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## Female and Male Perpetrators of Domestic Homicide: A Gendered Phenomenon?

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

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## **Abstract**

Domestic violence is a global issue extending across regional, cultural, and social boundaries. In 2017, 137 women across the world were killed everyday by intimate partners or relatives. By far, women over-represent victims of domestic violence and domestic homicide across time. Although disproportionate, equally concerning is the issue of violence against men. Researchers have started to question whether the risk factors related to male and female's use of violence is gendered, however no clear consensus has been reached. A retrospective case analysis was completed using domestic homicide cases reviewed by the Domestic Violence Death Review Committee based in Ontario, Canada. Statistical analyses compared male and female perpetrators of domestic homicide on a number of risk factors. A major finding was female perpetrators' were more likely to have been prior victims of the men they killed. Male victims were also less likely to be in the process of separation compared to female victims. In addition, there was a high rate of substance abuse among female perpetrators of domestic homicide. Female perpetrators were nearly twice as likely to use excessive drugs and or alcohol compared to male perpetrators. This study demonstrates the need for future research into the area of addictions and its role among female perpetrators of domestic homicide. Overall this study highlights the different risk factors between male and female perpetrators of domestic homicide for the purpose of determining appropriate preventive factors, interventions, and for painting an overall picture of violence perpetrated by males and females.

*Keywords:* domestic homicide, perpetrator, violence, victimization, gender, childhood abuse

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### **Literature Review**

Violence against women in intimate relationships is a serious widespread issue (Esquivel, Santovena & Dixon, 2012) that has received increased worldwide attention in the last thirty years (Alhabib, Nur & Jones, 2010). Violence against women occurs irrespective of age, race, ethnicity, or country (Dixon & Graham-Kevan, 2011; Esquivel, Santovena & Dixon, 2012). In women worldwide, aged 15 to 49, domestic violence is a leading cause for death (Alhabib, Nur & Jones, 2010). The World Health Organization (WHO, 2016) has identified violence against women as a major human rights and public health issue. They reported a total of 30% of women who had been in an intimate relationship, having experienced some form of physical or sexual abuse by an intimate male partner (WHO, 2016).

Intimate partner violence (IPV) is an umbrella term used to refer to various forms of abuse, including physical, sexual, emotional, psychological, verbal and or financial abuse in an intimate relationship (Murray & Graves, 2013; Public Health Agency of Canada, 2016; United Nations, 1993; World Health Organization [WHO], 2016). Intimate relationships refer to individuals in a current or former relationship wherein two people share or shared an emotional, romantic and/or sexual connection (Murray & Graves, 2013). There are several terms used to describe IPV. For example, readers may be familiar with terms such as, domestic violence, battering, intimate partner abuse, spousal abuse, and wife abuse (Murray & Graves, 2013). For this paper, the term used will be domestic violence (DV). Though men or women can perpetrate DV with no restriction on type of relationship including, marital, common-law, heterosexual or homosexual relationships (Anderson, 2002), due to the limited number of same-sex cases in this sample, this study will examine DV within the context of heterosexual relationships.

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Although disproportionate, equally concerning is the critical issue of female domestic violence against men in heterosexual relationships. Often female DV is viewed as less frequent and less problematic (Espinoza & Warner, 2016), however, the uniqueness of this issue stands out due to the relationship of violence by men to violence by women (Straus, 2014). The issue of DV against men has been studied and recognized since the 1960s, however, research on the issue of violence against men has generally been ignored (Corbally, 2015; Espinoza & Warner, 2016). The World Health Organization (2012) reported that although men are far more likely to perpetrate violence against their female partners, women can be violent towards men, typically in the form of self-defense. Essentially, assaults by men are one of the many causes of assaults by women. Often, assaults by women are in response to their fear for their life, or that of their children (Straus, 2014). Such violent behaviour then suggests another indicator of a woman's entrapment as her use of overall violence is motivated by self-protection (Saunders, 1986).

Many studies have found a correlation between victimization and female DV perpetration (Scarduzio, Carlyle, Harris & Savage, 2017; Wally-Jean & Swan, 2009). In a research study investigating female offenders in a domestic violence offender program, the majority of the women had used violence to stop or escape abuse perpetrated by their male partner (Miller & Meloy, 2006). Only a small part of the group displayed aggressive behaviours (Miller & Meloy, 2006). Often, women's use of violence is described as, using "force"; is a response to their victimization; and is reported more frequently (Espinoza & Warner, 2016; Scarduzio, Carlyle, Harris & Savage, 2017). Female perpetrators are more likely to use weapons to equalize force or threat, as their male partners are usually bigger and stronger than they are (Espinoza & Warner, 2016; Scarduzio, Carlyle, Harris & Savage, 2017).



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In contrast, men tend to use violence in response to their feelings of jealousy, to intimidate or to control their partner (Scarduzio, Carlyle, Harris & Savage, 2017). Men are more seen as characteristically aggressive, and demonstrating typical abusive behaviours in a stable fashion whereas women, who commit violent acts, are generally non-dispositional (Espinoza & Warner, 2016). Therefore, in general, DV against men is a completely different dynamic with an entirely different meaning (Stark, 2009). Given some of these stark differences between female and male violence, a call is warranted for further research in the discrimination of male and female DV. DV against women, such as verbal, physical, and or sexual assault, violates a woman's physical body, sense of trust and sense of self. Does the same apply to men? Given the high rates of DV against women and the prevalence of DV against men, further research is necessary in order to determine preventative factors, appropriate interventions, and an overall understanding of perpetration committed by both males and females. The purpose of this study is to investigate if the motives for domestic homicide are gender neutral or gender specific and how this may be associated with experiences of trauma, both in childhood and adulthood.

### **Domestic Homicide**

Domestic homicide (DH) is the most severe outcome of DV (Garcia, Soria & Hurwitz, 2017). Domestic homicides are defined as “all homicides that involve the death of a person, and or his or her children committed by the person's partner or ex-partner from an intimate relationship” (Ontario Domestic Violence Death Review Committee [DVDRC] 2017). In Canada, the rate of DH was 2.4 victims per 1 million people in 2016, a rate that has remained fairly consistent for nearly ten years. Since 2007, there have been approximately 2 to 3 victims of DH per 1 million people each year. The prior decade had nearly 4 victims per 1 million people for the majority of the years (Burczycka & Conroy, 2017).

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Women, children, Indigenous peoples, people with disabilities and individuals who identify as lesbian, gay, bisexual, trans, or questioning are at a greater risk of experiencing domestic violence (Public Health Agency of Canada, 2016). Of those vulnerable groups, women in heterosexual relationships are more likely to be killed by an intimate male partner (Public Health Agency of Canada, 2016). The fact, according to consistent research findings, is that ongoing DV precedes DH (Campbell, 1992; Dawson, Bunge & Balde, 2009). The most commonly found motive behind a female homicide is the man's despair over imminent or actual estrangement (Dawson, Bunge & Balde, 2009). Approximately half of female victims are not even aware of the danger they are in (Campbell et al, 2007; Murray & Graves, 2013).

According to Campbell (2004) on average 30% to 55% of female homicides are victims killed by an intimate partner compared to only 3% to 6% of male homicide victims killed by an intimate partner. In Canada women over-represent victims of domestic homicide. In 2016 women made up 79% of domestic homicide victims a rate four times higher than men (3.7 victims per 1 million people compared to 1.0) and a rate that has remained generally stable over time (Burczycka & Conroy, 2017). In Ontario Canada, between 2002 and 2015, there were a total of 346 domestic homicide-related cases, resulting in a total of 489 deaths (Ontario DVDRC, 2017). Of the 489 deaths, 388 were homicide victims and 101 were perpetrators who committed suicide afterwards or were killed (i.e., by the police). Of the 388 homicide victims, 314 were adult females, 37 were adult males, and 36 were children (Ontario DVDRC, 2017).

From 2000 to 2009, there were over 1,500 family-related Canadian homicides with nearly half identified as DH with the woman commonly being the victim (Juodis, Starzomski, Porter & Woorworth, 2014). In Canada, DV accounts for approximately 80% of all violence reported to police with approximately 20 to 40% of male adult offenders documenting a history of domestic

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violence (Belfrage & Rying 2004). Domestic violence accounts for approximately one-third of the total number of murders of women in the United States (U.S). In the U.S. each year there are approximately 700,000 violent crimes, which include 1,700 murders committed by intimate partners (Murrell, Christoff and Henning, 2007).

### **Risk Factors**

**Male offenders.** Domestic homicides display common patterns making homicides appear predictable and preventable. The matter of risk for DH is important in terms of prevention; those (risk) factors that increase the risk of (DH) lethality (Campbell, 2004). The number one risk factor for male perpetrated DH is a history of DV against the woman (Campbell, 2012; Juodis, Starzomski, Porter & Woodworth, 2014; Ontario DVDRC, 2017; Sharps, Koziol-McLain, Campbell, McFarlane, Sachs & Xu, 2001). For instance, studies have found that of the men who kill their female partners, in 65% to 85% of cases, victims are abused regularly (Campbell 2004; Pataki, 2004; Sharps, Koziol-McLain, Campbell, McFarlane, Sachs & Xu, 2001). In a study conducted in the United States (Sharps, et al 2001), the majority of female homicide victims were often seen in the criminal justice system, health, social services or shelters within the year they were killed. This pattern suggests that there was an opportunity to intervene.

The relationship characteristic of male control has been identified as a common theme in female DH with jealousy, estrangement, and the woman having a new relationship distinguished as triggers, particularly when the male abuser is very controlling (Campbell, 2012; Campbell, et al., 2003; Juodis, et al., 2014). Men's violence against women often continues after separation, displaying a serial nature of threatened and or actual acts of violence against the victim

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(Mechanic, Weaver & Resick, 2000). Women are often threatened, assaulted, chased down, and killed by extremely possessive and jealous partners who are desperate to maintain control (Johnson & Hotton, 2003). Some male perpetrators tirelessly pursue the victim despite clear indicators of rejection or resistance either by the victim or legal orders, such as orders of protection, divorce rulings and even remarriage (Mechanic, Weaver & Resick, 2000).

Continued violence after separation is known as separation assault. Separation assault was coined to explain the man's issues of power and control underlying his threats and acts of violence against his partner to stop her from abandoning him physically, emotionally or to retaliate for attempting or actually for leaving the relationship (Mechanic, Weaver & Resick, 2000). As a matter of fact, female homicide rates are higher for those women who have separated than they are for those who remain in the relationship (Campbell, Glass, Mcfarlane, Sharps, Laughon & Bloom, 2007; Campbell, Wilt, Sachs, Ulrich & Xu, 1999; Johnson & Hotton, 2003; Sharps, et al., 2001; Wilson & Daly, 1993). This power and control behaviour is unique to male perpetrators.

**Female offenders.** There is an ongoing debate of whether violence in intimate relationships is done solely by the hands of men or if there is gender symmetry in DV and DH (Lysova, 2016). Based on several studies, both men and women can be violent in intimate relationships, however the motivations and contextual factors behind murder perpetrated by a female normally differ from that of males. Female use of violence is largely based in self-defence against abusive male partners (Dutton, Nicholas & Spidal, 2015). Female perpetrators are subjected to high rates of DV victimization (Shorey, et al., 2012; Ontario DVDR, 2017) often killing their partner in self-defence or after years of suffering and abuse (Weizmann-

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Henelius, et al., 2012). According to the Ontario DVDRC (2017) the number one risk factor for female perpetrated DH is a history of being abuse by her male partner.

Several researchers and advocates have characterized most violence perpetrated by a female as self-defence or violent resistant (to an abusive controlling man) (Kelly & Johnson, 2008). Self-defence or violent resistance (a term that has similar connotations to self-defence) generally refers to as an immediate violent reaction to an assault that is intended to protect oneself or others. In examining a group of women who had been court-ordered into a female offenders program for domestic violence, the majority of them reacted violently in self-defence (Kelly & Johnson, 2008; Miller, 2005). Specifically, their violent reactions were in response to their male partners' threats and/or harm to themselves or their children (Kelly & Johnson, 2008).

Kelly and Johnson (2008) reported that in a sample of American women who killed their husbands, most did so as a result of feeling trapped by their abusive partner. In Browne's (1987) sample of women who killed their male partners, similar motives were found in that most of the women who killed were victims of an abusive relationship that was out of control. Browne (1987) reported that the women who killed their abusive partners were more likely to have severe injuries; experienced numerous assaults; experienced sexual abuse; and received death threats. Browne (1987) also found that many of these female perpetrators attempted or had serious thoughts of suicide. Interestingly, the Ontario DVDRC (2017) reported that depression was the second most common risk factors among female perpetrators; suicidality is a critical marker of depression (DSM-5, 2013).

According to Hamberger's (2005) review of studies, there were significant differences between female and male perpetrators. For instance, female perpetrators were more likely to experience higher rates of psychological impact (anxiety, depression and posttraumatic stress

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disorder) afterwards; were more likely to be severely injured; and report higher levels of fear. In terms of exploring motivations, the majority of the women were violent as a means to protect themselves and in response to their feelings of fear (Allen, 2011; Hamberger, 2005). Essentially, these women were more likely to be victims rather than perpetrators.

**Early victimization and adult vulnerability to violence.** Engaging in violent behaviour is founded on numerous individual, social, and environmental factors. Childhood trauma is one factor that has been associated with an increase risk of violent behaviors, aggression and criminality in adulthood (Altintas & Bilici, 2018). For instance, there is a high prevalence of childhood trauma found across ethnic and gender groups among incarcerated inmates (Altintas & Bilici, 2018; Carlson & Shafer, 2010). People with a history of childhood trauma, such as experiencing physical and/or sexual abuse, are at high risk of victimization in adulthood including, experiencing violence in intimate relationships and violent victimization in general (Burczycka & Conroy, 2017). Extensive research (Lansford et al., 2007; Pflugradt, Allen, Zintsmaster, 2018; Stouthamer-Loeber, Loeber, Homish & Wei, 2001) consistently finds an association between a history of childhood maltreatment and abuse with later violent behaviours and attitudes. Although the exact etiology of the association remains unknown, theoretical perspectives, including the intergenerational transmission of violence and social learning theory, attempt to provide an explanation for the connection between childhood abuse and DV.

### **Theoretical Perspective of Reoccurring Domestic Violence**

One of the most consistent predictors of perpetration or victimization of DV is early exposure to violence (Godbout, Dutton, Lussier & Sabourin, 2009). The cycle of violence postulates that victimization in childhood has a greater influence on later perpetration and or

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victimization in adulthood (Franklin & Kercher, 2012; Heyman & Slep, 2002). The cycle of violence has also been referred to as the intergenerational transmission of violence (IGT). The intergenerational transmission of violence (IGT) explains the link between inter-parental violence in the family of origin and intimate partner violence in subsequent adult relationships (Black, Sussman & Unger, 2010). The intergenerational transmission of violence (IGT) is a theory that has been largely informed by Bandura's early work on social learning processes, where children used aggression after observing a model exhibit/express aggressive behaviour previously. Bandura's work demonstrated a connection between a history of witnessing interparental violence and later violence enacted in adolescence and adulthood. Through social learning processes in the form of observational learning, violence is used as a characteristic response to intimate partner conflict through means of learned behaviour (Zimmerman & Schunk, 2003). Essentially, through the process of IGT of violence, children learn how to behave based on their experience of how others have treated them and observing how their parents have treated each other (Stith, et al., 2000).

Research in the area of domestic abuse often examines the effects of IGT as often times perpetrators of violence are men who have witnessed inter-parental violence and/or experienced physical abuse as children (Garcia, Soria & Hurwitz, 2017). Several have been victims of other forms of abuse, such as sexual abuse and or family maltreatment (Weizmann-Henelius et. al 2012). Similarly, women who have witnessed and or experienced childhood abuse are more likely to be victimized as adults in intimate partnerships than women with no prior history of childhood abuse (Franklin & Kercher, 2012).

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*“People are not born with preformed repertoires of aggressive behavior; they must learn them”*

- Bandura, 1978

## **Childhood Trauma**

Childhood trauma is normally described by two principal criteria; first, the *experience* including the type and length of trauma experienced and second the *reaction* the child had to the trauma exposure. For instance, in regard to second criteria (reaction), the traumatic experiences may have overwhelmed a child’s ability to cope causing the child to have experienced extreme fear, horror, or helplessness (American Psychological Association, 2008; Tobin, 2016).

Traumatic experiences, typically characterized as simple or complex, are events that expose a child or others to actual or threatened death, serious injury, or harm (American Psychiatric Association, 2013). Trauma is a “psychophysical experience, even when the traumatic event causes no direct bodily harm” (Rothschild, 2000, p. 5).

Simple trauma involves distinct life-threatening events, which can include accidents or natural or man-made disasters. Experiences of simple trauma can include motor vehicle accidents, disease or illness, floods, bushfires, and industrial accidents (Tobin, 2016). Complex trauma typically refers to multiple, chronic or prolonged threats of violation and or violence between a child and another person(s). Experiences can include bullying; childhood maltreatment or neglect; witnessing domestic violence; emotional, sexual or physical abuse; torture; or war (Tobin, 2016). There are profound (negative) developmental effects for a child whose secure attachment has been disrupted by complex trauma. Disruptions can result when the parent/caregiver is the main perpetrator of trauma or due to a loss or death of a parent (De Bellis, 2001; Van Horn, 2011)



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**Childhood abuse.** In general, child abuse, which is categorized as complex trauma, is the physical, sexual, psychological, social, or emotional maltreatment or neglect of a child. Witnessing domestic violence can mean, (a) the child being physically present during the violence; (b) overhearing the violence (e.g., threats or fighting); (c) witnessing the outcome of the assault (e.g., blood, bruises, tears, torn clothing, and broken items); (d) a threat or actual injury to the child used to intimidate the other parent; (e) the child as a trigger of violence (e.g., arguments about child rearing and/or child behavior); and lastly, (f) the child being aware of the emotional and psychological abuse (McGee, 1997; Meltzer, Doos, Vostanis, Ford, & Goodman, 2009). Exposure to family violence is the most common form of emotional child abuse and is as harmful as experiencing it directly (Meltzer et al., 2009). For instance, the literature has indicated interconnectedness between female abuse by a male perpetrator and child abuse (Lansford et al., 2007). At the most fundamental level, living in a home where the child's mother is being abused is emotional abuse negatively impacting the child's emotional and mental health, as well as future relationships (Echeburua & Fernandez-Montalvo, 2007).

Child abuse is a major worldwide public health concern that has serious impact in later life (Afifi, et al., 2014; Greenfield, 2010). In Canada, approximately 32% of the adult population has experienced exposure to DV, physical abuse and or sexual abuse (Afifi, et al., 2014). According to an Ontario-based survey, childhood maltreatment is a common occurrence (Public Health Agency of Canada, 2012). For instance, 31.2% of males and 21.1% of females reported experiencing physical abuse in childhood; 10.7% of males and 9.2% of females reported experiencing severe physical abuse in childhood; 12.8% of females and 9.2% of males reported experiencing sexual abuse in childhood; and 33% of males and 27% of females reported experiencing one or more incidents of physical and or sexual abuse in childhood (Public Health

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Agency of Canada, 2012). In Canada, neglect (34%) is the most common form of childhood maltreatment, followed by physical abuse (24%). The impact of childhood maltreatment can be short-lived, while some can have long lasting and serious effects impacting a person's mental, emotional, social and physical health and development (Public Health Agency of Canada, 2012).

**Exposure to violence.** A meta-analysis of 118 studies on the psychosocial outcomes of children exposed to domestic violence demonstrated that children who witnessed violence were not significantly different from those who were physically abused (Kitzmann, Gaylord, Holt, & Kenny, 2003). Witnessing violence in the family home was previously thought of as a tangential, disconnected experience (Holt, Buckley & Whelan, 2008). For example, children who witnessed violence in their family of origin were commonly considered "silent witnesses," meaning that the children had *no* involvement whatsoever in the action (Holt, et al., 2008). Up-to-date research has helped change this interpretation; research efforts have sought to understand the impact of violent exposure in childhood often concluding with an acknowledgement of the detrimental impacts it has on children (Echeburua & Fernandez-Montalvo, 2007).

**Experiencing Abuse.** A research study examining the effects of physical abuse and later aggression and delinquency found that teens who had been physically abused before the age of 6 were more likely to have been arrested for both violent and non-violent offences and more likely to become perpetrators of abuse in intimate relationships while also struggling with issues around externalizing behaviour (Lansford, et al., 2007). Also, teens who had experienced physical abuse were found to be at greater risk of engaging in particular non-violent behaviors, such as being less likely to graduate high school, keep employment and more likely to become a teen parent (e.g. get pregnant or impregnate another) (Lansford et al., 2007). For example, female teens that had been physically abused were on average three times more likely than non-

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abused females to become teen parents and have issues with keeping employment (Lansford et al., 2007).

**Cycle of violence.** The question of *if violence begets violence* has been widely studied. Several studies have found a link between early maltreatment to subsequent aggression and delinquency in later life (Lansford, et al., 2007; Stouthamer-Loeber, Loeber, Homish, & Wei, 2001). For instance, Widom (1992) followed a sample of 676 abused or neglected children and 570 matched control children from 1967 to 1971, to nearly 25 years later, from 1989 to 1995. What Widom (1992) found was that those children who had been abused or neglected were 38% more likely to have been arrested for a violent-related crime. Also, 53% of the abused or neglected group was more likely than the matched control group to have been arrested as a juvenile (Widom, 1992). Growing up in an abusive home can critically threaten the developmental progress and the child's capability, ensuing a snowball effect of continued violence and adversity well into adulthood (Echeburua & Fernandez-Montalvo, 2007).

Apart from early maltreatment and subsequent aggression, early maltreatment has been linked to various other psychological problems, such as mental health issues, including anxiety and depression, early sexual activity, and issues at work (Lansford, et al., 2007). A 12-year longitudinal study (Lansford, et al., 2002) reported that children who were abused before approximately the age of five were less likely to expect attending postsecondary education; more likely to have mother-reported anxiety and depression; dissociation; PTSD symptoms; thought problems; social problems; and social withdrawal issues than their non-abused counterparts. Exposure to or the experience of abuse can impact a child differently depending on life stage. Though, the earliest and most persistent exposure to violence has been reported to result in more severe problems due to its impact on the following chain of development (Holt, Buckley &

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Whelan, 2008).

In regards to infants' and toddlers' exposure to abuse, it can manifest itself behaviorally, including extreme irritability, emotional distress, regressed behaviour around toilet training and language, sleep disturbances, and fear of being alone (Holt, Buckley & Whelan, 2008).

Preschoolers are at high risk as they are entirely dependent on their caregiver(s) and consequently may witness violence at a greater degree than children who are older. Due to their developmental stage, they are limited in their ability to verbalize their feelings and emotions. Instead, these intense feelings and emotions are thought to manifest into aggression and temper tantrums; crying and resisting comfort; or sadness and anxiety (Cunningham & Baker, 2004; Holt, Buckley & Whelan, 2008).

School-aged children between the ages of 6 to 12 years of age are more emotionally aware of themselves and others. However, they are still thinking egocentrically, which may cause the child to self-blame for their mother's abuse leading to feelings of shame and or guilt. In order to mediate the recurring conflicts in the home, children in this age group will often rationalize the abuser's behaviour, typically the father, by blaming it on stress, alcohol, and or bad behaviour done by the child or his or her mother. This places the child at risk for developing anti-social justifications for their own abusive and or violent behaviours, if unhealthy or inappropriate beliefs and attitudes are not attended to and addressed (Holt, Buckley & Whelan, 2008). For instance, teens and early adults who were exposed to violence are more likely to justify physical abuse and verbal abuse as a way of solving conflicts in intimate relationships (Liu, Mumford & Taylor, 2018). In school settings, these children are more likely to tune to and/or react to aggressive cues therefore placing them at a greater risk of bullying other children or alternatively tune out from said cues thereby increasing their risk of being bullied

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(Cunningham & Baker, 2004; Holt, Buckley & Whelan, 2008).

During the adolescent stage, teens may begin having trouble forming healthy relationships with peers as a result of what has been modeled at home. Research has found that teens that have been exposed to violence in their homes develop an insecure attachment style (avoidant attachment style) affecting their ability to trust in intimate relationships (Holt, Buckley & Whelan, 2008). According to Wekerle and Wolfe (1998) exposure to violence is one of the top predictors of abusive behaviour in male teens as well as a major forecaster of male and female victimization in intimate adult relationships. Liu, Mumford and Taylor (2018) found that children who had been exposed to DV, specifically physical and verbal abuse, were more likely to report victimization and perpetration in their own dating relationships.

**Abuse and domestic violence.** Childhood abuse has been found to be a common historical experience in the lives of perpetrators and victims of DV. Researchers often find that adults who experienced physical abuse as children, generally males, are later violent towards their intimate partners, children as well as non-family members. Recall, witnessing inter-parental violence as a child or adolescent has been linked to aggression and delinquent behaviours as well. The effects of witnessing violence can have long-term effects as associations have been found with witnessing inter-parental violence and depression; anti-social behaviors; substance use; general violence and DV in adulthood (Murrell, Christoff & Henning, 2007). Researchers have suggested that because of the perpetrators' early exposure to inter-parental violence their conception of what a relationship entails is negatively impacted (Krohn, 1999). The experience of or exposure to abuse affects everyone differently; however in general there are well-researched trends connecting childhood abuse with subsequent violence. One interesting outcome of abuse is how it evolves and manifests differently between genders. Research has

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found certain roles develop as a result of being victimized in childhood. The next section intends to explore and examine these unique distinctions from a theoretical lens and as per the literature.

### **Theoretical Perspective on Gender and Violence**

Gender inequality continues to be an issue in many communities and societies worldwide (Seguino, 2005). Gender inequality has been distinguished as a risk factor for various forms of violence. For example, studies have found that DV is highest in communities with a greater dominance of gender inequality. These studies illustrate how differences in gender roles can produce inequalities and facilitate an environment where one group is empowered while the other is disadvantaged (e.g. men having power and women being subordinate) (Willie & Kershaw, 2019). According to feminist theories, patriarchal early socialization teaches young boys to be the dominant partner, the head of the household, the financial supporter, and the one to maintain power and control, while girls are socialized to be less assertive and to sacrifice their needs for that of others as per their roles as mothers and partners (Kernsmith, 2005). In a review assessing gender socialization, young adolescents promoted a context where masculine norms are encouraged, such as autonomy (e.g. financial independence and protecting/providing for family); physical toughness (displaying a higher tolerance for pain, fighting, competing in sports); emotional stoicism (not displaying vulnerability and managing one's problems alone) and heterosexual prowess (philandering, controlling females in relationships) (Amin, Kagestan Adebayo & Chandra-Mouli, 2018). This connection between societal and cultural norms and its influence on gender development highlight the significance of social learning theory and role theory in regards to gender socialization. The idea of role denotes the transmission of structured beliefs and patterns of behaviour, which can be attributed by learning through observation and modeling as well as through rewards and punishment for sex-appropriate and inappropriate

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behaviours (Bem, 1983). In the context of where violence occurs noticeable gender differences are formed (Kernsmith, 2005). Behaviours and roles develop in a characteristically male (externalizing behaviors, aggressor, perpetrator) and characteristically female (internalizing behaviors, victim, subordinate) fashion. The interplay of feminist theory, social learning theory, social role theory and abuse interweave in a complex way producing distinct roles between the genders. In order to detangle this complex web, the following section aims to discuss how violence shapes males and females.

### **Childhood Abuse and Gender**

**Impact on males.** Ruthlessly violent and abusive men have been found to have fractured attachment patterns, lower socioeconomic status, and higher frequencies of experiencing and or witnessing violence in their family of origin compared to other non-violent men (Echeburua & Fernandez-Montalvo, 2007). Thus, besides enacting violently, these men have experienced their own form of victimization. Numerous studies have found high rates of childhood abuse in the upbringing of abusive men (Adams, 2009; Malinosky-Rummel & Hansen, 1993; Murrell, Christoff & Henning, 2007). For example in a study examining incarcerated abusive men, 41% had experienced abuse or neglect as children (Adam, 2009; Dutton & Hart, 1992). In a Canadian national study examining prisoners with a history of violence against their female partners, 46% had witnessed or experienced abuse as children (Adam, 2009; Robinson & Taylor, 1994).

In general, it has been found that men are more likely than women to experience physical abuse as children (Afifi, et al., 2014; Public Health Agency of Canada, 2012). Males who reported experiencing family violence in childhood are 3 to 10 times more likely to abuse in intimate relationships compared to males with no prior history of family violence (Gover,

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Kaukinen & Fox, 2008; Lawson 2008; Widom, Czaja & Dutton, 2014). According to Ehrensaft and colleagues (2003) childhood physical abuse was the highest predictor of perpetrating violence and injury to a partner in adulthood.

The literature repeatedly finds a connection with early experiences of abuse and later violent behaviors. According to social learning of aggression, (Bandura, 1978) nearly all learning stemming from direct experience can also happen, vicariously, by witnessing other's behaviours and the consequences that follow. The capacity a person can learn from observing/witnessing allows a person to obtain large amounts of integrated behavioral patterns without forming them personally through trial and error (Bandura, 1978). Thus, through observational learning an acquisition process takes place, which is essential for survival and development (Bandura, 1978). Several studies have found that children acquire a large range of aggressive behaviour simply by observing aggressive models (e.g., parents, social media figures) and holding onto these response behaviours for an extended period of time (Bandura, 1978). Generally, the behaviour being modeled is acquired in identical form (Bandura, 1978). However, tactics and behavioral strategies can be extracted and go beyond what the child has seen or heard (Bandura, 1978). Therefore by integrating features of diverse modeled patterns the child observed, new forms of aggression develop (Bandura, 1978).

According to social learning theory of aggression, aggressive behaviour develops based on three main sources. The first source is the aggression displayed and reinforced by family members, which parallels our research findings in that males who have experienced and/or witnessed abuse are more likely to carry and exhibit similar behaviours into adulthood (Bandura, 1978). Essentially what has been found is that when a child observes parents who use violence and aggression to solve conflicts, they subsequently learn to use comparable aggressive



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strategies with others (Bandura, 1978). The second source of aggression lies within a child's subculture (Bandura, 1978). A subculture is a place where a child lives and has frequent contact/involvement (Bandura, 1978). Depending on the subculture's typical functionality, aggression can be praised and reinforced (Bandura, 1978). Lastly, the third origin for aggressive development is through the modeling displayed via social mass media (Bandura, 1978). Violent content is often portrayed, celebrated, and valued, which can influence social behaviour (Bandura, 1978).

Boys in particular are at greater risk of identifying with an aggressor(s) and then behaving accordingly, as according to social role theory, patriarchal societies tend to fundamentally encourage males' use of aggression via messages, at times even endorsing aggression towards females (Wolfer & Hewstone). According to social role theory, sex differences in aggression are culturally determined emerging from social forces where males are taught to be competitive and aggressive while females are taught to be compassionate, familial, and domestic (Nivette, Eisner, Malti & Ribeaud, 2014). The original version of social role theory postulated that society's division of labour influenced the development of stereotypical roles, where the male was the breadwinner whereas the female was socialized into a domesticated role; roles that encourage dominance/competition versus compassion/nurturing (Nivette, Eisner, Malti & Ribeaud, 2014). This notion can translate into a narrower scheme, such as a child's household. If a child's home consists of models where unequal roles are displayed (e.g., one partner is more dominant and aggressive and the other fearful and subordinate), the young boy may learn to adopt similar behaviours of one particular parent, typically the same-sex parent/aggressor. Within social role theory, some have proposed a biosocial model subtype, which argue that physical differences between males and females in size, strength, and

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reproductive characters promote a division in labour, which consequentially is conveyed in gender roles (Nivette, Eisner, Malti & Ribeaud, 2014). This notion can also factor into boy's development of hyper-masculinity.

If boys are socialized to use aggression and violence to settle disputes, they are at an increased risk for using violence (e.g., violence against women) during later adolescence and adulthood (Widom, Czaja & Dutton, 2014). In a study comparing girls and boys with similar abusive histories, boys were at a significantly higher risk of becoming violent and abusive in adulthood (Widom, Czaja & Dutton, 2014) agreeing with the principle facets of social learning theory and social role theory. Typically, because of what is socially expected from boys, they are more likely to externalize their emotions. Several studies have found that maltreated boys are more likely to externalize their painful experiences, increasing their risk for violent behaviour (Villodas et al., 2015). Externalizing problems is regularly identified as typical consequence of child abuse (Villodas et al., 2015). Because severe childhood abuse has been found to disrupt the social, emotional, cognitive, and physiological developmental processes, naturally the externalization of problems develops, which then continues to affect other processes (Villodas et al., 2015). For example, Paton, et al. (2009) investigated the experiences of traumatic life events in young offenders attending an inner-city youth offending team. Often times the young offenders stated that enacting violently in the community was a form of expelling their negative feelings. For instance, their increased feelings of aggression and anti-social behaviour followed difficult life/home events. There was also a theme of offenders reporting that substance use and self-harm was a way of dealing with difficult feelings (Paton et al., 2009). Thus, what this pattern seems to suggest is that exposure to violence inevitably leads to the development of violent attitudes and behaviours.

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**Impact on females.** According to the literature, the association between early maltreatment and later violent behaviour appears to be persistent across genders (Pflugradt, Allen & Zintsmaster, 2018) though there are some unique differences present. Firstly, in terms of victimology, females in general are more likely to be victims of sexual abuse as children. Childhood sexual abuse is significantly more common (10 times) among girls than boys (Afifi, et al., 2014; Pflugradt, Allen & Zintsmaster, 2018; Rossegger et al., 2008). In a nation-wide Canadian study, childhood sexual abuse was correlated with later DV victimization for both females and males, though the relationship was much stronger for females (Daigneault, Hebert, & McDuff, 2009; Widom, Czaja & Dutton, 2014). Women who have experienced sexual abuse as children have been found to suffer long-term effects, such as depression, anxiety, self-destructive behavior, social isolation, poor sexual adjustment and or dysfunction; substance abuse issues; and an increase risk of victimization and perpetration in adulthood (Briere, 1999a; Feerick & Haugaard, 1999; Greenfield, 2010; Maker, Kemmelmeier & Peterson, 1998; Polusny & Follette, 1995; Stuart, Moore, Coop Gordon, Ramsey & Kahler, 2006). In terms of interpersonal relationships, women who have been sexually abused as children often experience difficulties such as experiencing fear; hostility; and mistrust of others, particularly men. Often they are more likely to be battered in adulthood, later becoming victims of physical and sexual abuse by their partners and raped in comparison to those women who have not experienced childhood sexual abuse (Chu, 1992; Polusny & Follette, 1995). Herman (1981) described intimate adult relationships of those women who have experienced childhood sexual abuse as “stormy and troubled”.

Secondly, in regards to violent women with complex childhoods, female perpetrators of DV generally present with unique behavioral and psychological characteristics, compared to

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males, specifically in regards to general criminal offences. For instance, women are four times more likely to kill during an interpersonal conflict with someone they know and offend during the perpetration of another crime. Thus violence perpetrated by women is less to do with an antisocial disposition and more to do with interpersonal problems (Pflugradt, Allen & Zintsmaster, 2018). Relative to males, females who had engaged in violent behaviour tended to be older, married, have children of their own, have higher rates of mental and physical illness, have greater rates of abusing substances, have less prior convictions, and have lower rates of recidivism (Pflugradt, Allen & Zintsmaster, 2018; Stuart et al., 2006).

Several studies examining female perpetrators often find an association between victimization and the outcome of violence or lethality (Mahony 2011; Scarduzio, Carlyle, Harris, & Savage, 2017; Shorey et al., 2012). For example, female perpetrators of DH are generally existing/current victims of physical, sexual, and psychological abuse (i.e., battered women) (Pflugradt, Allen & Zintsmaster, 2018; Rossegger et al., 2008). Belknap (2015) found that females who killed their male partner were triggered at the time of the incident by his violent actions. Women are found to internalize negative emotions or affect rather than expressing them outwardly through anger, for example (Pflugradt, Allen & Zintsmaster, 2018). Researchers (Olge, Maier-Katkin & Bernard, 1995) have coined the term “over-controlled personality”, to describe the low rates of deviancy with occasional instances of severe violence. Researchers conclude that long-term DV relationships are likely to produce these results (over-controlled personality) that is occasional bouts of severe violence among violently perpetrated women, which may go as far as to killing their male partner (Pflugradt, Allen & Zintsmaster, 2018). Example, Belknap (2015) found that females were more likely to murder their male abusive partner when she perceived an increase in and/or imminent danger; when she received

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death threats; when she was threatened with weapons; and or when her male abusive partner physically and or sexually abused her children.

Essentially the research tells us that female perpetrators are more likely to have a history of victimization prior to commencing murder (Belknap, 2015; Lysova, 2016; Topitzes et al., 2012). Thus, the majority of “violent” women are concurrent victims of violence in the same regard.

**Revictimization.** Research tells us that while both males and females experience childhood abuse, the outcomes of their experiences differ. For example, females are far more likely to be repeatedly victimized by different perpetrators over their lifetime (Topitzes et al., 2012). This cycle of continued victimization (abuse) is referred to as revictimization (Chu, 1992; Polusny & Follette, 1995). Revictimization is the experience of victimization within the same life stage or at two different life stages, by more than one offender. Essentially, the hypothesis is that abuse in childhood places a person at a certain risk of abuse or violence in adulthood (Kimerling, Alvarez, Pavao, Kaminski & Baumrind, 2007). Women specifically often experience more than one violent incident across their life span (Kimerling et al., 2007), with research finding that that women who were severely abused as children are revictimized in adulthood, including physical and sexual abuse, some of which parallel the exact experiences in childhood (Chu, 1992). Women, in particular, who were victims of sexual abuse, are significantly more likely than women who were not sexually abused, to be physical and or sexual abused in intimate relationships (Breitenbecher, 1999; Chu, 1992; Ørke, Vatnar & Bjørkly, 2018). For example, in a large diverse sample of women, the occurrence of adult revictimization among women exposed to DV in childhood was 50.2% compared to 14.1% of women with no such exposure (Kimerling, Alvarez, Pavao, Kaminski & Baumrind, 2007).

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Perpetrators of DV tend to disproportionately come from homes where violence and abuse was either witnessed (vicariously) or directly experienced (Echeburua & Fernandez-Montalvo, 2007). The same goes for those targets of DV, female victims (Echeburua & Fernandez-Montalvo, 2007). Based on the statistics, examining the influence of early childhood abuse through the IGT, or the cycle of violence seems essential as a starting point (Cochran, Sellers, Wiesbrock & Palacios, 2011). Recall, women who have endured tumultuous traumatic pasts are at risk for revictimization in adulthood. These women are more likely to be involved in abusive relationships, escalating in frequency and severity, only to leave and either return or commence a new similar abusive relationship (Cochran et al., 2011). Abuse can be bi-directional (mutual combatancy) in that both males and females co-share the roles of perpetrator and victim within their relationship, however it is more common for women to be the primary victims of abuse (Cochran et al., 2011). Because female victims are just as likely to come from abusive homes as male perpetrators of violence an examination of IGT seems appropriate. IGT should apply to victimization as it does to perpetration of violence as witnessing or experiencing abuse transmits particular messages surrounding victimization as it does so for perpetration of violence (Cochran et al., 2011). Experiencing abuse, witnessing DV, observing it modeled, reinforced, and justified becomes so habituated for the child subsequently leading her to become a primed and an accustomed target (Cochran et al., 2011). Over time, these children may come to internalize the “norms” within their contexts impacting perception, such as misunderstanding violence in the form of adapting to, accepting, and even approving of it under some circumstances (Cochran et al., 2011). As adults, these women may understand the costs of leaving (separation) thereby staying and may even tolerate the abuse so to prevent it from escalating or enduring it to prevent the abuser from switching

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his target from her to the children (Cochran et al., 2011).

Differential association is an element of Aker's social learning theory arguing that the definitions (attitudes) and behaviours of significant people, in which a person interacts with frequently, has a direct impact on one's own definitions and behaviours (Cochran et al., 2011). Of course, the influence/impact of this dynamic differs according to duration, frequency and intensity. Thus what social learning theory's differential association suggests is that within DV victimization, the probability of repeated ongoing violence by a woman's partner is greater among women whose closest contacts (e.g., friends, family) endorse and or engage in similar conduct (Cochran et al., 2011).

The research is in agreement with IGT and social learning theory in that the literature finds that directly experiencing or being exposed to abuse poses a risk as it alters a female's ability to recognize risk, as violent behaviours have become softened or normalized (Kimerling, et al., 2007). Also, female's experience of abuse may also alter relationship expectations (Kimerling, et al., 2007) as expected as per the theories. Although it has been found that other risk factors increase revictimization among women, such as social and economic factors including, substance abuse, living below the poverty line, reduced income, unemployment and low education attainment, in general, exposure and or experience of childhood physical and or sexual abuse is the strongest risk factor for revictimization (Kimerling, et al., 2007; Stuart et al., 2006).

### **Rationale of Current Study**

Domestic violence is a complex phenomenon that affects nearly 1 in every 4 women (Eugenio, et al., 2017). Domestic violence is not only an interpersonal issue but also a public

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health concern affecting families and communities at large (Harper, Nwabuzor Ogbonnaya & McCollugh, 2018). The facts tell us that women are overrepresented as victims of violence despite some researchers arguing that the media and the general literature neglect to report the incidents and rate of men's victimization (Eugenio, et al., 2017). In spite of the latter, researchers have begun to recognize women's use of violence and their increased rates of arrest (Li et al., 2016). Thoughts surrounding women's use of violence are split (Li et al., 2015). Some researchers examining why males and females perpetrate violence support a gendered approach, where males and females' use of violence is markedly different (Spencer, Cafferty & Stith, 2016). Others view male and females' use of violence as synonymous based on findings that suggest both genders present with similar risk factors (Spencer, et al., 2016). To date, there is no precise agreement in the literature as to whether male and female's risk factors, related to DV, are uniquely different suggesting a gendered approach to violence; or if males and female have similar/identical risk factors implying that motivation and use of violence are the generally the same. This study aims to address this controversy.

The current study is guided by the following research question,

### **Research Question**

1. Do female perpetrators compared to male perpetrators of domestic homicide experience any unique risk factors distinct from each other that contribute to their risk for lethality?

### **Hypotheses**

The current study is guided by the following hypotheses,

1. Domestic homicide is gendered; men and women who kill a current or former partner



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experience noticeably different motives and situations.

2. Men are more likely to kill based on issues surrounding (maintaining and losing) power and control (e.g., controlling tactics and involuntary separation).
3. Women are more likely to kill based on their experience of dependency, helplessness and fear due to contextual factors, such as experiencing domestic violence, including actual or perceived threats of imminent danger.

## Methodology

### Data Collection

The present study used data from domestic homicide cases that were reviewed by the Domestic Violence Death Review Committee (DVDRC). The DVDRC is comprised of experts and specialists assisting the Coroner's office in the investigation of deaths occurring within intimate partnerships in Ontario (Dawson, Jaffe, Campbell, Lucas & Kerr, 2017). The Ontario DVDRC collects two types of data. First, basic information is collected from homicide cases, which are based on domestic violence as a fatal factor. Information such as death factors (e.g., trauma – cuts/stabs, shooting – shotgun); involvement factors (e.g., domestic violence, alcohol or drug involvement); and manner of death (e.g. natural, accident, suicide, homicide, or undetermined) are identified (Dawson, et. al., 2017).

The second set of data identifies trends among those cases that have been reviewed. The data includes comprehensive information about number of victims and perpetrators, demographic information on victims and perpetrators, length/type of relationship, risk factors, etc. Background information is gathered in each case by a police officer working through the Office of the Chief Coroner. Through the *Coroners Act*, the officer can access files from community agencies such as health, social services and police interviews with friends, family, neighbours and co-workers. Individual cases are added to the database and statistics are updated as reviews are completed (Dawson, et. al., 2017).

This study is based on 289 homicide cases occurring from 2003 to 2016 (DVDRC, 2016). The Ontario DVDRC reviewed these homicide cases. Of the 289 homicide cases, the researchers in the present study had access to the data from 241 cases. The dataset was based on two pre-existing coding forms, which were used by the DVDRC.

**DVDRC risk factor coding form.** The DVDRC risk factor coding form was the first coding form. The committee drew upon extensive literature and case reviews over the past decade compiling a list of 40 risk factors that are associated with lethality and re-assault based on the literature in the field. Identifying multiple risk factors helps increase risk assessment, risk management, and safety planning, all which assist in preventing homicides. When a case is being reviewed, the DVDRC will identify if/which of the risks are present (Dawson, et al., 2017). Each of the risk factors are coded as follows, present (P), absent (A), or unknown (Unk) (see Appendix B/C for risk factor descriptions).

The 40 risk factors are described and defined in each annual report on the Chief Coroner's website. The top 10 risk factors across all cases were as follows, history of domestic violence; actual or pending separation; perpetrator depressed; obsessive behaviour by perpetrator; prior threats or attempts to commit suicide; victim intuitive sense of fear; sexual jealousy; prior threats to kill victim; excessive alcohol or drug use; and perpetrator unemployed (full report at [https://www.mcscs.jus.gov.on.ca/english/DeathInvestigations/office\\_coroner/PublicationsandReports/coroners\\_pubs.html](https://www.mcscs.jus.gov.on.ca/english/DeathInvestigations/office_coroner/PublicationsandReports/coroners_pubs.html)).

**DVDRC data summary form.** The DVDRC data summary form is the second coding form. It consists of a 15-page summary based on all case information, including perpetrator specifics. The purpose of the form is to gather socio-demographic information, case type, substance use at the time of the homicide, criminal history, third-party knowledge and service provider involvement.

## **Participants**

Data (participant/information) was obtained from the Ontario Domestic Violence Death Review Committee database (DVDRC). The Office of the Chief Coroner established the DVDRC in 2003. The committee is comprised of a multidisciplinary team of individuals, which includes professionals from the health care, social services, law enforcement, criminal justice fields and other public safety agencies and organizations. When all proceedings and investigations, such as criminal trials and appeals are completed, the DVDRC will then review homicide cases. In general, the DVDRC aims to develop a comprehensive understanding of why domestic homicides occur and how to prevent future occurrences.

## **Measures**

The present study is a retrospective case analysis, which used quantitative data. The sample was derived from the 2015 Ontario Domestic Violence Death Review Committee Annual Report (DVDRC) with perpetrators ranging from 20 to 54 years of age. Female and male perpetrators males and females were examined. Also, childhood abuse was examined.

Also, a comparison of risk factors among male and female perpetrators will be examined.

**IBM SPSS.** Statistical analysis was completed through IBM SPSS. Confidentiality was maintained through limiting access to data and analyses to the Center for Research and Education on Violence Against Women & Children (CREVAWC). All the DVDRC information is stored on encrypted computers in a locked office.

## Materials

Power and control was measured based on risk factors that are commonly associated with specific tactics and behaviours used for maintaining or re-establishing power and control, as per the research (Morrison et al., 2018). The risk factors were individually clustered within themes, they are as follows: theme of separation (*if not separated victim tried to leave relationship; and actual or perceived separation*); theme of isolation (*perpetrator monitored victims whereabouts; prior attempts to isolate by perpetrator; and controlled most or all of the victims' activities/whereabouts*); theme of coercion (*prior threats to kill*); theme of minimizing, denying and or blaming (*perpetrator blamed victim for abuse; and extreme minimization and or denial*); theme of male privilege (*misogynistic attitudes*); theme of obsession (*obsessive behavior*); and lastly the theme of excessive jealousy (*perpetrator violently and constantly jealous of victim*).

As per the literature, it was hypothesized that female perpetrators would be adult victims of DV, which is hypothesized to have factored into their homicides. The risk factor, *perpetrator usually the victim* was examined. This risk factor was also used to examine female sense of fear in response to her contextual experience of abuse. Helplessness consisted of the following risk factors, *depression in the opinion of professionals and non-professionals*; and *prior suicide attempts*. Lastly, as per the literature (Kimerling, et al., 2007), women were expected to have dependency issues. The theme dependency consisted of the risk factor, *excessive alcohol and or drug use*.

Both male and female perpetrators were expected to have experienced a form(s) of childhood abuse as per the study's theory and literature. Therefore, the following risk factors were examined, *exposed to DV as a child; physically abused as a child; and sexually abused as a*

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*child*. It is expected as per the literature that females would have experienced more rates of sexual abuse (Jud, Fegert & Finkelhor, 2016) while men were expected to experience greater rates of physical abuse (Afifi, et al., 2014). Based on our theory, men were expected to enact violently in both prior and current relationship(s) whereas female perpetrators were expected to be repeated victims in both past and present relationship(s). To account for the study's theory, the following risk factors were examined, *abusive in prior relationships*; and *history of DV in current relationship*. Therefore a total of 20 risk factors were analyzed to respond to the study's hypotheses.

## **Procedure**

This study was a retrospective case analysis using quantitative data. Only cases that included male and female perpetrators in heterosexual relationships were examined. Although DV occurs across different forms of relationships (heterosexual, lesbian, gay), same-sex couples were excluded in the study. Because there are uniquely and distinctively gendered aspects within heterosexual relationships; lesbian relationships; and gay relationships (Wasarhaley, Lynch, Golding, & Renzetti, 2015) same sex-couples were excluded in order to eliminate any compounding effects. Aside from these issues, there was only a small number of same-sex relationships in the homicide sample so any comparison would not be possible.

In addition, the sample focused on examining adults only. Developmental trends, risk and protective factors vary across life stages (adolescence, adulthood, elderly) (Costa, et al., 2015) therefore, the sample included perpetrators within the age range of 20-54. Child homicide cases were also excluded. Homicides involving older victims that most often involved physical and mental health issues were excluded.

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Cases were separated based on gender. Therefore there were two groups (male and female perpetrator).

### **Statistical Analyses**

Chi-square tests of independence were used to compare male perpetrators with female perpetrators of domestic homicide. Comparisons made were based on risk factors. Risk factors were grouped into categories thematically to address this study's hypotheses. Recall, the following theme, *helplessness* included the risk factors depression in the opinion of professionals and non-professionals; and prior suicide attempts to answer our third hypothesis: (3) women are more likely to kill based on their experience of helplessness and fear due to contextual factors, such as experiencing domestic violence, including actual or perceived threats of imminent danger. The theme of *adult victimization* and *fear* used the risk factor, historically victim usually the perpetrator to answer our third hypothesis: (3) women are more likely to kill based on their experience of helplessness and fear due to contextual factors, such as experiencing domestic violence, including actual or perceived threats of imminent danger. The theme of *dependency*, which included the risk factor, excessive alcohol and or drug use was used to answer the third hypothesis: (3) women are more likely to kill based on their experience of helplessness and fear due to contextual factors, such as experiencing domestic violence, including actual or perceived threats of imminent danger.

The theme of *separation*, which included the risk factors if not separated victim tried to leave relationship; and actual or perceived separation; the theme of *isolation* which included the risk factors, perpetrator monitored victims whereabouts; prior attempts to isolate by perpetrator; and controlled most or all of the victims' activities/whereabouts; the theme of *coercion* which included the risk factor, prior threats to kill; the theme of *minimizing, denying and or blaming*,

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which included the risk factors perpetrator blamed victim for abuse; and extreme minimization and or denial; theme of *male privilege*, including the risk factor misogynistic attitudes; theme of *obsession*, including the risk factor, obsessive behavior; and lastly the theme of *excessive jealousy*, including the risk factor, perpetrators violent and constantly jealous of victim were organized to answer our second hypothesis: (2) men are more likely to kill based on issues surrounding (maintaining and losing) power and control (e.g., controlling tactics and involuntary separation).

Based on the theories and research included in the study, the following risk factors were also examined, exposed to DV as a child; physically abused as a child; sexually abused as a child; abusive in prior relationships; and history of DV in current relationship.

Simultaneously, the 20 risk factors were examined through chi-square analysis to also account for our first hypothesis: (1) domestic homicide is gendered; men and women who kill a current or former partner experience noticeably different motives and situations collectively.

Any cases where a variable being analyzed was coded as unknown was excluded from that analysis. Fisher's exact test was used in place of chi-square test for dependent variables where expected counts were less than five made up more than 25% of the cells.

## **Results**

### **Descriptive Statistics**

The purpose of this study was to examine if unique differences in terms of risk factors existed between males and females of domestic homicide. Men were expected to kill based on elements (e.g., losing) surrounding power and control. Power and control was operationalized as the man's use of abusive and manipulative tactics in order to maintain/re-establish his status



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(power and control) within the relationship. Tactics included, using intimidation/coercion; isolating victim; and minimizing/denying/blaming (Morrison et al., 2018). Power and control was also associated with male privilege (hyper-masculinity); obsession; excessive jealousy; and issues around separation (e.g., losing control, threatening position) (Morrison et al., 2018). Helplessness was operationalized as feelings of hopelessness and helplessness that lead to issues with depression and suicidal behaviours (Devries & Seguin, 2013). Fear was associated with adult victimization more commonly associated with women. Because victims in battered relationships experience recurring terror, fear is examined within these violent contexts and how a state of terror can influence attitudes, beliefs and behavior. Victims who experience extreme fear in response to specific horrific events (e.g. imminent danger, lethality) are expected to defend themselves (self-defense) or retaliate violently. In line with our hypothesis that female perpetrators were (as per the literature) victimized in their relationships, an added layer to DV victimization is the reliance to and or abuse of substances. Dependency on substances is often associated with DV victimization; therefore dependency was operationalized as abusing alcohol and or drugs (Stuart et al., 2006).

Although the study sought to examine particular risk factors to account for possible differences between male and female perpetrators of DH, the sample sizes were unequal, as men were overrepresented as perpetrators of DH making analyses difficult. Statistical analyses consisted of chi-square analyses and fisher's exact tests. Overall, it was expected that the statistical results would help inform organizations, community agencies, and the public in general on how to recognize the risk of DV and DH thereby increasing awareness and skill in the areas of risk assessment, management, and safety interventions.

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The study researchers had access to 241 cases. However, in total, 86 cases were excluded from the analysis as a result of not meeting the inclusion criteria. Inclusion criteria consisted of male and female perpetrators of domestic homicide in heterosexual relationships between the age of 20 to 54. Due to the limited number of same-sex relationships, as well as the unique gendered aspects within heterosexual relationships; lesbian relationships; and gay relationships (Wasarhaley, Lynch, Golding, & Renzetti, 2015) same sex-couples were excluded. Also, because of developmental trends, risks and protective factors (Costa, et al., 2015) our sample excluded youth and elderly peoples from the sample. Child homicide cases were also excluded. After exclusion, 158 cases were analysed (final sample). Of these 158 cases, 9% ( $n = 15$ ) were female perpetrator cases and 91% ( $n = 143$ ) were male perpetrator cases.

Table 1 presents the results of the comparison of socio-demographic characteristics between male and female perpetrators. Female perpetrators' age ranged from 20 to 54 years. The average age of female perpetrators was comparable ( $M = 35.73$ ,  $SD = 10.402$ ) to male perpetrators ( $M = 38.87$ ,  $SD = 9.196$ ) based on means. Particularly, there were no female perpetrators over the age of 50 compared to 13% ( $n = 18$ ) of male perpetrators. Male and female perpetrators were either separated (estranged legal spouse or estranged common-law) or in a relationship (legal spouse, common-law or boyfriend/girlfriend). The majority of female perpetrators were still together (not estranged) in their relationship 73% ( $n = 11$ ) at the time of the homicide whereas this was less for males, 59% ( $n = 85$ ). Length of relationship was typically 1 to 10 years for female perpetrators 80% ( $n = 12$ ) and male perpetrators 56% ( $n = 79$ ). Sixty seven % ( $n = 10$ ) of female perpetrators and 50% ( $n = 71$ ) of male perpetrators had no children in common. With regards to residency status, the majority of female perpetrators 77% ( $n = 10$ ) and male perpetrators 72% ( $n = 95$ ) were Canadians. Employment status varied across the genders;

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female perpetrators employed full-time 42% (n = 5) and part-time 8% (n = 1) was comparable to male perpetrators employed full-time 37% (n = 50) and part-time 7% (n = 10). Chi-square analyses were used to achieve these descriptives.

**Table 1.** Socio-Demographic Descriptions

Demographic Characteristics	Female	Male	Total	<i>t</i>
	<i>M (SD)</i>	<i>M (SD)</i>		
Perpetrator Age	35.73 (10.402)	38.87 (9.196)		-1.243
	<i>% (n)</i>	<i>% (n)</i>	<i>% (N)</i>	
<i>Relationship Status</i>				
Legal Spouse	13% (2)	31% (44)	29% (46)	
Common-Law	53% (8)	22% (32)	25% (40)	
Boyfriend/Girlfriend	7% (1)	6% (9)	6% (10)	
Separated/Estranged	27% (4)	41% (58)	39% (62)	
<i>Number of Children in Common</i>				
0	67% (10)	50% (71)	51% (81)	
1-2	33% (5)	38% (54)	37% (59)	
3-4	0	13% (18)	13% (18)	
<i>Residence Status</i>				
Canadian Citizen	77% (10)	72% (95)	72% (105)	
Immigrant/Refugee	0	24% (32)	22% (32)	
First Nation	23% (3)	4% (5)	6% (8)	
<i>Employment Status</i>				
Employed	67% (8)	56% (77)	57% (85)	
Unemployed	33% (4)	37% (51)	37% (55)	
Other	0	7% (9)	6% (9)	
<i>Length of Relationship</i>				
Less than one year	0	9% (13)	8% (13)	
1-10 years	80% (12)	56% (79)	58% (91)	
11-20 years	7% (1)	23% (32)	21% (33)	
21-30 years	13% (2)	12% (17)	12% (19)	
Over 30 years	0	1% (1)	1% (1)	

## Case Characteristics

Table 2 presents case characteristics, which were employed by chi-square analyses. A chi square analysis was performed to examine if there were any differences between male and female perpetrators for type of case. *Type of homicide* was found to be statistically significant,  $\chi^2 (N = 158) = 10.147, p = .001$ ; female perpetrators were less likely to be involved in a homicide-suicide case.

Due to having an expected count of less than 5 with 25% or more of their cells, Fisher's exact test was utilized for the remaining four characteristics, *juvenile record*; *criminal history*; *cause of death*; and *substance use at the time of incident*. Fisher's exact test yielded statistically significant results for *cause of death*,  $\chi^2 (N = 146) = 13.302 p = .020$  and *juvenile record*,  $\chi^2 (N = 92) = 7.599, p = .020$ . In these cases, female perpetrators were more likely to have stabbed their victims. Also, female perpetrators were more likely to have had a *criminal record* compared to male perpetrators. *Criminal history*, *substance use at the time of incident*, and *weapons used* were not found to be significantly different between male and female perpetrators.

**Table 2.** Case Characteristics Between Female and Male Perpetrators in Chi Square Analyses

Risk Factors	Female	Male	Total	$\chi^2$
	% (n)	% (n)	% (N)	
Total Cases	10% (15)	90% (100)	100% (158)	10.147*
Type of Case				
Homicide <sup>†</sup>	100% (15)	58% (83)	62% (98)	
Homicide-Suicide <sup>†</sup>	0	42% (60)	38% (60)	
Using Fisher's Exact Test				<i>p</i>
Total Cases	8% (7)	92% (85)	100% (92)	

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<i>Juvenile Record</i>					.020
Yes	57% (4)	14% (12)	17% (16)		
No	43% (3)	86% (73)	83% (76)		
<i>Criminal History</i>	10% (15)	90% (135)	100% (150)		.408
Yes	73% (11)	60% (81)	61% (92)		
No	27% (4)	40% (54)	39% (58)		
<i>Cause of Death</i>	12% (15)	88% (112)	100% (127)		.020
Stabbing	87% (13)	40% (45)	46% (58)		
Gunshot Wound	7% (1)	24% (27)	22% (28)		
Beating	7% (1)	13% (15)	13% (16)		
Strangulation	0	22% (25)	20% (25)		
<i>Weapons Used</i>	10% (14)	90% (132)	100% (146)		.303
Yes	93% (13)	79% (104)	80% (117)		
No	7% (1)	21% (28)	20% (29)		
<i>Substance Use at Time of Incident</i>	13% (9)	87% (59)	100% (68)		.068
Yes	89% (8)	53% (31)	57% (39)		
No	11% (1)	48% (28)	43% (29)		

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\*p < .05, † Includes attempted homicides and attempted homicide-suicides

### Trauma Factors

Since there was 25% or more of cells with an expected count of less than 5, Fisher's exact test was used for *exposed to DV as a child*; *physically abused as a child*; and *sexually abused as a child*. A statistical significance was found for perpetrator *sexually abused as a child*,  $\chi^2 (N = 34), p = .033$  with results suggesting that female perpetrators were more likely to have been victims of childhood sexual abuse. No significance was found for perpetrator *exposed to domestic violence* or for perpetrator *physically abused as a child*. See Table 3.

**Table 3.** Trauma-Related Factors in Chi Square Analyses

Risk Factors	Female	Male	Total	<i>p</i>
	% ( <i>n</i> )	% ( <i>n</i> )	% ( <i>N</i> )	
Total Cases	11% (5)	89% (40)	100% (45)	
<i>Exposed to DV as a Child</i>				.634
Yes	80% (4)	58% (23)	60% (27)	
No	20% (1)	43% (17)	40% (18)	
<i>Physically Abused as a Child</i>	11% (5)	88% (38)	100% (43)	.167
Yes	80% (4)	42% (16)	47% (20)	
No	20% (1)	58% (22)	54% (23)	
<i>Sexually Abused as a Child</i>	11% (4)	88% (30)	100% (34)	.033
Yes	75% (3)	17% (5)	24% (8)	
No	25% (1)	83% (25)	77% (26)	

### Hypothesized Risk Factors for Differences Between Male and Female Perpetrators

Chi square analyses were used for the following variables below (see Table 4). There was a significance difference between female and male perpetrators and the variable, *misogynistic attitudes*,  $p = .000$ . Results suggested that male perpetrators were more likely to have held *misogynistic attitudes* in comparison to their female counterparts. Results also revealed a significant difference between the genders and *excessive alcohol and or drug use*, with female perpetrators demonstrating a greater likelihood of using excessive substances compared to male perpetrators,  $p = .015$ . See table 5.

Due to expected count of less than 5 with 25% or more of their cells, Fisher's exact test was used for the remaining risk factors (see table 4). Fisher's exact test found significance for *historically victim usually the perpetrator* suggesting that female perpetrators were more likely

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to have been *victimized in their relationship; prior suicide attempts* suggesting that female perpetrators were more likely to have attempted suicide previously; *if not separated victim tried to leave* with results suggesting that male perpetrators were more likely to have had victims try and leave; *actual or pending separation* with results suggesting that female perpetrators were less likely to have had an actual or pending separation at the time of the murder; *obsessive behaviour* suggesting that male perpetrators were more likely to have displayed obsessive behaviour; and *blamed victim for abuse* suggesting that male perpetrators were more likely to have victim-blamed.

**Table 4.** Significant Risk Factors Between Female and Male Perpetrators of Domestic Homicide in Chi Square Analyses

Risk Factors ( <i>Theme</i> )	Female	Male	Total	$\chi^2$
	% ( <i>n</i> )	% ( <i>n</i> )	% ( <i>N</i> )	
Misogynistic Attitudes ( <i>Male Privilege</i> )	00	47% (43)	40% (43)	11.721*
Excessive Alcohol and/or Drug Use ( <i>Dependency</i> )	79% (11)	44% (53)	48% (64)	5.948*
Using Fisher's Exact Test				<i>p</i>
Historically Victim Usually Perpetrator ( <i>Females' Victimization; and Fear</i> )	40% (6)	3% (4)	6% (8)	.001
Prior Suicide Attempts ( <i>Females' Helplessness</i> )	64% (7)	30% (28)	33% (35)	.029
If not Separated Victim Tried to Leave ( <i>Males' Separation</i> )	18% (2)	60% (58)	56% (60)	.009
Actual or Pending Separation ( <i>Males' Separation</i> )	39% (5)	81% (110)	77% (115)	.002
Obsessive Behaviour ( <i>Males' Obsession</i> )	27% (3)	81% (85)	67% (88)	.006
Blamed Victim for Abuse ( <i>Males' Minimizing, Denying and</i>	46% (5)	74% (74)	72% (79)	.050

*Blaming*)

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\*p < .05

Chi square analyses found no statistical difference for new partner in victim's life,  $p = .051$ . Fisher's exact test found no significance for depression in the opinion of professionals and non-professionals; monitored victim's whereabouts; prior attempts to isolate; controlled most/all of victims activities; prior threats to kill; extreme minimization or denial; violent/constant jealousy; was perpetrator abusive in the past; and history of DV in current relationship. See table 5.

**Table 5.** Non-Significant Risk Factors Between Female and Male Perpetrators of Domestic Homicide in Chi Square Analyses

Risk Factors ( <i>Theme</i> )	Female	Male	Total	$\chi^2$
	% ( <i>n</i> )	% ( <i>n</i> )	% ( <i>N</i> )	
New Partner in Victim's Life ( <i>Separation</i> )	18% (2)	48% (59)	46% (61)	3.701
Using Fisher's Exact Test				<i>p</i>
Depression in the Opinion of Professionals and Non-Professionals ( <i>Females' Helplessness</i> )	77% (10)	62% (72)	64% (82)	.230
Monitored Victim's Whereabouts ( <i>Males' Isolation</i> )	30% (3)	53% (60)	51% (63)	.142
Prior Attempts to Isolate ( <i>Males' Isolation</i> )	18% (2)	48% (54)	45% (56)	.055
Controlled Most/All of Victim's Activities ( <i>Males' Isolation</i> )	18% (2)	47% (53)	44% (55)	.062
Prior Threats to Kill ( <i>Males' Coercion</i> )	64% (7)	56% (61)	57% (68)	.438



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Extreme Minimization or Denial ( <i>Males' Minimizing, Denying and Blaming</i> )	30% (3)	25% (26)	26% (29)	.499
Violently and Constantly Jealous ( <i>Males' Excessive Jealousy</i> )	54% (7)	57% (62)	57% (69)	.530
Was perpetrator Abusive in Prior Relationships ( <i>Males' History of Violence</i> )	100% (6)	78% (40)	81% (46)	.258
History of Violence in Current Relationship ( <i>Males' History of Violence</i> )	92% (12)	86% (107)	87% (119)	.466

### Discussion

The purpose of the present study was to examine gender differences in risk factors associated with domestic homicide. One hundred and fifty eight domestic homicides reviewed by a coroner's multi-disciplinary review team were analysed for patterns in power and control; helplessness; and fear. Our study used chi-square and fisher's exact test to address the following research question: do female perpetrators compared to male perpetrators of domestic homicide experience any unique risk factors distinct from each other that contribute to their risk for lethality? Overall the study found that female perpetrators were less likely to have held misogynistic attitudes, more likely to have been victimized, attempted suicide, and used excessive alcohol and or drugs. Male perpetrators were more likely to have victim-blamed, displayed obsessive behaviour, been in the process of a separation, and had their victim try to leave them.

This study predicted that female perpetrators would display dependency issues in the form of abusing substances. The results of this study agreed with our hypothesis revealing that nearly 80% of female perpetrators reported abusing substances. These results were in line with the research in that victims of violence (e.g. domestic violence) and abuse (e.g. childhood sexual abuse) often struggle with substances (Fricker, Banbury & Visick, 2018; Maker, Kimmelmeier

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& Peterson, 1998; Polusny & Follette, 1995). Because this current study found another major finding where our female sample were more likely to have been victimized in their relationships (e.g., female perpetrators' victims were more likely than male perpetrators' victims to be the batterers in their respective relationship), these results could signify some relevance with substance abuse. For instance, with reference to the self-medicating hypothesis, the literature conceptualizes the use of drugs and alcohol as a form of numbing the emotional and physical sequela induced by domestic violence. Alternatively, alcohol and drugs can be used as a way to control a person. For example substances can be forcefully administered or withheld; both abusive acts (Fricker, Banbury & Visick, 2018). At the same time, substance abuse is bi-directional; both victims and perpetrators of violence alike are at an increased risk of abusing alcohol and or drugs (Fricker, Banbury & Visick, 2018). Given the lack of clarity regarding substance abuse within the context of victim or perpetrator, further investigation is warranted.

Another major finding was between the risk of separation (e.g. victim attempted to leave and actual or perceived separation) and male perpetrators of domestic homicide. Males were more likely to have forms of separation and transition (e.g. significant life changes) as significant risk factors for DH compared to females. The results were hypothesized and also in line with the research, which states that male abusers are generally triggered by forms of loss and separation (Li, Levick, Eichman & Chang, 2015). Relationship instability (e.g., the partner contemplating leaving) is a period where there is a major risk of violence. Research continuously finds that women who leave their relationships are then at a greater risk of violence in the form of stalking, and murder (Jewkes, 2002). The conflict that may arise from a woman leaving her relationship may be associated with challenging her partner's male privilege and or his sense of control (Jewkes, 2002), which may set the abuser off. Contrary to the misconception that leaving an

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abusive relationship will stop the violence, it is in fact quite common for abusers to continue or intensify the abuse after separation (Fleury, Sullivan & Bybee, 2000). Assaulting a woman after a separation is generally a reaction to prevent her from leaving, retaliate for leaving, or done for the purpose of forcing her to return. Essentially its his attempt to gain, retain or regain power or alternatively to punish the woman (Fleury, Sullivan & Bybee, 2000). In essence, leaving signifies a threat to the abuser's degree of control and thus violence is used is a way to maintain or regain that control (Fleury, Sullivan & Bybee, 2000).

### **Female and Male Perpetrators and Childhood Victimization**

When comparing the two genders with childhood victimization (e.g., exposure to violence, physical abuse and sexual abuse) the only significant difference found between males and females was with the variable childhood sexual abuse (CSA). Female perpetrators were more likely than their male counterparts to have experienced CSA. The results are in line with the research where in general, females are at significantly higher risk of experiencing CSA (Jud, Fegert & Finkelhor, 2016). Female CSA is a significant risk factor for involvement with domestic violence. Childhood sexual abuse (CSA) has been found to increase vulnerability to other forms of abuse, revictimization in adulthood, as well as delinquency and criminality. Scholars conducting research in the area of female crime and delinquency postulate the importance of taking into account the victimization women experienced both as children and adults among those arrested and convicted for serious offenses. For example, studies on female delinquency have found that approximately half of those women have experienced CSA. Female prisoners were two to three times more likely to have reported experiencing CSA over females in the general public (Siegal & Williams, 2003). The impacts of CSA might explain why females may become vulnerable to crime and delinquency as specific coping or consequential factors,

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including drug abuse, running away, prostitution, lead to violence and eventual involvement in the criminal justice system. (Siegal & Williams, 2003).

The present study hypothesized that both male and females were victims of early abuse. Overall, the results support this finding revealing high numbers of reported early victimization despite several responses in the data coded as unknown. Of those female perpetrators who responded, 80% had experienced physical abuse in childhood, 80% had witnessed abuse in childhood, and 75% had experienced childhood sexual abuse. Fifty eight percent of men who responded were exposed to domestic violence in childhood, 42% experienced childhood physical abuse, and 17% reported experiencing childhood sexual abuse.

Based on the literature, it was expected that men would have experienced childhood physical abuse at higher rates or shown to be distinctly different compared to females. Recall, in theory, an intergenerational association between child abuse with present abusive behaviours and tendencies among males has been found extensively in the literature, which therefore was expected of the current study. Often aggressive men were subjected to similar forms of victimization (e.g., physical abuse) in childhood. Typically, these patterns are passed down from generation to generation in unchanged forms. This phenomenon has been described as identification with the aggressor, such as the parent or person who abused the batterer in childhood. Essentially, this view postulates that those who have been exposed to family violence or experienced abuse first hand later act aggressively/violently if they have identified with the aggressor (Bevan & Higgins, 2002).

In general, no difference found between genders and physical abuse may be due to the large number of unknown cases coded and or small sample sizes. Additionally, the high number

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of unknown cases could also account for men underreporting due to stigma, shame, denial and or negligence. As such, at the very least in order to reach clarification, the investigation and review of deaths should enforce strict requirements around obtaining information on trauma histories (e.g., child abuse), both for victims and offenders. Child abuse, regardless of type and degree, is real and a large problem that often has long-term effects on those who have experienced said events in early life. Continued and special attention is warranted as part of management and prevention strategies (e.g., recognizing risks, safety planning, and for future researchers to examine) to minimize future violent and criminal offenses associated with abuse.

### **Female Perpetrators and Adult Victimization**

Globally, a woman is more likely to be raped, physically assaulted or murdered by a current or previous intimate partner than any other assailant. It is widely well known and researched that women are also far more likely to be the victims of domestic abuse, violence and murder compared to men. However, despite the norm there are women who do behave violently and even go as far as to kill. When women kill the basic social structures based on gender-based behaviour are contradicted and challenged. As a result, naturally, an explanation for their behaviour is sought out. When women do kill, it typically follows adult victimization. Time and time again, women who kill have long histories of experiencing direct forms abuse by the hands of their male partners. The research suggests that battered women who kill do so after repeated acts of physical, sexual and emotional abuse as well as a specific death threats causing her to fear for her life (Hodell, Dunlap, Wasarhaley & Golding, 2012). Living under the conditions of experiencing regular and consistent abuse, the possibility of killing their batterer becomes real (Motz, 2007). As such, the present study hypothesized that the female perpetrators in our sample were likely victimized in their intimate relationships, factoring into their motive for

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homicide. Not surprisingly, our results aligned with our hypothesis and the research, finding that the female perpetrators' victims were more often the perpetrators compared to the men's victims. This finding is significant as it suggests that in general the females' intent for murder might in fact differ from their male counterparts.

**Fear.** Many abused women experience tragic incidents of verbal, sexual and physical assaults and do not murder their batterers. While the exact cause, or explanation, of why some abused women kill versus those who don't remains unclear, research has discovered specific themes. For example, there are unique distinguishing factors among women who murdered their abusive partner. These factors include, detailed death threats, an abusive partner with drug and or alcohol abuse issues, the presence of a weapon or firearm in the home, and the perception of experiencing severe abuse (Motz, 2007). Also, it has been suggested that certain determinants may then lead an abused woman to kill, such as her experiences of degradation, humiliation, isolation, and extreme fear imposed by her partner as well as how she perceives the situation (Motz, 2007). Since these results suggest a link between adult victimization and murder, specific attention should be placed on finding effective employment intervention methods for breaking through social, cultural, psychological and structural barriers.

### **Female Perpetrators and Dependency**

**Substance use.** This study aimed at examining particular risk factors unique to each gender. A dependency issue among female perpetrators was predicted based on the literature, which was found to be congruent with our results. Substance dependency (e.g., excessive alcohol and or drug use) was found to be associated with female perpetrators suggesting that female perpetrators were more likely to abuse/depend on substances compared to male

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perpetrators. The literature reports that women who have experienced early victimization, specifically CSA have a greater risk of abusing substances in later life. Additionally, abuse in general has been found to increase the use and abuse of drugs and or alcohol among these individuals, typically women. A large percentage of our female sample did in fact experience CSA and adult victimization, which could explain why our sample had a high prevalence of drug and or alcohol abuse.

Alternatively, our results also contradict some of the literature in that male abusers are often found to be high in substance abuse. Most often, male batterers struggle with substance use at significantly higher rates (Thomas, Bennett, Stoop, 2013) and males who abuse substances account for a large portion of batterers. For instance male perpetrators of DV are over-represented in treatment programs for alcohol-related disorders. Comparably, alcohol-related disorders are largely represented in DV male perpetrators starting battering programs (Brown, Werk, Caplan, & Seraganian, 1999 & Kraanen, Scholing & Emmelkamp, 2010). Our study found that 44% of male perpetrators of DV abused substances excessively compared to 79% (female perpetrators). Researchers have sought out whether different substances influence violent behaviors. For those men with alcohol problems, the odds of domestic violence occurring when comparing physically aggressive men to nonaggressive men increased by 128% (Pan, Neidig, & O'leary, 1994; Thomas, Bennet, & Stoop, 2012). Also, male perpetrators of DV show a significant path from stimulant use and cannabis use to physical DV, whereas no substances significantly impacted female to male DV (Crane, Oberleitner, Devine & Easton, 2014). However, when examining both male and female perpetrators of DV, participants with a diagnosis of alcohol and cocaine use increased their odds of acting violently in relationships (Crane, et al., 2014). As such, evidently substance abuse has an impact on DV, though the

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competing literature, which states that generally abusive men tend to struggle with substances at significantly higher rates, suggests a contradiction. Though, it is important to consider that our female sample has high rates of a historical and present trauma, which might be one explanation for our results.

### **Female Perpetrators and Helplessness**

**Depression.** This study hypothesized that female perpetrators were more likely to suffer from depression and suicidality based on context (abuse). In both Western and non-Western communities, depression is twice as prevalent in women than men (Martin, Neighbors & Griffith, 2013) and found to be a consequence of a person's exposure to stressors and how one responds to them (Winstok & Straus, 2014). Because our study predicted our female sample to be historical victims of childhood abuse, as well as adult victims of DV, the interaction would result in mental health issues specifically depression, which as previously stated was expected of our female sample. Poor mental health has been associated with both female victims and perpetrators of DV and although both men and women can be harmed by DV, women generally suffer more severe injuries when perpetrated against and are less likely to cause severe harm when perpetrating violence (Zacarias, Macassa, Soares, Svanstrom & Antai, 2012). Women in these situations, whether involved in violence as a victim or perpetrator, generally report more negative psychological consequences, such as depression (Prospero & Kim, 2009). Results of a study examining the impact of DV on women's mental health found that DV (e.g. psychological/physical/sexual abuse and psychological abuse alone) does in fact have a negative effect on women's mental health, increasing the risk of depressive, anxiety, and PTSD symptomology, as well as thoughts and attempts of suicide (Pico-Alfonso, et al., 2006). Although our study did not find any significant difference between males, females and



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depression, females did report experiencing depression at higher rates compared to men (e.g. 77% vs. 62%). One explanation for our study's homogenous results could be related to gender differences found in depression. For example, because of the complex interaction of social, psychological and biological factors, depression is manifested differently in genders (Winstok & Straus, 2012). Because of this, men's experience of depression might manifest in non-traditional depressive symptoms as per the typical diagnostic criteria (Martin, Neighbors, & Griffith, 2013).

According to the masculine depression framework hypothesis, men experience an alternate depression variant described as externalizing symptoms. Instead of appearing sad and teary (typical characteristics of depression) men experiencing emotional pain is expressed through anger, self-destructive behavior, self-distraction and numbing with substances, gambling, womanizing, and work. In a study (Winkler, Pjrek & Kasper, 2005) examining men with depression an association was found with the following: irritability; more disposed to overact to annoyances; experienced anger attacks; had lower impulse control; higher rates of substance use; and experienced more hyperactive behaviour - all found to be significantly higher than depressed women (Martin, Neighbors, & Griffith, 2013). As such, although male perpetrators of violence may not present to the public as "depressed", their behaviours or "symptoms" may simply be alternative variants of depression. Researchers have found that general involvement in DV can impact mental health. Studies on the association of DV and depression found that people living within the context of a violent relationship suffer from high rates of depression compared to those living within the contexts of non-violent relationships (Winstok & Straus, 2012), which suggests that perpetrators may experience depression at similar rates as their victims. This notion could account for our study's results.

**Suicidality.** Our study hypothesized that female perpetrators would have differed from

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men in self-harm and suicidal behaviors. Although suicide is thought of a male problem, as men are more likely to complete suicide from a global perspective, suicidal behaviours are common among women, specifically those facing negative internal and external influences/pressures (Devries & Seguin, 2013). Our results revealed a significant difference between the genders, aligning with the research in that female perpetrators of DV are more likely to self-harm and engage in suicidal behaviour compared to male perpetrators of DV (Henning, Jones & Holdford, 2003; Sansone, Elliot & Wiederman, 2016). Largely, self-harm has been identified by researchers as a general psychological characteristic among female perpetrators of DV. Henning et al. (2003) examined 281 female perpetrators of which nearly 12% reported prior suicide attempts. Dowd, Leisring, and Rosenbaum (2005) studied 107 domestically violent females and found that approximately 30% had completed one or more suicide attempts. In our study, of the females who reported, 64% had attempted suicide compared to 30% of males. It has been found that the histories and experiences (e.g., history of arrest, social service use, victimization, and trauma symptoms) of female perpetrators are more similar to battered women than male perpetrators (Abel, 1999). Because several studies (Dowd, Leisring, and Rosenbaum, 2005; Heise, 1993; WHO, 2012) find that aggressive women are typically using violence as self-defense, retaliation, or in response to fears of imminent danger by their partners, it is no wonder the characteristics of female perpetrators and victims are synonymous.

If a large number of female perpetrators, as in our sample, are using violence in response to their own abuse, and with what we know about the impact of male versus female force and threat as incomparable (e.g. force and threat do not match), these women are likely to have established a perception that they have little to no control over their abuser or lives, a notion known as learned helplessness. Learned helplessness is the perceived lack of control over the

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outcome of a situation (Devries & Seguin, 2013). Women in abusive relationships begin to believe they are unable to escape the violence having little to no control in general. Because these women fear their partners will inevitably kill them, they may choose to try and kill themselves (Devries & Seguin, 2013). Complexity ensues when these women have also experienced childhood abuse, as a link between trauma and suicidality has been associated. Typically exposure to common forms of abuse, such as exposure to violence and CSA occur over prolonged periods. Prolonged exposure and experience means prolonged stress responses that can lead to semi-permanent and permanent brain structure changes involved with emotion regulation and cognitive functioning. Adult survivors of childhood abuse may then struggle with coping with stressors, emotion regulation, and forming healthy relationships due to developmental trauma. These same adults who then experience psychological, physical, and sexual abuse in adulthood exacerbate these mechanisms they struggle to begin with. As a result, they may experience chronic activation of the stress response, endure fear and isolation due to the abuse, increasing their feelings of helplessness, hopelessness and a biological response resulting in suicidal behaviour (Devries & Seguin, 2013). Thus these women are at greater risk due to both internal and external factors at play.

### **Men and History of Violence**

Our study hypothesized that men were more likely to have been abusive in past relationships as well as abusive in their most current relationship where the female partner was killed. No significant difference between the genders was found signifying that both men and women were abusive in their relationships. Our hypothesis was supported both by the research and theory of intergeneration transmission of violence, which postulates that those who have witnessed or experienced abuse are at greater risk of adopting and adapting similar violent

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behaviours and characteristics. According to our study, 100% (n = 6) of female perpetrators who responded and 78% (n = 40) of male perpetrators who responded were abusive in prior relationships. In current relationship, of the female perpetrators who responded 93% (total n=12) were abusive compared to 86% (n = 107) of the male perpetrators who responded. The lack of significance could be attributed to the high number of unknowns in the data, as well as the small sample sizes. Alternatively, in theory, because our female sample had high frequencies of child abuse, their risk of revictimization is high. Among females, child abuse is known to set the stage for later problems, as child abuse is associated with increased risk for psychological, physical and sexual victimization, impaired psychosocial functioning, and substance use. Because little is known about the exact chain of events between early victimization to revictimization to psychosocial functioning, it does raise some question regarding the sequence of events. For instance, child abuse has been well researched, regularly finding an association with psychosocial problems such as psychological distress and substance use, which then has been said to increase a woman's risk for revictimization. Yet, conversely, there is research that suggests that child victimization increases the risk for revictimization in adulthood, leading to greater substance use and mental health issues thereafter (Lindhorst, Beadnell, Jackson, Fieland & Lee, 2009).

More needs to be known about the developmental pathways of victimization to revictimization and psychosocial problems. What is certain is that victimization is not random; once a female has been victimized either in childhood or adulthood the likelihood of revictimization increases (Lindhorst, Beadnell, Jackson, Fieland & Lee, 2009). Because there is extensive evidence in the literature suggesting that women's use of violence and the context in which the violence takes place is different than men, the women in our sample and their use of

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violence in previous relationships may be reflective of the literature, where strong evidence suggests that women are normally always violent within the context of violence perpetrated against them by their partners (Swan & Snow, 2003). This then suggests that victimized women are just as susceptible to revictimization as they are to using violence within these violent-based contexts.

Conversely, in theory and research, men who have experienced abuse in childhood or those who have witnessed parental violence are at increased risk of using violence in their own personal relationships. The transmission of violence has been understood through the lens of social learning theory, where frequent imitation and modeling take place. Additionally, the lack of acceptable role models negatively impacting interpersonal skills may also contribute to the transmission. Many other viewpoints have been considered, such as the development of cognitive distortions formed from those of the child's father or from trauma-induced beliefs; feminist theories argue that in cultures where violence is widely accepted and praised the production of aggressive and violent men follows; and lastly, from a cross-cultural perspective, patriarchal structures and norms increase the risk for violent attitudes and behaviours (Saunders, 1996). Again, although the exact pathway from victim to batterer is unknown, the general agreement as per the literature is that early child abuse or victimization increases the risk for perpetrating abuse or using violence in adulthood among men. Our sample is in agreement with the literature, as of those men who reported, the frequency of abuse was high; recall, exposure 58%, physical abuse 42%; and sexual abuse 17%.

### **Men and Separation**

Our study predicted that separation would be significantly different between the genders.

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As such, the following risk factors were examined: if not separated victim tried to leave relationship; actual or pending separation; and new partner in victim's life, real or perceived. The first two risk factors were found to be significantly different suggesting that the victim leaving and separation were motives for murder among men on our sample. New partner in victim's life did not quite meet statistical significance suggesting there was no difference between the genders. The lack of significance could be due to the sample size as well as the unknowns.

In the literature, separation is known to be a common risk factor for homicide amid male batterers. Over the past 35 years, researchers have consistently found an association with separation and DH (Kivisto, 2015). For instance, in a sample of DH defendants, Barnard et al., (1982) found that 57% of their sample had separated on the day of the murder. In a sample of 896 male perpetrators of DH in Ontario, Canada, 32% were estranged killings (Crawford & Gartner, 1998). Estranged killings include killings that were completed within the context of estranged relationships that is the loss of a previous relationship through emotional and or physical distancing. Time and time again, the literature finds that women who attempt to or actually terminate their relationships become homicide victims, a notion well known to police, shelter workers, and other professionals in the DV sector (Wilson & Daly, 1993). What we know from killers and the context surrounding these violent incidents is that these men were often rigidly consumed by concerns of losing their partners and/or by sexual jealousy with statements such as, "if I can't have her, nobody can" dominating these types of cases (Wilson & Daly, 1993). What research consistently finds is that men's use of violence after separation is similar to their use of violence while in a relationship, to maintain control. Essentially, re-establishing control is the primary motive behind these crimes.

## Men and Power and Control

Control is on a continuum where it's used by nearly everyone to an extent. When control becomes problematic, or coercive, it includes the recurring and cyclical use of tactics to dominate and regulate a person's daily life, restricting his or her personal freedom and sense of autonomy. Coercive control has been associated with repeated and severe physical violence, greater injury, and greater harassment and violence after separation (Hardesty, et al., 2015). The Duluth power and control wheel is one of the most commonly used models for violence against women, with power and control being at the center of wheel (i.e., primary motive). The wheel contains the most commonly used abusive behaviours tactics, such as the different forms of abuse (physical and sexual) and segments including, coercion; minimizing, denying, and blaming; isolation; intimidation; and male privilege to name few (Rankine et al., 2017). Based on the Duluth power and control wheel, the most commonly cited patterns of abuse (Morgan & Wells, 2014), the following risk factors were clustered into themes and examined: perpetrator monitored victim's whereabouts, prior attempts to isolate, and controlled most or all of the victim's activities (isolation); blamed victim, and extreme minimizing or denial (minimizing, denying or blaming); prior threats to kill (coercion); and misogynistic attitudes (male privilege). Violently/constantly jealous and obsessive behaviour risk factors were also examined as per common risk factors in the literature.

**Isolation.** Our results were not aligned with the research, which commonly finds the use of specific manipulative and controlling tactics (by violent men) to isolate their victims. No significance between genders was found for the use of tactics for the purpose of isolating the victim. Results could be attributed to the sample size as well as to the limited response rate (unknowns) and also in part to the reality that some female aggressors do use manipulative and

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control tactics. Though it is important to consider a gap in knowledge, which is whether the motive behind using them may differ from men's use. For instance, it is commonly understood that men's use of violence is generally for maintaining control, while women use violence in self-defense or for retaliation, while conversely, jealousy has been found to be a motive in both genders (Caman, Howner, Kristiansson & Sturup, 2016). Thus, jealousy could be one explanation for our results.

**Coercion.** The present study hypothesized that male perpetrators were more likely to have threatened to kill their partner over female perpetrators, however no significant difference was found. Our results were not in agreement with the literature (Campbell, 1986; Hodell, Dunlap, Wasarhaley & Golding, 2012) where men are usually found to use tactics of intimidation, such as threats to kill as a means of maintaining control. Our results could be explained as per the perspective of retaliatory violence. Retaliation or "fighting back" (e.g. threatening to kill) is an eventual response to an aggressor, especially when one is in a state of immediate danger or is using such force to minimize danger/violence. Essentially, retaliation is quite common among battered women, as this form of violence is used to stop an attack or minimize the batterers' use of violence (Saunders, 1986). Thus, the females in our sample could have used intimidation or coercion to maintain safety in their current relationship or may have learned to use these forms of tactics in early life when faced with other aggressors and perpetrators.

**Minimizing, Denying and Blaming.** Our study predicted that male perpetrators were more likely to minimize, deny and blame compared to female perpetrators and therefore examined the following risk factors: extreme minimization and or denial of spousal assault; and perpetrator blamed victim for abuse. Typically, certain attitudes and beliefs are associated with batterers, such as blaming the victim for their behaviour and or minimizing/denying the lethality



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of their actions. For instance, refusing to accept what they do as wrong (e.g. denying their behavior), or reframing their abuse as something other than violence (e.g. downplaying their violence) are common attitudes among these men (Morrison, et al., 2018). No significant difference between the genders was found for the risk factor, extreme minimization and or denial. This could be a result of our sample size or unknowns. Extreme minimization and or denial could also be done by female perpetrators to cope with their circumstances or because their force or threat is not matched with that of a man (Espinoza & Warner, 2016). These could be some explanations for our results, though the precise reason is undetermined. A significant difference for victim blaming was found, implying that our male perpetrators were more likely to have blamed their partner for the abuse and violence. The research finds that violent men will often blame their victim as a way to excuse their behaviour or will blame “50 other things” for what they behave the way they do, failing to take responsibility (Morrison, et al., 2018 p. 12). Blaming, minimizing, and or denying can be seen as behaviours and attitudes that suggest a person is unwilling to take accountability and who hold a great deal of resistance.

**Male Privilege.** Our study predicted our male sample would possess a greater sense of hyper-masculinity thereby we examined the risk factor, misogynistic attitudes. Not surprisingly, there was a sound difference between the genders suggesting that males more far more likely to have misogynistic attitudes compared to their female counterparts. Hyper-masculinity is generally associated with male batterers, which contribute to repeated beliefs and acts of violence and restricting the ability to change. For instance, in male batterer program statements such as, “We’re men, we’re strong., we have to take charge.. sensitive men are gay or not a real man” (Morrison, et al., 2018, p. 9) were used. Essentially, violent men often believe vulnerability is a sign of weakness (Morrison, et al., 2018), which challenges their identity and

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therefore their behaviours and actions align closely with misogyny.

**Obsessiveness and Jealousy.** Strong correlations have been found between male perpetrators of DV and DH and possessiveness, obsession, and jealousy (Campbell, 2012; Campbell, et al., 2003; Juodis, et al., 2014; Scarduzio, Carlyle, Harris & Savage, 2017). We examined obsessive behaviour by perpetrator and a difference between the genders was found implying that male perpetrators were more likely than female perpetrators to have displayed obsessive behavior. Our results on jealousy (perpetrators was violently and constantly jealous of victim) did not agree with the research where men are often extremely jealous. This could be explained by our previous discussion within the section on isolation where jealousy was found to be a motive for violence in both males and females (Caman, Howner, Kristiansson & Sturup, 2016). As such, it is possible that jealousy may not be risk factor restricted to just male perpetrators.

### **Future Research**

Bearing in mind the findings and limitations there are several recommendations for future research. First, the use of qualitative research to capture the reasons behind men and women's use of violence in relationships may be helpful. Results would provide meaningful data for the literature and public. Qualitative research methods could help employ an understanding of perpetrators' lived experience, such as their struggles with past trauma(s), and other factors including culture, addictions and poverty.

Future research should also examine the role of addiction in female perpetrators and victims of violence. The direction of use is hard to determine – in other words, are addictions the result of victimization or the cause of victimization? For instance, for those women who were

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victims of adult abuse were they more prone to abuse substances during their violent relationships (e.g. coping) or did they abuse substances prior to their involvement with an abusive partner? Because many of these women in the present study had prior experiences of victimization and criminal delinquency, research calls for the examination of delinquency in young woman who have experienced abuse in childhood. Doing so would help determine trends in women involved in violent relationships.

Additionally the role of victimization within these homicides was concerning. Future researchers should investigate women's experience of victimization and examine what increases a woman's risk for committing murder. Also, because the cycle of violence (IGT) is complex and deeply embedded, investigating factors that facilitate an end to the cycle (i.e., women leaving and seeking safety or men stopping their abuse) are crucial for tackling domestic violence. For instance, examining men and women who have recovered from their abusive cycle in comparison to those who have not could help create new approaches for prevention, intervention and safety planning.

### **Conclusion**

In Canada, domestic violence is a serious issue accounting for one in every four violent crimes reported to police with women consistently being victims (Sinha, 2013). According to Canadian statistics young females were more often the victims of domestic violence with women in their late 20s and early 30s having the highest rate of domestic violence victimization, followed by females aged 15 to 25 (Sinha, 2013). Though the vast majority of victims are women, women have also been found to use violence in intimate relationships, generally using violence in self-defense (Heise, 1993). Some researchers have found that men and women's use of domestic violence is distinctly different, while others have found similar risk factors across

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the genders (Spencer, Cafferky & Stith, 2016). In general while there were some shared risk factors between male and female perpetrators of domestic homicide, important distinct differences between the genders were found suggesting the motives behind their killings differed overall. This study found that female perpetrators were generally victimized in childhood and at present within their intimate relationships. Also they struggled with dependency issues, adding to the complexity of their lives. Male perpetrators were found to have been associated with manipulative tactics that contributed to the maintenance/establishment of power and control. The need for power and control among men can be understood from social role theory and IGT of violence.

Noteworthy is the traumatic experience of childhood abuse, as well as abuse in adulthood, as a significant risk factor in the development of the experience of re-victimization and or use of violence. Considering that violence in intimate relationships continues to affect the lives of many individuals, couples and families, examining the root cause of violent-based dynamics can help determine appropriate preventative and protective measures to put into place. In an effort to provide effective strategies and services to both victims and perpetrators of domestic violence, we should prioritize understanding the developmental impacts of childhood trauma, while also considering how contextual factors (e.g. poverty and culture) have an effect. Also, continuing to raise awareness of abuse and its effects is essential for ending the stigma of abuse. Stigmatization is the absorption of beliefs and perceptions reinforced by the victim's perpetrator's manipulative statements and or the social negative attitudes towards victimization and abuse in general (Collin-Vezina, Daigneault & Hebert, 2013), which can have an effect on speaking out and getting help. To successfully prevent childhood and adult abuse, preventative

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approaches aiming at individual, family and societal circumstances should be explored and validated to protect current and future victims of abuse.

### **Limitations**

The DVDRC cases reviewed for this study had extensive data, which provided a sample size of 158 participants to analyze and examine. Despite the rich details in many cases of the DVDRC, there were some limitations to its usage. First, the sample size for female perpetrators was small (n=15) compared to the sample size for male perpetrators (n=143) as result of the inclusion of only Ontario domestic homicide cases reducing the power to detect significant differences in gender. Future studies should aim to increase sample size of female perpetrators, by using a larger sample or expanding to other geographic regions to expand knowledge on male vs. female perpetrated violence. It's important to note that the sample is Ontario-based, therefore, samples may not represent other Canadian provinces. However because Ontario consists of 40% of Canada's population, our sample though, small represents a comprehensive contribution to the area of Canadian-based domestic homicide in general. Future research should continue to expand on understanding violence and homicide perpetrated by males and females to get a picture of the risks and prevention needs for said population.

Second, because of the retrospective data sample, researchers must rely on the reports from agencies that were in contact with the individuals (perpetrators) or third party individuals (community-based services). As such, there were cases where data was not made available for researchers for unexplained reasons. Thus, due to the varied instances of unknown data per case, unknown data was excluded from the analysis, which results in particular cases containing more in-depth information than others.

Finally, although this study sought to examine the possibility of traumatic histories in the lives of perpetrators and its impact and association with present use of violence, many of the cases contained high instances of unknown data. Research has continually suggested associations with early childhood trauma/maltreatment and the development of externalizing characteristics, perpetration of violence and or victimization (Dargis, Newman & Koenigs, 2015; Vezina, et al., 2015) therefore agencies conducting reports for the DVDRC should place greater attention and efforts on examining and coding for previous forms of victimization for future researchers to determine if a relationship/association is present with the sample.

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## Appendix A



**Date:** 13 July 2018

**To:** Dr. Peter Jaffe

**Project ID:** 112178

**Study Title:** Domestic Homicide A Gender Neutral or Gender Specific Issue?

**Application Type:** NMREB Initial Application

**Review Type:** Delegated

**Full Board Reporting Date:** August 3 2018

**Date Approval Issued:** 13/Jul/2018

**REB Approval Expiry Date:** 13/Jul/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,

Kelly Patterson, 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).*

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

(see descriptors below)

A= Evidence suggests that the risk factor was not present

P= Evidence suggests that the risk factor was present

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

Risk Factor	Code (P,A, Unk)
1) History of violence outside of the family by perpetrator/	
2) History of domestic violence- past 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*(if check #6 and/or #7 only count as one factor)	
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	

## Running head: FEMALE AND MALE PERPETRATORS

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* (If check #26 and/or #27 only count as one factor)
29)	Other mental health or psychiatric problems – perpetrator
30)	Access to or possession of any firearms
31)	New partner in victim's life*
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*



## Running head: FEMALE AND MALE PERPETRATORS

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 actions

\*see Appendix B to match numbers with the appropriate risk factor

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

## Running head: FEMALE AND MALE PERPETRATORS

- 6) 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., fists, feet, elbows, head, etc.).
- 7) Any recent (past 6 months) act or comment made by the perpetrator that was intended to convey the perpetrator's idea or intent of committing suicide, even if the act or comment was not taken seriously. These comments could have been made verbally, or delivered in letter format, or left on an answering machine. These comments can range from explicit (e.g., "If you ever leave me, then I'm going to kill myself" or "I can't live without you") to implicit ("The world would be better off without me"). Acts can include, for example, giving away prized possessions.
- 8) 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) 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) 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) 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) 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.

## Running head: FEMALE AND MALE PERPETRATORS

- 13) 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) 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) 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) Any actual or attempted form physical violence, ranging in severity from a push or slap to the face, to punching or kicking the victim in the stomach. The key difference with this item is that the victim was pregnant at the time of the assault and the perpetrator was aware of this fact.
- 17) 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) As a child/adolescent, the perpetrator was victimized and/or exposed to any actual, attempted, or threatened forms of family violence/abuse/maltreatment.
- 19) 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) Any actions or behaviours by the perpetrator that indicate an intense preoccupation with the victim. For example, stalking behaviours, such as following the victim, spying on the victim, making repeated phone calls to the victim, or excessive gift giving, etc.
- 21) Employed means having full-time or near full-time employment (including self-employment). Unemployed means experiencing frequent job changes or significant periods of lacking a source of income. Please consider government income assisted programs (e.g., O.D.S.P.; Worker's Compensation; E.I.; etc.) as unemployment.
- 22) The victim and perpetrator were cohabiting.
- 23) Any child(ren) that is(are) not biologically related to the perpetrator.
- 24) 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

## Running head: FEMALE AND MALE PERPETRATORS

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) 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) Within the past year, and regardless of whether or not the perpetrator received treatment, substance abuse that appeared to be characteristic of the perpetrator's dependence on, and/or addiction to, the substance. An increase in the pattern of use and/or change of character or behaviour that is directly related to the alcohol and/or drug use can indicate excessive use by the perpetrator. For example, people described the perpetrator as constantly drunk or claim that they never saw him without a beer in his hand. This dependence on a particular substance may have impaired the perpetrator's health or social functioning (e.g., overdose, job loss, arrest, etc). Please include comments by family, friend, and acquaintances that are indicative of annoyance or concern with a drinking or drug problem and any attempts to convince the perpetrator to terminate his substance use.
- 27) 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) 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) For example: psychosis; schizophrenia; bi-polar disorder; mania; obsessive-compulsive disorder, etc.
- 30) 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) 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) 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.

## Running head: FEMALE AND MALE PERPETRATORS

- 33) 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 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) Victim and perpetrator were between the ages of 15 and 24.
- 36) 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) Hating or having a strong prejudice against women. This attitude can be overtly expressed with hate statements, or can be more subtle with beliefs that women are only good for domestic work or that all women are "whores."
- 38) Women in an intimate relationship with a partner who is significantly older or younger. The disparity is usually nine or more years.
- 39) 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) Any actual, attempted, or threatened abuse/maltreatment (physical; emotional; psychological; financial; sexual; etc.) towards children in the family. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family; friends; neighbours; co-workers; counselors; medical personnel, etc).

Running head: FEMALE AND MALE PERPETRATORS

**Appendix D**  
 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 Service provider:

Officer(s):

Other Investigating Agencies: \_

Officers: \_\_

## VICTIM INFORMATION

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

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

Running head: FEMALE AND MALE PERPETRATORS

<input type="checkbox"/> Total # of arrests for domestic violence offenses
<input type="checkbox"/> Total # of arrests for other violent offenses
<input type="checkbox"/> Total # of arrests for non-violent offenses
<input type="checkbox"/> Total # of restraining order violations
<input type="checkbox"/> Total # of bail condition violations
<input type="checkbox"/> Total # of probation violations
<b>Family court history</b>
<i>If yes, check those that apply...</i>
<input type="checkbox"/> Current child custody/access dispute
<input type="checkbox"/> Prior child custody/access dispute
<input type="checkbox"/> Current child protection hearing
<input type="checkbox"/> Prior child protection hearing
<input type="checkbox"/> No info
<b>Treatment history</b>
<i>If yes, check those that apply...</i>
<input type="checkbox"/> Prior domestic violence treatment
<input type="checkbox"/> Prior substance abuse treatment
<input type="checkbox"/> Prior mental health treatment
<input type="checkbox"/> Anger management
<input type="checkbox"/> Other – specify _____
<input type="checkbox"/> No info
<b>Victim taking medication at time of incident</b>
<b>Medication prescribed for victim at time of incident</b>
<b>Victim taking psychiatric drugs at time of incident</b>



Running head: FEMALE AND MALE PERPETRATORS

Victim made threats or attempted suicide prior to incident	
Any significant life changes occurred prior to fatality?	
<i>Describe:</i>	
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	
<i>If yes, age of fetus (in weeks)</i>	
Residency status	
Education	
Employment status	
Occupational level	
Criminal history	

## Running head: FEMALE AND MALE PERPETRATORS

<p><i>If yes, check those that apply...</i></p> <p><input type="checkbox"/> Prior domestic violence arrest record</p> <p><input type="checkbox"/> Arrest for a restraining order violation</p> <p><input type="checkbox"/> Arrest for violation of probation</p> <p><input type="checkbox"/> Prior arrest record for other assault/harassment/menacing/disturbance</p> <p><input type="checkbox"/> Prior arrest record for DUI/possession</p> <p><input type="checkbox"/> Juvenile record</p>
<p><input type="checkbox"/> Total # of arrests for domestic violence offenses</p> <p><input type="checkbox"/> Total # of arrests for other violent offenses</p> <p><input type="checkbox"/> Total # of arrests for non-violent offenses</p> <p><input type="checkbox"/> Total # of restraining order violations</p> <p><input type="checkbox"/> Total # of bail condition violations</p> <p><input type="checkbox"/> Total # of probation violations</p>
<p>Family court history</p>
<p><i>If yes, check those that apply...</i></p> <p><input type="checkbox"/> Current child custody/access dispute</p> <p><input type="checkbox"/> Prior child custody/access dispute</p> <p><input type="checkbox"/> Current child protection hearing</p> <p><input type="checkbox"/> Prior child protection hearing</p> <p><input type="checkbox"/> No info</p>
<p>Treatment history</p>
<p><i>If yes, check those that apply...</i></p> <p><input type="checkbox"/> Prior domestic violence treatment</p> <p><input type="checkbox"/> Prior substance abuse treatment</p> <p><input type="checkbox"/> Prior mental health treatment</p> <p><input type="checkbox"/> Anger management</p> <p><input type="checkbox"/> Other – specify _____</p> <p><input type="checkbox"/> No info</p>

## Running head: FEMALE AND MALE PERPETRATORS

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?	
<i>Describe:</i>	
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 PERPETRATOR INFORMATION --

**INCIDENT**

Date of incident	
Date call received	
Time call received	
Incident type	
Incident reported by	
Total number of victims <i>**Not including perpetrator if suicided</i>	

## Running head: FEMALE AND MALE PERPETRATORS

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?	
<i>If yes be specific ...</i>	
Other evidence of excessive violence?	
Evidence of mutilation?	
Victim sexually assaulted?	
<i>If yes, describe (Sexual assault, sexual mutilation, both)</i>	
Condition of body	
Victim substance use at time of crime?	
Perpetrator substance use at time of crime?	

Running head: FEMALE AND MALE PERPETRATORS

**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:	
Matthew Jr.	
Michelle	
Andrea	
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?	

## Running head: FEMALE AND MALE PERPETRATORS

How long after the killing did suicide occur?	
Was perpetrator in custody when attempted or committed suicide?	
Was a suicide note left? <i>If yes, was precipitating factor identified</i>	
Describe: <i>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.</i>	
If perpetrator did not commit suicide, did s/he leave scene?	
If perpetrator did not commit suicide, where was s/he arrested/apprehended?	<i>(At scene, turned self in, apprehended later, still at large, other – specify)</i>
How much time passed between the fatality and the arrest of the suspect:	<i>(Hours, days, weeks, months, unknown, n/a – still at large)</i>

-- 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?	

## Running head: FEMALE AND MALE PERPETRATORS

If not separated, was there evidence that a separation was imminent?	
Is there a history of separation in relationship?	
<i>If yes, how many previous separations were there?</i>	<i>(Indicate #, unknown)</i>
If not separated, had victim tried to leave relationship	
<i>If yes, what steps had victim taken in past year to leave relationship?</i> (Check all that apply)	<input type="checkbox"/> Moved out of residence <input type="checkbox"/> Initiated defendant moving out <input type="checkbox"/> Sought safe housing <input type="checkbox"/> Initiated legal action <input type="checkbox"/> 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?	
<i>If yes, how many?</i>	<i>(Indicate #)</i>

Running head: FEMALE AND MALE PERPETRATORS

### 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 --**



Running head: FEMALE AND MALE PERPETRATORS

## **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: \_\_\_\_\_

Running head: FEMALE AND MALE PERPETRATORS

**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: \_\_\_\_\_

Running head: FEMALE AND MALE PERPETRATORS

**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: \_\_\_\_\_

Running head: FEMALE AND MALE PERPETRATORS

**Regional trauma center** (Victim, perpetrator, or both)

Describe: \_\_\_\_\_

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: \_\_\_\_\_

Running head: FEMALE AND MALE PERPETRATORS

**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?*

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

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Future Research Issues/Questions:

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Additional comments:

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**Appendix E**  
Curriculum Vitae

<b>Name:</b>	Jackie Salas	
<b>Post-Secondary Education:</b>	Master of Arts, Counselling Psychology Western University London, Ontario, Canada	2017-2019
	Master of Arts, Spiritual Care and Psychotherapy Wilfrid Laurier University Waterloo, Ontario, Canada	2015-2017
	Bachelor of Arts, Psychology University of Alberta Edmonton, Alberta, Canada	2008-2012
<b>Related Work Experience:</b>	Counselling Internship  Psychological Services, Student Development Centre Western University London, Ontario, Canada	2018-2019
	Group Co-Facilitator FASD Support Group London Family Court Clinic London, Ontario, Canada	2018-2019
	Graduate Student Assistantship CREVAWC Western University London, Ontario, Canada	2017-2019
	Counselling Internship Counselling and Psychological Services University of Waterloo Waterloo, Ontario, Canada	2016-2017