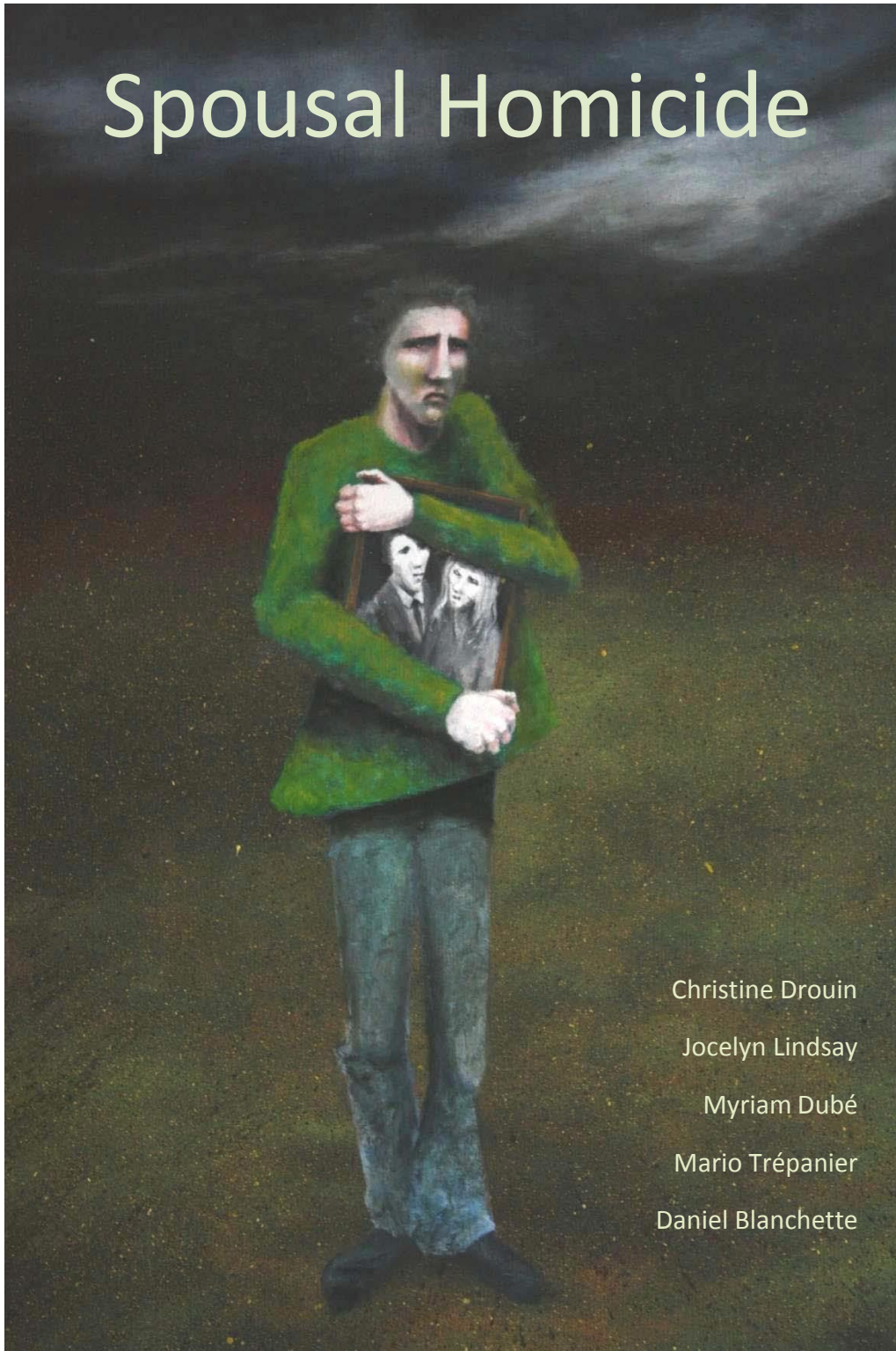


Intervening with **men** to prevent

Spousal Homicide



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Centre de recherche interdisciplinaire
sur la violence familiale
et la violence faite aux femmes

à cœur d'homme
Réseau d'aide aux hommes pour une société sans violence

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Table of Contents

Acknowledgements	3
Introduction	9
Portrait of spousal homicide	13
Statistics.....	13
Associated factors.....	14
Assessing spousal homicide risk	25
Spousal homicide risk elements	29
Triggering events.....	32
Protection elements.....	33
Importance of a trusting relationship.....	33
Intervention strategies for prevention of spousal homicide	35
Managing spousal homicide risk	37
Risk evolution and follow-up planning.....	42
Workers' attitudes and perceptions regarding homicide risk situations.....	43
Spousal homicide prevention: Intervention context	45
Responsibilities of the organization	45
Collaboration with partner organizations	46
Respect of confidentiality	47
Collective issues	48
Conclusion	49
References	51

Introduction

This document is intended as a homicide prevention reference guide for people who intervene with men in the area of intimate partner violence. It has been designed for the member organizations of à cœur d'homme – Réseau d'aide aux hommes pour une société sans violence, an association bringing together 24 autonomous community organizations in 13 Quebec regions. These organizations offer specialized group intervention services to men to counter the problem of intimate partner violence; many of these organizations have been mobilized to develop awareness prevention activities and training. Several members of the association also participate in various joint bodies at the regional or local level. These initiatives have contributed to the creation of joint activities, collaboration agreements and research projects.

In carrying out their mission, the people working for organizations that help men resorting to violent behaviours towards their partners play a front-line role in homicide prevention. They are in direct contact with these men and can thus learn about any homicidal intentions expressed during the first contacts with the organization or during the subsequent follow-up, and take action accordingly to defuse the crisis. Furthermore, in looking at the factors associated with uxoricide (murder of a female partner), the majority of studies show that spousal separation is the most important risk element. When men come to organizations for help, it is often in this context of couple separation, which can be a source of great distress for them and can lead to a situation where the risk level is higher for family members. It is therefore essential that workers be able to identify this risk and respond effectively to reduce it. At the same times the complexity of these situations requires workers to make urgent and delicate ethical decisions (Rondeau et al., 2002). This is why workers found it necessary to improve their knowledge and skills in this matter, and thus feel better qualified to ensure the safety of all persons involved. Thus, members at the 2010 general assembly of à cœur d'homme expressed the need to have better tools to assess the risk of homicide and to improve their interventions in situations of intimate partner violence with a high risk of lethality.

In conducting our inventory of resources, we did not find any documents presenting best intervention practices in spousal homicide prevention adapted to the reality of help services for men resorting to violent behaviours towards their partners. To address this problem, some member organizations developed their own homicide risk evaluation and intervention tools. However, none of the knowledge they have obtained in this regard has been shared with others. This is indeed a need which was identified and which the association wanted to meet by developing material based on the intervention guide for shelter workers, entitled *Agir pour prévenir l'homicide de la conjointe* (Drouin, Drolet et al., 2004). This intervention guide was developed following a request made by the workers during interviews held as part of research on the management of high-lethality risk situations of intimate partner violence (Rondeau et al., 2002). Indeed, the respondents in that study stressed the importance of having better tools to estimate the risk of spousal homicide and accessing most effective intervention methods to prevent spousal homicide.

The findings from the research by Rondeau et al. (2002) led a research team with the Interdisciplinary Research Centre on Family Violence and Violence against Women (CRI-VIFF) to propose a tool that police services could use to assess the risk of spousal homicide. Given the large number of situations involving intimate partner violence handled every year, it was seen as important to ensure knowledge among police services of the risk of homicide and all the more so when we realize they are called to deal with situations where people fear for their lives. Funding from the CRI-VIFF allowed its researchers to develop, in collaboration with the Montréal Police Department and the Québec City Police Department, a checklist entitled *Preventing Spousal Homicide*, which contains indicators for assessing the risk of spousal homicide (Drouin, Dubé and Lindsay, 2009).

This intervention guide was developed as part of a project carried out by CRI-VIFF researchers in partnership with à cœur d'homme. The general objective of the project was to develop services that would be better adapted to spousal homicide prevention, with such services provided by the member organizations of à cœur d'homme. This general objective

entailed the three following specific objectives: 1) produce an inventory of the best practices of the association's member organizations in spousal homicide risk assessment and prevention; 2) adapt the guide developed for the shelters, in such a way as to reflect the reality of organizations that intervene with men presenting violent behaviours; 3) provide day-long trainings to increase the skills of workers regarding spousal homicide.

To attain the objectives that were set, the project team chose the approach of working in collaboration with the organizations of the association. Thus, before the intervention guide was written, the members were consulted twice. The first consultation took place during the first year of the project; it involved a telephone survey of all the member organizations of the association to learn about their needs in spousal homicide prevention. The information obtained in this way shed greater light on the shortcomings to be addressed in organizations working with men presenting violent behaviours and helped to ensure that the intervention guide developed for the shelters would be better adapted to their reality. In addition, knowledge regarding the best practices of the association's member organizations was obtained by holding focus groups at which all the organizations were asked to describe the means used to assess the risk of spousal homicide and the means used to manage risks once they were detected. The information gathered at this stage of the project was added to what was obtained through a survey of the literature, in order to enhance the intervention guide for the member organizations of à cœur d'homme.

In addition, throughout the length of the project, the members of the advisory committee supported the researchers in the creation of homicide risk assessment and management tools, and in the writing of the guide. The role of the committee's members involved, besides sharing their intervention experiences, analyzing the best practices inventoried by the focus groups and ensuring that the tools which were developed would be adapted according to the reality of the organizations involved.

The document is divided into two main components. The first one presents an overall portrait of spousal homicide according to the inventory carried out regarding the research in

this area. The second component deals more specifically with intervention by presenting a tool for assessing the risk of spousal homicide and a tool presenting different strategies to manage identified homicide risks. In addition to these tools, the second component also looks at the context in interventions to prevent spousal homicide.

Portrait of spousal homicide

Statistics

In 2009, there were 32 intra-family homicides, which accounted for 38% of all homicides in Quebec that year (Government of Quebec, 2011). This proportion of homicides is similar to the proportion seen in Canada overall. In 2010, 140 people were victims of homicide committed by another family member in Canada. Between 2000 and 2009, there were 1,567 intra-family homicides, accounting for 35% of all homicides in the country (Hotton Mahony, 2011). Furthermore, the rate of intra-family homicide has been going down in Quebec, as in Canada, during the past 30 years; we note that spousal homicide decreased by 32% between 1980 and 2009. However, the rate has been stable for the past three years. Some researchers attribute this decrease to the establishment of gender relations more equitable in the workplace between men and women, as well as to higher education attainment levels and a higher divorce rate (Dawson, Pottie Bunge and Baldé, 2009). Other researchers add that there is greater accessibility to resources for victims of intimate partner violence, which has also contributed to the reduction in the number of spousal homicides (Dugan, Nagin and Rossenfeld, 1999; Pottie Bunge, 2002).

Spousal homicide accounts for close to half of all intra-family homicides; this makes it the most common type. There are between 15 to 20 spousal homicides each year in Quebec (Government of Quebec, 2011). Men are the ones who commit spousal homicide in the majority of cases. During the past ten years, the ratio of persons who committed spousal homicide was as follows: 80% were men, while 20% were women. In Canada, an average of 77 spousal homicides were committed each year between 2000 and 2009 (Hotton Mahony, 2011), with men being responsible for 75% of them.

Associated factors

Spousal homicide is still a topic that only began to be studied recently and research in the last several years has dealt primarily with the prevalence of the phenomenon and its associated elements. Accordingly, we note that several authors have demonstrated the link between spousal homicide and some of the factors presented in this section. On the other hand, there are some factors for which few researchers have been able to demonstrate a link. Therefore, it is important to mention that in the majority of research activities inventoried, the data have come from files concerning spousal homicide. Very few deal with high-lethality risk situations that did not end in homicide. Given that the “competence of workers in high-lethality risk situations depends in part on appropriate understanding of the phenomenon of violence and risk factors associated with homicide” (Rondeau et al., 2002, p. 35), we present here, with support from the literature, a synthesis of the factors likely to amplify the risks of spousal homicide by a man against his female partner.

Demographic characteristics

Socio-demographic indicators allow us to state that some categories of women appear to be more at risk of being homicide victims than others. Thus, the young age of a victim appears to be a factor to consider in any study dealing with the risk of lethality (Dobash, Dobash, Medina-Ariza and Cavanagh, 2007; Moracco, Runyan and Butts, 1998; Shackelford, Buss and Peters, 2000; Statistics Canada 2011; Wilson, Johnson and Daly, 1995). The spousal homicide rate tends to be higher among young people aged 15 to 24 and to go down as age increases (Statistics Canada, 2011). However, married women who are murdered by their partners are found most often in the 25-34 age group (Pratt and Deosaransingh, 1997).

In addition, studies have shown a significant difference in age between the partners in several cases of spousal homicide (Breitman, Schackelford and Block, 2004, Regoeczi, 2001; Schackelford and Mouzos, 2005; Wilson and Daly, 1996). We find here a partner age difference of 10 years or more.

Type of spousal relationships

Some types of couple relationships are more associated than others with a higher risk of spousal homicide for women. We note that common-law couples or couples in a dating relationship present the highest rate of spousal homicide (Schackelford and Mouzos, 2005; Statistics Canada, 2011; Wilson and Daly, 1996). The factors associated with men who commit homicide in a common-law or dating relationship are: a young age, an absence of work and a criminal past (Dobash et al., 2007). Furthermore, there is a greater probability that the partners in a dating relationship were taking alcohol or drugs at the time of the homicide, with jealousy and sexual violence towards the woman partner being a motivating factor. Also, suicide will occur less frequently in these couples, in comparison to married couples (Dawson and Gartner, 1998). In addition, Brewer and Paulsen (1999) have shown that women with children from a previous relationship are four times more often victims of spousal homicide committed by their new partner.

Separation

The majority of studies confirm that the period immediately preceding or following a break-up of the spousal relationship constitutes one of the moments where the risk of lethality is greatest (Block, 2000; Bourget, Gagné and Moamai, 2000; Drouin, 2001; Hotton, 2001; Johnson and Hotton, 2003; Stout, 1993; Wallace, 1986; Wilson and Daly, 1993, 1996). We see this in a high percentage of situations, which can be as much as 75% according to some studies (Boisvert, 1996; Campbell et al., 2007; Dubé and Drouin, 2011). These studies have shown that close to half of all spousal homicides take place during the few months following separation. Hotton (2001) reports that 49% of spousal homicides occur within two months after separation, 32% occur two to six months later, and 19% occur more than a year later. Furthermore, the risk of homicide is also present when a separation is imminent, i.e., when the woman tries to leave or raises the possibility of a couple separation (Englander, 1997; Frigon, 1996; Pratt and Deosaransingh, 1997; Wilson, Daly and Wright, 1993). Dubé and Drouin (2011) note more specifically that the risk of spousal homicide is greatest when the man realizes that this situation is not only real but also inevitable. Furthermore, the more the man opposes the separation, the greater

the risk that his feeling of rage will take hold and the greater the risk that his intimate partner violence behaviours will intensify (Belfrage and Rying, 2004; Boisvert, 1996; Campbell et al., 2007; Campbell, Webster and Glass, 2009; Kellermann and Heron, 1999). Violence at the physical, psychological and sexual levels is thus used to maintain control over the spouse (Johnson, 2006). Wilson, Johnson and Daly (1995) show that the man may even use homicide to maintain control over the relationship. In their explanation of post-homicide suicide, Johnson and Hotton (2003) put forward the idea that the intention is linked to a desire to preserve ultimate control over the relationship. The man thus shows how far he might go to keep the woman under his sway.

Researchers have considered a couple's imminent or recent separation to be the main motivation for committing homicide (Dubé and Drouin, 2011; Gartner Dawson and Crawford, 1998/99). The abandonment anxiety or the refusal to accept the separation motivates homicide in these cases. Anticipating that one will be rejected can therefore lead to homicide. On the other hand, the risk of homicide is very low when the man decides to end the relationship. We can therefore say that murder of the woman is motivated by rage and despair in the man following a break-up. Dutton explains that the anger felt at being abandoned, as the motivating source of homicide, finds its origins in early childhood development attachment and object relations (Dutton, 1995).

In addition, Balier (2002) writes about the important difficulties in accepting the necessities that accompany reality, i.e., the existence of the other. The cost in doing so entails suffering due to the abandonment of one's personal needs and the hope of achieving total satisfaction of one's desires. Men also have difficulty communicating their individuality and autonomy, beginning at a very early age.

Planning homicide

Boisvert (1996) adds that there is an incubation period during which anger and jealousy intensify. It is hypothesized that this period is corollary to the man's growing awareness that the break-up is irreversible (Dubé and Drouin, 2011; Dutton and Kerry, 1999). This situation can lead the man to plan the murder of his partner (Dawson, 2005; Dubé and Drouin, 2011b). The homicidal idea thus first goes through a maturation period followed by the development of a plan leading more and more clearly towards homicide.

Revitch and Schlesinger (1989) explain the act of homicide as a catathymic process, by which committing homicide allows the man to relieve an unbearable psychic tension. This process takes place in three stages: incubation, actualization (carrying out of the action) and relief afterwards. During the incubation period, the man goes through frustration or despair related to a difficult experience. This state generates internal tension in the man, leading to obsessive ideas about committing homicide, which may also be accompanied by suicidal thoughts. The homicidal act is followed by relief, which decreases the internal tension. If this relief does not occur, the man may commit suicide.

Intimate partner violence

Another important factor related to a high risk of spousal homicide is the presence of intimate partner violence in the couple relationship. Some authors have shown that it was present in 60% of situations ending in spousal homicide (Campbell et al., 2009; Dobash, Dobash and Cavanagh, 2009; Dubé and Drouin, 2011). Several authors confirm that the presence of physical violence in a couple relationship significantly increases the risk of death

(Aldridge and Browne, 2003; Block and Christakos, 1995; Campbell et al., 2009; Drouin, 2001; Echeburua, Fernandez-Montalvo, de Corral and Lopez-Goni, 2009; McFarlane et al., 1999; Stout, 1993). Campbell (1992) showed that 18 of 28 women killed by their partner (64%) had been subject to violent physical abuse in the year before being murdered. In 17 of 28 cases (61%), excessive force was also used at the moment that the homicide took place. Another study reports that 67% of murdered female spouses and 71% of female victims of homicide were subjected to physical violence during the year preceding the incident (McFarlane et al., 1999). The murder of women in such situations is often seen as the result of an escalation in intimate partner violence (Pratt and Deosaransingh, 1997). Previous incidents of sexual abuse in the couple's relationship can also be seen as indicators that increase the risk of lethality (Braaf, 2011; Campbell and Soeken, 1999; Echeburua et al., 2009). Dobash, Dobash and Cavanagh (2009) note, however, that the previous behaviours of men who commit spousal homicide generally this person committed crimes towards women and in particular against partners from previous relationships.

However, physical and sexual violence are not the only types of intimate partner violence representing the risk of spousal homicide. Some men use various behaviours to control their partner. The presence of offensive contemptuous behaviours may also represent a risk of spousal homicide for the woman (Echeburua et al., 2009). Dutton has created a typology to explain the kinds of men who commit intimate partner violence. The three kinds of men in this typology are: those who are impulsive, those who commit violent acts in a utilitarian context and those who overcontrol their emotions. Dutton affirms that the sub-group of men who overcontrol their emotions are more at risk of committing spousal homicide (Dutton, 1996, 2007).

A greater propensity for other behaviours develops when there is a separation. Such is the case when there is stalking of the spouse (McFarlane, Campbell and Watson, 2002) and death threats towards her or others close to her (Belfrage and Rying, 2004; McFarlane et al., 1999; McFarlane et al., 2002). Stalking by the male spouse when or after the break-up occurs is considered as an important element in the risk of abuse and the risk of homicide because the male partner tenaciously holds onto this kind of behaviour (Walker and Meloy, 1998). Data from Walker and Meloy (1998) indicate that 76% of spousal homicide victims and 85% of spouses who are the victims of attempted homicide were stalked by the male spouse during the year before the murder or murder attempt. Another study (McFarlane et al., 2002) shows that 69% of women who are victims of a spousal murder attempt reported being stalked when it happened. These women were followed or spied on and received unwelcome telephone calls. In addition, their residence or belongings were vandalized, and their ex-partners tried to contact them using every possible means.

In addition, when criminal harassment is accompanied by various threats, there is an increase in the risk of aggression. The most alarming threats made to the harassed person include: threats against the child, threats using a weapon (knife, for example), death threats against the woman or members of her entourage, as well as written messages left in places in her personal environment, for example, at home, work or in her car (Belfrage and Rying, 2004; McFarlane et al., 2002; Meloy, 1996).

Depression

Signs of depression may be seen in men who commit spousal homicide (Office of the Chief Coroner- Province of Ontario, 2010; Dubé and Drouin, 2011; Dutton and Kerry, 1999; Léveillé, Lefebvre and Galdin, 2011). These signs of depression, as observed by professionals or people close to the man, appear after the separation in most cases (Dubé and Drouin, 2011). Symptoms of depression occur more in men who commit suicide after killing their spouse than among those who do not commit suicide (Léveillé et al., 2011).

Homicide followed by suicide

The risk of homicide increases when the man threatens and/or attempts to commit suicide (Aldridge and Browne, 2003; Belfrage and Rying, 2004). In this regard, when we note a greater risk of suicide in a male partner, it is important to be vigilant on behalf of the female partner and her children (Block and Christakos, 1995; Bourget et al., 2000; Dubé and Drouin, 2011; Léveillé et al., 2011). Furthermore, several studies have shown that nearly one-third of spousal homicides are followed by suicide (Bourget et al., 2000; Frye et al., 2005; Marzuk, Tardif and Hirsch, 1992; Séguin et al., 2005). The data indicate that 90% of homicides followed by suicide are committed by men (Buteau, Lesage and Kiely, 1993; Dawson, 2005). Some authors add that situations of post-homicide suicide occur most often in the following circumstances: the person committing the homicide is a man; the homicide is committed with a firearm; and very often, the couple is in the middle of a separation or divorce (Block and Christakos, 1995; Bourget et al., 2000; Dubé, 1998; Pratt and Doesaransingh, 1997). Rosenbaum (1990) reports that 75% of the post-homicide suicides making up his study occurred at the time of or right after the couple separation. In these cases, the homicide is committed when the man sees that a separation may occur or when he feels that his partner has been unfaithful to him (Liem, 2011). In addition, when this situation includes work problems experienced by the man or the loss of his job, the possibility of a post-homicide suicide increases even more (Starzomski and Nussbaum, 2000). A homicide-suicide can also occur when the woman is stricken by a severe illness or physical disability. The intention in such a situation is to alleviate her suffering (Adinkrah, 2008; Bourget et al., 2000).

Possessiveness and jealousy

Men who commit spousal homicide are often described as being jealous and possessive (Boisvert, 1996; Dubé and Drouin, 2011; Léveillé and Lefebvre, 2010; Wilson and Daly, 1996). Wilson and Daly (1996) explain spousal homicide as the result of masculine sexual possessiveness. This possessiveness is linked to the idea that the man may feel he has the right of ownership over his partner. This idea can at times bring about a *“tendency to control the woman to prevent the risk that she might infringe upon or overturn this right.”* This possessiveness leads to jealousy, which in turn can lead to homicide. An empirical study concerning spousal homicides in Montréal involved analyzing various types of spousal homicide. In this study by Boisvert (1998), 38 of 66 cases of murdered women were categorized under the heading of “possession.”

Possessiveness is often linked to jealousy. Gartner et al. (1998/99) show that suspicion of the spouse’s infidelity was the motive in 15% of the homicide files they analyzed. Other authors have corroborated the link between suspicions of infidelity (or jealousy) and spousal homicide (Aldridge and Browne, 2003; Eastal, 1994; Regoeczi, 2001; Rosenbaum, 1990, Websdale, 1999; Weir, 1992). Websdale (1999), among others, conducted a study of spousal homicide based on 67 coroner’s files and concluded that more than half of the men in the sample showed characteristics of obsessive jealousy. A man who commits spousal homicide interprets his partner’s withdrawal from him as a sign of treason (or cheating), which exacerbates the problem.

Some post-homicide suicides have also been explained by jealousy. There is agreement among several researchers that a man who kills his spouse and commits suicide sees her as an extension of himself (Liem, 2011). In this regard, Baumeister (1990) and Kottler (2000) bring up the notion of suicide as a secondary action in accompaniment of suicide. Thus, for some men, killing their spouse may be seen as completing a suicide. Other authors hold that spousal homicide can be considered as the ultimate pursuit of aggression (Dutton and Yamini, 1995).

Firearms

Access to a firearm greatly increases the risk of spousal homicide in a relationship where there is violence (Saltzman, Mercy, O'Carroll, Rosenberg and Rhodes, 1992; Kellermann and Heron, 1999). One study, using a sample of 142 victims of non-lethal family violence and non-lethal conjugal violence, as well as 23 cases where the victims were killed, showed that cases of family and conjugal violence in which a firearm is used are three times more likely to end in homicide than incidents involving a knife or sharp object, and 23 times more likely to end in homicide than incidents involving another type of weapon or physical force (Saltzman et al., 1992). Furthermore, possession of a firearm or access to one increases the likelihood of carrying out the act, in that it simplifies the planning involved (Office of the Chief Coroner- Province of Ontario, 2010; Dawson, 2005). In keeping with this observation, a study by Bridges, Tatum and Kunselman (2008) found that a reduction in the family homicide rate occurs if the man is under a court order prohibiting him from having a firearm in his possession.

Alcohol

The use of alcohol or drugs (Belfrage and Rying, 2004; Blount, Silverman, Sellers and Seese, 1994; Campbell et al., 2007; Sharps et al., 2001; Van Wormer and Roberts, 2009) is also seen as being associated with spousal homicide. However, the research results of Dubé and Drouin (2011) show that just 5% of men who committed spousal homicide were under the influence of alcohol or drugs when they committed the act.

Contexts other than a separation

According to Cusson and Boisvert (1994), when a spousal homicide does not take place within the context of a break-up, a domestic dispute appears to be the main context for its occurrence, accounting for 23% of cases, with other categories much less prevalent: mercy killing (4%), self-defence (2.6%), liberating oneself from the relationship (2.6%), instrumental homicide (motivated by gain: 1%), accident (1%).

Familicide

In some rare cases, spousal homicide is accompanied by the murder of one or more children in the family. This is known as familicide (Wilson et al., 1995). In Quebec, 10 men committed familicide between 1997 and 2007 (Léveillé and Lefebvre, 2010).

In a study which compared men who committed spousal homicide with men who committed familicide, Léveillé and Lefebvre (2010) observed a number of shared characteristics between these two types of homicide: couple separation, previous abuse of alcohol or drugs, threats. Furthermore, the authors found more social losses, fewer previous run-ins with the law and more access to firearms among men who committed familicide than men who committed spousal homicide. The latter group also commit suicide in a higher proportion of cases (80%).

According to Wilson et al. (1995), one sub-group of men who committed familicide did so in the context of vengeance against the spouse and presented factors generally associated with spousal homicide, while a second sub-group was composed of men who presented symptoms of major depression and whose act of homicide represented instead an “extended suicide.”

Assessing spousal homicide risk

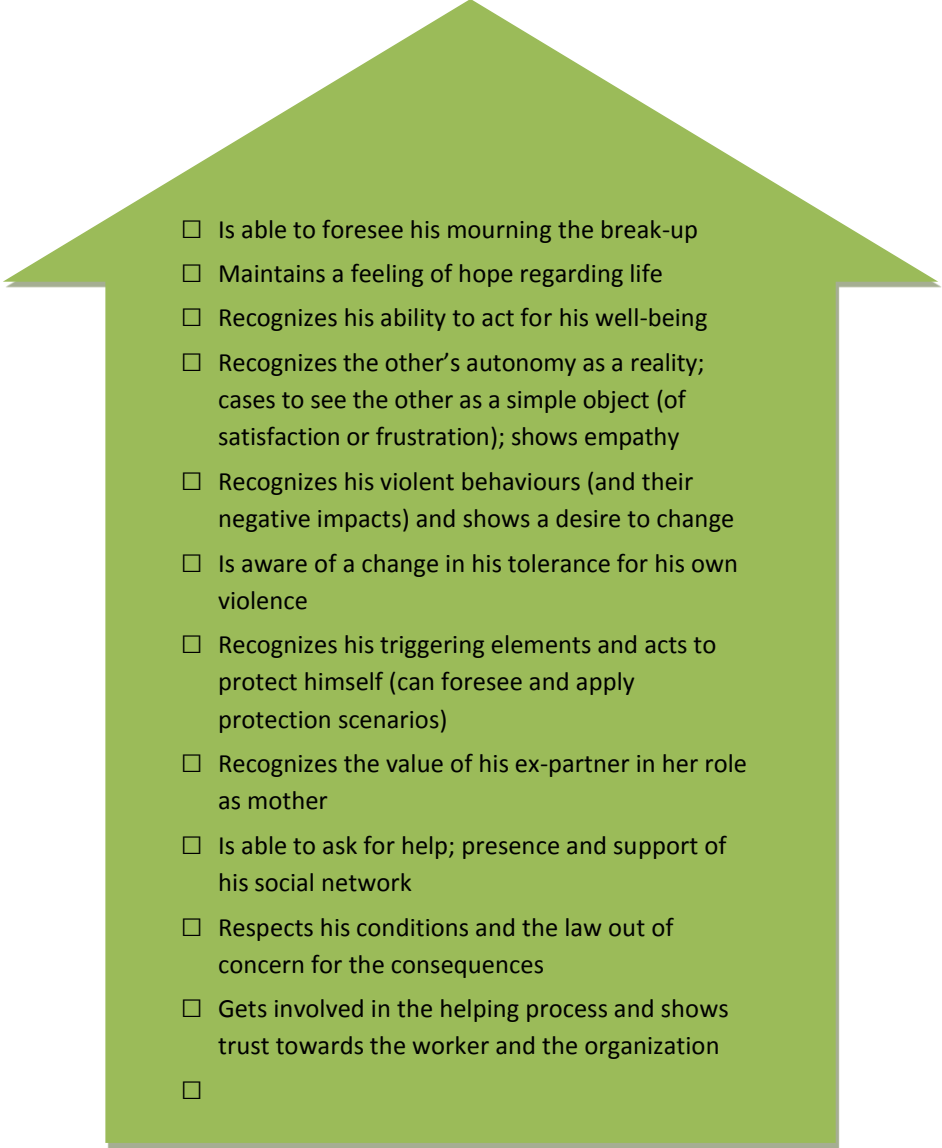
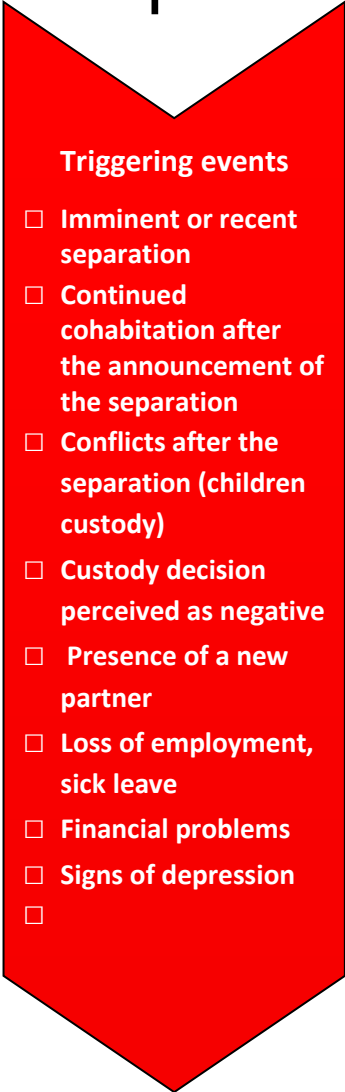
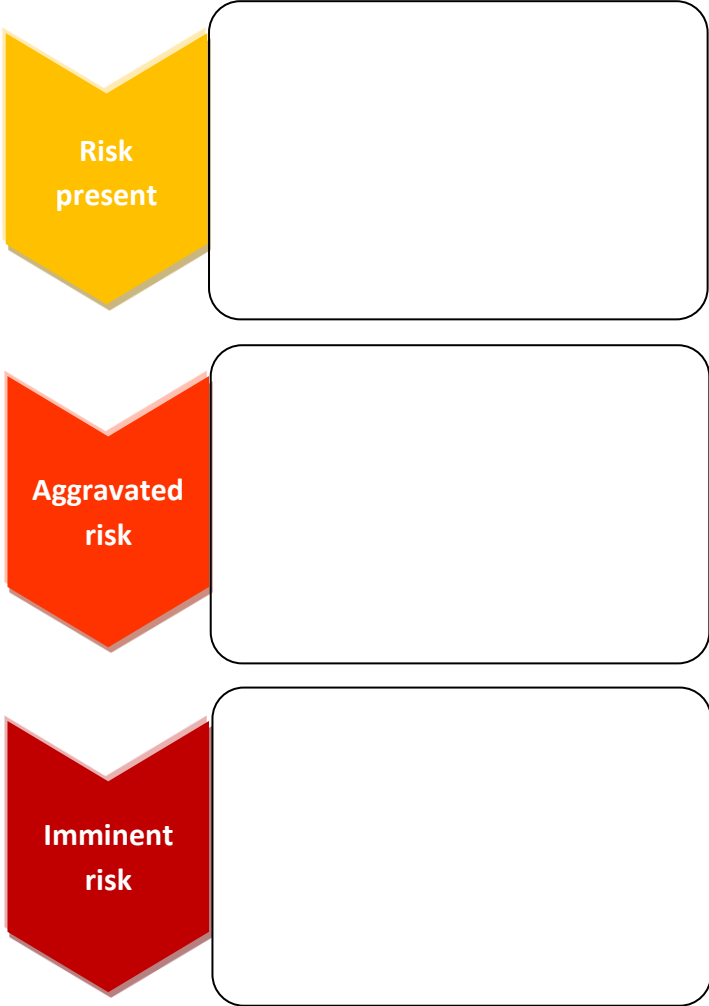
Assessing the participant's level of risk is the first specific step to follow as part of spousal homicide prevention. This allows workers to do better planning of risk management and of the follow-up to be offered to the participant. Seeing that the participant's situation evolves as the meetings proceed, it is important that the worker carry out the risk assessment process each time he is in contact with the participant.

The tool entitled **Assessing the risk of spousal homicide** was developed to assist workers in analyzing this risk. The tool breaks down the risk assessment into three steps: identification of the risk elements; triggering events; and protection elements. Gathering and synthesizing the information obtained regarding these three elements makes it possible to draw up a full portrait of the participant's situation concerning the risk of homicide.

Assessing spousal homicide risk

Risk elements

Protection elements



Assessing spousal homicide risk

Risk elements

Risk present

- Suicidal ideas
- Change in behaviours
- Overcontrolled emotions
- Pattern of violence in response to conflict situations
- Resentment
- History of violence against previous partners
- History of violence against women
- History of violence outside the family
- Impulsive or unpredictable behaviours; continuous rage
- Lacks empathy and compassion

Aggravated risk

- Does not accept the separation
- Does not accept the presence of a new partner
- Fantasies of committing spousal homicide and/or familicide
- Obsessive jealousy
- Abandonment anxiety (difficulty coping)
- Feeling of loss and failure
- Thinks about getting revenge
- Imagines his partner being destroyed/ perception of her as an object
- Notable change in his sense of responsibility for his behaviours (abandons this responsibility)
- Perception that his partner has destroyed the family
- Controls his partner's behaviours and where she can go
- Uses violence against the children
- Contemptuous and cruel behaviours or words toward the partner, and absence of remorse
- Increased frequency and severity of conjugal violence during the past month (physical and sexual violence)
- Cruelty towards household pets
- Verbalizes his suicidal intentions (has attempted suicide in the past)
- Stalking
- No-compliance with his release conditions (as set out in a court order)
- Breaks into his ex-partner's residence
- Unlawful confinement
- Has developed a homicide scenario (planning)
- Has made death threats during the past month
- Threatens to kidnap the children
- Armed threats
- Presence of a weapon (or other planned-for means)
- Stops trying to find help

Imminent risk

- Loses hope in resuming the relationship
- Has the clear intent to cause severe injuries
- Makes an attempt by strangulation or use of a firearm
- Verbalizes his homicidal intentions
- Has worked out a full homicide scenario

Spousal homicide risk elements

An exploration of the risk elements in spousal homicide is a two-step process. First, the worker looks at the risk elements that emerge spontaneously from what the participant's narrative. Once the risk has been identified, the second step consists in learning more about the risk level around the situation the participant experiencing.

At the risk identification stage, the questions asked of the participant are general; they deal primarily with his request for help and his situation. These questions make it possible to document, in addition to the needs of the participant, the history of violence in the relationship, the cycle of violence the forms of violence, the intensity and frequency of such violence, and the evolution of the violence. For participants who are already receiving help from the organization, risk identification involves exploring new elements that have arisen in the participant's situation. To do this, it is essential to establish a relationship of trust with the participant, thus favouring more disclosure on his part.

In addition to what the participant says, the worker also pays attention to the attitudes and behaviours observed at meetings in order to have a complete portrait of the situation being experienced by the person. Vague answers and a description of the situation which appears incomplete or unlikely are indicators which lead the worker to focus more on the development of a relationship of trust. The solidity of this relationship allows the worker to bring up contradictions in the participant's narrative. It also allows the worker to express his own concerns about the situation by referring to his experience with other participants.

Suggested questions:

- What made you come here?
- What has happened in your relationship since our previous meeting?

Examples of observations suggesting incomplete or unlikely stories:

- Overcontrolled emotions
- Unclear answers
- The partner seems to be the only one responsible for events
- The participant feels victimized by his partner
- Partial account of the facts and censoring of emotions
- The story has elements that seem unlikely
- A certain mistrust towards the worker, limiting access to the eventual disclosure of risk elements.
- Very little is disclosed.

As soon as the worker detects a risk element in the participant's account, he will explore it using specific questions related to the items in the risk assessment kit. According to the elements that are brought out, the worker determines whether or not the participant's situation involves a **risk present**, an **aggravated risk** or an **imminent risk**. These risk categories have been developed based on information in the literature regarding the factors associated with homicide, the typology of high-lethality risk situations developed by Rondeau et al. (2002) and the findings from focus groups held as part of the project with members of *à cœur d'homme*.

The category of **risk present** involves risk elements that refer to relatively stable factors in the participant's life and that are consistent over time. They may include some of the man's personal characteristics, such as impulsiveness or lack of empathy, or previous instances of intimate partner violence (against the current partner or against previous partners).

The category ***aggravated risk*** includes risk elements that may arise and aggravate a situation where a risk is present. It includes elements related to the man's cognitive awareness at the time the risk is assessed (e.g., non-acceptance of the separation); his feelings such (e.g., contempt, jealous, anger); and his behaviours, (e.g., death threats, stalking).

The category ***imminent risk*** contains elements which lead to the belief that the man may commit homicide within the next 28 to 48 hours, e.g., if he has worked out a complete homicide scenario, has lost hope in resuming the relationship or has the clear intention to physically harm the person in his homicide scenario.

The tool has been designed to support the judgements made by workers. Although a study by the Office of the Chief Coroner- Province of Ontario (2008) shows that there are an average of seven risk factors in cases of spousal homicide, the severity of the situation cannot be determined just by the number of risk elements identified by the worker. Indeed, when assessing the risk, the worker must give greater importance to the elements in the categories of *aggravated risk* and *imminent risk*. Furthermore, the importance that the participant gives to each of these elements will modulate the worker's interpretation of the participant's situation.

Once the risk elements have been documented, the worker must explore the situation to see if a **homicide scenario** is present. The worker seeks to determine whether the participant has developed a plan to carry out his homicidal ideas. The more detailed and realistic the participant's scenario is seen to be, the greater the risk that he will commit homicide. This is why the worker who detects a risk of homicide must ask the participant how often he has homicidal ideas, who he intends to kill, how he plans to go about doing it, and where and when he plans to commit the act. Regarding this last question, the participant may not be able to say exactly when he intends to put his plan into action, but he may associate the homicide with a particular event (e.g., losing custody of his children to his

partner or seeing her with another man). Exploring a homicide scenario is done in a way similar to assessing the risk of suicide; it involves adding in the link with the person or persons who are the targets of the intended suicide.

Suggested questions:

- Have you already imagined the death of your partner?
- Have you imagined the death of you and your partner?
- How often does the idea come to you to kill her?
- How do you foresee killing her?
- Where have you thought about doing it?
- How will you kill her?
- Have you taken any steps to carry out your plan? Which ones?
- Have you thought about including others in your plan (children, her new partner, other family members or friends)?

Triggering events

Next, the worker explores the different **triggering events** in the participant's situation which may influence the identified risk level. He tries to identify the different significant elements and events which, if they were to occur in the participant's life, could trigger homicidal ideas and increase the level of risk. Knowledge of these events will also help the worker to identify the priority elements that must be worked on with the participant as part of the follow-up with him. One way for the worker to learn about these events is for him to help the participant project himself into the future. This involves asking the participant what he considers to be the most dramatic hypotheses for him. For purposes of developing risk management strategies, this information informs the worker which moments in the participant's life require greater vigilance in order to prevent an acting out.

Suggested questions:

- What is your worst fear?
- What would you do if (name his worst fear) happened?
- Would you say that the worst is past or that the worst is yet to come?
What leads you to say that?
- What triggers homicidal ideas in you?
- During the past few days, when have they come up the most?

Protection elements

Further to risk elements, workers at organizations which work with men who present violent behaviours mentioned during the focus groups that they take account of protection elements when assessing a situation of homicide risk. Therefore, the process for assessing the risk of homicide, as presented in this tool, also involves identifying **protection elements**. These are elements of importance to the participant in that they may help prevent him from implementing his homicide scenario. In order to bring out these elements, the worker questions the participant in particular concerning his reasons and motivations for not having yet committed homicide, the elements that could help him refrain from doing so and the consequences he would face if he were to carry out such an act.

Suggested questions:

- What has made you talk to me about this today?
- Why haven't you already done so?
- What do you do to watch over yourself when you have homicidal thoughts?
- What can help prevent you from carrying out the act?
- Have you already considered the consequences of carrying out?

Importance of a trusting relationship

In general, the establishment of a trusting relationship allows the participant to reveal his difficulties, suffering, frustration, desires and needs. Exploring the risk elements and any possible homicide scenarios helps to reduce his tension while allowing him to see his situation more objectively. The participant may also no longer feel isolated and be able

to better measure his own ambivalence towards his homicide scenarios.

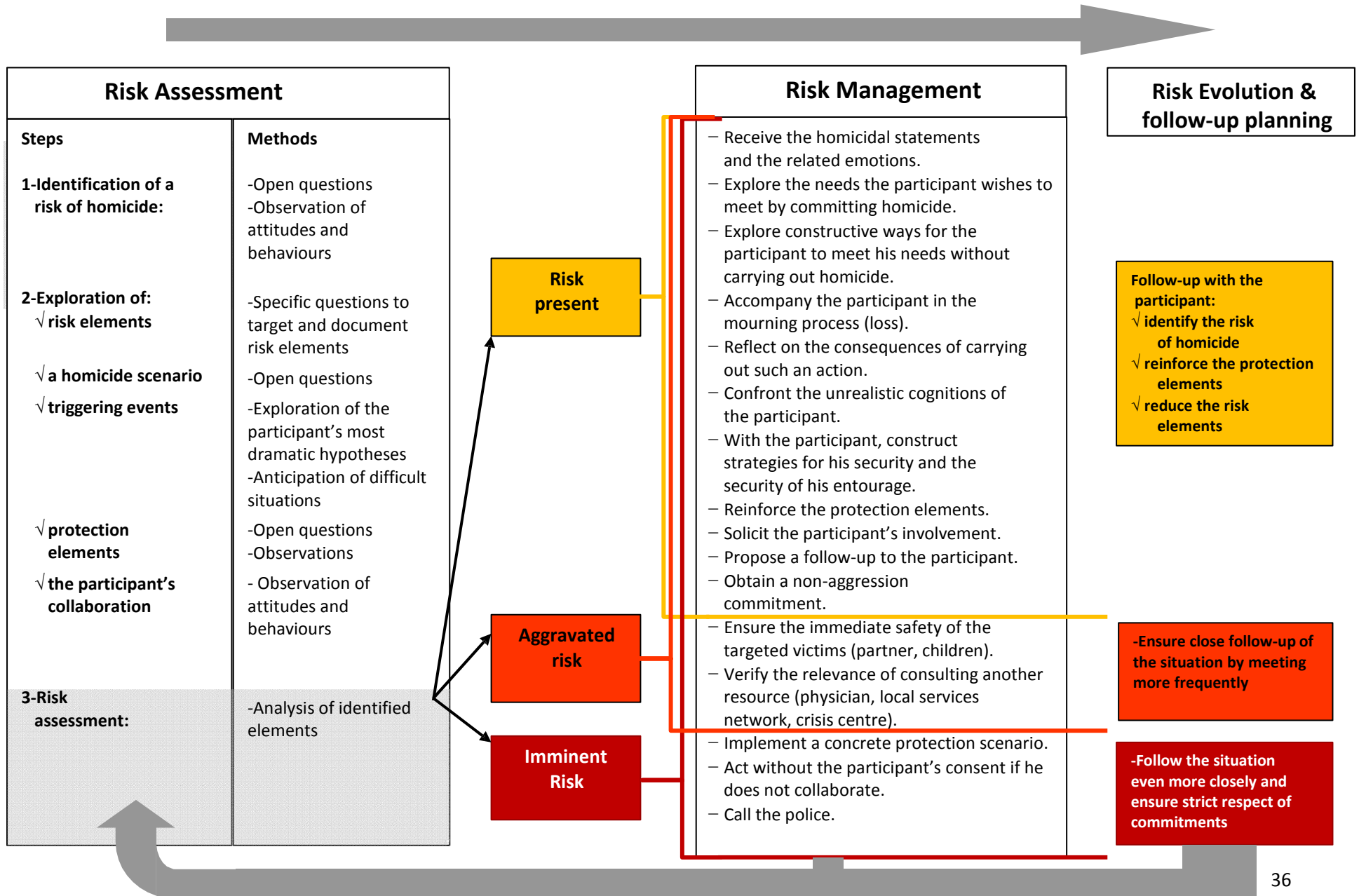
With some participants, it is easy to build a relationship of trust, while it requires a great deal of effort and time to do so with others. In these latter cases, the interventions should deal first with strengthening the relationship of trust so that the participant will fully reveal himself.

Intervention strategies for prevention of spousal homicide

The second tool presented here, *Intervention strategies for prevention of spousal homicide*, provides a synthesis of various intervention strategies intended to prevent this type of homicide. An worker who is confronted by a situation of high-lethality risk can easily refer to this list of intervention strategies for managing the identified risk. The approach is broken down into three steps, illustrated by the three columns in the diagram on the following page, for preventing the commission of spousal homicide. These steps are: **risk assessment, risk management** and **evolution of the risk and planning of follow-up**.

These three steps can take place by way of telephone meetings or in person, or in subsequent meetings. Dealing with this situation in a group can help to prevent the problem of spousal homicide from remaining a taboo.

Intervention strategies for spousal homicide prevention



Homicide risk analysis requires, as mentioned in the previous pages, taking account of the different elements in the participant's situation, namely the participant's risk elements, his homicide scenario, events that could cause the scenario to be enacted, and the protection elements.

Managing the risk of spousal homicide

The tool presented here proposes different intervention strategies for managing the risk of homicide. Obviously, the goal of the worker is to get the participant to abandon his homicide plan. In managing a situation involving the risk of spousal homicide, the different strategies described below are not to be used according to the order in which they are presented.

It will be noted that certain strategies will differ according to the risk level identified at the risk assessment stage. If the homicide risk is at the level of **aggravated risk** or **imminent risk**, the interventions will focus more on protecting people through concrete means and on preventing the homicide from being carried out. The different intervention strategies are to be carried out with the participant's collaboration to the greatest possible extent.

Receive the homicidal statements and their related emotions

One of the first interventions in a situation involving a homicide risk analysis is to receive the participant's homicidal statements, along with the related emotions. This is often done during the risk assessment. An atmosphere of trust, without judgement and dramatization of the situation, develops between the worker and the participant to promote the disclosure of homicidal ideas. Through approaching directly the question of homicide with the participant, the worker shows his openness to hear what the participant is saying and to recognize the state he is in. Another effect of this openness is that the worker normalizes the situation by telling the participant he is not the first person to have had homicidal thoughts.

Explore the needs the participant wants to meet by committing homicide

In developing a plan to commit homicide, the participant is seeking to meet certain needs.

One way of managing the homicide risk thus involves exploring, with him, what needs and motivations are behind his homicidal intentions. In this process, the worker helps the participant to find the words that describe his needs. He will be able to validate with the participant the worker's perception of the situation. Once the needs are identified, the worker and the participant can seek adequate alternatives for meeting those needs.

Accompany the participant in mourning what he has lost

Homicidal ideas are often linked to the different losses experienced by the participant. These ideas thus become a way for the participant to avoid accepting the impacts these losses have on him. One strategy that the worker can use to manage the risk of homicide is to explore with the participant the meaning given by the participant to the losses he undergoes and to examine the impact of these losses on his life. Once the losses have been identified, the next step is to assist the participant in mourning what has been lost.

Reflect on the consequences of such an action

It is important that the participant realizes the seriousness of the action he intends to commit. His homicidal thoughts are often limited to the act of murder without any consideration of the future. One way of proceeding is to have him reflect on the consequences (short, medium and long term) for himself and the members of his entourage, in committing such an action. The worker and the participant can also look at what exactly he will gain and lose following such an action. The objective of this strategy is to help the participant gain awareness of the impacts that the act of homicide will have, but to do so without moralizing or trying to make the participant feel guilty.

Confront unrealistic cognitions

In some situations, the worker may detect unrealistic beliefs and thoughts in the participant that contribute towards the danger, e.g., the impression that his partner *does not have the right* to end the relationship or that her actions are *entirely due to evil intentions*. The worker can thus help the participant to question the validity and usefulness of such thoughts. By helping him find exceptions (is she just evil?) or again, getting him to accept the possibility of other interpretations (don't people also have the right to break off a relationship?), the worker can help sow some doubt in the participant's mind about these matters. A group meeting can also be highly useful in demonstrating how there can be different interpretations of the same event.

With the participant, construct strategies for his safety and the safety of his entourage

When a risk of homicide situation is present, it is important that the worker ensure the safety of the people targeted by the participant's homicide plan. Strategies to ensure their safety are developed with each participant and are thus unique to each participant. Various means can be proposed to him, for example, removing his firearms from his residence and avoiding certain situations that can trigger homicidal thoughts.

The worker can assist the participant in recognizing the moments when homicidal ideas come to him and can steer the discussion towards the protection factors that can be put into place. The worker can also help him identify the moments when such ideas are absent ('what were you doing at those times?') and enquire about the possibility of strengthening the protection elements that are already present.

The worker also explores the feasibility of such changes, by asking such questions as: 'Is it realistic?'; 'Are there any situations in which these changes could not be made?'; 'Are you ready to start making these changes now?').

Reinforce the protection elements

The protection elements identified as part of the risk assessment give the worker ways to reinforce the positive elements in the participant's life. Each participant will have his own specific protection elements. Two strategies for bringing these elements out are: assist the participant in saying what motivates him to avoid committing the homicide and assist him in implementing a social support network.

Solicit the participant's involvement

A key element in risk management is to get the participant involved in the intervention. The more he invests of himself in the process, the greater will be its effectiveness in managing the homicide risk. The worker must therefore make sure that the strategies developed with the participant as part of the risk management will be used by him after he leaves the meeting. His desire and ability to mobilize himself in order to implement the strategies as developed will be a deciding factor in the intervention's follow-up. Also, the participant's involvement in the actions foreseen to prevent commission of homicide is a means of helping him to take responsibility in the situation.

Formalize a non-aggression commitment

A non-aggression commitment is made orally most of the time. In doing so, the participant makes the formal commitment toward of the worker (or group in some cases) not to carry out his homicide plan. This commitment includes implementing means that will help him not to act out. In this way, the worker and the participant construct various protection scenarios together. The first aspect of this commitment often involves agreeing to be present for the next meeting. In addition to to developing these scenarios, the worker helps the participant identify incidents which could increase the risk of homicide, so that the latter knows when to put the planned protection scenarios into action in response to such incidents.

Verify the relevance of consulting another resource

In some situations, it is possible that the participant may seek the services of a partner resource. This happens in particular when he shows signs of depression, which may require prescription drugs. The worker can also suggest that the participant consult a resource such as a suicide prevention centre or crisis centre in case of an emergency outside the organization's hours of operation.

Act without the participant's consent if he refuses to collaborate

In the case of an imminent risk, when the participant refuses to collaborate or seems unable to get involved, the worker will act without his consent in order to ensure people's safety. If the worker has doubts concerning the participant's ability to make a commitment in the risk management process taking place and feels it is possible that the participant will commit homicide within the next few hours, he will call the police to ensure safety of the spouse, the participant and any other involved persons. The worker can also choose to call the spouse directly or any other person who can act to prevent a homicide from being committed. Despite acting without the participant's consent, the worker will inform him of the measures employed. This transparency will allow the worker to consolidate or renew (depending on the circumstances) the relationship of trust.

The way the worker informs the participant of his taking charge of the situation plays a key role in maintaining the quality of the relationship. It will help if the worker clearly explains his decision ('seeing all that you're going through, I feel you are not able to make the best decisions to ensure your safety and the safety of others').

The worker also informs the participant about the steps he intends to take and requests his collaboration ('would you like us to call the police together or would you prefer that I do it alone?'). He informs the participant, as best he can, of the effects of such a procedure ('would you like me to find out what measures the police might take?'). The worker also proposes that they meet again and determines a date for their meeting. In any

event, he can explain the exceptional and transitory nature of such a measure, and indicate its altruistic character ('I'm not going to let you go at a moment which is surely one of the worst you have ever gone through in your life').

Risk evolution and follow-up planning

When intervening in a homicide risk situation, it is important to follow up with the participant once risk management has begun. This follow-up allows the intervener to analyze the evolution of an ongoing risk assessment process. The follow-up that is proposed and its structure will differ according to the severity of the risk. Also, since the risk of homicide is situated along a continuum in time, it is possible that homicidal ideas will re-appear.

In the vast majority of cases, homicidal ideas gradually disappear as the meetings progress, and in some cases, very quickly. In other cases, either because the participant consults at a moment where the danger is already imminent or because he has a great deal of difficulty letting go of his homicidal scenarios, the process can last much longer and require numerous interventions, including having the intervener take charge of the situation.

Risk present

After intervening to manage the homicide risk, the worker proposes a follow-up to the participant; this most often takes the form of a subsequent meeting. The worker also reminds him that he can always call the organization between two meetings if he feels the need or consult other resource persons who can assist him. From one meeting to the next, the worker checks to see if the strategies that were implemented as part of the risk management were used and to what extent they have been useful.

In a situation where a homicide risk has been identified, if the participant does not come to a meeting, it is important that the worker contact him in order to follow up on the situation.

Aggravated risk

In a situation where the risk increases, the worker must ensure that the non-aggression commitment is respected. The worker and the participant must also agree to increase the frequency of the meetings. In some cases, the worker can suggest individual meetings, further to group meetings, for the participant.

Imminent risk

In these situations, the worker ensures the full collaboration of the participant concerning his commitment made at the end of the meeting. To observe the evolution of the situation, the worker will propose more frequent meetings (by telephone or in person). If the participant does not respect his commitment, he is told that the worker will act without his consent in order to ensure the safety of his partner and of other people, including the participant. The worker also tells him this means intervention by the police. It is important that the worker ensure follow-up, to the extent possible, with the participant after police intervention, so that the participant can continue the process he has undertaken with the worker's organization.

Workers' attitudes and perceptions regarding homicide risk situations

Situations of intimate partner violence where there is a risk of homicide may give rise to biases that could influence the decisions made in assessing and managing risk. The workers we met with stressed the importance of being aware of one's personal biases. Here are some examples of bias as reported by the members of the organizations that were consulted.

First, one bias mentioned in the focus groups is the apprehension felt in dealing with situations of homicide risk. Lack of understanding of this issue has effects on the ability of workers to investigate at-risk situations, as well as on their discomfort in acting in emergency situations. The result of such bias in numerous cases is that the workers will not tackle the problem of homicide with the participants or will not take concrete actions to manage this risk. Thus, some people will not dare to ask direct questions about homicidal ideas for fear of inducing an idea in the participant that

was not there at the outset.

One of the kinds of bias mentioned the most often has to do with how the risk level of a situation is interpreted. In terms of their previous experiences (both professional and personal), some workers will under-evaluate or over-evaluate the risk level. Others will over-evaluate the protection elements. In these cases, the presence of protection elements can create a false feeling of security in these workers, whereas the elements might actually have little meaning for the participant. One way of addressing this bias is to consult one's work colleagues in order to validate one's interpretation of the participant's situation.

The therapeutic alliance and the helping approach of organizations can also induce a sympathy bias towards the participant. The desire to help him at any price does not allow the worker to distance himself from the participant. It becomes more difficult for the worker to consider the possibility that the participant could go through with his plan and kill his partner.

The important role that respect of confidentiality plays as part of the relationship of trust may give rise to the impression that waiving this confidentiality could destroy that relationship. But in reality, during at-risk situations, it appears that doing so is seen instead as necessary and non-abusive. Explaining ahead of time to the participant that measures will be taken which will break the condition of confidentiality in such a case generally reduces resistances in the participant and the worker alike.

Spousal homicide prevention: Intervention context

The consultation of member organizations of *à cœur d'homme* gave rise to close study of about the issues involved in spousal homicide prevention. This section presents the essence of these deliberations in order to encourage reflections on the topic by workers who are called on to act in situations presenting the risk of spousal homicide, because even though these situations are not common, they entail several issues to be dealt with as part a the time of the intervention.

Responsibilities of the organization

Seeing that spousal homicide prevention is a major issue that raises several questions among workers, it is essential for organizations to adopt certain measures to support the members of their teams. Even if the organization has no written intervention procedure, it is nevertheless important to hold team meetings about the issues of homicide risk so that workers can know where the organization stands on such issues and can learn about the support and supervision available to them.

Some member organizations of *à cœur d'homme* have implemented an intervention procedure to follow when a situation of intimate partner violence indicating a high lethality risk is present. Here are some guidelines that have been identified. First, workers have stressed the importance of consulting a colleague or other team members in such a situation. This allows him to validate the assessed risk level and to receive support for the decisions that will be made to manage the homicide risk. Thus, the worker who must deal with the situation is not the only one bearing responsibility for the interventions; the organization and the team share that responsibility.

Clinical supervision is another essential component to offer in managing homicide risk. It is provided through clinical supervision by someone in the organization or an external resource or through exchanges possibility of with the team around the problem of spousal homicide, including discussion of certain clinical cases. In addition, the training of new members of the

intervention team should take account of the tools developed in the area of spousal homicide prevention.

Despite all the measures taken by the organization, a participant may still commit homicide. In such a case, it is important for the organization to contact *à coeur d'homme* which offers its members support at the clinical level and support in communications management. It is a good idea to ensure that support measures are available for team members. Support from outside the organization (e.g., clinical supervisor) can help the team critically examine the interventions that took place. Individual help can also be offered for workers who feel the need for such support.

Collaboration with partner organizations

Collaborating and sharing with partners regarding situations that present the risk of spousal homicide provides invaluable means for managing this risk. The relationship of trust between partners is a social protection factor that works towards combatting spousal homicide. Seeing that an organization cannot meet all the needs on its own, this relationship of trust helps to ensure that a safety net is put into place.

From a prevention perspective, discussions among the different partners help to clarify the role that each can play in their work with the various people affected by spousal homicide risk situations. It will be of benefit to have better knowledge of the different actions that the partner organizations can take. This knowledge needs to be shared with all the team members.

These discussions also serve to identify potential gaps in services and allow the necessary corrective measures to be taken. Moreover, exchanges can also lead to the establishment of specific collaboration agreements.

Respect of confidentiality

Although an issue of great concern, the problem of spousal homicide is still found on the

fringe of all the measures implemented to counter intimate partner violence. We see greater concern reflected in the mandates taken on by various professionals through the adaptation of certain legislative measures.

The recommendations made by Coroner Bérubé concerning the tragic events in Baie-Comeau in 1996 motivated Quebec lawmakers to modify the laws regarding confidentiality and professional secrecy in cases where people's safety could be compromised. The adoption of Bill 180 in 2001 allowed various professionals, particularly those subject to the Professional Code (Government of Quebec, 2003), to be released from confidentiality or professional secrecy in order to save people's lives.

“The professional may, in addition, communicate information that is protected by professional secrecy, in order to prevent an act of violence, including a suicide, where he has reasonable cause to believe that there is an imminent danger of death or serious bodily injury to a person or an identifiable group of persons. However, the professional may only communicate the information to a person exposed to the danger or that person's representative, and to the persons who can come to that person's aid. The professional may only communicate such information as is necessary to achieve the purposes for which the information is communicated.”

This Code thus offers answers to the questions raised by workers with *à cœur d'homme* regarding ethical issues related to confidentiality. The question that comes up the most often has to do with the moment when the requirement to respect confidentiality must be lifted. The dilemma for the worker in such a case is to take this step while maintaining, as best he can, the relationship of trust established with the client.

Collective issues

Early detection is a challenge facing all of us. Recent research by Lefebvre and Léveillé (2011) shows that just 33.7% of men who committed spousal homicide had consulted a professional in the health and social services during the year preceding the incident.

Given the level of distress experienced during the period preceding the homicidal act, this low proportion of consultation is troubling. In our view, the main avenues of development for reducing the number of spousal homicides committed by men include the following actions: building better public awareness concerning assistance services; carrying out activities that will motivate people to consult regarding the main risk factors present in their situation; ensuring that workers have up to date knowledge regarding best practices in the areas of detection and referral; providing rapid access to specialized services; and improving collaboration among partners.

Conclusion

To our knowledge, until now there has been no clinical analysis tool dealing specifically with the risk of spousal homicide, intended for specialized resources working with people in situations of intimate partner violence. Nor was there any risk management tool adapted to the various situations, where a danger has been detected. Creating these tools was seen as necessary for assisting in the prevention work done by these resources.

In addition, given the various problems experienced by men who commit spousal homicide, beyond intimate partner violence (mental health, separation, losses, substance abuse, criminal past), there is reason to believe that the tools presented here will also be useful to other workers in the public or community sectors, whether in prevention or crisis intervention.

It should be noted that the risk elements inventoried in the literature are indicators which, despite being taken into account, have never been validated at the intervention level. Furthermore, the elements of risk management brought up by workers in the focus groups and presented here are generally based on their experiences with men who have not carried out their homicide plan. It is possible that we will find certain differences among these men if we compare them to men who did commit spousal homicide, even if the only difference found is that they agreed to consult a resource which could help them. For all these reasons, it appears necessary to pursue research so that we can better evaluate the relevance of the tools presented here.

This guide forms part of the work done with the women's shelters and police services. Ensuring its distribution will promote collaboration with partner organizations in managing intimate partner violence situations where a homicide risk is present and will contribute towards the development of a common vision concerning the problem.

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