005) concluded that alcohol consumption did not have a significant influence on domestic homicide, but the majority of perpetrators were under the influence of substances when the homicide occurred. Doherty (2006) found that over 75% of individuals accused of domestic homicide were under the influence of drugs or alcohol at the time of the offence.

Research has established that alcohol consumption is a strong risk factor for domestic violence (Roberts, 2009). In Ontario, in 2008, 47% of domestic homicides involved excessive alcohol or drug use by the perpetrator (DVDRC, 2008). It is important to note that as Galvani (2006) pointed out, although there is a correlation between alcohol use and aggression, alcohol is not responsible for domestic violence: men, not their alcohol consumption, are responsible for their actions.

The nature of the relationship between alcohol abuse and domestic violence has been debated among researchers (Bryant, 1990; Graham, 1980). Graham (1980) reviewed various models theorizing the relationship between alcohol and aggression. Some models suggested that alcohol directly causes violence as it lowers inhibitions and impairs judgment. Other models suggest that alcohol changes thinking, processing, physiology and emotion which lead to violence, while others suggest that alcohol and aggression do not directly influence each other but are related to a third variable such as cultural orientation, learned behaviour, or a predisposition to abuse.
DeKeseredy, Walter, Schwartz, and Hall (2006) offer male peer support as a theory for domestic violence, specifically sexual violence. In a qualitative study, they found that peer support was a common theme among their respondents. Respondents suggested that the males’ peers legitimized, encouraged, and perpetuated separation sexual assault. The methods used to do so included frequently drinking with male peers, informal support, and attachment to abusive peers. Previous research found that male peer support is associated with date rape and domestic violence (Bowker, 1983; DeKeseredy & Schwartz, 1998a). Drinking alcohol with peers is often viewed as a masculine, hegemonic event and a rite of passage for young men (Towns, Parker, & Chase, 2012). Traditional masculinity has been associated with domestic violence as it encourages, justifies, and supports the abuse of women who threaten the man’s power and control (Townes et al., 2012). Campbell (2000) found that the practices of males drinking at pubs in rural New Zealand reinforced masculine hegemony and legitimized masculine behaviour.

1.7.1 Urban and Rural Considerations for Alcohol Use

Logan, Walker, and Leukefeld (2001) stated that “community context is critical in understanding domestic violence” (p. 266). These researchers examined the difference in alcohol use among domestic violence perpetrators between urban and rural areas in Kentucky. Results indicated that alcohol use is similar between rural and urban areas; however, rural males are more likely to combine the use of drugs and alcohol leading to an interaction effect. Additionally, access to substance abuse treatment is typically more limited in rural areas (Booth, Ross, & Rost, 1999). Limited access to treatment is problematic given the relationship between alcohol use and domestic violence. Maiden
(2008) found that although alcoholism treatment does not eliminate domestic violence, it significantly reduces the incidence. Research suggests that rural males present more significant problems (Logan et al., 2001): rural males have higher conviction rates, greater use of psychoactive medications, lower employment rates, and lower education compared to their urban counterparts (Logan et al., 2001). Given these differences, intervention strategies need to tailor to the unique needs of each community, as urban treatment programs may not encompass the needs of its rural counterparts.

1.8 Firearms as a Risk Factor

Research has concluded that firearm ownership is strongly linked to domestic homicides (Kellerman et al., 1993), and firearms are often used to complete domestic homicide in Canada (Dawson, 2001). In domestic homicides, females are more likely to be killed by firearms than their male counterparts (Hotton, 1999; Johnson & Hotton, 2003). Interestingly, in the United States, female domestic homicide victims are also twice as likely to die by use of firearms than other methods such as stabbing or strangulation (Roberts, 2009); however, in Ontario, females are almost three times more likely to die by means other than firearms (DVDRC, 2014).

Firearms were present in 27% of domestic homicides in Ontario between 2002 and 2010 (DVDRC, 2014). Research found that the risk of death during violent incidents increases with the availability of types of weapons (Cook & Moore, 1994). Specifically, Campbell and colleagues (2003) found that access to firearms by an abusive partner increases the likelihood of femicide by 500%. Bullock and Cubert (2002) found that firearm ownership increased the incidence of domestic homicide by a factor of 5.38; while Gwinn
(2006) stated that domestic violence incidents involving a firearm make death 12 times more likely than when a firearm is not involved.

The debate among social scientists and policy makers regarding access to firearms is well established. Some suggested the reason for higher firearm related deaths in the United States is due to the increased accessibility of firearms (Krug, Powell, & Dahlberg, 1998). Other researchers also found that “decreased levels of firearm ownership correlate directly with decreased numbers of gunshot wound suicides” (Miller, Azrael, Hepburn, Hemenway, & Lippmann, 2006, as cited in Roberts, 2009, p. 71), and they found that states with high firearm ownership had twice as many suicide gunshot victims as states with low firearm ownership. Similarly in Canada, New Brunswick has one of the highest firearm rates out of all the provinces and one of the highest homicide rates by means of firearms (Statistics Canada, 2001b).

Vigdor and Mercy's (2006) research established that one way to decrease the incidence of domestic homicide is to restrict access to firearms to individuals who are subjected to a restraining order. However, effectiveness of this restriction is based on the ability of law enforcement and arms dealers to determine whether the individual is banned from possessing or acquiring a firearm and enforce the restraint. In a provincial survey of transitional houses in New Brunswick and Prince Edward Island, Doherty and Hornosty (2008) found that nearly 40% of their respondents indicated that the firearms in their home were not licensed and 44% were not registered. Moreover, 50% of the guns were not kept locked.
1.8.1 Urban and Rural Considerations for Firearms

In their research report to the RCMP, Doherty and Hornosty (2008) pointed out that despite the growing literature on domestic violence and the debate on gun control, few studies have explored these factors in the context of a rural setting. Additionally, none have explored the social context of gun ownership in rural homes and its impact on abused women. As stated previously, the differences in social and cultural context of rural and urban need to be taken into consideration when examining the risk factors. This is especially true when exploring the use of firearms. Doherty (2006) found that firearms in urban areas typically encompass handguns and illegal weapons. In contrast, as Doherty and Hornosty (2008) pointed out, the rural context encompasses positive community values that involve law abiding activities such as hunting or target practice and tend to have more liberal view surrounding gun safety.

Women who were abused are likely to live in homes with guns, yet firearms, even if they are not fired, are often used to intimidate and threatened women in domestic violence situations (Gwinn, 2006). In rural communities, firearms misuse is highly tolerated (RCMP, 2010). Women who are abused are often threatened daily with hunting rifles, which contributes to the cycle of abuse, control, and intimidation in their intimate relationships (RCMP, 2010. Due to the severity and lethality of firearms, their misuse greatly increases the risk of death (Frattaroli & Vernick, 2006). Women in these rural communities who had grown up around guns did not view them as frightening. However, once the women were abused and firearms were used as intimidation or means to control them, rural abused women viewed the prevalence of firearms in the home as a perceived
threat and were fearful of them, similar to their urban counterparts. Moreover, in rural settings, these threats often extend to farm animals and pets.

In New Brunswick, a rural province, firearms were present in 48% of domestic homicides (Doherty, 2006) compared to 27% in Ontario (DVDRC, 2012). Compared to urban homes, rural homes are more likely to have firearms present which may pose a risk to abused women (Doherty, 2006). “History of family violence, coupled with rural residence and the presence of firearms along with other factors were associated with a significantly higher risk of lethality in New Brunswick” (Doherty, 2006, p. 11). It is important to realise that these factors do not cause violence or murder; however the strong positive correlation between gun ownership rates and firearm deaths from homicide are well documented (Doherty & Hornosty, 2008; Frappier, Leonard, & Sacks, 2005; Statistics Canada, 2011). Research has concluded that intimate partners with firearms pose the greatest risk to women (Bailey et al., 1997; Campbell et al., 2003; Kellerman & Mercy, 1992; Wiebe, 2003).

1.9 Safety Plans

Given the seriousness of domestic violence and at the extreme, homicide, effective domestic violence prevention efforts are urgently needed. Women often underestimate the level of danger they are in (Campbell, 2004). In a national study of the United States, conducted by Campbell (2004), only half of the women who were killed or almost killed by their intimate partner accurately perceived their risk of being killed by their intimate partner. Few of the victims sought help specifically for the abuse; however, far more were seen by a health care professional within the year before they were killed. This has implications for practitioners such that they may be the contact point where interventions,
risk assessments, and safety plans can take place and potentially stop a femicide from occurring.

Safety plans help assess the level of danger a woman is in and the steps needed to keep her safe (Kropp, 2008). While various studies stated the need for a safety plan as well as risk assessments, few studies have examined the presence or absence of domestic homicide victims’ safety plans (Ghanbarpour, 2011). There is also no consensus on what strategies should be recommended, and for strategies that have been developed by shelters or service providers in response to the urgent needs of the victims, there is little empirical evidence on the effectiveness of such strategies (Sullivan, Schroeder, Dudley, & Dixon, 2010).

Ghanbarpour (2011) completed a dissertation examining the safety strategies used by 20 African American women who experienced abuse. Results indicated that women used informal and well as formal strategies to stay safe. Informal strategies included seeking social support and avoiding the abuser. Formal strategies included accessing services such as domestic violence shelters, law enforcement, and agency services. The study also found that women’s safety decisions were strongly influenced by their perception of the amount of danger they were in which is problematic given that women often underestimate the level of danger they are in (Campbell, 2004).

Ending an abusive situation is rarely straightforward. Anderson and Saunders (2003) conducted an empirical review and discovered that factors such as children involved, substance abuse, fear of escalation, emotional attachment to the abusive partner, lack of self-efficacy, and other factors make ending an abusive situation complex. Additionally,
the victim may not have confidence in the safety strategies or in the systems from which they seek support (Anderson & Saunders, 2003). As Ghanbarpour (2011) and colleagues (Anderson & Saunders, 2003) pointed out, macro level factors such as gender roles and the victim’s perception of their situation, their rights, and resources available to them also contributes to an abused woman’s decision to seek safety.

Recommendations as to what safety plans should entail varies between professionals; however, common strategies include seeking help from law enforcement, entering a shelter, seeking a civil protection order against the abusive partner, removing weapons from the home, establishing an escape plan, or creating an emergency kit consisting of basic necessities that can be easily taken with the woman if the abuse occurs again (Ghanbarpour, 2011). Further research is needed to ensure that safety plans are tailored to the different stages of separation. Anderson and Saunders (2003) found that the number and quality of supports as well as personal coping skills that a woman can build is associated with success in remaining separated.

1.9.1 Urban and Rural Considerations for Safety Plans

As stated previously, research highlighted the importance of examining social and cultural contexts with rural area that create barriers for abused women (Doherty, & Hornosty, 2008; Logan et al., 2001). These factors include geographical isolation, lack of resources, attitudes and beliefs about family, and stereotypes concerning women’s roles in society which make it more difficult for rural abused women to seek help (Doherty & Hornosty, 2008). Therefore, safety plans for women experiencing abuse or considering separating from their intimate partner must take into consideration these unique factors.
A differentiating factor between rural and urban areas is the degree of isolation (Geissinger, Lazzari, Porter, & Tungate, 1993). Researchers found that geographical isolation in rural communities can be a factor resulting in social isolation in many cases (Campbell et al., 2003; Gallup-Black, 2005). Geographical distance may allow perpetrators of domestic violence to abuse with less fear of being heard or neighbour intervention (Roberts, 2009). Roberts (2009) suggested that access and availability of social services is affected by the degree of rurality and/or isolation.

The close-knit nature of rural life affects those seeking help from domestic violence. Fewer services may be available in rural areas, and due to the dual relationship nature of rural communities, if a victim wants to seek support, this may require having to disclose family or marital problems to the perpetrator’s family or social network (Logan et al., 2001). Many individuals cite the cohesion and familiarity of rural life as a two-edged sword (Doherty, & Hornosty, 2008): when “everybody knows everybody’s business”, the lack of anonymity prevents the victim from seeking out services (Doherty, & Hornosty, 2008; Roberts, 2009). In turn this may increase the likelihood of domestic homicide (Roberts, 2009). Abused women often fear that if they seek help or make a confidential report, everyone will know (Doherty, & Hornosty, 2008). Lack of anonymity may also act as a barrier for perpetrators seeking help or support (Logan et al., 2001).

1.10 Risk Management Plans

When examining domestic homicide, much of the emphasis concentrates on finding ways for the victim to keep safe such as safety plans and examining risk factors within the relationship. However, few studies have examined ways in which perpetrators can reduce their risk of committing homicide through prevention efforts such as risk management
plans. Statistics revealed that, in Ontario, families were aware of the abuse in three quarters of domestic homicide cases, and friends were aware of the abuse in just over half of the cases (DVDRC, 2006). Therefore, intervention is important and individuals have opportunities to prevent further abuse and potentially homicide.

Campbell and colleagues (Campbell, Neil, Jaffe, & Kelly, 2010) used a qualitative study to examine effective strategies abusive men can utilize to prevent violence against women by asking male batterers themselves. Results indicated that 63% of the men asked for help regarding the problems in their intimate relationship. In this study 38% of men stated that they received help regarding their intimate relationship, and 27% found the help they received useful and effective. The majority of men stated that they were uncertain of whom they could ask which stopped them from seeking help. Furthermore, 38% of these men were too embarrassed to seek help, as they felt it made them “look weak and fragile” (p. 4). Over half of the male batterers indicated that they would be open to receiving help from counsellors, physicians, family members, or friends regarding problems in their intimate relationships. These men stated that if they were to receive help, a few of the major things they would look for is complete trust and confidentiality, as well as understanding and knowledge of the dynamics of intimate relationships. This research highlights some of the barriers in implementing risk management plans. Family members and friends of abusive men as well as professionals should be aware of how to educate and encourage men to seek help.

1.10.1 Urban and Rural Considerations for Risk Management Plans

Research found that men are generally less likely to seek help due to their socialization and gender role conflict, and they may not understand the need for help (Good, Glenn E.,
& Wood, 1995). Men who hold to more traditional attitudes regarding masculine roles are less likely to seek psychological help (Good, Glenn & Wood, 1995; Mendoza & Cummings, 2001).

As stated earlier, rural areas tend to hold more stereotypical views of gender roles (Goeckermann, Hamberger & Barber, 1994). Therefore, men in rural areas may be less likely than their urban counterpart to seek help and have risk management plans. Campbell et al. (2010) suggested that in order to decrease domestic violence it is important to “make assistance for batterers more readily available in order to shift societal norms to encourage and promote help-seeking behaviors” (p. 7). This may be even more important in rural settings.

Little research has examined the differences in risk management plans and abuse prevention programs for perpetrators in rural and urban areas. However, rural males may also face similar barriers to treatment as abuse victims such as access to and availability of social services. Additionally, lack of anonymity and cultural norms such as everybody knows everybody’s business may hinder men from seeking the services that are provided (Logan et al., 2001).

### 1.11 Current Study

The purpose of this study was to identify differences in risk factors for domestic homicides between rural and urban areas so that strategies for early detection and prevention are unique for each area in an effort to prevent domestic homicide. Previous literature found that rural women face unique challenges due to cultural attitudes towards gender roles and firearms as well as a lack of available resources. As urban and rural
communities entail their own unique differences, risk factors may also be unique. By
identifying risk factors based on location, risk assessments will be better able to identify
the level of danger a woman is in, and communities will be better able to inform victims
of relevant resources and services in order to protect those in similar circumstances. This
study assessed whether the following risk factors were unique between urban and rural
areas: separation between intimate partners, alcohol/substance abuse, and firearms. It also
examined the presence of safety plans and risk management plans. Based on previous
literature, the following trends were expected:

1. Rural homicides are less likely to involve separation and more likely to
   involve alcohol abuse.
2. Victims living in rural areas will be less likely to have safety plans in place
   than those in urban areas.
3. Perpetrators living in rural areas will have fewer risk management plans.
4. The presence of firearms will be associated with higher risk of lethality in
   rural areas compared to urban (Doherty, 2006), which may be due to the
   general higher rate of gun ownership in rural areas (Firearms, 1999).
5. Rural areas will be associated with higher rates of prior assault and threats
   with a weapon.

2 Method

2.1 Participants

The present study consisted of a retrospective case analysis of 183 domestic homicides
that occurred in Ontario between 2003 and 2012. The data was obtained from the
Domestic Violence Death Review Committee (DVDRC), which applied the following
inclusion criteria for domestic violence deaths: all homicides that involve the death of a person, and/or his child(ren) committed by the person’s partner or ex-partner from an intimate relationship.” (DVDRC, 2009).

From the DVDRC database there were 16 cases excluded based on gender of the perpetrator and victim; seven cases were removed because the perpetrator or victim were under the age of 18. Although rare cases such as those involving same sex couples, female perpetrator, or adolescents are important to study, the sample sizes for these cases were too small for any meaningful comparisons. An additional 30 cases were removed because the homicide did not occur in either a rural or urban area but instead occurred in a medium population centre, with a population of between 30 000 and 99 999. This resulted in a final total sample of 132 cases (35 rural, 97 urban) (see Table 1) with a total of 132 primary victims \( (M = 49.86, SD = 13.69) \) and perpetrators \( (M = 43.55, SD = 13.75) \) (see Table 2). There were a total of 69 homicide cases (17 rural, 52 urban) and a total of 63 homicide-suicide cases (18 rural, 42 urban) (see Table 1). The majority of perpetrators were employed \( (N = 58) \) and separated or estranged from their victim \( (N = 53) \) (see Table 3). The database had already been coded and entered.

### 2.2 Materials

The present study utilized the DVDRC database, along with individual case reports. Once all investigations and court proceedings have been completed, the DVDRC reviewed reports from professional and agencies involved with the victim(s) and perpetrator such as coroners, police, and Children’s Aid Society as well as witnesses, families, and friends (DVDRC, 2014). The amount of information available on each case varied depending on the amount of prior agency involvement and the thoroughness of police investigations.
Table 1

*Case Demographics*

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td><strong>Total Cases</strong></td>
<td>132</td>
<td>35</td>
<td>26.5</td>
</tr>
<tr>
<td><strong>Total Death</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total primary homicide victims</td>
<td>146</td>
<td>39</td>
<td>107</td>
</tr>
<tr>
<td>Women deaths (including attempted)</td>
<td>132</td>
<td>35</td>
<td>97</td>
</tr>
<tr>
<td>Children deaths</td>
<td>18</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Total victims (homicide, attempt &amp; injury)</td>
<td>167</td>
<td>40</td>
<td>127</td>
</tr>
<tr>
<td><strong>Type of Homicide</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homicide</td>
<td>69</td>
<td>52.3</td>
<td>17</td>
</tr>
<tr>
<td>Homicide-Suicide</td>
<td>63</td>
<td>47.7</td>
<td>18</td>
</tr>
</tbody>
</table>
### Table 2

*Victim and Perpetrator Age (years)*

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<th>Total</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Victim</td>
<td>40.86</td>
<td>13.69</td>
<td>44.20</td>
</tr>
<tr>
<td>Perpetrator</td>
<td>43.55</td>
<td>13.75</td>
<td>47.11</td>
</tr>
</tbody>
</table>
Table 3

*Employment and Relationship Status*

<table>
<thead>
<tr>
<th>Employment Status (Perpetrator)</th>
<th>Total</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>n</td>
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<tr>
<td>Employed</td>
<td>58</td>
<td>43.9</td>
<td>15</td>
</tr>
<tr>
<td>Unemployed</td>
<td>42</td>
<td>31.8</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
<td>17.4</td>
<td>8</td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
<td>3.8</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship Status</th>
<th>Total</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Legal Spouse</td>
<td>48</td>
<td>36.4</td>
<td>16</td>
</tr>
<tr>
<td>Estranged/Separated</td>
<td>53</td>
<td>40.1</td>
<td>8</td>
</tr>
<tr>
<td>Common-Law</td>
<td>25</td>
<td>18.9</td>
<td>9</td>
</tr>
<tr>
<td>Dating</td>
<td>6</td>
<td>4.5</td>
<td>2</td>
</tr>
</tbody>
</table>
2.3 Procedure

Following an oath of confidentiality and approval of the University of Western Ontario’s Ethics Review Board, the researcher was granted access to case summaries by the Chief Coroner of Ontario. Cases were identified using study numbers in order to ensure confidentiality and maintain objectivity. Nevertheless, extreme cases are often publicized in the media that could correspond with the details in the case, identifying it. In such cases, confidentiality is of utmost importance. The researcher ensured each case was referred to by its case number and details were not released. Cases and files pertaining to the cases were stored electronically on a password-protected computer.

Cases were first categorized based on their level of rurality as defined by Statistics Canada (2001). Rural areas were defined as populated places, for example towns and villages, with less than 1 000 population; small population centres were defined as populated places with a population between 1 000 and 29 999. Medium population centres were defined as populated places with a population between 30 000 and 99 999, while large urban population centres were defined as populated places with a population over 100 000. Due to low frequency of cases, rural areas and small population centres were collapsed into the variable “rural”. Medium urban areas were not included in analysis as this range of population does not reflect the unique differences present between rural and urban areas because these areas often have some resources but not as extensive as urban areas and not as limited as rural. Additionally, medium population centres may or may not have greater access to large urban areas, and it is difficult to determine whether victims of domestic violence are able to access those resources.
Therefore, two groups were compared: rural areas with a population of less than 29,999 and urban areas with a population of over 100,000.

An attempt was made to categorize cases into Metropolitan Influenced Zones (MIZ), which are based on the percentage of the population that commutes to a Census Metropolitan Area according to Statistics Canada (2012). Due to insufficient cases in each category, this study was unable to use MIZ zones as a variable examining the unique characteristics of rural and urban areas.

The presence of each risk factor was coded using a three-point response format (1 = no, 2 = yes, 3 = unknown). If insufficient information was available regarding a specific item, the item was scored as unknown and omitted from the total score during each individual analysis. Therefore, each variable contains a different N value. Various Chi Square tests were performed to determine the relationship between rurality and domestic homicide risk factors.

3 Results
3.1 Separation vs. rurality

Analysis revealed that 73% (92 of 132) of cases involved actual or pending separation between intimate partners which was found to be significantly different between rural (54.50%) and urban homicides (79.60%), $\chi^2(1, N=126) = 7.74, p < 0.01$ (see Table 4). Consistent with this study’s hypothesis, results indicate that separation was more likely to occur in urban areas compared to rural areas. However, results revealed that there was not a significant difference in the number of cases involving a history of separation, $\chi^2(1,$
$N=89) = 1.62, ns$ or the number of victims who sought safe housing $\chi^2(1, N=77) = 0.10, ns.$

### 3.2 Excessive alcohol and/or drug use by the perpetrator

Results indicate that excessive alcohol and/or drug use by the perpetrator was not significantly different between rural (33.30\%) and urban areas (31.00\%), $\chi^2(1, N=120) = 0.058, ns.$ Additionally, analysis did not reveal a significant difference in perpetrators receiving prior substance abuse treatment between rural (18.8\%) and urban areas (10.30\%), $\chi^2(1, N=110) = 1.474, ns.$

### 3.3 Access to or possession of any firearms vs. rurality

Results indicate that perpetrators of domestic homicide were more likely to have access to or possession of a firearm in rural (51.50\%) areas compared to urban (23.90\%), $\chi^2(1, N=125) = 8.62, p < 0.005$ (see Table 5). Additionally, there was a significant difference between rurality and the method of homicide, $\chi^2(1, N = 130) = 10.81, p < 0.005.$ A post hoc was conducted; $\chi^2$ and $p$ values were adjusted for the 3x2 table and the Bonferroni adjustment was set at 0.017. Post hoc analysis revealed that, in rural areas, domestic homicides are significantly more likely to be completed using a gun (45.50\%) than a knife (21.21\%) or any other weapon, (33.33\%); whereas in urban areas, domestic homicide was significantly more likely to be completed using a knife (40.21\%) or other forms (42.27\%) compared to guns (42.27\%), $\chi^2 (1, N = 130) = 9.42, p < 0.005$ (see Table 6). There was not a significant difference between rural and urban domestic homicides.
Table 4

Factors of Separation vs Rurality

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Rural</th>
<th>Urban</th>
<th>( \chi^2 )</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual or pending separation</td>
<td>126</td>
<td>18</td>
<td>74</td>
<td>7.74*</td>
<td>1</td>
</tr>
<tr>
<td>History of separation</td>
<td>89</td>
<td>15</td>
<td>27</td>
<td>1.63</td>
<td></td>
</tr>
<tr>
<td>Victim sought safe housing</td>
<td>77</td>
<td>6</td>
<td>14</td>
<td>0.10</td>
<td></td>
</tr>
</tbody>
</table>

*p < .01
Table 5

_Findings of Chi Square Analysis Relating to Firearms vs Rurality_

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Rural</th>
<th>Urban</th>
<th>X^2</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to or possession of firearm</td>
<td>125</td>
<td>17</td>
<td>22</td>
<td>8.62*</td>
<td>1</td>
</tr>
<tr>
<td>Prior threats with weapon</td>
<td>108</td>
<td>5</td>
<td>25</td>
<td>1.54</td>
<td></td>
</tr>
<tr>
<td>Prior assault with weapon</td>
<td>106</td>
<td>1</td>
<td>14</td>
<td>2.78</td>
<td></td>
</tr>
<tr>
<td>Evidence of excessive violence</td>
<td>126</td>
<td>2</td>
<td>14</td>
<td>1.45</td>
<td></td>
</tr>
</tbody>
</table>

*p < .01
Table 6

Method of Domestic Homicide vs Rurality

<table>
<thead>
<tr>
<th></th>
<th>Gun n</th>
<th>Gun %</th>
<th>Knife n</th>
<th>Knife %</th>
<th>Other n</th>
<th>Other %</th>
<th>$\chi^2$</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>15</td>
<td>45.5</td>
<td>7</td>
<td>21.2</td>
<td>11</td>
<td>33.3</td>
<td>10.81*</td>
<td>2</td>
</tr>
<tr>
<td>Urban</td>
<td>17</td>
<td>17.5</td>
<td>39</td>
<td>40.2</td>
<td>41</td>
<td>42.3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$\chi^2$ and p value adjusted for 3x2 matrix
Bonnferroni adjustment set at 0.017
*p < .017
involving the following; prior threats with a weapon $\chi^2(1, N=108) = 1.54$, $ns$, prior assault with a weapon, $\chi^2(1, N=106) = 2.78$, $ns$ or evidence of excessive violence, $\chi^2(1, N=126) = 1.45$, $ns$.

3.4 Safety plan and risk management plan vs. rurality

Results indicate that 16.1% (12 of 93) of domestic homicide perpetrators had a formal risk assessment completed which was not significantly different between rural (13%) and urban areas (17.10%), $\chi^2(1, N=93) = 0.022$, $ns$. In addition, 15.9% (14 of 88) of the perpetrators received risk assessments that lead to a safety plan and risk management plan which was not significantly different between rural (9.10%) and urban areas (18.20%), $\chi^2(1, N=88) = 1.02$, $ns$.

3.5 Additional findings

Exploratory analysis revealed that sexual jealousy was significantly more common in urban homicides (51.90%) compared to rural (20.70%), $\chi^2(1, N=110) = 8.43$, $p < .005$ (see Table 5). Additionally, perpetrators of domestic homicide in urban areas were significantly more likely to exhibit obsessive behaviour towards the victim compared to perpetrators in rural areas, $\chi^2(1, N=120) = 6.88$, $p < 0.01$ (see Table 7). Specifically, 54.9% of domestic homicides in urban areas involved obsessive behaviour exhibited by the perpetrator compared to 41.0% in rural areas. However, analysis did not reveal a significant difference in number of perpetrators endorsing misogynistic attitudes between rural and urban areas, $\chi^2(1, N=94) = 1.00$, $ns$. 
Table 7

*Factors of Oppressive Behaviour vs Rurality*

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Sexual jealousy</td>
<td>110</td>
<td>6</td>
<td>42</td>
</tr>
<tr>
<td>Obsessive behaviour</td>
<td>120</td>
<td>13</td>
<td>61</td>
</tr>
<tr>
<td>Misogynistic attitudes</td>
<td>94</td>
<td>8</td>
<td>30</td>
</tr>
</tbody>
</table>

*p < .01  
**p < .005
Chapter 2

4 Discussion

This study was a retrospective investigation that explored the difference in domestic homicide risk factors present between rural and urban areas in an effort to identify distinct risk factors that place women at risk for domestic homicide. As a number of risk factors presently exist for domestic homicide, this study examined whether the risk factor was dependent on location of homicide. Specifically, it examined variables that research identified to be a risk in rural populations such as separation, alcohol abuse, firearms, prior threats with a weapon, prior assault with a weapon, as well as what safety plans and risk management plans are in place. In essence, are there risk factors that put a woman at danger depending on where she lives? The study involved an extensive review of domestic homicide case summaries reviewed by the Domestic Violence Death Review Committee (DVDRC). These homicides occurred in Ontario during 2003 to 2012. The summaries provided details regarding risk factors that were present for the victim and the perpetrator.

Based on previous literature, there were a number of predictions for this study. First, it was predicted that rural and urban females would experience different risk factors due to the culture and availability of resources in their area. Second, it was predicted that rural homicides are less likely to involve separation. Third, rural homicides are more likely to involve alcohol/substance abuse. Fourth, victims living in rural areas will be less likely to have safety plans in place than those in urban areas. Fifth, perpetrators living in rural areas will have fewer risk management plans. Sixth, the presence of firearms will be
associated with higher risk of lethality in rural areas compared to urban which may be due to the general higher rate of gun ownership in rural areas. And last, rural homicides will be associated with higher rates of prior assault and threats with a weapon.

Results from this study were consistent with a number of the hypotheses. This study found that rural women were less likely to have had separated from their intimate partner, rural perpetrators had greater access to firearms, and rural perpetrators were more likely to use firearms as the means of homicide. Additional analysis revealed that urban perpetrators were more likely to display sexual jealousy and obsessive behaviour.

4.1 Separation

Consistent with one of the hypotheses, this study found that rural victims were less likely to be separated from their partner at the time of the homicide. However, results show that rural women had a history of separation similar to urban women. This indicates that rural women are leaving the relationship, but often return to their intimate partner. Rural women face unique barriers that make separating from their intimate partner difficult such as lack of available resources, geographic and social isolation, and community values that encourage women to remain with their abuser and not upset the cultural norms (Doherty & Hornorsty, 2008). Additionally, research suggests rural areas may endorse a tolerance towards domestic violence (Logan et al., 2001), which may hinder women from seeking out services even if they are available. Shannon, Logan, Cole and Medley (2006) conducted a study in rural and urban areas of America and found that rural women were less likely to use help-seeking resources than their urban counterparts. This study found that few women, rural or urban, sought safe housing as only 8% of rural women and 18% of urban women searched for a safe place to live. These women may not have seen the
need to stay separated or to seek a safe place. Therefore, rural women appear to try separation but return to their intimate partner which is likely due to lack of resources available to them that make separation easier, as well as pressure from their family, friends and culture that encourage them to stay with their partner.

Urban women, however, separated from their intimate partner but were more likely to be killed while separated. This study found that the majority of urban domestic homicide victims (80%) were involved in an actual or pending separation from their intimate partner during the time of the homicide. This may be because perpetrators in urban settings realised that it was easier to separate and that, eventually, the separation would be successful. Whereas rural perpetrators knew that their partners may leave but would eventually return. Therefore, urban women are in danger as separation is a dangerous time for them. As such, it is of utmost importance that safety measures and resources are in place for urban women when they are contemplating separation. Whereas for rural women, separation may not be as dangerous of a time for them, but they return to an abusive environment because of social pressure and fewer resources which is also dangerous.

DeKeseredy and Rennison (2013) outlined the challenges of rural policing. Research has shown that biased policing may be more common in rural areas. Because rural areas have a low population, rural police officers often live in the small towns in which they work and form bonds with the people. Rural police tend to have dual relationships with the people they serve as many police officers in rural town will play sports with men who abuse their partners, drink with them, be friends, and refuse to arrest them because of what is referred to in Australia as “mateship norms” (Owen, 2012; Scott & Jobes, 2007).
This lack of anonymity plays a negative role in women seeking support because they do not see the police as a trusting third party and view the justice system as less helpful (Shannon, Logan, Cole & Medey, 2006). DeKeseredy & Schwartz (2009) qualitative study found that, in rural Ohio, patriarchal male support is more entrenched in rural communities. Many rural women know that the police and their abusive partner may be friends and the police would refuse to arrest due to that friendship (DeKeseredy & Joseph, 2006; Zorza, 2002). Women may not feel as though they would have any support from law enforcement if they were to disclose abuse or seek services from police when they try to separate.

Logan and colleagues (2004) found that both access to resources and community barriers play a role in rural women’s help seeking behaviour. Rural community norms often prohibit women from speaking about domestic violence and searching for resources (Brownridge, 2009; DeKeseredy & Schwartz, 2008; Lewis, 2013). Rural culture also tends to endorse a conservative ethos that tolerates, minimizes, and blames the victim for causing conflict in the relationship and not being a dutiful and submissive wife (Doherty & Hornosty, 2004). Tolerance towards women abuse reinforces the cycle of domestic violence and acts as a barrier to them seeking support (DeKeseredy & Schwartz, 2008; Lewis, 2013).

Websdale (1998) highlights the effect of isolation on separation between intimate partners. By their nature, rural areas are more isolated which often means that there is a greater physical distance from supports such as schools, hospitals, social services, transportation etc. For some women, the sheer distance they are from supports often exacerbates the difficulty of separating from her partner. For example, when her home is
located several kilometres from a paved road the effort needed to leave is even greater; additionally, although she might be able to physically walk, the limiting effects of isolation is intensified if she wants to take her children or pets with her.

4.2 Alcohol

Contrary to this study’s prior hypothesis, excessive alcohol or substance use was not found to be different between rural and urban areas. However, results of this study mirror results in Logan, Walker, and Leukfeld’s (2001) Kentucky study which also found that rural and urban areas exhibited similar alcohol consumption rates among perpetrators of domestic violence. Few studies besides Logan, Walker, and Leukfeld (2010) have examined the relationship between alcohol consumption in rural communities and domestic homicide, but other studies have found that, in general, alcohol is a contributing cause in domestic violence (Leonard, 2001) and homicide (Roberts. 2009). Studies in the United States (Logan, Walker, & Leukfeld, 2010) and New Brunswick (Doherty, 2006) found that approximately 70-75% of domestic violence perpetrators use alcohol, but this study found that, overall, only approximately one-third of this study’s perpetrators were known to consume an excessive amount of alcohol or drugs. This difference may be due to the definition of “excessive” in each study. In this study, excessive alcohol or substance use was coded by the DVDRC as the following:

…substance abuse that appeared to be characteristic of the perpetrator’s dependence on, and/or addiction to, the substance. An increase in the pattern of use and/or change of character or behaviour that is directly related to the alcohol and/or drug use can indicate excessive use by the perpetrator. For example, people described the perpetrator as constantly drunk or claim that they never saw him without a beer in his hand. This dependence on a particular substance may have impaired the perpetrator’s health or social functioning (e.g., overdose, job loss, arrest, etc) (Appendix C).
4.3 Firearms

Consistent with this study’s hypotheses and previous research, analysis revealed that firearms are associated with a higher risk of lethality in rural areas. In this study, rural perpetrators were more than twice as likely to have access to or possession of firearms and to use those guns in the context of domestic homicide. Doherty & Hornosty (2008) discuss gun culture in rural New Brunswick and its relation to domestic homicide. Gun culture consists of the traditions and values that have been passed on for generations in rural communities. Firearms in rural areas are typically used for hunting and target practice, and gun safety is viewed more liberally in rural communities. Strong community values around hunting, target practice and other law-abiding activities are often present in rural areas. While these firearms may have been purchased initially for law-abiding activities, previous research has shown that access to firearms by an abusive partner increases risk of homicide by 500% (Campbell et al., 2003). Doherty and Hornosty learned that “long guns can and do become weapons, taking on a menacing quality that contributes to a climate of fear and control in homes that are experiencing family violence” (2008, p. 1). As rural perpetrators have greater access to firearms, it poses as a unique risk factor for rural women in terms of domestic homicide.

This study replicated previous research, which found that the majority of domestic homicides involve the use of firearms (Dawson, 2001; Gwinn, 2006; Sorenson, 2006). In this study, death by firearms was more than two times more common than by knives or other means in rural areas, whereas in urban areas, knives or other means such as strangulation or beaten to death were more common than guns. Based on previous literature, it is strongly supported that intimate partners who have access to firearms pose
a great risk to women (Bailey et al., 1997; Campbell et al., 2003; Kellerman & Mercy, 1992; Wiebe, 2003).

Contrary to hypothesis, rural victims were no more likely to experience prior threats or assaults with a weapon. However, while 14% of victims, overall, experienced prior assault with a weapon and 28% experienced prior threats with a weapon, only 79% were killed with a weapon. Therefore, even when there has been no history of assault or threat with a weapon, both urban and rural women are still at risk of homicide, and the presence of weapons in itself is a threat to women even if they are never used or made explicit.

The majority of this research on domestic homicide and access to firearms is conducted in the United States. Canada and the United States share many similarities regarding socioeconomics and culture but differ on firearm prevalence and regulation (Hepburn & Hemenway, 2004). A review of the literature found that individuals in the United States have greater access to firearms and statistically significant gun prevalence–homicide association compared to Canada (Hepburn & Hemenway, 2004). Specifically, these authors examined studies comparing northern states to the adjacent Canadian provinces and found that Americans had four to ten times as many guns per 1000 people and the United States’ homicide rate was three times higher than Canada.

### 4.4 Safety and Risk Management Plans

This study predicted that perpetrators in rural areas would be less likely to have a risk assessment completed; however, results revealed that few perpetrators in general received risk assessments. A risk assessment was completed in only 16% cases, and a risk assessment lead to safety plans and risk management plans in 16% cases. There was not a
significant difference between rural and urban areas, which could be due to the low frequency of assessments overall.

4.5 Additional Findings
This study found two additional findings: urban perpetrators more commonly displayed sexual jealousy and obsessive behaviour. The difference in sexual jealousy and obsessive behaviour between locations also coincides with the difference found in separation rates. Research found that perpetrators’ attempt to control their victim increases as separation progresses (Brownridge, 2006). It is possible that as separation progresses, urban perpetrators feel their control slipping and realise that their partners have access to resources that make separation easier. As a result, they may display sexual jealousy and obsessive behaviour in an attempt to regain that control. However, no literature currently examines sexual jealousy and obsessive behaviour in urban areas. Therefore, additional research is necessary to explore this dynamic if it is replicated.

4.6 Implications of Research
This study highlights the importance of allocating different resources and placing emphasis on different safety measures depending on where the woman resides in an effort to keep her safe. It is of great importance that women have the resources necessary to separate safely from their partner as well as recognising that more urban women separate from their intimate partner, which puts them at an increased risk for homicide.

Even though rural women are not separating at the rate of urban women, they may still be at risk for domestic homicide. Therefore, it may be necessary for risk assessments to take into consideration where the victim lives. Additionally, professionals and others in rural
areas should be aware that even though a woman is not contemplating separation, she still may be in danger of violence or homicide, whereas professionals in urban areas need to realise the danger a woman is in if she is contemplating separation.

Victims of domestic violence often experience physical and psychological health impacts. Because of these concerns, victims are likely to come in contact with the health care system (Campbell, 2002; Hughes, 2010; Plichta, 2004; Van Hook, 2000). As a result, health care providers are often first responders to recognising domestic violence. Service providers such as family physicians who may come in contact with women who are abused need to refer women to community resources and support in an effort to help reduce violence in their lives (Hughes, 2010). Due to lack of available resources in rural communities, support offered by health care and service providers is crucial. However, it is imperative that additional services be developed or made available to domestic violence victims and perpetrators living in rural communities (DVDRC, 2006).

Additionally, if a service provider learns of a woman’s intention to separate from her partner, providers needs to be aware of the danger so that they can provide supports accordingly so that women can leave an abusive relationship without facing more violence.

A common response to learning about domestic violence is often, “Why don’t battered women just leave home? … If it happened to me, I’d be out the door in a flash” (DeKeseredy & Schwartz, 2009, p. 3). Anyone coming in contact with women who experience domestic violence such as physicians, nurses, counsellors, schools, family, friends, or police need to understand women’s hesitation to separate from their intimate partner, as previously discussed. These obstacles are intensified for women in rural
communities. It is also important that service providers provide adequate safety planning particularly for rural women who are not thinking of separating and remaining in an abusive relationship.

Access to firearms greatly increases risk of femicide (Campbell et al., 2003), and use of firearms during domestic violence greatly increases the risk of death (Saltzman et al., 1992). This study found that rural areas have greater access to guns and are more likely to use guns in the context of domestic homicide; therefore, measures need to be put into place to ensure that women are safe. Almost half of the domestic homicides occurring in rural areas are completed with firearms. Therefore, unique continued efforts are necessary to ensure women are safe in both urban and rural areas.

The use of firearms in domestic homicide has decreased by 74% since the introduction of stricter gun control legislation (RCMP, 2010; Statistics Canada, 2011). Outside of urban centres where there is a population of less than 100 000, long guns are the weapon of choice in domestic homicides (RCMP, 2010). The debate on gun control is extensive; however, “[g]un control is less about guns and more about violence” (Alberta Council of Women’s Shelter, 2006). Since the restriction of long-guns, the rate of domestic homicide has decreased significantly (RCMP, 2010). Since its inception in 1998 the RCMP refused or revoked over 9 000 gun licenses due to a history of violence, mental illness, potential risk to oneself or others, unsafe firearm use and storage, drug offences, and providing false information resulting in potentially dangerous people being prevented from owning lethal firearms (Alberta Council of Women’s Shelter, 2006; RCMP, 2010). Although firearms are a reality in rural Ontario, restricting licenses and removing guns from homes where concerns are raised may contribute to preventing domestic homicide.
Within this study the majority of perpetrators had several risk factors and yet over 75% of the perpetrators had access to a weapon. Family, friends, and police need to be able to identify risk factors in an individual so that if they see these risk factors and know that the individual is in possession of a firearm they are able to recognise the danger and take steps to prevent possible harm.

Police, Crowns, and those involved in the justice system need to be aware of the role firearms play when they are investigating cases of domestic violence. Office of the Chief Coroner (1998) recommended that police should be educated on policies and procedures such as background investigations for buyers of firearms and monitoring for compliance. This legislation is linked to women’s safety. Given the role that firearms play in the cycle of domestic violence, it is imperative that police officers are aware of policies regarding weapon seizures during domestic violence investigations. As more individuals have access to weapons in rural areas, police officers in these areas need to be even more vigilant by knowing the strategies to reduce domestic violence and apply such strategies.

The law is only one solution; implementing these laws takes a community of people including police officers to know the laws and enforce them, physicians, social workers, and schools to recognise warning signs and complete risk assessments, and family, friends and neighbours to raise awareness. As police officers are often the only service available to rural victims of domestic violence, it is crucial that police officers are continually educated in the dynamics of domestic violence (DVDRC, 2007). Those with front-line experience with victims and perpetrators need to be educated in order to implement strategies. Gun control will not cure the issue of domestic homicide, but it is intended to reduce the number of individuals who pose a risk to themselves or others.
from accessing firearms. Additionally, it intends to keep firearms away from individuals with a history of domestic abuse or who are at risk of violence.

Research has shown that men who receive intervention for domestic violence-related offences are significantly less likely to reoffend, be identified by police as part of a street check, and be the subject of a complaint which all resulted in lower amount of police time (Scott, Heslop, Kelly, & Wiggins, 2013). Prevention strategies such as reaching out to domestic violence offenders through safety planning, risk management and providing intervention are a key strategy in reducing domestic homicide rates.

Education is crucial to successfully preventing domestic homicides. Domestic violence is influenced by society’s attitudes such as “mind your own business”. Attitudes can change when awareness is raised (Case, 2007; Case & Stewart, 2010). For example, attitudes and behaviours changed towards sexual orientation rights and racial equalities when students were taught about these issues (Case, 2007; Case & Stewart, 2010). These students are sons, daughters, neighbours and friends. The same change can occur for domestic violence. Few perpetrators in this study received risk assessments or safety plans. This means that it is even more imperative that families and friends are educated on warning signs and next steps since professionals are not completing these assessments for every individual. Women are less likely to seek support when they feel that people are ill equipped, unwilling to help, or unsympathetic to their situation (Logan et al., 2007; Peckover, 2003). Continual education is crucial, for when we learn about the realities women face as well as warning signs, risks, and ways to keep women safe we make a difference. While supporting victims of violence is necessary, emphasis on prevention can shift social norms and act as a foundation for change (Neighbours Friends and
Family, 2015). Laws and policies also play a crucial role in keeping women safe, and knowledge and education are key aspects that influence laws and policies.

4.7 Limitations

Although this study replicated various findings from previous research, it does contain several limitations. This study used a secondary data set to gain information on domestic homicide cases, which can jeopardize reliability as individuals provide initial interpretations on the data. This leaves room for error even though qualified professionals gathered the information. Some information was missing and not included in the reports as the DVDRC relied on various sources and a summary of the events that took place. The DVDRC is not always able to ascertain all the relevant reports and interviews or conduct the interviews themselves. The committee must rely on others to complete the reports, and this leaves room for errors and missing data. Also, for some cases, the victim and/or perpetrator may not be involved with their families or agencies, and, therefore, less information is available.

Another study limitation is the sample size. The DVDRC was formed in 2003, providing the researcher access to 183 cases, 132 of which met the initial criteria. Of these 132 cases, only 35 were rural and 97 were urban. Examining 35 rural cases may not adequately identify unique factors that place women at risk of homicide. The findings of this study may not be generalizable to all domestic homicides. However, the purpose of this research was to provide more insight into the specific risk factors the rural and urban women face. These findings may not be generalizable to findings across Canada since they are limited to Ontario; however, this study may spur on more in-depth study further identifying the unique factors that place women at risk of domestic homicide.
The definition of rural varies throughout research from areas with populations with less than 1,000 (Statistics Canada, 2001), less than 5,000 (Mcdonald, Mihorean, Maclean, Crutcher, & Jenner, 2011), or according to Beale Urban Influence Codes in the United States (Gallup-Black, 2005; Logan, Walker, Leukefeld, 2001). Due to limited case numbers, this study combined rural areas, which are areas with a population of less than 1,000, and small metropolitan areas, which are areas with a population between 1,000 and 29,999 according to Statistics Canada (2001). Because of the wide varieties of rural classification within the literature, it is difficult to compare studies and generalise their findings. This use of crude categories to define urban and rural areas allowed this study to examine differences between the two categories but it may have masked significant differences within each category.

This study was based on the assumption that homicides occur in the town in which the victim and perpetrator reside. However, the study did not take into account the possibility that either the perpetrator or the victim lived in a different area or how long they had been living in the area. In Southwestern Ontario, it is common for small communities to be located within close proximity of large metropolitan areas. These communities are rural by definition but are not isolated like Northern Ontario rural communities are. Due to the limited number of cases within the database, this study was not able to take into account the proximity of the homicide to a metropolitan area, which may influence their access to resources or culture of the rural areas. Rather, this study based the analysis solely on the population of the homicide location.

Medical accessibility and efficacy constantly increases; this study included attempted homicide for the first few years but then did not include it for the following years. It is
possible that homicidal intention was present for attempted homicides that have occurred over the past eight years, but, due to the increased efficacy of medical intervention, more victims are able to survive. These victims, therefore, may be excluded from the database due to medical intervention rather than lower homicide rates.

While this study found that few perpetrators received a risk assessment and safe management plan, there are two possible interpretations of this data. First, it is possible that professionals are not completing risk assessments when potential perpetrators are in contact with local agencies. However, it is also possible that risk assessments are completed they are successful in preventing homicide, and, therefore, the potential victims do not become part of this database. This database does not examine successful cases where homicide is evaded.

Research has shown that men are more likely to complete suicide, but women are more likely to attempt suicide. The difference exists in the means that they use such that men are more likely to use more lethal means (Oquendo et al., 2007). This could also be true for domestic homicide. This study excluded women perpetrators from the sample because the instance of homicide was lower; however, this ratio may be distorted due to the lethality of means used. Including attempted homicides in analysis may more accurately reflect the rate of homicide intention and attempts for female perpetrators.

4.8 Recommendations for Future Research

Based on current results, it appears rural and urban areas have different risk factors for domestic homicide. These are important findings because most risk assessments do not take into consideration where individuals live. Due to the infancy of the demonstrated
relationship between rurality and risk factors, more research is needed to further explore this finding, especially with Canadian populations. As discussed within the limitation section, this study was not able to take into account a populations’ degree of isolation; thus, it is important for future researchers to take into consideration the proximity of rural communities to from urban areas. Future researchers may wish to use Metropolitan Influence Zones (MIZ) to categorize cities based on their population and percentage of population that commutes to a metropolitan area in order to differentiate small communities that have access to cities and their resources compared to remote areas. An urban area may have more influence on the attitudes and culture of a rural community if a large portion of the rural population is commuting to an urban area. Similarly, if individuals are commuting to an urban area they may have access to resources not available within their own community.

Along similar lines, it would be interesting to examine the differences in rural women who have separated safely compared to those who were killed after or during separation. By comparing these two different cohorts, researchers may be able to examine the factors that made safe separation possible. Additionally, it would allow researchers to compare resources that are available to each in an effort to determine which ones are effective in safely supporting women who try to separate from their intimate partners.

For statistical purposes, researchers may wish to replicate this study with a larger sample. A larger sample would increase the generalizability of this study, provide stronger statistical significance of the findings, and more reliably represent the sample mean. In addition, a larger sample size would allow researchers to segment the population according to MIZ zones in order to account for both the community’s degree isolation as
well as its population as previously discussed. Replicating findings would also lend to the reliability of results.

Finally, it would be interesting to examine sexual jealousy and obsessive behaviour in urban males more in depth. This study found that these attitudes and behaviours are more common in urban males, but no research has examined why this is the case. Additionally, research may wish to focus on the factors that perpetuate these attitudes and behaviours including the urban culture, norms, and resources.

5 Conclusion

This study attempted to identify risk factors that are associated with domestic homicide that are unique for rural and urban areas in Ontario. Analysis of these variables found that the nature of domestic homicide varies between urban and rural areas. Specifically, access to and use of firearms was greater in rural areas while separation, sexual jealousy, and obsessive behaviour were associated with a significant risk of lethality in Ontario urban areas. This study examined 132 cases. By examining factors that put women at risk for domestic homicide, specifying the risk factors to each woman’s unique circumstances, and educating society and policy it may be possible to reduce the number that is added to this database. The goal of this study was to examine what places a woman in danger in the hopes of saving the lives of future domestic violence victims. Rural and urban areas entail unique cultures, norms, services, resources, and people. Risk assessments, professionals, and policies need to realise that these unique characteristics have an effect on the risks a woman faces with her intimate partner. Domestic homicide is an extreme concern, and identifying risk factors is the basis for prevention, for
“domestic homicide can be considered one of the most pressing societal issues facing the members of our society today” (Wiltsey, 2008, p.9).
References


Hughes, J. (2010). Putting the pieces together: How public health nurses in rural and remote canadian communities respond to intimate partner violence. *Online Journal of Rural Nursing and Health Care, 10*(1), 34.


Appendix A: Risk Factors

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>N</th>
<th>Rural</th>
<th>N</th>
<th>Rural</th>
<th>X²</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of violence outside of family</td>
<td>110</td>
<td>20</td>
<td>30</td>
<td>38.5</td>
<td>5.29*</td>
<td>1</td>
</tr>
<tr>
<td>History of domestic violence</td>
<td>119</td>
<td>21</td>
<td>76</td>
<td>84.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior threats to kill victim</td>
<td>112</td>
<td>12</td>
<td>43</td>
<td>51.8</td>
<td></td>
<td></td>
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<tr>
<td>Prior threats with a weapon</td>
<td>108</td>
<td>5</td>
<td>25</td>
<td>30.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior assault with a weapon</td>
<td>106</td>
<td>1</td>
<td>14</td>
<td>17.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior threats to commit suicide</td>
<td>101</td>
<td>17</td>
<td>39</td>
<td>54.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior suicide attempts</td>
<td>103</td>
<td>7</td>
<td>22</td>
<td>29.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior attempts to isolate victim</td>
<td>118</td>
<td>12</td>
<td>36</td>
<td>41.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Controlled most or all of victim’s daily activities</td>
<td>120</td>
<td>11</td>
<td>37</td>
<td>43.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior hostage-taking and/or forcible confinement</td>
<td>126</td>
<td>6</td>
<td>13</td>
<td>14.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior forced sexual acts and/or assaults during sex</td>
<td>94</td>
<td>2</td>
<td>10</td>
<td>14.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child custody or access disputes</td>
<td>127</td>
<td>3</td>
<td>9</td>
<td>9.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior destruction or deprivation of victim’s property</td>
<td>120</td>
<td>4</td>
<td>12</td>
<td>13.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior violence against family pets</td>
<td>126</td>
<td>2</td>
<td>2</td>
<td>2.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior assault on victim while pregnant</td>
<td>108</td>
<td>0</td>
<td>6</td>
<td>7.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choked/Strangled victim in the past</td>
<td>92</td>
<td>5</td>
<td>15</td>
<td>23.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perpetrator was abused and/or witnessed domestic violence as a child</td>
<td>50</td>
<td>12</td>
<td>10</td>
<td>33.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escalation of violence</td>
<td>118</td>
<td>15</td>
<td>48</td>
<td>55.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obsessive behaviour displayed by perpetrator</td>
<td>120</td>
<td>13</td>
<td>61</td>
<td>54.9</td>
<td>6.88**</td>
<td>1</td>
</tr>
<tr>
<td>Perpetrator unemployed</td>
<td>129</td>
<td>12</td>
<td>36</td>
<td>38.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim and perpetrator living common-law</td>
<td>129</td>
<td>9</td>
<td>22</td>
<td>23.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presence of stepchildren in the home</td>
<td>131</td>
<td>4</td>
<td>11.4</td>
<td>10</td>
<td>10.4</td>
<td></td>
</tr>
<tr>
<td>Extreme minimization and/or denial of spousal assault history</td>
<td>110</td>
<td>6</td>
<td>20.0</td>
<td>19</td>
<td>23.8</td>
<td></td>
</tr>
<tr>
<td>Actual or pending separation</td>
<td>126</td>
<td>18</td>
<td>54.5</td>
<td>74</td>
<td>79.6</td>
<td>7.74***</td>
</tr>
<tr>
<td>Excessive alcohol and/or drug use by perpetrator</td>
<td>120</td>
<td>11</td>
<td>33.3</td>
<td>27</td>
<td>31.0</td>
<td></td>
</tr>
<tr>
<td>Depression – in the opinion of family/friend/acquaintance - perpetrator</td>
<td>114</td>
<td>20</td>
<td>62.5</td>
<td>40</td>
<td>48.8</td>
<td></td>
</tr>
<tr>
<td>Depression – professionally diagnosed – perpetrator</td>
<td>116</td>
<td>14</td>
<td>43.8</td>
<td>22</td>
<td>26.2</td>
<td></td>
</tr>
<tr>
<td>Other mental health or psychiatric problems – perpetrator</td>
<td>113</td>
<td>10</td>
<td>31.3</td>
<td>28</td>
<td>34.6</td>
<td></td>
</tr>
<tr>
<td>Access to or possession of any firearms</td>
<td>125</td>
<td>17</td>
<td>51.5</td>
<td>22</td>
<td>23.9</td>
<td>8.62***</td>
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<td>New partner in victim’s life</td>
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<td>28.1</td>
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<td>23.5</td>
<td>32</td>
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<td>15.0</td>
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<td>4.8</td>
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<td>After risk assessment, perpetrator had access to victim</td>
<td>122</td>
<td>4</td>
<td>12.5</td>
<td>15</td>
<td>16.7</td>
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<tr>
<td>Youth of couple</td>
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<td>4</td>
<td>11.4</td>
<td>7</td>
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<td>Sexual jealousy</td>
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<td>20.7</td>
<td>42</td>
<td>51.9</td>
<td>8.43***</td>
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<td>Misogynistic attitudes – perpetrator</td>
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<td>32.0</td>
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<td>14</td>
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<td>Victim’s intuitive sense of fear of perpetrator</td>
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<td>12</td>
<td>41.4</td>
<td>52</td>
<td>62.7</td>
<td>3.97*</td>
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<tr>
<td>Perpetrator threatened and/or harmed children</td>
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<td>5</td>
<td>17.9</td>
<td>23</td>
<td>28.7</td>
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*  p < 0.05
**  p < 0.01
***  p < 0.005
Appendix B: Coding Form

Ontario Domestic Violence Death Review Committee Risk Factor Coding Form

(see descriptors below)

A= Evidence suggests that the risk factor was not present

P= Evidence suggests that the risk factor was present

Unknown (Unk) = A lack of evidence suggests that a judgment cannot be made

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Code (P,A, Unk)</th>
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</thead>
<tbody>
<tr>
<td>1. History of violence outside of the family by perpetrator</td>
<td></td>
</tr>
<tr>
<td>2. History of domestic violence</td>
<td></td>
</tr>
<tr>
<td>3. Prior threats to kill victim</td>
<td></td>
</tr>
<tr>
<td>4. Prior threats with a weapon</td>
<td></td>
</tr>
<tr>
<td>5. Prior assault with a weapon</td>
<td></td>
</tr>
<tr>
<td>6. Prior threats to commit suicide by perpetrator*</td>
<td></td>
</tr>
<tr>
<td>7. Prior suicide attempts by perpetrator* (if check #6 and/or #7 only count as one factor)</td>
<td></td>
</tr>
<tr>
<td>8. Prior attempts to isolate the victim</td>
<td></td>
</tr>
<tr>
<td>9. Controlled most or all of victim's daily activities</td>
<td></td>
</tr>
<tr>
<td>10. Prior hostage-taking and/or forcible confinement</td>
<td></td>
</tr>
<tr>
<td>11. Prior forced sexual acts and/or assaults during sex</td>
<td></td>
</tr>
<tr>
<td>12. Child custody or access disputes</td>
<td></td>
</tr>
<tr>
<td>13. Prior destruction or deprivation of victim's property</td>
<td></td>
</tr>
<tr>
<td>14. Prior violence against family pets</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>15.</td>
<td>Prior assault on victim while pregnant</td>
</tr>
<tr>
<td>16.</td>
<td>Choked victim in the past</td>
</tr>
<tr>
<td>17.</td>
<td>Perpetrator was abused and/or witnessed domestic violence as a child</td>
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<tr>
<td>18.</td>
<td>Escalation of violence</td>
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<tr>
<td>19.</td>
<td>Obsessive behaviour displayed by perpetrator</td>
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<td>20.</td>
<td>Perpetrator unemployed</td>
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<tr>
<td>21.</td>
<td>Victim and perpetrator living common-law</td>
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<td>22.</td>
<td>Presence of stepchildren in the home</td>
</tr>
<tr>
<td>23.</td>
<td>Extreme minimization and/or denial of spousal assault history</td>
</tr>
<tr>
<td>24.</td>
<td>Actual or pending separation</td>
</tr>
<tr>
<td>25.</td>
<td>Excessive alcohol and/or drug use by perpetrator*</td>
</tr>
<tr>
<td>26.</td>
<td>Depression – in the opinion of family/friend/acquaintance - perpetrator*</td>
</tr>
<tr>
<td>27.</td>
<td>Depression – professionally diagnosed – perpetrator* (If check #26 and/or #27 only count as one factor)</td>
</tr>
<tr>
<td>28.</td>
<td>Other mental health or psychiatric problems – perpetrator</td>
</tr>
<tr>
<td>29.</td>
<td>Access to or possession of any firearms</td>
</tr>
<tr>
<td>30.</td>
<td>New partner in victim’s life*</td>
</tr>
<tr>
<td>31.</td>
<td>Failure to comply with authority – perpetrator</td>
</tr>
<tr>
<td>32.</td>
<td>Perpetrator exposed to/witnessed suicidal behaviour in family of origin</td>
</tr>
<tr>
<td>33.</td>
<td>After risk assessment, perpetrator had access to victim</td>
</tr>
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<td>34.</td>
<td>Youth of couple</td>
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<tr>
<td>35.</td>
<td>Sexual jealousy – perpetrator*</td>
</tr>
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<td>36.</td>
<td>Misogynistic attitudes – perpetrator*</td>
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</tr>
<tr>
<td>37. Age disparity of couple*</td>
<td></td>
</tr>
<tr>
<td>38. Victim's intuitive sense of fear of perpetrator*</td>
<td></td>
</tr>
<tr>
<td>39. Perpetrator threatened and/or harmed children*</td>
<td></td>
</tr>
</tbody>
</table>

Other factors that increased risk in this case? Specify:
Appendix C: Risk Factor Descriptions

Perpetrator = The primary aggressor in the relationship
Victim = The primary target of the perpetrator's abusive/maltreating/violent actions

1. Any actual or attempted assault on any person who is not, or has not been, in an intimate relationship with the perpetrator. This could include friends, acquaintances, or strangers. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family members; friends; neighbours; co-workers; counsellors; medical personnel, etc.).

2. Any actual, attempted, or threatened abuse/maltreatment (physical; emotional; psychological; financial; sexual, etc.) toward a person who has been in, or is in, an intimate relationship with the perpetrator. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family members; friends; neighbours; co-workers; counsellors; medical personnel, etc.). It could be as simple as a neighbour hearing the perpetrator screaming at the victim or include a co-worker noticing bruises consistent with physical abuse on the victim while at work.

3. Any comment made to the victim, or others, that was intended to instill fear for the safety of the victim's life. These comments could have been delivered verbally, in the form of a letter, or left on an answering machine. Threats can range in degree of explicitness from "I'm going to kill you" to "You're going to pay for what you did" or "If I can't have you, then nobody can" or "I'm going to get you."

4. Any incident in which the perpetrator threatened to use a weapon (e.g., gun; knife; etc.) or other object intended to be used as a weapon (e.g., bat, branch, garden tool, vehicle, etc.) for the purpose of instilling fear in the victim. This threat could have been explicit (e.g, "I'm going to shoot you" or "I'm going to run you over with my car") or implicit (e.g., brandished a knife at the victim or commented "I bought a gun today"). Note: This item is separate from threats using body parts (e.g., raising a fist).

5. Any recent (past 6 months) act or comment made by the perpetrator that was intended to convey the perpetrator's idea or intent of committing suicide, even if the act or comment was not taken seriously. These comments could have been made verbally, or delivered in letter format, or left on an answering machine. These comments can range from explicit (e.g., "If you ever leave me, then I'm going to kill myself" or "I can't live without you") to implicit ("The world would be better off without me"). Acts can include, for example, giving away prized possessions.

6. Any recent (past 6 months) suicidal behaviour (e.g., swallowing pills, holding a knife to one's throat, etc.), even if the behaviour was not taken seriously or did not require arrest, medical attention, or psychiatric committal. Behaviour can range in severity from superficially cutting the wrists to actually shooting or hanging oneself.

7. Any non-physical behaviour, whether successful or not, that was intended to keep the victim from associating with others. The perpetrator could have used various psychological tactics (e.g., guilt trips) to discourage the victim from associating with family, friends, or other acquaintances in the community (e.g., "if you leave, then don't even think about coming back" or "I never like it when your parents come over" or "I'm leaving if you invite your friends here").

8. Any actual or attempted behaviour on the part of the perpetrator, whether successful or not, intended to exert full power over the victim. For example, when the victim was allowed in public, the perpetrator made her account for where she was at all times and who she was with. Another example could include not allowing the victim to have control over any finances (e.g., giving her an allowance, not letting get a job, etc.).
10. Any actual or attempted behaviour, whether successful or not, in which the perpetrator physically attempted to limit the mobility of the victim. For example, any incidents of forcible confinement (e.g., locking the victim in a room) or not allowing the victim to use the telephone (e.g., unplugging the phone when the victim attempted to use it). Attempts to withhold access to transportation should also be included (e.g., taking or hiding car keys). The perpetrator may have used violence (e.g., grabbing; hitting; etc.) to gain compliance or may have been passive (e.g., stood in the way of an exit).

11. Any actual, attempted, or threatened behaviour, whether successful or not, used to engage the victim in sexual acts (of whatever kind) against the victim’s will. Or any assault on the victim, of whatever kind (e.g., biting; scratching, punching, choking, etc.), during the course of any sexual act.

12. Any dispute in regards to the custody, contact, primary care or control of children, including formal legal proceedings or any third parties having knowledge of such arguments.

13. Any incident in which the perpetrator intended to damage any form of property that was owned, or partially owned, by the victim or formerly owned by the perpetrator. This could include slashing the tires of the car that the victim uses. It could also include breaking windows or throwing items at a place of residence. Please include any incident, regardless of charges being laid or those resulting in convictions.

14. Any action directed toward a pet of the victim, or a former pet of the perpetrator, with the intention of causing distress to the victim or instilling fear in the victim. This could range in severity from killing the victim’s pet to abducting it or torturing it. Do not confuse this factor with correcting a pet for its undesirable behaviour.

15. Any actual or attempted form physical violence, ranging in severity from a push or slap to the face, to punching or kicking the victim in the stomach. The key difference with this item is that the victim was pregnant at the time of the assault and the perpetrator was aware of this fact.

16. Any attempt (separate from the incident leading to death) to strangle the victim. The perpetrator could have used various things to accomplish this task (e.g., hands, arms, rope, etc.). Note: Do not include attempts to smother the victim (e.g., suffocation with a pillow).

17. As a child/adolescent, the perpetrator was victimized and/or exposed to any actual, attempted, or threatened forms of family violence/abuse/maltreatment.

18. The abuse/maltreatment (physical; psychological; emotional; sexual; etc.) inflicted upon the victim by the perpetrator was increasing in frequency and/or severity. For example, this can be evidenced by more regular trips for medical attention or include an increase in complaints of abuse to/by family, friends, or other acquaintances.

19. Any actions or behaviours by the perpetrator that indicate an intense preoccupation with the victim. For example, stalking behaviours, such as following the victim, spying on the victim, making repeated phone calls to the victim, or excessive gift giving, etc.

20. Employed means having full-time or near full-time employment (including self-employment). Unemployed means experiencing frequent job changes or significant periods of lacking a source of income. Please consider government income assisted programs (e.g., O.D.S.P.; Worker’s Compensation; E.I.; etc.) as unemployment.

21. The victim and perpetrator were cohabiting.

22. Any child(ren) that is(are) not biologically related to the perpetrator.

23. At some point the perpetrator was confronted, either by the victim, a family member, friend, or other acquaintance, and the perpetrator displayed an unwillingness to end assaultive behaviour or enter/comply with any form of treatment (e.g., batterer intervention programs). Or the perpetrator denied many or all past assaults, denied personal responsibility for the assaults (i.e., blamed the victim), or denied the serious consequences of the assault (e.g., she wasn’t really hurt).

24. The partner wanted to end the relationship. Or the perpetrator was separated from the victim but wanted to renew the relationship. Or there was a sudden and/or recent separation. Or the victim had contacted a lawyer and was seeking a separation and/or divorce.
25. Within the past year, and regardless of whether or not the perpetrator received treatment, substance abuse that appeared to be characteristic of the perpetrator's dependence on, and/or addiction to, the substance. An increase in the pattern of use and/or change of character or behaviour that is directly related to the alcohol and/or drug use can indicate excessive use by the perpetrator. For example, people described the perpetrator as constantly drunk or claim that they never saw him without a beer in his hand. This dependence on a particular substance may have impaired the perpetrator’s health or social functioning (e.g., overdose, job loss, arrest, etc). Please include comments by family, friend, and acquaintances that are indicative of annoyance or concern with a drinking or drug problem and any attempts to convince the perpetrator to terminate his substance use.

26. In the opinion of any family, friends, or acquaintances, and regardless of whether or not the perpetrator received treatment, the perpetrator displayed symptoms characteristic of depression.

27. A diagnosis of depression by any mental health professional (e.g., family doctor; psychiatrist; psychologist; nurse practitioner) with symptoms recognized by the DSM-IV, regardless of whether or not the perpetrator received treatment.

28. For example: psychosis; schizophrenia; bi-polar disorder; mania; obsessive-compulsive disorder, etc.

29. The perpetrator stored firearms in his place of residence, place of employment, or in some other nearby location (e.g., friend’s place of residence, or shooting gallery). Please include the perpetrator’s purchase of any firearm within the past year, regardless of the reason for purchase.

30. There was a new intimate partner in the victim's life or the perpetrator perceived there to be a new intimate partner in the victim’s life

31. The perpetrator has violated any family, civil, or criminal court orders, conditional releases, community supervision orders, or "No Contact" orders, etc. This includes bail, probation, or restraining orders, and bonds, etc.

32. As a(n) child/adolescent, the perpetrator was exposed to and/or witnessed any actual, attempted or threatened forms of suicidal behaviour in his family of origin. Or somebody close to the perpetrator (e.g., caregiver) attempted or committed suicide.

33. After a formal (e.g., performed by a forensic mental health professional before the court) or informal (e.g., performed by a victim services worker in a shelter) risk assessment was completed, the perpetrator still had access to the victim.

34. Victim and perpetrator were between the ages of 15 and 24.

35. The perpetrator continuously accuses the victim of infidelity, repeatedly interrogates the victim, searches for evidence, tests the victim’s fidelity, and sometimes stalks the victim.

36. Hating or having a strong prejudice against women. This attitude can be overtly expressed with hate statements, or can be more subtle with beliefs that women are only good for domestic work or that all women are “whores.”

37. Women in an intimate relationship with a partner who is significantly older or younger. The disparity is usually nine or more years.

38. The victim is one that knows the perpetrator best and can accurately gauge his level of risk. If the women discloses to anyone her fear of the perpetrator harming herself or her children, for example statements such as, “I fear for my life”, “I think he will hurt me”, “I need to protect my children”, this is a definite indication of serious risk.

39. Any actual, attempted, or threatened abuse/maltreatment (physical; emotional; psychological; financial; sexual; etc.) towards children in the family. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family; friends; neighbours; co-workers; counselors; medical personnel, etc).
Appendix D: Western Research Ethics Approval

Western University Health Science Research Ethics Board
NMREB Delegated Initial Approval Notice

Principal Investigator: Dr. Peter Jaffe
Department & Institution: Education/Faculty of Education, Western University

NMREB File Number: 105375
Study Title: Domestic Homicide, Separation, and Urbanization
Sponsor: Western Graduate Research Scholarship

NMREB Initial Approval Date: July 15, 2014
NMREB Expiry Date: May 31, 2015

Documents Approved and/or Received for Information:

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<th>Document Name</th>
<th>Comments</th>
<th>Version Date</th>
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<td>Western University Protocol</td>
<td></td>
<td>2014/06/16</td>
</tr>
<tr>
<td>Data Collection Form/Case Report Form</td>
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<td>2014/07/12</td>
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The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the HSREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of HSREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000041.

[ ethics officer's signature ]

[ signature of Riley Hanso, NMREB Chair ]

Ethics Officer to Contact for Further Information

[ table with names ]

*This is an official document. Please retain the original in your files.*
# Curriculum Vitae

**Name:** Victoria Banman

**Post-secondary Education and Degrees:**

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<th>Degree</th>
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<th>Location</th>
<th>Years</th>
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<td>B.A. Psychology</td>
<td>University of Western Ontario</td>
<td>London, Ontario, Canada</td>
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<tr>
<td>M.A. Counselling Psychology</td>
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<td>London, Ontario, Canada</td>
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**Honours and Awards:**

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**Related Work Experience:**

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<tr>
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<td>Personal, Academic, and Career Counsellor Intern</td>
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<tr>
<td>The University of Western Ontario</td>
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<td>The University of Western Ontario</td>
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