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## Common Factors in Military Domestic Homicides: Implications for Prevention and Intervention

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Graduate Program in Education

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

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### **Abstract**

The purpose of the current study was to examine factors associated with domestic homicides perpetrated by members of the Canadian and United States military. Through the analysis of (n=16) media reports on high-profile domestic homicide cases involving (n=21) members of the Canadian and US military, the present study examined factors such as: mental illness, lack of help seeking, availability of services and the military culture. Qualitative analysis indicated several factors that are believed to have influenced the homicides within the cases. Posttraumatic stress disorder (PTSD) and the military culture were found to be factors. The Social Ecological Model and Cultural Spillover Theory were used to frame the current study to acknowledge how the perpetrators were influenced by their social and professional environments. Implications for prevention and intervention include better access to mental health services as well as education on domestic violence provided to members of the military and their families.

*Keywords: domestic violence, domestic homicide, military, posttraumatic stress disorder, military culture.*

### **Summary for Lay Audience**

This thesis examines factors present within domestic homicides perpetrated by members of the Canadian and United States military. Sixteen media articles taken from Google News were thoroughly analyzed for themes related to: mental illness, accessibility of services, available services, and the military culture. Results from the qualitative analysis show that mental illness, and in particular, posttraumatic stress disorder (PTSD) as well as the military culture (stressful environment, dangerous environment, deployments) were identified as factors in several of the domestic homicides that had taken place. Since the study only focused on perpetrators of the homicides, future research is recommended on safety planning for the victims of military domestic violence. Lessening wait times for military members who seek help for mental illness concerns should be made a priority. Education on the warning signs of domestic violence should also be made more easily accessible and available to both military members as well as their families.

### **Acknowledgements**

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### Common Factors in Military Domestic Homicides: Implications for Prevention and Intervention **Introduction**

Intimate partner violence (IPV) is a serious public health problem that occurs in all settings and among all religious, cultural, and socioeconomic groups (World Health Organization, 2012). IPV among members of the military has shown to be more common than among civilians (Marshall, Panuzio & Taft, 2005; Jones, 2012; Rentz et al., 2006). This is due to factors unique to the military, which is the central focus of the present study.

Mental health disorders linked to the nature of work within the military—disorders such as post-traumatic stress disorder (Helzer, Robins & McEvoy, 1987), depression (Lapierre, Schwegler & Labauve, 2007), and substance use (Elbogen et al., 2018)—have been shown to be detrimental to the mental health of military veterans, as well as to increase the risk for violence (Trevillion et al., 2015). Research has shown that another factor in military domestic violence is the military culture itself, which exposes families to stressors such as frequent deployments, combat exposure, and service-related health problems that can be detrimental to relationships and thereby increase the risk of domestic violence (Sparrow, Kwan, Howard, Fear & MacManus, 2017). There have also been concerns raised about the lack of resources to support military personnel with domestic violence and/or mental health disorders within a culture that does not acknowledge vulnerability or support help-seeking (CBC News, 2014; Committee on Oversight and Reform, 2019). These issues are explored in the current study through a qualitative analysis of media reports of military domestic homicides and homicide-suicides in the US and Canada.

In this thesis I examined domestic homicides perpetrated by current and former members of both the Canadian and United States military. The methodology involved reviews of high profile homicides reported in the media. I examine factors associated with these domestic homicides, and I examine what services are provided to members of the military with the goal of

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enhancing our knowledge of the policies and practices for victims, perpetrators, and children living with domestic violence. I begin with a literature review of what is known about domestic violence and domestic homicide and their links to the military.

### **Frame of Reference**

The military has been an important population to me as I have progressed through my learning within the field of psychology. My maternal grandfather served briefly in World War 2 and unfortunately passed away before I was able to ask him about his experiences. The military has intrigued me throughout my life as I watched many members of my small, Northern Ontario city walk around proudly sporting their army green uniforms. I feel honoured to be able to work within a mental health setting that favours the needs of our Canadian veterans. It is within this setting that my passion for this population grew exponentially and led me to choose this topic for my master's thesis. I have plans to continue working with members of the Canadian military long after this research comes to an end.

### **Literature Review**

#### **Domestic Violence**

Domestic violence is often referred to as intimate partner violence (IPV), which is defined as “physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner) (Centers for Disease Control and Prevention, 2015, p. 11). The terms domestic violence and IPV are used interchangeably throughout the present study. Within this section on domestic violence, I will touch on the societal issue of gendered violence and violence against women, as dominating and controlling behaviours are oftentimes the cornerstones of domestic violence (Bozkurt, Tartanoglue & Dawes, 2015; Johnson & Ferraro,

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2000). I will also discuss statistics for domestic violence-related acts as The World Health Organization and Statistics Canada acknowledge the severity and prevalence of domestic violence (WHO, 2017; Statistics Canada, 2013).

**Gender-based violence.** Gender-based violence (GBV) is most often perpetrated by men against women and is based on the victim's perceived gender or gender identity (Gutierrez, 2014). Domestic violence and homicide are gender-based crimes, as GBV disproportionately affects women and girls, as well as other minority-status groups such as Indigenous Peoples, LGBTQ persons, and those living in rural, remote, and northern communities (Status of Women Canada, 2018). The perpetrators of GBV often remind victims that further violence is always a possibility. Perpetrators use techniques such as coercion and threats, blaming, stalking, emotional abuse and economic coercion as forms of violence (Tinney & Gerlock, 2014). GBV is typically perpetrated by men upon women in society for being what they are - women. Acts that would normally be punished if perpetrated by an employer, colleague, or acquaintance oftentimes go unnoticed and/or unchallenged if perpetrated by a male partner against their female partner (Heise, Ellsberg & Gottmoeller, 2002). GBV is often not a single experience for individuals (Tinney & Gerlock, 2014). For example, those women who have endured childhood sexual abuse are more likely to endure intimate partner violence later on in their lives (Russo, 2019), according to the cycle of abuse. Noll (2005) explains that the cycle of abuse offers evidence for "a persistent cycle of violence perpetrated against women that often begins in childhood in the form of sexual abuse, re-emerges later in adolescence and early adulthood in the form of physical assault or sexual revictimization, and ultimately places the next generation at considerable risk for victimization" (p. 455).

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Goodrum, Umberson, & Anderson (2001) explain how individuals who use masculinity as a means of dominating and controlling are more likely to abuse their partners (as cited in Russo, 2019). Males who believe their control is being threatened are more likely to act out using physical violence (Loveland & Raghavan, 2017), a behaviour which is thought to have evolved through the learning process at a young age and is used as a means to assert dominance over those considered less worthy (Bozkurt et al., 2015). *Control* has been named one of the most common themes in feminist literature pertaining to domestic violence, as many men believe that their partners are their property over which they are entitled to have full control (Johnson & Ferraro, 2000).

**Domestic violence statistics.** Statistics outlined by the World Health Organization indicates that over 1 in 3 women (35%) have experienced physical and/or sexual abuse perpetrated by either intimate partners or non-partners (WHO, 2017). Potential risk factors in men who may be more likely to commit domestic violence include having low education, having seen their own mothers being abused, accepting violence, and believing in the subordination of women (WHO, 2017). Police-reported domestic violence statistics as indicated by Statistics Canada acknowledges that approximately one-third of violence happens between intimate partners, “with over 99,000 victims of IPV aged 15 to 89 in Canada in 2018” (Burczycka, 2018, p. 24). IPV incidents reported to the police increased by 2% between 2017 and 2018 to reach the highest rate recorded since 2012 (Burczycka, 2018).

Domestic violence is perpetrated most often by men aged 25 to 34 (781 accused men per 100,000). This statistic represents the highest number of men accused than among any other types of violence (Burczycka, 2018). Women living in rural areas are most likely to experience domestic violence, with Saskatchewan being the province with most reports (655 victims per

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100,000 people) (Burczycka, 2018). Finally, a known history of family violence often precedes further domestic violence with rates upwards of 60% between the years 2008 and 2018 (Burczycka, 2018).

The following section begins with an outline of features of domestic homicide according to Domestic Violence Death Review Committees (DVDRCs), which play a large role in collecting and understanding the factors involved in domestic homicide cases worldwide (Fairbairn, Sutton, Dawson & Jaffe, 2019). Then, information about the Canadian and United States military and the intersection with domestic violence, domestic homicide, and homicide-suicide will be discussed.

### **Domestic Homicide**

Domestic homicide has most commonly been defined as “all homicides that involve the death of a person, and/or his or her child(ren) committed by the person’s partner or ex-partner from an intimate relationship” (Domestic Violence Death Review Committee, 2018, p. 3). Definitions of domestic homicide may vary globally as several countries including Canada, the United States, New Zealand, and Australia all have different definitions pertaining to specific terms used in their own countries (Fairbairn et al., 2019; Fairbairn, Jaffe & Dawson, 2017). Differences in definitions pertain to those involved in the domestic homicides such as partners, child(ren), grandparent(s), and so on, or to whether domestic homicide refers to the death of an intimate partner only. A common form of domestic homicide, called homicide-suicide, usually involves the killing of an intimate partner followed by the suicide of the perpetrator (Websdale, 1999). Male perpetrators of homicide-suicides heavily outnumber their female counterparts by a ten to one ratio 93% (Palmer & Humphrey, 1980; Wolfgang, 1956). A common antecedent is previous domestic violence (Websdale, 1999). Suicide that follows the killing of an intimate

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partner or child has been shown to be more common if the relationship between perpetrator and victim(s) was close and the perpetrator experiences a higher degree of guilt (Stack, 1997). This form of domestic homicide among members of the military is a crucial topic as these members are trained and encouraged to kill, and some may carry those tendencies with them upon discharge (van Wormer, 2008).

**Domestic violence death review committees.** Research on the risk factors and possible interventions related to domestic homicides have surged since the development of domestic violence death review committees (DVDRCs). DVDRCs are made up of multi-disciplinary experts whose overarching purpose is to gather information about deaths involving intimate partners and families. Over the last few decades, DVDRCs have emerged in several high-income countries including the United States, Canada, Australia, New Zealand, and the United Kingdom (Bugeja, Dawson, McIntyre & Walsh, 2015). Although the overarching goals of DVDRCs in different countries are the same, they do differ in some respects, including, governance and structure, case inclusion criteria, outputs and achievements and outcomes (Bugeja et al., 2015).

In Ontario, the DVDRC assists the Office of the Chief Coroner (Ontario DVDRC, 2017). Data collected by the Ontario DVDRC includes basic information for each case such as information about the perpetrator, the family, and how many individuals were involved. Information pertaining to method of homicide such as stab wounds, gunshot wounds, or asphyxiation is also gathered. The DVDRCs also collect information on prior community involvement and risk factors pertaining to things such as drug or alcohol use or involvement with Children's Aid (DVDRC, 2017).

DVDRCs have been integral in defining domestic homicide as well as outlining factors involved in domestic violence-related deaths and providing recommendations for preventing future deaths (Fairbairn et al., 2019). Since the first DVDRC was established in Ontario in 2003, an additional six DVDRCs have been added throughout Canada in Alberta, British Columbia,



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Manitoba, New Brunswick, Quebec, and Saskatchewan (Fairbairn et al., 2019). These committees conduct reviews each year of the domestic violence-related deaths that occurred within their particular province. Some provinces choose to review each and every case, while others choose to review a select number of cases to profile critical issues (Fairbairn et al., 2019). Reviews are conducted by the DVDRC after the completion of all court proceedings and investigations; thus, reviews typically take place several years after the incident itself took place (DVDRC, 2017). Once the necessary investigations have been completed, each individual case gets assigned to an examiner (or examiners) who is supplied with all records pertaining to that case (i.e., police records, Children's Aid Society notes, mental health professionals' reports and notes, etc.). The examiner conducts a thorough review of all records and presents their findings to the DVDRC. The examiners will report on "the history, circumstances and conduct of the perpetrators, the victims and their families" (DVDRC, 2017, p. 4) as well as community and systemic responses. Ultimately, the DVDRC aims to compile a thorough understanding of why domestic homicides occur and what can be done to assist in preventing a death in similar circumstances in the future.

**The military and domestic violence & domestic homicide.** Domestic violence/homicide perpetrated by active duty service members or veterans appears to be a common topic within the media (Shaller, 2012). Although little is written about military domestic homicide within the academic literature, there is some evidence that this type of violence may be more severe than domestic violence within the general civilian population (Trevillion et al., 2015). Within the military population, there is a 27.5% IPV rate for male veterans against their female partners (Trevillion et al., 2015). Some studies suggest that rates for

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domestic homicide are up to three times higher among active duty service members and veterans than among the general population (MacManus, Deirdre, Wessely & Simon, 2012).

Abuse that takes place within the military between two members (most often a higher-ranking male and lower-ranking female) is likely to include the use of power and control methods exhibited by the perpetrator (Katz, Huffman & Cojucar, 2017). The power differential is reflected in the fact that 60% of male military perpetrators hold superior rank to their female victims and 52% of victims are required to continue interacting with their perpetrator after the abuse takes place. A study of the effects of sexual abuse on female military members revealed that women who had been abused while serving report high suicide ideation (71%) and for 52% of the women it resulted in an early discharge (Katz et al., 2017).

**The domestic violence death review committee and military domestic homicide.** The Ontario DVDRC 2017 Annual Report reviews domestic homicide-related deaths for which court proceedings and investigations have been concluded (DVDRC, 2017). One case involved the death of a woman at the hands of her husband who was a military veteran. The DVDRC's summary of the case drew attention to the post-traumatic stress disorder (PTSD) the perpetrator was reported to have and made recommendations for similar cases on how to better prepare and notice the risk factors before it was too late, including ensuring a better knowledge of the links between PTSD and domestic violence. The DVDRC noted that military domestic violence should be part of an educational campaign for military personnel, family members, and other professionals who are involved with members of the military. A campaign could be used to teach individuals about the effects and risk factors of PTSD, and when to notice these risk factors in themselves and their colleagues before violence occurs or escalates (DVDRC, 2018). A DVDRC case such as this one is an example of the analysis that may be provided from one case study.

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The present study draws on similar high-profile domestic homicides perpetrated by members of the military to examine the risk factors and missed opportunities for intervention.

In this section I have outlined how domestic homicide is defined and classified as per the DVDRCs, and discussed homicide-suicide as it pertains to both the general population as well as members of the military. In the following section I focus on risk factors for domestic homicide among both the general population and the military.

### **Risk Factors**

**Risk factors for domestic homicide among the general population.** Domestic violence tends to take place behind closed doors (Straus, Gelles & Steinmetz, 2017). Until approximately 30 years ago, it was legal in Canada for a man to sexually assault his wife (Alphonso & Farahbaksh, 2018), an idea based on the notion that what happened in the home stayed in the home. Indeed, the family, along with the police and the army, is considered one of the most violent organizations in society (Liem & Koenraadt, 2018). In every family, a wide range of stressful events takes place. Deaths, illnesses, and divorce can create conflict among family members. Less obviously, the length of time a family typically spends with each other, and the broad range of activities and interests that different family members may have, can also cause friction. Coupling these factors with the different coping mechanisms individual family members may have may lead to unhealthy and violent ways of releasing anger (Liem & Koehraadt, 2018). Domestic homicide is the most extreme form of violence that takes place within the home. Part of the aftermath of these homicides is countless numbers of questions from other family members and the rest of the community as to why the deaths occurred and if there were missed warning signs (Liem & Koenraadt, 2018).

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The strongest risk factors for domestic homicides are access to a gun, prior strangulation, rape, threat with a weapon, controlling behaviours, threat to harm the victim, and use of illicit drugs (Spencer and Stith, 2018; Kellermann et al., 1993; Campbell, Glass, Sharps, Laughon & Bloom., 2007). Although having a firearm within the home is oftentimes seen by society as a protective factor, research has shown otherwise: “keeping a gun in the home is independently associated with an increase in the risk of homicide in the home” (Kellermann et al., 1993, p. 1087).

### **Risk factors for military domestic homicide.**

*A history of violence.* A history of violence has been shown to be linked to domestic homicides occurring among the general population (Juodis, Starzomski, Porter & Woodworth, 2014), and among military veterans. More specifically, a history of criminal arrest oftentimes predicts domestic and community violence (Elbogen & Graziano, 2016). Individuals who prior to their military careers have already committed acts of violence are also more inclined to commit further acts of violence during and after their service. Military members become accustomed to witnessing and participating in lethal acts of violence and that, when compounded with a violent past, only adds to their aggression (Elbogen & Graziano, 2016).

*The military culture.* Military culture has been exposed as harmful to the safety of women. For example, a recent Canadian government inquiry, “The External Review Authority” (ERA) for the Canadian Armed Forces (CAF), conducted a review on the sexualized culture in the CAF by conducting face-to-face interviews, phone interviews, and focus groups (Deschamps, 2015). What the ERA discovered was a sexualized environment that was being reinforced within the CAF, particularly among recruits and non-commissioned members (Deschamps, 2015). The ERA reported the culture of the CAF to be

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characterized by the frequent use of swear words and highly degrading expressions that reference women's bodies, sexual jokes, innuendos, discriminatory comments with respect to the abilities of women, and unwelcome sexual touching. Cumulatively, such conduct creates an environment that is hostile to women and LGBTQ members and is conducive to more serious incidents of sexual harassment and assault. (Deschamps, 2015, p. ii)

The ERA had conducted interviews with reserve and regular members from all ranks who also disclosed instances of quid pro quo harassment between lower-ranking women and their higher-ranking male counterparts (Deschamps, 2015). The members acknowledged coercion to perform unwanted sexual activities with their superiors as a part of the power relationships which were oftentimes used to punish or ostracize a member (Deschamps, 2015). Within the current study, I analyze how the military environment has influenced the perpetrators within each of the cases. A military culture that condones the inappropriate treatment of women can heighten the risk of harassment perpetrated by members of the military as they progress through ranks as well as once they leave the military.

*Favouring masculinity.* The military has been regarded as a highly masculine culture (Suzuki & Kawakami, 2016). Although both men and women enlist in the military, once their training begins, they are taught to become highly masculine if they weren't that way to begin with (Suzuki & Kawakami, 2016). Traditionally, the military is male dominated (Soeters, Winslow & Weibull, 2006) and the process of masculinization begins in basic training as recruits are pushed to physical and mental exhaustion under the fear of being labelled "sissies" (Segal, 2006). If this fear becomes internalized by recruits, the most extreme forms of hyper masculinity may become present leading to what is known as toxic masculinity. Toxic masculinity is a term

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used within the literature to explain the use of aggression to compete and dominate others (Kupers, 2005). Toxic masculinity encompasses the most problematic proclivities in men, which “serve to foster domination, the devaluation of women, homophobia and wanton violence” (Kupers, 2005, p. 714). Toxic masculinity is often found among members of the military, as well as among many men in general as it is a socially-constructed trait (Sculos, 2017). Examples of toxic masculinity include: hyper-competitiveness, tendency towards the glorification of violence, chauvinism, sexism, misogyny and objectification of women (Sculos, 2017).

*Collectivistic.* Recruits in the military have explained that once they are in training, their sense of personal freedom is gone and is replaced by their fight towards freedom for an entire country (Suzuki & Kawakami, 2016). Members grow a sense of “brotherhood” with one another built on the importance of team cohesion and feelings of belongingness (Patton, Fremouw & McNally, 2014). Soldiers are expected to follow the commands of their leaders and higher ranks (Suzuki & Kawakami, 2016). Behaving this way for an extended amount of time can leave members feeling like their voices are not heard and that they are just a single number amongst a large group of other recruits. Becoming accustomed to this treatment has the potential to increase an individual’s internal sense of power and control upon reintegrating back into civilian culture when they no longer have a higher rank giving orders to them (Suzuki & Kawakami, 2016). Soldiers are trained and encouraged to kill in the defense of their country; it is their duty as citizens, their duty as soldiers, and their duty as comrades (Manning & Marlowe, 1990).

*Deployments.* Being separated from family is an unfortunate normalcy for members of the military (Blount, Curry & Lubin, 1992). The longer the deployment, the higher the risk of acts of domestic violence and the severity of violence (McCarroll et al., 2003). Research has also provided evidence for higher risk of post-deployment domestic violence if there had been pre-

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deployment domestic violence, and it appeared to be stronger if the couple was in their “honeymoon phase” (McCarroll et al., 2003).

**Responses to military domestic violence/homicide.** The United States military now recognizes domestic violence as a separate crime under the Uniform Code of Military Justice (McGaughy, 2018; Shane, 2018). In the past, domestic violence was not prosecuted by military officials as a crime in itself, but instead was seen as a more general offense (Shane, 2018). Reports acknowledge that the military’s previous lack of explanation of what domestic violence is has ramifications for civilian law enforcement and how offenders can properly be tracked after they exit the military (Shane, 2018). Once offenders leave the military they are not registered under restrictions on future firearm purchases, and this could eventually lead to the harm of other individuals (Shane, 2018).

In summary, there is extensive research on risk factors associated with domestic homicide and violence that highlight particular issues related to the military. The following section discusses what entices individuals to join the military and the potential links to this culture.

### **Who Chooses the Military?**

**Personality traits.** Studies on the personalities of individuals who decide to enter the military have shown that those lower in agreeableness, neuroticism, and openness to experience are more likely than others to enter the military upon graduating high school (Jackson, Thoemmes, Jonkmann, Ludtke & Trautwein, 2012). Other studies have shown that being a new recruit in the military can serve as a predictor for increased dominance and self-confidence, but also for an increase in isolation and a decrease in sociability (Maleki, Sanei, Borhani & Ghavami, 2012). An increase in dominance can be expected as these individuals are being

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trained to guard their countries; however, over time this increase may become present in situations where it may lead to more harm than good, such as back home with family. According to the External Review Authority (ERA) that looked into sexual misconduct and harassment among members of the Canadian Armed Forces, the military culture reinforces attitudes of male dominance (Deschamps, 2015). Such attitudes have been shown to become inured as members make their way up the ranks, which gives a perception to lower ranking members and recruits that these attitudes and behaviours are condoned and expected (Deschamps, 2015).

**Advantages of joining the military.** Being a member of the military offers a number of benefits. Relatively stable job security with decent pay, college tuition, repayment of student loans, housing, and childcare arrangements are only a few of the benefits that intrigue civilians who are considering a military career path (Ritchie & Naclerio, 2015). The benefits one receives while serving in the military increase as the individual progresses, enticing recruits and lower-ranking members to continue on. The partners of the military members also qualify for the benefits, which can be appealing especially if childcare and health and dental benefits are required. If domestic abuse is occurring within a military relationship, the victim may fear for the loss of these benefits if they report the abuse, as well as repercussions from their partner if the abuse is not taken seriously and dealt with (Ritchie & Naclerio, 2015).

### **From Military to Civilian Life**

**Sense of safety.** A difference between being on active duty and being a civilian member of the general population is the feeling of no longer being protected or armed (Suzuki & Kawakami, 2016). One service member from a study conducted by Suzuki and Kawakami (2016) described the regularity of always carrying a weapon as similar to always carrying a cell phone—that once they finished serving, they felt like a piece of them was missing now that they



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were no longer carrying a weapon. The feeling of hypervigilance and paying constant attention to their surroundings also becomes a part of their everyday life as they make the switch to civilian life (Suzuki & Kawakami, 2016).

### **Exposure to Trauma and Suicidality**

Research has indicated that soldiers are at an increased risk of experiencing mental health disorders from serving in the military (Helzer et al., 1987). These impairments come as a by-product of military service as well as post-service when dealing with chronic physical disabilities brought about by their service (Friedman, Schnurr & McDonagh-Coyle, 1994). Poor mental health upon being discharged is associated with risk factors that could eventually lead to domestic homicide (Friedman et al., 1994). Higher rates of substance abuse, criminality, and homelessness are other examples of what ex-service members may fall victim to if left with untreated mental illness (Walker, 2010).

*Post-traumatic stress disorder.* Post-traumatic stress disorder (PTSD) is a disorder that develops and then persists in some individuals who have experienced or witnessed a life-threatening event (National Institute of Mental Health, n.d.). PTSD is known to be common in individuals who were exposed to war, and also is known to be associated with an array of other adult psychiatric disorders (Helzer et al., 1987). PTSD is also recognized as an occupational hazard that can occur within other occupations apart from the military, such as policing and firefighting (Castro & Adler, 2011). These occupations involve the need to be on high alert, working within stressful and dangerous environments, and can be life threatening. Semiatin, Torres, LaMotte, Portnoy and Murphy (2017) explored trauma exposure and PTSD in male domestic violence perpetrators (n=293) with the goal of determining the effects of these two characteristics on potential for domestic violence. The authors found that the hyperarousal

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symptoms in veterans who experienced combat intensified their threat appraisal during times of low or no threat at all. The authors noted that this may increase instances of domestic violence during times of increased worry, depression, and anxiety (Semiatin et al., 2017).

PTSD symptoms among military veterans enhances their risk of becoming violent within their relationships (Gerlock, 2004). Gerlock (2004) stated:

Given the stresses of military life, the possibility of combat exposure, and development of PTSD, in addition to the barriers in seeking assistance, military personnel and veterans are at risk of becoming domestically violent, with the violence potentially ending in the death of a family member. (p. 470)

***Substance use disorders.*** Substance use disorders are common in veterans who are seeking first-time medical care upon release (Teeters, Lancaster, Brown & Back, 2017).

Approximately 11% meet criteria for substance use disorders which professionals have attributed to their exposure to trauma while serving, as well as to post-service stress (Teeters et al., 2017).

***Depression and anxiety.*** Depression and anxiety are well-established comorbidities of PTSD (Bryan & Heron, 2015). Studies have shown a high rate of veterans affected by depression (Elbogen et al., 2013; Hoge et al., 2004; Seal et al., 2009; Thomas et al., 2010) with one study in particular finding as many as 38% of veterans self-reporting with depressive symptoms (Lapierre et al., 2007). Moreover, Zivin et al. (2012) “found that veterans diagnosed with depression died significantly earlier and lost more years of potential life than veterans without depression” (p. 350).

***Suicide rates among active-duty members and veterans.*** Suicide rates within both the Canadian and the United States military have skyrocketed in the past decade (CBC News, 2014). Death by suicide among members of the United States military is the second leading cause of

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death of its members (Bryan et al., 2017). A New York Times article published in 2019 has revealed shocking statistics regarding the number of suicide deaths within the last six years. Giacomo (2019) reported that over 45,000 veterans and active-duty members have killed themselves since 2013, averaging more than 20 deaths a day. Being in an environment where many deaths are occurring increases suicide risk among military members who are exposed to suicide deaths of those around them as well as deaths brought on by active-duty service (Hom, Stanley, Gutierrez & Joiner, 2017).

In summary, PTSD, substance abuse, and depression and anxiety are a few of the more common mental illnesses experienced by military members as a result of trauma (Heltzer et al., 1987; Zivin et al., 2012). An increase in suicide is also a risk for these individuals who struggle with not only mental illness but also at times with persistent physical disabilities as a by-product of serving their countries (Bryan et al., 2017). Resources, however, are available to members of the military; these include mental health services as well as programs directly related to supporting those members and their families who are experiencing or have experienced incidents of domestic violence.

### **Available Resources Within the Military**

On the Canadian Forces (2019) website, several resources are listed for service members and their families to access. These include casualty support services for families dealing with illness, injury, or death as well as conflict resolution, harassment, and grievance support.

**Government funding for mental health services.** According to a 2014 CBC News article, the Canadian federal government was to spend \$200 million over six years towards providing mental health services for members of the Armed Forces (CBC News, 2014) (although some veterans expressed concerns that that might not be enough funding). The article noted that

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between 2004 and 2014, 160 members had died by suicide and that the need to increase mental health services had thus become a priority. Since 2013, the U.S. Congress has allocated more than \$1 billion for suicide prevention programs to the Department of Defense and Veterans Affairs because over 6,000 veteran suicides happened each year between 2008 and 2016. Further, there have been 260 suicide attempts on Veterans Affairs properties between 2017 and early 2019 (Steinhauer, 2019). This number of suicide attempts in one year should encourage the Department of Defense and Veterans Affairs to acknowledge the seriousness of the issue of mental illness among veterans as the number of attempts continues to rise (Committee on Oversight and Reform, 2019).

**Specialized domestic violence rehabilitation programs.** In 2000, the US Department of Defence formed a defense task force on domestic violence (DTFDV) to investigate the current protocols surrounding domestic violence occurring among the military and their families (MacDonald & Tucker, 2009). The DTFDV was comprised of highly regarded experts in domestic violence including “judges, advocates, law enforcement officers and survivors of domestic violence in the military” (MacDonald & Tucker, 2009, p. 122). A major limitation the DTFDV found when doing their investigations was that each branch within the military and each installation can respond to reports of domestic violence differently. A second limitation at that time was that domestic violence services were only offered to the perpetrator or the victim if they were married. Thus, common-law and dating relationships were not recognized (McDonald & Tucker, 2009). The DTFDV acknowledges that the military’s approach to violence has been to keep it quiet and “under the table” (MacDonald & Tucker, 2009). The DTFDV mandates that all intervention programs adhere to several core principles including these: respond to the needs of victims and provide for their safety; hold offenders accountable; consider multi-cultural and

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cross-cultural factors; consider the context of the violence and provide a measured response; consider military and civilian response; involve victims in monitoring domestic violence services; and provide early intervention (MacDonald & Tucker, 2009). The DTFDV organized four workgroups based on their ranked areas of concern: Community Collaboration, Education and Training, Offender Accountability, and Victim Safety (MacDonald & Tucker, 2009).

An example of a rehabilitation program offered to both active duty members as well as to veterans is the Washington State domestic violence certified program (Gerlock, 2004). This program required the member or veteran to document at least one domestic violence related incident against an intimate partner in order to meet eligibility criteria (Gerlock, 2004). Washington State mandated a minimum of 1-year commitment to the program. The program attendees met weekly for a minimum of 26 weeks during which time they were required to abstain from all drug and alcohol use as well as all physical and psychological violence (Gerlock, 2004). Victims were informed about all phases of their batterer's treatment and were also invited to join a support group. Unfortunately, upon lengthy deployment or transfer to different bases, men were able to discontinue their treatment (Gerlock, 2004).

**Available services for veterans.** Veterans are also able to access resources once they are finished serving in the military. These include resources to support families who have lost loved ones, and structured programs for members who have perpetrated a form of domestic violence against their partners. Progress has been documented with regards to opening up services to those in relationships even if not married. Services for veterans, however, need to be improved, particularly for women veterans who experience biases that can be detrimental to their seeking medical attention (Steinhauer, 2019). For example: The New York Times published an article detailing a retired Army sergeant's experience of seeking treatment at a medical centre.

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According to media reports, this female veteran indicated that she felt uncomfortable because she was getting looks and stares from everyone else (as cited in Steinhauer, 2019) as she waited in line at the registration desk. Women veterans have described their experiences as including glances from others who are wondering why they're there seeking treatment, and being passed by for complimentary coffee during their wait because they are presumed not to be a veteran (Steinhauer, 2019). Stigmatizations such as these are reasons why women veterans give up on veteran health care and, instead, seek care outside of Veteran's Affairs. The numbers of women veterans who are accessing veteran health services have skyrocketed since 2000, making the demand for less harassment in Veteran's Affairs locations more important than ever.

### **Stigma and Underutilization of Mental Health Services**

**Stigma surrounding mental illness.** Dealing with psychological demons from serving in the military is complicated for service members. Although reports (Canadian Armed Forces, 2011; The Canadian Press, 2016) have continued to explain that services are available, the internal struggle of reaching out and asking for help is worrisome for many individuals (Giacomo, 2019). One-third of Canadian soldiers have reported worrying that if they sought out mental health services, it would harm their careers (CBC News, 2014). The fear is that upon seeking services, news will spread to their bosses and they will be labelled as incompetent; as well, they fear the potential of endangering their security clearances (Dingfelder, 2009).

Self-stigma regarding mental illness can occur when public views and opinions become internalized by the individual who is struggling. When self-stigma becomes severe, it can lead to negative self-concepts that can potentially inhibit recovery (Corrigan & Nieweglowski, 2018). Self-stigma around mental illness is a significant barrier for members, according to military mental health professionals (Graveland, 2016). This opinion disputes that of many service

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members who believe that seeking help is dangerous for their careers (CBC News, 2014). The mental-health advisor for the Canadian Armed Forces describes the mental health services provided by the Canadian Armed Forces as mediocre, acknowledging that they could be better (The Canadian Press, 2016). He also noted that there is no guarantee that coming forward about mental health concerns will not affect a member's career, just as no one can be certain that physical problems brought about by strenuous training will not affect a career (Graveland, 2016).

**Universality of service.** The fear of coming forward and asking for help may indeed affect careers if doing so is seen to breach the Universality of Service, which involves a member's fitness to serve (National Defence and the Canadian Armed Forces, 2011). The Universality of Service is a principle of the Canadian Armed Forces which holds that members must be able to perform general military duties that require the members to be physically and mentally fit (Canadian Armed Forces, 2011). The Universality of Service highlights several standards, two of which are performance under physical and mental stress, and performance with minimal medical support (Canadian Armed Forces, 2011). This policy may cause a lot of confusion for a soldier who is contemplating seeking professional help as they may believe performing under mental stress is mandatory and that they must not utilize much medical support (Giacomo, 2019). The military culture expects toughness and self-sufficiency, which in turn may cause some members to hesitate seeking assistance (Giacomo, 2019).

**Underutilization of mental health services for active duty members.** Research has shown an underutilization of mental health services among members of the military. Hom, Stanley, Schneider and Joiner (2015) reviewed 111 articles to assess rates of service use among military members. Less than one-third of members with known mental health problems sought

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out services while enlisted. Common barriers to help-seeking behaviours include concerns about stigma and potential negative career impacts of mental health services (Hom et al., 2015).

**Waitlists.** Wait times for medical care have also proven to be an issue among active-duty members and veterans seeking help. One Reservist explained how getting members to admit their need for help is only the first step in an uphill battle; if members are then informed they will have to wait weeks and sometimes months, many end up changing their minds (CBC News, 2014). He also explained that many people have died by suicide during their wait for medical care (CBC News, 2014). Medical professionals who are providing help within the thick of war have also noticed the disorganization and confusion among professionals. A medic who served in Afghanistan described the chaos of providing help to members on the front lines as unacceptable; the confusion among the medics and other professionals was very noticeable, yet nothing was done about it (CBC News, 2014).

### **Theoretical Frameworks: The Social-Ecological Model and Cultural Spillover Theory**

Theories assist researchers in providing a lens for making sense of the important questions and potential findings found in qualitative research (Anfara & Mertz, 2014). McMillan and Schumacher (2001) described useful criteria needed to present a theory in the development of research.

A theory (a) should provide a simple explanation of the observed relations relevant to a phenomenon, (b) should be consistent with both the observed relations and an already established body of knowledge, (c) is considered a tentative explanation and should provide means for verification and revision, and (d) should stimulate further research in areas that need investigation (as cited in Anfara & Mertz, 2014, p. 5).



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**Social-Ecological model.** The Social-Ecological model (SEM) is a framework proposed by Urie Bronfenbrenner which aids in understanding how human development is influenced by both individual factors and environmental factors. As described by the Centre for Disease Control and Prevention (CDC) (2019), a four-level SEM can show the complex interaction between the individual, their relationships, their community, and their particular society which includes certain expectations, standards, and norms. CDC (2019) posits that in order to best prevent violence, one must understand the systems in the individual's environment that may have contributed to the act of violence. It is important to note that the SEM is not linear in direction, and instead is bidirectional. This asserts that the individual may influence the environments they are involved in as well as be influenced by their environments. At the individual level, biological factors and personal history (including but not limited to substance abuse, history of abuse, age, and income) play a role in the likelihood of an individual becoming a perpetrator or victim of violence. At the relationship level, factors such as peer groups and familial relationships influence the individual and their environment. At the community level, CDC (2019) explains how schools, workplaces, and even the neighbourhoods that one resides in all play a role in how violence is constructed. Finally, the societal level factors involving norms and expectations in one's environment create a climate in which violence is either accepted or not accepted (CDC, 2019).

When used in a military focus, the SEM can easily organize the factors both the military member and their family are experiencing during the transition from duty to home. The SEM has been used within the present research to formulate reasons behind domestic homicides committed by members of the U.S. and Canadian military. As an example, stigma is a complex factor that can occur across all levels of the SEM. At the societal level, stigma can deter

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members from seeking helpful services while they are deployed. The attitudes that the military hold regarding mental illness can instill the belief in the individual who is internally struggling that one is weak and not worthy. Due to this stigma, military personnel are oftentimes faced with the decision to either disclose their health problems in order to access the care required, or risk potential negative consequences from their fellow comrades and leaders (Sharp et al., 2015). The SEM has been used to locate factors within the perpetrators' various ecosystems that may have led to homicide.

**Cultural Spillover Theory.** Cultural Spillover Theory as explained by Bradley (2007) is used to define the ways in which attitudes and behaviours in one situation or environment can get transferred into other environments. For example, aggression and violence can be considered normal and expected within one environment, and “spilled” into other environments in which it is not as acceptable. Within the military environment, the ability to attack violently is seen as a positive trait of a good soldier, and in several cases even necessary for survival (Bradley, 2007). However, when that soldier is back in society and in their own home with, for example, a spouse and children, this trait is no longer seen as positive. It is quite easy to see how the transition from being in a war zone such as Iraq or Afghanistan, where the fight or flight response of the sympathetic nervous system is almost always activated, to an environment like the soldier's home can be difficult. Bradley (2007) goes on to state, “Men and women in uniform who have been re-socialized to accept the notion that the use of violence is legitimate may choose to use physical force as a conflict resolution tactic in their marriage” (Bradley, 2007, p. 198). Therefore, in times of heated argument, the arousal levels of these individuals may be heightened to a certain point where all they have known is to use aggression. The individual may be having a nightmare or flashback of a traumatic time during their tour and wake up in a complete

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blackout, lashing out at whatever and whoever is around them in order to essentially save their own life (Bradley, 2007). Hypervigilance is also high among military members as they have been conditioned to be on high alert for suspicious activity. This hypervigilance has been shown to transfer into society post-war as well (Suzuki & Kawakami, 2016).

An example of cultural spillover theory as it occurs while living on base is outlined by Parker (2019) who explains how military families experience this spillover at home with regards to their parenting styles. Parker explains how the stressful military culture can place families at an increased risk for parenting styles that are harsher compared to those of civilian families. Higher military stress was found to correlate with both higher rates of marital conflict and parenting stress, providing support for Bradley's (2007) spillover theory within the military environment.

### **Current Study**

The purpose of the present study was to examine the factors associated with domestic homicides perpetrated by members of the Canadian and United States Military, by utilizing a sample of high-profile media cases. The study was intended to increase understanding of these potential warning signs so that recommendations could be made to help prevent deaths in similar circumstances in the future.

### **Research Questions**

The current study involved a retrospective analysis of media articles on cases of high-profile military domestic homicide. Relative to other techniques, utilizing media articles as data has several advantages (Sutton, 2015). First, media articles provide a cost-effective strategy for analyzing data. The articles used in the present study are from a public news source and, therefore, are universally accessible. Second, analyzing media articles provides information

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about military domestic homicides in a timely matter, as gaining access to military private records would have been difficult and time-consuming due to confidentiality issues. As well, DVDRCs do not provide information specifically in relation to the military. Third, “analyzing newspapers preserves the context in which claims are made (i.e., who made the claim, whether the claim was contested, how the problem was evaluated, etc.)” (Sutton, 2015, p. 41). The current study’s research questions were as follows:

1. Is PTSD or other previously identified mental disorders associated with domestic homicide in the military?
2. If PTSD or other mental disorders were identified, to what extent was the perpetrator able to access mental health services?
3. What mental health services are available for individuals in the military to reduce the risk of domestic homicide?
4. To what extent is military culture associated with risks of domestic homicide?

### **Method**

The purpose of this study was to identify factors associated with domestic homicides perpetrated by members of the Canadian and United States military as reported in media articles. This study used media articles to gain an understanding of real-life cases of domestic homicides. Media articles were used for the present study because there were not enough cases to use within the DVDRC and because with the exception of high-profile cases involving a trial or military review, information regarding domestic homicide cases in the military is highly confidential and difficult to access. Ethics approval was not needed, as the current study utilized public information from the media.

### **Selection of Media Articles**

A sample of domestic homicide cases among members of the military were used in this study. This sample consisted of sixteen media articles involving 21 perpetrators. The articles were obtained through the Google News search engine which offers coverage of news articles and maintains a chronological sequence of news articles (Choudhary, 2018). Another benefit of using Google News includes rapid article listing. Once authors submit their articles to Google News, it takes approximately ten minutes to index the article and make it available for readers (Choudhary, 2018).

Selection of media articles for the study included domestic homicides and domestic violence cases that had taken place within Canada and the US, and that involved perpetrators in the military. To align with current policies and practices in domestic violence and domestic homicide, only articles published between 2002 and 2019 were selected. Both active-duty and veterans were included. Of the 21 perpetrators reported in the articles, 16 were on active duty and five were veterans at the time of the violence. There were no cases involving same-sex partners and no cases of female perpetrators and male victims. Three cases involved the homicides of male children. The articles came from a variety of accredited news sources (i.e., The New York Times, CBC News, The Globe and Mail) and ranged in length from 129 to 4,504 words. A summary of the articles selected is presented in Table 1.

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Table 1. *Summary of the articles used for the present study\**

| <b>Name of Perpetrator</b> | <b>Year</b> | <b>Active Duty (AD)/ Veteran (V)</b> | <b>DV/DH/ HS**</b> | <b>Relationship to Perpetrator</b> | <b>Mental Health Challenges and Correlates (if applicable)</b> |
|----------------------------|-------------|--------------------------------------|--------------------|------------------------------------|--|
| MacDonald                  | 2019        | AD                                   | DH                 | Wife                               |  |
| Johnson                    | 2018        | V                                    | DH                 | Common-law partner & her son       |  |
| Rivera                     | 2018        | AD                                   | DH                 | Wife                               |  |
| VanBawi Lian               | 2018        | AD                                   | DH                 | Wife                               |  |
| Morris                     | 2018        | V                                    | DH                 | Estranged girlfriend               | PTSD   |
| Desmond                    | 2017        | AD                                   | M-S                | Wife, mother & daughter            | PTSD/TBI/DEP   |
| Kelley                     | 2017        | V                                    | DV                 | Wife                               |  |
| Kearney                    | 2015        | AD                                   | DH                 | Wife                               |  |
| Giblin                     | 2015        | V                                    | M-S                | Wife, unborn child                 | PTSD   |
| Richmond                   | 2013        | AD                                   | DH                 | Wife                               | PTSD   |
| Rawls                      | 2012        | AD                                   | M-S                | Wife                               | PTSD   |
| Wimunc                     | 2008        | AD                                   | DH                 | Wife                               |  |
| Burke                      | 2007        | AD                                   | DH                 | Wife, wife's ex mother-in-law      |  |
| Terrasas                   | 2007        | V                                    | DH                 | 7-month old son                    | PTSD   |
| Trevino                    | 2006        | AD                                   | M-S                | Wife                               | PTSD/DEP   |
| Edwards                    | 2004        | AD                                   | M-S                | Wife                               | SUB.ABU  |
| Aguilar                    | 2003        | AD                                   | DH                 | 2-year old son                     |  |
| Nieves                     | 2002        | AD                                   | M-S                | Wife                               |  |
| Wright                     | 2002        | AD                                   | DH                 | Wife                               |  |
| Floyd                      | 2002        | AD                                   | M-S                | Wife                               |  |

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Griffin            2002            AD            DH            Wife

\* It should be noted that only 15 articles are described, as the articles used for Lionel Desmond contain identical descriptive characteristics.

\*\* DV= Domestic violence; DH= Domestic homicide; HS= Homicide suicide.

### **Data Analysis**

Data analysis began with the development of a codebook designed to facilitate the tallying of factors present in the media articles. The codebook was developed based on reading the media articles, a review of the factors associated with domestic homicide and domestic violence among the military from the literature review, and from my own personal experience working with veterans in a clinical setting. The media articles were uploaded to Dedoose (V.8.2.32), a word cloud generator that assists researchers with organizing, coding, and analyzing data. In this study, Dedoose (V.8.2.32) was used to organize and tally factors and subfactors that were found in the media articles to answer each research question.

The next step in the data analysis process involved the counting and tallying of factors found within the articles. This was done using the codebook and thoroughly going through each article, organizing the factors by research question. I constructed definitions for each of the factors (as shown in Table 2) which were used to decipher which parts of the articles were appropriate to include. The development of the codebook, as well as the tallying of factors found within the articles was an iterative process. For example, the code book and the suitability of codes were discussed with other graduate students and thesis supervisors on a weekly basis at lab meetings. Table 2 outlines the final codebook that was used for the present study.

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Table 2. Codebook Used for the Present Study

| Research Question | Factors and Subfactors           | Definitions  |
|-------------------|----------------------------------|--|
| 1                 | Mental Illness                   | Any mention of a mental illness diagnoses.   |
|                   | PTSD                             | Any mention of posttraumatic stress disorder.  |
|                   | Depression                       | Any mention of the perpetrator having depression.  |
|                   | Substance Abuse                  | Any mention of the perpetrator having abused substances.   |
| 2                 | Traumatic Brain Injury           | Any mention of the perpetrator having traumatic brain injury   |
|                   | Access to Mental Health Services | Any mention that the individual was able to access mental health services.   |
|                   | Accessed                         | Any mention that the individual did access mental health services.   |
| 3                 | Failure to Access                | Any mention that the individual was unable to access mental health services  |
|                   | Availability of Services         | Any mention of the types of services (if any) that were available to individuals.  |
|                   | Education Programs               | Any mention of generalized domestic violence education programs that were provided to members of the military.   |
|                   | DV Classes                       | Any mention of domestic violence classes that were targeted towards those who have perpetrated domestic violence.  |
|                   | Services for Partners            | Any mention of assistance provided to the partners of military members such as (but not limited to) counselling services and domestic violence education programs. |



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|   |                                     |  |
|---|-------------------------------------|--|
|   | Assessments/Screenings              | Any mention of mental health assessments or screenings were conducted before the homicide/homicide-suicide.                  |
|   | Lack of Services                    | Any mention of there being no services available for either the perpetrator or their partner.                                |
| 4 | Influence of the Military Culture   | Any mention regarding the military culture and environment as playing a role in the incident.                                |
|   | Nature of the Job                   | Any mention of the military environment as “stressful” or “dangerous” or the role of deployment as a factor in the incident. |
|   | Screening/Previous Criminal History | Any mention of a lack of screening for prior criminal history among the perpetrators.  |
|   | Male Aggression/Socialization       | Mention of any toxic masculinity towards minority groups and/or women within the military culture.                           |
|   | Access to Weapons                   | Any mention of the military environments easier access to weapons as a factor in the incident.                               |

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**Interrater Review of Articles.** A number of steps were included to improve the reliability of extracting information from the media articles. Consultations among graduate students and two thesis supervisors in one research lab were ongoing throughout the process to discuss the factors that emerged. For the present study, three media articles were read and reviewed by another graduate student to extract relevant information to answer the research questions. The media articles were reviewed independently, and then together to discuss any discrepancies in coding. Three articles were chosen for the following reasons: the article with the most frequent amount of factors identified, the article with the least amount of factors identified, and one article in the middle. The second graduate student reviewed the three articles and tallied

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the factors found in each article. Both graduate students then came together and discussed any discrepancies that were found.

## **Results**

The present study addresses four research questions: Is PTSD or other mental health disorders associated with domestic homicide in the military? If PTSD or other mental disorders were identified, to what extent was the perpetrator able to access mental health services? What mental health services are available for individuals in the military to reduce the risk of domestic homicide? And, to what extent is military culture associated with risks of domestic homicide? The factors by research question are summarized in Table 3.

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Table 3. *Frequency of Factors by Research Question*

|                     | Factor                                   | # of Tallies | %         |
|---------------------|--|--------------|-----------|
| Research Question 1 | <b>Mental Illness*</b>                   | <b>8</b>     | <b>38</b> |
|                     | PTSD                                     | 7            | 33        |
|                     | Depression                               | 2            | 10        |
|                     | Substance Abuse                          | 1            | 5         |
|                     | Traumatic Brain Injury                   | 1            | 5         |
| Research Question 2 | <b>Access to Mental Health Services</b>  | <b>5</b>     | <b>24</b> |
|                     | Accessed services                        | 3            | 14        |
|                     | Did not access services                  | 2            | 10        |
| Research Question 3 | <b>Available Mental Health Services</b>  | <b>7</b>     | <b>33</b> |
|                     | Education Programs                       | 3            | 14        |
|                     | DV Classes                               | 2            | 10        |
|                     | Services for Partners                    | 2            | 10        |
|                     | Assessments/Screenings                   | 1            | 5         |
|                     | Lack of services available               | 1            | 5         |
| Research Question 4 | <b>Influence of the Military Culture</b> | <b>13</b>    | <b>62</b> |
|                     | Nature of the Job                        | 11           | 52        |
|                     | Screening/Previous Criminal History      | 5            | 24        |

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|                          |   |    |
|--------------------------|---|----|
| Male                     | 5 | 24 |
| Aggression/Socialization |   |    |
| Access to Weapons        | 3 | 14 |

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\*Note: Some perpetrators were identified with more than one mental illness

### **Research Question One: Is PTSD or other mental health disorders associated with domestic homicide in the military?**

Mental illness was identified in eight of the 21 perpetrators, with PTSD identified most often among perpetrators (n=7). Two perpetrators were noted to have had more than one mental illness.

#### **FACTOR 1: Mental Illness.**

The media articles identified mental illness as a factor among perpetrators in the domestic homicide/violence cases. The mental illnesses identified among perpetrators included PTSD, depression, substance abuse, and traumatic brain injury. Excerpts of the media articles describing the mental illness are included below.

##### ***Post-Traumatic Stress Disorder.***

**Post-Traumatic Stress Disorder was identified among seven perpetrators.** In one Canadian case, veteran Robert Giblin who, *“killed his pregnant wife before killing himself in Toronto suffered from post-traumatic stress disorder”* (Robert Giblin’s family within his obituary).

In another Canadian case involving Howard Richmond, Richmond’s defense lawyer explained that he became *“a broken man with a broken mind”* following six tours of duty leaving him with post-traumatic stress disorder. Moreover, *“An Ontario Provincial Police computer forensic analyst testified that Richmond researched PTSD in seven separate online*

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*queries hours after he killed his wife, including one search about flashback recovery” (CBC News, 2015).*

In the case of Sergeant Jon Trevino who killed his wife and then himself in 2006, “*an Air Force doctor diagnosed ‘acute PTSD’, calling it a reaction to the war and marital problems” (Lizette Alvarez & Deborah Sontag, The New York Times).*

### ***Depression.***

Depression was identified twice and found to impact the case of Sergeant Jon Trevino who shot his wife five times in front of their son before turning the gun on himself. In an article written by *The New York Times*:

*“Air Force mental health records show that Sergeant Trevino, who was 36, had been treated twice for mental health problems before the war: once in 1995 for serious depression as his first marriage crumbled, and then in 1999 for post-traumatic stress disorder.” (Alvarez & Sontag, The New York Times, 2008).*

Lionel Desmond was also reported to have had depression. *The Globe And Mail* described Desmond as,

*“An infantryman with the 2nd Battalion of the Royal Canadian Regiment in Gagetown, N.B., Mr. Desmond, 33, was struggling to overcome severe post-traumatic stress disorder and depression” (Lindsay Jones, The Globe And Mail, 2017).*

### ***Substance Abuse.***

Substance abuse was identified in one of the 21 cases reviewed. In the case of William Edwards who shot his military wife, Erin Edwards, point-blank in the head before turning the gun on himself, William had admitted one month earlier to having abused his wife; “*After the*

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hearing, William Edwards told the judge that he had enrolled in alcohol and domestic violence classes after the June assault” (Alvarez & Sontag, *The New York Times*, 2008).

### ***Traumatic Brain Injury (TBI).***

TBI noted to be present in one of the 21 perpetrators. The family of Canadian veteran, Lionel Desmond, explained that “Desmond had been diagnosed with PTSD and post-concussion disorder” (Lionel Desmond’s family – *Global News*, 2018).

### **Research Question Two: If PTSD or other mental health disorders were identified, to what extent was the perpetrator able to access mental health services?**

Five media articles contained information about the perpetrators’ access to mental health services. Excerpts from the articles are used to exemplify the factors.

### ***Perpetrator accessed services.***

Lionel Desmond sought out treatment two separate times on his own after serving in the military. The article written by Lindsay Jones of *The Globe and Mail* explained,

“Just months before the killings, Mr. Desmond had attended a Veterans Affairs in-patient clinic at Ste. Anne’s Hospital in Montreal from June to August, 2016. Back home in Nova Scotia, he struggled to navigate the VAC system to get the support he needed. In the days leading up to the tragedy, Mr. Desmond showed up at the emergency room of St. Martha’s Regional Hospital in Antigonish begging for help.” (Lindsay Jones, *The Globe and Mail*, 2017).

For Sergeant Jon Trevino, an Airforce doctor diagnosed him with PTSD and, “Sergeant Trevino began taking a cocktail of antidepressants and underwent therapy” (Alvarez & Sontag, *The New York Times*, 2008).

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As for Sergeant Robert Giblin, he also sought out treatment. According to Giblin's obituary in *The National Post*,

*"Sergeant Giblin had a long and varied military career, ... He was proud of his service for our country both in the navy and the air force. Sadly, Rob suffered from PTSD. He sought and underwent treatment and put the pieces of his life together. When he was well, he was overjoyed to have met and marry his love Precious Charbonneau."* (*The National Post*, 2015).

***Perpetrator did not access services.***

In an article published in *16 News Now* discussing the homicide/suicide of Rico Rawls who was assigned to the 5<sup>th</sup> Special Forces Group, Jessica Rawls' mother, Dawn Williams explained to The Associated Press that:

*"My son-in-law Rico came back from Iraq a different person. We asked, pleaded and begged for help for him, but no one listened. I pray that someone will listen now. The pre-Iraq Rico Rawls would not have done this. Someone needs to listen and act or this will continue to happen."* (Dawn Williams – Jessica Rawls' Mother, Kevin Lewis & The Associated Press - *16 News Now*, 2012).

For Sergeant Jared Terrasas, who was sentenced to prison for the death of his 7-month-old son, *"There is no record that he sought or received mental health help"* (Alvarez & Sontag - *The New York Times*, 2008).



**Research Question 3: What mental health services are available for individuals in the military to reduce the risk of domestic homicide?**

Research Question 3 was coded in seven of the 21 cases. The subfactors within this section represent the services that were identified in the articles as available to members of the military, including partners and families.

**FACTOR 1: Available mental health services.**

*Assessments/Screenings.*

Sergeant Jon Trevino admitted within a health assessment that he had serious problems. In *The New York Times* article, it was explained how:

*“He had trouble shaking off the carnage that he experienced so viscerally while evacuating injured service members. After one deployment to Afghanistan and two to Iraq, his mental health and his marriage deteriorated. When he returned from his second tour in Iraq, Sergeant Trevino acknowledged in a health assessment that he had ‘serious problems’ dealing with the people he loved and that he was feeling ‘down, helpless, panicky or anxious.’” (Alvarez & Sontag - The New York Times, 2008).*

*Educational programs.*

Sergeant Jose Aguilar’s 2-month-old baby suffered bleeding in both his brain and his eyes. Sergeant Aguilar admitted to police that he had been rough with his baby and therefore, he was charged with felony child abuse and, *“he and his wife completed a parenting program”* (Alvarez & Sontag - *The New York Times*, 2008).

Erin Edwards, who was previously abused by her husband, William Edwards, had gone to court to make her temporary protection order permanent. *“At the hearing, William Edwards*

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*told the judge that he had enrolled in alcohol and domestic violence classes after the June assault” (Alvarez & Sontag, The New York Times, 2008).*

Sergeant Jon Terrasas was sentenced to a 16-week batterer’s program, however, was deployed back to Iraq before completion. *“When Sergeant Terrasas returned from war, he completed his batterers program” (Alvarez & Sontag, The New York Times, 2008).*

### ***Services for partners.***

As for the partners and families of those enlisted, having resources and services available has been shown to be helpful. Within *The New York Times* article, Christine Hansen of, *“...the Miles Foundation, which provides domestic violence assistance mostly to the wives of officers and senior enlisted men, ... the organization’s caseload had tripled since the war in Iraq began” (Christine Hansen, executive director of the Miles Foundation, Alvarez & Sontag, The New York Times, 2008).*

In the *CBS* article that pertains to the four perpetrators involved in the 2002 Fort Bragg killings, *“Yvonne Qualantone, president of the 3rd Special Forces Group's Family Readiness Group, a support group for the unit's families, said her phone has been ringing a lot since the killings” (Dan Collins, 2002, CBS News).*

### ***Lack of Services Available.***

Devin Kelley, who was the perpetrator in the Texas church shooting massacre in 2017, also had a lengthy domestic violence record, according to Emanuella Grinberg and Elliott McLaughlin of *CNN*. Former Air Force chief prosecutor, Col. Don Christensen told *CNN*,

*“The nature of the crimes suggested a propensity for violence that should have been taken more seriously, ... But the military justice system doesn't offer adequate treatment*

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*or services for transitioning to civilian life, leaving Kelley's history of violence unaddressed” (former Air Force chief prosecutor Col. Don Christensen)*

### **Research Question 4: To what extent is military culture associated with risks of domestic homicide?**

Research Question four was coded in 13 of the 21 cases, and outlines aspects of the military culture that influence domestic violence and domestic homicide, as acknowledged within the media articles. Following, are excerpts taken from the articles that describe how aspects of the military culture influences and plays a role within the domestic violence and homicide cases.

#### **FACTOR 1: Influence of the Military Culture on Domestic Homicide.**

##### *Access to weapons.*

John Wimunc, who murdered his wife Holley in 2008, was on active duty at the time of the homicide. Holley’s friend, Tre Anna Smith, told detectives of an experience where Holley called her:

*“One day she called me and she was just crying, she was hysterical. ... He, like, had a bullet. And he had showed her the bullet. The bullet literally had Holley’s name on it. ... He had, like, carved initials in the bullet. And it was, like, ‘This is your bullet and this is my bullet.’” (Tre Anna Smith, CBS News, 48 Hours).*

For Lionel Desmond, the inquiry into the homicide-suicide of his mother, wife, daughter, and himself will take place in early 2020. According to *Global News*, “*The terms of reference also state the inquiry should look into whether Desmond should have been able to get or keep a licence that enabled him to buy a firearm.*” (*Global News*, 2018).

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The Air Force acknowledged that they failed to properly relay Devin Kelley's domestic violence conviction to national databases which would have barred him from purchasing firearms. *"Had his information been in the database, it should have prevented gun sales to Kelley"* (Grinberg & McLaughlin, 2017, *CNN News*)

### ***Male aggression/socialization.***

Holley Wimunc's friend, April Wertz explained that John didn't like that his wife had a higher rank than him. Rank is known to be very important within the military, with the understanding that the higher the rank one has, the more power. April Wertz explained to *CBS News* that, *"He was telling her that she wasn't really a lieutenant, she wasn't really an officer. She was just a nurse, and it didn't count. He was really putting her down."* (April Wertz, Holley Wimunc's friend, *CBS News, 48 Hours*).

Gractia Wilburn, Tracey Burke's Mother explained to *CBS News* that she never liked Brent and knew he had a quick temper and was very possessive over Tracey. She explained how, *"He was stalking her ... and whenever she would go to work he'd be in the parking lot when she'd get there."* (Gractia Wilburn, *CBS News*).

Another aspect of male aggression and socialization that was evident within one article was the ease and simplicity of killing someone. David Lee Morris was arrested for stabbing his estranged girlfriend to death in front of a crowd of people. Wyman Yip explained to *The Seattle Times*, *"The defendant chillingly explained that 'it's extremely easy to kill people ... if you're willing to die ... and feel like you've lost everything,'"* (Senior Deputy Prosecutor Wyman Yip, *The Seattle Times*, 2018).

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Another factor that was evident within the articles was family members and friends acknowledging that the victims of the homicides had made mention that they could be killed, and their perpetrator would be to blame if anything were to happen to them.

Jeff Thornton, who was having an affair with Howard Richmond's wife, Melissa, had explained to *CBC News*, "*that she had worried her husband would kill her if he found out about the affair*" (*CBC News*, 2015). Thornton disclosed that Melissa, "*'wasn't joking'*" when she told him her body would never be found if her husband learned she was cheating. (Jeff Thornton – *CBC News*, 2015).

Friends of Andreen McDonald were also fore warned by Andreen that her husband, Andre McDonald could eventually hurt her. "*Before she went missing, Andreen McDonald warned friends that her husband would be to blame for anything suspicious.*" (Kate Feldon – *New York Daily News*, 2019). An Affidavit used in court read, "*The first witness said that the Missing Person (Andreen McDonald) told her many times if she ever went missing it would be because the Suspect killed her*" (Kate Feldon – *New York Daily News*, 2019).

### ***Nature of the job.***

Nature of the job was most frequently coded in the articles (n=11). The nature of the job was further described in a number of subfactors outlined below.

*The importance of Rank and Comradery.* In the case of John Wimunc who enlisted the help of his fellow marine, Kyle Alden to hide the body of his wife, Holley Wimunc, District Attorney Billy West said this to *CBS News*:

*"Common sense may tell someone once you hear that someone has killed their wife, why do you still – carry on? ... And I think one thing is – within the military structure... rank is very important. And John Wimunc outranked Kyle. ... He had someone who outranked*

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*him, asking for help with the situation. And I think Kyle made the very poor decision to participate... in this cover-up.*" (D.A. Billy West, *CBS News*, 48 Hours).

*The military justice system.* The military gets the final say about whether their members get deployed or not. As with the case of Jose Aguilar and Jared Terrasas, who were both deployed to Iraq after having been charged with domestic abuse. Elaine Woodson of the Marine Corps social services program explained, *"The family advocacy program does not recommend or advise deployment of a marine when domestic or felony child abuse charges are pending.' Still, that decision, she said, is left to the discretion of the commanders"* (Elaine Woodhouse - Alvarez & Sontag, *The New York Times*, 2008). Michael Mualtsby, who was the assistant district attorney for Jose Aguilar further explained, *"It depends on the needs of the unit... we can't overrule them."* (Michael Mualtsby, the assistant district attorney - Alvarez & Sontag, *The New York Times*).

William Edwards' superiors had been alerted by Erin Edwards that William was leaving base unattended when he was meant to be supervised. Before the homicide-suicide, William Edwards was charged with assault against his wife, Erin. His Captain noticed his issues impeding his work and confined him to base, however, he was not watched after close enough as he left base on several occasions unattended. According to *The New York Times*:

*"Even before the assault, William Edwards's troubles had so badly affected his performance at work that his commanding officer, Capt. Brian Novosclich, took the time to meet with him weekly to check on his welfare. After the assault, it was the captain who confined him to the base. But William Edwards repeatedly left unescorted and often stayed with his brother, who lived across the street from Erin Edwards in Killeen. On*

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*several occasions, she alerted the police and his superiors that he was lurking.*” (Alvarez & Sontag - *The New York Times*, 2008).

With Sergeant Jared Terrasas who was deployed twice after being charged with domestic violence and not long after returning home, killed his child, Dr. Jacquelyn Campbell who was a member of the Pentagon Task Force explained how, *“It’s sort of like, on the one hand, they’re improving the system, and on the other hand, they’re stressing it,”* (Dr. Jacquelyn Campbell, Alvarez & Sontag - *The New York Times*). Connie Sponsler-Garcia, another task force member, who now works on domestic violence projects with the Pentagon, agreed with Dr. Campbell. She continued by saying, *“Whereas something was a high priority before, now it’s: ‘Oh, dear, we have a war. We’ll get back to you in a few months,’”* (Connie Sponsler-Garcia, Alvarez & Sontag – *The New York Times*).

For Devin Kelley, *“The Air Force acknowledged Monday it did not appropriately relay Kelley’s court-martial conviction for domestic assault to civilian law enforcement, preventing it from appearing in three databases, including the FBI’s National Instant Criminal Background Check System (NICS).”* (Grinberg & McKaughlin – *CNN News*).

*Deployments.* Lengthy deployments were also a factor in the case of Jon Trevino, as explained by The New York Times. *“Outside in Mr. Trevino’s car was the immediate motive for the murder-suicide: divorce papers, evidence of a marriage destabilized by multiple deployments to war zones and by Sergeant Trevino’s own increasing instability”* (Alvarez & Sontag - *The New York Times*, 2008).

**Screening/Previous criminal history.** It should be noted that previous criminal history is not a concrete aspect of the military culture. At times, however, the criminal history plays a part in the pattern leading up to the eventual homicides/homicide-suicides as observed within the

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cases. Accurate screening should be conducted to discover if any individuals who are enlisting in the military have a criminal history that would otherwise disqualify them. The following excerpts have been analyzed within the articles and represent the perpetrators

The abuse perpetrated by John Wimunc onto his wife Holley was discovered by investigators who accessed her phone. *“The verbal abuse soon turned physical when Holley began coming to work with bruises, which she documented in photos that the investigators recovered on her cell phone” (CBS News, 48 Hours).*

Devin Kelley’s domestic violence record was not taken into account, as reported by CNN, which explained that, *“His domestic violence record alone should have barred him under Texas law from purchasing four guns between 2014 and 2017. But his name did not show up in the federal database that licensed gun dealers are required to check before selling someone a firearm.” (Grinberg & McKaughlin – CNN News).*

Sergeant Aguilar’s 2-month old son presented to the hospital with bleeding in his brain and eyes, *“the marine was charged with felony child abuse” (Alvarez & Sontag - The New York Times, 2008).*

Sergeant Terrasas, was arrested on misdemeanor charges when he became, *“drunk and angry over a telephone conversation about the looming war in Iraq, vented his anger by punching his wife, Lucia, in the face.” (Alvarez & Sontag – The New York Times, 2008).*

Peter Van Bawi Lian *“was arrested by the Colorado Springs Police Department on Nov. 30 for assault and menacing” (Minnnyvonne Burke, NBC News, 2019).* Lian was later charged with the murder of his wife.



### **Discussion**

This study examined the factors associated with domestic homicides committed by active military personnel or veterans in a small sample of cases. The purpose of the research was to identify common factors within high-profile media cases—mental illness, help-seeking behaviours, services offered by the military, services that should be implemented, and aspects of the military culture that play a role in domestic homicides/homicide-suicides. The present study used 16 high-profile cases as reported in media articles in Google News between 2002-2019.

Results of this study suggest that PTSD and the military culture were identified as factors in the cases of domestic homicide/homicide-suicides reviewed. PTSD was a factor in seven (33%) of the 21 cases, according to family and friends. The military culture was also identified as a factor in the homicides/homicide-suicides with “nature of the job” (deployments, stressful environment) playing a role in 11 (52%) of the cases.

### **Relevance to Existing Literature**

In reviewing the findings for the present study, several aspects of military domestic homicides described within the literature share similarities with the cases examined in the present study. PTSD, homicide-suicide, a history of violence, deployments, access to firearms, and the ability to seek services are shared factors.

**PTSD.** Posttraumatic stress disorder was a factor in seven (33%) of the cases, with perpetrators having either diagnosed or undiagnosed PTSD. Helzer et al. (1987) explored how individuals who were exposed to war are many times subsequently diagnosed with PTSD and are also likely to be struggling with other adult psychiatric disorders. These findings are consistent with the findings of the present study: in the perpetrators who had experienced war, PTSD was comorbid with other disorders such as depression, substance abuse, and traumatic brain injury.

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These findings are also consistent with the Social Ecological Model (SEM), which theorizes that one's environment can have consequences on their development. Within the present study, findings have shown that those who have experienced war may subsequently experience mental illness.

In another study (Semiatin et al., 2017), 77% of the 293 participants who had committed IPV had also been exposed to at least one traumatic event; 62% reported multiple experiences of trauma and 11% screened positive for PTSD. These findings are consistent with those of the present study in that several of the perpetrators had experiences of more than one traumatic experience, as well as prolonged traumatic experiences. One perpetrator, for example, had been sexually abused as a child; several other perpetrators were deployed to war multiple times.

Military veterans with diagnosed PTSD are more likely than members without PTSD to become violent as a result of impulsivity (Patton et al., 2015). Acting on impulse occurred in one case within the present study, when a veteran described feeling attacked by his common-law partner and her son over what was being watched on television.

**Batterer intervention services.** Helping military personnel to become more aware of the lethality of domestic violence by offering educational programs was a recommendation of the DVDRC (2017). Gerlock (2004), however, found that even when batterer intervention services are available, they may not be completed. A batterer intervention program initiated by Washington State required a one-year commitment to the program, as agreed by the members who had self-reported at least one act of domestic violence against their partner. However, if a member was deployed to war or transferred to a different base during that year, their treatment was discontinued and the member was not required to resume a program at their new location (Gerlock, 2004).

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A conviction for domestic violence has oftentimes meant that a soldier is ineligible for deployment. However, during time of war, the needs of the military receive priority (The New York Times, 2008). Millikan et al. (2012), for example, in a study of soldiers at Fort Carson, Colorado, found that despite high rates of substance abuse, previous mental health diagnoses, and criminal activity that had taken place while in the military, five of 14 soldiers who were evaluated were granted enlistment waivers even though they also had prior-enlistment histories that should disqualify them (i.e., previous criminal history and/or specific medical conditions). Within the present study, two perpetrators who had been charged with violent crimes were deployed to war before their hearings. After they returned home, and before their hearings could be resumed, they were both charged with the murders of their children.

**Seeking out services.** Approximately 30% of troops returning home from war have either a diagnosed or undiagnosed mental health concern (Greene-Shortridge, Britt & Castro, 2007). Britt (2000) examined help-seeking behaviours in soldiers who were returning from a peacekeeping mission. The troops reported higher discomfort seeking psychological assistance than medical assistance. Similarly, Hoge et al. (2004) found that only 38-45% of troops who met criteria for a mental health diagnosis indicated an interest in receiving help. Within the present study, in the months leading up to the triple murder-suicide committed by member Lionel Desmond, Desmond sought services on two separate occasions. He was dismissed both times. Long wait times for access to mental health services had been an issue, as CBC News (2014) reported. Long wait periods increase the risk of a tragedy. Military members, believing they can get better on their own, often wait until they are in crisis to seek help.

**Homicide-suicide.** Seven cases in the present study (33%) involved homicide-suicides. As van Wormer (2008) notes, killing is a common occurrence in military culture and is even

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expected of its members. Stack (1997) further notes that suicide following the killing of an intimate partner and/or child is common in instances where the perpetrator and victim(s) have a close relationship. Such was the case in the present study; two of the seven individuals involved in homicide-suicides killed themselves after killing their wives and child. As described by the cultural spillover theory, military members who have been encouraged and even rewarded for killing, may transfer those tendencies with them upon discharge.

Homicide-suicides that encompass male intimate-partner perpetrator and female partner victim comprise over half of all homicide-suicide incidents (Liem, 2010). This form of homicide-suicide is most likely to take place in or close to the home (Patton et al., 2015) as was the case with the homicide-suicides analyzed in the present study. Patton et al. (2015) noted that when additional victims are included within a homicide-suicide, these are most often children of the female intimate-partner victim. This finding is consistent with the findings of the present study as several of the victims within the cases examined were the couple's biological children or children of the female intimate partner from a prior relationship.

### **Military Culture**

*A history of violence.* A history of violence has been shown to be linked to future violence among military veterans (Elbogen & Graziano, 2016). More specifically, a history of criminal arrest oftentimes predicts domestic and community violence: Six individuals within the present study who committed domestic homicide had also committed previous assaults. Indeed, homicides are often preceded by less severe acts of violence which should be regarded as potential warning signs for those who interact with these individuals. Military IPV that precedes homicide or homicide-suicides were important features among many of the cases analyzed in the

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present study, as several perpetrators had reportedly physically abused their partners prior to the homicide or homicide-suicide.

***Deployments.*** Deployments have been shown to be stressful for the families of military members. Being separated from loved ones is an unfortunate normalcy for families, as shown by Blount et al. (1992). When paired with other factors such as demanding workloads, head trauma, mental illness, and substance abuse, relationships oftentimes become strained (Gierisch et al., 2013). Within the present study, findings indicate that extended deployments were an issue for several members. For one individual, divorce papers were located in his vehicle that was parked on the scene of the homicide-suicide. Long deployments may increase the risk of precipitating acts of domestic violence (McCarroll et al., 2003) as the longer the time spent in a warzone, the more likely the trauma experienced.

***Access to firearms.*** Literature has also touched on the lack of relaying domestic violence charges to databases in order to prevent firearm purchases to those who have domestic violence charges. As discussed by Shane (2018), when the military did not acknowledge a formal explanation of domestic violence, a perpetrator would not be flagged for firearms screening in databases to bar them from such a purchase. Findings for the present study coincide with Shane (2018), as the military was shown to not properly or consistently update information on members that would have barred them from purchasing firearms.

***Collectivistic.*** The “brotherhood” that individuals in the military develop is a strong bond that is built around a common goal (Suzuki & Kawakami, 2016). The literature has provided evidence indicating that the feelings of belongingness and cohesion are so powerful that members experience feelings of loneliness and depression upon being discharged when they reintegrate back into society (Patton et al., 2014). These findings connect with one case reviewed

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for the study in which a member assisted his comrade in the killing of his wife. The detective on the case explained within the article that it is quite common for members to assist their comrade when they are in need of help. This willingness to assist intensifies more when the individual being asked is of lower rank than the member who is requesting assistance.

### **New Findings**

**Military influences.** An additional finding of the present study is the impact the military has on general civilian law. If a member of the military gets charged and is awaiting their court hearing, the military has the ability to deploy that person to war, thus, delaying court proceedings. This finding was present in two of the 21 cases in the present study and show that during times of crisis and war, the military gets a final say on what happens with its members, even if it means delaying criminal court proceedings.

### **Implications**

The results of this research suggest the need for improved mental health services, especially services to support military members with PTSD. While the External Review Authority (ERA) has the ability to recommend changes to the Canadian Armed Forces such as a complete culture change, it would be in the best interest to also address improving mental health support and domestic violence education/batterer intervention programs. This area should be a priority for the military. If this issue is not addressed, military members are at an increased risk of developing PTSD and perpetrating domestic violence as they are exposed to the same environments as their predecessors.

The External Review Authority (ERA) recommended a complete culture change after their investigation into the environment of the Canadian Armed Forces (CAF) (Deschamps, 2015). The ERA outlined several recommendations which are detailed below, including

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reprimanding all types of sexual harassment, assigning leaders who abide by and acknowledge the severity of a highly sexualized environment, the addition of more women in leadership positions within the CAF, and an environment that will allow victims to feel safe and supported if they choose to report a sexual assault.

An important note with regards to implications is how an issue like domestic homicide cannot be changed with a single effort, but instead are, “affected by multiple structural, organizational, and interpersonal factors that are beyond the reach of a single change effort” (Storer, Lindohorst & Starr, 2013, p. 422). Examining lessons learned from a US death review committee, implementation of recommendations takes many years before system change is possible (Storer et al., 2013). Despite the growing number of reports produced by death review committees, very limited evaluations have been conducted to determine if policy changes are making an impact in the prevention of domestic violence-related deaths (Storer et al., 2013). Policies that are considered “voluntary”, could indicate that there are not any incentives to initiate and prolong community-level change. Unfortunately, problems like domestic violence often falls victim to the attribution problem as it usually goes relatively unnoticed by communities (Roth, 2012). The attribution problem refers to a community outcome being causally related to many different factors in addition to the policy itself (Bovaird, 2012). It is therefore difficult to attribute any outcome to a particular policy change. Domestic violence is a problem that encompasses many interpersonal, community and organizational factors that require more than a singular call for policy change (Storer et al., 2013). The following implications are a few changes that can be made to assist in the overall decrease of military domestic homicides.

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**Improving mental illness support.** The results of the present study show eight of the 21 members having reports of mental illness. However, this number may reflect under-reporting. The Committee on Oversight and Reform (2019), reported that over 6,000 veteran suicides have happened each year between 2008 and 2016, which leads to the belief of an underreporting of mental illness within the articles and within the military as a whole. An improvement of support for those struggling with PTSD would benefit in reducing the number of military suicides happening each year. These individuals are exposed to horrific experiences (Helzer et al., 1987) including witnessing the deaths of comrades, witnessing and committing the murders of enemy soldiers and witnessing the attacks on innocent civilians whose lives are being invaded in war-torn countries. As explained by Cultural Spillover Theory (Bradley, 2007) the trauma an individual endures and takes part in while deployed can spill into their new environment and put themselves and others at risk for violence.

Encouraging leaders in the military to open the door to the topic of accessing psychological help will likely assist members in seeking treatment that would be beneficial to them (Deschamps, 2015; Greene-Shortridge et al., 2007). Reducing the negative beliefs around mental illness as well as voicing the normalcy of experiencing mental illness while in the military would be a positive step forward in helping members of the military understand that seeking help for mental illness is accepted and encouraged.

**Increasing education.** Increasing education on domestic violence would assist members of the military to spot warning signs before it could turn fatal. As described, at times it is difficult for individuals to self-reflect and acknowledge the potential consequences of their own actions. Implementing domestic violence education programs would allow for all members to become aware of signs for domestic violence in their fellow comrades. Increasing domestic violence



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education within the military will aid in promoting help-seeking behaviours. A higher acceptability in domestic violence classes could increase rates of reporting, improve accuracy of statistics and lead to sounder evidence-based practices aimed at preventing abuse.

An example of appropriate domestic violence education is the Neighbours, Friends and Families campaign (Centre for Research and Education on Violence Against Women and Children, 2019). Neighbours, Friends and Families is an Ontario-wide campaign which raises awareness to signs of domestic violence to help keep victims safe. Neighbours, Friends and Families arose approximately 15 years ago, has introduced campaigns in over 150 communities in Ontario and has been translated in over 15 languages. This campaign has been adapted for culturally diverse populations including, immigrants and refugees and Indigenous peoples (CREVAWC, 2020).

Adapting a campaign such as Neighbours, Friends and Families for the military would be a positive step towards growing awareness of the signs of domestic violence among this population. This campaign maintains the importance of caring for people and being available to listen and respond appropriately. Having a campaign such as this designed specifically for military families would benefit in the prevention of domestic violence.

**Culture change.** The External Review Authority (ERA) also made recommendations into the culture displayed by the Canadian Armed Forces (CAF) that is conducive to sexual harassment (Deschamps, 2015). The ERA discovered that the current training being provided to members of the CAF is failing to properly inform members that sexual harassment is inappropriate. The first of the ERA's recommendations calls for a complete culture change. The Report discusses that the way to change the culture is to address all types of sexual harassment and assault including more serious incidents as well as use of demeaning, sexualized language.

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Second, the ERA discussed the need for strong leadership to put forth the understanding that inappropriate sexual conduct will not be tolerated under any circumstances. Third, the integration of women into more leadership roles within the CAF will positively affect the environment of the CAF. Fourth, the ERA discussed that improving the confidence in victims that the CAF takes reports of sexual harassment seriously will hopefully increase the amount of reporting as well as decrease the amount of sexual assault (Deschamps, 2015). Challenging toxic masculinity that occurs within the military (and society in general) would further assist in changing the highly-sexualized military culture. Understandably, changing an entire culture is a difficult feat. However, implementing small changes over time can lead to a military culture that is accepting and encouraging of women. Within the findings of the present study, two of the cases analyzed involved couples who were both members of the military. Within both cases, the perpetrators had previously degraded the ranks of their female partners, as well as physically abused them to enforce their control. Utilizing the recommendations put forth by the ERA, a military culture that is accepting and encouraging of women would be more easily attainable and could lead to an environment that is inclusive to women.

Utilizing these recommendations leading to eventual culture shifts would also assist in the transition from military to civilian life. As proposed by the cultural spillover theory, what is deemed acceptable within one environment is oftentimes spilled into other environments (Bradley, 2007). If the military can initiate changes such as those proposed by the ERA, the transition between the military environment and civilization could be more positive in the way members behave and treat women.

### **Limitations**

Despite the potential contributions of the current study to this field, there are limitations that exist and should be kept in mind while interpreting the results. First, data was collected via media sources. Although media cases present strengths such as quotes offered by key informants (family members, close friends), underreporting or inaccurate details may continue to be an issue. The main factors being studied all rely on what was reported and offered as media coverage may differ from the confidential information held by the military or police department regarding the same cases.

Due to the amount of unspecified and vague coverage presented within the media articles, it is difficult to conclude that all potential factors involved in military domestic homicides were thoroughly discussed. Furthermore, low word counts of several articles are a limitation as not a lot of information can be drawn from these articles. Statistics regarding mental illness is another example that may not have been reported not only due to low word counts of some articles, but also the limited knowledge that is shared with reporters by the military. However, this isn't always the case as many articles offer information pertaining more so what the present study was analyzing and less of what would be considered "background information".

A limitation regarding the use of media articles, is the lack of information regarding the histories of the perpetrators. One of the theories used to frame the present study is the Social Ecological Model (SEM), which pertains to the environment one interacts with at all stages of life. Granted, there were some articles that gave a brief history of the perpetrator (such as Sergeant Jon Trevino who was mentioned to have endured childhood sexual abuse). If all the systems of the SEM were able to be presented within media articles, understanding potential reasons for later domestic violence would be more attainable.

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There are approximately 100 domestic homicides each year in Canada (Statistics Canada, 2018) and approximately 2,000 domestic homicides each year in the US (Harland, Peek-Asa & Saftlas, 2018). The current study analyzed articles within a 20- year span, which would equate to approximately 42,000 domestic homicides within Canada and the US over 20 years. Military members (active duty and veterans) comprise of approximately 2% of the total Canadian population and approximately 6% of the total US population. With this being said, it should be expected that there be approximately two domestic homicides perpetrated by Canadian military each year and 120 domestic homicides perpetrated by US military each year. Therefore, within a 20-year span, it should be expected that roughly 6% of all domestic homicides within North America be perpetrated by members of the military. These numbers were not revealed within the current study. Possible explanations for this could be that military-perpetrated domestic homicides are not as common as the literature (Trevillion et al., 2015; MacManus et al., 2012) had expected, or that there is a lack in reporting these deaths to the media. As discussed above, information regarding members of the military is often held very confidential within the military databases. It may be a possibility that other domestic homicides perpetrated by these members have occurred, however did not include descriptive information regarding if the perpetrator was a current member of the military, or a veteran.

**A Focus on Perpetrators rather than Victims.** The articles in the present study dealt with the perpetrators of domestic homicide and not on the victims. Clearly, preventing domestic homicides involves access to supports for victims such as safety planning and counselling services. These issues were beyond the scope of this study but need to be addressed within the military environment where victims may have no power since their status is often tied to the power of the perpetrator. Victims of military domestic violence may feel a sense of hopelessness

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when living with a member of the military who is causing them harm. This hopelessness can become exacerbated when military families are living directly on base and consumed within the military culture. Conducting research that is focused more on the victims of military domestic violence could help provide case-specific information regarding ways they tried to stay safe, resources and supports that were available to them as well as promising practices that the victims believe would assist in the prevention of future military domestic violence situations.

**Experimenter bias.** Experimenter bias is the tendency for experimenters to search for and recognize findings that support and confirm their own biases. As the primary investigator with prior first-hand experience working with members of the military—specifically within a counselling setting where nearly all participants had a diagnosed mental illness (primarily PTSD, depression, and anxiety)—my own biases had to be guarded during the data analysis and interpretation stages of this study. In order to do this, I made sure to take my time reading through the articles and being conscious whenever an assumption came to mind to quickly address it and then acknowledge that assumptions and generalizations do not have a place within research.

**Reporter bias.** Another form of bias in the current study is journalists' bias in the media. This study is solely looking at media reports for cases of domestic homicide, so it is important to keep in mind that the reporters who are writing these articles may input aspects of their own biases as well. In order to minimize this effect, the primary analyst attempted to locate more than one article written by different sources on the same case.

### **Future Directions**

The current study raises important questions for future research on military domestic homicide. Future research could address several of the limitations that are present within the

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current study. Based on this research, it can be inferred, with caution, that domestic violence and domestic homicide is a problem needing to be addressed within the military across North America. One aspect that could be improved is the recognition of military domestic homicide presented by DVDRCs. Given the overall frequency of domestic homicides perpetrated by members of the military, if each DVDRC provided consistent information regarding this population, a larger sample size would be possible to analyse. That is, military homicides from across US states and Canadian provinces with DVDRCs would allow for a more complete picture of risk factors, lack of services and prevention programs that are necessary

Research on the victims of military domestic violence is another important path that deserves attention. The prevalence of domestic violence within the military (Trevillion et al., 2015; McManus et al., 2012) demonstrates the need for services to be put in place for the families if they fear escalating violence within the home. Supports such as counselling services that involve safety planning are crucial, so the victims feel less dependent on their partner and better prepared to evacuate if they feel they are unsafe. Research on the difficulties that victims experience such as moving to a different city or province where they are often secluded and far from loved ones puts them at more of a risk for violence as they become vulnerable and dependent on their partner. Another reason why research on the victims of military domestic violence is important is the factor of vicarious trauma. These victims are exposed vicariously to the trauma that their military spouses are experiencing and thus, may put them at further risk for domestic violence. Research on the effects of domestic violence where children are present is also an important future direction. Raising children on a military base may leave them vulnerable to vicarious trauma as well and exposes them to potentially abusive situations which puts them at risk.

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Another future direction that can be taken is greater collaboration across Canada and the US. For example, the US and Canada abide by different laws with regards to gun control. Access to weapons was one factor that affected three perpetrators used in the present study and more importantly, relates to the issue of relaying member information into national databases to prohibit the purchase of weapons. With this being said, greater collaboration with regards to services, programs and reporting between countries could make a difference in rates of domestic violence and homicide among this population of individuals.

Future research could also focus on examining why many military members do not access services that are available to them. Confidential interviews with members of the military from all departments and of all ranks might be useful. Interviews conducted with higher-ranking officers might reveal the extent to which those officers make their members aware of available services. Interviews with other members might also be useful in developing understanding about what stands in the way of those who might need assistance. Whether the issues are lack of awareness of existing services, fear of stigma, or embarrassment about needing assistance, future research on this subject could benefit the area of military domestic violence and military mental health.

### **Conclusions**

This study highlights that mental illness and the military culture may be critical factors in domestic homicides perpetrated by active duty soldiers and veterans. Mental illness and especially PTSD should be an acute concern for military officials and healthcare workers as it has been shown to be a presenting problem among members who have been exposed to traumatic events such as those that occur in warzones. Lessening wait times for members who seek help should be made a priority. Education on the warning signs and effects of domestic violence

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should also be made more easily available to members of the military as well as their families so that they may spot the warning signs before violence escalates. The importance of programs designed for military members should be taught with the highest priority by leaders who make it known that gendered violence of any degree is unacceptable and not tolerated within the military.

*Military personnel and their families have made huge sacrifices to serve their country. Some have made the ultimate sacrifice. We have a responsibility to them to make sure that we are there to support them as they make their way through the aftermath of war and attempt to move forward with their lives. Therefore, we must be ever vigilant in ensuring we know the whole story before making decisions that will affect their families forever (Tinney & Gerlock, 2014, p. 413)*



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## Appendix A

## Appendix A: Codebook Used for the Present Study

| Research Question | Factors and Subfactors           | Definitions   |
|-------------------|----------------------------------|---|
| 1                 | Mental Illness                   | Any mention of a mental illness diagnoses, whether it be by a professional, friend or family member of the perpetrator  |
|                   | PTSD                             | Any mention of posttraumatic stress disorder which is triggered by a terrifying event by either experiencing it or witnessing it.                                 |
|                   | Depression                       | Any mention of the perpetrator having diagnosed or undiagnosed depression.  |
|                   | Substance Abuse                  | Any mention of the perpetrator having overindulgence in or become dependent on an addictive substance, especially alcohol or drugs.                               |
| 2                 | Traumatic Brain Injury           | Any mention of the perpetrator having an injury to the brain caused by an external force.   |
|                   | Access to Mental Health Services | Any mention that the individual was able to access mental health services.  |
|                   | Accessed                         | Any mention that the individual did access mental health services.  |
| 3                 | Failure to Access                | Any mention that the individual tried to contact a mental health facility but was unable to secure an appointment or there was too long a waiting list to get in. |
|                   | Availability of Services         | Any mention of the types of services (if any) that were available to individuals.   |

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|   |                                     |  |
|---|-------------------------------------|--|
|   | Education Programs                  | Any mention of generalized domestic violence education programs that were provided to members of the military.   |
|   | DV Classes                          | Any mention of domestic violence classes that were targeted towards those who have perpetrated domestic violence.  |
|   | Services for Partners               | Any mention of assistance provided to the partners of military members such as (but not limited to) counselling services and domestic violence education programs. |
|   | Assessments/Screenings              | Any mention of mental health assessments or screenings were conducted before the homicide/homicide-suicide   |
|   | Lack of Services                    | A mention of there being no services available for either the perpetrator or their partner   |
| 4 | Influence of the Military Culture   | Any mention regarding the military culture and environment as playing a role in the incident   |
|   | Nature of the Job                   | The military environment as “stressful” or “dangerous” or the role of deployment as a factor in the incident.  |
|   | Screening/Previous Criminal History | Any mention of a lack of screening for prior criminal history among the perpetrators.  |
|   | Male Aggression/Socialization       | Mention of any toxic masculinity towards minority groups and/or women within the military culture.   |
|   | Access to Weapons                   | Any mention of the military environments easier access to weapons as a factor in the incident.   |

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Appendix B

Curriculum Vitae

**Name:** Mariah Krancevich

**Post-Secondary Education:** Master of Arts, Counselling Psychology 2018-2020

Western University

London, Ontario, Canada

Bachelor of Arts, Honor Psychology 2013-2018

York University

Toronto, Ontario, Canada

**Work Experience:** Student Internship 2019-2020

Daya Counselling Centre

London, Ontario, Canada

Group Facilitator 2019

Muslim Resource Centre: Strengthening Families Program

London, Ontario, Canada

Graduate Student Assistantship 2018-2020

CREVAWC, Western University

London, Ontario, Canada



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