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Chapter 3

Domestic Homicide

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Introduction

Domestic homicide is a broad category that includes all homicides that occur in a domestic context, the most common of which is the killing of an intimate partner, intimate partner homicide (IPH). IPH is also the ‘type’ of homicide most likely to be followed by a self-destructive act, with the offender attempting to, or actually succeeding in taking their own life following the killing (Liem and Roberts, 2009). This chapter focuses on male perpetrated IPH, the killing of a female by her current or ex-partner. The killing of male intimate partners is detailed in Chapter 13 ‘Battered women homicide offenders’. Domestic mass murders, familicides, are also covered within the current chapter. Familicides are defined as the “deliberate killing within a relatively short period of time of a current or former spouse or intimate partner and one or more of their children” (Websdale, 2010: 1). The majority of familicides are perpetrated by males and have been referred to as intimate partner collateral murders (Dobash and Dobash, 2015).

To understand the causes, characteristics and situational contexts in which domestic homicides occur, it is necessary to draw upon the extensive body of literature on intimate partner violence (IPV). This is because interpersonal relationship dynamics and how IPV perpetrators think about, feel and behave towards their female partner sets the scene for developing an understanding how and why a minority of IPV perpetrators’ abusive behaviour escalates and results in a lethal violent act.

In comparison to IPV, the empirical research base for IPH is relatively small, however, the existing IPH literature identifies the nature and characteristics of IPH offenders and the circumstances in which they kill. Developing an understanding of IPH offender decision

making prior to, during and after the killing is crucial for informing IPV risk assessments and the development of effective offender interventions.

Nature of Domestic Abuse

On average 30% of women who have been in a relationship report experiencing some form of physical or sexual violence by their intimate partner (World Health Organization, 2014). In the Crime Survey of England and Wales (2015) 28% of women and 15% of men reported experiencing domestic abuse since the age of 16. With a reluctance to report domestic abuse incidents, official statistics are likely to underestimate the true prevalence of domestic abuse (Websdale, 1999; Westmarland, 2015).

Domestic abuse is defined as “any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, emotional” (Home Office, 2013). This definition covers the range of abuse a victim may experience and makes no distinction between IPV and familial violence. The situational context in which domestic abuse occurs is also important as the privacy of the family home enables violence to escalate to lethal levels (Websdale, 1999).

Researchers have advocated the need to differentiate between different types of abuse (Johnson, 1995, 2008; Pence and Sadusky, 2009) and characteristics of IPV perpetrators (Gondolf, 1988; Holtzworth-Munroe and Stuart, 1994; Dutton, 1998) to identify risk factors for future partner violence and to inform the development of perpetrator behaviour change programs.

Power and Control

The dynamics of abusive relationships and the cycle of abuse (Walker, 1989) provide a starting point for understanding domestic homicide. Developed from the lived experience of domestic abuse victims, The Duluth Power and Control Wheel encapsulates the multi-faceted nature of domestic abuse (see Figure 1). At the core is power and control, with eight control tactics that domestic abusers use to exert power and control. The use of the term ‘tactics’ is important because it emphasises the instrumental nature of abusive behaviour.

Figure 1
Domestic Abuse Intervention Project (2011) The Duluth Power and Control Wheel



The Duluth Model adopts a gender-based approach to domestic violence with the Power and Control Wheel used to educate men arrested for domestic violence and mandated by the courts to attend a domestic violence program. Practitioners who work with victims of domestic abuse also use the model to illustrate the range of behaviours that constitute abuse (Pence and Paymar, 1993). The model is, however, not without its critics. Dutton and Corvo (2006) refer to the model as a “data impervious paradigm” criticising the patriarchal view on which it is based, its development from a small and unrepresentative sample and its lack of focus on perpetrator

characteristics. Based on an archival analysis of domestic homicides and familicides, Websdale (2010) suggests that it should be termed the “powerless and out of control wheel” because an actual or perceived loss of power and control more accurately captures the experiences of those who inflict lethal violence.

Coercive Control

Stark (2007) proposes an alternative model of abuse which focuses on the viewpoint and experiences of survivors of domestic abuse. Stark (2007) details the personal entrapment of women resulting from coercive control. Coercive control is defined as “a malevolent course of conduct that subordinates women to an alien will by violating their physical integrity (domestic violence), denying them respect and autonomy (intimidation), depriving them of social connectedness (isolation), and appropriating or denying them access to the resources required for personhood and citizenship (control)” (Stark, 2007: 15).

Stark (2007) reports how coercive control is marginal in mainstream thinking on domestic abuse. However, as a result of campaigning by women’s support groups and charity organisations in the UK, a new offence ‘Controlling or Coercive Behaviour in an Intimate or Family Relationship’ is being introduced in England and Wales on 29 December 2015 under Section 76 of the Serious Crime Act 2015 (Home Office, 2015; CPS, 2015).

The three core facets of coercive control are intimidation, isolation and control. Control involves micro-regulation by the abuser of the victim’s everyday behaviour such as what clothes they wear, who they see, how they carry out household tasks, what food to eat and monitoring of activities such as phone calls and who they are with when they are not together. In the digital era, technology software, such as spyware and tracking devices make monitoring

of a partner's movements easier for abusers (Westmarland, 2015). The control and regulation of their everyday life has a traumatic effect on the victim both physically with them experiencing anxiety, panic and fear and psychologically as their sense of self is eroded and they become isolated from family and friends.

Both Websdale (1999, 2010) and Stark (2007) detail the agency of domestic abuse victims in terms of how they negotiate the abusive relationship as part of their safety strategy. It is the fear they experience that keeps them within an abusive relationship and feeling unable or unwilling to leave because they consider it to be safer to stay than to leave. Victims' fear that if they were to leave their abusive partner there would be serious consequences. This is extremely important for intervention work with victims/survivors of domestic abuse and assessment of risk because research has shown that victims are accurate in their view of the level of risk of future harm to them (Bowen, 2011). As will be discussed when considering the risk factors for IPH, separation is a key risk factor for lethal violence.

Coercive control has been found to be more consistent in abuse than violence (Stark, 2007). Built up over time, controlling behaviour has an enduring and cumulative effect on the victim. Coercive control and verbal threats have been found to be more positively correlated with homicide than violence alone and should therefore be taken extremely seriously (Monckton Smith, Williams and Mullane, 2014). The murder of Kelly-Anne Bates is detailed as an example of how coercive controlling behavior can escalate to lethal violence.

Case Study: The Murder of Kelly-Anne Bates

Background and Offence Details

On the 16 April 1996, 17-year-old Kelly-Anne Bates was found having been brutally murdered by her boyfriend James Smith, aged 48, at the home they shared in Gorton, Manchester, UK. They had been in a relationship for three years and had been living together for 5 months. Kelly-Anne had met Smith when she was babysitting for his friends who lived on a nearby housing estate to where she lived with her Mum, Dad and two younger brothers. Smith befriended her by offering to walk her home in the evening after she had been babysitting. A grooming process commenced with Smith encouraging Kelly-Anne to keep their relationship a secret from her parents. Her parents did not find out about the relationship until Kelly-Anne was 16.

Over a period of months, Kelly-Anne's parents noticed a change in her behavior. She began to stay out late or not return home, resulting in her parents phoning around and visiting her friends. When they failed in their efforts to locate her, they called the police asking for their assistance. Being sixteen, the police informed them there was little they could do. Her parents also became extremely concerned when Kelly-Anne came home with physical injuries, the first time a badly beaten face and the second time with a bite mark on her hand. When asked how she had received these injuries Kelly-Anne on the first occasion said she had been attacked in the street by a group of girls and on the second occasion dismissed the bite mark on her hand as the result of an accident.

On the 30 November 1995, Kelly-Anne left the family home and moved in with Smith. By December, she had resigned from her part-time administrative job at a local mailing company. From this point, contact with her family was limited to phone calls. The last phone call to her

mother was on 10 March 1996. Her parents had become extremely concerned about the lack of contact in the weeks prior to her murder. In the month before she was killed, a mother's day card, birthday card for her father and wedding anniversary card to her parents were sent, purportedly from Kelly-Anne, but handwritten by Smith.

During this time, Smith was keeping Kelly-Anne prisoner in his two bedroomed semi-detached house. He had withheld food and water and tied her up by her hair to a radiator in the bedroom. Smith subjected Kelly-Anne to a prolonged and extremely violent attack, torturing her over a period of three weeks using a range of sharp instruments as well as his fists. A post-mortem revealed that she had 150 separate injury sites. She had scalding to her buttocks and left leg; burns on her thigh caused by the application of a hot iron; a fractured arm; multiple stab wounds caused by knives, forks and scissors; stab wounds inside her mouth; crush injuries to both hands; both her knee caps had been smashed; mutilation of her ears, nose, eyebrows, mouth, lips and genitalia; wounds caused by a spade and pruning shears. She had been partially scalped; both her eyes had been gouged out and there were stab wounds to her empty eye sockets. The cause of death was drowning after Smith had beaten Kelly-Anne around the head with a showerhead in the bathroom. The Home Office Pathologist, William Lawler, who examined Kelly-Anne's body, described her injuries as "the worst he had seen on a murder victim" with so many injuries at different points of healing.

Discovery of the Crime

Smith attended the local police station, informing police that Kelly-Anne had drowned in the bath. He gave an account of an accidental death. PC Tracy Turner testified at the murder trial that Smith had told her: "I've killed her. I know I have." and told another officer: "I know I'm going away. I know there is no point. I'm going to get found out anyway." When police

attended Smith's home address, Kelly-Anne's emaciated 6 ½ stone body was found naked on the floor of the bedroom, covered with blankets. Her blood was found in every room of the house. Smith was immediately charged with Kelly-Anne's murder. He denied that he had done anything to Kelly-Anne that she had not specifically asked him to do.

When police visited Kelly-Anne's parents to notify them of her death, Kelly-Anne's mother recalls stating, "He's killed her. I knew he would". Kelly-Anne's parents provided a detailed account of changes in Kelly-Anne's behaviour during her relationship with Smith. When she moved in with Smith, contact with her family became infrequent, from visits to their home address to phone contact to no contact at all in the weeks prior to her murder. Her parents had become increasingly concerned about the lack of contact.

Trial and Sentencing

Smith denied murder on the grounds of diminished responsibility. At the opening of the trial, Prosecuting Counsel QC Peter Openshaw said Smith had kept Kelly-Anne a prisoner in a house where she was tied up, starved and tortured. "It was as if he deliberately disfigured her, causing her the utmost pain, distress and degradation. Injuries to her neck suggested she had been held with a ligature. The injuries were not the result of one sudden eruption of violence, they must have been caused over a long period. The injuries were so extensive and so terrible that the defendant must have deliberately and systematically tortured the girl." The Psychiatrist who gave evidence described Smith as an adult sadist who will always be a danger to women.

It was also revealed during the trial that the day before Smith had attended the police station he had spoken to a minister of a religious group he belonged to. During this conversation, Smith had complained that "his girlfriend and her lying was making him mad" and that "he could

well understand why men killed their women”. Smith gave evidence at his murder trial and claimed that Kelly-Anne “would put me through hell winding me up”. He also claimed that Kelly-Anne had “taunted him” about his dead mother and had “a bad habit of hurting herself to make it look worse on me”. When asked to account for the extensive injuries to Kelly-Anne’s body, he said that she had challenged him to cause her harm. He provided an explanation for how some of the injuries had been caused which was extremely distressing for Kelly-Anne’s family who attended the trial. The jury took 55 minutes to reach a verdict. Smith was found guilty of Kelly-Anne’s murder on 19 November 1997 and was sentenced to life imprisonment with a minimum tariff of 20 years. Due to the level of violence inflicted on Kelly-Anne by Smith and the detail of the physical injuries and crime scene photographs shown to the jury during the trial, the jury at Manchester Crown Court were offered and all accepted counselling.

Background and Personal Characteristics

At the time of the killing, Smith was unemployed. He was described by acquaintances as fastidious, house-proud and well-groomed, he was a teetotaler and non-smoker. Details of his previous relationship history was outlined at the trial with two of his ex-partners testifying about the abuse they experienced while in a relationship with him. In 1980, his marriage had ended after 10 years due to his violence towards his wife. In 1980-1982 Smith had an affair with a 20-year-old whom he subjected to severe beatings while she was pregnant with his child and attempted to drown her while she was bathing. The victim escaped the relationship and in 1982, Smith began a statutory rape relationship with a 15-year old, who was also a victim of his violence. In one attack, Smith attempted to drown her by holding her head under water in the kitchen sink. There was a clear pattern of violence against women. Interestingly, as he had got older, each of his partners were the same age. The accounts from each of his ex-partners were similar in terms of the injuries received and the escalation in his violence was clearly

evident. In the words of Kelly-Anne's father "he was a time bomb waiting to go off". Smith had not come to the attention of the police for these previous intimate partner violence offences or any other crime. He had no previous criminal record, reprimands or warnings on the Police National Computer (PNC). The murder of Kelly-Anne was his first recorded criminal offence.

Key Aspects of the Case

The murder of Kelly-Anne Bates illustrates the nature of coercive control and the escalation of violent behaviour within an intimate partner relationship. From the outset, Smith groomed Kelly-Anne, he manipulated and controlled her behaviour by making her keep their relationship secret from her family, lying about his age and name when their relationship finally became known to her family. The age difference was a crucial factor. Kelly-Anne's parents describe how she associated with older people but they were very uncomfortable and unhappy that her boyfriend was of a similar age as her father. Kelly-Anne's mother took an instant disliking to Smith after coming home from work and finding him walking down the staircase in their family home. She recalls how: "As soon as I saw Smith the hairs on the back of my neck went up. I tried everything I could to get Kelly-Anne away from him."

Kelly-Anne's parents were so concerned about their daughter's relationship that they sought advice from the police and social services, however, they were unable to intervene because Kelly-Anne was over 16 (the age of consent in the UK). The danger signs were there for her parents to see: his age, his lies about his age and name, his controlling behaviour which included washing her clothes, buying her toiletries and persistent phone calls to the family home checking up on her when they were not together. Kelly-Anne's parents noticed a change in her personality and demeanour, she began to lose weight, had stopped bathing and taking care of her appearance. When Kelly-Anne and Smith briefly split up, he would pursue her until

she returned to him and on one occasion he threatened to kill himself. Kelly-Anne's mother describes how "he had her in his clutches and we couldn't save her." Isolating Kelly-Anne from her family occurred quickly once she had moved in with him. At this point, he had total control over her. While the level of violence in this IPH is extreme, Smith's known pre-offence behaviours, isolating Kelly-Anne from her family is an extremely common coercive control tactic seen in many domestic homicide cases. The fact that Smith had not previously come to police attention for violence against women highlights the difficulty of identifying and preventing intimate partner homicide.

From IPV Typologies to a Dimensional Approach

The Duluth Model previously outlined illustrates the range of abusive behaviour and coercive control tactics employed by abusers. In developing an understanding of IPV, researchers have identified different forms of violence perpetrated by offenders with differing characteristics, highlighting the heterogeneity of IPV (Dixon and Browne, 2003).

Pathways to IPV

Day and Bowen (2015) advocate the need for a dimensional rather than typological approach to understanding IPV, highlighting issues with the development of perpetrator behaviour change programs based on IPV typologies. Day and Bowen (2015) focus on the offence process and pathways to IPV and propose a self-regulation model of coercive controlling IPV. This model consists of nine phases: developmental/predisposing factors, triggering life events, desire for power and control, goals around power and control in relationships, strategy selection and systematic planning (approach-explicit pathway), victim contact and gain compliance, physical violence, evaluation involving rationalisation and justification.

Day and Bowen's (2015) model provides a useful starting point for understanding the cognitions and decision-making processes of coercive controlling IPV perpetrators who are considered to be the highest risk. The model represents a move away from a typological approach to develop a more holistic understanding of pathways to IPV, the offence process and the cognitions of IPV perpetrators.

Focusing on the cognitions of IPV perpetrators, Anderson and Bushman's (2002) General Aggression Model (GAM) provides a useful theoretical framework for understanding how cognitive processes mediate violent behaviour. The GAM details how individuals interpret, perceive, interact and respond to situations is guided by their pre-existing stored knowledge and experience, their active internal cognitive structures referred to as schemas or scripts. Anderson and Bushman (2002) theorise that aggression is the result of the convergence of both personological (schemas) and situational factors. Personological factors include thoughts and feelings that influence and shape how an individual reacts to a specific situation. Anderson and Huesmann (2003) suggest "The right situation can provoke most people to behave aggressively, but some people are much more likely to aggress than others" (Anderson and Huesmann, 2003: 299). This is interesting to consider in the context of IPV and the fact that there is potential for any IPV incident to result in homicide. Not all IPV perpetrators will kill their intimate partner but the potential for them to do so must be recognized, with the assessment of dangerousness and lethality vital for saving lives.

Understanding Domestic Homicide

Homicide is rare in context of the vast number of domestic abuse incidents that are reported to the police. Campbell et al (2007) report that for every homicide there are nine near fatal incidents. In 2012, one in every two female homicide victims were killed by their partner or

family member and one in twenty of all men were killed in such circumstances, thereby highlighting the gendered nature of domestic homicide (UN Women, 2015). In a global study of the prevalence of IPH, Stöckl et al (2013) found that an intimate partner committed one in seven (13.5%) homicides.

While there has been a reduction in the number of males killed by their female intimate partners over the years, the number of females killed by their male partners has remained relatively stable (Campbell et al, 2007). With Stark (2007: 7) commenting how “the prevalence of violence against women has not changed significantly in thirty years”. The key reasons for the reduction in males killed in a domestic context is the support and interventions provided for female domestic abuse victims (Campbell et al, 2007). In England and Wales, the murder of females in an intimate partner relationship continue to constitute a significant proportion of all females who are murdered (Dobash and Dobash, 2015), with two women a week killed by their partner or ex-partner (Office for National Statistics, 2015).

Cognitions of Men Who Are Violent Towards Women

IPH perpetrators have been found to minimise, defend by externalising blame or deny they are responsible for their lethal violent actions. A common retort to why they killed their current or former intimate partner is “she made me do it” (Dobash and Dobash, 2015). Smith’s explanation for how Kelly-Anne received her injuries is a prime example of this. Victim blaming is an example of how IPH offenders externalise problems and have an external locus of control.

Typologies of IPV perpetrators have identified differences in attitudes towards women and violence (Holtzworth-Munroe and Stuart, 1994). Family Only IPV perpetrators who commit

violence solely within a family context displayed no hostile attitudes towards women or attitudes supportive of violence. Dysphoric-Borderline IPV perpetrators who committed a higher frequency of IPV were found to have hostile attitudes towards women and attitudes supportive of violence. The Generally Violent Anti-social perpetrators who were the most violent committing violent acts against their partner and others outside of a domestic context, viewed violence as permissible and justified and expressed negative attitudes towards women. Eckhardt et al (2012) found similar results using an Implicit Association Test (IAT) to examine implicit attitudes of IPV males towards gender and violence. IPV males showed more positive implicit attitudes towards violence and a more rapid association between women and violence.

Wider research on violent offenders has revealed how the ‘decision’ to resort to violence or, in relatively rare instances, to kill, is dependent upon how offenders perceive, interpret and react both cognitively and affectively to elements of the micro-situation, which is guided by their schemas, scripts and implicit theories (Brookman and Wright, in press).

Normative attitudes and beliefs influence how violent offenders process information (Anderson and Bushman 2002) and, it is argued, increases the likelihood of aggressive or violent behaviour (Huesmann, 1988; Bowes and McMurrin, 2013). Such cognitive biases, attitudes and beliefs are theorized as stemming from maladaptive schemas also referred to as ‘hostile world schemas’ (Seagar, 2005) developed from direct and observational learning and experience in which antagonistic behaviour serves a functional purpose (Anderson and Huesmann, 2003).

The way in which violent offenders’ interpret and respond to perceived threats or hostility is an area of growing research interest. The implicit theories of violent offenders’ has been studied

extensively (Weldon and Gilchrist, 2012; Gilchrist, 2009; Pornari, Dixon and Humphreys, 2013; Ward, 2000; Beech et al, 2005). How martially violent males appraise situations and interpret events has been explored by Holtzworth-Munroe and Hutchinson (1993). Drawing upon the social information processing model of reactive and proactive aggression (Dodge and Coie, 1987), married violent males were more likely than two comparison groups (non-violent and married distressed and non-violent and non-distressed) to attribute negative and hostile intentions, have selfish motivation and blame their wife. Many IPV perpetrators have been found to have social information processing skills deficits and use aggression and/or violence as a means of resolving problems and conflict. These cognitions have developed as a result of their childhood experiences (Dutton, 1999; Dodge et al, 1995).

Role of Emotion

Related to the externalising of attributions for one's own behaviour is shame-proneness (Dutton, van Ginkel and Starzomski, 1995) which is also related to anger arousal (Dutton, 1995), which are identified characteristics of men who abuse their intimate partner. Lewis (1971) first noted the link between shame and anger in clinical casework. Gilligan's (1996) work on shame and humiliation also illustrates how humiliation can elicit violence and even homicide. Gilligan (1996) found that homicide and violent offenders identified being 'disrespected' or 'ridiculed' as a key trigger for their violence as it engendered feelings of shame and humiliation. Gilligan (1996) like Luckenbill (1977) and Athens (1997) explains how violence often stems from violent offenders' motivation to "save face".

Websdale (2010) explores IPV through the lens of human emotion, focusing specifically on the role of shame and humiliation. He also considers societal and cultural norms that result in men being encouraged from an early age not to express their emotion because it is perceived

as a weakness to do so. As a result of early childhood experiences and socialization processes, some males learn to use violence as a way to solve problems. Further research is needed to build upon the pioneering research of Websdale (2010) in unravelling the role that emotion plays in the commission of violent acts against an intimate partner and family members.

Risk Factors for Domestic Homicide

In Websdale's (1999) study of domestic homicide in Florida, men committed 106 of the 132 intimate-partner homicides (80%), 103 of the 141 family homicides (73%) all 15 of the love triangle killings and 39 of the 44 suicides (88%). In approximately three quarters of cases, intimate partners were either separated, estranged or divorced at the time of the killing. Many of the male perpetrators had criminal histories of violence and 102 engaged "in a regime of domestic terrorism to attempt to keep women in a subordinate position. Usually this terrorism took the form of women battering that long preceded the fatal episode" (Websdale, 1999: 205). Websdale (1999) posits that examination of situational antecedents will assist in identifying IPV cases at higher risk of lethality.

One of the only studies to use a control sample to identify risk factors for female IPH is that by Campbell et al (2003). They examined 220 cases of IPH and 343 domestic abuse cases from 11 cities in the USA. The risk factors identified were previous violence to the victim, estrangement, forced sex, threats to kill and threats made with a firearm. In 80% of the IPH cases the perpetrator was drinking at time of the killing, two thirds were intoxicated and a quarter had consumed alcohol and drugs. This is a significant finding because alcohol and substance misuse are disinhibitors that influence an individual's self-control. Access to firearms and use of illicit drugs were strongly associated with IPH (Campbell et al, 2003) and

risk more than doubled if the victim had a child living with them who was not the biological child of the abuser.

In a review of 22 empirical studies on spousal homicide perpetrators, Aldridge and Browne (2003) identified nine risk factors for spousal homicide:

1. Witness of family violence and/or victim of family violence (static)
2. Married vs. de-facto relationship (dynamic)
3. Age disparity (static) – higher risk identified when male 10 years older than female.
4. Drug and alcohol abuse (dynamic)
5. Sexual jealousy (dynamic)
6. Separation/threat of separation/length of separation (dynamic)
7. Stalking (dynamic)
8. Personality disorder (static)
9. Previous domestic violence (static)

Across all studies on the characteristics and risk of IPH, the most dangerous time for a victim in a domestic abuse relationship is when the victim is planning to leave or after they have left (Websdale, 1999; Campbell et al, 2003; Aldridge and Brown, 2003; Campbell et al, 2007; Dobash and Dobash, 2015). Separation or threat of separation is therefore a high risk ‘trigger’ for homicide.

Stalking has also consistently been found to be associated with IPH (McFarlane et al, 1999), with victims who reported being spied on or followed twice as likely to be killed. Stalking behaviour was reported in 49% of attempted homicide and homicide cases where the victim had not reported physical abuse. In cases where threats were made to harm the children if the

partner left or did not return, there was a nine-fold increase in the likelihood of the victim being killed.

Based on data gathered from the largest UK murder study, Dobash, Dobash, Cavanagh and Lewis (2004) compared the characteristics of 106 men who had murdered an intimate partner with 424 male-male murderers. Differences were found between the two groups with those that had killed an intimate partner considered more 'ordinary', they had a conventional upbringing, were high-school educated and in employment at the time of the murder. The IPH perpetrators did however have a history of relationships that had broken down and had used violence against a previous female partner. These findings are comparable to US research by Adams (2007) who found that IPH perpetrators had more conventional backgrounds when compared to domestic abusers and males convicted of attempted murder. One third of perpetrators in Adam's (2007) study had at least one previous conviction with 16% defined as career criminals. Of the IPH perpetrators, 48% had completed high school, 87% were employed in a blue-collar role and 13% were employed in a white-collar occupation at the time of the killing.

The notion that IPH perpetrators are less criminogenic than IPV is an interesting finding and one which also relates to the fact that between 24% (Dobash and Dobash, 2015) and 55% (Thornton, 2011) of IPH perpetrators in the UK had no recorded contact with the police prior to killing their current or former intimate partner.

Familicide

Research on familicides in the USA (Websdale, 2010) and the UK (Yardley, Wilson and Lynes, 2013) suggest an increase in the number of these types of domestic homicides over the last 20 years. While rarer in occurrence than IPH, familicides share similar dynamics, with familicide

perpetrators use of violence as an attempt to gain power, with the majority often linked to male conflict with a female partner, which has led to them being referred to as ‘intimate partner collateral murders’ (Dobash and Dobash, 2015). Defined as ‘annihilators of the nuclear family’, familicides differ from IPH in that they “represent a quantum leap that reaches back into the past and forward into the future, destroying a lineage and eliminating new blood. It is not only the number of victims the familicidal hearts claim that marks the gravity of the transgression. Rather, its seriousness stems from the undoing of romantic attachments and sets of interdependencies emblematic of modern freedom of choice in intimate life” (Websdale, 2010: 259).

Websdale (2010) conducted an archival analysis, exploring the emotional styles of 211 individuals who had committed familicide and describes an emotional continuum from the livid coercive heart to the civil reputable heart. The livid coercive familicide perpetrator acts out of humiliated fury. They were more likely to be of working class status, with a previous history of domestic abuse. The livid coercive was desperate to hold on to their partner and nuclear family. Male livid coercive hearts had the role of sole provider and female livid coercive hearts as wives and mothers. The civil reputable familicide perpetrator killed out of a sense of rescue or mercy. Civil reputable hearts were respectable and well-controlled individuals. They were more likely to be middle class, have no prior history of abuse and be despondent or depressed. The civil reputable perpetrator tended to be experiencing life changes that they considered insurmountable such as financial difficulties, illness or the breakdown of their relationship with their female partner.

The majority of familicidal perpetrators, experienced shame at failing to live up to societies standards with “the diminution or evaporation of a feeling of power central to the understanding

the familicide” (Websdale, 2010: 264). In shining a spotlight on the role of emotion in the perpetration of familicide, Websdale (2010) encourages researchers and practitioners to acknowledge and delve further into the role emotion plays in these types of killings.

The familicide committed by John List is presented as an example of a civil reputable perpetrator.

Case Study: Familicide committed by John List

Offence Details

On the 9 November 1971, John Emil List, aged 46 years, shot and killed five of his family members at their family home, Breeze Knolls, a 19 room Victorian house in Westfield, New Jersey. His wife, Helen List, aged 46 with whom he had been married for 20 years was killed first via a shot to the back of the head as she sat drinking coffee in the Kitchen just after 9am after their children had left for school. On killing his wife, List then went upstairs to the attic room where he shot his mother, Alma List aged 84, once above her left eye. List cleaned up both crime scenes before his children returned home from school. He also carried out a number of chores, attending the post office to arrange for mail delivery to be stopped and visited the bank to cash his mother’s saving bonds. He then returned home and ate lunch. As each of his teenage children, Patricia aged 16, John aged 15 and Frederick aged 13 arrived home individually from school, he shot each of them in the hallway. All died from a single gunshot, with the exception of List’s final victim his youngest son Frederick who was shot over 10 times in the chest and face.

Following the killings, List moved the bodies of his wife and three children into the ballroom of the house, where he laid them out side by side on sleeping bags and placed a towel over each

of their faces. His mother's body was left in the attic because he found her "too heavy to move". That evening List wrote a series of letters one of which was a "confession letter" to the local pastor, one titled "to the finder" detailing the scene at the house, one to his ex-employer explaining his ideas on how they could recruit new clients and letters to his relatives. List also cut himself out of all the family photographs he could find in the house. This was a clearly calculated act aimed at ensuring that when the murders were discovered the police would have no recent photograph of him that they could use in their media appeal to apprehend him. List then ate dinner and slept that evening at the house. In the morning, he set classical music to play from the intercom system, turned all the lights on in the house and left.

Discovery of the Crime

This familicide was not discovered until the 7 December 1971, 29 days after the murder. Neighbours had noticed the lights on at the house and that some of these had begun to burn out, however, it was not until they saw two people on the driveway of Breeze Knolls that they called the police to report trespassers. The trespassers were Patricia's drama teachers who had become suspicious and concerned about Patricia's length of absence from drama classes. Patricia had not long before reported to one of her drama teachers her concern that her father may kill her and the rest of the family. The police arrived at the property, forced entry and discovered the scene of carnage.

The police search of the house recovered the 'confession letter', which List had left on his desk to the pastor at the local Lutheran church. In this letter, List wrote that he had seen too much evil in the world and had killed his family to save their souls. He also explained how he had "got down and prayed after each one". List's car was found parked at Kennedy International

Airport, but police could find no evidence that he had boarded a flight. List evaded law enforcement efforts to apprehend him for 17 years 6 months and 23 days.

While living as a fugitive List assumed a new a new identity as Robert Peter Clark. In 1972, he settled in Denver and worked for 6 years at a paper box manufacturing company outside of Denver. He met Delores Miller, aged 48 at a Lutheran congregation and they married in 1985. List had numerous jobs during their marriage and in 1988 secured a job as an accountant in Richmond, Virginia where they moved in February 1988.

Law enforcement had not given up on their efforts to apprehend List, almost eighteen years later, details of the case and the wanted John List was aired on the Americas Most Wanted Show on the 21 May 1989. The broadcast included an aged progression clay bust of List. Following the broadcast, the police received over 200 calls, one of which was from List's former neighbour in Denver who recognised the likeness of the clay bust to 'Robert Clark' and had called police. Eleven days after the show was broadcast, List was arrested on the 1 June 1989 at his workplace in Richmond, Virginia. List denied his true identity until 16 February 1990 when faced with irrefutable fingerprint evidence from his military records.

Trial and Sentencing

At the trial for the murders, List gave an account of his financial difficulties, that his wife had health issues, alcoholism and was suffering from syphilis. A psychiatric evaluation of List concluded that he had an obsessive-compulsive personality disorder. The psychiatrist for the prosecution concluded that List was suffering only from a midlife crisis as evidenced by the years he had enjoyed living under an alias following the killings. The jury rejected the defense's case of diminished capacity and List was convicted of five counts of first-degree murder on 12

April 1990. He was sentenced to five life terms in prison on 1 May 1990. List attempted to appeal the conviction on two grounds. Firstly, that he had been suffering Post Traumatic Stress Disorder (PTSD) from his military duty during World War II and the Korean War and secondly that the details contained in the confession letter should not have been admissible at the trial because this detailed private correspondence with his pastor. His appeal was rejected.

Post-Conviction Account

In 2002, List was interviewed in prison by ABC news reporter Connie Chung. This was the first time List had spoken publicly about killing his family. During the interview, he expressed some remorse as he stated: "I wish I had never done what I did". More, interestingly, however, was the rationale he gave both for his violent acts and why he did not take his own life. List explained how he feared his family would be torn apart by financial difficulties and that they would lose their family home and "drift away from their Christian beliefs". List told Chung: "So eventually, I got to the point where I felt that I could kill them, hopefully, they would go to heaven and then maybe I would have a chance to later confess my sins to God and get forgiveness". When asked why he did not take his own life he expressed his belief: "that if you kill yourself, you won't go to heaven" and he hoped to be reunited with his family in heaven. List died in prison on 21 March 2008 aged 82 from complications caused by pneumonia.

Background and Personal Characteristics

List was born in Bay City, Michigan on 17 September 1925; he was the only child of Alma and John Frederick List. His mother was domineering and overprotective and his Father authoritarian. List attended the University of Michigan graduating with a Bachelor's Degree in Business Administration and a Masters in Accounting. List served time in the army during

World War II and the Korean War. He met his wife Helen in 1950 while on active military service in Virginia and they married on 1 December 1951 in Baltimore. In 1965, they moved to the affluent area of Westfield where they attended church each week. The family were described as reclusive with List controlling the family's social life. His employment history showed that he had difficulty in maintaining a job. List was a devout Lutheran and described by his neighbours as quiet and aloof.

Key aspects of the case

At the time of the killing List was unemployed and experiencing financial difficulties, owing \$11,000 in mortgage arrears. He had lost his job as an accountant and had kept his unemployment a secret from his family for months, leaving each day and spending time at the local train station. To make ends meet he had been taking money from his mother's bank account. List's wife had tertiary syphilis and consumed excessive amounts of alcohol and List suspected that his daughter had been experimenting with cannabis. This combination of financial and domestic stressors led List to fear that he was losing control of his family. His strongly religious beliefs appear influential in his decision to kill his family so that they could go to a better place, heaven. List justified his actions with the rationale that "by killing them they would die Christians". List resembles Websdale's (2010) 'civil reputable' familicide perpetrator. He meticulously planned the killings and his actions are an example of controlled and instrumental violence within a domestic context. Prior to the killing, List carried out target practice with the firearms he later used to kill his five family members. His behaviour during the commission of the offence and post-offence was methodical. A single gunshot to the head, the cleaning of the scene and arrangement of the bodies. Post-offence he displayed numerous examples of detection avoidance behavior, firstly by planning a cover story to explain the

children's absence from school and their part-time jobs and then eerily cutting himself from family photographs to hinder police attempts to apprehend him.

The Role of Forensic Psychology in the Assessment of IPV Perpetrators

The role of Forensic Psychology in the assessment of IPV perpetrators is broad. The most obvious role involves an assessment of the perpetrator either prior to, or following conviction. Prior to conviction, assessment often involves exploring the individual circumstances of the offence and whether any mitigating factors were present that could influence how the case is handled at court. Following conviction, assessment tends to focus more on the personal circumstances and psychological profile of the perpetrator to assist the court to make decisions about the most appropriate disposal outcome. This could include decisions about whether the perpetrator requires certain monitoring or treatment conditions, or whether a prison sentence or a court order for treatment in a psychiatric hospital or mental health service is warranted.

The evidence base that Forensic Psychologists draw upon to carry out an IPV perpetrator assessment is built on the work of Forensic Psychology researchers worldwide. Forensic Psychologists have a key role both behind the scenes, in providing the research evidence for forensic practice, and directly, by conducting risk assessments, and developing formulations and intervention plans to assist the courts and other criminal justice agencies in dealing with IPV perpetrators. Semi-structured risk assessments, such as the Spousal Assault Risk Assessment (SARA) (Kropp, Hart, Webster and Eaves, 1995) and Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER) (Kropp, Hart and Belfrage, 2005) used by Forensic Psychologists and law enforcement officials have been developed from forensic psychological research. In the UK, psychological and criminological research has also led to the development of risk assessment tools for police first responders, such as the Domestic Abuse, Stalking and Honor-Based Violence (DASH) Risk Identification, Assessment and Management Model (Richards, 2009), Merseyside Risk Identification Tool (MeRIT) (Nixon, 2009) and Domestic Abuse and Stalking Reference Tool (DART) (Monckton-Smith, 2014).

IPV Risk Assessment

The development of IPV risk assessments has followed a pattern similar to that for other violent crimes, with outdated and unreliable forms of unstructured clinical judgement being replaced by actuarial and structured professional judgement approaches (see for example the HCR-20 version 3, Douglas et al, 2013). Actuarial type assessments employ a scoring system based on the number of relevant risk factors present in a case and uses this to compare individuals to a norms-based reference group. An example is the Ontario Domestic Assault Risk Assessment (ODARA) (Hilton et al, 2004) which combines thirteen specific domestic violence risk factors, with general risk factors for offending behavior, to assist police officers in reaching decisions about whether to detain a suspect and the support required for victims.

Structured professional judgement approaches, such as the SARA (Kropp et al, 1995) and B-SAFER (Kropp et al, 2005) assessments, provide guidelines on key risk factors, reflecting current theoretical and empirical knowledge about IPV, that should be evaluated to form a comprehensive spousal assault assessment. Structured professional judgement assessments tend to focus on more dynamic and changeable factors, with the aim of generating management and prevention strategies appropriate to the risk factors identified. The SARA consists of twenty risk factors, split across four broad domains (criminal history, psychosocial adjustment, spousal assault history and alleged (current) offence). The B-SAFER is a shortened version of the SARA. Research exploring the reliability of risk assessments based on actuarial and structured professional judgement approaches suggests that both are effective in predicting recidivism (Au et al, 2008). The choice as to whether to use an actuarial or structured judgement approach is therefore best determined by the nature of the assessment required and the assessment context.

At the Scene Risk Assessments

Assessments used at the scene of a domestic incident, by attending police officers, tend to, quite rightly, employ an actuarial approach, which requires police response officers to identify the presence or absence of a range of risk factors and score these to make an overall determination about risk level. In the UK, DASH and MeRIT are examples of such assessments. Research suggests that, in such circumstances, the response officer will make a judgement about risk based on the number of risk factors present, with a greater number of risk factors indicating higher risk. The substantial literature for the development of violence risk assessments supports that, to some degree, the more risk factors that are present the higher the general level of risk (Belfrage and Strand, 2012). However, research also purports that the presence of a single risk factor, if that factor is assessed as having had a substantial influence on past behaviour, could be sufficient to provide an assessment of high risk of recidivism (Kropp et al, 2005; Douglas et al, 2013). The existing literature on IPV risk assessment and potential lethality in IPV cases in particular, seems particularly prone to this phenomenon. A risk assessment profile suggesting low or moderate risk overall, for example, is likely to be significantly elevated if the victim decides to leave the offender and especially if the victim becomes pregnant with someone else's child (Garcia, Soria and Hurwitz, 2007). The complexity of this part of the risk assessment process tends to be somewhat missed in at the scene assessments carried out by first response police officers. However, the nature of at the scene risk assessments means that an actuarial-type approach allows for a broad range of information to be gathered, largely through interviewing the victim, in a short space of time.

The scoring system used in actuarial risk assessments is quick and straightforward and allows the responding officer to make a structured decision about the level of intervention required at that time, without requiring an in-depth knowledge of the theoretical and empirical knowledge

base for IPV. It is, however, essential that the first responding officers tasked with carrying out such risk assessments receive adequate training in how to use the risk assessment tools and have a good understanding of the characteristics and dynamics of domestic abuse.

IPV Risk Assessments for Other Purposes

For Forensic Psychologists completing a risk assessment for other purposes, such as a court assessment or for treatment/management planning, the information gained through an actuarial assessment is less useful. Actuarial assessments in this context are an excellent way of capturing a generalised risk of recidivism but do not provide the rich information that is gained through a structured professional judgement approach. Assessments such as the SARA or B-SAFER allow for rich and detailed information to be gathered, from multiple sources, providing a comprehensive account of the circumstances specific to the offender and the victim (Kropp et al, 2005). Unlike actuarial approaches, assessments such as the SARA or B-SAFER should never be used other than for research purposes as a scoring system because they have not been designed for this purpose (Kropp et al, 1995; Kropp et al, 2005).

The training for these risk assessments requires the practitioner to gather relevant information and then analyse its relevance in relation to the available research evidence base. The IPV evidence base tells us, for example, that a history of mental disorder increases the risk of recidivism, but exactly how an offender's past history of mental disorder influences their behaviour is ascertained using the clinical skill of the assessing practitioner, usually by determining a pattern of symptoms and behaviours. An expanding evidence base makes this task even more challenging for the forensic practitioner, highlighting the importance of continued professional development and keeping abreast of the latest research evidence relevant to the specific IPV risk markers in each case. Taking the mental health risk marker

already mentioned as an example, most IPV risk assessments ask the assessing practitioner to explore the presence or absence of this risk factor. However, further investigation of the available evidence base might suggest, for example, that a female victim's experience of depression increases the risk of their male partner's violence, but the male perpetrator's own depressive symptoms are not robustly predictive of violence towards women (Kim et al, 2008). Capaldi, Knoble, Shortt and Kim (2012) suggest that the association between depression and risk of IPV is not robust and that depression may be a stronger risk factor in assessments of women perpetrators than in men. Similarly, Ehrensaft, Cohen and Johnson (2006) found that, after controlling for social economic status, race, sex and age, cluster A personality difficulties (such as those referred to in DSM-IV-TR as paranoid, schizoid and schizotypal) and cluster B personality difficulties (histrionic, narcissistic and borderline) in early adulthood predicts later perpetration of IPV. With cluster C personality difficulties (avoidant, depressive and obsessive-compulsive) found to decrease the risk of IPV in individuals who had experienced childhood abuse and adolescent conduct disorder. Such examples of complicated interactions between risk markers are not limited to issues of mental disorder. Alcohol and drug misuse provides another complicated example (Capaldi et al, 2012). For example, while a range of research has suggested an association between alcohol use and increased risk of IPV and IPH (Garcia et al, 2007), other research suggests a more complicated relationship. Alcohol use was found by Caetano, Field, Ramisetty-Mikler and McGrath (2005), for example, not to significantly predict recurrence of male perpetrated IPV, but that both male and female volume of alcohol intake significantly predicted recurrence of female violence towards men. In this study however, volume of alcohol intake (five or more drinks per occasion) rather than frequency of alcohol use (three or more times a week) was found to be important.

The preparation of a comprehensive and individual risk assessment is essential in any assessment for use as part of a legal trial or in developing intervention plans. In such circumstances, the development of a working formulation of the perpetrator's behaviour is key. This way, the practitioner is able to gain a full understanding of the distal and proximal factors that led to the offence, whether the offender shows a pattern of behaviour and the role of maintaining factors, including, somewhat controversially, but nevertheless essential, victim characteristics. By understanding the specific personal and situational factors that increase the risk of IPV and by setting this in the context of current research on IPV, the practitioner is able to determine and recommend areas for intervention. While practitioners from a range of disciplines have the requisite skill to conduct such assessments, the broad understanding Forensic Psychologists have of offending behaviour and how this is applied to the assessment process, makes Forensic Psychologists particularly suited to carry out complex, structured professional judgement assessments, such as those required when developing intervention plans for IPV perpetrators.

IPV Victim Risk Appraisal

There is emerging evidence that suggests that one invaluable and reliable piece of risk information is often missed from structured risk assessment guides. Assessment approaches such as SARA and B-SAFER are generally performed by forensic practitioners based on perpetrator information. However, Hanson et al (2007) suggest that women's appraisals of their own risk level are almost as accurate in predicting recidivism and dangerousness as specific IPV risk assessment tools, including actuarial and structured professional judgement approaches. Evidence demonstrating the validity of victim appraisals of their own risk adds further support to obtaining intimate partner reports (Bowen, 2011). Particular attention should therefore be given to how 'safe' a victim feels. Conversely, both empirical evidence and

forensic clinical experience suggests that it is usually inadvisable to place much weight on the perpetrator's own estimation of their risk level, and that such an approach is likely to result in a dangerous underestimation of the potential for recidivism and future dangerous behaviour (Kropp, 2008). In addition, practitioners need to remain mindful of the potential impact of coercive control in IPV cases. Some victims, as a result of their partner's coercively controlling behavior may minimise or justify their partner's violence (Kropp, 2008). In such situations, both victim and perpetrator appraisals are likely to be unreliable, necessitating the practitioner to rely solely on an objective approach to risk assessment, using a structured tool and reference to the IPV research evidence base.

Predicting Risk versus Predicting Severity/Potential Lethality

Most available structured IPV risk assessments show good reliability and validity in predicting recidivism (Au et al, 2008; Belfrage and Strand, 2012; Bowen, 2011; Dayan et al, 2013; Storey et al, 2014), however, accuracy in assessing potential severity or lethality in a given case is often a key weakness of IPV risk assessments. In the UK, the actuarial system of risk assessment previously described is used to determine which cases require police intervention, such as a Multi-Agency Risk Assessment Conference (MARAC) and which do not. However, as already outlined, the risk assessment literature does not fully support the notion that a larger number of risk factors (in actuarial terms, a higher score) unequivocally indicates a higher level of risk of recidivism. The support for this in relation to lethality is even less convincing. So how can a practitioner know whether a particular case will result in a low, moderate or severe and potentially fatal level of violence? As already outlined, IPH and near-fatal violence is infrequent in comparison to incidents of IPV (Echeburua, Fernandez-Montavlo, de Corral and Lopez-Goni, 2008). In the UK it has been found that a number of IPH that were classified as standard or medium risk on the basis of at-the-scene, actuarial-type assessment have resulted

in fatal offences (Monckton Smith, Williams and Mullane, 2014). Do such false negative evaluations indicate a flaw in the structure of the risk assessment system, the experience of the assessing practitioner or the system of intervention? Certainly, in the UK, victim protective systems such as MARAC are only put in place for those cases designated high risk and with good reason. Storey et al (2014) for example, demonstrate that risk management recommendations are associated with decreased recidivism in high-risk perpetrators, but increased risk in low risk perpetrators. Belfrage and Strand (2012) demonstrate that recidivism rates of IPV offenders are high across all risk groups, except high-risk offenders. This finding can be explained by the fact that interventions are routinely put in place for high-risk offenders, suggesting that police interventions are effective at reducing IPV in these cases leading to low rates of recidivism in this group of offenders. However, what about offenders and victims that are assessed as being at standard or medium levels of risk? In the UK, IPV victims assessed as of standard or medium level of risk are most often given information about community services and helplines. There is little work carried out directly by the police to monitor and safeguard such victims and ongoing monitoring of such cases by the police is rare. The categorical system of intervention described seems at odds with a system of assessment that offers a dimensional classification of risk. Logic would suggest that a graded approach to intervention should be offered, tailored to the risk level of each case. Perhaps then, cases that were initially assessed as being standard or medium risk could continue to be monitored through low-level police interventions. This could include implementing routine checks with the victim via telephone calls, for example, in the weeks following an IPV incident, thereby allowing the victim's appraisal of the level of risk to be used to inform decisions about the need for reassessment by specialist officers. This way, potential changes that could indicate an increased risk of lethal violence could be more easily detected. Such changes however would place even more pressure on an already stretched and somewhat under resourced police service.

The research evidence base for predicting potential lethality in IPV cases, as with any other area of forensic practice, is constantly developing. With the structured professional judgement approach, it is extremely important that the assessing practitioner incorporates contemporary research on the role of specific risk markers, as outlined earlier. When assessing potential lethality, for example, an emerging evidence base suggests that particular risk markers for IPH include a pattern of IPV, the victim threatening to, or actually leaving the perpetrator, the victim leaving the abuser for another partner, stalking occurring alongside IPV, availability of potentially lethal weapons and alcohol and/or drug misuse by the perpetrator (Sheehan et al, 2015).

The study by Sheehan et al (2015) suggests that a combination of a high number of IPV risk factors such as those measured on actuarial or structured risk assessments and the presence of acute risk factors indicates an increased risk of lethality. The acute risk factors identified by Sheehan et al (2015) were a loss of sense of control for the perpetrator triggered by a change in circumstances such as child custody or threats to leave, a dramatic change in the perpetrator's behaviour such as an escalation in severe violence, and barriers to help for the victim, such as the isolation created by the perpetrator, but also failings in the criminal justice system, such as the limitations of court orders. The study by Sheehan et al (2015) emphasises the importance of gathering information from family members and friends of IPV victims to understand offender behavior prior to killing their intimate partner.

Despite increased knowledge about risk factors for IPH there remains a crossover between risk factors that predict general recidivism and those that predict severity and potential lethality. This makes risk assessment for potential lethality extremely complex and challenging. It could

be argued that risk assessments of IPV are not specific enough about which factors predict recidivism and which predict severity and how to determine which factors predict recidivism in general or potential severity of violence in each individual case. In addition, the training provided to UK police first responders, those officers most likely to complete IPV risk assessments and to determine potential future risk level, has been criticised for being somewhat inadequate due to the complexity of IPV (HMIC, 2014). The criticisms of both the specificity of available risk assessments and the training provided to first response officers suggest that a multi-faceted approach is required to improve the identification of which IPV cases might be most likely to result in homicide. The IPV literature reviewed in this chapter highlights the need for practitioners involved in IPV risk assessment to fully understand the nature and dynamics of domestic abuse and identify coercively controlling behavior as a key risk factor for potential lethality (Stark, 2007).

Regardless of the context of the IPV risk assessment or the expertise of the practitioner conducting the assessment, it is vital that those conducting risk assessments have a broad understanding of IPV and ideally, should have experience of working with both perpetrators and victims. Comprehensive risk assessment training is key and continued appraisal of the relevant research evidence-base is essential. The potential dangerousness of all IPV perpetrators has been illustrated in this chapter. A risk assessment can only ever be as comprehensive and robust as the information on which it is based and this includes the knowledge the practitioner has of the research evidence base. Little is more dangerous than a risk assessment based on inadequate information or a risk assessment that has been carried out by a practitioner who has an incomplete understanding of the complex and dynamic nature of IPV.

Conclusion

Assessing dangerousness and potential for lethality in domestic abuse cases is highly complex. There is a difference between the system of actuarial risk assessment and what existing research tells us about individual risk and lethality assessment. When assessing an individual case, the presence of a single risk factor may be enough to convey a high-risk rating and a high potential for lethality. This is case specific. Actuarial risk assessment entails generalisation to groups and a higher score (i.e. more risk factors present) conveys a high-risk rating. This misses the subtlety of individual risk formulation that is often key to accurate risk assessment and lethality assessment in each case.

While incidences of physical violence are likely to have occurred prior to an IPH, the most frequent antecedent is coercive control (Stark, 2007). In reviewing the existing literature and case examples of IPH and familicide, it appears that perpetrators perceived or actual loss of power and control is a common trigger for these types of domestic homicide. Day and Bowen's (2015) self-regulation model of coercive controlling in IPV provides a useful theoretical framework for understanding and working with perpetrators identified as high risk (Day and Bowen, 2015). However, consideration must also be given to the role of event characteristics and situational factors in influencing cognition and emotion 'in the moment' to develop an understanding of how personal and situational factors may combine to result in behaviour which has a lethal outcome. As Websdale (2010: 36) explains: "emotion is the juice of human interaction", we, therefore, need to further understand the role of emotion in the perpetration of lethal violence within a domestic context.

Recommendations for Advancing Understanding of Domestic Homicide

Learning the Lessons

Accounts of victim experiences of violent intimate partner relationships are incorporated within fatality reviews in the USA (Websdale, 1999) and domestic homicide reviews (DHRs) in the UK (Home Office, 2011). The findings of fatality reviews and DHRs are of vital importance for identifying risk factors for IPH. However, to be effective these findings need to be shared in a timely manner. In the UK, the Home Office has responsibility for collating the findings from DHR's, unfortunately however, little information has been shared with the police service since DHR's were introduced in 2011 under Section 9 of the Domestic Violence, Crime and Victims Act 2004. To date, only a basic list of recommendations have been published (Home Office, 2013). Enhanced risk assessment training for police first responders is clearly needed, as a recent inspection by Her Majesty's Inspectorate of Constabulary (HMIC) rated only 8 out of the 43 police forces in England and Wales as providing a 'good' service to domestic abuse victims (HMIC, 2014).

The review of the IPV, IPH and risk assessment literature in this chapter highlights the issue of cases where no reports are made to the police regarding a male partner's abusive behaviour. The police are unable to identify risk and work to prevent domestic homicide if they are not aware of ongoing abuse. This is particularly relevant for cases involving coercive control because there may be no or very little physical violence (Stark, 2007). Findings from fatality reviews and DHRs show that it is rare for a homicide to be committed without any precursor behaviours or risk indicators (Campbell et al, 2007; Mockton Smith, Williams and Mullane, 2014). IPV perpetrators who exert control and power using psychological rather than physical tactics are considered the most dangerous (Day and Bowen, 2015; Stark, 2007). While IPV

victims may be reluctant to report abuse to the police, current research suggests victims are likely to disclose information to family members and close friends (Sheehan et al, 2015). Education and awareness raising campaigns of reporting all domestic abuse can therefore help save lives.

Based on current IPV theory, research and forensic psychological practice, recommendations are detailed below which are aimed at advancing understanding of domestic homicide.

Offender-Focused

- A dimensional rather than typological, gender-inclusive approach to understanding domestic abuse is necessary to ensure the development of intervention programs tailored to perpetrator's behaviour to reduce recidivism.
- While the evidence base for distal and proximal factors of IPV is well established, the literature on IPH is relatively small. There is therefore a need for further empirical research examining IPH perpetrator characteristics, their actions and decision-making prior to, during and after killing. To fully understand what 'triggers' an individual to kill their intimate partner, perpetrators accounts of their thoughts, feelings and actions need to be captured and analysed. While it is acknowledged that many perpetrators tend to justify, rationalise and minimise their offending behaviour, their narratives are crucial for advancing our understanding of the role of personal and situational factors in the commission of IPH. Building on Athens (1980) seminal work on violent actors and their actions, will develop understanding of the cognitions of IPH perpetrators in terms of how they view and define the situation in which they engage in abusive and violent behaviour. The findings of such research will have direct implications for risk assessment and violence intervention and prevention programs.

- Further empirical research is needed to build upon Websdale's (2010) proposition that emotion, particularly shame, is influential in propelling an individual to kill an intimate partner or family member.

Victim-Focused

- The lived experiences of IPV survivors and IPH victim's family and friends is vital for enhancing understanding of the interpersonal dynamics that lie at the heart of IPV.
- Fatality Reviews and Domestic Homicide Reviews should be collaborative with family members and friends interviewed to ensure the victim's perspective is central to the review process.

Practice-Focused

- The lessons learned from Fatality Reviews and Domestic Homicide Reviews must be shared with relevant organisations in a timely manner for learning to be implemented in practice.
- With issues identified of domestic abuse cases assessed as standard or medium risk resulting in homicide, an evaluation of current risk assessment tools and practices is needed to establish effective policy and practice that saves lives.
- Forensic Psychologists can play a key role in assisting the development of early intervention strategies, enhancing awareness and educating the public of the need to report all incidents of domestic abuse to prevent future homicides.

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