



AMERICAN HOMICIDE

RICHARD M. HOUGH
KIMBERLY D. McCORKLE

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INTIMATE PARTNER HOMICIDE

“Home can be the most dangerous place for a woman. It is particularly heartbreaking when those who should be protecting their loved ones are the very people responsible for their murder.”

—Jean-Luc Lemahieu, Director for Policy Analysis and Public Affairs, United Nations Office on Drugs and Crime

“. . . those serpents! There’s no pleasing them!”

—Lewis Carroll

“Often things are as bad as they seem.”

—Sheldon Kopp, author of *Finding a Life That Is Truly Your Own*

Chapter Outline

Introduction and Definitions	Prosecuting Intimate Partner Homicide
Rates	Castle Doctrine and Stand-Your-Ground Laws
Dynamics of Intimate Partner Homicide	Summary
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Student Learning Outcomes

- Students will be able to define and explain the rates of intimate partner homicide.
- Students will know the dynamics of domestic violence and understand the circumstances that sometimes lead to intimate partner homicide.
- Students will be able to identify the primary theories used to explain intimate partner homicide.
- Students will understand the tools used for lethality assessment in intimate partner violence cases and the limitations and uses of such tools.
- Students will understand the process of fatality review in intimate partner homicide and its impact on the development of public policy.
- Students will be able to explain some of the challenges faced by prosecutors who handle cases of intimate partner violence and homicide.

INTRODUCTION AND DEFINITIONS

In this textbook, we will use the terms **intimate partner violence (IPV)** and **intimate partner homicide (IPH)** instead of **domestic violence (DV)** as these terms are more descriptive of the relationship and the dynamics between the offender and victim. Intimate partner homicides are those that are perpetrated by current or former spouses or partners who share or have shared an intimate relationship. Intimate partner violence and the potential IPH include same-sex and never-married couples as well help with an inclusive definition. While research is less available on lesbian, gay, bisexual, and transgender (LGBT) relationship violence, some suggest that intimate partner homicide is similar regardless of sexual orientation (Mize & Shackelford, 2008). Domestic-violence homicide is a broader category of homicide and includes homicides committed by any family member. We will cover those types of homicides more fully in the next chapter. And to be sure, there are deaths of nonintimates that come about from an incident of intimate partner homicide (Smith, Fowler, & Niolon, 2014). In this chapter, we will first address the rates of intimate partner homicide, both in the United States as well as across the world. Then, we will address some of

the dynamics of intimate partner violence and examine various prevailing theories about why IPH occurs. The chapter will also introduce you to some of the current work around lethality assessment and fatality reviews in the area of intimate partner violence. Finally, we will examine some of the issues that arise when IPH cases are prosecuted and will address recommendations by researchers for ways to reduce intimate partner homicide.

Intimate partner homicide is the most extreme result of intimate partner violence, which is sometimes still referred to as domestic violence in the literature. Clearly, not all intimate partner violence leads to a murder, but unresolved and ongoing abuse can escalate, and the abuser may kill his victim as a culminating act of power and control. “Intimate partner violence is defined as physical violence, sexual violence, stalking, or psychological aggression (including coercive tactics) by a current or former intimate partner” (Smith et al., 2014, p. 1). A major risk factor for IPH, whether the offender is male or female, is prior intimate partner violence (Campbell et al., 2007). Not only has intimate partner homicide typically been preceded by intimate partner violence, but at least some of the prior violence has also usually been reported to authorities.

The careful study of intimate partner homicide is essential for any student examining homicide. Intimate partner homicide is one of the most prevalent types of homicide in the United States. According to the Bureau of Justice Statistics, between 1980 and 2008, the relationship of the victim and offender was known in approximately 63% of all homicide cases. Of those cases where the victim–offender relationship was known, 10% of those were killed by a spouse. Another 6.3% were killed by a boyfriend or girlfriend (Cooper & Smith, 2011). In 2012, the UCR data show that female murder victims were killed by their intimate partners in 35% of cases where the relationship between the victim and offender was known.

Historically, in this country, intimate partner violence was not treated seriously by law enforcement or by policymakers. As with the broad social movement to reduce drunk driving, so too have many groups and components of the country’s social structure mobilized to address intimate partner violence. Campbell, Webster, and Glass (2009) note that this response includes not

Why Would They Do It?

Dallas Drake, criminologist and cofounder of the Center for Homicide Research has conducted extensive research on homicide, including LGBT individuals, and provides the following research update:

Homicide among lesbian, gay, bisexual and transgender (LGBT) people is unique in its demographics and behavioral character. The majority of killings within this group are of gay or bisexual men, and the majority of offenders are also homosexual. Victims often die within the context of a sexual encounter, and therefore are often found murdered in a bedroom of a home. Due to the class status of victims, that home is often an apartment, rather than an owned home. Only 15.8% of LGBT homicide victims died in hate-crime homicides (Drake, 2015). Intimate partner homicides occur in roughly the same proportion in gay homicides as in heterosexual homicides (Drake, 2004, 2015).

Transgender homicide characteristics typically mirror heterosexual patterns of homicide because, in most cases, transsexual individuals are heterosexual. Transgender homicide victimization often occurs due to marginalization by known offenders with whom they sometimes are in intimate relations. Society's marginalization of transgendered people further delegitimizes their lives, making homicide a more acceptable behavior when violence does erupt. It appears that the violence within these attacks is more severe than in other kinds of homicides and may be of intrapsychic origin as offenders respond to violations of gender boundaries.

Lesbian victims of homicide are rare. This is because (1) women are seldom victims of homicidal violence and (2) more gay men exist than do lesbian women by a ratio of 2:1. When lesbian women are murdered, they tend to be singled out due to public displays of affection. This also means there are a higher number of lesbian double homicides (Drake, 2004, 2015).

only criminal justice agencies but social services, health care systems, and the general public. Some came to the IPV movement from a pragmatic orientation. Intimate partner violence costs money. Lost work hours and wages, diminished productivity, medical costs—all have significant dollar amounts attached and impact many parts of society. Visits to hospital emergency rooms by women have been estimated to involve intimate partner violence perhaps one third of the time (Campbell, 2002). Children observe the dynamics between their parents or a parent and her partner. Long-term outcomes associated with intimate partner violence include “increased odds of poor physical health and physical disability, psychological distress and mental illness, and heightened recreational and non-recreational substance use” (Carbone-Lopez, Kruttschnitt, & Macmillan, 2006, p. 382).

States finally began to move (and slowly for many) in the 1970s to create or strengthen laws regarding harming family members, specifically

spouses. The move to criminalize domestic violence was not met with universal enthusiasm, to say the least. Abuse of one's spouse or children was not viewed by many people *as* abuse, and these were generally considered private family matters that police should not meddle in. Feminists, social workers, victim advocacy groups, and victims brought the concerns related to domestic violence to the public agenda and worked tirelessly to educate both the public and government agencies, including legislators and police. Funding eventually came in the 1980s for programming for victims, shelters for battered spouses, and treatment for abusers. As Buzawa, Buzawa, and Stark (2012) note in their informative book *Responding to Domestic Violence: The Integration of Criminal Justice and Human Services*, the confluence of these factors greatly influenced the massive reform efforts related to domestic violence crime. In 1994, Congress passed the Violence Against Women Act (VAWA) and started the federal Office on

Violence Against Women (OVW). VAWA gave more funds for shelters and rape crisis services and provided training and support to increase the consistency of laws, enhance sentencing for offenders, and improve law enforcement investigations and prosecutions across the country. The OVW (2014) mission statement is as follows:

The mission of the Office on Violence Against Women (OVW), a component of the U.S. Department of Justice, is to provide federal leadership in developing the national capacity to reduce violence against women and administer justice for and strengthen services to victims of domestic violence, dating violence, sexual assault, and stalking. (n.p.)

After the first passage of the Violence Against Women Act in 1994, states began to pass a flood of legislation targeting the criminal act of domestic violence and the required law enforcement response to the act. These laws included mandatory arrest for domestic violence crime; the ability for law enforcement officers to make warrantless arrests, even in misdemeanor cases; strict bond conditions for offenders after arrest; mandatory sentencing provisions; provisions for protective orders; and victim notification processes.

RATES

Intimate partner homicide is a gendered crime, both in the United States as well as around the world. This means that the vast majority of victims of IPH are women. We know that men can also be and are victims of IPV and IPH, but when women perpetrate the crime, research shows that the dynamics are usually different than when men are the perpetrators. Neil Websdale, a noted scholar and researcher of IPV, in his ongoing work on studying IPV crime concluded that intimate partner homicide is a sex-specific phenomenon (Websdale, 1998). Nearly one third of all female homicide victims in the United States are killed by an intimate partner, whereas only about 5% of male homicide victims are killed by an intimate. Even though women are far more likely to be killed by an intimate partner than by anyone else, it is still an infrequent occurrence, even in at-risk

populations (Campbell, Glass, Sharps, Laughon, & Bloom, 2007; Eke, Hilton, Harris, Rice, & Houghton, 2011).

Intimate partner homicide continues to be a major area of concern internationally as well. According to a recent study by the United Nations Office on Drugs and Crime, 437,000 people were killed by intentional homicide across the world in 2012. Almost 15% of all homicides and 35% of the murders of women worldwide stem from domestic violence (UNODC, 2014). The U.N. report found that women account for the majority of deaths in domestic-violence homicides. An international comparison of 66 countries found that, overall, 13.5% of homicides were committed by intimate partners, and the proportion of female homicides to male homicides was 6:1 (Stöckl et al., 2013, p. 2).

The figures for intimate partner homicide carry the same cautionary note as other crimes classified as against persons, which is that we do not have complete knowledge of the relationship between victim and offender. "From 1993 to 2010, the relationship between the victim and offender was not known or missing in 24% to 32% of homicide incidents involving female victims and 40% to 51% of homicide incidents involving male victims" (Catalano, 2013, p. 3). Nonlethal violence between partners is also common and frequently fraught with the data errors brought about by nonreporting. Eriksson and Mazerolle (2013) reports that surveys of international victimization estimate lifetime prevalence rates of between 20% and 70%. But with only a small proportion of these incidents resulting in homicide, a lethal outcome is not a frequent outcome of the larger number of violent acts. "Although not unheard of, it is extremely rare for a woman to kill her partner as an end to a long cycle of violence that she has perpetrated against her partner" (Davies, 2008, p. 126).

DYNAMICS OF INTIMATE PARTNER HOMICIDE

Researchers have spent a great deal of time focusing on the dynamics of intimate partner violence, in the last several decades in particular. Either a man or a woman can be the victim of

intimate partner homicide, and the crime is virtually always one with a single perpetrator and a single victim. Statistically, since the victim is most frequently a woman, some people erroneously believe that this is a women's issue. In fact, because the abusers are almost always men, this is clearly a men's issue. Although either men or women can act aggressively toward their partners, the relative physical strength and ability of men presents a greater risk of injury to their female partners. In homicide, one person chooses an attack or a weapon that allows him to kill the other, and a man is already well suited for such a lethal assault. The controlling behavior exhibited by men in intimate partner violence situations may escalate incrementally over time and possibly follow a cyclical pattern.

This cycle description, although recent researchers have relied on other models, is initially credited to Lenore Walker (1977) and posits that the abusive relationship moves repeatedly through the three stages of tension building, acute battering, and remorsefulness, or the honeymoon stage. Violence or threats of violence may be minor in the tension-building stage, but it gives way to the acute-battering stage where the abuser exhibits significant violence. This is often followed by apologies and promises of changed behavior as well as rationalizations about why the abuser harmed his victim. Predictably, this stage transitions back to tension building, and the violence continues. While this cycle of violence provides a convenient graphic, researchers now recognize that movements between these stages may not be as cyclical or predictable as described by Walker. Violence expert Gavin de Becker poignantly describes in his book, *The Gift of Fear*, how he learned to recognize this familiar dance of danger in his own household as a child. His perception and resilience helped him survive and go on to help countless other victims of domestic abuse as well as contribute significantly to the science of threat assessment covered later in the chapter.

Situational Factors

There are many factors that may be present in a relationship where intimate partner violence occurs. One example is a significant difference in the age of the partners. This has been shown to have a connection in cases where homicide

results (Breitman, Shackelford, & Block, 2004). In the study by Breitman et al., it was found that if a man is at least 16 years older than his female partner, the risk is greater; it is also greater if the female is at least 10 years older than the man. The researchers also found in their sample of intimate partner homicide cases other factors that may affect risk, including race; socioeconomic status; marital status and the length of a relationship; substance use or abuse, including alcohol; and, unsurprisingly, the availability of weapons. In some cases of intimate partner homicide, the act is followed by the suicide of the perpetrator, though it has been found that this is more common among older individuals than those under 40 (Lund & Smorodinsky, 2001). The excessive use of alcohol and recreational drugs has been observed as a risk factor in IPV. Relationship problems, jealousy, and a lack of social support have also been noted (O'Leary, Smith-Slep, & O'Leary, 2007). Weizmann-Henelius et al. (2012) reported that drinking and arguing as well as unemployment are factors often found in cases considered IPH. None of the factors in isolation directly or simply explain the occurrence of IPV. Our frequent caution in the text is mentioned here again: A correlation of factors or demographics does not amount to causation or a successful checklist approach to violence or homicide risk.

Intimate partner *violence* that may lead to intimate partner *homicide* has also been found to be more prevalent when it involves a man who has a history of violence toward women, threats of death to his partner or children in the relationship, or using a weapon (Guggisberg, 2012). An additional predictor of increased homicide risk, found in the Guggisberg study and several others, is when the perpetrator strangles or attempts to strangle his victim. Motivations also differ between men and women who kill an intimate partner (Eriksson & Maze-rolle, 2013). Research has indicated that increased danger for both IPV and IPH exists when the victim is pregnant. In fact, IPH is a leading cause of death of pregnant women. This danger extends to the unborn child (McMahon & Armstrong, 2012). Some researchers have theorized that increased danger during pregnancy relates to the offender's concerns about losing control and about his belief that the pregnancy was a mistake that he needs to address.

Why Would They Do It?

On March 16, 2005, Scott Peterson was sentenced to death in California for the murders of his pregnant wife Laci Peterson and their unborn son. Laci disappeared from their home on Christmas Eve in 2002 when she was eight months pregnant, and her body was found four months later in San Francisco Bay. The prosecution built a strong case demonstrating his guilt and showed that Scott had numerous extramarital affairs and that he began to plan the killing of his wife months before her disappearance, based in part on his desire to be single again and not wanting to be a father. The evidence showed that Peterson likely strangled Laci before dumping her body into the bay, in a location where he believed she would not be found.

Some cases of intimate partner homicide claim noninvolved victims as well as the intimate or former intimate partner. Called corollary homicide, according to Smith et al. (2014), this is “the murder of other people that occurs in the context of a domestic violence incident (such as new intimate partners, intervening friends, family or strangers, or responding law enforcement officers)” (p. 462). Their study also separated victims into the categories of “family, other intimate partner involvement, friend/acquaintance, stranger, and law enforcement officer” (p. 462). Family members were killed at the highest rate.

The weapon most used in the United States in IPH is the firearm. Men most often use a

firearm to kill their intimate partners. The rate is nearly two thirds of all IPH incidents, and this is higher than in any other industrialized nation (Adams, 2007). “More than half of the victims (54.1%) were killed with a firearm, followed by sharp instrument (25%); hanging, strangulation, or suffocation (8.4%); blunt instrument (5.3%); personal weapons (e.g., fists, 3.2%) and other weapons (4%)” (Smith et al., 2014, p. 463). This also holds true for the corollary victims in IPH as well. “Approximately 70% of corollary victims were killed with a firearm, followed by a sharp instrument (12.4), and other weapons (17.3%)” (Smith et al., 2014, p. 463).

Why Would They Do It?

In South Africa on Valentine’s Day in 2013, Olympic hero Oscar Pistorius, known as the Blade Runner, fatally shot his girlfriend, Reeva Steenkamp, in his home. Pistorius was well known to the world as a double amputee who overcame great physical barriers to become a world-class runner. He was known as a risk taker and a driven athlete.

Pistorius claimed to have awoken from sleep in fear that there was an intruder in the room and fired a gun through the bathroom door, fatally wounding Steenkamp by striking her four times. After the killing of his girlfriend, it became known that he had previously shot his firearm in public places on several occasions and had also been arrested for a prior domestic violence charge against another partner. After a long trial in which Mr. Pistorius’ defense team claimed that he shot Reeva mistakenly in the middle of the night believing that a burglar was in the bathroom, Pistorius was convicted of the lesser included offense of culpable homicide by the trial court judge in the South African courtroom. She asserted that the state had failed to prove murder in the case. Pistorius was sentenced to five years in prison and served only one year before being released to house arrest. An appellate court reviewed the case and changed his conviction from manslaughter to murder, but his defense team intends to appeal this decision to the South African high court, and he will remain on bail pending the appeal.

Critics claimed that the trial court judge failed to weigh the evidence properly and did not consider the implausibility of his story. Many alleged that Pistorius’s celebrity status and the history of the acceptance of male violence against women, particularly in South Africa, led to the surprising verdict.

The dynamics in intimate partner homicide situations differ for men and women. Often, “men who kill their partners report experiences of losing control, suspecting infidelity, involuntary separation, jealousy, and rage” (Eriksson & Mazerolle, 2013, p. 461). “Women who kill their partners report feelings of fear and desperation resulting from exposure to domestic violence and social isolation” (Eriksson & Mazerolle, 2013, p. 461). While women kill spouses in some cases of self-defense after years of suffering violence, research shows that women commit intimate partner violence for other reasons (Dutton, Nicholls, & Spidel, 2005). We turn now to some theoretical reasons to help explain why IPH may occur.

THEORIES TO EXPLAIN INTIMATE PARTNER HOMICIDE

Theory examining intimate partner homicide has mainly extended from the lengthier tradition of explaining intimate partner violence. The comparatively smaller number of lethal incidents out of the significant number of abusive but nonlethal behaviors against intimate partners is the cause for less theoretical literature. Much of IPV tends to be discussed in terms of risk factors for victims and batterers. Sometimes passing as a theory is the **battered woman syndrome**, described by Walker (1979) as various behaviors that seemed similar among victims of IPV. Subsequent research has moved away from this approach and has pointed out that victims are a heterogeneous group and so are their behaviors (Bartol & Bartol, 2011). There is not consensus on the syndrome as causal or consistent or on its utility to either therapeutic or legal professionals.

Long a prominent theoretical approach in intimate partner violence is **feminist theory** (Taylor & Jasinski, 2011). Most cultures have been or are patriarchal, and as such, societies accept or at least recognize some of the historically designated roles and behaviors of men and women. Inequality of the sexes has resulted in power imbalance in opposite-sex relationships and explains part of the domineering treatment of women by men. The physiological weakness of women vis-à-vis men introduces consideration of a **biological** connection for theoretical

examination. Literature too numerous to review informs us about the acceptance, approval, and encouragement of male aggressiveness in society. This biological and psychological state of affairs is a backdrop to the abuse of women, even where there are a small percentage of cases where a woman is the physical abuser of her partner. Same-sex partner abuse and cases of female-perpetrated violence show the limitations of feminist theory.

Dobash and Dobash (1978) identified male privilege as a social-structural contributor to the abuse of women. Sociological theories have contributed a view that cultural factors not under the control of victims set the stage for abuse through societal acceptance or cues. **Social learning theory** explains acts (including violent ones) as role modelling the behavior of significant individuals. A study by Adams (2009) examined a relatively small sample of IPH offenders and those who attempted IPH and found high rates of child abuse and observation of spouse abuse in the childhood environments of both sets of offenders. Social learning sees individuals as rationally acting in their own interests, including controlling family members. The theory is also used to explain intergenerational transmission of such behaviors to children, who observe and adopt the practices of abusive and abused parents. Some connection has also been found to IPV for some males who had witnessed or been subjected to physical or sexual abuse in childhood (Eriksson & Mazerolle, 2015; Weizmann-Henelius et al., 2012).

In addition to learning theories, other psychological theories, such as **labeling**, look at whether the seemingly intractable cycle of abuse and a victim remaining in a relationship may be in part the result of accepting her role as a victim. The victim, situated as she is within her home setting and family dynamics, may also be partly understood or studied via a theory such as **nested ecological**.

Fiske and Rai introduced the **virtuous violence theory** in their 2015 book *Virtuous Violence*. This theory sees most violence as perpetrators acting in ways they believe are morally right. Far from an apologist view, Fiske and Rai explore important and fertile territory on the motivations of those people, down through history, who have committed acts of violence, including intimate partner homicide. Fiske and Rai draw from their examination of

cultures around the world and conclude that violence has been enmeshed in the regulation of intimate relations. In *Virtuous Violence*, the authors describe how partners develop a joint “moral” framework for the relationship and both may “more or less” agree that a beating was deserved. Fiske and Rai emphasize how completely morally wrong physical abuse is but that many perpetrators of intimate partner violence view themselves as morally “entitled, even obligated, to do violence to redress wrongs that they perceive themselves to have suffered, and to sustain what seems to them to be the right kind of relationship” (p. 167). The empirical work and direction of the research suggests possibilities for prevention, treatment, and interventions in dealing with social relationships and the intrinsic violence present in many of them.

Economic deprivation, as represented within **strain theory**, has been studied and found as a factor correlated with IPV and IPH. Diem and Pizarro (2010) showed that when economic deprivation increased, so did family homicides as a whole. The authors rightly caution that family homicide is infrequent and economic deprivation but one factor. Yet the suggestion remains that legislators and policymakers should consider the effects of economic deprivation on the family and the contribution to violence.

The loss of initially perceived control by a man over his partner can generate a stress that brings us to a final theory used to explain some intimate partner homicide: **general strain theory** (GST). GST (Agnew, 1992) might hold that homicide is used to keep the wife under her husband’s control. Disputes over custody can be a source of strain suffered by both. And perceived infidelity, while a clear stressor, has also been examined by adherents of evolutionary psychology (Daly & Wilson, 1994). Relationship separation can trigger the strain response of violence. The separation that occurs when a woman is leaving a relationship has long been seen as perhaps the most potentially lethal time. The man may view this as truly losing the control he has exercised over someone and strike out, believing he is justified in doing so. Called abandonment rage, incidents of this nature may also have multiple

victims, including children or family pets. GST has been used to examine different reactions to strain experienced by men and women. Eriksson and Mazerolle (2013) posit that men and women experience similar levels of strain but differ in their response. They explain that this is caused by differing concerns, with women focused on interpersonal relationships and men on financial status. A threat to a man’s perception of a fair outcome may bring anger and jealousy and result in a moral outrage (Eriksson & Mazerolle, 2013; Fiske & Rai, 2015).

According to Eriksson and Mazerolle (2013), some of the stressors women are more frequently exposed to, compared with men, are physical, sexual, and emotional abuse. Strain comes, as well, from feelings of fear and desperation at being abused and often isolated through the offender’s actions. Research has also examined the emotional aftereffects of a woman killing her partner. Some of these include post-traumatic stress disorders, anxiety, fear, depression, feelings of powerlessness, and elevated substance abuse. Eriksson and Mazerolle and other researchers have also noted the strain of vicarious victimization of a woman’s children and the feeling of losing one’s identity. Many women who kill their intimate partners may reexperience abuse in prison.

Serran and Firestone (2004) assert that there appears to be a difference in motivations between when men and women in an intimate relationship kill one another. A man’s proprietary feelings of “owning” a woman is explanatory in many instances, whereas the self-defense concept may be the basis for many incidents of a woman killing her intimate partner. The male view also includes jealousy, entitlement, and adultery. The proposed self-defense concept with females includes when another is threatened, usually their child. The use of such theories to help understand the dynamics of intimate partner violence and homicide may provide insights to help reduce these acts. The general idea of man’s proprietary nature in IPV has been further split into more specific subtypes with a hope to better target therapy (Pornari, Dixon, & Humphreys, 2013).

Why Would They Do It?

Drew Peterson, a former Illinois police officer, was convicted in 2012 of the killing of his third wife, Kathleen Savio. This death was not immediately pursued as homicide, and only when Peterson's fourth wife, Stacy Ann Cales, disappeared in 2007 was a second autopsy performed on Savio, revealing evidence of a struggle. Savio's body had been found in a dry bathtub in her home in 2003, and her hair was covered in blood, but Peterson had never been charged as the death was initially ruled an accidental drowning. At trial, he claimed that Savio had fallen, hit her head, and then drowned. Several witnesses at trial testified that, before her death, Savio had told them that Peterson threatened to kill her on numerous occasions and told her that he could make it look like an accident. A jury convicted Peterson of Savio's death in 2012, and in 2013, he began serving a 38-year sentence. Stacy Ann Cales's body has never been found, but her family reports that Cales was trying to leave the abusive relationship with Peterson when she disappeared. After his murder conviction, Peterson was charged with trying to hire a hit man to kill the prosecutor who helped to convict him.

LETHALITY ASSESSMENT

Many researchers and practitioners in recent years have focused on the practice of **lethality** or **risk assessment** in various crimes. In the areas of intimate partner violence and intimate partner homicide, there have been some helpful tools developed and evaluated that show promise in predicting which domestic violence cases may become lethal. As we have cautioned throughout the textbook, lethality assessment is certainly not a perfect tool and cannot always be used to predict or prevent violence. But in the area of intimate partner crime specifically, these tools have been used with results.

While there has been some emerging research in the area of lethality assessment for intimate partner homicide, perhaps the largest concern is that, since the event is relatively rare, there are not enough cases to inform a scientifically predictive model. One of the leading scholars in the field of assessing lethality in intimate partner violence cases is Dr. Jacquelyn Campbell, a faculty member at the Johns Hopkins School of Nursing. She has worked for decades in refining and developing a tool for researchers, policymakers, and practitioners to use to help victims assess their own risk for lethal violence. The tool is intended to be used by a trained advocate to help victims take steps to protect themselves and is based on a growing body of research that indicates the factors most associated with lethal violence in domestic violence situations.

As mentioned at the beginning of the chapter, intimate partner violence sometimes results in intimate partner homicide. In an attempt to better gauge the level of risk or danger a person faces at the hands of her current or former intimate partner, the Danger Assessment (Campbell, 2004) was developed. Campbell et al. (2009) explain that "the danger assessment is an instrument designed to assess the likelihood of lethality or near lethality occurring in a case of intimate partner violence" (p. 654). The United States currently has the highest rate of intimate partner homicide out of all industrialized nations (Campbell et al., 2009). The 20-question Danger Assessment (Campbell, 2004) includes questions about prior individual behavior as well as factors in the relationship. Even though the research and tools to assess IPV have progressed quite a bit, their use is often to help prevent repeat violence as opposed to identifying risk of initial violence or abuse. Because revictimization occurs at a higher rate, it is easier to predict. Initially, a 15-item danger assessment was developed to help previously battered women assess their danger of being murdered by an intimate or ex-intimate partner (Campbell et al., 2009), but the tool has been updated to include more questions. Dr. Campbell and her team have also been conducting evaluation research funded by the National Institute of Justice across the country to test the validity of another lethality tool, the Lethality Screen, which is an evidence-based assessment tool used by law enforcement and that includes a process for referral to trained victim advocates for high-risk victims.

Figure 6.1 Danger Assessment

DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N.
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Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

1. Has the physical violence increased in severity or frequency over the past year?
2. Does he own a gun?
3. Have you left him after living together during the past year?
3a. (If have *never* lived with him, check here)
4. Is he unemployed?
5. Has he ever used a weapon against you or threatened you with a lethal weapon?
(If yes, was the weapon a gun?)
6. Does he threaten to kill you?
7. Has he avoided being arrested for domestic violence?
8. Do you have a child that is not his?
9. Has he ever forced you to have sex when you did not wish to do so?
10. Does he ever try to choke you?
11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
12. Is he an alcoholic or problem drinker?
13. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here:)
14. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here:)
16. Has he ever threatened or tried to commit suicide?
17. Does he threaten to harm your children?
18. Do you believe he is capable of killing you?
19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
20. Have you ever threatened or tried to commit suicide?

Total "Yes" Answers _____

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

In his best-selling book, *The Gift of Fear*, noted violence expert Gavin de Becker (1997) listed 30 signals that battered women experience that an intimate partner may kill them. De Becker and others continue to refine the methods of assessment and train professionals in its application. The sharing of valid risk assessment data can be helpful, and one of the mechanisms to accomplish this sharing is fatality review teams (Eke et al., 2011).

FATALITY REVIEW TEAMS

Given that intimate partner homicide is often the culmination of ongoing and persistent abuse and violence, the use of an engaged and active **fatality review team** has the ability to impact developing situations where a lethal outcome is more than a mere possibility. The first domestic violence fatality review team (DVFRT) was developed in San Francisco nearly 25 years ago (Wilson & Websdale, 2006). The ability for such teams to identify and then act on common risk factors has eluded many if not most such teams who work conscientiously after the fact of a murder to point back at where opportunities or miscommunications existed. The hope is to alter policies and procedures to incorporate actions that may have caught the missed opportunity to intervene before it resulted in death. Many of the recommendations from reviews address education and awareness efforts for victims as well as perpetrators.

Today, nearly 80% of states have one or more active teams, but most are regional or county-wide only. This means that even though some parts of a state are served by a DVFRT, large portions of a state may not be. Many teams are focused on helping spread information on best practices in fatality review in addition to the actual review of individual cases. The recommendations offered by teams are intended to improve policies, practices, and overall response without blaming. An important point made by Wilson and Websdale (2006) is that “an underlying assumption of any domestic violence fatality review is that the perpetrator is the one responsible for the homicide” (p. 539). This repeated assertion helps remind teams that everyone wants the same thing—to reduce fatalities and intimate partner violence.

Jaffe, Dawson, and Campbell (2013), in discussing the Canadian status of domestic

violence death review teams, noted a need to develop a national database, such as that used in the United States, the National Domestic Violence Fatality Review Initiative (www.ndvfri.org). The Canadian review study also addressed the need for review teams to share information and address any privacy concerns about information held by criminal justice agencies. Also, the theme of accepting accountability by partner agencies without finger pointing is critical to a successful undertaking to cooperate and coordinate. The balance or complexity of role identification is challenging as groups struggle with advocacy, monitoring, policy recommendations, and education as themes to guide their work. There is no agreed-upon structure that works best in all jurisdictions. Running parallel to the question of which methods or structures are best is the issue of effectiveness. While it is always challenging to gauge what has *not* happened, it may be especially tricky to tie reductions in homicides (which have occurred steadily in the United States for 20 years) to the activities of the various and relatively unexamined DVFRTs. Some support does appear for helping move agencies away from past practices in assessing and intervening in IPV and toward more contemporary research through the vehicle of active fatality teams who meet to examine and discuss dynamics and agency responses.

PROSECUTION OF INTIMATE PARTNER HOMICIDE

Later in the text, we will devote an entire chapter to the court process for intimate partner and other homicide crimes, including the role of the prosecutor. In this chapter, we wanted to highlight some common issues prosecutors encounter in the prosecution of IPH cases. We are a nation with still-subtle and not-so-subtle manifestations of inequality. This reality is noted in the criminal justice system, as it is in other social spheres of our country. While the role of gender and race have lessened in the criminal justice system, it can still be noted in how some cases, such as intimate partner violence, are investigated, selected for prosecution, and followed through to conviction and punishment. In our legal system, prosecutors have great discretion in deciding which cases to prosecute and which charges to pursue.

Over the last several decades, researchers have spent a great deal of time examining prosecution practices in IPV and IPH cases specifically in order to determine best practices in handling these cases. Efforts by the National District Attorneys Association (NDAA) and others have been aimed at giving specific guidelines to prosecutors who handle these cases in recognition that the dynamics present in IPV cases differ from other types of cases. These dynamics greatly impact the prosecutorial approach. Most students are aware that IPV cases can be difficult to prosecute, given the reality that many victims may not support the prosecution of the offender, for various reasons. The challenge for prosecutors has been to focus on building evidence-based cases with the sometimes-competing goals of victim safety and offender accountability at play. Organizations, like the NDAA, and researchers alike have recommended specialized training for prosecutors (and others in the criminal justice system) who are assigned to handle IPV and IPH cases. Given that prior intimate partner violence is an indicator of future lethality, many have advocated for prosecutors to focus on prosecuting lower level IPV cases as a way to prevent these situations from escalating to lethal outcomes for victims. But there has been some debate in the research about whether aggressive prosecution of IPV does deter future and more lethal offending by perpetrators of IPV.

Since intimate partner violence and homicide are leading causes of injury and death for women in the United States, local officials and prosecutors must carefully consider these cases. In spite of similar facts, cases processed by humans may be handled differently and arrive at different outcomes. For example, Ramsey (2010) notes that “heat-of-passion claims have become the new ‘abuse excuse’ for men” (p. 1), allowing at times for a reduced charge or conviction for manslaughter. In IPH cases specifically, prosecutors face the challenge early in the case to decide appropriate charges for offenders. As we discuss later in the book, there are a number of factors to consider in the charging decision, but the most important is the consideration about what the prosecutor believes the evidence can support. If there has been a history of violence, including a history of the victim seeking protective orders, prosecutors will need to make sure they can have this history introduced at trial under the rules of evidence. Additionally, prosecutors will need to determine

whether the victim ever told others about her fear of the offender and whether he ever made threats of violence. Did the victim keep a journal or write letters to friends or family members about these fears? Did she take photographs of prior injuries? These forms of evidence can generally be introduced as long as the prosecutor can lay proper foundation and demonstrate that they qualify as exceptions to the hearsay rule. Some of you may recall that in the criminal prosecution of O. J. Simpson for the death of his ex-wife Nicole, prosecutors were able to play prior 9-1-1 tapes with Nicole reporting violence. Prosecutors may also need to consider the use of expert witnesses during the trial to help jurors understand the dynamics in IPV cases. Finally, most prosecutors’ offices utilize victim advocates in homicide cases who can assist in working with the family as the case progresses through the court process.

Castle Doctrine and Stand-Your-Ground Laws

There are a few legal doctrines related to self-defense that have had great implications on the prosecution of intimate partner homicide. The first of these is known as the **Castle Doctrine**, colloquially known in the history of Western civilization as

“A MAN’S HOME is his castle,” or so runs the old adage. The notion that our homes are our sanctuaries and that we can defend against an invader within them is hardly new. In fact, the right to protect ourselves or others in our homes, with deadly force if necessary, dates back through civilized society at least as far as early English common law. (Jansen & Nugent-Borakove, 2007, p. 3)

The Castle Doctrine has been used in cases where a person using deadly force was in imminent fear for his life while in his home. While the doctrine is not an actual law, the legal concept has been recognized in various ways in the statutes of many states. The burden of proof when employing the concept of the Castle Doctrine would be less than that employed in a claim of justifiable homicide since the latter typically involves an element of being in fear. Most state statutes contain verbiage requiring the person who uses such force be in fear and have a “reasonable belief” that he is in danger of being seriously injured or killed. Most such statutes contain language requiring

that an individual retreat from a threat where possible and when *not* in his home. More recently, there has been some focus on a new category of self-defense laws known as stand-your-ground laws. These laws allow a person to use deadly force, even outside of the home, without the requirement to retreat from someone who he perceives as a threat. There has been criticism of these laws by domestic violence advocates which, in some cases, has to do with the wording of specific state statutes and a labeling of all self-defense-type laws as “stand your ground.” A victim of intimate partner violence is not prohibited from asserting self-defense and would likely point to her fear of imminent harm. The other concern

with these laws voiced by advocates and researchers has to do with offenders who assert these defenses by claiming that they shot the victim because they were in fear.

With the expansion of Castle Doctrine laws comes a need to continue research regarding any asserted benefits to removing restrictions on using deadly force. The National District Attorneys Association noted in their paper “Expansion to the Castle Doctrine” that “the judicial system’s failure to adequately protect victims of domestic violence may be one of the reasons for expanding the Castle Doctrine” (Jansen & Nugent-Borakove, 2007, p. 14). What remains unclear is whether such laws help or not.

SUMMARY

While the rate of intimate partner homicide has declined, intimate partner violence and intimate partner homicide remain challenges for the United States and for countries the world over. The spreading of gender equality holds hope of reducing some such violence as we consider feminist theory and a general view that when women live a reality of being equal to men, there may be improved dynamics to resist abuse or control by men. Assessment of danger and risk continues to improve. Factors implicated in the dynamics of IPH are varied. Staffing levels and specific activities of police agencies, statutes to prevent IPV abusers from possessing firearms (Zeoli & Webster, 2010), and programs and laws to address economic deprivation (Adams, 2007) are but several pathways to reductions in intimate partner violence and homicide. Medical professionals also hold an important position as people who may first see a victim of IPV. The health care provider is uniquely positioned to offer guidance (Feder, Wathen, & MacMillan, 2013).

Part of the improved process of assessing risk to potential victims and the risk of violence by

potential perpetrators comes from the multidisciplinary approaches seen in lethality assessment and fatality review teams and the efforts of researchers (Eke et al., 2011). The increase in programs and resources, such as victim assistance programs, shelters, and hotlines available to battered women, has shown evidence of helping to reduce the risk of intimate partner homicide (Dugan, Nagin, & Rosenfeld, 2003). If a victim hopes to remove herself and her children from an abusive environment, she must be aware of and have assistance in gaining the resources to do so.

It is important for advocates, law enforcement, prosecutors, and others to remain vigilant and aware that the point at which an intimate partner violence victim finally leaves a relationship is often the most lethal. The perpetrator, in a final act of control, may declare verbally and through killing that if he cannot have and control his victim, then no one can. “Although intimate partner homicide has decreased during the past 15 to 20 years, it remains a disturbing possibility for people experiencing abusive relationships” (Smith et al., 2014, p. 461).

KEY TERMS

Intimate partner violence (IPV) 74	Social learning theory 79	General strain theory 80
Intimate partner homicide (IPH) 74	Labeling 79	Lethality 81
Domestic violence (DV) 74	Nested ecological 79	Risk assessment 81
Battered woman syndrome 79	Virtuous violence theory 79	Fatality review team 83
Feminist theory 79	Economic deprivation 80	Castle Doctrine 84
Biological 79	Strain theory 80	

DISCUSSION QUESTIONS

1. How have the rates of intimate partner homicide changed in the last 25 years and why?
2. List and discuss several risk factors that appear to contribute to intimate partner homicide.
3. How does feminist theory contribute to our understanding of intimate partner homicide?
4. In what ways does social learning theory connect to intergenerational transmission of violent behavior?
5. How can agencies utilize lethality assessment to improve outcomes for battered persons?
6. What agencies and groups should be part of a fatality review team or process? Why?

TRY THIS

Visit the website of the National Domestic Violence Fatality Review Initiative (NDVFRI) at <http://www.ndvfri.org>, and examine various team reports archived there to get a better idea of how coalitions and teams provide input to help prevent intimate partner homicide.

Go to the report *Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-partner Sexual Violence*, issued by the World Health Organization at http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf. Which regions of the world report the highest and lowest IPH rates?

Visit the website of the National District Attorneys Association, and look through various parts of the special topic series publication “Introducing Expert Testimony to Explain Victim Behavior in Sexual and Domestic Violence Prosecutions” at http://www.ndaa.org/pdf/pub_introducing_expert_testimony.pdf

What are some of the myths about the dynamics of domestic violence, and what is the impact on juries?