Intimate partner femicide: Knowledge gaps and implications for policy and practice

Samara McPhedran (Griffith University)
Li Eriksson (Griffith University)
Paul Mazerolle (Griffith University)
Holly Johnson (University of Ottawa)
PART 1:
WHAT DO WE KNOW?
WHAT DO WE NEED TO KNOW?
Background

• Women over-represented among intimate partner homicide victims.

• Limited knowledge about intimate partner femicide (IPF) victims – typically demographics and socioeconomics.

• Studies of IPF tend to focus on perpetrators – attributes, behaviours, life histories, risk factors, etc.

• To develop effective IPF prevention strategies, need to understand circumstances and factors that may have contributed to women's exposure to risk and victimisation, and/or reduced their ability to access appropriate supports and safety.
Existing research - I

• A handful of studies into IPF have attempted to gain victim-focused knowledge by analysing administrative data, police files, and/or coroners’ reports.

• Limited by the initial type/s and format of variables collected and the specific purpose/s for which that information was gathered.

• ‘Death review’ panels – useful, but limited to reviewing existing official records about a death rather than gathering new information to supplement and extend those records.
Existing research - II

- Women who have survived extreme/near-lethal IPV (and/or, in legal terms, attempted homicide).
  - e.g., Glass et al., 2004; Vatnar & Bjorkly, 2013.
- Typical focus: acute risk, perceptions during the incident, what happened next.
- Unlikely to be representative of IPF victims overall.
Existing research - III

- A small number of pioneering USA-based studies have interviewed family and friends of the victim.
- Valuable, but designed to quantitatively assess the presence or absence of a pre-determined range of known ‘acute’ risk factors for IPF, rather than gather a full suite of quantitative and qualitative information about the victim’s circumstances, characteristics, and history.
- Have not incorporated multiple different data holdings into their analyses – rely on interviews alone.
Existing research - IV

• Research combining interviews with other data sources about the victim is extremely scarce, and provides limited information.

• Sheehan and associates (2015) synthesised information held in police reports and interviews with family and friends (n = 14).

• Interviews only gathered qualitative accounts from which specific risk factors for lethal violence were extracted, rather than complementing those narratives with quantitative scales or comprehensive life-course information.
Key knowledge gaps

- Scarcity of victim-focussed knowledge about factors and dynamics associated with IPF.
- Emphasis on acute (short-term) risk factors.
- Lack of knowledge about pathways to IPF, and long-term pathways in particular.
- Need to know more about victims’ life-course, as well as situational factors around IPF, from both short- and long-term perspectives, and how different risk and protective factors may emerge or change over time.
- Without this information, we are not able to develop the best possible responses to identify and support women at risk.
PART 2:
WHAT DO WE NEED TO DO?
A novel approach

• Psychological autopsy (PA).
• PA acknowledged as the most fruitful means for investigating the diverse range of factors leading to and surrounding an individual death.
• Considers both quantitative and qualitative data from in-depth interviews with ‘informants’ of the deceased (typically next-of-kin or close friends) plus extra information (if available) – e.g., coroner’s reports/inquests (and recommendations).
• Commonly applied within suicide research, PA methods have been recommended for homicide research.
• Researchers have not yet taken advantage of full PA methodology to study IPF victimisation.
PA – example content

- Connor-Davidson Resilience Scale;
- MINI International Neuropsychiatric Schedule;
- PTSD Checklist;
- Multidimensional Scale of Perceived Social Support;
- Past exposure to violence;
- Major life events;
- Barriers to accessing help.
“Intimate partner femicide in Australia: A victim-centred exploration”

- Two year study.
- Supported by funding from an Australian Government Criminology Research Grant.
- Small scale: 20 interviews with informants of deceased women, 20 interviews with informants of women who have experienced non-lethal violence.
- QLD and NSW.
“Intimate partner femicide in Australia: A victim-centred exploration”

• **Aims:**
  - Develop a detailed, victim-focussed, quantitative and qualitative life-course profile of IPF victims, to identify short- and long-term risk, protective, and predictive factors for IPF;
  - Discern risk and protective factors that may increase, diminish, or interact at different stages of a victim’s life-course;
  - Illuminate intervention points for supporting women at risk, and ultimately preventing IPF victimisation, from a life-course perspective;
  - Provide insights into policy or system shortfalls or failures, within the context of the lives of individual women.
“Intimate partner femicide in Australia: A victim-centred exploration”

- Study approved by Griffith University Human Research Ethics Committee.
- Strict ethical standards and participant care practices, including:
  - Minimum of 6 months since bereavement;
  - All interviews conducted by experienced counsellors who have a number of years’ experience working with family and friends of homicide victims;
  - Potential participants talked through interview content and what to expect, before making a decision about whether to take part.
  - Referral processes and provision of support.
“Intimate partner femicide in Australia: A victim-centred exploration”

• Participants are now being recruited for interviews commencing mid-September 2017.

• Close collaboration with key community-based support groups, as well as individuals with lived experience, when designing and implementing the study.
Learnings to date...

• Trial and error in developing interview questions – existing research into non-lethal violence as well as homicide in general provides a guide, but there are no specific scales/tools for investigating intimate partner femicide.

• Drawing on a very wide range of different sources (published research, risk assessment tools, stakeholder views, etc).

• Flexible approach....
Learnings to date...

• “Psychological Autopsy” is the wrong term.
• We need a better name for the method we are using.
• We are working on that!
Learnings to date...

- There are a lot of great psychologists/counsellors…but not many have experience working exclusively or primarily with persons who have experienced traumatic bereavement…
- For victim-centred research to grow in Australia, need to build capacity in this area.
Learnings to date...

• (Some) academics/activists have said:
  – “Families won’t know what went on in intimate relationships…or won’t want to talk about it”
  – “This is victim blaming”
  – “Families will be too traumatised to answer questions”

• Family and friends have said:
  – “I want to tell her story… I want her to have a voice again…”
  – “She’d be really cranky with me if I didn’t do this!”
  – “Even if I don’t know everything, I can at least tell as much as I do know…that’s better than nothing”
  – “If being part of this study helps spare other mums from going through this, at least something positive has come out of something horrific”
Conclusions

• There are notable gaps in what we know about intimate partner femicide.
• This limits our ability to develop effective policies and practices to more effectively identify and support women at risk.
• It is entirely feasible to do victim-centred research, using PA (needs new name!) methods...but not without challenges:
  – Funding (...of course...);
  – Methodology – working out how to ask the right questions;
  – Finding the right interviewers;
  – “Resistance” to the idea itself.
Conclusions

• Not only have victim perspectives, to date, been largely overlooked in research...this is well known and keenly felt by families and friends of women who have lost their lives, as well as by the groups who support those people through their loss.

• Suggestions that it is “unacceptable” or “victim blaming” to ask questions about IPF victims appear to be out of touch with views of people who have lived experience of traumatic bereavement.
Acknowledgements

We extend our deepest gratitude to those who have lost a loved one through intimate partner femicide and have generously chosen to share their memories of their loved one with us.
Questions?
References


