

Understanding Risk Factors for Intimate Partner Femicide:
The Role of Domestic Violence Fatality Review Teams

Intimate partner femicide (IPF), the killing of women by their current or former intimate partners, is a serious problem worldwide, and one that is often associated with a previous history of non-lethal intimate partner violence (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). IPF is the single most common form of homicide perpetrated against women (Brown, 1987; Campbell, 1986; Daly & Wilson, 1988; Mouzos, 2000; Polk, 1994; Wilson & Daly, 1992). For example, in the United States, Canada, and Great Britain, IPF accounts for 30-60% of all culpable homicides of females annually (Bureau of Justice Statistics, 2004; Dobash, Dobash, Cavanagh, & Lewis, 2004; Statistics Canada, 2003). These are likely underestimates of the true rate of IPF, due to the lack of a clear definition and inconsistent procedures for recording victim-perpetrator relationship in official crime statistics (Dobash et al., 2004; Pampel & Williams, 2000; Websdale, 1999). Furthermore, in some regions, while overall homicide rates are decreasing, the rate of IPF is stable or even increasing (Aldridge & Browne, 2003; Campbell et al., 2003; Frye & Wilt, 2001). Tragically, many cases of IPF may be preventable, given that family members, friends, co-workers, neighbours, or agencies were aware of or suspected serious problems in the victim-perpetrator relationship prior to the killings (Abrams, Belkap, & Melton, 2000; Websdale, 2003). As a result of the immense personal, social, medical, and legal costs to society resulting from IPF, it is important to identify means to prevent or reduce its occurrence (Frye & Wilt, 2001; Venis & Horton, 2002; Websdale, Town, & Johnson, 1999).

Until recently, little attention has been paid to the widespread occurrence of IPF and few resources have been devoted to its understanding and prevention. During the past fifteen years,

however, domestic violence fatality review teams have emerged in the United States and Canada (Websdale, 1999, 2003). Domestic violence fatality review teams are a form of community partnership in which an alliance is made among people and organizations from multiple sectors to achieve a common goal (Roussos & Fawcett, 2000) – in this case, the prevention of IPF. Generally, domestic violence fatality review teams bring stakeholders together to systematically analyze the events leading to IPF in a given jurisdiction and to determine what could have been done differently to prevent their occurrence (Websdale, 1999). Stakeholders work collaboratively to prevent future IPF by developing ideas about how to change policies and procedures of participating agencies, how to better coordinate existing responses to domestic violence, and how to develop new services (Websdale, 1999).

This chapter aims to provide an overview of the factors associated with IPF and to discuss domestic violence fatality review teams as a means of understanding, intervening, and preventing these events. We start by reviewing the risk factors associated with IPF, including characteristics of the perpetrator, the victim, their relationship, and the community in which they lived. Next, we summarize what we have learned from previous research on IPF and what important gaps exist in our knowledge. Following this we briefly introduce a number of approaches for reviewing IPF and discuss their strengths and limitations. Finally, we focus domestic violence fatality review teams as a promising means of increasing our understanding of IPF and contributing to the prevention of future deaths.

Review of Research on Risk Factors for Intimate Partner Femicide

Research on IPF has focused on the identification of risk factors for perpetration or victimization. Research of this sort is critical for guiding prevention efforts, including offender risk assessment and victim safety planning (Bourget, Gagne, & Moamai, 2000; Campbell, Sharps

& Glass, 2001; Healey & Smith, 1998; Kropp & Hart, 2000); legal decision making with respect to protection orders, penal sentencing, and conditions for community supervision (Websdale, et al., 1999); and the response of various community agencies to actual, suspected, or potential domestic violence. Information regarding risk factors for IPF comes from official criminal justice statistics in various jurisdictions (e.g., Browne, Williams, & Dutton, 1999, Bureau of Justice Statistics, 1998, Daly & Wilson, 1988), government reports for specific counties or states (e.g., Websdale, Sheeran, & Johnson, 2001), studies of convicted perpetrators, victims coroner's files, or interviews with proxies (e.g., Bourget et al., 2000; Campbell et al., 2003; Dutton & Kerry, 1999; Morton, Runyan, Moracco, & Butts, 1998), and reports by domestic violence fatality review teams (e.g., Abrams et al., 2000). Some studies have focused on describing cases of IPF (e.g., Dawson & Gartner, 1998; Johnson & Hotton, 2003; Moracco, Runyan & Butts, 2003), whereas other studies compared IPFs to cases of non-lethal intimate partner violence (e.g., Campbell et al., 2003; Kellerman, Rivara & Rushforth, 1993) or to other types of homicide (e.g., Belfrage & Rying, 2004; Dobash et al., 2004).

In general, risk factors associated with IPF can be divided into four categories: characteristics of the perpetrator, the victim, their relationship, and the community in which they lived. Below, we summarize research concerning each of these categories. Our review is limited to studies published in the English language.

Characteristics of the Perpetrator

Perpetrator risk factors include historical events, developmental experiences, personality characteristics, and life circumstances that increase a perpetrator's risk of committing IPF. These factors typically increase risk of IPF in one of two ways: by increasing the perpetrator's thoughts, desires, or ability to cause serious harm to his partner; or by decreasing a perpetrator's

inhibitions once he experiences thoughts or desires of harming his partner.

Socially disadvantaged. Similar to men who perpetrate either non-lethal intimate partner violence or other forms of homicide, men who commit IPF are likely to be socially disadvantaged in that they often are young, poor, unemployed, and members of ethnic minorities (Campbell et al., 2001; Campbell et al., 2003; Dobash et al., 2004).

Victim of child abuse. Similar to perpetrators of non-lethal intimate partner violence, accumulating evidence suggests that perpetrators of IPF experienced or witnessed physical abuse in childhood (Aldridge & Browne, 2003; Browne et al., 1999; Showalter, Bonnie, & Roddy, 1980). For instance, Stout (1993) found that almost 40% of perpetrators of IPF witnessed spousal violence, and Dobash et al. (2004) found that almost 20% of perpetrators of IPF had been physically abused in as children. This is consistent with theories about the intergenerational transmission of violence, in which individuals replicate the violence they witnessed when they were children (Dobash et al., 2004).

Previous intimate partner violence. Research indicates that perpetrators have commonly been violent towards other intimate partners in the past (Abrams et al., 2000). For instance, Dobash et al. (2004) found perpetrators of IPF had more intimate relationship problems than men who killed in other contexts. The perpetrators of IPF had a greater number of failed relationships, were more likely to have perpetrated violence in intimate relationships, and appeared to “specialize” in committing violence directed specifically towards women (Dobash et al., 2004). This history may reveal important information about the general attitudes, emotions, and behavior towards intimate relationships that perpetrators bring into their current relationship.

Proprietariness. Proprietariness refers to a desire for exclusive control of women and a feeling of entitlement of that control (Wilson & Daly, 1992). Daly and Wilson (1988) suggest

that proprietariness is an underlying dynamic of IPF. Perpetrators may express proprietary attitudes in behaviors such as restricting an intimate partner from engaging in activities, preventing her from forming or maintaining relationships with others, or becoming sexually jealous in reaction to actual or perceived sexual attention directed by others toward her. Research suggests that proprietariness is evident in many cases of IPF (Block, 2003; Dobash et al., 2004; Easteal, 1993; Polk, 1994; Serran & Firestone, 2004; Websdale, 1999). Wilson, Johnson, and Daly (1995) found that the majority of cases of IPF they reviewed were precipitated by the man accusing his partner of sexual infidelity. In addition, Campbell et al., (2003) found that batterers were particularly likely to perpetrate IPF following separation when victims left them to start new relationships. It has been theorized that the use of violence may escalate when the woman leaves her partner because separation would be a direct challenge to male partners who believe they “own” their female partners (Serran & Firestone, 2004).

Possession of firearms. Campbell et al. (2003) suggested that the availability of a gun increases the likelihood that a perpetrator will use it during incidents of domestic violence (see also Bailey et al., 1997; Kellerman et al., 1993). However, this finding may be specific to the United States; in other countries, such as Canada, Britain, and Sweden, victims are most likely to be stabbed to death (Aldridge & Browne, 2003; Belfrage & Rying, 2004).

Criminal history. Many perpetrators of IPF have prior histories of criminal behavior. Research suggests that over half of perpetrators have prior arrests, most commonly related to domestic violence, non-domestic violent crime, and possession of narcotics (Belfrage & Rying, 2004; Campbell & Wolf, 2001; Dobash et al., 2004; McFarlane et al, 1999). However, in a smaller number of cases (e.g. 30%) perpetrators have no known violent or criminal behavior prior to the homicide (Ryan, Bensinger, & Kane, 2000; Abrams et al., 2000). This suggests that,

at least in some cases, IPF may be associated with a more general pattern of antisocial attitudes and behavior.

Mental health problems. Perpetrators of IPF often have history of mental illness or a diagnosis of personality disorder (Campbell et al., 2001; Dobash et al., 2004; Morton et al., 1998; Zawitz, 1994). In their review of all cases of spousal homicide in Sweden between 1990 and 1999, Belfrage and Rying (2004) found that 95% of perpetrators were diagnosed with at least one mental disorder. Specific mental health problems that have been associated with perpetrators include depression, sleeplessness, suicidal ideation or attempts, and threats of homicide (Campbell et al., 2001; McFarlane et al., 1999). Dutton and Kerry (1999) suggested that men who killed their partners during the course of a separation often had dependent, passive-aggressive, or borderline personality disorders; in contrast, men who killed their partners for instrumental reasons were more likely to have anti-social personality disorder.

Substance use problems. Perpetrators of IPF commonly have substance use problems. Research suggests that approximately 50% of perpetrators have a history of alcohol abuse or problem drinking, while approximately 15% have a history of drug abuse (Dobash et al., 2004; Belfrage & Rying, 2004, Sharps, Campbell, Campbell, Gary & Webster, 2001, 2003; Stout, 1993). Similarly, between 20% and 50% are under the influence of alcohol and between 8% and 11% are under the influence of drugs at the time of the IPF (Dobash et al., 2004; Sharps et al., 2003; Stout, 1993). However, there may be differential risk for IPF depending on the substance used, the context in which it is consumed, and the amount ingested (Campbell et al., 2001, Dobash et al., 2004).

Characteristics of the Victim

Understanding IPF also requires understanding characteristics associated with victims,

including historical events, developmental experiences, personality characteristics, and life circumstances that are associated with increased risk of IPF. Typically, these factors – which may be termed victim vulnerability factors (Fitzgerald, Drasgow, Hulin, Gelfand & Magley, 1997; Fitzgerald, Hulin, & Drasgow, 1994) – may increase the victim’s risk of IPF in one of three ways: by increasing the likelihood that she will establish a relationship with an individual who is at risk of perpetrating IPF, by preventing her from perceiving risks while in the relationship, or by decreasing the likelihood that she will take protective action once the risks are apparent.

Socially disadvantaged. In the United States, ethnic minorities tend to be over-represented among victims of IPF (Sharps et al., 2001, Campbell et al., 2003). These women may be in relationships with men who are also from ethnic minorities, which is a known risk factor for perpetrators (see above). However, research also suggests that ethnic minority communities are not as well informed about the dangers of domestic violence, the importance of reporting domestic violence to the police, and the acceptability of going for help from agencies outside the community (Santa Clara County Domestic Violence Council Death Review Committee, 2000). Over-representation of ethnic minorities may also reflect that historically community resources have been less available to communities of color and that women of color may be reluctant to report their partners to criminal justice systems that are known for inequitable practices (Richie & Kanuha, 1997).

Previous intimate partner violence. In addition to experiencing violence in their current relationship, research indicates that victims have often been abused in previous relationships (Abrams et al., 2000). Similar to perpetrators, relationship history may reveal important things about the general attitudes, emotions, and behavior towards intimate relationships that victims

bring to their current relationship. Riggs, Caulfield, and Street (2000) suggested that experiencing violence in previous intimate partner relationships may lead to the development of behavioral patterns and expectations, including violence, which develop during earlier intimate partner relationships and tend to carry over and become foundations for future relationships.

Mental health problems. In many cases of IPF, victims show signs of increasing mental health problems prior to their death, as evidenced by stress-related physical and mental health problems such as sleeplessness and deterioration in social functioning (Abrams et al., 2000; Santa Clara County Domestic Violence Council Death Review Committee, 2000). In many cases, these symptoms may be a direct result of an escalation in intimate partner violence experienced by the victim.

Substance use problems. Similar to perpetrators of IPF, many victims of IPF have substance use problems. Sharps et al. (2003) found that approximately 30% victims of IPF have sought treatment for alcohol use problems and approximately 20% have sought treatment for drug use problems in the past. Within the year preceding the IPF, approximately 10% of victims were characterized as problem drinkers, compared to 1% of the general population (Sharps et al., 2001, 2003). Previous research also suggests that approximately 25% of victims are under the influence of alcohol at the time of the IPF (Sharps et al., 2001, 2003).

Characteristics of the Victim-Perpetrator Relationship

Relationship risk factors comprise such things as the feelings, attitudes, and behavior of the partners (current or former) toward each other, including the nature and quality of their emotional bonds, their views regarding actual and preferred relationship roles, and the way that they interact with each other.

Relationship status. Research indicates that women in common law relationships are at

greater risk for IPF than are married women (Wilson et al., 1995; Shackelford, 2001). In addition, women's risk of IPF tends to decrease as they become older and to increase with the disparity between partner's ages (Wilson et al., 1995; Wilson, Daly & Wright, 1993). These findings have been interpreted to suggest that males experience greater proprietariness in common law unions, when their female partners are young, and when the age discrepancy between partners is large (Daly & Wilson, 1988).

Intimate partner violence. Prior violence in the relationship is one of the strongest and most consistent risk factors associated with IPF (Aldridge & Browne, 2003; Campbell et al., 2003). Studies indicate that between 50% and 75% of cases involve battering of the victim by the partner in the time prior to her death (Bailey et al., 1997; Campbell, 1992; Campbell et al., 2001, 2003; Dobash et al., 2004; McFarlane, et al., 1999; Moracco, Runyan, & Butts, 1998). In addition, intimate partner violence tends to escalate prior to the IPF. Studies document increases in the severity and frequency of violence, including threats to kill, threats with a weapon, strangling, beating while pregnant, forced sex, emotional abuse, and controlling behaviors. (Block, 2003; Campbell, 1995; Campbell et al., 2003; Websdale, 1999).

Separation. A history of actual or planned separation is strongly associated with IPF (Aldridge & Browne, 2003; Campbell et al., 2001; Daly, Wiseman, & Wilson, 1997). Research suggests that between 30% and 75% of victims had separated from their partners or were in the process of separating at the time of the IPF (Belfrage & Rying, 2004; Block, 2003; Dobash et al., 2004; Wallace, 1986). In many cases, women are at the highest risk in the period immediately following estrangement (Stout, 1993; Wilson & Daly, 1993), particularly if the perpetrator is highly controlling (Campbell et al., 2004). It has been theorized that when women announce their desire to leave the relationship, male partners commit IPF due their inability to cope with a

loss of control over the relationship (Campbell, 2001; Johnson & Hotton, 2003) or a sense of abandonment (Dutton, 2002). Although it is clear that the period after separation is a time of increased risk, it is important to recognize that a large proportion of women are in intact relationships at the time they are killed (Dawson & Gartner, 1998; Moracco et al., 2003; Smith, Moracco & Butts, 1998).

Stalking. In cases where the victim and perpetrator separate, many perpetrators engage in stalking or controlling behavior, such as threats of harm, following the victim, and unwanted communication (Aldridge and Browne, 2003; Campbell, 1995). McFarlane et al. (1999) found that during the twelve months prior to an actual or attempted IPF, more than 75% of women were stalked. Stalking behavior within the context of IPF has been associated with extreme jealousy, perceptions of betrayal, obsessive thinking, possessiveness, and proprietariness on the part of the perpetrator (Campbell & Wolf, 2001; Daly & Wilson, 1988). The occurrence of stalking in conjunction with a history of intimate partner violence may be a particularly important risk factor for lethal or near lethal violence (Campbell & Wolf, 2001; McFarlane et al., 1999).

Children. The presence of children in a relationship may be associated with increased risk for IPF. For example, studies indicate that approximately half of IPF victims have children from previous relationships (Brewer & Paulsen, 1999; Daly, Wiseman & Wilson, 1997). In addition, abuse during pregnancy has been associated with IPF (Campbell et al., 2001; 2003). Evolutionary theories have attempted to explain these findings, by suggesting that the presence of children represent a drain on the attention and resources that the mother can devote to the new partner, which in turn increases the risk of jealousy, proprietariness, and ultimately IPF (Brewer & Paulsen, 1999).

Characteristics of the Community

Community responsiveness factors are characteristics of the social support network, neighborhood, and community that may contribute to the occurrence of IPF. Norms, laws, policies, procedures, services, and support may be inadequate to prevent a perpetrator from committing violence or to assist a victim in increasing their safety. In some cases, helping agencies may actually condone violence by minimizing and denying the effects of violence and blaming the women for the abuse (Ptacek, 1999).

Problems with response of the social support network. In the majority of cases of IPF, family, friends, co-workers, or neighbours were aware of or suspected serious problems in the victim-perpetrator relationship prior to the killings (Abrams et al., 2000; Websdale, 2003). For instance, threats to kill the victim were often communicated to others prior to the homicide (Florida Domestic Violence Fatality Review Team, 1994). However, in many cases those who were aware that something was wrong either did nothing to intervene, or provided assistance that was inadequate to prevent IPF (Santa Clara County Domestic Violence Death Review Committee, 2000; Abrams et al., 2000).

Problems with availability of community resources. Victims and perpetrators often seek help from community resources to deal with problems affecting their relationship, including intimate partner violence, prior to the IPF (Abrams et al., 2001; Block, 2003; Sharps et al., 2001). Most commonly, victims and perpetrators seek help from the health care or criminal justice system (Block, 2003). However, there may be limited or no availability of community resources due to things such as geographical location, government cutbacks, and inadequate funding or staffing for services. For instance, reductions in welfare payments have been associated with an increase in IPF (Dugan, Nagin, & Rosenfeld, 2003a). This finding suggests

that government cutbacks may limit opportunities women have to live independently of their abusers (Dugan, Nagin, & Rosenfeld, 2003b).

Problems with accessibility of community resources. In addition to limited availability of community resources, there may also be limited or no accessibility to existing community resources for some victims or perpetrators due to things such as cost of services, lack of transportation, or lack of culturally appropriate services. Research suggests that victims of different ethnic backgrounds utilize shelter and criminal justice services at different rates (Block, 2003; Websdale et al., 1999). This is not surprising, given Richie and Kanuha's (1997) findings regarding the inaccessibility of community services for women of color due to racist and sexist institutional responses.

Problems with appropriateness of community resources. When victims and perpetrators seek help to deal with problems affecting their relationship, they may be faced with poor or inappropriate responses by community resources including failure to provide services, lack of knowledge about intimate partner violence, and victim blaming. Research suggests that when policies and procedures were inconsistently applied and interpreted they lead to increased risk of harm to victims of domestic violence (Michigan Domestic Violence Homicide Prevention Task Force, 2001). Alternatively, services that are designed to increase safety may unintentionally increase the risk of IPF by angering or threatening the abuser without effectively reducing contact with the victim (Dugan et al., 2003a).

Problems with coordination of community resources. Despite the fact that both victims and perpetrators commonly seek assistance from community resources, research has highlighted deficits in coordination and communication of various agencies involved in domestic violence cases (Michigan Domestic Violence Homicide Prevention Task Force, 2001). Problems with

coordination of community resources may be due to things such as lack of information sharing protocols, gaps in the policies and procedures for coordination between services, and strained relationships among service providers. Research suggests that criminal justice agencies often do not have access to complete and accurate information regarding the criminal histories and personal protection order histories of abusers (Michigan Domestic Violence Homicide Prevention Task Force, 2001).

Gaps in the Existing Research on IPF

Previous research has advanced our understanding of IPF significantly. It has allowed us to identify general characteristics associated with the perpetrator, the victim, their relationship, and the community response that may contribute to the occurrence of IPF (see Table 1). For example, perpetrators of IPF often have a history of child abuse, relationship difficulties, proprietary attitudes, violent and non-violent criminality, mental health problems, and substance abuse. Victims of IPF often have a history of experiencing intimate partner violence, stress-related physical and mental health problems, and substance abuse. The perpetrator-victim relationship frequently includes a history of intimate partner violence -- such as physical assault, threats, and stalking -- as well as actual or attempted separation. Finally, the communities in which the perpetrator and victim live may be characterized by problems with the response of the social support network and an inadequate or poorly coordinated community response. This research has allowed us to identify multiple levels of factors that may be important targets of intervention and prevention strategies.

However, this body of research typically has suffered from one or more weaknesses. First, much of it was not guided by theory. With few exceptions (e.g., Daly & Wilson, 1988; Dobash et al., 2000), researchers studied risk factors that were identified easily from health or

criminal justice records, rather than factors believed to be specifically or causally related to IPF. Therefore, most research has identified risk factors that were frequent or common across cases, but very little theory has been developed about how or why these factors are important.

Second, most research examined risk factors from only a single level of analysis, such as the individual (e.g., perpetrator) or relationship level. By failing to consider the victim or the community response, researchers have ignored additional factors that may increase the risk of IPF and potential interactions among factors across levels of analysis (e.g., Blalock, 1984). In other words, previous research has often neglected to examine the interactive context in which IPF occurs. The ecological transactional approach is an example of a model that examines multiple levels of analysis and how factors at different levels may interact with each other (see Altman & Rogoff, 1987; Bronfenbrenner, 1979; Felner, Felner, & Silverman, 2000; Linney, 2000). This model has been effectively employed for studying domestic violence in general (e.g., Carlson, 1984; Dutton, 1995; Edleson & Tolman, 1992; Heise, 1998) and IPF specifically (Watt, 2003).

Third, most research has treated risk factors as static in nature, making it difficult or impossible to identify dynamic or developmental processes leading to IPF. As opposed to focusing on IPF as an outcome or endpoint, it may be more accurately portrayed as a process that unfolds over time. For example, in many cases of femicide there is a lengthy escalation of violence with many interventions considered and attempted by multiple people and agencies. An understanding of developmental processes is critically important for the identification of risk factors that may be relevant only at specific times in or stages of a relationship, as well as for planning the delivery of services designed to prevent IPF.

Without in-depth knowledge of the context and processes of IPF, research is limited in

the extent to which it can explain why IPF occurs and what strategies should be taken to prevent future occurrences. However, violence against women occurs within diverse contexts, with differences in the patterns of violence used by batterers and differences in the experiences and responses of victims (Piispa, 2002). Therefore, future research needs to embrace strategies that provide rich information about the diverse context and processes of IPF.

Strategies for Reviewing Intimate Partner Femicide

Several strategies have been used to gain further insight into the context and processes underlying cases of IPF. These strategies include agency reviews, judicial reviews, public inquests, and domestic violence fatality review teams (see Watt, Hart, Kropp, & Bain, 2004, for a more detailed review). Although the primary goal of each of these approaches is to reduce the occurrence of future IPF, they differ with respect to the degree that they contribute to understanding and preventing IPF. This section will discuss the different strategies for reviewing IPF and the strengths and limitations of each. We will devote the majority of the section to domestic violence fatality review teams and discuss how they are a promising means of addressing the gaps in our understanding of IPF and contributing to the prevention of future deaths.

Agency Reviews

Structure. Many people who subsequently become perpetrators or victims of IPF have received services from governmental and non-governmental agencies in the social service, criminal justice, and health care sectors. If an agency becomes aware that a former client was involved in an IPF, the agency may undertake a review to determine whether staff followed organizational policies and procedures with respect to delivery of services in a particular case.

Goals. The primary goal of an agency review is to determine whether the actions of

members may have contributed to the occurrence of the IPF, thus exposing the agency to liability. A secondary goal may be to review the delivery of services, including organizational policies and procedures.

Procedures. Agency reviews typically are ordered or requested by local managers or administrators. The review itself is conducted by agency members according to internal guidelines. The most common method of review is inspection of agency records; agency members may also be interviewed, usually informally (i.e., without representation).

Outcomes. The most common outcome of an agency review is a brief report for internal distribution that describes the agency's contact with the clients and identifies any breaches of policies and procedures, as well as the members responsible for the breaches. The report may be used to determine and justify sanctions for agency members who breached policies and procedures (e.g., warning, suspension, dismissal), and to take steps designed to minimize the agency's exposure to legal liability (e.g., preparation of public statements, consultation with corporate counsel, referral of the matter to police).

Strengths. An important strength of agency reviews is their accuracy. Because they are usually conducted by people familiar with the agency's policies and procedures, members, and day-to-day operations, agency reviews are likely to be based on information that is correct. Another strength is their relevance. Agency review typically form opinions and reach conclusions that are directly related to the agency's primary mission. This increases the chances that recommendations will be accepted, implemented, and enforced.

Limitations. A major weakness of agency reviews is their narrow focus on single events. The issues arising may not be representative of the problems that occur in "typical" cases of intimate partner violence or femicide. Also, agency reviews tend to focus on a single

organization; information, problems, and concerns external to the agency may be ignored altogether. A second weakness is that agency reviews are reactive in nature. The focus on determination of facts and assignation of blame diverts attention away from prevention of future incidents. A third weakness is the private nature of agency reviews. They are rarely distributed publicly, so others cannot benefit from the findings or recommendations.

Judicial Reviews

Structure. Most jurisdictions have statutory provisions for the review of sudden deaths, when circumstances indicate that the cause of death is unclear or the findings may have broader implications for public safety. The presiding judge may be a member of the regular criminal or civil courts, or specially appointed to coroner's court; in some jurisdictions, a jury may assist the judge.

Goals. The primary goal of a judicial review is to determine cause of death. A secondary goal may be to make recommendations that may prevent further injury or death.

Procedures. The criteria for determining when judicial reviews are convened typically are set out in statute. Most criteria are narrow in scope, stipulating cases in which reviews must be done. The review is conducted by the court according to rules of administrative law. Information considered as part of the review is legal evidence in the form of witness testimony and documents, typically requested by the court or submitted to it by interested parties. The court itself and other interested parties may be represented by legal counsel.

Outcomes. The most common outcome of a judicial review is a report that summarizes findings of fact, reaches conclusions regarding cause of death, and presents recommendations designed to prevent future injury or death. Reports range in length from a few to hundreds of pages and are available to the public and sometimes distributed widely. Most judicial reviews

have limited authority, insofar as their findings are not binding on others, they do not determine culpability for death, and they do not have the authority to enforce recommendations.

Strengths. An important strength of judicial reviews is their neutrality. The judges presiding over the reviews are disinterested in the case under review, which increases their objectivity when reviewing evidence, reaching conclusions, and making recommendations. A second strength is their broad scope and comprehensiveness. Judicial reviews have the ability to consider and receive into evidence virtually anything they deem relevant, and may also have powers to compel witnesses to testify and order the production of documents. Third, judicial reviews often are well resourced. They have both the time and the financial resources necessary to conduct an adequate review. Finally, judicial reviews may be influential in promoting positive change given their findings are public and wrapped in a mantle of moral authority.

Limitations. A major weakness of judicial reviews is their focus on cause of death. The facts in a given case may be quite unusual, and thus any subsequent recommendations may lack more general relevance. Also, focusing on the proximal circumstances surrounding a death draws attention away from more distal processes that may play a contributory role. A second weakness is their lack of specific expertise. As a consequence of being at arm's length, judges and juries usually lack personal knowledge of the people and agencies involved in the case. Consequently, the conclusions and recommendations may lack impact on or relevance to interested parties.

Public Inquests/Inquiries

Structure. Most governments have the statutory authority to order public inquests or inquiries into critical incidents when circumstances indicate that the common good will be served by a full and open investigation. Government officials typically have very broad discretion with respect to determining terms of reference, including issues to be analyzed, who

will preside, and the deadline for submission of a final report.

Goals. The goals of a public inquest are set out in its terms of reference. These typically involve finding fact, determining culpability, and making recommendations that may prevent further injury or death.

Procedures. Although public inquests have explicit terms of reference, the person(s) presiding over them may have considerable discretion in interpreting the terms of reference and determining the nature and scope of the proceedings. Public inquests are conducted according to rules of administrative law. Information considered as part of the review is legal evidence in the form of witness testimony and documents, typically requested by the court or submitted to it by interested parties. Because a public inquest has the power to determine culpability, the person or persons who preside and other interested parties often are represented by legal counsel. Compared to judicial reviews, public inquests often are much more comprehensive, time consuming, and costly to complete.

Outcomes. The most common outcome of a public inquest is a report that summarizes findings of fact, determines culpability, and presents recommendations designed to prevent future injury or death. Such reports often may range in length from a few to hundreds of pages. The report is available to the public and sometimes distributed widely. Most inquests do not have the authority to enforce recommendations.

Strengths. The primary strengths of public inquests are the same as those of judicial reviews: neutrality, scope, comprehensiveness, resources, and influence. The resources allocated to public inquests typically are much greater than those allocated to judicial reviews, and their influence also may be greater.

Limitations. Like judicial reviews, most inquests are focused on a single event and often

presided over by people who lack specific expertise. Thus, their recommendations may lack general relevance, pay relatively little attention to contributory processes, and couch recommendations in terms that decrease their impact on or relevance to interested parties.

Domestic Violence Fatality Reviews

Structure. Approximately fifteen years ago, practitioners developed domestic violence fatality review teams as new approach for increasing understanding of the complex processes leading to IPF and for developing intervention or prevention strategies. This approach was heavily influenced by child death review teams and routine maternity and delivery related death review panels that have occurred in hospitals for decades (see Durfee, Tilton Durfee, & West, 2002; Rimsza, Schackner, Bowen, & Marshall, 2002; Webster, Schnitzer, Jenny, Ewigman, & Alario, 2003). Currently, approximately 27 states in the United States and 1 province in Canada conduct or plan to conduct some form of a domestic violence fatality review team (Websdale, 2003). Although some domestic violence fatality review teams are established as a result of an agreement among agencies to collaboratively review domestic violence related deaths, the majority of teams have been authorized by legislature or established under executive orders. Formal authorization has been sought due to concerns about confidentiality, liability, and immunity. Legislature and executive orders allow the teams to have access to confidential information related to review of a death, prevent information reviewed from being subject to subpoena or discovery, and provide immunity for each member of the team from civil or criminal liability for an activity related to the review of the death. Typically, legislation and executive orders allow for local discretion regarding the convening agency and the membership of the team (Websdale et al., 2001).

The structure of teams varies depending on available resources, committee membership

and participation, legal or legislative direction, geographical or political location, and local preferences. Generally, members of domestic violence fatality reviews teams are recruited from multiple disciplines and agencies that have access to information and expertise concerning IPF (i.e., public health, criminal justice, and advocacy/social services). Some recommend including members of the public in order to guard against cover-ups, while others suggest including advocates for battered women or victims of domestic violence to assure that the perspectives of victims are incorporated into social policy. The structure of domestic violence fatality review teams relies on the consistent participation of members to ensure confidentiality and guidelines are often developed to keep committees to a workable size. However, teams tend to be inclusive rather than exclusive, and additional members or “guests” may be invited to meetings to provide case specific or policy-related information. Members meet on a regular basis to review cases of IPF and develop recommendations for changes to policies and practices on the basis of their review (Websdale et al., 2001; Websdale et al., 1999).

Some teams have a two-tiered organizational structure, where one or two members assume responsibility for leading the team, planning and coordinating meetings, facilitating the case review process, collecting information, and maintaining the databases of cases reviewed. Other teams have a single tiered organizational structure, where a small group carries out administrative and case review tasks. Members are often responsible for acting as a liaison for their agency by sharing relevant information, by explaining agency policies, by identifying areas for improved response, and by implementing and evaluating changes to service delivery (Websdale et al., 2001; Websdale et al., 1999; Websdale, Moss, & Johnson, 2001).

Goals. Domestic violence fatality review teams have multiple goals. For instance, they aim to identify homicides resulting from domestic violence, examine the events leading up to the

deaths, identify gaps in service delivery, and change the overall community response to domestic violence. The central goal of most domestic violence fatality review teams is to prevent future fatalities through system level change (Websdale, 1999). However, how they go about reaching this goal varies widely across committees. In general, while traditional strategies for reviewing IPF tend to promote a culture of blame, domestic violence fatality review teams strive to emphasize a culture of safety. This model values honesty and accountability and seeks to identify breakdowns or gaps in service delivery, focusing less on individual accountability and more on system-wide coordination. As opposed to placing blame on agencies for IPF, risk and error are viewed as inevitable aspects of coordinated delivery of complex services and perpetrators are ultimately held responsible for the deaths of their victims (Websdale et al., 1999; Websdale 2003).

Processes. As previously mentioned, many teams have immunity legislation that protects the deliberations of domestic violence fatality reviews and have developed protocols about how to share information and conduct reviews. The process by which cases are reviewed varies widely, depending on the availability of resources, the commitment of different agencies, and the experience of members. For instance, domestic violence fatality reviews teams differ in the types of cases they review. Some teams only review deaths perpetrated by a current or former intimate partner, whereas other teams review any death that occurs in the context of domestic violence (i.e., suicides of perpetrators, as well as homicides of children, new intimate partners, intervening parties, or responding law enforcement officers). Teams may review closed cases, in which the perpetrator has been convicted, or open cases, in which the case is pending (Websdale, Moss, & Johnson, 2001; Websdale et al., 1999). However, the former is much more common because prosecutors are often unwilling or unable to share information that might compromise a

conviction.

The information collected by domestic violence fatality review teams differs in content, method, and breadth. Existing teams have varying powers regarding the acquisition of information. A few teams have the power and authority to administer oaths and to compel the attendance of witnesses whose testimony is related to the death under review. However, in general, data are collected concerning the incident, indications of past abuse, and the psychosocial, relationship, and criminal history of the individuals involved. Data sources reviewed may include police records, coroner's files, autopsy reports, court documents, medical records, mental health records, social service reports, or newspaper accounts. In some cases, family members or professionals are also interviewed.

The process by which the cases are reviewed also varies extensively between domestic violence fatality review teams. For instance, some reviews collect in depth information for a small number of IPFs (case specific approach or systems approach), while others collect broad information about the role of domestic violence for a large number of deaths (wide angle approach or investigative model). The goal of the case specific approach is to identify system breakdowns and to change policies and procedures of agencies. Alternatively, the goal of the wide angle approach is to accurately identify the prevalence of domestic violence related deaths. Either way, team members often review the deaths in their respective agencies and bring those findings to the domestic violence fatality review team (Websdale et al., 1999, 2001).

Outcomes. Many domestic violence fatality review teams prepare reports that document the team's activities, summarize relevant facts based on a series of cases, and make recommendations for the improvement of service delivery. In addition to submitting the reports to government officials and domestic violence coordinating councils, these documents are often

made available to the public via the Internet. An important feature of domestic violence fatality review teams is that members are often responsible for implementing and evaluating changes to service delivery in their respective agencies based on the recommendations. Anecdotal evidence suggests that domestic violence fatality reviews could reveal patterns contributing to fatalities that may lead to system-wide accountability, greater community collaboration, improvements to intervention programs, and prevention of future deaths (Websdale, 2003).

Strengths. Perhaps the most important strength of fatality reviews is their focus on prevention. The committees do not simply make recommendations, but work to implement and evaluate them. A second strength of fatality reviews is their expertise. Domestic violence fatality review teams are staffed by people who are very familiar with their respective agencies; this maximizes the relevance of recommendations made and the likelihood that changes will be made. A third strength is that fatality reviews typically consider a series of cases, rather than focusing on single cases. This increases the general relevance of their recommendations. A fourth strength is their focus on contributory processes. Intimate partner femicides are not treated as isolated events, but rather as part of processes that unfold in specific contexts.

Limitations. Although the primary purpose of domestic violence fatality review teams is to understand the processes leading to femicide in order to inform prevention efforts, this strategy for reviewing IPF typically suffered from several weaknesses. First, they lack conceptual clarity regarding what constitutes a domestic violence fatality, resulting in inconsistent reporting by law enforcement agencies, inaccurate estimations of the prevalence of intimate partner fatalities, and erroneously informed policy and legislative recommendations (Abrams et al., 2000). Second, they use inconsistent data collection and coding procedures across committees. For instance, some committees focus on interviews with service providers or review

of records from specific agencies whereas others used comprehensive archival sources (e.g., police or coroners' reports). Furthermore, each review selected variables for inclusion in a rather haphazard or idiosyncratic manner. For example, some case studies have focused primarily on the victim or perpetrator as individuals or a couple, but have ignored broader contextual factors including community services. Fourth, their methods of data analysis tended to rely on frequency counts of static variables. This resulted in a lack of attention being paid to contextual influences and dynamic processes contributing to IPF that could be the focus of future interventions.

The Role of Domestic Violence Fatality Review Teams

Agency reviews, judicial review, and public inquests have serious limitations as strategies for reviewing IPF due to their focus on single cases; their reactive emphasis on cause of death, determination of facts, or assignment of blame; and their lack of personal knowledge of the people and agencies involved in the case or specific expertise regarding IPF. In contrast, domestic violence fatality review teams makes up for the limitations of these strategies by their review of multiple cases; their proactive emphasis on accountability and systems change; and their involvement of multiple disciplines and agencies with expertise and familiarity with their respective agencies.

Domestic violence fatality review teams may help to address the limitations of previous research on IPF by increasing our understanding of the diverse contexts and complex processes leading to IPF. First, domestic violence fatality review teams have access to many sources of information and can investigate factors from multiple levels of analysis that are considered causally relevant to IPF. Second, domestic violence fatality review teams collect in depth information about cases of IPF, which allows for an identification of how factors interact and change over time. Third, domestic violence fatality review teams embed the investigation of IPF

within context and develop intervention and prevention strategies that are relevant for informing the local community response. Due to the unique goals, structures, and processes of domestic violence fatality review teams, they hold a great deal of promise for informing future research, intervention, and prevention of IPF.

However, many domestic violence fatality review teams do not have the time, resources, or specific expertise to conduct sophisticated research on IPF. As previously mentioned they often have different views about what constitutes a domestic violence fatality, use inconsistent data collection and coding procedures, and report their findings in the form of simple frequency counts. Similarly, many researchers do not have access to the depth and quality of information that they would need to conduct research that would significantly increase our understanding of the diverse contexts and complex processes contributing to IPF. However, research that increases our understanding of IPF has the potential for greatly improving both practice and theory. Therefore, domestic violence fatality review teams and researchers would mutually benefit by forming partnerships in their investigation of intimate partner femicide. These partnerships could lead to improvements in research that could further our empirical understanding of IPF, and even more importantly, further our efforts to change policy and practices that aim to decrease the occurrence of IPF.

Conclusion

We have learned much about IPF, but we still have much more to learn. It is time for us to move beyond single-factor analyses of IPF and develop theoretical frameworks that recognize the dynamic nature of these risk factors, the complex ways in which they interact, and the influence of the physical and social environment on the lives and decision making of perpetrators and victims. Only then will we be able to develop rational policies and procedures designed to

prevent IPF. Domestic violence fatality review teams deserve serious consideration as a means of addressing the gaps in our understanding of IPF and the deterrence of future deaths.

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Table 1

Risk Factors for Intimate Partner Femicide

Category	Risk Factor
Perpetrator	<ul style="list-style-type: none"> Socially disadvantaged Victim of child abuse Previous intimate partner violence Proprietariness Possession of Firearms Criminal history Mental health problems Substance use problems
Victim	<ul style="list-style-type: none"> Socially disadvantaged Previous intimate partner violence Mental health problems Substance use problems
Victim-Perpetrator Relationship	<ul style="list-style-type: none"> Relationship status Intimate partner violence Separation Stalking Children
Community	<ul style="list-style-type: none"> Problems with the response of the social support network Problems with of availability of community resources Problems with accessibility of community resources Problems with appropriateness of community resources Problems with coordination of community resources