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Dating Violence and Homicide with Younger Adults: Are We Taking the Dangers Seriously Enough?

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Abstract

A significant proportion of domestic violence involves dating partners, however little research has examined domestic homicides in this context. The purpose of the current study was to examine domestic homicides in the context of dating violence in comparison to cohabiting and married couples. The dataset for these comparisons was derived from the Ontario Domestic Violence Death Review Committee (DVDRC). The study hypothesized that dating partners would differ from their cohabiting and married counterparts in several areas due to the unique nature of dating relationships, whereby they are less likely to be characterized by legal, economic, and familial ties to their partner. Specifically, victims' involvement with police, help seeking behaviour, and formal interventions were expected to be less prevalent among dating partners. The study yielded mixed results, whereby victims' system involvement was generally low across relationship types. Significant differences emerged within age and relationship type, indicated by comparisons of the cases that had victim-specific police contact and formal interventions documented. Implications for intervention and suggestions for future research are discussed.

Keywords: domestic homicide, dating, risk assessment, police, relationship type, minimization

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Table of Contents

List of Tables

List of Appendices

Dating Violence and Homicide with Younger Adults:

Are We Taking the Dangers Seriously Enough?

The present study addresses the systemic and multifaceted nature of domestic violence (DV) by examining dating violence that ends in homicide. Through an examination of cases reviewed by a multi-disciplinary death review team, the study looks at risk factors and system involvement in dating relationships compared to married and cohabiting couples. The research hoped to uncover the extent to which dating violence may be minimized as a serious problem with lethal outcomes.

A review of the current literature on domestic violence highlights many adverse outcomes for victims in terms of mental health, physical injury and death (Banyard & Cross, 2008; Silverman, Raj, Mucci, & Hathaway, 2001; Office of the Chief Coroner [OCC], 2017). Domestic violence refers to all physical, psychological, and sexual violence that is committed onto an intimate partner or ex-partner. Throughout the literature other terms have been used interchangeably to describe DV, including intimate partner violence (IPV), spousal violence, and dating violence, yet they all refer to the phenomenon of violence within family relationships.

DV is a gendered issue in which women are at an increased risk of violence within their familial relationships. A report published by the United Nations Office on Drugs and Crime (UNODC) indicated that an average of 137 women are killed globally every day at the hands of a family member or intimate partner (Vienna, 2018). Male intimate partners commit over one third (38%) of the murders of women around the world (WHO, 2017). Moreover, literature has suggested that DV-related deaths are largely preventable due to the fact that seven or more risk factors are identified in the majority of domestic homicide cases (OCC, 2017). Therefore, training and education in professions that deal with DV are pertinent to the prevention of future domestic homicides. The current study aims to highlight the heterogeneous nature of domestic homicide by focusing on differences that arise in the context of the victim-perpetrator relationship. In particular, dating violence appears to be a largely disregarded phenomenon within the literature, which can contribute to it going unnoticed or unacknowledged in society.

Dating Violence

According to Statistics Canada, dating relationships refer to those between current or former boyfriends and girlfriends, as well as "other intimate relationships" (i.e., sexual relationship or a mutual sexual attraction; Mahony, 2008), including individuals aged 15 to 89

years (Beaupré, 2014). Due to the casual and ambiguous nature of dating relationships making them difficult to define (Fairbairn, Jaffe, & Dawson, 2017), it has been suggested that there are limitations to obtaining a true estimate of dating relationships via census data (Sinha, 2013). That being said, dating relationships are estimated to be on the rise among older adults. For example, recent census data revealed that one-person households (e.g., single and/or dating) are at their highest rates in census history (Statistics Canada, 2017; Sinha, 2013; Bielski, 2018).

Dating violence is an increasingly researched form of DV, representing over a quarter of all police-reported IPV in Canada (Burczycka, 2018). Both self-reported and police-reported estimates of dating violence indicate that the younger population (15-24 years) is particularly at risk for dating violence (Mahony, 2008; Jaffe, Fairbairn, & Sapardanis, 2018; Beaupré, 2014), while young people in their late twenties and early thirties are at the highest risk for experiencing DV overall (Sinha, 2013). Most studies that have investigated dating violence have sampled adolescent and college-aged individuals, while largely neglecting adult and middle-aged dating couples (Shorey, Cornelius, & Bell, 2008).

The present study operationally defines a dating relationship as "an intimate relationship in which the partners' were living in separate residences and they had not cohabitated previously". Secondly, a cohabiting relationship is defined as "an intimate relationship in which the partners were living in the same residence, but they were not legally married". Lastly, a marital or spousal relationship refers to "an intimate relationship in which the partners were legally married to one another and living in the same residence", thus indicating the presence of legal ties to their partner.

Previous literature has highlighted the heterogeneity of DV in terms of its escalation to domestic homicide in various contexts (O'Neil & Jaffe, 2016; Fowler, Cantos, and Miller, 2016; Salari & Sillito, 2016). No studies to date have directly examined how victims' risk is managed by the system in the context of the victim-perpetrator relationship type (i.e., dating, cohabiting, and legally married partners). The current study addresses this gap in the literature by examining the vulnerabilities of victims experiencing dating violence. System involvement is an important consideration in DV-related research because of the direct role that community agencies play in maintaining safety, as outlined in Domestic Violence Death Review Committees (DVDRCs) around the world.

Domestic Violence Death Reviews

DVDRCs are committees composed of expert representatives for DV-related issues in the criminal justice, healthcare, social services, child welfare, and research sectors, as well as other public organizations (Dawson, Jaffe, Campbell, & Kerr, 2017). Although the processes and structures of such committees may vary across countries, the common directive is to review DV-related deaths in order to inform service providers, legislators, and government policy makers on risk factors and patterns of domestic homicide. Such information is put forth as recommendations that help facilitate systemic change in efforts to prevent future DV-related deaths (Dawson et al., 2017; Fairbairn et al., 2017).

The United States first implemented DVDRCs in the early 1990s following a high-profile homicide-suicide in San Francisco referred to as the Charan Investigation. This case served as the first review to make recommendations in order to prevent similar homicides in the future (Jaffe, Dawson, & Campbell, 2013). Since establishment, DVDRCs have spread throughout the U.S. and internationally. The United Kingdom, New Zealand, Australia, and Canada have developed their own DVDRCs as a response to a series of inquests into the reoccurring pattern of women's deaths committed by their male [ex]-partners and the public concern that community and legal efforts were not sufficiently preventing domestic homicides (Dawson et al., 2017; OCC, 2017). Furthermore, the creation of DVDRCs addressed the lack of integration between services in terms of communication and coordination, data collection, access to services, and training throughout the countries that recognized DV-related deaths (Websdale, Town, & Johnson, 1999; Bugeja, Dawson, McIntyre, & Walsh, 2015).

Ontario DVDRC. In Ontario, the Office of the Chief Coroner (OCC) and the DVDRC have reviewed 311 cases of domestic homicide between the years 2003 and 2017, involving 445 deaths (OCC, 2017). The OCC governs the operations of the Ontario DVDRC, which defines DV-related deaths as "all homicides that involve the death of a person, and/or his or her child(ren), committed by the person's partner or ex-partner from an intimate relationship" (Dawson et al., 2017; OCC, 2017). Data collection for case reviews includes basic information (i.e. circumstances and cause of death) and detailed information about the domestic homicide (i.e. risk factors, relationship type and length; Dawson et al., 2017).

The Ontario DVDRC reviews cases following the completion of all investigations and court proceedings and the regional supervising coroner has notified them of the case.

Consequently, some reviews may not commence until years after the homicide. Once closed, cases are assigned to committee members to review information compiled from police records, reports from Children's Aid Society (CAS), healthcare professionals, courts, family and friends, and other sources connected to the victim and/or perpetrator. Templates are used in the review process to gather information about the intimate relationship and to ensure consistency across reviewers. Moreover, there may be limitations in the records that are available for review as a result of the Coroners Act that may restrict information to the coroner's investigation (Dawson et al., 2017). The occurrence of DV and domestic homicide around the globe has prompted researchers to develop theories that can provide a foundation for understanding the phenomenon.

Social Learning Theory and Social Ecological Models of Domestic Violence

Social Learning Theory (SLT; Bandura, 1978) is commonly used throughout DV literature in explaining how perpetrators' and victims' histories of abuse in their families of origin can enhance the risk for perpetrating and tolerating DV (Copp, Giordano, Longmore, & Manning, 2016). Specifically, SLT provides context in explaining how the process of normalization can influence victims' evaluation of violence and consequently, their decision to either seek help or not seek help. For example, an individual who has only been exposed to violent relationships during childhood and adolescence may develop expectations for abuse in their own intimate relationships, such that they fail to recognize the risk of their partner's lethality.

Heise (1998) adapted Bronfenbrenner's Ecological Framework and applied it to DV. The Ecological Model of DV (Heise, 1998; 2011) was developed for the purposes of establishing a framework that could better conceptualize the complexity and multifaceted nature of the phenomenon (Heise, 1998; Bell & Naugle, 2008). Heise's (1998) Ecological Model of DV considers the systemic interplay of the various levels of one's social ecology. The framework is organized in concentric circles that represent influential factors of decreasing closeness to the individual, as follows: individual (e.g., personal history of abuse, biological factors), relationship or microsystem (e.g., family, friends, peers, and partner), community or exosystem (e.g., socioeconomic status, employment), and society or macrosystem (e.g., patriarchy, victim-blaming, misogyny, acceptance of interpersonal violence; Heise, 1998; 2011).

Thus, both the Ecological Framework of DV and SLT theorize how social ecology can influence victims' perceptions of their experience of violence, either by inhibiting or enhancing

their intuitive sense of fear and help seeking behaviour. These theories are particularly relevant in discussions around system involvement. Victims' mistrust of authority, attitudes and values learned from one's family of origin and peer group, and misogynistic and patriarchal attitudes within the system are factors that may interact to influence the outcome of interventions and victims' decisions around help seeking.

For example, victims of dating violence tend to be young (Jaffe et al., 2018; Beaupré, 2014) and report violence to informal supports (e.g. counselling professionals) or their peers as opposed to formal supports (e.g. police; Jaffe et al., 2018; Sabina & Ho, 2014; Sapardanis & Jaffe, 2017; Copp, Giordano, Longmore, & Manning, 2015). Moreover, previous research suggests that teens' awareness of the minimization of dating violence at the legislative level was associated with lower rates of teens reporting incidents of IPV to the police (Layne, 2017). Therefore, victims of dating violence may be particularly vulnerable to a minimization of violence on multiple levels of their social ecology, both personally and systemically.

The Minimization of Violence

At the centre of the literature on dating violence is the notion of a minimization of abuse of younger victims. The tendency to not take violence seriously can be understood in the context of SLT (Bandura, 1978), as well as the Ecological Model of DV (Heise, 1998), whereby social learning and social ecology influence the evaluation of abuse. A history of abuse has been associated with increased susceptibility to perpetrating and tolerating DV due to the learned cognitive schemas around violence and the expectations that one develops for abuse within their relationships (Copp et al., 2016; Bandura, 1978).

The Ecological Model of DV can account for the complexities that arise with age, gender, socioeconomic status, peer circle, and attitudes, as it considers the various factors that affect a victim's predisposition to have a successful outcome in terms of surviving DV. For example, research in the United States indicated that police-reported IPV was more prevalent among adolescents living in states that extended DV statutes to include teens. It was suggested that states that acknowledged teen dating violence in legislation were able to provide more services and spread awareness about the phenomenon, which could have contributed to higher reports made to police (Layne, 2017).

Other research has demonstrated the tendency for younger victims experiencing dating violence to report to peers and informal supports rather than formal supports (Sabina & Ho,

2014; Jaffe et al., 2018; Copp et al., 2015). The tendency to limit reports of abuse to peers can be problematic if one's peers have normalized perceptions of violence from their own historical experiences of abuse. A study examining 634 high school students' interpretations of violence within intimate relationships indicated a minimization of violence by both aggressors and victims. The young participants perceived violent acts most often as demonstrations of anger, confusion, and love, while a smaller proportion interpreted violent acts as hateful (Henton, Cate, Koval, Lloyd, & Christopher, 1983). Misinterpretations of violence that minimize the risk for future harm are problematic because they contribute to a lack of support being extended to victims. Taken together, the literature suggests that younger victims of dating violence might be less likely to involve legal authorities.

The Ecological Model of DV (Heise, 1998) would posit that a failure to recognize the risk for future harm becomes more problematic when it is experienced at the macro level of one's social ecology. For example, violence can escalate to lethality in instances where victims seek help from legal authorities that are dismissive. Numerous case studies in the media have demonstrated the disregard for young dating violence victims among police officers. Three of these high profile cases are outlined below.

Most recently, 21-year-old university student, Lauren McCluskey was killed by her ex-boyfriend, 37-year-old, Melvin Rowland, on October 22, 2018. In the ten days leading up to her death, McCluskey had reached out to 911 dispatches, campus police, and the detective assigned to her case on six separate occasions. Despite McCluskey's reports of threatening text messages from her ex-boyfriend and presenting details of his criminal record as a registered sex offender, McCluskey was redirected between the various authorities without receiving adequate attention from the police or any form of formal intervention (e.g., risk assessment, safety planning; Gibbs, 2018).

In 2016, Shana Grice was a 19-year-old woman who was killed by her 27-year-old ex-boyfriend, Michael Lane, despite several attempts to receive protection from the police. In fact, the police dismissed Grice as being an annoyance and penalised her for "time-wasting" because she had not disclosed that Lane was a former boyfriend. Police labelled Grice as dishonest and accused her of exaggerating Lane's stalking behaviour. Consequently, police responded to her help seeking with scepticism, a slower police response, and consequently, a failure to protect her (BBC News, 2017).

Similarly, Natalie Novak was a 20-year-old university student, who was killed by her 32-year-old ex-boyfriend, Arssei Hindessa, in 2006. In the 14 months between Novak's first assault and her murder, her situation was well known to the courts and parole officers, psychiatrists, friends, co-workers, neighbours, and bystanders. However, judges, police officers, and parole/probation officers treated Hindessa's abusive behaviour leniently and thus, the legal system that is designed to protect ultimately failed to do so (Learning Network, 2017).

These cases share the common theme of the system's minimization of violence experienced by young dating victims who had sought help from the police and demonstrated an unwavering intuitive sense of fear, yet they received inadequate support from the protective services. The existence of such case studies invokes the discussion of police attitudes around DV.

Police Attitudes

IPV incidents represent over one quarter of all violent crimes reported to police in Canada (Sinha, 2013), yet little research to date has investigated police attitudes towards DV. Most research has been retrospective in nature, utilizing questionnaires and hypothetical scenarios as opposed to qualitative accounts of experiences within the field.

In a study examining police perceptions of DV it was suggested that police officers' evaluations of hypothetical crimes were influenced by their personal biases around the gender and sexual orientation of the victim and perpetrator (Russell, 2018). Specifically, heterosexual male perpetrators were rated as higher risk to others compared to gay male, lesbian, and heterosexual female perpetrators. Moreover, the police officers' biases influenced their perceptions of potential danger, likelihood of past and future harm to their partner, and victims' credibility (Russell, 2018). Although stereotyping among police officers likely stems from their experience in the field and recognizing individuals who are most often represented in their calls to service, Russell's (2018) research demonstrated that personal biases play a role in police officers' evaluations of danger. That being said, police officers' professional judgment is a component of risk assessment (Campbell, Gill, & Ballucci, 2018). Nonetheless, generalizing experiences of DV can have negative implications on the outcome. For example, police officers are first responders to DV incidents, such that they carry responsibility in conducting risk assessments and coordinating referrals to helping agencies, involving probation and parole, or facilitating the process of obtaining protective orders.

A wealth of research has allowed for the development of risk assessment tools (Messing, Campbell, Sullivan-Wilson, Brown, & Patchell, 2017; Campbell et al., 2018; Hilton & Eke, 2017; Millar, Code, Ha, 2009), yet no studies have examined the practical application and incidence of DV risk assessments to assess their efficacy in the field. Research utilizing police officers' (21 years to 62 years) retrospective reports indicated that younger officers' were more resistant towards risk assessment tools in fear of compromising the value of their professional judgment compared to older police officers. The findings suggested that overall, police officers' responses to DV risk assessment tools were generally positive, given the proper training was provided (Campbell et al., 2018).

Toward that end, Cattaneo and Chapman (2011) addressed the gap that exists between theory and practice in terms of DV risk assessments. After interviewing 13 practitioners in the violence against women (VAW) sector, it was found that approximately 15% had conducted a risk assessment. In Ontario, it is mandatory for frontline officers to conduct risk assessments for all DV-related incidents (Ministry of the Solicitor General, 2000). However, even after a risk assessment yields a score indicating potential threat for future violence, police officers' evaluation of risk is susceptible to personal biases and their professional judgment (Russell, 2018; Campbell et al., 2018). Consequently, orders for follow-up actions (e.g., connecting victims to women's shelters, providing safety audits, accessing second stage housing) in any given case may be minimized depending on the investigating police officer. Thus, actuarial risk assessment tools may not be utilized as often as they should despite the theoretical basis for conducting them. Standardized risk assessments are promoted for use because of their predictive validity in assessing the risk of recidivism of violence. Recent research has suggested the need to focus on the management of risk, or determining what should be done after a risk assessment has indicated the presence of risk (Campbell et al., 2016).

Risk Assessments, Safety Planning, and Risk Management Strategies

Risk assessments, as discussed in the literature, can refer to informal (e.g., unstructured clinical decision making) or formal (e.g., actuarial tools and checklists) assessments measuring the likelihood of future harm to the victim (Campbell, Hilton, Kropp, Dawson, & Jaffe, 2016). The promotion of formal risk assessments in the social services is not to minimize the value of professionals' clinical judgment, which offers the benefits of intuition and qualitative experience. However, relying solely upon clinical judgment for assessment of risk means that the help

extended to the victim is susceptible to human error, personal biases, and a minimization of violence on behalf of the clinician. Thus, formal risk assessments provide a standardized assessment of risk that cannot be ignored should an assessment indicate a high level of risk. The most established risk assessment tools used in North America include the Danger Assessment (DA), the Domestic Violence Screening Inventory (DVSI), the Ontario Domestic Assault Risk Assessment (ODARA), and the Spousal Assault Risk Assessment Guide (SARA; Kropp, 2008; Campbell et al., 2016; Millar et al., 2009), although Canada alone has over a dozen spousal assault tools (Millar et al., 2009). These tools share the common goal of predicting the threat of future harm to the victim, which helps community service providers coordinate safety planning for victims and risk management strategies that target perpetrators.

Safety planning and risk management strategies are branches of and facilitated by risk assessment. Safety planning involves implementing security and support measures for the victim and those close to the victim (e.g., facilitating a change in residence, an alarm for quicker police response, working with employers to establish a different work arrangement; Campbell et al., 2016). Safety plans are supplemented by risk assessment tools, which aim to empower victims and give them a sense of autonomy by considering individuals' unique contextual factors (Millar et al., 2009). Additionally, risk assessment tools inform risk management strategies by indicating the level of risk management (e.g. outreach to community and legal resources) that might be required. Risk management strategies are directed towards the perpetrator and include closer monitoring by probation and parole, anger management, supervision, and psychosocial interventions (Kropp, 2008), such as the Partner Assault Response (PAR) program that is offered and mandated to DV offenders in Ontario.

Therefore, maintaining the safety and well being of individuals involved in DV situations is a responsibility that falls on the system, be it police officers, judges, probation and parole, those working in the VAW sector, and mental health/healthcare professionals. However, frontline officers are often faced with the unique and enhanced responsibility to facilitate the process of safety planning and risk management by means of conducting a risk assessment. Yet, before frontline officers are able to implement safety measures, they must be made aware of the violence either by calls to service or victims seeking help.

Victims' Help-Seeking Behaviour

As previously mentioned, the Ecological Model of DV (Heise, 1998) would suggest that influences within victims' social ecology could inhibit or facilitate their help seeking behaviour. The present study operationally defines help seeking as the total number of helping agencies the victim was involved in. Furthermore, victims' contact with informal (e.g., friends, family, neighbours, co-workers) and/or formal (e.g., police, crisis centers, health professionals) supports is examined.

Age. A meta-analytic review of the literature found that college-aged individuals tended to disclose IPV to informal supports and showed low rates of help seeking to formal supports. Specifically, the formal supports that were most often utilized were physical and mental health services (Sabina & Ho, 2014). Research examining dating violence among youth found that young victims were less likely to seek help from counselling services compared to older adults. Results from the study suggested that a lack of knowledge about the services available and feelings of shame and embarrassment were hindrances to seeking help from more formal services. Furthermore, of those who did not disclose dating violence, most reported that it was because they did not consider the assault serious enough to report (Sapardanis & Jaffe, 2017).

This apparent minimization of violence by the victim has been demonstrated in several studies, whereby young victims have exhibited a general lack of understanding about what constitutes abuse in relationships (Borrajo, Gámez-Guadix, & Calvete, 2015; Dardis, Edwards, Kelley, & Gidycz, 2017; Henton et al., 1983), which can increase their susceptibility to harm. Additionally, previous research has speculated how young victims' awareness of unsupportive attitudes within the macrosystem could inhibit their decision to reach out to legal authorities (Layne, 2017). Altogether, the research suggests that youth could be more hesitant to seek help from formal services (e.g. police) than their older counterparts. Alternatively, SLT (Bandura, 1978) would suggest that older victims who have endured years of abuse, be it in their family of origin, previous relationships, or current long-term relationship, may be more predisposed to a normalization and minimization of violence in the relationship. Nonetheless, DV among older adults and couples living together is well researched and prominent in our society. Therefore, it is possible that there is a greater awareness and acknowledgment of violence extended to cohabiting and married couples across social systems, such as the criminal justice and healthcare sectors.

Relationship Type. The literature on the heterogeneity of relationship types in the context of DV has produced mixed results in terms of the risk for lethal violence across relationships. While some studies have suggested similar levels of risk, others have indicated a tendency for cohabiting victims to experience the highest severity of violence in terms of physical injury, and for dating victims to experience higher or similar levels of violence compared to their married counterparts (Johnson & Ferraro, 2000; Machado, Martins, & Caridade, 2014; Stets & Straus, 1989).

Research has suggested that higher levels of violence reported in dating relationships could be related to unique dynamics within the relationship; typically, characterized by less reliance on partners, easier break ups, and no children. Such relationship dynamics can promote feelings of insecurity and conflict (Machado et al., 2014). Thus, it could be speculated that victims of dating violence are at an increased, time-sensitive risk of being killed by an ex-partner after separation due to the potential for perpetrators' total loss of control and ties to their partner (e.g. no children, no legal ties, no economic ties). Alternatively, it could be easier for dating victims to escape from their abusive ex-partners because of the lack of connections to them.

Moreover, research has produced mixed results in terms of the role of children in women's stay/leave decision, whereby they could serve as a motivator (Evans & Feder, 2016) or inhibitor (Erez & Harper, 2018; Liang, Goodman, Tummala-Narra, & Weintraub, 2005). Related to women's fear of reporting violence to the police when there are children involved is the fear of children being apprehended (Liang et al., 2005). Thus, it is possible that cohabiting and married couples may have more significant interpersonal and sociocultural barriers to reporting compared to dating couples.

Statistics Canada revealed the breakdown of police-reported DV, indicating similar levels of reporting among female victims of current dating partners and spouses. Similarly, self-reported survey data from the 2014 General Social Survey on Canada's Safety suggests comparable rates of violence between dating and spousal couples (Burczycka, 2018). These findings illustrate the current prevalence of dating violence in the population. Thus, previous research and case studies that have demonstrated an individual and systemic minimization of violence, particularly among young dating couples, and the rise of dating relationships in the adult population suggests the need for improved efforts in terms of service providers' understanding and management of victims of dating violence. Altogether, the literature suggests

that victims of dating violence may be susceptible to a minimization of violence due to unique circumstances and stereotyping relating to their age, living situation, and level of commitment in the relationship compared to cohabiting and married couples.

Aim for the Current Study

Previous literature has highlighted the prevalence and lethality of DV. This has led to changes in legislation, government policies, and the development of community agencies and actuarial tools that aim to assist and protect victims from future harm. The current research aimed to illustrate how dating violence is an understudied issue that is susceptible to the same lethal outcomes as cohabiting and married couples experiencing violence. By identifying distinctions in help seeking, risk assessment, and system involvement between dating, cohabiting, and married couples this research can contribute to the literature on dating violence and have implications for domestic homicide risk prevention and intervention.

Hypotheses

The purpose of the current study was to more closely examine the heterogeneity of domestic homicide by comparing such cases based on the nature of the relationship (i.e., dating, cohabiting, and legally married). Specifically, the aim was to identify unique qualities of dating violence that could increase victim vulnerability in order to better inform prevention protocols by addressing the overarching research question: does the system (i.e. police, helping agencies) minimize DV by age, the nature of the relationship, or both? Based on previous literature, the following findings were expected:

1. Dating, cohabiting, and married couples should experience similar levels of risk prior to homicide.
2. Risk assessments and/or safety planning and risk management strategies, police contact, and contact with helping agencies will be less prevalent among dating couples compared to cohabiting and married couples.
3. Help-seeking behaviour will be more prominent for those living together and older dating couples compared to young, dating couples.

Methodology

Data Collection. The current study analyzed secondary data from domestic homicide cases that were collected and reviewed by the DVDRC and the OCC of Ontario, Canada. As previously discussed, the information pertaining to cases was collected from various sources,

including professionals in the social services, healthcare, and criminal justice sectors. Case reviews were conducted following the closing of all court proceedings and investigations. Furthermore, community responses were considered for identifying primary risk factors and possible points of intervention in efforts to develop methods for future domestic homicide prevention[1] (OCC, 2017; Bugeja et al., 2015). The present study analyzed data from the 240 cases of domestic homicide that were reviewed by the Ontario DVDRC between the years 2003 and 2016. Since the homicide victims or family members could not give consent for the study, safeguards were put in place to protect names and background information for all the cases studied within a non-identifiable data-base.

All study procedures, including coding and data analyses, were conducted at the Centre for Research and Education on Violence Against Women (CREVAWC) to ensure the security and confidentiality of information pertinent to each case file. Data analyses were conducted using SPSS Statistics software and all data was stored on encrypted computers at CREVAWC. The researcher was granted approval from the Western University Ethics Review Board (see Appendix A) and took an oath of confidentiality before working with the dataset. The dataset was derived from pre-existing coding and summary forms created by the DVDRC, marking the 40 DVDRC risk factors as either Present (P), Absent (A), or Unknown (U; see Appendices B, C, and E). Further, the researcher created new variables from pre-existing ones and previously coded data in the DVDRC database (see Appendix D).

Results

Overall Dating Violence versus Homicide. In the overall sample of Ontario domestic homicides reviewed by the DVDRC, 20% were in the context of dating relationships. This percentage is small compared to the 55% of dating relationships from a Canada wide study of police-reported DV. Although this is a rough comparison because provincial (i.e. Ontario) homicides are being compared to a national figure of police reports, it does suggest that a lower percentage of dating violence ends in a homicide compared to married couples (see Table 1).

Table 1. *Comparison of the Proportions of Police-Reported Domestic Violence in Canada and Domestic Homicides in Ontario.*

Relationship Type	Statistics Canada Police-	DVDRC Database Ontario

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[1] Refer to discussion in the introduction for details on the DVDRC process for case reviews.

	Reported DV (%)	Domestic Homicides (%)
Spouse	32	56
Former Spouse	12	24
Dating Partner	35	7
Former Dating Partner	20	13

Note. Statistics Canada (Burczycka, 2018) data reflects national rates of police-reported DV. "Spouse" includes legally married and common-law couples.

Additionally, the overall sample of domestic homicides in Ontario mirrored Statistics Canada data, whereby spousal couples, particularly those who were married, were older on average compared to dating couples (see Table 2).

Table 2. *A Breakdown of Victim-Perpetrator Relationship Type and Age Overall (N = 239).*

	Married		Cohabiting		Dating	
	M (SD)	*n*	*M (SD)*	*n*	M (*SD*)	*n*
Victim Age	45.55 (13.93)	128	36.60 (11.29)	62	33.00 (15.19)	49
Perpetrator Age	48.26 (13.85)	128	37.53 (10.63)	62	36.82 (16.83)	49

Sample. Included in this study were 218 of the 240 cases of domestic homicide and domestic homicide-suicide, reviewed by the Ontario DVDRC between the years 2003 and 2016. For the purposes of this study, cases with male victims and female perpetrators were excluded from the analyses. Thus, the sample consisted solely of heterosexual couples, that is, male perpetrators and female intimate partner victims. The sample was comprised of victims and perpetrators of domestic homicide (53%) and homicide-suicide (47%) between the ages of 15 and 89 years. The deaths of secondary victims, or any victims that were not intimately involved with the perpetrator (e.g. children and/or other family members related to the perpetrator's [ex] partner), and cases involving female perpetrators were excluded from the data analyses due to the small sample. Of the 218 cases analysed in the current study, [2]primary victims ranged in age from 15 to 88 years (*M* = 40.88, *SD* = 14.81) and perpetrators ranged in age between 17 and 89 years (*M* = 43.98, *SD* = 14.88).

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[2] Primary victims refer to the current/former intimate partner of the perpetrator.

Cases were coded for dating (i.e. living separately), cohabiting (i.e. living together), and legally married (i.e. spouses living together; see Appendix D) relationship types. Couples who had recently separated were included in the analyses, as actual/pending separation was a prevalent risk factor that was identified in 67% of the cases in the DVDRC (OCC, 2017). Thus, couples that were estranged and had separated prior to the homicide were included in their respective relationship groups (i.e., dating, cohabiting, or legally married) for the purposes of this study.

The primary comparison groups[3] consisted of 57% married (n = 124), 22% cohabiting (n = 49), and 21% dating (n = 46). It should be noted that the differences in sample sizes between groups were not buffered with a matched sample because the representation is reflective of the greater incidence of domestic homicides naturally occurring among legally married spouses compared to other relationship types.

For the purposes of conducting certain analyses, cohabiting and married couples were collapsed into a single comparison group of those that were living together (79%, n = 172) that was compared with dating couples, or those living apart (21%, n = 46). Moreover, for the purposes of making comparisons related to age, a dichotomous variable was created such that victims and their respective perpetrators between the ages 15 to 24 years were coded as the "young" group (n = 21) and those between the ages 30-50 years were coded as the "older adult" group (n = 97), as demonstrated in previous literature (Sapardanis & Jaffe, 2017; see Appendix D). The proportional representations of these age groups within married, cohabiting, and dating relationships in the current sample is presented in Table 3.

Table 3. *A Breakdown of Relationship Type and Age for the Sample of Ontario Domestic Homicides (N = 118).*

	Relationship Type		
Age	Married	Cohabiting	Dating
	% (*n*)	% (*n*)	% (*n*)
Young (15-24 years)	3 (2)	18 (5)	54 (14)
Older adults (30-50 years)	97 (62)	82 (23)	46 (12)

*Note. Approximate percentages are reported in the table.

Data Analysis

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[3] All proportions reported are approximations and rounded to the nearest decimal place.

Due to the substantially different sample sizes between comparison groups, a number of the statistical analyses produced results that threatened statistical validity. In such cases, the appropriate statistical corrections for these analyses were interpreted. Nonetheless, the interpretations drawn from this research should be interpreted with caution because of the small numbers used for group comparisons. Consequently, these findings are largely described qualitatively.

Overview of Risk. A representation of the ten most prominent risk factors for domestic homicide in Ontario for married, cohabiting, and dating relationships illustrates the heterogeneous, as well as the similar nature of DV in the context of intimate relationships (see Table 4). While the majority of the top risk factors were shared across relationship types, several risk factors were unique to each group, including controlling behaviour among married couples, excessive alcohol and/or drug use by cohabiting perpetrators, and a new partner in the victim's life among dating couples. These differences speak to the differential dynamics that are inherent to each relationship type, while Table 4 also demonstrates their shared risks for domestic homicide.

Table 4. *Rank Order of Top Ten Risk Factors by Relationship Type.*

DVDRC Risk Factors	Married % (*n*)	Cohabiting % (*n*)	Dating % (*n*)
Actual or pending separation	**69.1 (85)**	**77.3 (34)**	**78.0 (32)**
History of domestic violence – current partner/victim	**82.5* (85)**	**82.2* (37)**	**86.5* (32)**
Depression – in the opinion of family/friend/acquaintance	**65.3 (66)**	**53.3 (21)**	42.9 (15)
Prior threats to commit suicide by perpetrator	**63.7 (58)**	**60.5 (23)**	**54.8 (17)**
Obsessive behaviour displayed by perpetrator	**58.0 (58)**	**61.9 (26)**	**74.4 (29)**
Victim's intuitive sense of fear of perpetrator	**54.7 (52)**	**67.4 (29)**	**61.1 (22)**
Prior threats to kill victim	**52.2 (47)**	**59.0 (23)**	45.5 (15)
Escalation of violence	**49.5 (45)**	**67.5 (27)**	**59.5 (22)**
Sexual jealousy	**46.9 (45)**	44.1 (15)	**65.8 (25)**
Controlled most or all of victim's daily activities	**45.7 (43)**	43.9 (18)	41.7 (15)
Excessive alcohol and/or drug use by perpetrator	39.8 (39)	**61.0 (25)**	41.5 (17)
New partner in victim's life (real or perceived)	36.6 (37)	44.2 (19)	**60.5 (23)**
Failure to comply with authority	26.5 (26)	45.2 (19)	53.8 (21)

		30.8 (37)	48.9 (23)	**55.8 (24)**
Perpetrator unemployed				
History of violence outside of the family by perpetrator		31.0 (27)	**72.5 (29)**	**72.2 (26)**

Note. Bolded numbers indicated the top ten risk factor(s) in each group. Starred cells indicate the top risk factor in each group.

The Level of Risk Across Relationship Type. A one-way ANOVA was conducted in order to test the hypothesis that victims' level of risk for domestic homicide is similar across relationship types. Contrary to the hypothesis, the findings indicated a significant difference between groups, $F(2, 215) = 7.78$, $p = .001$, $\eta^2 = 0.000$. Tukey's post-hoc analysis revealed that significantly more risk factors on average were exhibited in cases with cohabiting couples compared to their married counterparts at $p = .001$ (see Table 5). Dating couples did not differ significantly from cohabiting and married couples. It should be noted that the data violated the assumption of normality such that the distribution of married couples yielded a significant Shapiro-Wilk statistic, $p = .001$. However, upon further investigation of the distributional skew it was concluded that the data was sufficiently normal. Even when considering the Welch statistic as a correction for non-normality, the ANOVA remained significant, *Welch's* $F(2, 94.83) = 7.64$, $p = .001$. Therefore, cohabiting couples exhibited significantly higher risk for domestic homicide than their married counterparts, while dating couples fell between cohabiting and married couples without differing significantly from either in terms of their level of risk.

Table 5. *A 2X3 ANOVA of the Number of Risk Factors Present Across Relationship Type (Dating, Cohabiting, Married).*

		Total Number of Risk Factors in a Case				
Relationship Type	*n*	*M (SD)*	*F*	*df*	*p*	η^2
			7.78	2	.001**	.000
Married	124	9.36 (5.64)				
Cohabiting	48	12.92 (5.68)				
Dating	46	11.57 (5.48)				

Note. **$p < .01$. N values represent observed frequencies. N values may differ significantly due to the natural incidence in the population and/or missing data from the file review.

Formal Intervention and Relationship Type. Chi-square tests of homogeneity were conducted in order to test the hypothesis that dating couples would have had less police contact and fewer formal risk assessments, safety planning and risk management strategies conducted, compared to cohabiting or married couples. After excluding missing data from the analyses, a 2x3 (Risk Assessment x Relationship Type) Chi-square test of homogeneity revealed that formal risk assessments were conducted approximately equally for the various relationship types in the overall sample (N = 151), whereby 22% (n = 19) of married couples, 16% (n = 5) of cohabiting couples, and 24% (n = 8) of dating couples had a formal risk assessment completed. No significant differences were found with these comparisons, χ^2 (2) = 0.77, p = .679. Therefore, formal interventions were conducted at similarly low rates for married, cohabiting, and dating couples in the general sample of domestic homicide cases.

Although the proportions within the relationship type variable did not differ significantly in the initial 2x3 Chi-square test, the proportions within the risk assessment variable yielded substantial differences. In order to statistically analyze these differences, the researcher compared only the cases that had a risk assessment, safety plan, and/or risk management strategy documented across the variables of interest, age and relationship type, using non-parametric Chi-square tests. Of the 32 cases that had a risk assessment completed several notable findings arose; firstly, 59% (n = 19) involved spouses, whereas 16% (n = 5) involved cohabiters and 25% (n = 8) involved dating partners. Results of the non-parametric Chi-square tests indicated that married couples were significantly more represented in the cases that had a risk assessment completed compared to their cohabiting counterparts, χ^2 (1) = 8.17, p = .007, yet they did not differ significantly from dating couples, χ^2 (1) = 4.48, p = .052. Moreover, no significant differences arose between cohabiting and dating couples, χ^2 (1) = 0.69, p = .581. Therefore, the results indicated that risk assessments were conducted least frequently for cohabiting couples. Furthermore, the findings revealed a significantly greater proportion of older adults (94%; n = 16) that had a risk assessment completed compared to the younger population (6%; n = 1), χ^2 (1) = 13.24, p < .001.

System Involvement. A one-way ANOVA was conducted in order to examine help seeking behaviour across relationship type. Help seeking was operationally defined as the total number of agencies the victim was involved with. An assessment of the data revealed a non-normal distribution of the dating population. Consequently, Welch's statistic was interpreted as a

statistical correction that is robust against non-normality in a one-way ANOVA. It was revealed that differences in the level of involvement of helping agencies were not significant between married (n = 113; M = 2.89, SD = 2.80), cohabiting (n = 44; M = 2.82, SD = 3.16), or dating couples (n = 39; M = 2.79, SD = 2.81), *Welch's F*(2, 80.05) = 0.02, p = .978, η^2 = 0.000.

A closer examination of help seeking behaviour was conducted using Chi-square tests of homogeneity to assess differences in the nature of contact (i.e., "both victim and perpetrator", "perpetrator only", "victim only", "no contact") with formal (i.e., police) and informal others (i.e., family members, friends, co-workers, neighbours). Of these comparisons, a Chi-square test of homogeneity indicated that significantly more dating couples had sought help from friends compared to married couples, χ^2 (2) = 7.00, p = .029. No significant differences across relationship type were found in victims' contact with family members, co-workers, or neighbours (see Table 6).

Table 6. *Chi-Square Test of Victims' Contact with Informal Supports by Relationship Type (Married, Cohabiting, Dating).*

	Relationship Type						
	Married	Cohabiting	Dating	N	χ^2	df	p
	% (n)	% (n)	% (n)				
Family Members				188	1.62	2	.483
Yes	84 (90)	86 (36)	92 (36)				
No	16 (17)	14 (6)	8 (3)				
Friends				178	7.00	2	.029*
Yes	76 (75)	82 (32)	95 (38)				
No	24 (24)	18 (7)	5 (2)				
Coworkers				150	4.14	2	.135
Yes	59 (50)	40 (15)	48 (13)				
No	41 (35)	61 (23)	52 (14)				
Neighbours				139	0.34	2	.827
Yes	53 (40)	57 (20)	50 (14)				

No	47 (36)	43 (15)	50 (14)

Note. p < .05. Approximate percentages are reported in the table. N values represent observed frequencies. N values may differ significantly due to the natural incidence in the population and/or missing data from the file review.

In the overall sample (N = 194), no significant differences emerged across relationship type for contact with police, χ^2 (6) = 2.17, *p* = .915, as assessed by Fisher's exact test, *p* = .878 (see Table 7). That is, married, cohabiting, and dating couples showed similar levels of police involvement across all categories of contact (i.e., "both victim and perpetrator", "perpetrator only", "victim only", "no contact"). Several notable findings arose, such as the fact that the majority of cases indicated mutual involvement of both victims and perpetrators or no contact across relationship types. Furthermore, a notably low proportion of cases indicated victim-only contact with police across married, cohabiting, and dating couples. Altogether, help seeking behaviour was similar across relationship types overall.

Table 7. *Chi-Square Test of Police Contact by Relationship Type (N = 194).*

	Police Contact							
	Both	Perpetrator	Victim	None				
	% (*n*)	% (*n*)	% (*n*)	% (*n*)	χ^2	*df*	*p*	Fisher's exact test
Police					2.17	6	.915	.878
Married	40 (45)	10 (11)	3 (3)	47 (53)				
Cohabiting	44 (19)	12 (5)	2 (1)	42 (18)				
Dating	41 (16)	15 (6)	5 (2)	39 (15)				

Note. *p* < .05. Approximate percentages are reported in the table. N values represent observed frequencies. N values may differ significantly due to the natural incidence in the population and/or missing data from the file review. Fisher's exact test of significance was interpreted for cells with expected counts less than five.

However, non-parametric Chi-square tests of homogeneity were performed in order to accommodate for the violation of a small cell count in the analyses of the overall sample for police contact. Specifically, non-parametric Chi-square tests evaluating victim-specific police contact (i.e., "victim only", "victim and perpetrator") across age and relationship type revealed

significant findings. Firstly, there was significantly more police contact among older adults (83%; $n = 44$) compared to the younger population (17%; $n = 9$), $\chi^2 (1) = 23.11$, $p < .001$. Secondly, spouses (56%; $n = 48$) had significantly more contact with police than dating couples (21% $n = 18$), $\chi^2 (1) = 13.64$, $p < .001$, and cohabiting couples (23%; $n = 20$), $\chi^2 (1) = 11.53$, $p < .001$. Dating and cohabiting partners did not differ significantly from one another, $\chi^2 (1) = 0.11$, $p = .871$. Therefore, significant differences arose across relationship type when examining victim-specific contact with police.

Help-Seeking Across Relationship Type. A 2x2 (Age x Relationship Type) ANOVA was performed in order to test the hypothesis that help seeking behaviour is more prominent for those living together and older dating couples compared to young, dating couples. The differences between groups for victims' involvement with helping agencies were not statistically significant, as no main effects or interaction effect emerged, $F(3, 103) = 1.03$, $p = .381$, $\eta^2 = .029$ (see Table 8). Therefore, help seeking, as defined by the total number of agencies the victim was involved in, did not differ significantly by age (i.e., "young", "older adults") or relationship type (i.e., "living together", "living apart").

Table 8. *2X2 ANOVA of Victims' Involvement with Agencies Across Relationship Type (Dating, Cohabiting, Married).*

		Total Number of Agencies Victim was Involvement In				
	n	*M (SD)*	*F*	*df*	*p*	η^2
			1.034	3	.381	.029
Living Together						
Young	7	2.00 (2.38)				
Old	77	3.58 (3.26)				
Living Apart						
Young	13	2.38 (1.81)				
Old	10	3.00 (3.50)				
Effects						
Relationship Type			0.012	1	.911	.0000
Age			1.513	1	.221	.014
Relationship Type X Age			0.294	1	.589	.003

Note. *$p < .05$. Age variable defined as young (15-24 years) and older adults (30-50 years).

DISCUSSION

The purpose of the current study was to examine domestic homicides in the context of dating violence in comparison to cohabiting and married couples. The data-set for these comparisons came from the Ontario DVDRC, which has reviewed every domestic homicide and homicide-suicide in Ontario since 2003. Overall, dating couples' involvement with the system did not differ significantly from their cohabiting and married counterparts. However, dating relationships more closely resembled cohabiting relationships in the comparisons, which were significantly different from spousal relationships in several respects. These findings illustrate the need for increased investigation into the role that the system plays in the prevention of domestic homicide in contexts, such as relationship type.

It was hypothesized that dating partners would differ from their cohabiting and married counterparts in several important areas due to the unique nature of dating relationships that are less likely to be characterized by legal, economic, and familial ties. Specifically, victims' involvement with police, help seeking behaviour, and formal interventions (i.e., risk assessment, safety planning, risk management strategies) were hypothesized to be less prevalent in dating relationships compared to married and cohabiting relationships. The current research yielded mixed results, whereby no significant differences within age and relationship type were found overall in regards to system involvement. However, hypotheses were partially supported by significant differences emerging within the variables of interest, namely, in cases where risk assessments were completed and victims had police contact. Implications for practice and suggestions for future research are discussed below.

Summary of Key Findings.

Several key findings emerged from this research. Firstly, risk assessments were conducted at a low rate overall for married, cohabiting, and dating couples. Of the domestic homicide cases that had a risk assessment completed, there were greater proportions of married couples and older adults compared to cohabiting couples, dating couples, and younger individuals. Help seeking, in terms of the total number of agencies the victim was involved in, demonstrated comparable levels across relationship type. Lastly, the younger population, cohabiters, and daters were significantly less represented than older adults and married couples in cases with victim-specific contact with police. Contrary to the hypotheses, dating relationships generally took middle ground between cohabiting and married couples in the comparisons of

relationship type. Thus, overall the results were partially supportive of the hypotheses, yet they support the need for future research in the area of system involvement.

      An Application of Theory. The results that indicated differences in the top risk factors across relationship types can be understood in the context of Heise's (1998) Ecological Model of DV, such that differences in victims' individual experience of abuse and people in their microsystem (e.g., family, friends), exosystem (e.g., socioeconomic status), and macrosystem (e.g. patriarchy, victim-blaming attitudes) will predispose them to certain risk factors. For example, as previous research has suggested, dating relationships are common among the younger population and they are not likely to involve economic or familial ties to their partners. Therefore, dating relationships may have less opportunity for the controlling behaviour that was prominent in marriages, and more vulnerable to intimate terrorism behaviour, such as stalking and harassment.

      Furthermore, the Ecological Model of DV (Heise, 1998) and SLT (Bandura, 1978) support the notion of a normalization and minimization of violence on individual and systemic levels, particularly for victims who were cohabiting. For example, cohabiting couples are typically older, are likely to have been in a relationship for an extended period of time, and may or may not have economic, property, and familial ties to one another. Thus, SLT (Bandura, 1978) would suggest that victims of DV who are cohabiting might have normalized the violence over an extended period of time. Moreover, the Ecological Model of DV would propose that victims' economic dependency, past experiences of abuse, and social/physical isolation are merely a few of the factors that could contribute to cohabiting victims being vulnerable to the greatest number of risk factors for domestic homicide and the least amount of formal intervention.

      Relationship Type and Risk. Contrary to the hypothesis that similar levels of risk should be observed across relationship type, the results of the current study suggest that cohabiting couples are at a significantly higher risk for domestic homicide than married couples, while dating couples did not differ significantly from either group. Therefore, the results were consistent with previous studies that have reported a higher risk of violence amongst cohabiting couples compared to those who were married (Wong et al., 2016; Stets & Straus, 1989). Other research has demonstrated no statistically significant differences in the risks for DV between married and cohabiting couples (Johnson & Ferraro, 2000; Johnson, 1996). Competing findings within the literature could be due to differences in the ways in which the level of risk was measured. In the

present study, the level of risk was operationally defined as the total number of risk factors involved in a case.

In retrospect, these findings should be interpreted with caution, as the total number of risk factors that were documented in a case may not be representative of the true risk of lethality. Dawson and Piscitelli (2017) noted that the relationship between lethality and the number of risk factors present is not necessarily linear because some risk factors could be more fatal than others. For example, actual or pending separation is a particularly lethal risk factor, identified in 67% of domestic homicide cases outlined by the Ontario DVDRC (OCC, 2017). Moreover, it was a top risk factor across all relationship types in the current study (see Table 3). Nonetheless, these findings speak to the distinctions that may arise with relationship type.

Furthermore, the comparison of the top ten risk factors across relationship types (see Table 3) speaks to the differential dynamics that are inherent to them. For example, controlling behaviour was most prominent in marriages, excessive substance abuse was a top risk factor for cohabiting relationships, and a new partner in the victim's life was only in the top ten risk factors for dating couples. Due to the likelihood of economic, property, familial, and legal ties within marital relationships, there may be more opportunity for perpetrators to maintain control over victims. Secondly, excessive substance abuse by cohabiting perpetrators could be related to the research that suggests cohabiting relationships experience the highest severity and frequency of violence (Stets & Straus, 1989), whereby violence is more likely to occur and be more severe when perpetrators are intoxicated. The failure to comply with authority that is typical of dating perpetrators is consistent with previous literature on intimate terrorism behaviour and young male syndrome, whereby young perpetrators are more likely to engage in risky behaviour (Wilson & Daly, 1985). Lastly, the number one risk factor across relationship types was the perpetrator exhibiting a history of violence with their current partner/victim, which suggests that there would have been several inadequate attempts or missed points of intervention. Altogether, these findings suggest that risks of domestic homicide are largely shared across relationship type. However, important distinctions between groups exist and thus, the study of relationships as a heterogeneous variable in the context of DV is supported.

Victims' Involvement with the System. Previous literature has suggested a minimization of dating violence on a systemic level. It was hypothesized that dating relationships would be

characterized by less involvement with the system, including contact with police, completed risk assessments, and involvement with helping agencies.

Overall, no significant differences across relationship type were found in terms of having a risk assessment completed, nor were there significant differences across relationship type in regards to help seeking behaviour. These results indicated that formal interventions were conducted at similarly low rates in the overall sample of domestic homicide cases. Such findings could speak to the importance of increased implementation of formal interventions amongst service providers because this study's sample of domestic homicides was largely characterized by a lack of risk assessments. A comparison of age and relationship type for only those cases that had documented formal intervention indicated that younger couples and cohabiting couples were represented significantly less than older adults and spouses. Moreover, there were no pronounced differences between dating partners and their cohabiting and married counterparts, although proportions of risk assessments conducted for dating relationships more closely resembled cohabiting couples.

Research that has commented on the risks of cohabiting relationships has suggested that the highest severity and frequency of violence experienced by cohabiting partners could be tied to social isolation, issues of autonomy and control, and the level of investment in the relationship (Stets & Straus, 1989). For example, cohabiters may have fewer ties to kin while living with their abusive partners, less economic and spatial independence from their partners, and more opportunity for conflict within their relationship due to close proximity of living space compared to dating couples. Such circumstances could exacerbate the level of control that the perpetrator has over the victim's activities (e.g. help seeking), thereby limiting victims' chances of having police contact or formal intervention.

Historically, marriages have been more likely to be characterized by children than non-legally bound relationships, although this trend is changing in recent years due to increases in people living alone, as a couple with or without children, and lone-parent families (Statistics Canada, 2017). The current study's sample of domestic homicide cases ranged from the year 2003 to 2015, whereby a significant proportion of marriages may have involved children due to the nuclear family households that were more prevalent several years ago. The presence of children in the context of DV has been identified as both a facilitator and a barrier to victims seeking help due to either attempts at protecting them from future harm or a desire to keep the

family unit intact (Evans & Feder, 2016; Wolf, Ly, Hobart, & Kernic, 2003). Frontline officers typically respond more seriously when there are children present at a DV incident by filing a mandatory report to Children's Aid Services (CAS). Moreover, marriages are more prone to legal involvement relating to economic and property ownership that is inherent in a legal marital arrangement. Therefore, married couples, particularly those with children, may be predisposed to greater system involvement compared to their dating and cohabiting counterparts, which is consistent in the context of the results of the current study.

       Discrepancies Across Relationships. The meaningfulness of this study's findings remains ambiguous without more contextual information about the victim-perpetrator relationship and qualitative reports on how the case was managed by the system. The results indicated that risks assessments and victims' contact with police were significantly less represented among cohabiting couples and the younger population. Proportions of dating victims that had a risk assessment more closely resembled cohabiting victims, although they did not differ significantly from spouses. Lastly, dating victims had significantly less contact with police compared to their married counterparts. Therefore, the results suggest that non-legally bound couples, particularly those cohabiting, may be at an increased risk for escalated violence, perhaps due to less successful intervention. For example, they might experience the frequency and severity of violence that married victims face, but then not receive a level of system involvement as great as spouses.

    A comparison of Statistics Canada rates of police-reported IPV (Burczycka, 2018) and the Ontario DVDRC database rates of domestic homicide (see Table 1) shows that dating partners were represented more than spouses in police-reported IPV, but represented less than spouses in the sample of domestic homicide cases in Ontario. It was originally hypothesized that victims of dating violence would have less police contact and risk assessments conducted compared to couples living together due to a minimization of violence in the victims' microsystem (i.e., individual, friends, family) and macrosystem (i.e., police attitudes; Heise, 1998). However, this comparison of police-reported IPV and domestic homicide in the population suggests that dating partners could be seeking and receiving sufficient help from the police, such that their cases of DV do not escalate to the current study's sample of domestic homicides. Such a conclusion would suggest that dating partners actually receive sufficient support from protective services, and it is those that do not (i.e. no formal intervention, no police contact) that are represented in

the current sample of domestic homicides. Additionally, it is possible that dating victims can more easily escape or leave their partners than cohabiting or married couples because there are less likely to have children and legal/property ties that could keep spouses connected and consequently, at risk. Therefore, this comparison fosters the need for more field research and understanding as to how risks are managed by the system among victims of DV.

Victim Help-Seeking Behaviour. The current study proposed an Age x Relationship Type interaction with help seeking behaviour, such that young dating couples would demonstrate less involvement with helping agencies compared to older dating couples or couples living together. No main effects or interaction effect emerged from the analyses, suggesting that help seeking behaviour was not dependent on the age or relationship type of the couple. Therefore, the hypothesis was not supported by the findings. In retrospect, it is possible that the operational definition of help seeking behaviour was not distinct enough to examine victims' help seeking towards more formal supports. For example, help seeking behaviour was operationally defined as the total number of agencies that the victim was involved with, which could have included both non-legal, community-based agencies (e.g., DV shelters, mental health counsellors), as well as legal supports (e.g., court based legal advocacy, police contact). In the context of previous research that has suggested that young victims tend to seek help amongst informal supports as opposed to formal supports, it is possible that help seeking behaviour was not measured succinctly enough to properly assess the discrepancies in age and relationship type that were expected to arise with agencies of a more formal nature.

However, even after examining the relationship in terms of victims' contact with legal authorities only (i.e., "police", "court based legal advocacy", and "victim initiated legal action"), no main effects or interaction emerged. Rather, the results indicated similarly low levels of victim-specific contact with legal supports across age and relationship type and thus, statistical results were excluded from the report. While the research suggesting that violence is minimized amongst young couples and dating couples still stands, there is also research to suggest how victims' minimal involvement with the system might persist through the years and across relationship types. For example, previous literature has suggested that children within the relationship could serve as a facilitator or inhibitor for women's help-seeking, due to a desire to protect children from future harm, influences by cultural or personal values to keep the family unit as a whole, fear of violence upon separating, fear of custody battles, and economic

dependency (Erez & Harper, 2018; Evans & Feder, 2016; Wolf, Ly, Hobart, & Keric, 2003). Furthermore, SLT (Bandura, 1978) and research that has highlighted the role of intergenerational abuse in the family of origin leading to a minimization of violence in relationships would suggest that the violence is normalized and victims in long-term relationships might not seek help because of the potential for stronger emotional and financial ties to their partner and greater opportunity for abuse to be normalized over time. Thus, perhaps victims' help seeking is inhibited across age and relationship types, but for different reasons, depending on the dynamics of the relationship and factors in the victims' social ecology (Heise, 1998).

Demystifying Formal Intervention. As mentioned previously, Ontario's specific policing standards have mandated the use of risk assessment tools for all DV calls to service (Ministry of the Solicitor General, 2000). Further, Ontario has several policing jurisdictions with their own specialized DV units that are designated to managing DV cases. Evidently, the domestic homicide cases in the current sample were high-risk as they escalated to completed or attempted homicide, yet a fraction of these cases had a risk assessment administered.

An exploratory analysis revealed that approximately 15% of the 218 domestic homicide cases were reported as having had a risk assessment completed, which was consistent with previous research (Cattaneo & Chapman, 2011). An analysis of the cases that had a risk assessment completed demonstrated that the majority involved married partners and older adults, while only one case involved a young couple. Lastly, the majority of the cases that had a formal risk assessment completed were those where both the victim and perpetrator had been in contact with the police (78%), suggesting the importance of mutual involvement with the system. These findings are problematic when considered in the context of Ontario policing standards that state that risk assessments are a component of DV response protocol (Ministry of the Solicitor General, 2000), because it indicates a failure on the part of the system that is responsible for implementing support and safety measures. Moreover, these findings could speak to the importance of conducting risk assessments in response to DV calls to service because the vast majority of cases did not have a risk assessment completed and the violence escalated to completed or attempted homicide.

Women's shelters and counselling professionals may conduct risk assessments, however, police are the only agency required to do so by law in Ontario (Millar et al., 2009). Police-conducted risk assessments are often pre-requisites for victims receiving further aid in terms of

implementing safety planning (e.g., alarm for higher priority police response, safety audits) and risk management strategies (e.g., increased surveillance of the offender, mandated counselling for offenders). This becomes problematic when police dismiss or minimize violence in certain stereotyped cases of DV, such as dating violence or cases involving younger couples. Thus, although previous literature has highlighted the benefits of standardized risk assessment tools (Mills, Kroner, & Morgan, 2011), conclusions about the efficacy of risk assessments cannot be drawn from the current findings without a control sample of DV-survivors.

Implications

The discussion on the administration of risk assessments is pertinent to improving the effectiveness of managing risk to victims and preventing future incidents of domestic homicide. Although it is important for future research to study the effectiveness of risk assessments in practice, the focus of the current study highlighted the differences that exist within relationship type and age in a sample of domestic homicide cases in Ontario. The major outcome of the current research indicated that cohabiting couples and the younger population had received less formal intervention than married couples and older adults. Additionally, dating and cohabiting victims, as well as younger victims, had significantly less contact with police compared to married victims and older adults. However, it is possible that these findings are related to one another, such that victims' minimal police contact meant that there was less opportunity to have a formal risk assessment completed.

Based on the findings of the current research, a number of implications arose. Firstly, it is possible that younger victims and those in non-legally bound relationships (i.e., dating, cohabiting) are characterized by a lesser degree of formal intervention compared to those in marriages and older adults. Alternatively, the differences that emerged in the current study for police contact and risk assessment administration could merely be reflective of the lower incidence rates of dating and cohabiting couples in the sample of domestic homicide overall.

Secondly, the current study does not account for DV cases where victims had sought help from the police, received formal intervention, and survived as a result of the help that they received. Thus, theoretically, it is possible that victims who are dating, cohabiting, and younger individuals are well represented among survivors of DV, which could account for why they were not well represented in the current sample. Again, such ambiguity could be resolved with the use of a control group for comparison.

The generally poor representation of risk assessments, safety planning, and risk management strategies in the overall sample of domestic homicides could speak to the importance of implementing formal intervention, as the majority of these cases were lacking in that regard and the violence escalated to murder. However, without a control sample of DV survivors to compare the results on the incidence of risk assessments, the efficacy of risk assessments can only be speculated upon. Nonetheless, the current study highlights the discrepancies that can be found when examining victims and perpetrators' system involvement in the contexts of relationship type and age. Therefore, this research has implications for data-gathering censuses to consider cohabiting partners and spouses separately because trends related to cohabiting couples more closely resembled dating couples.

Furthermore, consistent with previous literature that has reported upon the distinctions between relationship types, the current study revealed several top risk factors that were unique for married, cohabiting, and dating couples. These top risk factors are important considerations in the management of risk within the system. For example, case studies of victims that were killed by ex-dating partners have the shared theme of women reaching out to police for help and receiving a slow or lack of police response, perhaps because of the misconception that victims are sufficiently safe by living apart from their abusers. Therefore, professionals in the criminal justice and healthcare sectors may benefit from education and training on DV risk factors and risk assessments in order to be more informed when dealing with victims.

Discussions around DV risk assessments are not novel, as several standardized tools have been developed within the last decade, including the ODARA, DA, and SARA to address the need for structured, formal intervention in the management of DV. The findings of the current research were rather ambiguous, yet they illustrated the heterogeneous nature of DV and domestic homicide in its treatment by the system. Case studies of victims of domestic homicide who had histories of reporting violence to the police are important because they highlight a common theme of minimization of violence in largely preventable deaths, whereby victims' help seeking and fear was not met with adequate support or taken seriously by legal authorities. The Ecological Model of DV (Heise, 1998) supports the notion that misogynistic attitudes and non-feminist understandings of DV in society and amongst individuals within the criminal justice and healthcare sectors would bias the treatment of victims experiencing violence in their relationships.

Shifting societal attitudes and training frontline authorities to treat all forms and incidents of violence seriously are at the forefront of risk management due to the growing population of adults that may be involved in non-legally bound relationships (Statistics Canada, 2017; Sinha, 2013; Bielski, 2018). Such changes could begin with expanding and deepening frontline police officers' understanding of DV through education and training programs that teach from a feminist perspective of DV and train police on risk assessment administration, safety planning, and risk management strategies. Although the use of formal risk assessments was a main focus of the current research, these actuarial tools are not sufficient to be the sole form of formal intervention. Rather, formally conducted risk assessments may lead to further safety planning and risk management strategies that ultimately help protect victims.

These findings have illustrated the need for more standardized, common treatment across all demographics, such that any victim of DV is given unconditional and unquestioned support when they seek help. Support is especially necessary from social services and legal agencies that are designed to protect and have the authority to implement safety planning protocols and risk management strategies. Although the use of formal risk assessments was a main focus of the current research, these actuarial tools are not sufficient to be the sole form of formal intervention. Rather, formally conducted risk assessments may lead to further safety planning and risk management strategies that ultimately help protect victims. Such safety precautions could include access to priority safe housing, safety audits via Victim Services, flagged calls for higher priority police responses, and increased surveillance of offenders.

Limitations

Firstly, the current study utilized secondary data, which is prone to validity issues because the database consisted of variables that were previously coded and documented. Thus, the data set is susceptible to human error, such as missed information and varying interpretations of variables' implications. However, due to the small sample sizes throughout several analyses, the results were largely interpreted and discussed descriptively, and thus, the limitations related to statistical issues were mitigated.

Due to the missing data in the reports compiled by the DVDRC many of the sample sizes were too small to yield meaningful analyses, such that several results should be interpreted with caution even with their statistical corrections. Missing data is particularly important when interpreting results where context is concerned, such as the nature of the formal intervention (i.e.

police vs. non-police administered risk assessments). Furthermore, the DVDRC database was limited in its coding of variables. For example, the variable concerning contact with police either indicated that there was contact, no contact, or it was unknown, without expanding on the nature of contact (i.e. the depth of response or follow-up actions). Additionally, the variable coded for risk assessments in the DVDRC database did not distinguish between risk assessments conducted informally (e.g., women's shelter staff, mental health practitioners) and formally (e.g. police). Police officers in Ontario are mandated to complete an actuarial risk assessment (Ministry of the Solicitor General, 2000), while practitioners in other settings are not upheld to the same standard practice, which diminishes the reliability of non-police conducted risk assessments. Regardless of the missing information, all of the cases analyzed in the current study resulted in domestic homicide. Therefore, the interventions that were implemented in the current study's sample of domestic homicides were still not sufficient to maintain victims' safety. Although it is a tedious task, contextual information is important to include in the documentation of DV/domestic homicide cases, as drawing conclusions from the findings becomes difficult without the qualitative reports of the victims' narrative. For example, the low representation of risk assessments in the current sample of domestic homicides could speak to either possibility that risk assessments were not offered or perhaps victims declined participation. Therefore, the meaningfulness of the interpretations that can be drawn from the findings of this research is limited.

Additionally, the inconsistency between the theoretical definitions used throughout existing literature versus those used in practice can be problematic in terms of yielding an accurate representation of reality. For example, the operational definition of dating relationships used in the current study and defined by the DVDRC referred to intimate partners who were living apart and not in a legal marriage or cohabiting relationship. In reality, there was no reliable method for measuring the amount of time that couples spent together in one home; it is possible that partners could have two separate residences, but they spend the majority of their time together in one home. Nonetheless, the main distinction with dating relationships is the fact that they have the option of living in a separate residence and they are less likely to have economic and prosperity ties to their partners.

As discussed in the literature, DV risk assessments can be informal (e.g., unstructured clinical decision making) or formal (e.g., actuarial tools and checklists). Specifically, Ontario

police must utilize a standardized actuarial tool, such as the ODARA, the SARA, or the Domestic Violence Supplementary Report Form (DVSRF; Millar et al., 2009). Women's shelters, counselling professionals, and other non-police helping agencies are not upheld to the same standard practice of risk assessments, nor are they necessarily trained in conducting risk assessments, although some may use the actuarial tools. Although the current study operationalized formal risk assessments as the presence or absence of actuarial assessment tools, a major limitation of the research is that it did not differentiate between those conducted by non-police, such as DV shelter staff, and those conducted by police. Despite this lack of distinction, risk assessments were conducted at a low rate overall, and thus, it still stands that the results contradict Ontario policing standards that note the mandatory administration of risk assessments for DV-related incidents (Ministry of the Solicitor General, 2000).

Lastly, the current study was limited such that a proper comparison of the efficacy of risk assessments could not be completed without a control sample of DV cases that had successful outcomes. The sample was comprised of deceased victims and thus, it relied on retrospective analyses that did not include contextual information and victims' narratives. Therefore, any research derived from the DVDRs that seeks to define more effective intervention strategies is limited due to the unsuccessful outcome of all DV cases within the database.

Conclusions and Future Directions

The current study was undertaken to explore the possibility that dating violence and its consequences were not being taken seriously based on a sample of domestic homicides analysed by a multi-disciplinary death review committee. Dating, cohabiting and married homicide victims were compared across a number of background factors. Most of the hypotheses were either non-significant statistically or could not be properly tested due to the small number of cases for comparison. The study suffered a major limitation in its focus on homicide with no comparison group available with victims who survived. Nonetheless, there were some findings of interest. Notably, very few cases had any documentation of any risk assessment, safety planning or risk management strategies, which was surprising given the high risk-nature of the cases having had multiple risk factors present prior to the homicide. Secondly, the overall percentage of dating homicides was very low compared to the incidents of police-reported dating violence. This means that these cases of dating violence are either less lethal, the victim can more easily escape the violence, or there are other successful interventions by friends and

family. Lastly, there were findings suggesting younger dating couple had more support from friends and less police intervention. This study has implications for future practices across service sectors related to enhanced efforts at risk assessment, safety planning and risk management. Future research should consider examining how all levels of the victim's social ecology interact to influence risk of lethality, including support from friends, family, and employers, as well as their socioeconomic status, marginalization, and access to services. The study suggests the need for research with a larger sample and a comparison group of victims who survived high-risk domestic violence situations, including their qualitative reports of successful intervention strategies.

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Tables

Table 1. *Comparison of the Proportions of Police-Reported Domestic Violence in Canada and Domestic Homicides in Ontario.*

Relationship Type	Statistics Canada Police-Reported DV (%)	DVDRC Database Ontario Domestic Homicides (%)
Spouse	32	56
Former Spouse	12	24
Dating Partner	35	7
Former Dating Partner	20	13

Note. Statistics Canada (Burczycka, 2018) data reflects national rates of police-reported DV. "Spouse" includes legally married and common-law couples.

Table 2. *A Breakdown of Victim-Perpetrator Relationship Type and Age Overall (N = 239).*

	Married		Cohabiting		Dating	
	M (*SD*)	*n*	*M* (*SD*)	*n*	M (*SD*)	*n*
Victim Age	45.55 (13.93)	128	36.60 (11.29)	62	33.00 (15.19)	49
Perpetrator Age	48.26 (13.85)	128	37.53 (10.63)	62	36.82 (16.83)	49

Table 3. *A Breakdown of Relationship Type and Age for the Sample of Ontario Domestic Homicides (N = 118).*

| Age | Relationship Type | | |
	Married % (*n*)	Cohabiting % (*n*)	Dating % (*n*)
Young (15-24 years)	3 (2)	18 (5)	54 (14)
Older adults (30-50 years)	97 (62)	82 (23)	46 (12)

*Note. Approximate percentages are reported in the table.

Table 4. *Rank Order of Top Ten Risk Factors by Relationship Type.*

DVDRC Risk Factors	Married % (*n*)	Cohabiting % (*n*)	Dating % (*n*)
Actual or pending separation	**69.1 (85)**	**77.3 (34)**	**78.0 (32)**
History of domestic violence – current partner/victim	**82.5* (85)**	**82.2* (37)**	**86.5* (32)**
Depression – in the opinion of family/friend/acquaintance	**65.3 (66)**	**53.3 (21)**	42.9 (15)
Prior threats to commit suicide by perpetrator	**63.7 (58)**	**60.5 (23)**	**54.8 (17)**
Obsessive behaviour displayed by perpetrator	**58.0 (58)**	**61.9 (26)**	**74.4 (29)**
Victim's intuitive sense of fear of perpetrator	**54.7 (52)**	**67.4 (29)**	**61.1 (22)**
Prior threats to kill victim	**52.2 (47)**	**59.0 (23)**	45.5 (15)
Escalation of violence	**49.5 (45)**	**67.5 (27)**	**59.5 (22)**
Sexual jealousy	**46.9 (45)**	44.1 (15)	**65.8 (25)**
Controlled most or all of victim's daily activities	**45.7 (43)**	43.9 (18)	41.7 (15)
Excessive alcohol and/or drug use by perpetrator	39.8 (39)	**61.0 (25)**	41.5 (17)
New partner in victim's life (real or perceived)	36.6 (37)	44.2 (19)	**60.5 (23)**
Failure to comply with authority	26.5 (26)	45.2 (19)	53.8 (21)
Perpetrator unemployed	30.8 (37)	48.9 (23)	**55.8 (24)**
History of violence outside of the family by perpetrator	31.0 (27)	**72.5 (29)**	**72.2 (26)**

Note. Bolded numbers indicated the top ten risk factor(s) in each group. Starred cells indicate the top risk factor in each group.

Table 5. *A 2X3 ANOVA of the Number of Risk Factors Present Across Relationship Type (Dating, Cohabiting, Married).*

Relationship Type	*n*	*M (SD)*	*F*	*df*	*p*	η^2
		Total Number of Risk Factors in a Case				
			7.78	2	.001**	.000
Married	124	9.36 (5.64)				
Cohabiting	48	12.92 (5.68)				
Dating	46	11.57 (5.48)				

Note. **$p < .01$. N values represent observed frequencies. N values may differ significantly due to the natural incidence in the population and/or missing data from the file review.

Table 6. *Chi-Square Test of Victims' Contact with Informal Supports by Relationship Type (Married, Cohabiting, Dating).*

	Married % (n)	Cohabiting % (n)	Dating % (n)	N	χ^2	df	p
Family Members				188	1.62	2	.483
Yes	84 (90)	86 (36)	92 (36)				
No	16 (17)	14 (6)	8 (3)				
Friends				178	7.00	2	.029*
Yes	76 (75)	82 (32)	95 (38)				
No	24 (24)	18 (7)	5 (2)				
Coworkers				150	4.14	2	.135
Yes	59 (50)	40 (15)	48 (13)				
No	41 (35)	61 (23)	52 (14)				
Neighbours				139	0.34	2	.827
Yes	53 (40)	57 (20)	50 (14)				
No	47 (36)	43 (15)	50 (14)				

*Note. p < .05. Approximate percentages are reported in the table. N values represent observed frequencies. N values may differ significantly due to the natural incidence in the population and/or missing data from the file review.

Table 7. *Chi-Square Test of Police Contact by Relationship Type (N = 194).*

	Both	Perpetrator	Victim	None	χ^2	df	p	Fisher's exact test
	% (*n*)	% (*n*)	% (*n*)	% (*n*)				
Police					2.17	6	.915	.878
Married	40 (45)	10 (11)	3 (3)	47 (53)				
Cohabiting	44 (19)	12 (5)	2 (1)	42 (18)				
Dating	41 (16)	15 (6)	5 (2)	39 (15)				

Note. *p < .05. Approximate percentages are reported in the table. N values represent observed frequencies. N values may differ significantly due to the natural incidence in the population and/or missing data from the file review. Fisher's exact test of significance was interpreted for cells with expected counts less than five.

Table 8. *2X2 ANOVA of Victims' Involvement with Agencies Across Relationship Type (Dating, Cohabiting, Married).*

	n	M (SD)	F	df	p	η^2
Total Number of Agencies Victim was Involvement In						
			1.034	3	.381	.029
Living Together						
Young	7	2.00 (2.38)				
Old	77	3.58 (3.26)				
Living Apart						
Young	13	2.38 (1.81)				
Old	10	3.00 (3.50)				
Effects						
Relationship Type			0.012	1	.911	.0000
Age			1.513	1	.221	.014
Relationship Type X Age			0.294	1	.589	.003

Note. *$p < .05$. Age variable defined as young (15-24 years) and older adults (30-50 years).

Appendix A

Western Research

Date: 4 June 2018

To: Dr. Peter Jaffe

Project ID: 111978

Study Title: Risk Factors of Domestic Homicide Among Dating versus Cohabiting Couples

Application Type: NMREB Initial Application

Review Type: Delegated

Full Board Reporting Date: 06/Jul/2018

Date Approval Issued: 04/Jun/2018 15:35

REB Approval Expiry Date: 04/Jun/2019

_____

Dear Dr. Peter Jaffe

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. All other required institutional approvals must also be obtained prior to the conduct of the study.

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Data Summary Form	Other Data Collection Instruments		

No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

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 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Katelyn Harris, Research Ethics Officer on behalf of Dr. Randal Graham, NMREB Chair

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

Appendix B

Domestic Violence Death Review Committee
Office of the Chief Coroner of Ontario
Risk Factor Coding Form

Absent (A) = Evidence suggests that the risk factor was not present
Present (P) = Evidence suggests that the risk factor was present
Unknown (Unk) = A lack of evidence suggests that a judgment cannot be made

Risk Factor	Code (A, P, Unk)
1) History of violence outside of the family by perpetrator	
2) History of domestic violence – previous partners	
3) History of domestic violence – current partner	
4) Prior threats to kill victim	
5) Prior threats with a weapon	
6) Prior assault with a weapon	
7) Prior threats to commit suicide by perpetrator	
8) Prior suicide attempts by perpetrator	
9) Prior attempts to isolate the victim	
10) Controlled most or all of victim's daily activities	
11) Prior hostage-taking and/or forcible confinement	
12) Prior forced sexual acts and/or assaults during sex	
13) Child custody or access disputes	
14) Prior destruction or deprivation of victim's property	
15) Prior violence against family pets	
16) Prior assault on victim while pregnant	
17) Choked victim in the past	
18) Perpetrator was abused and/or witnessed domestic violence as a child	
19) Escalation of violence	
20) Obsessive behaviour displayed by perpetrator	
21) Perpetrator unemployed	
22) Victim and perpetrator living common-law	
23) Presence of stepchildren in the home	
24) Extreme minimization and/or denial of spousal assault history	
25) Actual or pending separation	
26) Excessive alcohol and/or drug use by perpetrator	
27) Depression – in the opinion of family/friend/acquaintance – perpetrator	
28) Depression – professionally diagnosed – perpetrator	
29) Other mental health or psychiatric problems – perpetrator	
30) Access to or possession of any firearms	
31) New partner in victim's life (real or perceived)	
32) Failure to comply with authority – perpetrator	
33) Perpetrator exposed to/witnessed suicidal behaviour in family of origin	
34) After risk assessment, perpetrator had access to victim	

35) Youth of couple	
36) Sexual jealousy – perpetrator	
37) Misogynistic attitudes – perpetrator	
38) Age disparity of couple	
39) Victim's intuitive sense of fear of perpetrator	
40) Perpetrator threatened and/or harmed children	

Appendix C

Domestic Violence Death Review Committee
Office of the Chief Coroner of Ontario
Risk Factor Descriptions

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

1) **History of violence outside of the family by perpetrator:**
   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) **History of domestic violence – previous partners:**
   Any actual, attempted, or threatened abuse/maltreatment (physical; emotional; psychological; financial; sexual, etc.) toward a person who **has been 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) **History of domestic violence – current partner:**
   Any actual, attempted, or threatened abuse/maltreatment (physical; emotional; psychological; financial; sexual, etc.) toward a person who **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.

4) **Prior threats to kill victim:**
   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."

5) **Prior threats with a weapon:**
   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).

6) **Prior assault with a weapon:**
Any actual or attempted assault on the victim in which 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.) was used. Note: This item is separate from violence inflicted using body parts (e.g., raising a fist).

7) **Prior threats to commit suicide by perpetrator:**
Any recent (past 6 months) act or comment made by the perpetrator that was intended to convey the perpetrator's idea of 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.

8) **Prior suicide attempts by perpetrator:**
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.

9) **Prior attempts to isolate the victim:**
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").

10) **Controlled most or all of victim's daily activities:**
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.).

11) **Prior hostage-taking and/or forcible confinement:**
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).

12) **Prior forced sexual acts and/or assaults during sex:**
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.

13) **Child custody or access disputes:**
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.

14) **Prior destruction or deprivation of victim's property:**
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.

15) **Prior violence against family pets:**
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.

16) **Prior assault on victim while pregnant:**
Any actual or attempted form of 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.

17) **Choked victim in the past:**
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).

18) **Perpetrator was abused and/or witnessed domestic violence as a child:**
As a child/adolescent, the perpetrator was victimized and/or exposed to any actual, attempted, or threatened forms of family violence/abuse/maltreatment.

19) **Escalation of violence:**
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.

20) **Obsessive behaviour displayed by perpetrator:**
Any actions or behaviour 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.

21) **Perpetrator unemployed:**
Employment means having full-time or near full-time employment (including self-employment). Unemployment means experiencing frequent job changes or significant periods of lacking a source of income. Please consider government income assisted programs (e.g., ODSP; Worker's Compensation; E.I.; etc.) as unemployment.

22) **Victim and perpetrator living common-law:**
The victim and perpetrator were cohabiting.

23) **Presence of stepchildren in the home:**
Any chil(ren) that is/are not biologically related to the perpetrator.

24) **Extreme minimization and/or denial of spousal assault history:**
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).

25) **Actual or pending separation:**
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.

26) **Excessive alcohol and/or drug use by perpetrator:**
Within the past year, and regardless of whether or not the perpetrator received treatment, substance use 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, friends, 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.

27) **Depression – in the opinion of family/friend/acquaintance – perpetrator:**
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.

28) **Depression – professionally diagnosed – perpetrator:**
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.

29) **Other mental health or psychiatric problems – perpetrator:**
For example: psychosis, schizophrenia, bi-polar disorder, mania, obsessive-compulsive disorder, etc.

30) **Access to or possession of any firearms:**
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.

31) **New partner in victim's life (real or perceived):**
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.

32) **Failure to comply with authority – perpetrator:**
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.

33) **Perpetrator exposed to/witnessed suicidal behaviour in family of origin:**
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.

34) **After risk assessment, perpetrator had access to victim:**
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.

35) **Youth of couple:**
Victim and perpetrator were between the ages of 15 and 24.

36) **Sexual jealousy – perpetrator:**
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.

37) **Misogynistic attitudes – perpetrator:**
Hating or having a strong prejudice against women. This attitude can be overtly expressed with hate statements, or can be subtler with beliefs that women are only good for domestic work or that all women are "whores".

38) **Age disparity of couple:**
Women in an intimate relationship with a partner who is significantly older or younger. The disparity is usually nine or more years.

39) **Victim's intuitive sense of fear of perpetrator:**
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.

40) **Perpetrator threatened and/or harmed children:**
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, counsellors, medical personnel, etc.).

Appendix D

Researcher's Variables Adapted from Pre-Existing
DVDRC Database Information
Descriptions

Absent (A) = Evidence suggests that the risk factor was not present
Present (P) = Evidence suggests that the risk factor was present
Unknown (Unk) = A lack of evidence suggests that a judgment cannot be made

Variable	Description
Age	Dichotomous variable whereby victim-perpetrator couples that were both between the ages of 15-24 years were included in the "Young" group, and couples that were both between the ages of 30-50 years were included in the "Older adult" group.
Relationship Type	"Dating" couples included victims and perpetrators in an intimate relationship in which they had not cohabitated and were living in separate residences. "Cohabiting" couples included victims and perpetrators were in an intimate relationship and living in the same residence, but were not legally married. "Married" couples included victims and perpetrators in an intimate relationship in which they were legally married to one another and living in the same residence". Note: the researcher collapsed "estranged dating", "estranged cohabiting", and "estranged married" cases into their respective relationship type groups.
	The "Living Together" group combined the cases previously coded as "married" and "cohabiting". The "Living Apart" group included cases that were previously coded as "dating".
Help-seeking behaviour	The total number of helping agencies the victim was involved in.
A Formal Risk Assessment was Completed	Combined the pre-existing variables "A formal risk assessment was completed" and "A formal risk assessment led to a safety plan and risk management strategy" where it was indicated that a risk assessment was present.

Appendix E

Domestic Violence Death Review Committee
Office of the Chief Coroner of Ontario
Data Summary Form

OCC Case #(s):

OCC Region: Central
OCC Staff: _____

Lead Investigating Police Agency:
Officer(s):
Other Investigating Agencies: _
Officers: __

VICTIM INFORMATION

**If more than one victim, this information is for primary victim (i.e. intimate partner)*

Gender	
Age	
Marital status	
Number of children	
Pregnant	
If yes, age of fetus (in weeks)	
Residency status	
Education	
Employment status	
Occupational level	
Criminal history	
If yes, check those that apply...	____ Prior domestic violence arrest record ____ Arrest for a restraining order violation ____ Arrest for violation of probation ____ Prior arrest record for other assault/harassment/menacing/disturbance ____ Prior arrest record for DUI/possession ____ Juvenile record

____ Total # of arrests for domestic violence offenses	
____ Total # of arrests for other violent offenses	
____ Total # of arrests for non-violent offenses	
____ Total # of restraining order violations	
____ Total # of bail condition violations	
____ Total # of probation violations	

Family court history

If yes, check those that apply...
____ Current child custody/access dispute
____ Prior child custody/access dispute
____ Current child protection hearing
____ Prior child protection hearing
____ No info

Treatment history

If yes, check those that apply...
____ Prior domestic violence treatment
___ Prior substance abuse treatment
____ Prior mental health treatment
____ Anger management
____ Other – specify _____
____ No info

Victim taking medication at time of incident	
Medication prescribed for victim at time of incident	
Victim taking psychiatric drugs at time of incident	
Victim made threats or attempted suicide prior to incident	
Any significant life changes occurred prior to fatality?	
Describe:	

Subject in childhood or Adolescence to sexual abuse?	
Subject in childhood or adolescence to physical abuse?	
Exposed in childhood or adolescence to domestic violence?	

-- END VICTIM INFORMATION --

PERPETRATOR INFORMATION

**Same data as above for victim*

Gender	
Age	
Marital status	
Number of children	
Pregnant	
If yes, age of fetus (in weeks)	
Residency status	
Education	
Employment status	
Occupational level	
Criminal history	

If yes, check those that apply...
____ Prior domestic violence arrest record
____ Arrest for a restraining order violation
____ Arrest for violation of probation
____ Prior arrest record for other assault/harassment/menacing/disturbance
____ Prior arrest record for DUI/possession
____ Juvenile record
____ Total # of arrests for domestic violence offenses
____ Total # of arrests for other violent offenses
____ Total # of arrests for non-violent offenses

____ Total # of restraining order violations
____ Total # of bail condition violations
____ Total # of probation violations

Family court history
If yes, check those that apply...
____ Current child custody/access dispute
____ Prior child custody/access dispute
____ Current child protection hearing
____ Prior child protection hearing
____ No info

Treatment history
If yes, check those that apply...
____ Prior domestic violence treatment
___ Prior substance abuse treatment
____ Prior mental health treatment
____ Anger management
____ Other – specify _____
____ No info

Perpetrator on medication at time of incident	
Medication prescribed for perpetrator at time of incident	
Perpetrator taking psychiatric drugs at time of incident	
Perpetrator made threats or attempted suicide prior to incident	
Any significant life changes occurred prior to fatality?	
Describe:	
Subject in childhood or Adolescence to sexual abuse?	
Subject in childhood or adolescence to physical abuse?	
Exposed in childhood or adolescence to domestic violence?	

INCIDENT

-- END PERPETRATOR INFORMATION --

Date of incident	
Date call received	
Time call received	
Incident type	
Incident reported by	
Total number of victims **Not including perpetrator if suicided*	
Who were additional victims aside from perpetrator?	
Others received non-fatal injuries	
Perpetrator injured during incident?	
Who injured perpetrator?	

Location of crime

Location of incident	
If residence, type of dwelling	
If residence, where was victim found?	

Cause of Death (Primary Victim)

Cause of death	
Multiple methods used?	
If yes be specific ...	
Other evidence of excessive violence?	
Evidence of mutilation?	
Victim sexually assaulted?	
If yes, describe (Sexual assault, sexual mutilation, both)	
Condition of body	
Victim substance use at time of crime?	
Perpetrator substance use at time of crime?	

Weapon Use

Weapon use	
If weapon used, type	
If gun, who owned it?	
Gun acquired legally?	
If yes, when acquired?	
Previous requests for gun to be surrendered/destroyed?	

Did court ever order gun to be surrendered/destroyed?	

Witness Information

Others present at scene of fatality (i.e. witnesses)?	
If children were present:	
What intervention occurred as a result?	

Perpetrator actions after fatality

Did perpetrator attempt/commit suicide following the incident?	
If committed suicide, how?	
Did suicide appear to be part of original homicide?	
How long after the killing did suicide occur?	
Was perpetrator in custody when attempted or committed suicide?	
Was a suicide note left? *If yes, was precipitating factor identified*	
Describe: *Perpetrator left note attached to envelope and within the envelope were photos of the victim and her boyfriend and correspondence regarding the purchase of a house in North Dakota and money transfers etc.*	
If perpetrator did not commit suicide, did s/he leave scene?	
If perpetrator did not commit suicide, *(At scene, turned self in, apprehended later, still at large,* where was s/he *other – specify)* arrested/apprehended?	
How much time passed between the *(Hours, days, weeks, months, unknown, n/a – still at large)* fatality and the arrest of the suspect:	

-- END INCIDENT INFORMATION -- VICTIM/PERPETRATOR RELATIONSHIP HISTORY

Relationship of victim to perpetrator	
Length of relationship	
If divorced, how long?	
If separated, how long?	
If separated more than a Month, list # of months	
Did victim begin relationship with a new partner?	
If not separated, was there evidence that a separation was imminent?	
Is there a history of separation in relationship?	
If yes, how many previous (Indicate #, unknown	

separations were there?	
If not separated, had victim tried to leave relationship	
If yes, what steps had victim taken in past year to leave relationship? (Check all that apply) ____ Moved out of residence ____ Initiated defendant moving out ____ Sought safe housing ____ Initiated legal action ____ Other – specify	

Children Information

Did victim/perpetrator have children in common?	
If yes, how many children in common?	
If separated, who had legal custody of children?	
If separated, who had physical custody of children at time of incident?	
Which of the following best describes custody agreement?	
Did victim have children from previous relationship?	
If yes, how many? (Indicate #)	

History of domestic violence

Were there prior reports of domestic violence in this relationship?

Type of Violence? *(Physical, other)* _____

If other describe: _____
_____
_____

If yes, reports were made to: (Check all those that apply)

____ Police
____ Courts
____ Medical

____ Family members

____ Clergy
____ Friends
____ Co-workers

____ Neighbors

____ Shelter/other domestic violence program
____ Family court (during divorce, custody, restraining order proceedings)

____ Social services
____ Child protection
____ Legal counsel/legal services
____ Other – specify _____

Historically, was the victim usually the perpetrator of abuse? _____

If yes, how known? _____

Describe: _____
_____
_____

Was there evidence of escalating violence?

If yes, check all that apply:

____ Prior attempts or threats of suicide by perpetrator

____ Prior threats with weapon
____ Prior threats to kill
____ Perpetrator abused the victim in public

____ Perpetrator monitored victim's whereabouts
____ Blamed victim for abuse
____ Destroyed victim's property and/or pets
____ Prior medical treatment for domestic violence related injuries reported
____ Other – specify _____

-- END VICTIM-PERPETRATOR RELATIONSHIP INFORMATION --

SYSTEM CONTACTS

Background

Did victim have access to working telephone? _____

Estimate distance victim had to travel to access helping resources? (KMs)
_____

Did the victim have access to transportation? _____

Did the victim have a Safety Plan? _____

Did the victim have an opportunity to act on the Plan? _____

Agencies/Institutions

Were any of the following agencies involved with the victim or the perpetrator during the past year prior to the fatality? _____

**Indicate who had contact, describe contact and outcome. Locate date(s) of contact on events calendar for year prior to killing (12-month calendar)

Criminal Justice/Legal Assistance:

Police (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Crown attorney (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Defense counsel (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Court/Judges (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Corrections (Victim, perpetrator or both)
Describe:_____
_____
Outcome:_____

Probation (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Parole (Victim, perpetrator, or both)
Describe:_____

Outcome:_____

Family court (Victim, perpetrator, or both)
Describe:_____

_____
Outcome:_____

Family lawyer (Victim, perpetrator, or both)
Describe_____

_____
Outcome:_____

Court-based legal advocacy (Victim, perpetrator, or both)
Describe:_____

_____
Outcome:_____

Victim-witness assistance program (Victim, perpetrator, or both)
Describe:_____

_____
Outcome:_____

Victim Services (including domestic violence services)

Domestic violence shelter/safe house (Victim, perpetrator, or both)
Describe:_____

_____
Outcome:_____

Sexual assault program (Victim, perpetrator, or both)
Describe:_____

_____
Outcome:_____

Other domestic violence victim services (Victim, perpetrator, or both)
Describe:_____

_____
Outcome:_____

Community based legal advocacy (Victim, perpetrator, or both)
Describe:_____

_____
Outcome:_____

Children services

School (Victim, perpetrator, children or all)
Describe: (Did school know of DV? Did school provide counseling?)
_____
_____
Outcome:_____

Supervised visitation/drop off center (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Child protection services (Victim, perpetrator, children, or all)
Describe:_____
_____
Outcome:_____

Health care services

Mental health provider (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Mental health program (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Health care provider (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____
_____
Outcome:_____

Local hospital (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Ambulance services (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Other Community Services

Anger management program (Victim, perpetrator, or both)
Describe:_____

_____
Outcome:_____

Batterer's intervention program (Victim, perpetrator, or both)
Describe:_____

_____
Outcome:_____

Marriage counselling (Victim, perpetrator, or both)
Describe:_____

_____
Outcome:_____

Substance abuse program (Victim, perpetrator, or both)
Describe:_____

_____
Outcome:_____

Religious community (Victim, perpetrator, or both)
Describe:_____

_____
Outcome:_____

Immigrant advocacy program (Victim, perpetrator, or both)
Describe:_____

_____
Outcome:_____
Animal control/humane society (Victim, perpetrator, or both)
Describe:_____

_____
Outcome:_____

Cultural organization (Victim, perpetrator, or both)
Describe:_____

_____
Outcome:_____

Fire department (Victim, perpetrator, or both)
Describe:_____

_____
Outcome:_____

Homeless shelter (Victim, perpetrator, or both)
Describe:_____

_____

Outcome:_____

-- END SYSTEM CONTACT INFORMATION --

RISK ASSESSMENT

Was a risk assessment done?

*If yes, by whom?*_____

When was the risk assessment done?_____ What was
the outcome of the risk assessment?_____

DVDRC COMMITTEE RECOMMENDATIONS

Was the homicide (suicide) preventable in retrospect? (Yes, no)

If yes, what would have prevented this tragedy?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

What issues are raised by this tragedy that should be outlined in the DVDRC annual report?
_____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Future Research Issues/Questions:

_____
_____
_____
_____
_____
_____
_____

Additional comments:

_____
_____
_____
_____
_____
_____

Appendix F

Curriculum Vitae

Name: Corinne Qureshi

Post-Secondary Education: Master of Arts, Counselling Psychology   2017-2019

Western University

London, Ontario, Canada

Bachelor of Arts, Honors Specialization   2012-2016

in Psychology

Western University

London, Ontario, Canada

Work Experience: Student Internship   2018-2019

Daya Counselling Centre

London, Ontario, Canada

Group Facilitator   2018-2019

Merrymount: Family Support and Crisis Centre

London, Ontario, Canada

Group Facilitator   2019

St. Joseph's Hospice

London, Ontario, Canada

Graduate Student Assistantship   2017-2019

CREWVAC, Western University

London, Ontario, Canada