

**“Killing the Other - Killing the Self:
A Distorted Strategy for Survival”**

Intimate Partner Homicide and Familicide in Western Australia 1996-2005

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A thesis presented for the degree of Doctor of Philosophy
in the School of Social and Cultural Studies
The University of Western Australia

Faculty of Arts

2008



**THE UNIVERSITY OF
WESTERN AUSTRALIA**

STATEMENT OF ORIGINAL AUTHORSHIP

I certify that this thesis does not incorporate, without acknowledgement, any material previously submitted for a degree or diploma in any institution of any higher education; and that, to the best of my knowledge and belief, it does not contain any material previously published or written by any other person except where due reference is made in the text.

Signature:

Date:

DEDICATION

This thesis is dedicated to all victims of intra-familial homicide

ACKNOWLEDGEMENTS

I wish to thank the faculty and staff of the School of Social and Cultural Studies for their support over the past four years. I also thank my colleagues and friends of many years, Christine Moorehouse who has taught me so much about the effects of trauma on the developing child, whilst working tirelessly to mitigate the damage to abused and neglected children, and who generously scored the results of the Child Trauma Questionnaires for me, Gabrielle Egan whose steadfast support I have enjoyed over a lifetime of challenging professional work together, and whose insights on trauma and in particular Post Traumatic Stress have been so valuable, Karen Upton-Davis for her strong collegial support and feedback on the early drafts of this work, and Helen Hall for her expertise and advice on word processing. I also thank my husband and partner in life, Frank Johnson, who has patiently edited several drafts of this thesis, my son Matthew, his partner Laura, and my wonderful extended family for their unflagging support over the past four years.

Thanks are also due to my colleague and co-supervisor Dr Mark Sachmann who has over the years provided me with some valuable insights in relation to attachment and Borderline Personality Disorder and whose invaluable supervision saw me over the last few months of my candidature. I also thank my principle supervisor Associate Professor Dr Maria Harries AM, for her patience, through the journey of this research project, and Professor Ken Polk for his encouragement.

My appreciation is also due to the social work post graduate students group in the Discipline of Social Work, School of Social and Cultural Studies, at the University of Western Australia, who were always ready to listen, offer support, provide feedback, share literature, knowledge of information technology, and a million and more other things when it all seemed so obtuse, confusing, overwhelming and interminable.

I am also grateful to the following people, who facilitated my access to and/or my understanding of the data they are: Jeff Byleveld, Lawrence Panaia, Gordon

Fairman, Allan Corry, Kim Shanahun, Brian Bol, John Purcell and Stuart Gibbon, from the Western Australian Police Service. Mark Jessop, Helen Liedel, Keith Flynn, Bob Jennings, Denise Biddle, Angela Clarke, Erin Sweeney, Romana Lee, Prison Officer Jaquie Cooper, and Senior Prison Officer Agron Azzizz of the Western Australian Corrective Services Department and the superintendents and staff of Acacia, Albany, Bandyup, Casuarina, and Hakea prisons; Felicity Zempilas, David Dent and Rachel Whalen from the state Coroner's Office; Chief Judge Michael Holden, Chief Judge Stephen Thackeray, Judge Julianne Penny, Director of Court Counselling Services Kay Benham, and Anna Benedetto from the Family Court of Western Australia; and Harvey Hatch from the Victim Support Service.

Finally, and most importantly I want to thank the courageous survivors of these violent and tragic crimes and the perpetrators, all of whom without exception, participated in this study at a huge emotional cost, the extent of which is known only to themselves, as their way of contributing to the community's knowledge and understanding of intra-familial homicide, and thereby they hope, to prevention. I hope through this research, I have been able to convey your experiences and your insights, in a way that will contribute to the understanding and positive changes you hope for.

Carolyn Harris Johnson

15th September 2008

ABSTRACT

This thesis examines all cases of intimate partner homicide and familicide that occurred in Western Australia over a ten year period. In order to obtain the data, police records, coroner's records and Family Court records were accessed, as were newspapers and electronic newspaper archives. Twelve perpetrators and eight survivors were interviewed. Perpetrators were asked to complete the Child Trauma Questionnaire, a retrospective self-reporting measure of childhood trauma, in addition to being interviewed about their experience of homicide. Each person interviewed had a direct and intimate knowledge of the offence, the perpetrators, the victims and of other family members, and recognised that they and their extended families had suffered enduring trauma as a result of the homicide(s). In some cases survivors had found the body of their loved one or been present when the homicide occurred.

Quantitative data pertaining to all the offences is presented, and combined with the qualitative data obtained from some perpetrators and survivors, to provide a comprehensive picture of the antecedents and aftermath of these particular types of intra-familial homicide. Attachment theory is used as a possible explanation for the link between early childhood trauma, problematic intimate partner relationships and the homicide event.

Common factors in the antecedents to the three types of homicide are identified. Suggestions are made for addressing the inter-generational and extreme manifestation of intra-familial violence, which the research suggests, is linked to spousal homicide and familicide. Feedback from perpetrators and survivors is included, to assist understanding of the trauma experienced by survivors, and the ways in which services might be improved to assist them in the future.

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CHAPTER ONE

Introduction

Throughout almost thirty years' experience of social work practice, working with violent offenders and with victims, I have observed some phenomena in relation to homicide which continue to interest me and which drew me to the research; firstly that homicide frequently occurs within an intimate or family relationship, secondly, that perpetrators of intimate partner and intra-familial homicide often report a history of childhood abuse, and finally, that people who commit these offences are frequently suicidal at the time of the offence or subsequently.

Research supports my observations and suggests that in Australia over a ten year period, the relationship between perpetrator and victim in over thirty-five percent of homicides was either intimate partner or intra-familial (Mouzos 2000:68). Research also suggests that the closer the relationship the more likely it is that the perpetrator will suicide (Wallace 1986:164-165; Carcach and Grabosky 1998:3). In Australia, forty-three percent of murder-suicides involve current or former partners, fourteen percent involve a parent killing their child or children, and an additional six percent involve the killing of both partner and children, a total of sixty-three percent (Carcach and Grabosky 1998:2).

In the case of familicide, it was noted in 1995 that not only is there a paucity of literature on the offence, but that up until that time there had been no "systematic comparison of familicide with any other killing" (Wilson, Daly et al. 1995). Wilson et al. attempted to address this in their study which compared familicide with uxoricide¹ but no similar research appears to have been undertaken since then. Thus the combination of my professional experience and the research literature on homicide led me to the research questions. As understanding any category of homicide is critical to prevention, the research will attempt to explore the offences, addressing two questions in particular:

¹ Wife killing

“Are there common factors in the antecedents to the offences of intimate partner homicide and familicide, and in particular, is childhood trauma one of these factors?”

and:

“What inferences may be drawn about the presence of such experience as an antecedent to the ultimate homicide or homicide-suicide?”

Purpose

The broad purpose of this research is to increase understanding about the antecedents to intimate partner homicide and familicide, with a view to enhancing prevention and treatment at all levels, from the construction of policy to the implementation of therapeutic programs. As suicidal behaviour is such a strong feature in these offences, it is clearly important to also increase understanding about factors leading up to the suicidal impulse of perpetrators. The knowledge gained from the study will contribute to the development of homicide risk assessment in cases of family, and domestic violence, following marital separation. It also has the potential to inform practice in the areas of early childhood intervention, child abuse and family and domestic violence.

Rationale

My motivation in researching this topic grew through the experience of working therapeutically with violent offenders, a number of whom had killed intimate partners, or had committed familicide. Through this work, it became apparent to me that the cost to the community of these offences is enormous; the direct costs in terms of the trauma to the victim, their families and associates, the financial cost to the community incurred by the medical and police responses to the homicide incident, and in cases where the perpetrator does not suicide, the cost of the trial and the years of incarceration. There are also the wider social costs to the community of the fractured relationships and family breakdown that emanates from family and domestic violence.

Additionally, there are the less obvious costs; the likely inter-generational transmission of trauma in victims' families, trauma to the families of perpetrators, the effect of vicarious trauma on public officers who may be involved with the offence, and also to members of the public who might be caught up in the event or its aftermath. Also there are hidden social costs; the lost social and economic contribution to the community by the victims and survivors and by the perpetrator, who if not a victim to suicide, has their ability to positively contribute to the community greatly reduced by being in prison, usually for a significant period of time, and who when released is likely to be inhibited from reaching their potential by the stigma of the offence, and the negative effects wrought on them by both the offence and by imprisonment.

In considering this topic, I reflected upon whether there were times in the offenders' lives that were critical in determining their future life path and if so, had these times been identified and alternative options been made available, might the outcome for the victim, the offender, and the community, have been different? This speculation is reinforced by contemporary research, which suggests that patterns of behaviour are heavily influenced by the early life experience of the individual (Fonagy 2001:19-46).

Domestic Homicide Review Processes

Domestic homicide review processes have been implemented in a number of international jurisdictions including Canada, the United Kingdom and the United States of America. Australia is beginning to follow this trend, with the first such process being established in the state of Victoria in November 2008, followed closely by Queensland. There is pressure in other states now, including Western Australia, for the State Governments to establish similar processes.

These multi-agency review processes are designed to examine services provided to victims and to identify gaps in systems and processes, which might lead to prevention. Their reports inform policy and practice in the area of family and domestic violence and have been found to reduce the incidence of domestic homicide. For example in Santa Barbara in California over a ten year period since the inception of this process domestic related homicide has decreased by ninety-four percent (Taylor 2008:17).

Core risk factors previously known to be relevant to domestic homicide are those identified by Jaqueline Campbell in her Danger Assessment Questionnaire. Some examples of there are:

- Use of weapon
- Choking
- Escalation of violence
- Victim's threat to suicide
- Threats to harm children
- Threats to harm family members
- Stalking
- Substance abuse history

(Campbell 2003)

Homicide Reviews have the capacity to expanded this existing knowledge to include factors that may relate to a particular local area, for example, the dangers posed by suicidal batterers which led to a change in police response in Washington State, or an awareness of the limitations of an investigative response to domestic violence in minority group families, where English is not spoken and where there is often no interpreter, other than a family member, frequently a child (Websdale 2003:29). They also have the potential to identify factors which may assist a particular agency to identify high risk cases for example how many previous callouts police made to a particular home or family prior to the homicide.

Advocates for processes to review domestic homicides, in order to better inform policy and practice, share a common belief supported by overseas experience such as that mentioned previously in Santa Barbara, California, that domestic violence homicides are preventable. They adopt the premise that if these risk factors can be identified, and agencies can work collaboratively to reduce and/or eliminate them, then the outcome must be to enhance safety for families. I support the implementation of such processes and hope that this research will contribute knowledge to assist this vital work.

The Research Topic

The research examines two categories of homicide offence, intimate heterosexual partner homicide, and familicide. They were chosen because together these two categories account for such a high proportion of homicides, and each is characterised by a close relationship between perpetrator and victim, with a high incidence of perpetrator suicide following the offence (Silverman and Mukherjee 1987; Wilson, Daly et al. 1995). To assist in the determination of the similarities and difference between offences where the perpetrator suicides and those where he does not, these offences have been considered in three cohorts, intimate heterosexual partner homicide, intimate heterosexual partner homicide followed by suicide, and familicide. Across Australia the Australian Institute of Criminology, through the National Homicide Monitoring Program (Davies and Mouzos 2007), works to ensure standardisation in the collection of homicide data. This is a very onerous task given the distances between and within jurisdictions in this country, the typical high mobility of police staff, the differences in policing between urban, rural and remote communities, and the inherent problems of attempting to standardise data across six states and two territories. In spite of this however, the systematic gathering of statistical homicide data continues, and there are ongoing attempts to improve accuracy and standardisation of these.

In contrast to this, international homicide data varies between countries and may even vary between jurisdictions. As conceptually defining homicide is complex, and this research departs from the NHMP categories, each of the separate chapters which holds the data on these offences (Chapters Four, Five and Six) begins with a discussion of the definition adopted for the research and the reasons why it was conceptualised.

In essence the first offence, intimate heterosexual partner homicide is defined as homicide where the perpetrator had a sexual relationship with the victim, which may or may not have been current at the time of the offence. The second offence, familicide, in this research is defined as the killing of children by a

family member where the perpetrator (with few exceptions) suicides at the scene of the homicide offence(s) and sometimes, though not always kills, attempts to kill, or threatens to kill, his partner or ex-partner. Whilst intimate partner homicide is an offence committed by both men and women, in almost all familicide offences the perpetrator is male.

Polk found in his 1994 study of male perpetrated homicide, that some individual cases of homicide followed by suicide appeared to be quite different from homicide where there is no suicide attempt (Polk 1994:44-45); whereas Eastaer found little significant difference between cases of intimate partner homicide where the perpetrator suicided and cases where he did not (Eastaer 1993:108). Therefore, in further exploring this issue, I shall examine intimate partner homicide followed by suicide as a separate category from those intimate partner offences where there was no evidence of suicidal intent by the perpetrator. This effectively provides three categories of homicide for the research:

- i. Intimate partner homicide.
- ii. Intimate partner homicide followed by suicide.
- iii. Familicide.

In addition to the more typical quantitative data on homicide, necessary to provide a background of Western Australian homicide for the research, it is intended to capture a breadth and depth of qualitative data about the offences, which has not previously been generated in Australia, in order to provide the data most useful in addressing the research questions. By combining the methods of quantitative and qualitative research it is possible that a fuller and more enlightening picture of the offences will emerge than if either one or the other had been employed.

Whilst the quantitative data will provide information about the incidence, victim and perpetrator demographics, mode and location of these offences and perpetrator self-reports of childhood trauma; the qualitative data will provide much needed information about the antecedents to these homicide events, including reports by survivors of the early life experience of both perpetrators and victims.

The research will also provide information about the psychosocial aftermath, including the intensity and duration of the trauma that ensues from the offences, from the perspective of survivors. This will help clarify how murder and suicide may emanate from a context of close or intimate relationships and will illustrate the effect it has on families. Through this knowledge it may be possible to develop opportunities for mitigation, remediation and prevention.

Theoretical Orientation to the Research Topic

In any research project the position of the researcher is critical to the theory that informs the research and to the methodology employed (D'Cruz and Jones 2004). Therefore, at the commencement of writing, I describe my theoretical position and how this led me to undertake the project in the way I did. This is especially relevant given the multi-method approach applied to this research, and to illustrate this, I will provide a brief explanation of my background, and why I deemed it useful to combine quantitative and qualitative methodologies. In so doing I place myself as a “researcher-as-bricoleur” (Denzin and Lincoln 1989:2) within a context which mirrored the themes emerging from the data, but which I was only able to recognise and contemplate with the distance and clarity afforded by hindsight.

The collection and consideration of the data was made in the light of my experience as a social worker in prisons, the Family Court and in child protection as well as in the community as a therapist working with violent men. The clients for whom I was responsible in prisons were almost always severely socially disadvantaged, frequently illiterate, often violent and sometimes very dangerous. I have also worked with victims of violence, both children and adults, and with the families of both offenders and victims. Some of the worst cases of child abuse and neglect I have ever encountered, I heard in the life stories disclosed to me by prisoners. In spite of this, not all those who had been seriously abused as children were in prison for violent offences. Some had been sentenced for minor breaches of the law, which these days would incur no more than a Community Service Order. Over time, my colleagues and I observed repeatedly that men who had been abused as children, and were not violent

offenders, would often report experiencing a stable, caring or loving relationship in childhood which had co-existed with the abusive one; a loving relationship which appeared to mitigate the damage caused by the childhood trauma.

Working in a maximum security environment (where the culture was one of avoidance of any outward manifestation of feeling, especially of any emotional pain) provided a challenge to me, as therapist. Not only was this culture anti-therapeutic in the sense that prison culture was at that time antithetical to exploring and expressing feelings, and thus the work of the therapists was not always supported by the administration, but also the client group was essentially involuntary. Consequently, it was not an easy task to encourage a man with a serious and often violent offending history to engage in a process of exploring the painful origins of his behaviour. When gathering family histories, it became clear that patterns of abusive behaviour had usually endured across three or four generations. Therefore, it was not surprisingly difficult to effect change in such systems.

The difficulties of this work meant that my social work colleagues and I continually searched for new and creative ways to improve our practice, and so enhance the outcomes of our therapeutic interventions. Although we were often advised by more experienced colleagues, and more especially by prison officers, to cease work with these prisoners and their families, as they believed we were wasting our time, we refused to heed such negative advice and in pursuit of more effective practice, eventually stumbled upon the work of the Italian therapists Mara Selvini Palazzoli, Luigi Boscolo, Giuliana Prata and Gianfranco Cecchin. It was these four therapists, known as “the Milan Associates”, whose ground-breaking work presented in one of their few publications, “Paradox and Counterparadox” (Palazzoli, Boscolo et al. 1978) who finally offered solutions to us that hitherto had been unimaginable.

The Milan Associates based their work on an epistemology of circularity and viewed mental phenomena as a reflection of social phenomena. Such an epistemology is liberating for the therapist because the neutrality embedded in this approach precludes a moral stance (Becvar and Becvar 1996:240). It developed from the earlier forms of family therapy which had their roots in

systems theory and in particular cybernetics which had developed during the nineteen forties from inter-disciplinary collaboration in studying organisms and machines together (Ibid:16-17). Cybernetics is concerned with “organization, pattern, and process rather than with matter, material, and content” (Ashby 1956).

Whereas some forms of family therapy consistent with first order cybernetics conceptualise family members as holding differing but valid views of the same family system, which are viewed by the therapist from outside the system; second order cybernetics views the family system as comprising multiple realities in interaction with the therapist or therapeutic team (Simon 1985;36). I will briefly explain the approach taken by the Milan Associates because not only does it underpin my thinking about families and other systems, but it influenced the process I adopted in the research. The Milan therapists took a systemic view of the family and its history. Grounded in biological theory (they were all medically trained) they had embraced a post modernist, second order cybernetics approach, which took account of the natural self-corrective feedback loop which exists in living systems, and adapted this theory to working with troubled families. The work was underpinned by two critical principles:

The therapists establish a positive relationship with all family members. To do so they accept and “connote positively” anything the family offers, avoiding even the faintest hint of anything which might be construed as a moralising stance or accusation, or which might otherwise induce anxiety, shame, or guilt.

and

The therapists aim at a radical reshuffling of the relational forces operating in these families: they shake the family out of its destructive clinch, as it were, and try to give all members a new chance to pursue their own individuation and separation (Stierlin 1978).

When the Milan therapists began their innovative approach to families, they saw it as critical not to begin their work by addressing the internal dynamics of the

family, because they viewed the family as part of a larger interactive system, which they conceptualised as three concentric and interactive circles (see Figure 1.1 page 15) of which the family dynamics was the innermost. With great sensitivity and respect, the therapists always began their work at the outermost circle, seen as the “referring context”, which represented the family’s experience with previous therapists and/or helping professionals, who had previously worked with the family, or who had directed them to therapy.

Only when this “presenting edge” had been successfully negotiated and the therapeutic team had understood the family’s “punctuation,” or meaning of this experience, would they then progress to examine the next interface, or middle circle, the family’s interface with the therapeutic team. Again, they would not progress further until they had fully explored this interface, by discovering the family’s expectations of them, explaining the role of the team and how they would work, and ensuring the family understood and accepted this. Finally, when these precursors had been achieved, the therapists would move to the innermost circle, which represented the internal dynamics of the family itself (Hoffman 1982).

Briefly, the rationale for the systemic approach was that all systems, including family systems, expend energy in maintaining homeostasis. If the therapists were too confrontational in their approach, then the very energy in the system that was needed to effect change, would be taken up in dealing with the external threat to homeostasis. This is the type of response that might previously have been described by some therapists at that time as “resistance” (Anderson and Stewart 1983); although this view was beginning to be challenged as demonstrated in Peggy Papp’s “Letter to Salvador Minuchin” (Fishman and Rosman 1986:210). For this reason, great care was taken in engaging with the family and caution exercised in expressing a belief in the therapists’ ability to instigate systemic change (or to help the family).

Having read of the success the Milan Associates had achieved with families who had previously been inaccessible to therapy, my colleagues and I decided to form a family therapy team adopting the systemic model of family therapy, an approach that was innovative and unusual in the Western Australian prison

environment at that time. It was unusual as most clinical work took place on an individual basis, and did not include families. It was innovative because prisoners' contact with families was always supervised by custodial staff and restricted by regulations which prescribed the frequency, conditions for, and length of time, prisoners were allowed to have contact with their loved ones. As the offender could not be taken out of the prison for therapy, we had to find ways of bringing the families into the prison environment safely, and in a way that was acceptable to the prison authorities.

The challenges we faced in practising family therapy in a prison environment, were at times equal to, or greater than, the challenge of adopting a different theoretical approach to our work. However, in spite of the difficulties, or perhaps because of them, we found using a systemic approach not only made our therapeutic interventions more effective, but also that it provided us with a different way of thinking about and of working within the system, which was less confrontational with the prison authorities and much more effective and efficient. Our interventions became more effective because they focused on the family system to which the prisoner would eventually return. Our work was more efficient because the time in therapy was shorter, prisoners' aggressive behaviours changed more quickly, resulting in less internal prison offences, charges, and punishment, and the time we used to spend battling with the authorities to advocate for prisoners was greatly reduced.

An unexpected consequence of this was that custodial staff recognised the success we were having, and the respect this engendered from them caused our interface with them to be less conflicted, making our work easier. The theoretical knowledge I gained at this time continues to influence my thinking and my professional practice, and is the backdrop to the research and my use of additional theoretical concepts.

In time we came to accept there is no such thing as pure truth, simply different perceptions of reality and that our hypotheses about cases were only "more" or "less" useful rather than "right" or "wrong." We found that letters written by the therapeutic team to family members positively connoting their attempts to solve their life problems were pivotal to our work, very well received, and in fact

treasured by families who had experienced lifetimes full of societal criticism, rejection and abandonment. We became more effective therapists, and found we achieved positive results in less time than it had previously taken. In short, our thinking became liberated, and we learned to work *with* families rather than *on* them, and that every human interaction was explainable, no matter how violent or bizarre, if it could be understood from the context of the protagonists within their psycho-social milieu including the historical context of the family. This was not to say that crime or violence was accepted or encouraged by the team, but rather that our approach to understanding these behaviours enhanced the individual's and the family's ability to change.

As noted previously, the knowledge gained through this experience continues to impact on my thinking, not just as a practitioner, but also as a researcher, and in particular has contributed to my view that if we are to prevent intra-familial homicide, then first we must try to understand it from the perspective of the participants. Inherent in this is a preparedness to hold multiple and contradictory views of a varying, conflicting, and sometimes totally oppositional definitions and descriptions of a homicide event simultaneously. In effect the position to be adopted needs to be multi-positional.

My background in systemic family therapy helped me to realise that although research is clearly very different from therapy, the sensitive nature of the research topic means that some of the strategies used to engage with a client and his family can be useful in a research environment. Transferred to the new setting, this meant I would need to be sensitive, and respectful in approaching those systems which held access to the data, and to build relationship with them, just as I would a client family, and just as I would need to do with perpetrators and survivors. I recognised that not only was it necessary to gain understanding of the homicide event, through interviewing perpetrators and survivors, but to go beyond this in order to reach some understanding of the protagonist's world, and the psycho-social reality of their families. To do this an understanding of systems theory would not suffice on its own. I would need to return to psychological theory, especially that part which deals with personality development, and in particular with attachment, and also to consider the more recent contributions to our understanding of childhood trauma being undertaken

by neuro-scientists such as Schore (2001), Perry (2002), Nijenhuis, van der Hart et al. (2002), Anda, Felitti et al. (2006).

Understanding the Offences

Immediately following a homicide, relatives and acquaintances of both perpetrator and victim are usually and understandably in a state of shock. Indeed, research has shown that the trauma of the homicide event may persist for years (Spungen 1998:17-92; Johnson 2005:77-88,101-103) and therefore, an individual's perceptions of relationships and account of events leading up to the homicidal incident, may be affected at the time, and subsequently by the experience of the event itself and the trauma it bestows. They may also feel protective of the individuals concerned and not wish to add to whatever speculation is taking place in the media about causal factors. It is therefore apparent that, although the accounts they may provide to the police, the courts, and others, are honest and truthful from their perspective at the time they are made, it needs to be taken into consideration that these are likely to be coloured by subjective experience. In addition, research has shown that, for a complex range of reasons, there is a common tendency in both victims and survivors to minimize or deny the existence of a history which would clearly indicate risk to anyone who has an understanding of the dynamics of family violence (Deaton and Hertica 2001:14-15; Johnson 2005:38). This response may be sub-conscious and so, by definition, is hidden from the individual behaving in this way.

These factors, which necessarily impinge on the recall, and interpretation of events made by survivors and witnesses after a homicide, may impact on data collected immediately following the offence, because in most cases police officers would have little or no previous knowledge of the people involved, or of their psycho-social history. It also needs to be considered that, by their very nature, the dynamics of intimate relationships are private and often hidden from outsiders, even family members. Adding to this, one participant in the relationship, the victim, is unable to tell their story. Even if it were possible to gather accurate and un-biased information about the immediate antecedents to the offence, this alone would not be sufficient, as relevant factors may have their origins in much earlier events than those that immediately preceded it.

These factors therefore must be contextualised in terms of individual and family history, including the lived experience of previous generations, and the family's perceptions about how its future may unfold. In particular, personality traits of both perpetrator and victim, which also have their origins in the very early life of the individual, and the interplay of these traits, are important dynamics to be considered.

I argue that in order to gain an understanding about why a particular individual responds to a situation with homicidal and suicidal violence, rather than by responding non-violently, and to progress from understanding to prevention, there is a need to fully understand the immediate and the long-term antecedents, to intimate partner homicide and familicide. Additionally, I propose the way perpetrators behave is likely to be influenced by the inter-relatedness of many factors in their psycho-social history as illustrated by Hoffman in her concept of the time cable, a model which represents families across time and conveys "the endless river of interlocking strands, with separate strands or groupings representing persons or subgroups" (Hoffman 1982 see Appendix 5).

Hoffman's time cable can be conceptualised as being "nested" within other cables depending on the context of the problem. In some ways this concept is not dissimilar to that espoused by Bronfenbrenner, whose ecological model of child development is based on the inter-relatedness of systems, including those within the family, neighbourhood and community (Bronfenbrenner 1979; Bronfenbrenner 1995).

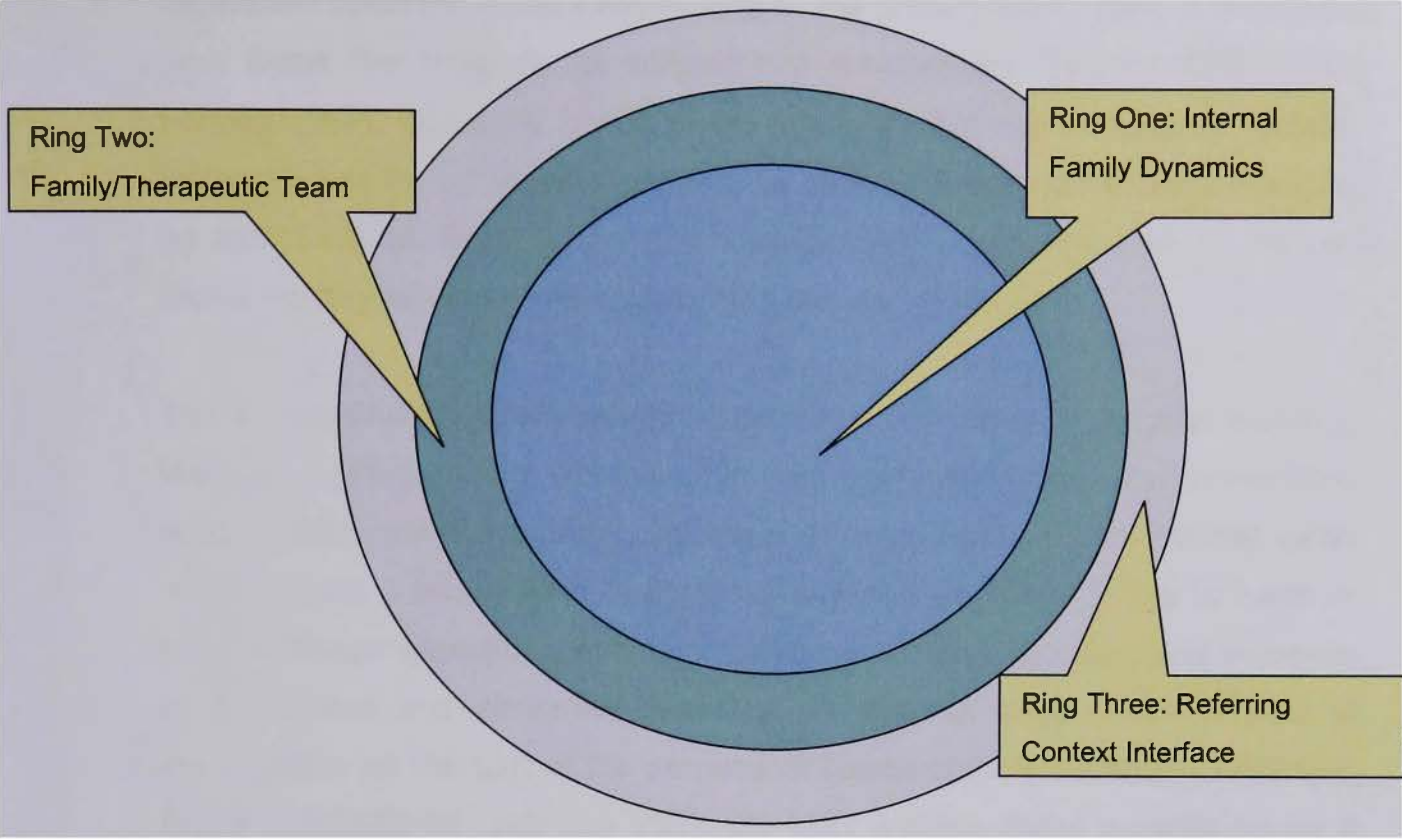


Figure 1.1: The Time Cable (Cross Section)

(Adapted from Hoffman 1982)

In seeking an answer to the questions so often raised in the community in response to intimate partner and intra-familial homicide, questions such as: “What sort of person murders those to whom they are supposedly closest ?” I found it helpful to consider how personality develops within the individual, and to speculate about the theory that some traits of personality and ways of relating to others appear to be formed very early, in infancy or childhood, and appear to persist throughout the lifespan (Bretherton and Munholland 1999). Factors such as trauma history, and social learning, are already identified as highly relevant to violent behaviour, including homicide and suicide (Farrington 1995; Farrington and Coid 2003; Maxson 1999). Therefore, the long term antecedents to homicide need to be considered when trying to develop an in-depth understanding of the particular events associated with the offences being studied.

Attachment theory and psycho-dynamic theory are useful in this regard because of the conceptualisations they provide in terms of separation-individuation and because they propose that the development of personality is essentially

dependant upon the infant's experience of the primary carer. This, it is argued, then forms the template for subsequent relationships (Bowlby 1980:39-43; Fonagy 1999). When the needs of the infant are not met adequately, Bowlby suggests that the individual's capacity to develop functional relationships may be compromised. Perry writes, the "disorganized attachment that results can impair healthy relational interactions for a lifetime" (1996:34).

This implies that the individual who experiences attachment trauma as a child is likely to have ongoing difficulties in forming, maintaining and terminating relationships. Intimate partner homicide and familicide are reported to frequently occur against a background of domestic violence, previous threats to harm or kill, threatened separation and/or perceived emotional rejection, and evidence of depression and obsessive jealousy, as well as suggestions of lack of individuation on the part of the perpetrator (Bean 1992:6; Campbell 1992:106; Easteal 1993:85-86; Johnson 2005:131-132). Indeed, there appears to be a general acceptance amongst researchers that most perpetrators of homicide have aversive early life experiences (Allen 1980:46-69; Brookman 2005:93; (Lunde 1975:94).

In particular, violent behaviour is often thought to be learned, or at least encouraged by the characteristics embedded in the family of origin or other contemporary social context (Loseke 2005). Research suggests that when repetitive trauma, such as child abuse or living with domestic violence is experienced in infancy, the higher brain's ability to mediate stress is compromised (Schorre 2001:209) so that the response is more likely to be generated by the "lower" or "mid" parts of the brain, in the brainstem or limbic areas. This means the response options available to the individual may be severely limited. For example, they may be restricted to a basic choice between "fight" and "flight." In the long term, with repeated exposure to trauma, such states can become permanent traits so that the individual is constantly interpreting the world around them as threatening (Perry, Pollard et al. 1995).

A team of United Kingdom researchers were able to link aversive early parenting experiences with perpetrators of domestic violence, serious enough for them to have been placed on probation orders, and who continued to

minimise their violence in spite of having completed an anti-violence intervention program. "Participants were recruited from a psycho-educational cognitive-behavioural group for the prevention of future domestic violence" (Worley, Walsh et al. 2004). The seven male participants reported using physical emotional and verbal abuse which included "punching, kicking, pushing, hair-pulling, weapons", and "blackmailing and name calling" (Ibid). Earlier research I conducted into familicide suggested that further research was needed to establish whether perpetrators had a family history of child abuse (Johnson 2005:140) whilst others (Dobash, Dobash et al. 2007) considered a range of problems in childhood as part of a study of life course amongst a group of generic murderers. However, no research has been located where evidence of aversive early parenting experience has been specifically linked to intimate partner homicide, and/or familicide.

The existence of trauma, and the extent to which this may have been mitigated by the existence, or availability, of supportive relationships, is important information, because research informs us that trauma may have lasting effects on the individual, and on those who engage in relationships with them throughout their lives. The existence of mitigating relationships for infants, and young children, is also seen to be critical, because researchers argue that such relationships have the potential to minimise the effects of trauma on the development of the child's personality and on his or her behavioural response to perceived threat (Perry 2006). This has obvious implications for enhancing the child's ability to relate to others and thereby reducing the risk of future violence, including homicide and suicide.

The Paradox

The killing of intimates and close family members may seem paradoxical, because murder is usually associated with extreme anger, or an intense dislike, or even hatred of the victim by the perpetrator; whereas familial and intimate relationships are by nature generally assumed to be positive and loving, and are often presented publicly as so, even when this may not be the case. But is this paradox real or imagined? The inherent intensity of such relationships obviously has the power to elicit a range of strong emotions, some of them positive, others such as jealousy, fear of abandonment, and rage may be negative and

have the potential to be a precursor to violence. Some of the difficulties in addressing family and domestic violence arise from its hidden nature, the ambivalent feelings of both perpetrators and victims, the reticence of victims to speak out about the abuse, the fact that there are often no witnesses other than children, and that perceptions of the violence within the relationship are often disparate.

Perpetrator Relationship to Women and Child Victims

The research on homicide to date both internationally and across different jurisdictions has shown that the majority of women and children, who become homicide victims, are killed by someone they know very well. Frequently for women, their murderer is their current or previous intimate partner (Matthews in Easta 1993:v) whereas in childhood (from birth to twelve years of age) children are most often killed by a parent. Female offenders tend to be the biological mother of the child; whereas male offenders are more likely to be step-fathers (Alder and Polk 2001:164). It is perhaps unsurprising that there may be some reluctance in the community to acknowledge openly that those relationships, which engender the most powerfully positive emotions, are the ones which may also elicit the strongest negative feelings.

A common theme in case studies of intra-familial homicide is the lack of community response to signs of risk including threats to kill an intimate partner or family member (Easta 1993:109,180-183; Johnson 2005:137). This may be a manifestation of denial of the inherent danger within the intensity of family relationships, and the difficulty the community has in coming to grips with, and responding to an offence which typically occurs in private; or perhaps the lack of response may emanate from a feeling of helplessness in responding to an offence about which so much remains unknown. This research aims to redress this to some extent by increasing knowledge about typical antecedents to the offences.

Australian Homicide Research

As previously mentioned quantitative studies of homicide throughout Australia are regularly undertaken by the Australian Institute of Criminology, through their National Homicide Monitoring Program, and the results of these are readily

available. With some notable exceptions (Alder and Polk 2001; Easta 1993; Johnson 2005; Polk 1994; Wilczynski 1997) qualitative data on homicide is much harder to find, not just in the Australian research literature, but also in the international sphere. This may be, in part due to the difficulties in accessing perpetrators and survivors of homicide, but may also relate to the sensitivities inherent in the topic. Although fewer in number, the qualitative research I have been able to access has usually adopted a case study approach, and the research has utilized secondary data. Studies that involve interviews with survivors or perpetrators are rare, and are usually undertaken by those already working with a client group that comprises either perpetrators or survivors. This is where my research sets itself apart, because it is designed to access both perpetrators and victims.

Prevention

The issue of prevention is complex and while solutions seem always tantalisingly out of reach. Whilst not minimising the complexity of homicide, and particularly the interpersonal dynamics of intra-familial homicide, it seems it should be possible for the community to prevent this offence, or at least to reduce its incidence, as it has been possible to reduce other kinds of offending behaviour by understanding causes and the environmental factors that increase risk, then working systematically to reduce or eliminate these (Clarke 1997:1-15; Solan-Howitt and Kelling 1997:242-249; Chainey and Ratcliff 2005:79-113). At the same time, just as there are different categories of homicide, it cannot be assumed that a prevention strategy devised for one will work for all. Each strategy for prevention may need to be geared to the particular type of homicide being targeted.

It has been shown that perpetrators of violent crimes often have commonalities in their psycho-social backgrounds (Sebastian 1983:182-192; Jenkins 1994:3-4; Ewing 1997:23; Johnson 2002:4). As previously mentioned, recent work on attachment has linked domestic violence with perpetrators' experience of child trauma (Worley, Walsh et al. 2004). In addition, it has often been reported in the literature that separation in an intimate relationship may spark strong emotions and behavioural responses for those involved. It is a time when the risk of violence, especially towards women by their male partners, escalates

dramatically (Campbell 1992:106-7; Johnson 2005:135). This violence may occasionally include homicide and homicide-suicide. It has also been shown that marital separation, or the threat of this, is highly correlated with both spousal homicide (Campbell 2003) and with familicide (Johnson 2005:18-19). In spite of this not all homicides between intimates appear to relate to a physical separation of the parties, and it is possible that the perpetrator's *perception* of abandonment may be more relevant in determining risk than the actual physical separation of the couple (Ewing 1997:22-24; Johnson 2005:13; Polk 1994:189).

Rationale for the Approach

When I became a researcher, I initially struggled to position myself in relation to the multitude of theories, perspectives, paradigms, ontologies and epistemologies, which surrounded and, at times, threatened to engulf me. Eventually, I found I needed to stand back and examine my own philosophical stance, and how this translated into my work and my meaning-making of the socio-political climate in which I live and in which I practice my profession. When I did this, I found the theoretical model of second order cybernetics developed by the Milan Associates, which had served me so well in a therapeutic milieu, was just as useful in a research setting. In summary, when I decided to undertake this research, it was evident to me that I needed to keep sight of my previous learning, and the feeling of effectiveness that went with it, and transfer this to the research environment.

On the one hand, I saw that some comprehensive statistical data from Western Australia was needed to gain a complete and inclusive picture or context of spousal homicide, and familicide; to understand how often it occurs and who is most likely to be affected by it. On the other hand, research has shown that homicide is typically a socially determined act, in that it occurs in the context of mutual social relations (Wallace 1986; Strang 1991; Eastaugh 1993; Hore, Gibson et al. 1996) and in all types of intra-familial homicide, including intimate homicide and familicide, this is especially true. It was equally clear to me that to gain the type of in-depth understanding that may have implications for prevention of future offences, it must be understood from the perspective of those involved. This is where the ability to adopt a multi-positional stance is important, because it is likely as I noted previously, that each of those involved

will have a different perspective of both the offence and the events which led up to it.

Structure of the Thesis

In this chapter, "Introduction," I have framed the context of the research. In the following chapter Chapter Two, "Theoretical Context," I describe how within a broader framework of second order cybernetics, attachment theory provides an important framework for the research. I go on to consider how the theory of developmental trauma helps us to understand how the child may form a template for future relationships which leaves them unable to effectively self regulate, susceptible to perceptions of abandonment, and likely to respond with violence against the self and the love object, when experiencing rejection and emotional regression.

Chapter Three, "Seeking the Data," describes the design and the method used to undertake the research. I explain the scope of the research, and describe the study population and how it was selected and accessed. The ethical issues and sensitivities relevant to the topic are detailed and constraints are outlined.

In Chapter Four, "Intimate Partner Homicide," Chapter Five, "Intimate Partner Homicide-Suicide," and Chapter Six, "Familicide," I present the findings in relation to the offences of intimate partner homicide, intimate partner homicide followed by perpetrator suicide and familicide. I cover the definitions used, the demographics for each type of offence, and examine and describe the characteristics of the events themselves. Each category of offence is illustrated by case examples.

In Chapter Seven, "Child Trauma," I discuss the existence of childhood trauma in both perpetrators and victims and reveal the histories of perpetrators' families of origin. I present the results of the psychological test administered to perpetrators, the Child Trauma Questionnaire (Bernstein and Fink 1998); I consider the neurological damage caused by child abuse and neglect, and I suggest how this may lead to both Post Traumatic Stress Disorder in children and the intergenerational transmission of trauma in families.

This is followed by Chapter Eight, “Discussion and Comparisons,” in which I discuss the similarities and differences between the three offence categories and present of the total picture of these offences in Western Australia. Particular issues of childhood trauma, race, and gender are explored in detail. I conclude the chapter with a discussion of some of the particular issues facing those who choose to research this type of offence.

In Chapter Nine, “Looking Back,” I present a reflexive analysis of the research, describing themes, which emerged for me in this process, and including vignettes of my personal experience in negotiating the prison system in order to access the qualitative data. This is included as information that will hopefully convey to future qualitative researchers of intra-familial homicide, the nature of the context it is necessary to negotiate, in order to obtain the data and how this negotiation may be effected.

The final chapter, Chapter Ten, “Conclusions” summarises the research and its outcomes. The implications of the findings in the light of childhood trauma are considered along with the implications for policy, practice and future research.

I have used the masculine gender pronoun throughout this thesis when referring generally to perpetrators and to non-specific cases due to the preponderance of male perpetrators across all cohorts.

CHAPTER TWO

Theoretical Context

In this chapter I provide a more detailed explanation of the multi-faceted theoretical lens which informs the research, and which underpins my understanding of homicide-suicide. It is important to acknowledge the interdisciplinary nature of this research, as I attempt to unravel meaning from the complex inter-relatedness of the inner and external worlds of both perpetrators and victims. I adopt a multi-positional stance using data gathered from primary sources, the perpetrators and survivors of the offences and combine this with data gained from secondary sources, such as Coronial and Police records, newspapers, and electronic newspaper archives.

At a macro-level the theoretical context of this research is systems theory, and in particular, second order cybernetics. It informs my approach to the topic, and to the systems and people holding the qualitative data. It allows me to position myself across disciplines and to draw from a range of theoretical knowledge in coming to grips with intimate partner homicide and familicide. Most importantly, it allows me to consider how spanning different approaches and drawing from a range of disciplines may be useful in attempting to depict the tapestry, which forms the background to these offences, and how this is woven and interwoven. At the same time I am aware that as a participant observer, with a constructivist approach, I am part of the systems through which I attempt to access data. Therefore, my interaction and involvement with those systems will inevitably affect the data collected.

As I begin to focus on the importance of early life experience, I consider attachment theory and then draw on neuro-scientific research to span both the intra-psychic and the neuro-biological experience of the developing child, and how these may be linked to trauma, violence and in some cases ultimately to homicide and to suicide. As I develop the picture further in succeeding chapters, I will add to this with understandings gained from sociology, developmental

criminology, and evolutionary psychology, so that a composite picture emerges, which will hopefully contribute to knowledge, and assist in working towards prevention.

Attachment Theory

From my perspective, attachment theory provides an important framework for this thesis because of its premise that the relationship between the primary carer and child, forms the basis for future relationships and because this premise fits with my observations and clinical experience of working with violent men. I find it useful in attempting to understand the growth of personality and how this may be influenced by early childhood trauma. It offers opportunities to consider how the effects of early childhood trauma may affect human behaviour, not simply in childhood, but throughout the lifespan. It gives insight into why such individuals often have difficulties in intimate relationships, and why they may struggle more than others with relationship breakdown, and this is highly relevant to understanding family and intimate partner violence, intimate partner homicide, familicide, and probably also other forms of intra-familial homicide.

Attachment usually refers to the emotional bond that grows between the child and the parent and vice versa, and refers to that unseen state, which exists concurrently within the child and within the parent (Bowlby 1969; Ainsworth, Blehar et al. 1978; Mahler, Pine et al. 1975:39-51). Successful early attachment of babies to the primary carer (usually, but not always the mother) is critical to the individual's capacity to form, maintain, and successfully cope with the termination of relationships, throughout the life cycle. When attachment is disrupted by trauma and/or neglect, this capacity is negatively impacted and can have major consequences for the individual's ability to have meaningful relationships and to cope with the ups and downs of intimacy in all its forms (Bretherton and Munholland 1995:89-111; Groves and Augustyn 2004:89-111; Johnson and Egan 2006:189).

The link between attachment-related aversive early life experiences, the effect which this may have on the security of the attachment, and the propensity for an individual with disrupted attachment to suffer social and emotional difficulties in

later life is well documented (Dozier, Stovall et al. 1999:497-519; Fonagy 2001:33) and will be more fully explored in Chapter Seven. Such early experiences have also been linked to problems in forming, sustaining and terminating relationships, especially intimate relationships, and to the use of violence (Groves and Augustyn 2004;180-182).

Prior to the writing of the early theorists on attachment, the infant was seen more or less as a blank slate, upon which parents and other carers, relatives, teachers, employers and the rest of society could leave their mark and thus influence the development of the ensuing adult, who would eventually emerge as a result of multivariate influences and a certain degree of inherent and unique characteristics, including genetic predisposition, and both conscious and unconscious motivations.

Through the pioneering work of Melanie Klein, John Bowlby, Mary Ainsworth, Michael Rutter, and Donald Woods Winnicott, and the valuable contributions made by many others since, we now have a much different view of infancy and early childhood. It is now understood that aversive early childhood experiences such as neglect, abuse, loss, or other trauma not only affect the child's perception of self, and the people in the world around them at that time, but also have the potential to affect the way they relate to self and others throughout the lifespan. In summary, it is now accepted that, "when children adopt negative representations of self or others, or when they adopt strategies for processing attachment-related thoughts or feelings that compromise realistic appraisals, they become vulnerable to psychopathology" (Dozier, Chase et al. 1999:497; Fonagy 2001:19-46; Hinshaw-Fuselier, Heller et al. 2004:47-68; Howe 2005:82-3,104,129-130,150-1).

A strong and positive attachment between the infant and its parent is very functional in humans, as it is in all mammals. We now know that human offspring are not passive recipients of attachment behaviours in their parents, but that infants enhance their own safety by engaging in behaviour that encourages caretaker proximity. In early infancy the child is not believed to be able to differentiate itself from its primary carer. Therefore, it is dependent upon

the carer to reinforce its ego, so that this becomes strong and resilient, in order for the child to eventually progress to individuation and autonomy.

When bonding with the primary carer is successful, attachment secure, and with stable and predictable parenting, over time, the personality begins to form. The child learns to individuate, and is gradually able to make the transition from primary carer, through “transitional objects” (Johnston and Roseby 1997:80-1) for example the father, siblings and grandparents, to form relationships with others in its immediate vicinity, such as extended family members and their close friends, and to form multiple positive relationships, which eventually extend outside the home and family, into the community, as the child develops and grows (Bowlby 1973:203; Feeney 1995:365 Fonagy 2001:73-74; Johnson and Egan 2006:189).

Attachment theory continues to evolve with contributions from a range of distinguished therapists, researchers and academics. I will now refer to some of the more significant of these as a way of briefly illustrating some important points in the historical development of the theory.

John Bowlby

When attempting to understand the complexities inherent in human relationships and the difficulties that some people have in forming, maintaining and terminating them, the literature will always guide the reader back to the work of John Bowlby, an English psychiatrist and groundbreaking theorist, who suggested that the dominant approach of his time, psychoanalysis, did not take sufficient account of actual trauma experienced by the developing child and the effect this has on the development of personality. Bowlby's recognition of the effect on infants of early trauma, and his understanding of grief as a process, rather than an event, made a significant contribution to developmental psychology. It laid important groundwork for later theorists such as Ainsworth, and Main, who were able to apply scientific method to test Bowlby's theories in relation to the attachment of infants and young children to their caregivers, and the importance of this in the development of personality. Bowlby did not discount the importance attached by psychoanalysis to the internal meanings the child makes of his external experience, but believed that the reality of the

experience and the interface between that experience and the child's internal meaning making of it, needed to be understood, in order to fully understand its impact on the individual.

Mary Ainsworth

Mary Ainsworth worked alongside Bowlby at the Tavistok Institute, in London and was a significant contributor to the development of Attachment Theory. She developed the theory by using scientific experiments such as the "Strange Situation" to test it. In the strange situation a mother and her twelve-month old child are brought into a playroom with the experimenter. The mother is then asked to leave the room for three minutes, and then return. When she leaves, the child remains in the room with the experimenter. Subsequently both the mother and the experimenter leave the room for three minutes. The mother is then reunited with the child. The response of the child to both separation and reunion is rated using videotaped evidence.

Ainsworth ultimately identified four patterns of attachment behaviour. Initially she identified three patterns, "A," Insecure-Avoidant in which case children tolerate separation without overt signs of distress and ignore their mother when she returns, especially upon her second return. These children were found to be watchful and inhibited in their play; "B," the Secure Attachment pattern is characterised by the child being usually, but not invariably, distressed when their mother leaves. On reunion they greet her, receive comfort, and then return to play; "C", Insecure-Ambivalent" In this pattern children are observed to be highly distressed at separation and refuse to be easily pacified upon the mother's return. They seek contact but then resist it by squirming or kicking or by batting away offered toys. They continue to alternate between anger and clinging to the mother, and their exploratory play is inhibited. The fourth pattern which Ainsworth identified subsequent to the first three is "D", termed Insecure-Avoidant is characterised by children who show a diverse range of confused behaviour including "freezing", or stereotyped movements, upon reunification (Holmes 1993;105).

Michael Rutter

Michael Rutter built on Bowlby's work when he studied in detail the mother-child interaction, and found that it was the quality of the mother's response to the child, and the ensuing interaction between them, rather than simply the mother's presence, which was the determining factor in the quality of attachment. Furthermore, he made the important distinction between privation, the absence of stimulation, and deprivation the loss or removal of stimulation. He noted that it is privation, such as that experienced by children placed in institutional care at an early age and subjected to minimal interaction by multiple carers, who have little or no emotional involvement with the child, that leads to serious developmental problems, and ultimately to long term emotional and behavioural problems, which affect socialisation.

Rutter proposed that privation encompasses all forms of environmental stimulation, including social, motor and linguistic stimulation, and although unclear as to which of these is most important, felt that all three were required to achieve healthy development in the child (Rutter 1972:19,63-64). This view was later validated by the studies on infant neurological development, which originated in work with the children placed in Romanian orphanages (Carlson and Earls 1997:807,419-428). In deprivation, it has now been demonstrated, that it is the removal of stimulation, or more accurately, the disruption of an emotional bond already established with the child, which causes the distress in the infant (Rutter 1972:51). Rutter recognised the importance of the presence of both the significant object of attachment to the child (whom he saw as not necessarily having to be the mother, although this may commonly be the case) and the presence of maternal care, but made the important distinction that these may not necessarily be provided by the same person.

In stressing the importance of acknowledging individual difference, in the way children respond to separation and deprivation, and in acknowledging that the parent child interaction is a dynamic, reciprocal process, Rutter recognised that bonding may be affected by the character and disposition of the child, in much the same way as it is affected by the parent's personality and temperament. Importantly, he also identified the mitigating influences of siblings and other family members, in helping the child to ameliorate the consequences of loss of

the primary attachment figure. He proposed that ideally children should have exposure to the possibility of attachment to several people, rather than just one, so that if one is away, another may remain constant, although evidence of this in studies of human interaction, was lacking at the time he wrote this (Rutter 1972:48-52).

Donald Woods Winnicott

As knowledge built about the psychological development of infants, Winnicott began to examine the dynamic relationship between the child and its mother and the role of the child in the family, including its relationships with the father, siblings and extended family. He spoke of the necessary “ego attunement,” that the “good-enough” mother exhibits towards her infant child, so that she supports the development of her child’s ego in a way that strengthens the child and enhances the development of the child’s true self. He also used the term “primary maternal preoccupation,” which he describes as the behaviour of new mothers, in focusing their interest away from the self and her own needs, onto the needs of the child. As the child grows and develops autonomy and confidence, the mother can begin to return her focus more onto her own interests, and less on the child’s. When a mother is unable to place the needs of the child before her own, the attunement does not develop, and the psychological development essential for emotional health in later life fails to occur (Winnicott 1965:15-17).

The Importance of Secure Attachment

It is apparent from the research and analysis of theorists such as those above that there may be extensive, long term benefits to secure attachment, in terms of its translation into abilities within the individual, to conduct themselves in relationships in ways that are satisfying not only to themselves, but also to others, and that this is functional for the community because secure attachment and the emotional health it engenders, enhances personality development, mitigates against mental health problems throughout the lifespan, and enhances the individual’s ability to form, maintain, and deal with loss of relationship (Magai 1999:787-802).

The core of the suggestions made by attachment theorists, is that it is the predictability and consistency of the parental (usually maternal) response that allows the child to develop an integrated and individuated sense of self and of other, and which ensures the development of a healthy, well integrated personality. When this does not occur, and when attachment in infancy or early childhood becomes disordered, then the underlying template within the child for all its future relationships, becomes distorted by the experience. If there are no mitigating relationships or circumstances, to offset this damage, it is likely that the child will develop into an individual who finds difficulty in relationships with others, and whose concept of self is fragmented and negative. It is likely they will continue to repeat in subsequent relationships, the behaviours they learned in response to their primary carer, and that frustration of their needs in relationships will elicit similar responses to those elicited in infancy. Not only will they experience difficulties in the formation and maintenance of relationships, but the termination of relationships, whatever the cause, can precipitate great emotional distress, the consequences of which can sometimes be disastrous (Perry, Pollard et al. 1995; Rutter 1995).

For these individuals, who never learned to cope with loss in an appropriate and positive way, the threat of termination of an intimate relationship is likely to elicit huge levels of anxiety. Just as in the case of an insecure infant whose mother has abandoned him, the insecure adult may oscillate between depression and anger. Thus, it can be seen that the ability initially learned in infancy to form mutually satisfying relationships, has positive long term effects on humans. It is manifest in the individual's avoidance of emotional problems, ability to function within relationships, seek support from others when needed, and in the avoidance of behavioural problems. When this ability is impaired, it may lead to negative feelings about the self and to conflict with others, often with resultant negative feedback from the surrounding community, including a tendency to avoid or exclude that person from social interaction (Dozier, Chase et al. 1999; van der Kolk 2003).

For most people with secure attachment histories, losing a significant relationship leads to distress, but where the individual's attachment was disrupted this may lead to depression, anxiety and anger that invoke

disequilibrium (Bowlby 1980:40-41). In extreme cases, losing a relationship that is significant, can lead to suicide, homicide and in some cases to both. It is not only loss which can precipitate homicidal and suicidal violence, but in some cases the perception of loss, however distorted that perception may be, can also be a trigger to lethality. The important essence of secure attachment been summarised eloquently in the following words by Holmes:

Secure mothers are responsive and attuned to their babies and provide them with a secure base for exploration. They are able to hold them, delight in them, and cope with their discontent and aggression in a satisfactory way. These mothers share a balanced view of their own childhoods, which even if unhappy, are appraised realistically. Their children, secure as infants, grow up to be well-adjusted socially and to have a realistic self-appraisal and a sense that separation, although often sad and painful, can be responded to positively. Secure mothers and secure children have a well-developed capacity for self-reflection and narrative ability, and convey a sense of coherence in their lives.

He goes on to contrast this with the effect on children of insecure attachment:

Insecure children, by contrast, especially if avoidant, tend to have mothers who found holding and physical contact difficult, who were unresponsive to their children's needs and not well attuned to their rhythms. These mothers tended to be dismissing of their relationships with their own parents, and to be unable to tell a vivid or elaborated story of their own childhoods. As they grow up, avoidant children tend to be socially isolated, to show unprovoked outbursts of anger, to lack self awareness and to be unable to tell a coherent story about themselves (Holmes 1993:116).

Whilst in a very general sense, this may be the case, unfortunately Holmes does not appear to take into account the multivariate influences on a mother's ability to parent. For example, a woman experiencing domestic violence may

not be able to be totally responsive to her child at this time, as she may be pre-occupied with maintaining safety. However, once she is provided with appropriate support and removed from this threat, she may be able to resume a more appropriate parenting role. Nor does Holmes examine the multivariate influences, which can modify outcomes for children, and which may also impact on their future ability to effectively parent. For example, a child with poor attachment to its primary parental figure may have other significant relationships, with an aunt, sibling or grandmother, or with several people, which can mitigate the effect of this. Attachment theory continues to evolve and shed light, not simply on how personality develops, but how it may develop differently according to gender.

Nancy Chodorow

Nancy Chodorow proposes that gender differences in personality development and the way individuals relate to others, originates in the experience of the child as being either of the same, or of opposite gender, to the mother. In focusing on the oedipal stage of psycho-sexual development, she proposes that girls maintain a longer pre-oedipal or undifferentiated relationship with their mother than do boys. This causes girls to experience themselves as existing longer in the stage of merging and separation. Boys on the other hand are forced to separate from their mothers and form stronger ego boundaries in order to achieve personal masculine identification with their fathers.

As children mature past the oedipal stage, girls tend to have more of a basic capacity within their personality for empathy with the other than boys do because their experience of merging and differentiating has been longer. As a result women experience themselves as emotionally related to many others, and less dependant on an exclusive emotional relationship with their partner. In contrast, men are more likely to deny relationship generally, but to experience a greater primacy and exclusivity in their emotional attachment to the female love object (Chodorow 1978:164-168).

As the child grows, gender differences emerge in personality which affect how the individual relates to others throughout the lifespan, and in particular how they relate to the opposite gender and in particular to intimate partners (as the

love object). Differing theoretical perspectives can aid understanding of these complex processes if a multi-positional stance can be adopted. For example, research in neuroscience that highlights the physiological processes involved in attachment and trauma, has added valuable and helpful insights to the understanding of violence, which appear to have relevance to the kinds of violence which occur in relation to separation including homicide and suicide.

Bruce Perry

Perry reports that there are interesting differences between boys and girls in the presentation of neuropsychiatric disorders. In childhood, these disorders manifest in a boy/girl ratio of three to one. Whereas, in early adulthood this changes radically, and becomes one to two. It is much more common for boys to exhibit externalising disorders such as ADHD, conduct disorder and oppositional-defiant disorder. Girls more frequently suffer from internalising disorders such as depressive, anxiety or dissociative disorders. Perry et al. observe that boys may be more frequently presented to mental health clinics because their acting out behaviour is upsetting to adults, whereas girls who internalise their distress, tend to be more compliant and therefore be seen as less of a problem. He links the potential for extreme manifestation of both states in the following way, "The potential for homicide threatens; the potential for suicide inconveniences" (Perry, Pollard et al. 1995:283).

How Trauma May be Transmitted Intergenerationally

Research is revealing that the early experience of female infants with their mothers influences how they respond to their own infants, when they later become mothers, and thus provides the mechanism for the intergenerational transmission of adaptive and maladaptive parenting styles (Chodorow 1978:77-91; Worley, Walsh et al. 2004). Some researchers have proposed that unresolved trauma exacerbates the propensity for violence to occur, and those adults who experienced unresolved trauma in childhood, leading to poor attachment to carers, themselves have children with disorganized attachment.

This imprinting of the chaotic alterations of the mother's "dysregulated" state may be a central mechanism for the "intergenerational transmission of child abuse" (Kaufman and Zigler 1989). It is expected that children who witness

domestic violence are more likely to develop relationships that mirror this pattern of behaviour, and these findings have relevance to family and domestic violence including intra-familial homicide. The effect of gender on personality development, as proposed by Chodorow, and how these manifest in gender specific behaviours and symptomology, as reported by Perry, are relevant to intimate partner homicide and familicide because of the gender differences the data reveals in these offences. It can be seen from this that developmental trauma is likely to be pervasive and to endure intergenerationally unless there is some mitigation of the dynamics which contribute to it.

Developmental Trauma

Helping professionals, whose client group comprises violent offenders, work with the understanding that trauma (in the twin strands of childhood abuse and emotional neglect) often characterises the lives of such individuals and links their aversive early life experiences, with the conduct of their relationships as adults, and the outcomes they achieve in life. In the past, the link between negative early life experience, such as poor attachment to carers, abuse, neglect, relationship problems, learning difficulties and behavioural problems in both childhood and adolescence, which do not mitigate in adulthood, could only be hypothesized. However, since scientific evidence has been available of the physical effects of abuse and neglect on the development of the neonate brain, and due to the ground breaking work of Nijenhuis, van der Hart et al. (2002), Perry (2002), Schore (2001), and others, on the long term neurological effects of abuse, there is now a growing body of evidence which supports this link.

Recent advances in neuroscience, have now provided physical evidence of how early social events may alter the physiological structure of the human brain, thus affecting its future responses to a range of environmental stimuli including interpersonal relationships. It is now understood that trauma experienced in the critical first two years of life, when the brain is developing at a rapid pace, may be imprinted into the neurobiological structures that comprise the brain, and therefore have far reaching effects on the individual's capacity, not only to experience emotions such as compassion, empathy, and attachment, but also on their ability to regulate both affect and behaviour (Perry, Pollard et al. 1995).

This has implications for how the individual functions in relationships and has particular relevance to the understanding of interpersonal violence.

When there is lack of stimulation like nurturing, touching, cuddling, caring and loving, the lack of development in the infant's brain can be tracked and measured, using electronic imagery. Schore specifically states that early trauma alters the development of the right brain, the hemisphere that is specialized for the processing of socio-emotional information, that "infants who experience chronic relational trauma, too frequently forfeit potential opportunities for socio-emotional learning during critical periods of right brain development," and that "early dysregulating experiences trigger a chaotic alteration of the emotion processing limbic system, which is in its most critical period of growth in infancy," (Schore 2001).

Findings have been consistent across a range of studies that early relational trauma has long term effects on brain development and subsequent behaviour (Anderson, Bechara et al. 1999; de Bellis 1999; Nijenhuis, van der Hart et al. 2002). For example, de Bellis found that, "The overwhelming stress of maltreatment in childhood is associated with adverse influences on brain development," (de Bellis et al. 1999:1281). More particularly, it has been shown by Anderson et al. (2005) that abuse and/or neglect over the first two years negatively impacts on the brain's orbital pre-fronto-limbic system, causing failure to acquire complex social knowledge, and an enduring impairment of social and moral behaviour (Ibid:1032-1037), this of course has obvious long term implications for the individual, in terms of how he or she relates to others, and how they conduct themselves in relation to social mores, community expectations and the laws of society. In addition, exposure to violence has been found to activate a set of threat-responses in the developing brain, which in excess may be the roots of violence-related problems (Perry 2001). These and other writers, posit that overwhelming trauma can cause changes in brain function, which Perry asserts result in two discrete kinds of response patterns, the "sensitised" hyperarousal pattern and the "dissociative" (freeze or surrender) pattern (Ibid).

The “Sensitised” Hyperarousal Responses

If a child responds to a stress with hyperarousal, there will be an increase in norepinephrine, which is a hormone controlling the total response to perception of threat. The areas of the brain involved in the threat-induced hyperarousal are those that regulate arousal, vigilance, affect, irritability, movement, attention, stress response, sleep and the startle response. When trauma is repeated (and for children relationship trauma is usually repetitive) the response will be reactivated. Perry believes that even thinking or dreaming about the event is sufficient to reactivate the response. Over time the response may generalise so that the stress-response in the child’s brain is activated repeatedly. This produces a child who is hyperactive, anxious, impulsive, who has sleep problems, physiological abnormalities, such as tachycardia and hypertension, and with a range of neuroendocrine abnormalities (Perry, Pollard et al. 1995).

The “Dissociative” (Freeze or Surrender) Response

When hyper arousal fails to bring safety or calm to the child, and emotional or physical pain becomes unbearable, the brain releases opioids, chemicals, which have the effect of lowering blood pressure and heart rate, affecting sense of time, place, and reality and which have a numbing effect. This results in the experience of detachment or dissociation. The dissociation response is complex and it is thought that there are a number of neurotransmitters, originating in various areas of the brain, which all contribute to bring about this response (Ibid).

The evidence of neurological changes originating in trauma, helps in understanding why it is that when something goes wrong with attachment formation, the negative effects of this have a strong tendency to persist throughout the lifespan. Perry (1996) believes it is easier to change a part of the brain that has been influenced by a single trauma, than it is to try to “grow” a part of the brain, after the critical periods for neurological development in childhood are over. He proposes that whether the changes in the chemical balance of a young brain become permanent, may depend on whether the child receives some type of healing intervention, and that whilst in some cases mitigation or remediation may be achieved, because the brain develops in a use dependant fashion, this will only occur with countless repetitive alternative

positive relational experiences. Due to the number of these interactions that are required to remediate the damage, he suggests that ideally these should be provided by carers, teachers or others who are in daily contact with the child (Perry 1996).

Behaviours Originating In Disrupted Attachment

When attachment is disrupted by trauma, the child is likely to develop a range of symptomatic behaviours which may include:

- Violence
- Sadism
- Cruelty to animals
- Disordered eating
- Counterfeit emotionality
- Kleptomania
- Fire setting
- Self Harming
- Compulsive lying
- Sexual precocity
- Sexual obsessions
- Passive-aggressive behaviour
- Enuresis
- Encopresis
- Defective conscience

(Delaney 1991:19).

These behaviours are typically found in children with a range of disorders, including attention hyperactivity disorder, conduct disorder and oppositional defiant disorder. Some children diagnosed with such disorders that have attachment problems are likely to go on to develop behavioural traits consistent with a range of personality disorders. One of the most common of these is Borderline Personality Disorder (American Psychiatric Association 2002:706-710). Individuals diagnosed as BPD or identified as having behavioural characteristics consistent with this disorder are commonly seen as having both a history of trauma and/or abuse and a history of attachment disorder.

Diagnostic Criteria for BPD:

The criteria for BPD are described as:

a pervasive pattern of instability of interpersonal relationships, self image, and affects and marked impulsivity beginning in early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- Frantic efforts to avoid real or imagined abandonment
 - A pattern of unstable and intense relationships
 - Unstable self image
 - Impulsivity
 - Recurrent suicidal or self harming behaviour
 - Instability of mood
 - Chronic feelings of emptiness
 - Inappropriate, intense anger or difficulty controlling anger
 - Transient, stress related paranoid ideation or severe dissociative symptoms.
- (APA 2000:710)

As can be seen from this, the behaviours of children with attachment disorders and those of adults with personality disorders, are focused on affect and behaviours, which are likely to have an impact on their ability to relate to others and to have a pervasively negative effect on their social functioning.

Children's Experience of Trauma

Children experience stress differently to adults. The manner in which a child re-experiences and manifests their feelings of distress related to a traumatic event is likely to change, as they move through developmental stages to maturity (Perry 2002). A single traumatic experience is one that triggers an abnormal response, which in turn, alters an existing part of the brain. However, in most cases early relational trauma for children is not a singular event but tend to be "ambient" and "cumulative". In cumulative trauma the repetitive and patterned experiences can result in permanent absences of capabilities and is reflected by the lack of growth of parts of the brain. The brain develops capacities and functions in ways that reflect those childhood experiences (Schorer 2001:206).

Repetitive, sustained emotional abuse has been found to be the core of childhood trauma (O'Hagan 1995:449-461). There is an established general principal, that childhood abuse is a major threat to personality development and to children's mental health, and that very early relational trauma serves as a matrix for maladaptive infant (and later adult) mental health (Hart and Brassard 1987:160-165).

Neuro-biological theory now suggests that the trauma of witnessing violence, for example where there is domestic violence between parents, or experiencing it in the form of child abuse, does not simply cause emotional damage to children, but can also cause lasting changes in the physical structure of a young brain (Anda, Felitti et al. 2006). Perry in his 1998 interview with Howell proposed that severe neglect in children is as traumatic as abuse, and that the effects of this can be seen in scans of their brains (Howell 1998). Obviously, in a violent household, where the mother's or primary carer's attention is taken up with issues of safety and survival, she may be unable to focus on the needs of that child in a way that enhances its development, and therefore it is possible that negative consequences may ensue for the child, even though the carer may not intend for this to occur.

Severe psychological disorders are reported to be four times more likely to be seen in children from violent parents than from children from non-violent homes (Boulton 2006). It is suggested that if a child experiences significant loss through this or through other trauma such as illness, death or removal of the primary carer the same result will ensue. To some extent, other supportive relationships can mitigate this damage, but when there is little or no mitigation, it is suggested that the personality of the child can be seriously impaired (Groves and Augustyn 2004).

One example of this is the way in which maternal deprivation in infancy has been linked to depression in adulthood (Rutter 1972:126) and a number of writers have commented on the relationship of both depression and suicide to bereavement, separation, and divorce. The correlation between suicide and divorce/bereavement was noted as early as 1897 (Durkheim 1951). Extreme depression can lead to suicidal behaviour, and the corollary of this is that

extreme anger, both controlled and uncontrolled, may lead to homicidal and/or suicidal behaviour.

Post Traumatic Stress Disorder

When the individual suffers extreme trauma the effects of this may persist long after the traumatic event. In extreme cases characteristic symptoms may develop which may meet the criteria for Post Traumatic Stress Disorder as outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision or DSM-IV-TR (APA 2000). This manual describes the diagnostic features of Post Traumatic Stress Disorder as:

The development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury, experienced by a family member or close associate (Criterion A1). The person's response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganised or agitated behaviour) (Criterion A2). The characteristic symptoms resulting from the exposure to the extreme trauma include persistent re-experiencing of the traumatic event (Criterion B), persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (Criterion C), and persistent symptoms of increase arousal (Criterion D). The full symptom picture must be present for more than one month (Criterion E), and the disturbance must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (Criterion F) (APA 2000: 467-468).

The diagnostic criteria for the disorder are described as:

The person has been exposed to a traumatic event in which both of the following were present:

The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of the self or others

*The person's response involved intense fear, helplessness, or horror. **Note:** In Children, this may be expressed instead by disorganized or agitated behaviour.*

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

*Recurrent or intrusive distressing recollections of the event, including images, thoughts, or perceptions. **Note:** In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.*

*Recurrent distressing dreams of the event. **Note:** in children, there may be frightening dreams without recognizable content.*

*Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). **Note:** in young children, trauma-specific re-enactment may occur.*

Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the event.

Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

(C) Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

Efforts to avoid thoughts, feelings, or conversations associated with the trauma.

Efforts to avoid activities, places, or people that arouse recollections of the trauma.

Inability to recall an important aspect of the trauma.

Markedly diminished interest or participation in significant activities.

Feelings of detachment or estrangement from others.

Restricted range of affect (e.g., unable to have loving feelings).

Sense of foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span).

(D) Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

Difficulty falling or staying asleep.

Irritability or outbursts of anger.

Difficulty concentrating.

Hyper-vigilance.

Exaggerated startle response.

E. Duration of the disturbance (Symptoms in Criteria B, C, and D) is more than 1 month.

F The disturbance cause clinical significant distress or impairment in social, occupational, or other important areas of functioning. (APA 2000:467-468).

Children exposed to chronic trauma are placed at risk in terms of their global development, because the source of the threat is usually reported to reside within their immediate social environment. Rather than being a once off event, this means the trauma is constantly reactivated and the energy which would be normally directed into achieving developmental goals, gets re-directed into maintaining safety and avoiding threat. This type of pre-occupation is often a factor in their inability to concentrate and their resultant lack of academic achievement. Children and adolescents are often under-diagnosed, or misdiagnosed, which leads to lack of or inappropriate treatment of PTSD (Anderson 2005).

Whilst it can be seen from the DSM-IV-TR (A.P.A. 2000) that traumatised children may exhibit different behavioural responses than adults in Post Traumatic Stress Disorder, there are still concerns that the current diagnostic criterion used does not adequately capture the full range of behaviours and symptoms manifested by children and adolescents, and thus is presently under review (Ibid).

Children and adolescents often present symptoms of PTSD very differently from adults. This may be as a consequence of the age at which the trauma was first

experienced, but may also be influenced by current developmental stage of the victim. The manner in which a child re-experiences and manifests their feelings of distress related to a traumatic event is likely to change as they age, mature, and develop insight and the ability to make rational judgments. However, in the case of chronic abuse the ability to develop self-awareness may have been compromised by the abuse itself. Younger children may display their symptoms through play, drawings or stories or indirectly (fears of monsters and separation anxiety). Older children and adolescents may be more likely to show disruptive behaviours such as impulsivity or inattentiveness. All children may exhibit regressed behaviours when stressed, or tend to socially isolate themselves (Ibid).

(Lubit 2006) observes that adolescents experiencing chronic stress arising from exposure to repeated or prolonged trauma may suffer primarily from dissociative symptoms, numbing, sadness, detachment, self-injury, substance abuse, aggression, and separation anxiety (fear of abandonment). There can also be a change in belief systems, for example that parents do not always protect children; perceptions of security may be altered (to a belief that no safe place exists) and in some cases trauma can result in social withdrawal and impaired relationships.

Effects of Early Relational Trauma Throughout the Lifespan

From the preceding research it can be extrapolated that, when attachment in early childhood becomes disordered, the blueprint for relationships within the child can become distorted by the experience. The negative image of self and others, which develops from inadequate or unreliable parenting, may be projected onto other relationships throughout the lifecycle, often causing major problems for the individual and those who develop relationships with them. Not only will they experience difficulties in the formation and maintenance of relationships into adulthood, but the termination of relationships, whatever the cause, can precipitate emotional regression, the consequences of which can sometimes be disastrous. In extreme cases losing a relationship, which is significant, can lead to depression, suicide, homicide, and in some cases both. It is not only loss which can precipitate homicidal and suicidal violence, but in

some cases the perception of loss, however distorted that perception may be, can also be a trigger to lethality.

The roles of victim and perpetrator are learned in a social context and are usually reciprocal. They co-exist within the same psyche, personality or individual, whether male or female. When an individual is vulnerable, as a result of childhood trauma, these roles can be invoked when either party feels threatened, and once activated are likely to escalate to the point where one of the parties may be hurt, perhaps seriously. This research indicates that childhood trauma is a factor in spousal homicide committed by both men and women. Childhood trauma is believed to lead to a marital context where prior unresolved issues impact on intimacy, resulting in the reactivation of earlier dysfunctional relationship patterns. Briefly, some of the relevant factors may be: emotional vulnerability of one or both parties, emotional abuse in the relationship, physical abuse in the relationship, male proprietary attitude towards female partner, lack of individuation of one or both parties, obsessive jealousy and abandonment fears.

Factors that Influence Trauma

Individual stress responses to trauma vary considerably. The specific nature of a child's responses to a given traumatic event will depend upon factors such as the nature and severity of the trauma, the duration of the event, the pattern of the trauma, the characteristics of the child and his or her family and the social situation in which it occurred (Perry 2002). It is generally accepted that children and adults with low self esteem are more vulnerable to develop PTSD (Perry 1995; van der Kolk 2003:294-5). Perry asserts that it is virtually impossible to discuss trauma in children without addressing the quality of the parental attachment bond. He states that the security of attachment bonds seems to be the most important mitigating factor against trauma-induced disorganization. If the trauma was caused by a person (especially if by a trusted caregiver) rather than resulting from an accident, the trauma effects are more intense (Perry 1995). For an individual who has also experienced trauma previously, then the risk of developing PTSD is increased.

Research suggests that greater family support and less parental distress will result in less intense levels of PTSD symptoms (Perry, Pollard et al. 1995). If the child receives nurturing, protection, love and stability, the effects of a trauma are reduced. Lack of/or the withdrawal of such nurturance and support, together with lack of social or familial support increases the negative impacts of trauma. In addition, a predisposing mental health condition, a dependent personality disorder, and borderline personality disorder, are further risk factors for development of PTSD. (Schwarz and Perry 1994) suggest that severe early trauma can be a major expresser of underlying vulnerability, and may be a primary aetiological factor in a broad range of later disorders.

Mitigating Factors

Perry suggests that in trying to understand how one child can be beaten and humiliated and end up being a caring and productive person, while another with similar childhood trauma can end up being a remorseless predator, it is important to understand how the physical structure of the brain is altered by trauma (Perry 1996). It is also important to understand the concept of mitigation. The extent or severity of negative experience, including trauma, can be moderated by positive experiences, which offset to some degree the effect of negative experience. A child with good self-esteem, who has a positive belief in himself, and who receives a healing and appropriate response or intervention, by supportive and caring people, is less likely to develop severe PTSD. Perry (1998) proposed that whether the changes in the chemical balance of a young brain become permanent may depend on whether the child receives some type of healing intervention.

Through the work of professionals in neurobiology and neuropsychiatry, including those at the Child Trauma Academy, it is becoming increasingly clear that the children who can carry the abuse and trauma without becoming violent and predatory have had some element of 'hope' in their lives, that somewhere, sometime, things will be better. With hope a choice can be made. Choice is seen to be a key element. It implies the presence of an alternate path. Without some hope - without a caring teacher, an encouraging coach, a stable relative - without a place and a person where there is some calm, some 'safe haven' - the child has no choice (Perry 1996).

When individual partners in a relationship have similarly negative experiences of attachment, then their couple relationship is likely to be problematic, and may include some or all of the following characteristics: unhealthy dependency, conflict, fear of abandonment, obsessive jealousy and abuse of various types. When these factors are compounded by substance abuse problems, and mental illness, which are also common factors in adults with attachment problems, then the scene is set for volatile interactions, which potentially may include homicide and/or suicide. The roles of victim and perpetrator are learned in a social context and are reciprocal. They co-exist within the same psyche, personality or individual, whether male or female. When an individual is vulnerable as a result of childhood trauma, these roles can be invoked when either party feels threatened, and once activated are likely to escalate to the point where one of the parties may be hurt perhaps seriously.

Summary

This chapter sets the theoretical context of the research. It considers the possible link between attachment problems, childhood trauma, violence, substance misuse and mental illness. It proposes that if an understanding of attachment theory and childhood trauma is then linked to the results of neuroscientific research, showing the physiological changes such trauma incurs, this may assist in understanding intimate partner violence and some of the most extreme manifestations of this, intimate partner homicide, intimate partner homicide-suicide and familicide. Implicit in this is that if childhood trauma is found to be a common factor in certain types of violent behaviour, the issue of how the community responds to such violence may need to be reconsidered, because those individuals who have sustained neurological damage as a result of childhood trauma may not be amenable to the usual introspective psychotherapies, which are based on verbal exchange with the clinician, or to some of the cognitive behavioural therapies, which require the learning of new concepts and behavioural strategies. There are implications here for how therapeutic staff engage with, and provide services to children, adolescents, adults and families. These apply not just to child protection, education, juvenile justice and corrective services, but also for health services, and especially mental health services, across all age groups.

Most importantly, it proposes that violent behaviours such as killing the self and killing the other, which occur in the context of conflicted intimate relationships, cannot be truly understood by relying simply on one theory, or on a discipline-specific orientation, or by weighting different perspectives, but that understanding is more likely to be reached by taking a multi-positional stance and by holding several bodies of knowledge simultaneously, whilst remaining cognisant of the dynamic inter-relatedness of these and how this may affect human behaviour over time.

CHAPTER THREE

Seeking the Data

(Waiting...whilst building relationships on eggshells, in a minefield of sensitivities)

In this chapter I will explain the intended design of the study and the method by which it was undertaken, which was dynamic and, particularly in the early stages, constantly changed in response to multi-faceted interfaces that it was necessary for me to negotiate with various bureaucracies, and smaller operational units within those bureaucracies, in order to access the data. I will discuss the interesting challenges I encountered, the changes that had to be made along the way, to overcome various obstacles, and the constraints imposed by the sensitive nature of the topic.

Although the quantitative data obtained from the document searches are an important and necessary component of the research and are very useful in providing a broad picture of the offences and their incidence, as they occur in Western Australia, I was most interested in speaking with people who had first hand experience of these homicides, either because they had committed one, or because, as a secondary victim they had survived one. Henceforth, I shall refer to these secondary victims as “survivors” so as not to confuse them with those killed or (as in one case of familicide) intended to be killed, whom I shall refer to as “victims” of the offences. I anticipated that both perpetrators’ and survivors’ perceptions of these tragic events, might hold some valuable insights into their antecedents which might ultimately contribute to prevention.

Design of the Study

The design of the study is exploratory and descriptive relying on a combination of both quantitative and qualitative data. It uses a collective case study approach, in which a series of key de-identified vignettes of cases are used to illustrate the characteristics that were found in each of the three types of offences studied; spousal homicide, spousal homicide followed by suicide and familicide. Collective case study designs use a number of individual case studies which share a common issue to be researched, and are appropriately

used when “it is believed that understanding them will lead to a better understanding, perhaps better theorising, about a still larger collection of cases” (Stake 1989:237). In collective case study designs the researcher will lean “toward those cases that seem to offer the opportunity to learn,” (Ibid:243). I followed this process when considering issues of inclusion and exclusion. In particular this guided my decision to include a case where a woman murdered her ex-partner’s new lover (See page 88) and later to include two cases of familicide, which initially appeared not to meet the criteria for the study (See page 144-147).

The research is multi-method because it includes documentary searches, accessing electronic media archives, in-depth interviews and psychometric testing. One of the advantages in using a multi-method approach is that information can be compiled from a variety of sources.

It is exploratory because very little qualitative research has been undertaken on spousal homicide in Australia and less on familicide, either in Australia or internationally. Consequently, relatively little is known about the lived experience of either perpetrators or survivors of either of these offences. So, consistent with a second order cybernetic approach, although I comment on the themes that emerged from both the document searches and the interviews and attempt to avoid placing my own interpretation or judgement on the stories, accepting instead, that there are multiple realities existing concurrently and that none of these is static (Becvar and Becvar 1996:82-83).

The research is descriptive because it sets out to gather an “accurate profile of persons, events, or situations” (Robson 2002:59). Although in a second order cybernetics approach such a profile cannot really exist because it would be dependant upon the perception of the individual reporting it. However it is intended that the lived experience of perpetrators and survivors will be presented in their own words, as recorded in the clinical interview, so that the reader may make their own interpretation of the data.

Sample Frames for the Study

The documentary searches focussed on all cases of intimate heterosexual partner homicide including those followed by the suicide of the perpetrator, and all cases of familicide, and one attempted familicide, which occurred in Western Australia, between the first of January 1996 and the thirty-first of December 2005. The in-depth interviews varied from this sample frame because they included one case of intimate partner homicide, which occurred outside this timeframe, and another where the ex-partner's new lover was killed, but the ex-partner was not. The sample of perpetrators accessed for the in-depth interviews is likely to be positively biased in terms of emotional/psychological health, because prisoners were approached by program staff only if they were not in denial of their offence, were assessed as having no current mental health issues, which might place them or others at risk, were judged to be coping well with their incarceration, were likely to be interested in participating, and were assessed as being able to cope with discussing the offence without decompensating.

Those cases where the charge was wilful murder, murder or manslaughter were included; whereas, unlawful killing was excluded from the study, as this offence usually refers to death resulting from a traffic accident, or which occurred during, or as a result of an illegal act. Infanticide was also excluded as this charge is only laid where the perpetrator is a female within twelve months of the birth of the child and it is deemed that there are special circumstances related to the mother's psychological and/or physical state at this time which render it different from other child killings (Wilczynski 1997:149-165). Child killings not followed by suicide or a suicide attempt were not included either, as these do not meet the definition used here for familicide.

One case of attempted familicide was included, due to the rarity of this type of offence, and because it might be possible to gain as much or more understanding about familicide from what appeared to have been a failed incident as from a completed familicide. As surviving perpetrators in familicide are few and far between it might be possible to glean information from an interview, offence report, or newspaper article that might provide insight into motivation.

Study Population

All cases of spousal homicide, including those where the perpetrator suicided, and all cases of familicide, that had occurred in Western Australia between 1996 and 2005 were included. In total there were one hundred and twenty-two cases of spousal homicide in the given time frame, although one of these was removed as will be explained later. This left a sample numbering one hundred and twenty-one. In eighteen of these the homicide was followed by the suicide of the offender. In some cases the suicide was undertaken at the scene of the homicide and in others at some time following the offence. There were ninety male and thirty-one female perpetrators. Consequently, the majority of intimate partner homicide victims consisted of the female partners of the perpetrator, with a lesser number of male partners being killed. It was found there were also a number of ancillary victims within the context of the spousal homicide.

The number of familicide cases was predictably small, consisting of five successful cases and one that had failed (n=six). The case of attempted familicide was included due to the small number of cases, because this was atypical in that familicide is almost always successful, and because the presiding judge was reported as having regarded this case as a very serious attempt at familicide. It is not clear at this stage whether there are significant differences between successful and failed attempts at familicide because there are so few of the former and even fewer of the latter. Although the “n” was relatively small, the five successful cases accounted for a significant number of child deaths (n = fifteen).

Sources of Data

Multiple methods were employed to collect the data. These included in-depth interviews with twelve perpetrators (eight men and four women) and eight survivors (six women and two men) psychometric testing with perpetrators and documentary analysis of police, coroner’s and Family Court records, together with newspaper reports and newspaper archives which were accessed electronically. This produced a rich and colourful textualised picture, as a result of the “bricolage” (Denzin and Lincoln 1994:2), or collage of methods employed in its collection. “Qualitative research, is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter” (Ibid:2). It was originally

my intention to collect the quantitative data first and then conduct the interviews, which would be the primary, though not the only, source of the qualitative data. However, what eventuated was that collection of one type of information was interspersed with the collection of another. In practice, I soon learnt to access whatever I could, whenever I could, as soon as I was given permission to do so, just in case personnel moved, the political climate changed and permission was rescinded, or access to data was delayed. I often found sections of data to be missing and when this happened, I would try another source or retrace my steps until I was satisfied that I had exhausted all avenues in trying to locate it.

In summary, data was located from a range of sources they were:

- Perpetrator Interviews
- Survivor Interviews
- Newspapers
- The electronic newspaper archive data base "Factiva".
- The Child Trauma Questionnaire
- De-identified Police records,
- De-identified Corrective Services records
- De-identified Family Court records
- Coroner's records

Ethical Issues

There are particular ethical issues in homicide research. The researcher needs to be cognisant of the potential constraints that may be imposed by "gatekeepers" (Duelli Klein 1983:38). The topic of homicide is highly sensitive, as are the issues of suicide and child killing. This is especially so when there is a family relationship between the offender and victim. Research is seen to be potentially sensitive when "it intrudes into the private sphere or delves into some deeply personal experience" (Renzetti 1993). Another issue for consideration is that potential respondents were often still suffering trauma effects from the homicide and/or suicide and care may need to be taken by the researcher to ensure that trauma is not reactivated by participation in the research.

In addition, because the perpetrator is or was a member of the survivor's extended family, and therefore known to them, there are sometimes issues of guilt about failure to anticipate, heed warning signs or prevent the offence, which may or may not be quite freely expressed, and there is often also shame about the offence and its antecedents, which is often hidden and not so easily acknowledged, or perhaps not even recognised. For these reasons survivors were only included if they were linked to counselling or to a confidante who was able to provide the level of support the respondent deemed necessary. It is incumbent upon the researcher to remain cognisant of these factors at all times as this is critical to engaging with survivors, maintaining contact with them and eliciting their perceptions of the offence and its aftermath. An awareness of situational ethics is also necessary, as the homicide researcher may at any time uncover unexpected issues which may relate to the offence or illegal acts preceding or subsequent to it (Ellis 2007:4).

Some offenders were not approached to participate, either because in consultation with the ethics committee I had decided it was inappropriate, for example in cases where the prisoner was on remand and yet to face trial (therefore claiming to be and presumed to be innocent), or was appealing against conviction, and thus would be unlikely to want to discuss the offence with me. In other cases it was deemed by program staff to be inadvisable to approach a prisoner for various reasons which depended on the individual circumstances of the prisoner and which included those who were in total denial of committing the offence, those whose psychological state, or mental health might preclude useful data collection or those who may be damaged or traumatised by participating, including those seen at risk of self harming. Due to concerns about the effect on the perpetrators of discussing their offence, an agreement was made with each of the prison superintendents, that the program staff be routinely advised of the prisoner's emotional state immediately following the interview, and prisoners were advised prior to consenting that this would occur.

Apart from mental health issues, suicide risk, and legal and justice issues, which impacted on data collection, there was an additional and particular problem with one prisoner, who spoke English as a second language whose

native tongue was a seldom-encountered eastern European language. He declined the offer of a qualified interpreter saying he was more comfortable with a prison officer interpreting for him. This officer was familiar with his culture as well as his language and had built a trusting relationship with the prisoner by using his interpreting skills to assist him in the prison on previous occasions.

Although I believed there were sound ethical reasons for using a qualified and accredited interpreter and had begun to make arrangements for this to occur, prison staff in consultation with the prisoner had rejected this proposal. It seemed the prisoner was evidencing the usual mistrust, which characterises prison inmates, and I and prison staff understood this.

When considering whether or not to proceed with this interview I had to weigh up the benefit of having an interpreter who was trusted but without formal interpreting skills or accreditation against the possible filtering which may occur by both interpreter and prisoner in responses to questions about the prisoner's offending behaviour and psycho-social history which may not have been common knowledge in the prison where he was incarcerated, prior to the research interview taking place. For instance, the interpreter in this case advised that it was very difficult for him to ask about the existence of a history of sexual abuse, as this topic is not talked about directly in the perpetrator's culture. Therefore, the standard question was altered by the interpreter in order to ensure that the way it was asked was not culturally inappropriate and it is reasonable to suppose the response to this may have been similarly filtered for the same reason.

This has obvious implications for the integrity of the response and needs to be taken into account in the findings. In fact this man was one of the two who scored highly on the denial/minimisation scale. In this instance, I saw it as important to defer to the prisoner's request, as not to do so would have been counter to the prison culture, and would have denied access to a CALD homicide perpetrator who wished to participate in the project. In doing so, the possibility of information filtering by the respondent and interpreter and of inaccuracies creeping in through lack of interpreting skills, has to be acknowledged. At the same time, it must be recognised with such a sensitive

topic as homicide, one may never be sure that these factors do not creep into, and become part of, a professionally interpreted interview. I found myself choosing to remain true to my second order cybernetics approach in trusting the system, and accepting its punctuation, of the best way to undertake the interview.

Interviewing Indigenous Respondents

Due to the time constraints I was not able to meet the ethical condition of an Indigenous Reference Group or Steering Committee being convened to oversee collection of the qualitative data in relation to Indigenous offences. This is a major constraint of the study that needs to be addressed in future research. Due to the vastness of the state of Western Australia (approximately two and a half million square kilometres), the heterogeneity of Indigenous communities, the number of tribal and language groups, the time needed to form such a reference group, and then to devise ways of entering into a dialogue with Indigenous people in various communities about the research, would seem to necessitate beginning this process prior to the study being implemented. The inability to include Indigenous people in the qualitative part of the research is a serious issue, given forty-two percent of intimate partner homicide offences are committed by Indigenous perpetrators. Any future research in this area will need to take into account the need for a lengthy lead in time to meet the necessary ethical requirements.

Gaining Approvals

In addition to the usual ethics approval required from the University, when undertaking research involving human subjects, there were a number of other approvals I needed to gain in order to access respondents, and data pertaining to the homicide offences I was investigating. Firstly, as the type of data required for the project was located in a number of different places, there was a requirement to seek ethics approvals from a number of different government agencies. The process often began with negotiations in order to establish what data it may be possible to access at each of the different agencies, what processes and procedures were in place to screen research applications, and whatever particular ethical concerns were held by each of the various bodies, charged with ensuring ethical standards in accessing and using the data. It was

also important to find out what prior approvals might be necessary before consideration for ethics approval would be given.

When I began this project I had hopes of being able to obtain all the Police Offence Reports relating to the three cohorts of offences, especially data in relation to perpetrators, which I anticipated would provide most of the quantitative data I required. I planned then to access Coronial data to fill any gaps in relation to victim characteristics and offence details. Finally, I hoped to access the Family Court database, to determine whether any of the couples involved in the homicidal incidents had contact with this agency, as part of a separation process prior to the homicide. This was the intention I started with, but as will be seen, it is far removed from what actually took place.

Tiered Approvals

The nature of the approval process was tiered so that the major ethics approvals usually had to be gained from a committee of senior staff members in each of the relevant Western Australian state government departments or agencies; these were, the Police Service, the Department of Justice, the Coroner's Office and the Family Court of Western Australia. This usually necessitated my meeting with a senior officer in each agency to initially discuss the research project, then compiling a submission to seek ethical approval to access the data.

This was very time consuming because senior staff are busy people, with many competing demands on their time of which research applications are just one. I sometimes had to wait weeks for an appointment and then would be referred to someone else, who would be equally busy, and then I would have to wait again for another meeting. When as a result of such meetings each application was finally completed and submitted, I would have to wait for the appropriate committee or senior bureaucrat to approve it. Most committees meet at monthly intervals, although sometimes less frequently than this, and on more than one occasion, my application was the subject of specific concerns regarding the sensitivity of the topic, so I was then required to appear before the committee to answer questions. This would mean waiting for an interval of at least another month or more before I could progress to the next stage of gaining approval.

Although I had anticipated a lengthy time frame for approvals, the time required exceeded my expectations.

Once the necessary approvals had been obtained, I had to gain co-operation from individuals within each of the bureaucracies in order to take the next step of facilitating the type of access to information which would be of practical use, and which would enable me to gather both the quantitative and the qualitative data, essential to the level of understanding of intra-familial homicide that I sought. This was all complicated by structural changes, which were taking place within some of the organizations, whilst the project was under consideration so that areas of responsibility were shifting causing delays in processing approvals.

Permissions Co-operation and Agreements

Examples of additional permissions and agreements needed were:

- Permission and co-operation from the Victim Support Service (a sub section of the Department of Justice) to facilitate my contact with the Homicide Victims Support Group.
- Agreement and co-operation from the Director of Family Court Counselling Services to provide appropriate resources to assist me to check my cases against the Family Court data base, in order to see how many of my cases had used the Family Court.
- Agreement from the convenor of the Homicide Survivors' Group, for me to attend a meeting, and invite survivors to participate in the research.
- Agreement and co-operation from the Justice Department's Director of Custodial Services, in contacting prison superintendents to seek their support and co-operation for the research.
- Agreement and co-operation from prison superintendents in contacting key prisoner services staff (educators, psychologists and social workers) and asking them to assist me in accessing perpetrators.

- Agreement and co-operation from key prisoner program staff in approaching suitable prisoners to seek their participation in the project, arranging meetings for me with those prisoners, arranging access for me into the prison and arranging interview facilities for the research interview.
- Agreement and co-operation from perpetrators to be interviewed about their experience.
- Agreement and co-operation from survivors to be interviewed about their experience.
- Further approval for extended access to Coroner's data in order to establish race of victims.

Each of these tiers required the establishment of trust and the building of relationships, in order to achieve the desired outcome, and was made more difficult because often this had to be done by telephone due to distance, time constraints of the individuals concerned, or in the case of prison staff, the distance most prisons are away from the university, and the difficulties in gaining access to the institutions. At times the tiered process became very complicated and time consuming, especially with the larger bureaucracies.

One example of this was in dealing with the Police Service. Having initially been promised co-operation from operational police in accessing the data, and having been provided with some of this, I was then referred to the Crime Information, or statistics unit, who were to provide the missing information to me. This immediately changed the tone of the interface between the Police Service and me. This unit was understandably concerned about the effects of privacy legislation, which it was thought was soon to be introduced into State Parliament, in order to bring Western Australia into line with other Australian states (Office of the Auditor General 2008). Such legislation could have a major effect on what research was carried out and who would be allowed access to data held by government departments. The unit sought advice from the Service's legal team about whether the requested information should be provided. The advice given was that the data should not be provided unless all

identifying information was removed. This was contrary to the earlier undertaking, which had been given to me.

The research now came to a halt while all identifying information was removed from the data. Finally a list of offence numbers was supplied with a bundle of offence reports that was intended to include all cases of spousal homicide and familicide within the given timeframe. However, when these were examined it was clear that some offence reports had been supplied for offences outside the requested timeframe and some reports pertained to offences, which did not meet other criteria for the study. There were many offence reports missing, and it was clear now that time would not allow for this task to be re-visited, even if it could be successfully negotiated. It was clear that a major change in method was needed, and that this had to be negotiated very quickly, if the study was to continue. Again, I was fortunate to receive the assistance I needed, and WAPOL provided me with the necessary assistance to ensure I was able to include each case, although I was not able to obtain every offence reports.

The collection of data was always conditional upon the ability of the researcher to negotiate with and gain approval from a total of five different state government departments and agencies through their respective and ethics committees, some of which had subordinate sections, which also needed to approve aspects of the methodology. At one point the time taken in gaining approvals, threatened to jeopardise the completion of the study. Fifteen months into the study, despite much work in preparing submissions, attending meetings and responding to questions about the methodology, the only approval that had been gained was the University's Human Research Ethics Committee. It took eighteen months before the necessary approvals were gained and an additional approval was sought almost four years into the research when data on race of victim was proving difficult to access.

Once initial approvals had been provided, it was anticipated that data collection would be initiated fairly quickly, but this was not to be the case. The advice initially provided to me that police data could be easily cross referenced with the then Department of Justice's (which included Corrective Services and therefore was responsible for prisons) data thus providing access to perpetrators proved

incorrect, and more precious time was consumed in addressing the difficulties and negotiating alternate methods of linking the data. The co-operation and advice of the staff of the Justice Department was critical at this point, and if not for their efforts, the study would not have been able to achieve the breadth it finally did. Even so, in contrast to what I had originally proposed, it was nearly two years before access to perpetrators was begun.

Data was obtained from perpetrator and survivor interviews, police offence reports, coronial records, Family Court records, newspapers and the electronic media archive, "Factiva". Due to the sensitivity of the topic, neither perpetrators, nor survivors, were contacted directly. In each case they were contacted through a third person known to them. In the case of perpetrators this was a professional member of the prison staff. In the case of survivors it was a counsellor from the Victim Support Service, a member of the Homicide Victims Support Group, or a family member.

Detours and Diversions

Although whilst waiting for police data, I had begun to track the offences by using the electronic newspaper archive database "Factiva", this proved less than efficient and whilst the information gained reduced the number of missing cases, there were still many which could not be found. I requested another meeting with the operational police, who once more were very supportive of the research. I explained the problems in being referred from one section to another and the time this was taking. This time I was given further assurance that the research was valued and that support would be provided in the form of immediate practical assistance to track down the missing cases and provide access to the required data. This undertaking by Police was invaluable. In two weeks the data set was complete and validated, but many months had elapsed it was now December 2005 and the research was now six months behind schedule.

In the meantime I had decided to move forward and see what information could be gleaned from the limited access I had to the Coroner's records. Although this enabled me to progress data collection in some cases, not all could be located as I had insufficient information in some cases to undertake a search. By now

the Police had located the missing cases, but unfortunately it had not been possible to obtain all the missing offence reports, and so a large amount of relevant and important data were missing. In some cases I had a summary of the circumstances preceding the offence, and the demographics pertaining to victims and offenders. In others I had very little information other than the fact that an offence had happened on a particular day and in a particular location.

The question now was how to fill in the gaps as best as I could, whilst ensuring the research remained worthwhile, and maintaining the timeline for the study. I trawled back through my data adding any new information and returned again to “Factiva” the electronic media archive to try fill in the remaining gaps from newspaper reports about the offences and criminal proceedings in relation to them. By now I had identified all the names of perpetrators and victims, so I was able to do a more focussed search of this data base. Even so some cases were not recorded on “Factiva” and so I then returned to the Coroner’s indexes and registers to collect what I thought would be the last of the missing data.

Missing Cases

Some of the cases identified by me from “Factiva” as spousal homicides did not appear in the police data. This was unexpected because the Police Service is the primary collection point for homicide data, and I had assumed it would be accurate because police officers are usually called to the scene immediately a murder takes place or a body is found. I was unaware that in some cases information was missing because the victim had died some time after the attack, and the offence was still recorded as the original offence entered on the data system as grievous bodily harm. In another case the callout to police was to a suspected burglary, which did not appear at first to be a homicide, when the homicide was discovered it was some time later and the original record of burglary on the data base was not amended. These are typical of problems that can occur in any large data system dealing with complex information relating to incidents of human interaction. The Western Australian Police Service is constantly working to improve the accuracy of its data collection, and this provides an ongoing challenge, due to the nature of offending, the numbers of staff involved, the high mobility of police officers and the shiftwork nature of their employment.

Delays in Justice

Another example of the difficulties encountered was in relation to the then Department of Justice. Access to records held by the Department of Justice posed some particular problems. Each section of this department including the Family Court had previously had individual ethics committees, but at the time the research was undertaken, there was a process in train to convert this system to one where an overarching ethics committee would deal with applications for the whole department. However, individual ownership of this responsibility had not yet been fully rescinded and thus I needed to negotiate with a dual process at times, which served to highly complicate matters. I had begun preliminary discussions with this department, in March 2004 whilst waiting for the University Human Research Ethics Committee to process my application.

By the time this had taken place, it was almost Christmas and several of the Justice Ethics Committee members were on leave and not expected to return until February. The Department was intending to cancel the January meeting and I was asked whether I would consider delaying my application until their return in February. Whilst concerned about yet another delay I decided to do this in the spirit of co-operation, as the maintenance of good working relationships is so essential to this type of research and I could appreciate the difficulties which may have ensued should I have insisted that the submission be dealt with given the absence of several members of the committee including the Chairperson.

Problems in Prisons

Unfortunately however, delaying the submission proved to have unforeseen and serious consequences, as two things happened in the prison system before the February meeting, which made it more difficult for researchers to access prisoners. Firstly, an inmate sexually offended against a female staff member, holding her hostage for hours before releasing her, and secondly, whilst the system was still recovering from this incident, a convicted murderer escaped from a minimum security prison, and managed to evade recapture for months.

Either of these events would be sufficient to trigger a significantly negative media response, but as they occurred in close proximity the Justice system became the focus of much criticism in terms of its operational policies and procedures. The Justice portfolio is always highly politicised and is a very sensitive area, so naturally the bureaucracy went into damage control and responded predictably by becoming less accessible to outsiders. I was informed it was very unlikely that any researcher, but particularly a female researcher, would be allowed entry to the prison to interview homicide perpetrators in the foreseeable future.

I was in no doubt that I was expecting a great deal in asking authorities to trust me enough to allow me entrance to prisons and contact with prisoners given the political climate at the time. However, I was able to build sufficient trust within the organization to get my application reconsidered and the problems were eventually overcome, but again this took valuable time, more negotiating, more telephone calls and more meetings. I determined that I would do my utmost not to jeopardise the decision made to allow the research to continue, as I was aware that if I made an error of judgement and caused a security problem, this would not only damage my research irretrievably, but it would have the potential to negatively impact on further attempts by myself and other researchers to enter the prison system.

Prior to me contacting each prison, the Department of Justice's Ethics Committee put me in touch with the Director of Prison Operations. After meeting with me to discuss the research proposal, he wrote to each superintendent, to advise them of the project and seeking their co-operation. I then initiated contact, prison by prison, engaged and built rapport with the superintendents, explained the details of the project to them, and sought their assistance to recruit participants. Following this, I was put in touch with the relevant program staff in each institution. Relationships were built carefully with program staff, who were the psychologists, social workers, or educators in each of the prisons, where perpetrators were housed, and who knew each offender well. A total of five separate maximum security prisons, were involved at this stage of the study. These professionals then approached the homicide perpetrators known to them, to attempt to recruit them for the study, on my behalf. All in all I needed

to build relationships with approximately fifty people in order to gain access to perpetrators and survivors.

Zig-Zagging through the Maze

In the middle of all the negotiations and the halting zig-zag progress I had begun to obtain access to prisoners and shortly afterwards to survivors. It felt like I was trying to complete a difficult jig saw puzzle in separate chunks without having any edge pieces or being able to see the picture on the top of the box to know what it was supposed to look like. My fear was that I might get part of the way through the puzzle and then be denied access to the remaining pieces, so that the chunks that I had worked so hard to complete would be rendered useless by their lack of connection to the whole. This was anxiety provoking, because it was this very interrelatedness that I was trying so hard to capture by using a multi-method approach.

In spite of my anxiety, I knew I had to proceed very carefully and could not afford to risk being seen to betray the trust and confidence shown in me by so many. There were some things that simply could not be hurried, because the process of negotiating was what allowed relationships to be built (albeit sometimes on eggshells in a minefield) and through them, for trust to be established. Whenever impatience threatened I reminded myself of the need to successfully negotiate the appropriate presenting edge of my time cable (Hoffman 1982) before attempting to move to the next.

Qualitative Data

Interview Schedule

A semi-structured approach was taken to the interviews, using similar but different interview schedules for perpetrators, victims and survivors which were specifically devised for this purpose (See Appendix 3-4). Domains covered by the interview schedule included an initial section on demographics, and questions related to the status and nature of the relationship between the perpetrator and victim, including whether or not there had been a separation. Questions related to the history of substance abuse and mental illness, and of family and domestic violence, including threats to harm self and others, the nature and status of the relationship between perpetrator and victim, the

existence of previous violence in the relationship, the history of substance abuse and/or mental health issues in both the perpetrator and victim, previous contact with a range of community agencies and services including police and the courts and the effects of the offence.

Perpetrator Interviews

The term “perpetrator” is used in this research to refer to an offender who has been convicted of killing or has attempted to kill. With regard to familicide it is also used to refer to offenders who have suicided after murdering their loved ones and therefore have not been convicted of the offence, but have been deemed responsible for their murder, either by police or a coronial investigation. Surviving perpetrators were only contacted through the Department of Justice. Only those who had been convicted, were not subject to appeal against conviction, and who were still incarcerated were contacted. The police were unable to provide names of those prisoners charged with the offence, and on remand awaiting trial, due to privacy provisions, as even though they are the primary suspect, they are deemed innocent until the outcome of the court case is known.

The Department of Justice would not give permission to contact those offenders on community supervision such as parole as it deemed the interview may have a de-stabilising effect on such individuals and that provision of appropriate counselling and support services could be problematic in this circumstance. Therefore, only those perpetrators serving the custodial portion of their sentence were interviewed. Interviews took place at the prison where each was incarcerated. Indigenous offenders were not contacted as the stringent conditions for research involving Indigenous communities were not able to be complied with in the time frame allowed for the study. No participant was aware of who else had participated except where a perpetrator referred me to their own family members. There was no attempt made nor was there any intention to match survivor interviews with perpetrators interviews.

Initially, it was necessary to link with the Justice Department’s centralised research and policy unit, which oversaw any research undertaken by external researchers. With the permission of the Police Service, the names of all perpetrators of spousal homicide and familicide offences which had been found

through searches of the police data base and newspaper archives were then provided to the Corrective Services Division of the Justice Department, who then removed the names of Indigenous perpetrators from the list consistent with ethical constraints previously mentioned. Once potential respondents were located at the various prisons a liaison person was identified for me to contact in order to discuss the research project and how participants could be accessed.

The name of each prison, which housed offenders meeting the criteria for the study, was then provided to me. The next step was to contact each superintendent and make individual arrangements with each, to liaise through a prisoner programs person in that prison. After discussions with each of the senior clinicians in each of the prisons, where potential respondents were located, arrangements had to be made for the clinician to approach the individual prisoner, advise them of the research process, provide them with a copy of the Information Sheet (see Appendix 1) and the Informed Consent Form (see Appendix 2) and invite them to participate. An information sheet for participants and an Informed Consent Form was provided to potential participants at this time. In the men's prisons the process seen as most appropriate was for the therapeutic program's psychologist or social worker to approach the prisoner, individually. The process was quite different in the women's prison, where women serving sentence for murdering their husbands were invited by therapeutic program staff to meet in a group with the researcher to discuss participation. In this context, the method was seen as most appropriate as potential respondents were all serving lengthy sentences and were housed together in a long term unit of the prison, where they were all well known to one another.

Once this had been done appointments were made for the prisoners who wished to participate to meet with me to participate in the interview. Prisoners were advised that the study was independent of the justice system and that participation was free of inducement of any kind, would not have any effect on their sentence or the conditions under which they were incarcerated. A number of offenders were excluded from the research. Those excluded were those who:

- Were Indigenous
- Declined to participate
- Were in denial of committing the offence
- Were on remand (and therefore had not yet been tried or found guilty)
- Were appealing against conviction
- Had been given a community sentence such as probation
- Were suffering current psychiatric illness
- Were considered by staff as too emotionally vulnerable to participate
- Had been found not guilty by reason of insanity
- Had proceeded to parole
- Had proceeded to freedom
- Had committed suicide whilst in prison
- Had died of other causes whilst in prison

This apparently convoluted process was a most appropriate way to proceed, because in a prison environment trust is a major issue, and outsiders are generally treated with suspicion. It necessitated me building relationships with many different individuals in different locations and gave the prison system the opportunity to gauge my trustworthiness prior to me accessing prisoners. Whilst very interesting, this work was quite time consuming, as most of the prisons are located in the outer metropolitan or country areas and it was not unusual for me to have to visit each prison several times before gaining access to a respondent.

Although prisoners appealing against the length of their sentence were included in the study, it was deemed inappropriate to approach prisoners who were either on remand or appealing against conviction. There are ethical, legal and practical implications for research including prisoners who have not yet been convicted or who may be appealing against conviction, as should they not be found guilty of the offence or should the conviction be overturned, they would not meet the criteria for the study. Prisoners claiming to be innocent would be very unlikely to want to discuss how the homicide had occurred as they would in some way be disputing their involvement and/or culpability in the matter. Appeals in serious criminal matters including homicide may take many months, and sometimes years to progress through the courts.

Twelve homicide perpetrators, eight men and four women, all of whom had murdered their intimate partner (except for the one who had killed an ex-partner's new lover) were interviewed and asked to complete the Child Trauma Questionnaire. Data from all sources was compiled and vignettes taken from this to illustrate the essence of the findings, and to add breadth to the characteristics of the typical case in each category. Collecting data from a number of very different sources, was seen by the researcher, as both an effective way to triangulate the analysis and also to offer the best opportunity to gain broad and in-depth knowledge of the antecedents to each case, thereby increasing understanding of the offences and most importantly maximising understanding of the nature of the spousal relationship prior to the murder and how this may have related to perpetrator motivation.

Survivor Interviews

The term "survivor" is used in this research to refer to those family members who lived through the experience of having a loved one murdered by another family member. Eight survivors were interviewed and in most cases they were a parent of either the perpetrator, or the homicide victim, but in others were members of the extended family in which the offence occurred. I did not make direct contact with survivors due to the sensitive nature of the topic, but rather promoted the research through contact with the Victim Support Service, a state government agency specialising in trauma support to victims of crime. The VSS then referred me to the Homicide Survivors Group who raised the topic with their members and subsequently invited me to attend one of the meetings, explain the research and invite survivors, who met the criteria for the study, to participate in the study.

As word of the study spread, some survivors made it known to the researcher through others that they would like to be included in the study. This was only pursued if the individual was able to show that they were already linked into a counselling service or support agency such as the Victim Support Service, had access to a therapeutic relationship, or where they reported receiving the support they may need from within an existing social network, which could assist them in the eventuality that the interview were to reactivate the trauma of the offence.

Survivors were offered the choice of being interviewed in their own homes, at the university, or in another place of their choice. In each case they chose their own home as the venue. This provided a very personal context, there were usually photographs of the victim, and their extended family, personal mementos and sometimes I met other members of their family in addition to the respondent. In this context, I found the deceased person to remain very much present in the physical space, thoughts and actions of their loved ones following the homicide (Johnson 2007:121-134). Each survivor was interviewed once and the length of these interviews averaged about one and a half hours. Interviews were intensely emotional for participants.

Newspaper Articles

Original newspaper articles that reported intimate partner homicide or familicide in Western Australia were collected wherever possible and were used to provide additional information to that collected from official sources.

“Factiva”

“Factiva” is an online data base which has been compiled from newspaper articles. It can be accessed through academic libraries or by subscription. Whilst waiting for the problems in data collection with the police to be resolved, and because of the time lost by delays in dealing with the relevant bureaucracies, I began to access what information I could about the offences using the “Factiva” online database. Western Australian newspaper and electronic newspaper archives were searched using the “Factiva” online media database. I used the keywords, “spousal” and “homicide” and/or “husband” and/or “partner”, to search Western Australian newspaper records for the time frame 1996 to 2005. This took many hours of painstaking work, but was productive, and the data obtained was very useful. It was this process which led to some cases being identified as spousal homicide which had not been included on the original list provided by police.

Quantitative Data

Child Trauma Questionnaire

Perpetrators were asked to disclose their history of childhood trauma by completing the Child Trauma Questionnaire, (Bernstein and Fink 1998) which is a structured psychological test used to retrospectively measure trauma. The

C.T.Q. measured trauma over five domains which were, Physical Abuse, defined as bodily assaults on a child by an older person that pose a risk of, or result in, injury; Sexual Abuse, defined as sexual contact or conduct between a child and an older person, with explicit coercion seen as a frequent but not essential feature of these experiences; Emotional Abuse, defined as verbal assaults on a child's sense of worth or well-being, or any humiliating, demeaning, or threatening behaviour directed towards a child by an older person; Emotional Neglect, defined as the failure of caretakers to provide a child's basic psychological or emotional needs, such as love, encouragement, belonging and support; Physical Neglect, defined as the failure of caregivers to provide a child's basic physical needs, including food, shelter, safety and supervision, and health (Bernstein and Fink 1998:2).

Reasons for Using the C.T.Q.

Practitioners who have worked with violent offenders, have long been aware of the common threads of childhood abuse and emotional neglect, which often run through their life stories (Pincus 2001:157-177). Recent and extensive United Kingdom research into the life course of men convicted of murder using case file analysis, where those files contained a range of professional reports and interviews with the offenders, has shown that those men characterised by early onset offending (before age thirteen years) had a history of numerous problems in childhood and adulthood; whilst those who began offending later had histories of relatively unproblematic childhoods, followed by problematic adulthoods. However, in their study the no-offending group had reportedly relatively unproblematic childhoods and adulthoods and the bivariate analysis used suggested that intimate partner homicide may characterise this group (Dobash, Dobash et al. 2007). This brings into focus the need for research that goes further than official files, as not every child who is abused comes to the attention of the authorities.

In view of the above, and the particular focus of the primary research question on childhood trauma, it was deemed appropriate to employ a psychometric assessment, to identify the possible presence of childhood trauma with the study population of perpetrators whom I intended to interview. Whilst in clinical practice this instrument may be used as an initial screening tool for childhood trauma, the application of which may be followed by more specific and focussed

assessments; in this research it was employed as an adjunct to the in-depth interview, both to ensure that childhood trauma was identified where this was a factor, and to confirm any indications of childhood trauma which may be elicited.

I also chose the Child Trauma Questionnaire, because it provides a clear distinction between the domains of emotional abuse and emotional neglect, includes the domain of physical neglect, and allows a more precise characterisation than some other assessment tools of the severity of the trauma experienced (Bernstein and Fink 1998:3). In attempting to identify the long term antecedents to intimate partner homicide and familicide I thought it important to be able to clearly identify the types and extent of trauma which may have been experienced.

The C.T.Q. is generally considered to be a relatively non-intrusive instrument and given the vulnerabilities of perpetrators in the prison environment this was another important consideration. It has also been found to promote greater reporting of childhood trauma compared to standard clinical intake procedures (Bernstein, Pogge, et al. 1995) and given the prison culture of not discussing painful experiences, a test which promoted greater reporting was considered to be an advantage. Another major consideration in selecting this particular test was that the C.T.Q. is easily and quickly administered. As the time available to interview perpetrators in the prison setting was likely to be short, and the conditions under which the test would be administered likely to be less than ideal, (for example privacy would be limited by the need for security) this was another factor which supported the use of the C.T.Q. in this setting.

In summary, the C.T.Q. is a retrospective self-report instrument, which encompasses a wider and more comprehensive content coverage than some other measures of abuse, by including the additional domains referred to in the maltreatment literature, of emotional abuse, emotional neglect and physical neglect, which are often omitted from maltreatment assessment tools. This was seen as important in this study, as problems in attachment may not necessarily originate from either sexual or physical abuse, and may have their origins in emotional abuse, emotional neglect or physical neglect, although these may be concurrent with other forms of abuse.

Validity and Reliability

The C.T.Q. has good construct validity, as well as content validity, having been tested with three very different samples, adult substance abusers, adolescent psychiatric inpatients and college undergraduates and female HMO Members “normal” (i.e. non-clinical members of a health maintenance organization). It consists of five scales for maltreatment: Emotional Abuse, Physical Abuse, Sexual Abuse, Emotional Neglect and Physical Neglect, each with five items relevant to that scale, plus a Minimisation/Denial Scale consisting of three items (Bernstein and Fink 1998:22-27).

Reliability was also good with an internal consistency rating of between .84 and .94 on emotional abuse, .78 and .92 on physical abuse, .72 and .96 on sexual abuse, .81 and .93 on emotional neglect, and .60 and .83 on physical neglect. The test re-test reliability was also good with high levels of intra class correlations between the first and second testings. First and second testings varied between 1.6 months and 5.6 months (mean=3.6 months, SD=1.0). Results were; Emotional Abuse, $r = .80$; Physical Abuse $r = .80$; Sexual Abuse $r = .81$; Emotional neglect $r = .81$; Physical Neglect $r = .79$. Overall $r = .86$ indicating a very satisfactory stability of response (Bernstein and Fink 1998:22-23).

Administration

There were no in-depth prior discussions with respondents about childhood trauma, as such discussion has been shown in the past to influence responses (Bernstein and Fink 1998). However, the instrument was administered following the in-depth interview, rather than prior to it, as prison culture is one where painful experiences are seldom discussed, and if they are mentioned, it is usually only within the context of a trusting relationship. As I planned to have just one interview with each respondent, I hoped that the process of the in-depth interview where some sensitive issues including the events leading up to the homicide would be raised, would allow each offender to build sufficient trust to facilitate disclosure, thereby maximising the chances of obtaining reliable responses from the use of the C.T.Q. Literacy in the prison population is a significant problem, therefore I provided the option for each individual to complete the test themselves, or to have me read the questions to them and record their responses on the self report inventory. Prisoners cannot be left in a room unattended, so after gaining written consent I provided the test and a pen

to each participant who opted to complete it themselves, and remained with them whilst it was completed.

Police Data

Documents accessed from the Western Australian Police Service consisted primarily lists of homicide offences by year. The quantitative data retrieved from this source consisted of perpetrator-victim characteristics, including demographics of offender and victim, and offence characteristics, including weapon used, method of homicide, method of suicide, where the offence took place and the geographical location. Some data were extrapolated from offence reports completed at the time that police attend the crime scene. These reports contain the details of when and where the offence took place. They usually contain demographic details, for example the age, and racial appearance of the victim and perpetrator and their relationship to one another. They also include details about what if any weapon was used. There is also usually a short narrative that provides information about the immediate antecedents to the crime, however as there were many offence reports missing, much of this data could not be obtained.

Coronial Records

Records initially accessed from the Coroner's Office consisted of index cards, with limited primarily demographic information and later in the process some limited access to victim's files.

Department of Justice Records

Department of Justice records were not accessed by me directly but information was provided, by the Department which enabled me to determine in which prison perpetrators were incarcerated and which of these may be suitable to participate in the study. No Indigenous prisoners were included as there was insufficient time to form an Indigenous steering committee, or to address the particular ethical concerns, which arise when studying Indigenous communities.

Family Court Data

As the risk of intimate partner homicide and familicide are seen to escalate when a couple separates (Campbell 1992:106-107 Johnson 2005:134-136) I thought it was appropriate to determine whether any of the couples had contact with the Family Court prior to the offence. The Family Court data base was also

accessed indirectly in order to check whether any of the couples had been involved in a court process prior to the offence.

Data Analysis

As the data was compiled from so many different sources and not all sources had data on each case, a working file was developed for each offence in which was recorded the police offence number. All data pertaining to each case was placed in the file as it became available. A pseudonym was then assigned to victims and perpetrators and later, as I completed their interviews, to survivors. Computerised spreadsheets were then prepared for each of the offence cohorts. Later a comprehensive spreadsheet of all the aggregated data was compiled for each offence category. Disaggregated data for each of the offence categories was then extrapolated to enable charts and figures to be compiled wherever it seemed likely that this would help to clarify the findings.

Alongside the collection of other data, the material gathered from interviewing perpetrators and survivors was used to identify themes across each homicide category, and to provide more detailed information about the antecedents to the offences, and the motivation of the perpetrators. In the past, motivation of perpetrators has been largely a matter of conjecture, as they are seldom interviewed as part of research into intimate partner homicide and in those cases where the offender suicides following the murder, and of familicide, they are not available to interview unless the suicidal act is unsuccessful. Typed records of interviews were kept separately for each respondent. In the case of perpetrators these were kept with their CTQ results.

Information from survivor interviews was arranged in themes it was intended that presenting the data in this way was consistent with the stories told to me and the nature of the material elicited in the interviews. It was intended that this strategy would also help preserve anonymity for interviewees.

I found as I had done in prior research (Johnson 2005:28) that it was not possible to transcribe them immediately. Sometimes interviews were left for several weeks before I felt ready to review and transcribe them due to the

emotional nature of the interviews and to some of the traumatic material they contained.

Summary

In this exploratory study, I gathered data from a range of sources including official documents, media reports and in-depth interviews. Initially, it was not clear how much of the research data might be obtained from each data source, about each case and as I wanted to obtain as much data as possible, the “bricoleur” approach proved useful. Rarely did all sources hold information about any one case, and the volume of data varied greatly between cases. Because of this and had the “bricoleur” approach not been employed, it is doubtful whether the research would have yielded enough information to make it worthwhile. Obtaining the quantitative data from a range of documentary sources proved effective because it enabled me to minimise the missing data. Interviewing perpetrators and survivors proved to be a focussed and effective method of obtaining qualitative data about the short and long term antecedents to the offences, and provided rare insights into the lived experience of each of these cohorts.

CHAPTER FOUR

Intimate Partner Homicide

Introduction

This chapter presents the data on intimate partner homicide and consists of the bulk of the research data, reflecting the preponderance of intimate partner homicide in the data set. It does not include data in relation to intimate partner homicide followed by suicide, which is presented in Chapter Five.

I begin by referring to the literature on intimate partner homicide and the contributions made by different disciplines to understanding the offence, an offence that has attracted interest internationally amongst domestic violence researchers and criminologists. I then progress to describing and explaining some of the difficulties in defining the offence. These related to the lack of definitional consistency between jurisdictions and between studies, and were also dependent upon who was defining it, from what perception they were making the definition, and for what audience.

As with most studies of homicide, which rely on quantitative data, offence characteristics and perpetrator-victim characteristics will be presented and discussed, to provide the overall picture of intimate partner homicide in Western Australia during the research timeframe; the context for the offences will be also be presented to provide insight into the lived experience of perpetrators and survivors in the tradition of qualitative research. This will include words quoted directly from their in-depth interviews.

Seeking Explanations for Intimate Partner Homicide

The literature on domestic violence and on homicide from the early and ground breaking work of Wolfgang (1958) through to the long term work of Daly and Wilson (1988); Dobash and Dobash (1984); Dobash, and Dobash et al. (2004); Polk (1994); Websdale (1999) Wilson and Daly (1992); Wilson, and Daly et al. (1995) and more recently Brookman (2005) and Dobash, and Dobash et al. (2007) tracks the development of the study of homicide and considers domestic

violence, and its most extreme form, domestic homicide, from a range of perspectives including homicide as a function of individual psychopathology (Malmquist 2006), male patriarchy (Bean 1992) socio-economic disadvantage (Websdale 1999), and as a function of human psycho-evolutionary development and of the subordination of women (Daly and Wilson 1988). Research has also suggested that the overwhelming predominance of males as perpetrators of intimate partner homicide grew out of male patriarchy, propriety, and arguably from the need for men, to ensure their genetic endowment and that property only passed into the hands of their biological progeny (Anderson and Stewart 1983; Daly and Wilson 1988; Browne, Williams et al. 1999).

It can be seen that there are many different theoretical perspectives on the causes of homicide, each of which may view the social context and/or aetiology of violence differently, and each has something unique to offer in terms of understanding this extreme form of interpersonal violence. Conceptualisations may vary depending on the discipline and epistemological orientation of the theorist. To take the most obvious examples, the disciplines of criminology, sociology, psychiatry, and psychology, each have a unique contribution to make, some of which are referred to later in this chapter, although there may be some overlap between approaches and understandings.

As homicide is a product of human interaction, therefore implying the presence of conscious, unconscious and subconscious motivation, it defies simplistic explanation. I do not find it useful to adopt a unilateral approach to the understanding of this complex phenomenon, but rather tend to draw from a range of epistemologies. In doing so, I find there may be factors drawn from different disciplines which all have relevance in trying to understand each category of homicide, or even in attempting to analyse individual cases. It is always worth remembering that in any case, the distinctions made between types of homicide events are artificial, usually imposed by researchers, the legal system, or by law enforcement agencies, and are not necessarily congruent with the way they are perceived by participants, either perpetrators or survivors.

Whilst much of the available research on homicide, particularly but not exclusively in the United States of America, concentrates on quantitative data;

(Frye, Hosein et al. 2005; McCall and Nieuwbeerta 2007; Bye 2008) there is a growing awareness, particularly but not exclusively in the United Kingdom and Australia, that the use of combined quantitative and qualitative methods has much to offer in terms of understanding the offence (Lewis, Dobash et al. 2003; Brookman 2005; Johnson 2005). Whilst quantitative data clearly is able to provide law and policy makers with invaluable data in relation to the incidence of homicide generally, such as offence details, the demographics of perpetrators and victims, and the geographical distribution of offences, which may be relevant to understanding some categories of homicide; it is less likely to be able to provide the type of detailed information about the antecedents to the homicide event, which I feel may be the key to understanding and prevention of intra-familial homicide.

In Australia there have been a number of studies of specific categories of homicide, which have combined quantitative and qualitative methods: Alder and Polk (2001) on child homicide; Eastaugh (1993) on intimate partner homicide; Johnson (2005) on familicide and Polk (1994) on male perpetrated homicide. Perhaps the most comprehensive example of using such a mixed method approach is the ground-breaking UK study "Homicide in Britain" (Lewis, Dobash et al. 2003) where a combination of case files, interviews and official statistics was used, to gain understanding of the homicide offence.

The Gendered Nature of Intimate Partner Homicide

International research has found that intimate partner homicide is a gendered offence, usually committed more by men than by women, although the extent of this disproportionate male to female ratio varies between countries and between jurisdictions. (Browne et al. 1999:144-164; Eastaugh 1993:50-52; Daly and Wilson 1988:198). Understandably, as the majority of intimate partner homicide victims are female, some researchers have attempted to explain this phenomenon from a feminist perspective. Whilst feminism covers a broad range of opinions, broadly speaking some feminists may argue, that in a male dominated society both domestic violence and spousal homicide are likely to be gendered offences, because power and control are inextricably linked to the socio-political environment in which they are manifest (MacKinnon 1998; Yllo 2005).

Therefore, this approach seems to offer an explanation for the majority of intimate partner homicide offences where the victims are women

In particular, when considering spousal homicide, and the over representation of men as offenders and women as victims, it might be argued that even when women kill their male partner, the spousal violence preceding the offence is most likely to have been perpetrated by the man. For these reasons, it may be argued, that any scholarly analysis of the offence should only take place by including a consideration of the socio-political influences that encourage men to develop proprietary attitudes towards their partners and children.

This argument is highly relevant when considering the “typical” case, where the homicide has followed a long history of violent and/or controlling behaviour by the male partner, and the homicide occurs when the man perceives his wife as removing herself from his ambit of control (Browne et al. 1999:57-58; Ewing 1997:22).

It is also relevant in explaining cases of female perpetrated spousal homicide, where there has been a history of male perpetrated domestic violence. Many cases of women killing their husbands evolve from situations where she and her children have endured years of abuse and humiliation at his hands, which may have included serious and repeated threats to her life, and usually take place when a recent escalation of his violence leaves her in fear of her own and/or her children’s lives (Wallace 1986; Browne 1987; Chan 2001). In these cases the homicide is predicated by a belief that the only way she can ensure her own, and or her children’s survival, is to kill the perpetrator first. The kind of desperation which leads to this type of homicide, speaks as much for the socio-political context in which the offender is placed, as for the particular relationship from which such lethal violence emanates. In the words of feminist writer and homicide researcher Ann Jones, these offences may indicate “shadows of profound cultural deformity,” (Jones 1994xiv)

To this date in Western Australia, it seems that men often receive lesser sentences for killing their wives than do wives who kill their violent husband. The typical scenario for male perpetrated intimate partner homicide is frequently

presented as an argument that became violent and that the male “went too far” and did not mean to kill. These cases can result in the perpetrator being found guilty of manslaughter and receiving a lesser sentence than that which might be handed down for murder.

In cases where the woman kills her husband, it is often the case that she needs to pre-meditate the killing, as his superior strength and history of violence against her, indicates that she would have no chance of winning in an unplanned physical altercation. For the women in this study this may have resulted in her being charged with wilful murder, a much more serious offence than manslaughter with a mandatory indeterminate (life) sentence. This latter scenario appears to apply more to female perpetrated non-Indigenous intimate partner homicide than Indigenous, and may relate to the somewhat different context in which these offences occur. In a recent case in Western Australia, a woman who had been beaten and terrorised before finally killing her partner was required to spend eighteen months in jail, awaiting trial, before she was finally acquitted on the grounds of defending herself against his potentially lethal attack (Gibson 2007).

Whilst useful, in providing a lens to focus on the context in which some intimate partner homicide may occur, consideration also needs to be given to those cases, where the usual antecedents to female perpetrated spousal homicide (male perpetrated violence and abuse) do not appear to have been present, and/or where there has been significant violence and abuse perpetrated by the woman. Whilst acknowledging these cases appear to be very much in the minority, they do still need to be understood, and it seems difficult to do so satisfactorily, within the confines of feminist theory alone which also fails to explain why the majority of men, living in the same socio-political environment as the killers, do not murder their wives or children, even when emotionally challenged or threatened by their wives leaving the relationship and taking the children with them. Neither is it immediately obvious as to what extent it may be relevant in explaining the disproportionately high numbers of female perpetrated intimate partner homicide within the Indigenous community in Western Australia.

Therefore, other possible explanations may need to be examined to explain this type of intimate partner homicide, but which may also have something to offer the broader understanding of homicide. In this regard it is helpful to turn to disciplines that rely on different epistemologies, in seeking to explain lethal violence, and to perhaps consider combinations of theoretical approaches to better understand the offence.

Contributions Towards Understanding from Psychology and Psychiatry

A psychological or psychiatric, perspective on intimate partner homicide may consider the influence of biological factors, which affect brain function, such as physical trauma to the brain or a chemical imbalance, which has the potential to alter perception, mood or behaviour. The existence of a diagnosed mental illness, such as schizophrenia or depression and/or the existence of substance misuse, which might increase the propensity for violence, may all be relevant factors when a person commits homicide (Laajasalo and Hakkanen 2004; Cole 2005; Simpson, Skipworth et al. 2006). When a perpetrator is psychotic, they are by definition out of touch with reality, and to varying extents, may not really be aware of what they are doing or have such a skewed sense of reality that the homicide seems to them to be justified. There are several cases in this sample in which the perpetrator was reportedly psychotic at the time of the offence. There are many more where the perpetrator was described as having suffered from depression. When a perpetrator is depressed, feeling abandoned, and thinking there is no viable future for themselves outside the lost intimate relationship, then homicide-suicide may appear to offer a solution.

Again some individuals are seen to have an antisocial personality disorder (APD), a condition sometimes referred to as psychopathy or sociopathy. This disorder is defined as “a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood”. Such people may kill for reasons, which would be morally untenable and unjustified, to the majority of the community. Typically, such individuals show no empathy for their victims and usually fail to show either shame or remorse for their actions after the event (APA 2000:701).

However, there is another group of individuals who may be at risk of homicidal violence who may never seek treatment or receive a diagnosis. They may exhibit traits consistent with various categories of personality disorder, particularly but not exclusively borderline personality disorder (BPD) (APA 2000:706-710), but manage to get through life, supported by others and by managing their symptoms using a combination of prescribed and unprescribed medications, and other substances such as alcohol and illicit drugs. It is not until they meet a major relational crisis such as rejection by, or separation from, an intimate partner that homicidal violence may be triggered.

Trauma in childhood can lead to Post Traumatic Stress Disorder in adulthood and PTSD is often found to be co-morbid with BPD (Malmquist 2006:122). Individuals with BPD are commonly seen to have histories of both childhood trauma and PTSD (Howe 2005). This is consistent with the work of the attachment theorists who have identified the way children may be traumatised by disturbances in their attachment to their primary carer (Hinshaw-Fuselier, Heller et al. 2004; Lewis and Ippen 2004) and of the neurobiologists (Perry 2005; Schore 2001). It makes sense that an individual with a heightened threshold for threat or provocation, as a result of earlier psychosocial and neurological damage possibly originating in childhood trauma, may respond with what is apparently, disproportionate anger (Schore 2001; Perry 2005).

For an individual with a history of attachment disorder and childhood trauma, the perception of emotional abandonment may cause the individual to use unconscious defences such as splitting or projective identification (see page 242-243 for an explanation of these terms) as a means of coping. This may increase the risk of violence, because in the case of splitting the other is seen as all bad, and revenge or retribution can then be rationalised as justifiable. In the case of projective identification, abusive behaviour by one partner may elicit similarly negative responses from the other, leading to an interaction characterised by negativity and abuse, with the potential for lethal violence to ensue. When experiencing such extreme threat to the survival of the self as that which may be caused by emotional abandonment, the individual's ability to self-

regulate anxiety is compromised, and as rage and depression co-exist, the risk of homicide becomes inextricably meshed with the risk of suicide.

Contributions to Understanding from Criminology and Sociology

In trying to come to grips with intimate partner homicide, a criminological perspective might take into account criminogenic features of homicide, such as demographic characteristics of both victim and perpetrator, might examine increases and decreases in rates over time and may include the influence of legal constraints such as gun laws and penalties into the analysis. Developmental criminologists will also consider the presence of life course factors such as family environment, childhood abuse, behaviour problems at school, criminal record of parents, substance abuse, early contact with the criminal justice system, mental health issues and involvement with helping professionals (Dobash et al. 2007:251-252; Tonry, Ohlin et al. 1991; Farrington and Coid 2003).

Some criminologists, particularly structural theorists, may consider the socio-economic context of both perpetrators and victims and the means or lack of means afforded to them to achieve societal goals and rewards (McCall and Nieuwbeerta 2007; Hunnicut and Lafree 2008), this can be used to explain the over-representation of offenders from lower socio-economic groups as perpetrators of homicide.

Cultural theorists may emphasise the influence of cultural norms on sub groups of society for instance, to explain the violent behaviour of street gangs (Maxson 1999). These perspectives are now being challenged by new approaches to criminology, which incorporate both the macro sociological theories and the micro interactional factors of homicide events (Brookman 2005:111). Brookman proposes that to progress understanding of the offence, theories of homicide need to focus on particular scenarios of the offence and their specific characteristics (Ibid:119).

Once more, I find that whilst each of these approaches is helpful in coming to grips with some aspects of homicide, it is far more useful to adopt a position of

multi-positionality and to consider the individual perspectives along with their inter-relatedness concurrently.

Defining Intimate Partner Homicide

The international research literature indicates some variations, in how “intimate partner” may be defined. The definition of what constitutes an intimate partner homicide varies, according to the particular agency collecting and/or analysing the data (Block and Christakos 1995; Easteal 1994; Garcia, Soris et al. 2007). This presents certain difficulties in determining how to categorise it. Furthermore, homicide survivors and perpetrators categorise the offence for themselves, and these categories do not necessarily conform to those assigned by the police, the courts, or researchers.

Professionals providing services to these discrete client groups, may also have a different perception of the offence and of the nature of the relationship between perpetrator and victim than do the police or the courts. These variations of perception, and definition, impacted on the research, and on whether or not cases were included. This was particularly relevant to the qualitative data, and so cases which did not appear in the quantitative data, became part of the study, when the perpetrator or survivor asked to be included. Later in this chapter, I shall outline some examples of this (see Case Nos 1 and 2 on pages 88-90) discuss the perceptual variations involved, and explain why I thought it important to include them in the sample.

Prior to examining the data, I was unaware of the extent of the difficulty in defining relationships, in intimate partner homicide. But these became evident, when I discovered that definitions of the relationship between couples differed depending on who was reporting it. For example, the relationship recorded by police, sometimes differed from that reported in the media, during the course of the perpetrator’s trial. This could be explained in some cases as police not having access to accurate information at the time of the homicide, or in others by evidence coming out later in court, which was at variance with that provided by witnesses at the crime scene. A researcher interviewing family members, a year or more after the offence, may be told that even though the victim had made it very clear that the relationship from her perspective had been

terminated, it had been obvious to those who knew the couple, that the perpetrator had never accepted this and had continued to behave as though the relationship was current, or that a reconciliation was imminent, in spite of having been given many messages to the contrary.

Attempts to categorise relationships may also have been hindered by the lack of definitional consistency between studies (Zahn and McCall 1999). But it was not just the perpetrator-victim relationship that was subject to differing definitions, in some cases there was confusion about the relationship ancillary victims had to the intimate partners. It was clear that other males, who existed in the social milieu of female victims, could sometimes be seen as rivals by the male perpetrator, even when there was no evidence of this having been the case.

Then again, individuals are not always monogamous, and separations are sometimes preceded by one partner engaging in another relationship, whilst still involved with a previous partner. It is possible that such relationships, particularly in their early stages, may remain clandestine with few, if any outsiders being aware of them. Zahn and McCall also found that the “motive” for a homicide event and the “interpretation of the events surrounding it” are the attributions of others and may not be consistent (1999:20).

It is not clear to what extent the relationship between the couple, as recorded by police, reflects the nature of what had existed at some time previous to the offence, rather than its status at the time of the homicide. With one party deceased, the status is likely to have been recorded as experienced by the perpetrator, and it is possible that if able to be asked, the victim may have described this differently. The lack of collateral information about this may account for newspaper reports, or information provided at trial, being at variance from that initially recorded by police, immediately following the homicide. In order to gain as much accuracy as possible in determining relationship status at the time of the offence, I triangulated the analysis of data about relationship, wherever possible, using as many sources as were available to me for each case.

It is known that many couples have trial separations before finally breaking up and that in some cases successful reconciliations do take place. With regard to the relationships in this study, the victims were not able to provide their perceptions of their relationships, due to their demise, and therefore it is left to others, often the perpetrators, to define it. It has also been found that intimate homicide often ensues from a violent relationship where power and control are major issues with the male partner (Campbell 1992:106-107) and that for women in these relationships, the risk of being assaulted and/or killed by their partner, escalates when they try to leave (Campbell et al. 2003; Ewing 1997:22; Koziol-McLean, Webster et al 2006; Yip, Wong et al. 2008; Marzuk, Tardiff et al. 1992).

Some individuals simply do not accept that the relationship is over, even when there is irrefutable evidence that this is so. In some cases of intimate partner homicide the risk of homicide appears to escalate most when the man realises that his wife will not return to the relationship, rather than when she actually leaves. This explains why some women, in fear of their partner's potential for lethal violence, will not actually terminate the relationship, but will actively encourage the hope in him that it will continue, even if she has no intention of returning.

Due to variations in perceptions, there does not appear to be any real advantage in considering a relationship as being in a finite state at any particular time. However, it may be useful to consider the perception of others, particularly close relatives and friends of the couple, as well as the perpetrator, in order to try to understand why these homicides occur when they do, for it is only through gathering as much information as we can about the antecedents, that we will eventually progress to prevention of these violent, tragic, and I believe, avoidable offences.

For the purposes of this research, and in keeping with the systemic approach I took, I accepted that individuals may define the same relationship very differently, depending on their perspective, and that several interpretations may exist at any one time as to the nature of any intimate relationship. For this reason I have used the police definition where this is the only one available, but

if this differed from the description obtained during the court case, when presumably more information was to hand, then the latter was used.

Collecting Intimate Partner Homicide Data

In Australia, the Australian Institute of Criminology, through the National Homicide Monitoring Program (NHP), has collected standardised homicide data across all eight Australian states and territories since 1989. It monitors homicide data collection across all police jurisdictions, to ensure its uniformity for the NHMP. As the primary source of data for this research was the Western Australian Police Service (WAPOL) which is a participant in the NHMP, it was decided to adopt the definition of intimate partner homicide used by WAPOL to ensure consistency with that used by the NHMP. This dictated the categories of intimate partner relationship, which were included in the data set. They are:

- Spouse
- De facto spouse
- Boyfriend-girlfriend
- Extra-marital lover or partner

and include both couples whose relationship was current at the time of the offence, and those who had formerly had such a relationship.

Although initially it was intended to include same sex intimate partners, after discussions with police, the idea was abandoned. The reason for this was that on the basis of the information that would be made available to me, (by way of offence reports) it would not be possible to accurately determine same sex intimate partner relationships, because at the time these are compiled by police, the nature of these relationships is sometimes unclear or unknown, and may only come to light some time after the offence.

Dilemmas of Inclusion and Exclusion

As previously described in the methodology, all my contact with perpetrators and survivors was mediated by others, some of whom I had not met or spoken to. They made the initial contact with potential respondents and invited their participation. This placed limitations on the initial understanding these

individuals had of the study, and the level of control I had, over who would be approached to interview. This led to problems with determining which cases should be included and which excluded. I found myself, by necessity, dealing with these decisions on an individual basis, usually at the commencement of the in-depth interview, as this was usually when the dilemmas would emerge.

Case No. 1

On one occasion, whilst arranging interviews to collect qualitative data for the research, a prisoner was erroneously invited by a prison official to be included in the group of perpetrators invited to meet with me. Once she had listened to the outline of the research and heard its purpose she had requested to participate and been given an appointment. I was advised that she fitted the criteria and had no way of knowing, until the prisoner arrived, that it was not her partner who had been killed, but the partner's new lover. It was not until the interview had begun that it transpired she did not fit the criteria for the study. Once the prisoner began to describe the event, it was clear that although she had not killed her ex-husband, in the homicide event, she had honestly believed it had been his intention to kill her, or to have her killed, prior to her murdering his girlfriend.

She reported that for years preceding the offence, there had been many occasions when her husband had threatened or actually attempted to kill her. However, she felt strongly that her experience was little different from that of her peers and that the research would benefit from her participation. As with other respondents, her motive to participate appeared altruistic, as she stated her belief that her story might assist others and contribute to prevention. She explained that there were many times during her marriage where she had been beaten so severely she had lost consciousness or been choked so badly she had thought she would not survive.

On the basis of this, I decided to continue with the interview, and to use the data thus collected, in the qualitative component of the

research. I made this decision out of respect for the woman and recognition of her perception and that of the other female offenders was that the context of the offence was similar to intimate partner homicide, and that the women felt they shared a common experience. This is consistent with the theoretical orientation I adopted to the research that acknowledges individual perceptions may differ and those that have direct experience of the offence have the right to define that experience. It soon became clear that the antecedents to the offence were consistent with many of the others I had already heard, both in cases where the woman had been the victim, and in those where she had been the perpetrator. However, her C.T.Q. results were scored separately from other respondents, to ensure consistency of those data.

As in previous studies (Bean 1992:165; Ewing 1997:26-36), I was hearing both perpetrators and survivors describe that the context for homicide is usually one where violence is the norm, and that where relationships characterised by extreme abuse, usually inflicted by the male on his female partner, culminate in homicide, who actually ends up killing, and who is killed, seems superficially at least, to be sometimes purely a matter of chance. In some cases in this sample, new partners were present and became caught up in the homicidal event.

Case No. 2

In another instance, which again demonstrated the problems of inclusion and exclusion with these offences, a prisoner was referred to the study as having murdered within the nominated timeframe, but it became evident during the interview, that the offence occurred prior to 1996. All the other characteristics of the case were consistent with the criteria for the study, and again I made the decision to accept the opportunity to learn from this individual's experience, and include it in the qualitative data, rather than to adhere strictly to a pre-conceived notion about the time frames for the quantitative and qualitative components of the study needing to

be identical. This woman's C.T.Q. results are included with those of other respondents.

By participating in the research, these additional respondents added considerable depth and richness to the qualitative component of the data. I decided however, to exclude them from the quantitative analysis, so as not to detract from the uniformity of those data.

Case No. 3

As previously mentioned, the number of Intimate Partner Homicide cases originally identified as having occurred within the timeframe was changed more than halfway through the study when one case was removed from the data set. In this case, a woman had disappeared mysteriously, and her body has never been found, despite significant concerns that she may have been murdered. The alleged perpetrator (her ex-husband) was eventually charged with her murder and subsequently found guilty, but he appealed against his conviction. His appeal was successful and therefore he had to be acquitted. No other suspect has since been charged. However, with no conviction of an offender I believed it would be inaccurate to count this as an intimate partner homicide, and therefore removed this case from the data set. This left one hundred and three cases remaining.

Case No. 4

At the time of writing, there is another case in Western Australia under investigation, that also occurred within the nominated timeframe and in which initially a woman appeared to have committed suicide. Her family have since brought to light certain anomalies in her partner's evidence, which cast doubt on suicide as having been the cause of death. Latterly, there have been suggestions that her de facto husband may have murdered her. This case has not been included, as no charges have yet been laid.

Cases numbers three and four are examples of how homicide statistics can change over time. At their source, they are data collected to facilitate police operations, and homicide statistics are not usually altered when an offender makes a successful appeal against conviction, as this may occur years after the arrest and the statistics pertaining to that time frame may have already been published. Nor are they usually amended retrospectively if a murder is uncovered after the figures have been compiled for a particular year. Even though publications based on the data cannot be changed in the light of information which becomes available later, sometimes years after the offence, the reality is that actual statistics remain fluid and can change at any time, when the body of a missing person is found, when a case is reviewed, or when new evidence comes to light.

Incidence

The incidence of intimate partner homicide in Western Australia, where the perpetrator did not take his or her life subsequently, for each year within the study timeframe, varied considerably ranging from four in 1996 to fourteen in 2002. Although the one hundred and three cases of intimate partner homicide included in this data set did not appear to have any evidence of suicide or attempted suicide, either at the time of the offence or afterwards, for several reasons, it cannot be said for certain that this figure is accurate. Firstly, some offenders had already been released from prison and there was no way of knowing whether they might have killed themselves in the community. Secondly, there may have been perpetrator suicides in jail subsequent to the data being collected, which I would not have been aware of. Thirdly, some perpetrators still had many years of their sentence left to complete and the risk of suicide in jail, particularly for homicide perpetrators, can never be eliminated, and finally, others were being held in a secure mental health institution and I had no access to information about them.

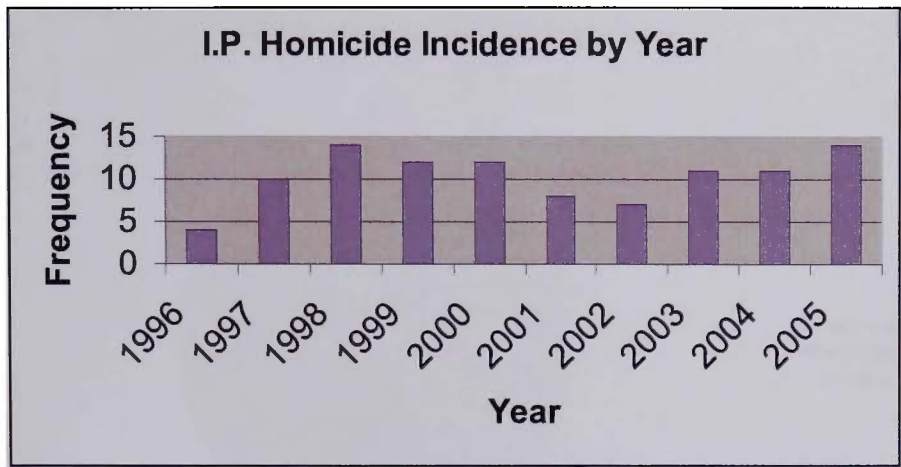


Figure 4.1: I.P.H Incidence by Year

Nor may it be assumed that suicide was never attempted in any of these cases, or that it will not occur, at some time in the future. Therefore, all that can be said is that these figures are as accurate as possible given the data available at the time of collection. Although it is acknowledged due to the reasons stated above this is not a static or final figure, at the time of writing, the total number of intimate partner homicide cases not being followed by perpetrator suicide considered in this research is one hundred and three (see Figure 4.1). Although it needs to be borne in mind that judging from the material elicited in the in-depth interviews with perpetrators there may well have been suicidal ideation, either preceding or at the time of the homicide.

Perpetrator-Victim Characteristics

Race of Perpetrators

There were forty-two (forty-one percent) perpetrators in this cohort who were non-Indigenous. The majority of these were Caucasian with a few described as “Asian” or “Maori” (Indigenous New Zealanders) and single digit figures of several other races too small to mention separately. With an “n” of fifty-one (forty-nine percent) Indigenous perpetrators were proportionally more highly represented in this cohort, than in the combined cohort, due to them not appearing at all in the homicide-suicide category. There were ten (ten percent) of perpetrators for whom race could not be determined.

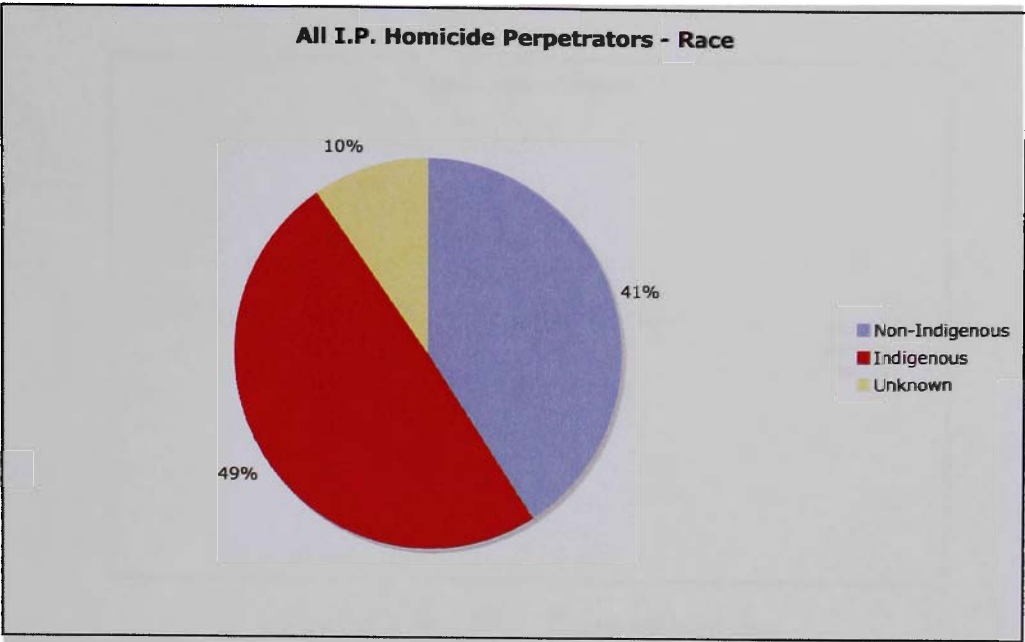


Figure 4.2: All I.P.H. Perpetrators - Race

Given the proportion of Indigenous people in the Western Australian population (three percent), see Figure 4.2., the percentage of Indigenous offenders is exceptionally high and gives rise to questions about why this should be the case. It is highly likely that the risk factor here has less to do with race per se but more to do with the history of Indigenous Australians, which since European colonisation, has been indelibly marked by dispossession, mass killings, imprisonment, removal of children and a range of other abuses, which have culminated in cultural trauma.

The failure of successive governments to address the resultant manifestation of these abuses (that is a community characterised by substance abuse, violence and offending behaviour) continues to leave Indigenous Australians in a position characterised by marginalisation from the remainder of the community, reduced employment opportunities, socio-economic disadvantage, poor housing and sub-standard health, which leads to high morbidity and high mortality (Gordon, Hallahan et al. 2002; Stanley, Tomison et al. 2003; Shire of Wiluna 2004).

Race of Victims

Predictably, given the high number of Indigenous perpetrators, the number of Indigenous victims was also high at forty (thirty-nine percent), with forty-seven non-Indigenous (forty-five percent) see Figure 4.3., There were sixteen victims (sixteen percent for whom race could not be established).

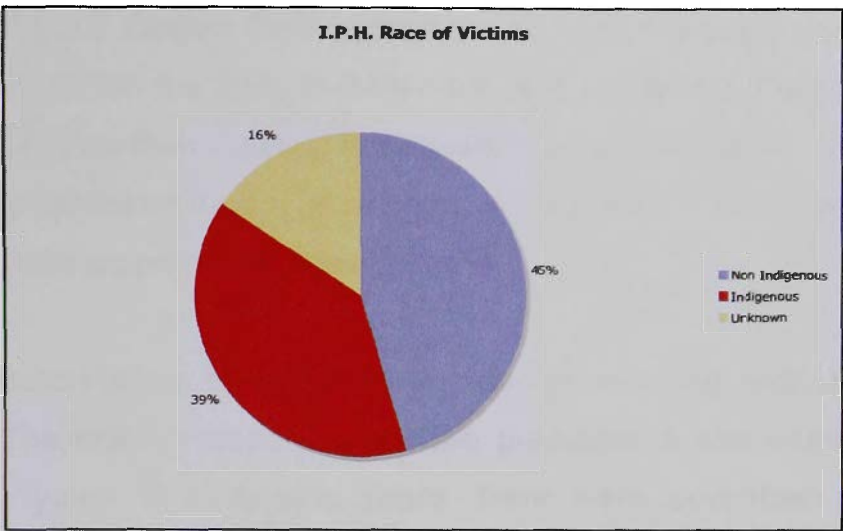


Figure 4.3: I.P.H. Race of Victims

Gender of Perpetrator and Victim

In Western Australia, intimate partner homicide where the homicide is not followed by perpetrator suicide, is an offence committed more often by men than it is by women. Seventy-two (seventy percent) of offences were committed by men and thirty-one (thirty percent) by women. The obvious corollary of this is that there were seventy-two female victims and thirty-one male victims. The proportion of female perpetrators in this cohort is greater than that in the total number of intimate partner homicide, because there were no female perpetrators in the homicide-suicide cohort.

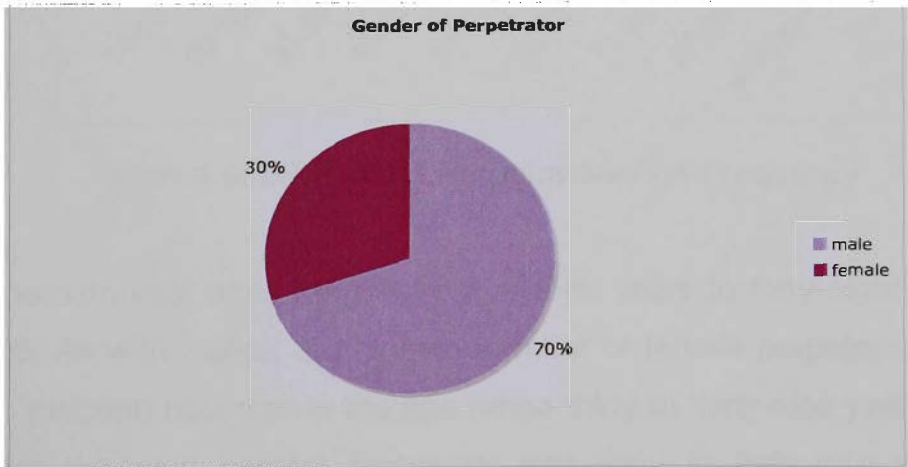


Figure 4.4: Gender of Perpetrator

Age of Perpetrators

Perpetrators’ ages ranged from sixteen years to eighty-three years, with the majority falling within the thirty to thirty-nine year age group. Perpetrators were generally older than their victims. There were twenty-nine perpetrators for whom age could not be determined. The majority of these were males (twenty-six) with just three female perpetrators’ ages unknown.

Male perpetrators’ ages, ranged from eighteen years to eighty-three years, see Figure 4.5 The highest proportion of male perpetrators was found in the age range thirty years to thirty-nine years, there were seventeen (twenty-four percent) perpetrators in this cohort. This was closely followed by the age range twenty to twenty-nine years, fifteen (twenty-one percent) and forty to forty-nine years, fourteen (nineteen percent). There were very few male perpetrators older than fifty-five years.

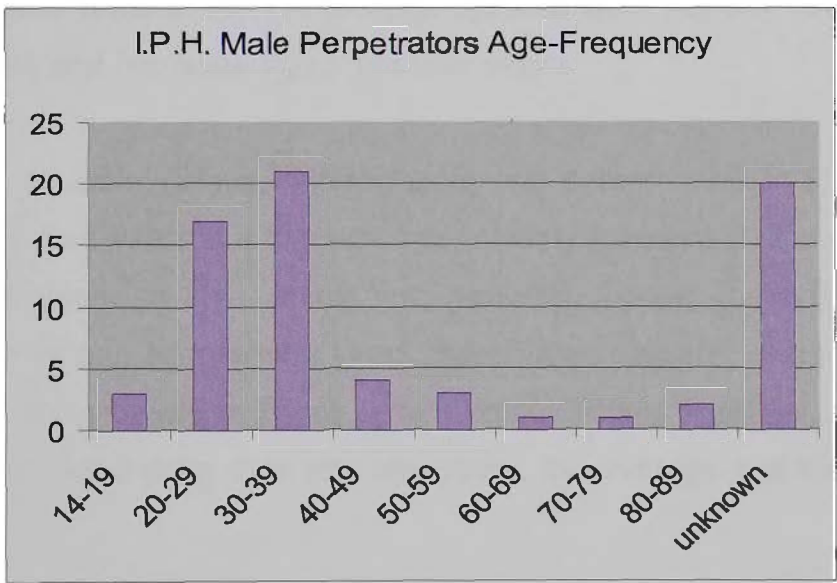


Figure 4.5: I.P.H. Male Perpetrators Age-Frequency

Female perpetrators’ ages ranged from sixteen years to forty-eight years, see Figure 4.6. As with males, the highest number of female perpetrators, thirteen (forty-two percent) occurred in the age range thirty to thirty-nine years. The age range with the next highest frequency was forty to forty-nine years, nine (twenty-nine percent) closely followed by twenty to twenty-nine year, six (nineteen percent). There were no incidents of female perpetrated intimate homicide after the age of forty-eight.

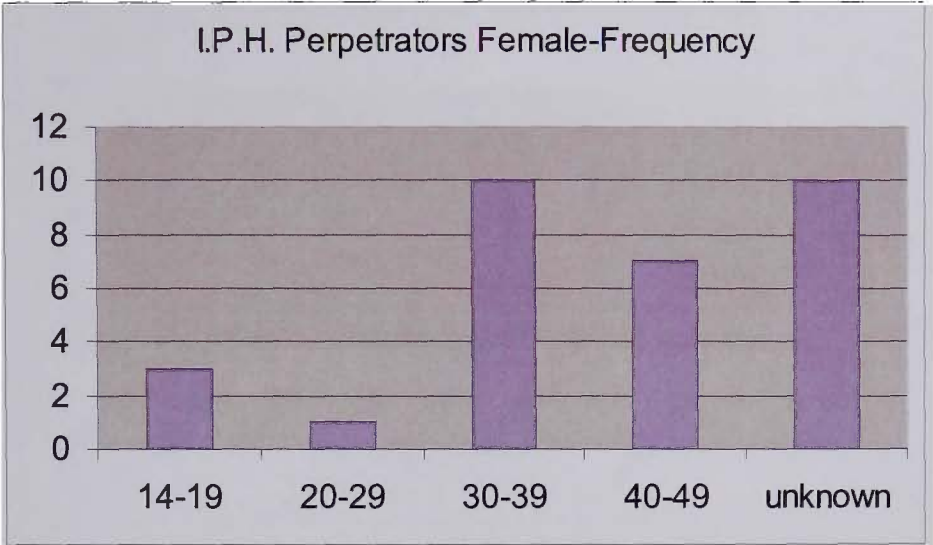


Figure 4.6: I.P.H. Perpetrators Female Age-Frequency

Age of Victims

Age of victims ranged between fourteen years and seventy-three years, see Figure 4.7. Victims were generally younger than the perpetrator, even when the perpetrator was female. All the teenage victims were female, one was aged fourteen years and two were aged nineteen years.

The majority of male victims, thirteen (forty-two percent), fell in the age range thirty to thirty-nine years but this was very closely followed by those aged forty to forty-nine years, twelve (thirty-nine percent). Fewer (seven) were aged between twenty and twenty-nine years (twenty-two percent) and only one was aged fifty to fifty-nine years. There were no male victims aged less than twenty-one years and none older than fifty-one years, the average age being thirty-six years.

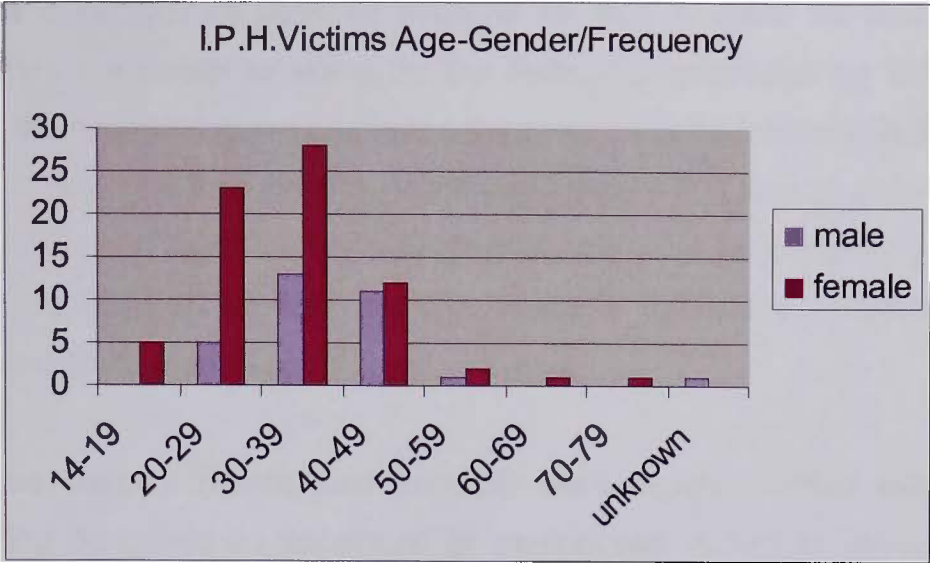


Figure 4.7: I.P.H. Victims Age-Gender/Frequency

The majority of female victims fell in the age range of thirty to thirty-nine years, closely followed by those aged twenty to twenty-nine. Very few were aged over fifty years.

Perpetrator-Victim Relationship

The majority (sixty-one couples or fifty-nine percent) of relationships in the one hundred and three cases in the spousal homicide category were recorded as de facto, with seven of these described as separated or ex-de facto, (see Figure 4.8). The high number of de facto relationships is consistent with data on spousal homicide in other Australian states and internationally. De facto relationships have been shown by various researchers to be more prone to homicide than legal marriages (Easteal 1993:59; Polk 1994; Wilson et al. 1995).

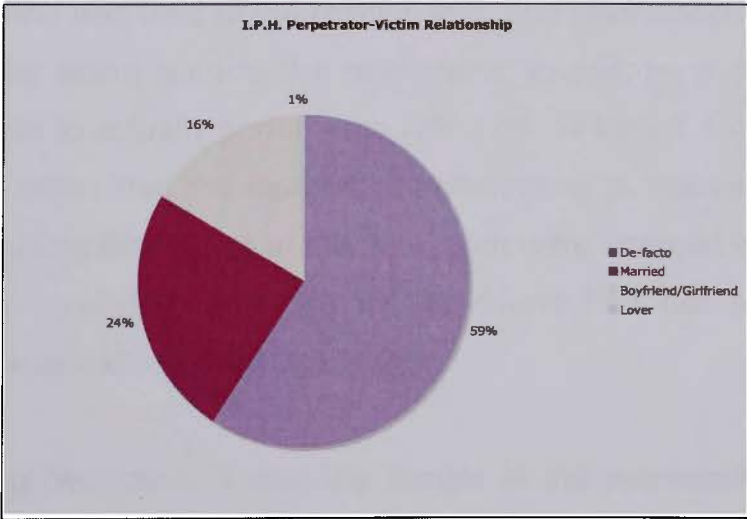


Figure 4.8: I.P.H. Perpetrator-Victim Relationship

There are a number of possible reasons for this. It could be that de facto relationships are easier to leave, or the insecurity generated by the informal nature of the relationship may increase the propensity for jealousy and resultant violence. It could be that the one of the parties may feel less of a commitment than the other, and therefore consider themselves to be freer to engage in other relationships, than if formally married. Such a difference in perception of commitment could lead to conflict and violence.

Twenty-five couples (twenty-four percent) were legally married with nine of these being described as separated or ex-spouses. A further sixteen (fifteen percent) were described as boyfriend-girlfriend with six of these described as ex-boyfriend or girlfriend. There was one couple described as ex-lovers. In total twenty-three (twenty-two percent) of couples' relationships were described as either separated or ex-relationships, which confirms that separation may be a risk factor for intimate partner homicide, but that being in a current de-facto relationship is an even higher risk.

Co-Offenders

There were a total of five co-offenders across four cases in this cohort and all of them were male. In three cases there was just one co-offender, but in the fourth case there were two. In two cases, the male perpetrator had sought assistance from a friend to commit the murder. It is not clear in the first case why this assistance was sought. In the second case, it was reported that the young woman's boyfriend had tired of the relationship, and after complaining at length to his co-offender about wanting the relationship to end, he accepted the offer made by this man to actually perform the killing on his behalf. He then stood by, whilst this man committed the murder, not attempting to intervene in any way. Both had been using illicit drugs at the time, both were charged with the offence and both were convicted, although the boyfriend had not been physically involved in the actual killing (Darragh 2005).

In the remaining two cases it was the female in the relationship who sought assistance to aid in the demise of her husband or partner. It seems that in most cases, a long history of victimisation had led the women to believe that

murdering their husbands was their only chance of escape and that they were not physically capable of undertaking this without assistance.

In one of these cases it was reported that the male victim had a history of behaving violently towards his wife. She decided she wanted him killed, after suffering years of his physical violence, but as she felt unable to overpower him physically, she therefore sought assistance from two men she had just met in a hotel to help her with her murder plan. All three were charged and found guilty as co-offenders. In the second case, a woman who often appeared with black eyes and bruising, reported to friends that although her husband was extremely violent, and she was in a new relationship, she was unable to leave him for fear that he would kill her. After enduring five years of the abuse and living in constant fear for her life, she and her lover eventually conspired to kill him, and both were charged with and found guilty of his murder.

Ancillary Victims

There were eight cases in this cohort where the homicide event included an additional victim, or as in one case, victims. In one of these a male work associate of the female victim was killed when he came to her aid after her ex-husband had handcuffed her and commenced his lethal attack. This was the case previously mentioned where the relationship between the victim and her co-worker was unclear, although it was apparent the perpetrator viewed him as a rival, and whether or not this was the case it seems that the perpetrator's perception of the relationship is what led ultimately to his death. In another case, where a woman was shot by her estranged husband in the workplace, two additional victims were also shot, but not killed. One was a customer of the business where the woman worked. The other was a co-worker.

Another five cases, including children or unborn children of the female victim, highlighted the vulnerability of children conceived in/or living in the context of their mother's relationship with a violent partner. I will now provide details of some of these cases in order to illustrate this, the first of them involved a child victim aged four years:

I.P.H. Scenario One – Jayden and Sally

Jayden mistakenly believed his de facto Sally had given information to the police about an offence he had committed. After killing Sally in retaliation for the imagined betrayal, Jayden chillingly reported he had killed the child by strangling her and striking her on the head with a baseball bat (Darragh 2005).

The second was somewhat unusual and macabre:

I.P.H. Scenario Two - Ralph and Bernice

Ralph had been sailing his yacht in an isolated coastal region with his de facto Bernice and her fifteen year old daughter. Both the girl and her mother disappeared on the three month long voyage. Initially Ralph had said nothing about their disappearance. In court he told an incredible story that his de facto partner had hung herself and he had accidentally shot the teenager moments later. It was reported that he had “attempted to cover up the murders by sinking the bodies in murky water inhabited by crocodiles and sharks, cleaning the yacht’s deck and waiting for a month before reporting the killings to police,” (Darragh 2003).

Of the remaining three cases there were two where the female victim was known to have been pregnant at the time of her murder, and therefore the foetus or unborn child died as a result of the murder. In one of these cases, the perpetrator was charged with killing an unborn child as well as with killing his partner. The following is a scenario that illustrates one of these cases:

I.P.H. Scenario Three - Tony and Julie

This case involved Tony and Julie, a young Indigenous couple from a remote community. Julie was pregnant and the couple had earlier in the day attended a health clinic for an ante-natal appointment, where Tony had told the nurse he wanted to burn his wife. Before the nurse had time to raise the alarm, the couple left, driving out of town in a vehicle belonging to their community. Shortly afterwards, they were observed at the side of the road arguing. Later, Julie’s body was found by a tribal elder. At the trial, witnesses reported hearing Tony describe his unborn

child as an emu and as the devil. Julie was strangled, shot and her body burnt in bushland by her husband. Tony was dealt swift tribal punishment, by being speared in each leg and was beaten before he was arrested and brought to trial, where he claimed to have been insane at the time of the killing ("The West Australian" September 24, 2005).

There was one case of an unborn ancillary victim, where the perpetrator was female, which graphically illustrates the violent context, which typically precedes female perpetrated intimate partner homicide. This woman had been severely beaten by her husband, including being kicked in the stomach, when he discovered she was pregnant. This severe beating, along with verbal abuse and denigration, were the precursors to her shooting him as he slept. During the interview she explained that after this beating she had finally realised that her husband would never allow her to have a child and that she was unlikely to ever be able to leave him and escape his violence. She reported taking his gun with the intention of killing herself but the gun discharged accidentally killing him instead. The court did not accept her explanation, she was found guilty of wilful murder and an indeterminate (life) sentence was imposed.

History of Violence, Substance Misuse, and Reported Mental Illness

Although there were cases where little data relating to the history of violence, substance abuse and mental illness was available, the qualitative data obtained from newspaper reports, and interviews with perpetrators and survivors, portrayed a picture of relationships where, one or both partners used either one substance or a combination of substances such as alcohol, prescribed medication (often used inappropriately), and illicit drugs on a regular basis. A range of mental health issues including depression and psychosis were reported (ten of the twelve perpetrators interviewed reported these issues) and violence frequently appeared to have been a long-term antecedent to the offences.

Offence Characteristics

Use of Weapons and Cause of Death

Not all murders involved the use of a weapon. Some victims were beaten to death, or assaulted in a way that brought about their demise, for example being

pushed from a moving vehicle. The most common cause of death was stabbing by a knife which caused death in fifty-six (fifty-three percent) of cases. Another twenty-six were assaulted, and an additional five were assaulted with a weapon. Six victims were shot and six strangled. One was run down with a motor vehicle, and one was pushed from a moving vehicle onto the roadway, one was killed with a drug overdose. In one case the cause of death was unknown.

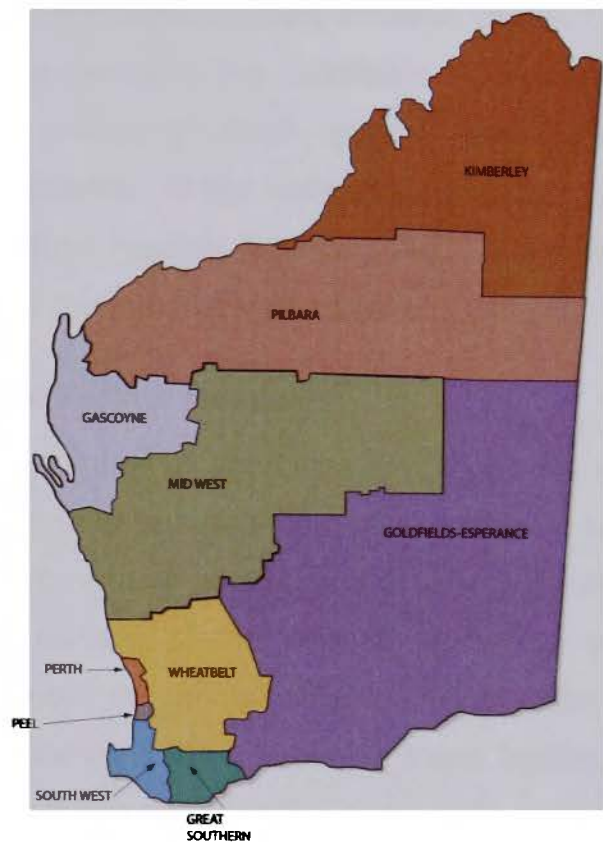


Figure 4.9: Map of Western Australia Showing Regions
(Source:[http://en.wikipedia.org/wiki/Regions_of_Western Australia](http://en.wikipedia.org/wiki/Regions_of_Western_Australia))

Where it Happened

In the case of non-Indigenous victims the majority were killed in their own homes seldom with witnesses present. If there was a witness it was most likely to be the couple’s child or children. Indigenous victims were more likely to meet their demise outdoors in a bush camp, at a remote community, or in open space. Indigenous offences often occurred in close proximity to others in the extended family or kinship group, including children, sometimes at a residence, but often in outdoor open space. The offence most commonly occurred against a backdrop of communal drinking which often incorporated violence. In some cases the victim’s condition after the lethal assault, had remained unnoticed by

others, due to their intoxication, and as a result no medical assistance was sought.

Regional Location

The most common regional location for intimate partner homicide was the suburban area of Perth. Forty-seven offences happened here with just one case in the city centre. The next most common region was the far north or Kimberley region where nineteen offences occurred, followed closely by the Pilbara (fifteen offences). There were seven in the Goldfields–Esperance region, five in the Gascoyne, three in the Great Southern, and two each in Peel, the South West and Mid West. The location of the Indigenous offences sometimes occurred some distance away from medical facilities, and it is not known to what extent this may have affected the survival chances of victims

Scenarios of Intimate Partner Homicide

I will now provide a number of scenarios of Indigenous and non-Indigenous intimate partner homicide to illustrate the typical context in which these offences occurred. It is clear from these scenarios that where detailed information was available about the context of the offence, a history of violence, chronic substance misuse, reported mental illness and children being exposed to ongoing trauma by witnessing the interplay of these factors, in the lives of their families, characterises these offences.

Indigenous Scenarios

I.P.H Scenario One – William and Janet

Janet was found lying beside William, who was asleep on the veranda of a house in a remote country town, the morning after he had punched her several times in the face and then struck her over the head with an iron picket. The next morning when Janet's sister tried to wake the couple it was found that Janet was dead (Barton 1998). The scant information about this offence is typical for Indigenous intimate partner homicide, which takes place in regional or remote areas, because such offences often fail to attract much interest in the major media outlets.

I.P.H Scenario Two – Philip and Iris

Philip and Iris had been drinking with relatives for ten hours at their home on the night of the murder. Philip could not remember anything about the offence claiming he was too drunk to have any recollection. It was believed that the couple's seven year old child was a witness to the murder of her mother. It was said at the trial that the police had been called to the home an hour before the murder, as there had been an altercation between two other family members. Philip acknowledged there had been previous incidents of alcohol related violence within the extended family (Darragh 2002).

I.P.H Scenario Three - Sean and Carole

Sean beat his wife Carole to death after a domestic argument and later called the police claiming she had had a heart attack. Twenty years previously he had beaten his first wife to death, in very similar circumstances, and made a similar claim to police about the cause of death being a heart attack. Carole sustained horrific injuries in the attack including, 250 bruises, lacerations and abrasions and several broken ribs. Sean had a previous conviction for assaulting Carole (Gibson 1999).

I.P.H. Scenario Four – Ted and Jane

In this case, the perpetrator Jane, was a woman twenty years junior to her partner Ted. It was reported that the couple had a “stormy” relationship and that Ted and Jane were involved in a confrontation, outside their house, in one of Perth's poorer northern suburbs. Ted was armed with a piece of wood. As the couple struggled, Jane reportedly stabbed Ted with a knife, and he died shortly afterwards before he could be transported to hospital (Gibson 2000).

Non-Indigenous Scenarios

I.P.H Scenario Five – Jason and Kristy

Kristy had lived in a violent relationship with Jason (ten years her senior) for years. Violence perpetrated by Jason included hitting, choking, tearing up Kristy's possessions, including her clothing, and torturing her pet. In

court she related a typical story of her partner's, cyclical violence, followed by his remorse and promises that the violence would stop.

Eventually, she realised the pattern and decided to leave the relationship. When she left Jason she did not initially realise to what extent the danger to her had escalated dramatically. Upon returning to the house next morning, she found him lying in wait for her with a knife. He grabbed her and threatened her then dragged her into the bedroom, where he had prepared ropes with which to restrain her. "When I saw the ropes I got terrified. That's when I knew it was not like before – this was serious." When Jason stuck the knife into a piece of furniture to enable him to tie Kristy with the ropes, she seized the opportunity and lunged for the weapon. In the ensuing struggle, Jason was fatally stabbed. She later told reporters, "I wanted to get a Restraining Order but I knew that would not stop him" (Gibson 2007).

On at least two prior occasions, men had tried to come to Kristy's aid when she was being assaulted, but had been chased down the street by Jason, who had in his possession an axe and a knife at the time (Gibson 2007). The police were reported to be probing into several recent suspected domestic violence reports and had reportedly been called out to a violent incident at the address in the days just prior to the homicide, but this could not be confirmed at the time of Kristy's arrest (Eliot and Morphese 2007). Kristy was remanded in custody whilst awaiting trial, but was finally found not guilty by a jury, on the grounds that she was acting in self defence, and she was finally released after spending eighteen months in prison.

I.P.H Scenario Six – Geoff and Amy

Geoff and Amy had known each other for many years before getting together as a couple. Geoff had been attending a drug rehabilitation clinic prior to the offence and had recently returned and had access to the couple's young son Travis. Breaching a Violence Restraining Order, which had been issued five months previously, and which he had already

broken, Geoff went to Amy's home, after spending the morning consuming alcohol, he bashed her until she lost consciousness, and then strangled her whilst she was incapable of resisting.

Travis was in the house at the time of the murder. No-one knows what he saw and heard. After strangling Amy, Geoff telephoned her mother and told her "Amy has something around her neck." Amy's mother immediately drove to her daughter's house but unfortunately by the time her mother could reach her she was already dead. Geoff had previously breached his restraining order, within weeks of it being issued, but police had reportedly failed to provide all the evidence pertaining to the incident that breached it to the magistrate, and Geoff had not been incarcerated for this incident (survivor interview).

I.P.H Scenario Seven – Joe and Melanie

Joe killed his de facto wife Melanie of seventeen years by strangling her after an argument about her smoking and using cannabis. He then hid her body in a shed whilst he hosted a barbecue nearby. Within days, he had buried her under slabs in the garden of their home, and then had them replaced with concrete. Initially he claimed Melanie had disappeared after saying she was going to visit a friend. Joe had appeared on television pleading to the public for information about her whereabouts. When police arrived with equipment to cut through the cement, Joe fled to the Eastern states under a false name, but was apprehended in Melbourne and extradited to face charges in relation to his wife's murder. In court it was alleged he had previously threatened to put Melanie in a body bag, and that after killing her, he had removed her clothing and jewellery to make identification more difficult should her body be found (Darragh 2003).

I.P.H Scenario Eight – Dominic and Manuela

Manuela had left her husband Dominic, to live with her boyfriend Aaron, since then Dominic had been spying on their house. Prior to the offence he had purchased a black beanie and a fixed blade, hunting knife. On the

night of the murder Aaron saw a face at the window, and after locking the house, went driving round the vicinity to try to spot the prowler. Meanwhile Dominic forced entry to the house and beat Manuela over the head with a baseball bat, fracturing her skull multiple times, and causing two life threatening injuries. He then slit her throat from ear to ear. Manuela had a Restraining Order against Dominic because in an incident which occurred six weeks previously, he had pushed her down the stairs at their home breaking several of her ribs in the process (Darragh 2005).

I.P.H Scenario Nine – Roberta and Andre

When Roberta first met Andre she was unaware he had a history of violence towards women, or that he had served a jail sentence for assaulting a previous partner. When Roberta ended their six month relationship he refused to accept the relationship was over. He threatened to hang himself in front of Roberta and her family and stalked them relentlessly after the separation. He was quite open about wanting to kill Roberta and had asked his workmate how many times he would have to hit her with his hammer before she would be killed. He subsequently entered her house hid himself, waited until she was alone, and then attacked her striking her repeatedly with a hammer, causing four gaping head wounds that led to her death (Darragh 2001).

I.P.H Scenario Ten – John and Louise

Louise described John as a violent manic-depressive alcoholic with a history of using hallucinogenic drugs. The couple had two children a son and a daughter. Louise was frequently beaten and estimated that John had tried to strangle her at least twenty times. She had thought that her children were asleep when the violence occurred but after she left John her daughter explained to her how she would take her younger brother and hide with him under the bed. She recalled a time when she was lying on the floor unable to walk after being beaten, her six-year-old son was nursing her whilst screaming at his father, to try to get him to stop the assault.

I.P.H Scenario Eleven – Doug and Rena

Doug and Rena had both been heroin addicts and had both been on the methadone program. Although Doug had ceased methadone, the couple continued to drink heavily on a daily basis and to use prescription drugs non-compliantly. Their relationship was emotionally abusive, violent and unstable. Rena's ten year old son resided with the couple and narrowly missed witnessing his mother's murder which occurred just before he arrived home from school.

I.P.H Scenario Twelve – Derek and Jamie

Jamie and Derek were migrants and were described as a quiet couple who were deeply religious. Derek became delusional and obsessive in relation to his wife, and was convinced she was having an affair with a visitor to the home who had been asked by the church to befriend the family to welcome them to Perth. He had been taking prescribed medication to assist with his delusions, but had ceased taking it weeks before the offence, and had replaced it with a herbal remedy. Police alleged that Jamie was subjected to days of beating before her death at the hands of her husband. This was yet another case where the couple's two children were present in the house at the time of their mother's beatings and ultimate murder, one of them gave evidence at the trial of her father. Derek had used his hands, feet, a rubber thong, a belt, a cup, and a piece of copper pipe as weapons against Jamie. She had bruising to half of her skin surface, including the criss-cross lines of being hit with a belt. The police had no record of domestic violence. (Eliot 2004; Gibson 2005; Laurie 2005).

The themes that emerged across the intimate partner homicide cohort, including Indigenous and non-Indigenous couples, were violence, substance use, and reported mental illness (that was often reported as being either not recognised, or not being adequately treated). These themes provided a backdrop for families, where the daily misuse of a combination of substances, which often included drugs, alcohol and prescribed medication, were the norm and were witnessed by children. Violence and emotional abuse between the adults also occurred in the presence of children, and there was evidence that they too at

times were the victims of abuse. Although the exact number could not be determined, children were also witness to the homicide event. This information raises the issue of childhood trauma, which was likely to have preceded the homicide event, by children witnessing ongoing violence in the parental relationship. Such trauma was very likely to have been exacerbated for those children who were present during the homicide event.

The accounts of the offences outlined above, give some indication of the context in which they occurred, but the accounts provided by survivors added a poignancy and clarity which could only come from their lived experience. Again there are references to prior threats made to harm self and others, reports of violence, claims that perpetrators evidenced behaviours consistent with mental illness, or had been diagnosed with such illness, and substance misuse. These are some of their comments:

²Speaking about Adrian:

When he wasn't on drugs he seemed OK. He had mental illness, a chemical imbalance. When she first met him he would fall asleep all day. He had a bad attitude He had no respect for anyone. I quite often thought he would hit her, I got that feeling. I never saw marks on her. I found out at the trial that a year before he had tried to strangle her at the movies. It took four security guards to get him off her. He was twisting her head one way and her neck another. She ran to the telephone to ring me. He grabbed her again, and then the security guards grabbed him. He spent a couple of weeks in the psychiatric hospital. She had sworn her girlfriend to secrecy. She always wore clothes to cover up. In hot weather she wore skivvies. It made me wonder. Two days before he murdered her he was an outpatient at a mental health clinic He told them he wanted to harm her and others. They assessed him as no risk. They let him go. I'm

² The voices of survivors in this section of the thesis are not named for reasons of privacy and concerns for their future safety and to comply with ethical guidelines agreed to in undertaking this research.

so bitter with the mental health system. Anyone who says that (they want to kill someone) should be followed up.

Speaking about Peter:

He had a sick obsession with her. She couldn't have a life. He used to stalk her. He tried to run her off the road. Once when he had their son for access he threatened to leave him in the park alone unless she came to him. The child was only twelve months old. The day he killed her he was going to run in front of a bus. He used drugs. He threatened to kill her in front of witnesses. "She had a VRO. He broke it three times. One night he tried to break in the front door"

Speaking about René:

My family talk of him as 'the animal' I can't even say his name. Mum cries a lot. Mention of her name brings tears. He stalked her for weeks until he got her. He was heavy handed with their kids and with mine. I stopped my kids going there. He would grab kids by the scruff of the neck hit them and throw them in their room. He would grab them roughly by the arm and swing them around. It was never reported. There were no known injuries. He was sexually perverted. He used to watch pornographic videos even when the kids were around. She used to cry about it. She had a VRO five weeks prior to her death it was issued but not served. He had broken her cheekbone and fractured her jaw. He beat her up and beat up her dad, after breaking into their home. There was severe bruising. He threatened to kill her parents. He had been arrested prior to the issue of the VRO. There was nothing on the police computer to show. He was unlawfully on property. His ex partner was too scared to prosecute him. There was a witness but they withdrew - too scared to give evidence.

The Aftermath

When asked about the effects the offence had on their lives, and encouraged to describe the aftermath, ³survivors made these comments:

I suppose you could say it ruins your life. You can't get rid of the picture. I worry was she screaming? Did she call for help and no-one came? How long did it take her to die?

When it's homicide the attitude of people you know towards you changes. They harden to you. I've lost a lot of friends either they can't cope or maybe they think, "OK it's two years...get over it" They are not comfortable, meaning maybe they thought I would break down. There is a fear of confronting the trauma.

People don't want to know. It's easier not to know. People think "It's never going to happen in our family". It changes perceptions of your social network, of individual safety. They think "What if my child had that experience?" There is denial. It affects feelings of security.

I look at the Justice system as like a weight on the offender's side. He was found not guilty due to insanity. He has six hours per week social outings. He could be out anytime. I don't want to encounter him. They won't tell me where he's going. I'm not entitled to know. I insisted on meeting with the Review Board. I asked, "Who is taking him out?" They can't tell me, they didn't know. This is all so hard I am the one who is a prisoner. I don't want to go out in case I see him. We should be entitled to know. Why haven't I got some entitlement? They are protecting him. They think I could get a gun and shoot him but I would just like more information.

³ The voices of survivors in this section of the thesis are not named for reasons of privacy and concerns for their future safety and to comply with ethical guidelines agreed to in undertaking this research.

Mental Health don't co-operate with any of the other agencies they are creating more mental health patients. They are sending me nutty. It's turned around. He's the victim. The judge would be saying at trial, "Are you alright? How are you getting back to the hospital?" This man kicked my daughter's teeth out. Jumped up and down on her body and strangled her. The judge said to the jury in two and a half minutes that he strangled her and that he was insane.

He loosened her teeth. He broke her nose. He stomped on her body, her liver was split in half. She had footprints all over her. Strangling was only part of the offence. She would have died of other injuries. She would not have lived She was haemorrhaging. Why can't someone be found guilty because of insanity. Wouldn't that give the family some justice?

He has no police record. He could go and get a job, no criminal record it would not show up because he's "not guilty".

My other daughter developed depression after the offence. It got worse and she became bi-polar. Now I have a fear of her dying. She self harms, cuts herself, hurts herself. She got married and it lasted one year. He couldn't cope with the situation. My feelings are that I'm a failure as a mother.

I smoke again now. Previously I had stopped. I have depression now. I don't sleep in my bed, I feel safer sitting up. Like I can't see things when I'm lying down. I teach myself not to think. I have the TV on. It's been four years, and my other daughter has been sick for four years. It seems to get worse. It could be avoidance of the issue.

I went to counselling once but it didn't work. The counsellor looked a bit disinterested, it's not for me.

I had a heart attack after finding her but I refused to go to hospital.

Her best friend had a brain haemorrhage twelve months to the day after she was killed and now her friend's husband is depressed and suicidal.

Her brother is depressed and suicidal. He couldn't mention her name for eighteen months. He stays in his room and won't go anywhere.

What makes me really angry is I can't have her belongings. If I could hold her jewellery in my hands I could grieve, but he is appealing and it is needed for evidence.

I still can't put my head around it. I can't think she's dead.

Bring back the death sentence. It would make me feel better to know he is dead.

We lost friends. They can't handle the trauma. Can't handle the truth.

My brother is in denial. He has no contact with us because he can't accept she is dead. If he sees us he will have to acknowledge it.

Our whole family was affected, we couldn't clean or cook. Our minds were not there. Girlfriends helped at first but had their own families to care for. We had financial problems. We could work but had huge psychology bills for the children's counselling to pay for.

At the Homicide Victim's Support Group I said, "We are the only group who doesn't want new members."

A victim, just before her murder wrote the following words: They were found by her mother, after her death. They indicate the deterioration she observed in her partner and her awareness of his increased risk:

Am I really ugly? Am I a horrible person? What drives the man, who I actually believed loved me, to discard me like rubbish? This person now loathes me so much that he has picked a "life of drugs"

He doesn't love me at all. These promises of change, love, trust and reliability have all been a pack of lies.

The person I love is getting dangerously worse. He's on another drug binge. He's spent all his money and doesn't even know what he is doing.

Why Did it Happen?

When asked why they thought the offence had happened, survivors struggled to find a reason. Here are some of their answers:

I don't know. I can't make any sense of it. There is no sense. It's a senseless killing. He could have gone away but he wanted to kill. Why did he want to kill her? I reckon that he couldn't have her. She didn't want to be with him anymore.

We can't delve into it or we would end up killing ourselves, or end up in a mental institution, or killing someone close to him for revenge. I hold him one hundred percent responsible and accountable.

Contact with Community Agencies

Prior to the offence, survivors reported little contact with community agencies. One woman reported seeking treatment for her injuries from her General

Practitioner who encouraged her to leave her husband but did not refer her to a women's refuge or any other domestic violence service. Following the homicide, apart from police and the VSS, survivors also reported little contact. It seemed that there was a gap in services, which left them feeling isolated and alone, but at the same time they lacked confidence that those services that were available would be able to assist them. In essence they seemed to be saying that although some counselling was needed the type of counselling, for example child counselling, was not always available or affordable. There was also a sense that the trauma of the offence was so extreme that no services, however good they were, would ever be able to adequately address the aftermath:

Both the children saw it happen. I waited two or three months through the public system for help. I rang everywhere to get help for the children. I had no-one. VSS don't do one on one counselling for kids. It cost four hundred and seventy dollars a week for a psychologist for the two children. They needed help immediately..... not a waiting list.

VSS were there. They were great.

VSS is fine. They offered a service. I thought how would you know? I couldn't cope with anyone patronising. I didn't use them. It's not just that you lose a loved one. You might find the body. See things you shouldn't see. I've got a movie now that plays in my head. It's like soldiers that come back from the war (post-traumatic stress) but when it's your own flesh and blood it's worse.

VSS didn't contact. My auntie rang them. A lady came out to see us I couldn't talk to anyone. I was numb. I have blank spots. I couldn't talk. But you definitely need counsellors who are trained in homicide No one understands unless they have been through it. I'm a member of the Homicide Victims Support Group. We have a bond. We understand.

A lot of us try counselling, but it doesn't do anything for us. It just doesn't work.

The police were fantastic.

Summary

In summary, The evidence presented here shows that in Western Australia, not only is spousal homicide a gendered offence, with the majority of perpetrators being male, but that its incidence is also very highly correlated with race, with a disproportionate number of perpetrators and victims being Indigenous. The data suggests that intimate partner homicide is highly correlated with family and domestic violence, chronic substance abuse and reported mental illness and that it occurs in a domestic context where children are exposed to trauma as a result of the interplay of all these factors in the lives of them and their parents. This is discussed in more detail in the discussion of results in Chapter Eight.

As the nature of the relationship between perpetrator and victim is highly relevant to intimate partner homicide, in working towards prevention it is useful to try to understand the individual homicide event and its antecedents, including the most elusive of these, perpetrator motivation and also to take into account the socio-political milieu that provides its context. The research suggests that in intimate partner violence, these antecedents need to be examined as far back as early childhood and beyond, to examine the inter-generational psycho-socio-political influences on the family of both victim and perpetrator, as well as the individual early life experience of both. In considering the occurrence of Indigenous intimate partner homicide, it is imperative to look further than the demographic of race in attempting to determine causal factors, and to examine the wider psycho-socio-political context in which they occur. In particular, we need to look to the disproportional representation of Indigenous Western Australians, as both perpetrators and victims of intimate partner homicide, as a function of their marginalisation and as a reflection of the cultural trauma they have experienced since colonisation.

As intimate partner homicide is a comparatively rare human behaviour, and is difficult to predict, it defies a simplistic explanation. Thus it seems both prudent

and useful to take into consideration knowledge and understanding gained across disciplines to provide a background of understanding to the homicide event as a range of theoretical perspectives has more to contribute than adopting a unilateral approach. Each of the approaches referred to in this chapter make a contribution to understanding, but it is my contention that none on its own is able to offer a satisfactory explanation of the offence. Therefore, I propose that a multi-positional stance, which takes account of each simultaneously, whilst accepting the inter-relatedness of each, offers more in the way of explanation than any particular theory or approach is able to do in isolation. I will now move on to Chapter Five where the intimate partner homicide cases that were followed by the suicide of the perpetrator will be discussed separately.

CHAPTER FIVE

Intimate Partner Homicide-Suicide

Introduction

In this chapter I shall discuss the current literature pertaining to intimate partner homicide followed by suicide. I will explain how it was defined in this research, why the definition was adopted, and the dilemmas encountered in relation to inclusion and exclusion. I will then present examples of the offences in the form of summarised case studies and vignettes to illustrate the context of these offences. I will conclude by considering possible explanations for the offence.

Previous Research

Previous research has shown that a certain percentage of murders are followed by perpetrator suicide. Further, it has been shown unequivocally that suicide following homicide increases directly in proportion to the closeness in the relationship between perpetrator and victim, and is therefore highest where the homicide event involves members of the killer's family as victims, with sexual intimates and children of the offenders being the most common victims (Henry and Short 1954; Stack 1997; Kivivuori and Lehti 2003; Saleva, Putkonen et al. 2007; Yip, Wong, et al. 2008).

Consistent with this, other studies have also shown the relationship categories of intimate partner and familicide show the highest incidence of murder-suicide (Wolfgang 1958:24; Websdale 1999:16-17; Brookman 2005:195-6). Eastaer in her Australian study found that in intimate partner homicide, suicide occurred in twenty-one percent of cases, whereas in non-intimate partner homicide, the rate was closer to three-and-a-half percent (Eastaer 1993:94). Wallace conducted a fourteen-year study of homicide in New South Wales. She found that approximately ten percent of homicides were coupled with perpetrator suicide. Thus, of 1373 homicides, which occurred in the study timeframe, 144 were followed by the suicide of the perpetrator, and another 44 perpetrators attempted suicide but were unsuccessful (Wallace 1986:157). Wallace noted that it was frequently a matter of chance that a suicide attempt failed, raising the

issue of what if any difference exists between intimate partner homicide and intimate partner homicide-suicide. It has been theorised that suicide following homicide is a result of perpetrator remorse about the killing (Easteal 1993:93). However, Daly and Wilson found that remorseful suicide following commission of murder is very rare. In their Canadian study of over six and a half thousand homicides, they discovered “there were just eight killers who committed suicide after a delay that might reflect remorseful brooding” (Daly and Wilson 1988:217).

Although a delay between the homicide offence and perpetrator suicide could reflect remorseful brooding, such a delay may be indicative of other factors, which Daly and Wilson may not have considered. For example, successful treatment of depression may initially contribute to a reduction in suicide risk, or defer a suicide attempt, which might otherwise have occurred earlier. As homicide perpetrators are typically remanded in custody, whilst awaiting trial, the would-be suicide is under constant scrutiny. The difficulty for a suicidal prisoner in some prisons, is the lack of opportunity to put a suicide plan into action, because of being in close proximity to others and being regularly observed by prison officers, even during the night. This again may cause an attempt to be deferred, but it is unlikely to be preventative in the longer term. Testimony to this is the frequency of suicide in prison (Hayes 1999; Jenkins, Bhugra et al. 2005; O'Driscoll, Samuels et al. 2007). It may also be that an offender needs time for the enormity of the crime, and its lifetime consequences, to be fully appreciated, especially as in prisons due to the political sensitivity of prison suicide, there may be a tendency to try to buffer the effects of this realisation, and its attendant risks, by the use of medication.

Defining Intimate Partner Homicide-Suicide

Before attempting to define homicide-suicide, consideration needs to be given to why it is important to know whether or not the offence is followed by suicide. From the perspective of police this question may be important, because the conduct of a specific criminal investigation into the murder is predicated on whether or not the perpetrator suicides, and where it is obvious to police that the person who suicides is the perpetrator, the type of investigation, which follows may be shorter and differ markedly from one where the perpetrator is

not found at the scene and/or may not be known. Should a perpetrator suicide at some other time, subsequent to the homicide, apart from its impact on any preparations being made for a trial, this may not have much relevance to police. If the suicide were to take place after conviction, when he is incarcerated, then it may have even less relevance.

As a researcher, focussed on the possibility of prevention, when I ask whether or not an offence is a murder-suicide, the request is driven by a need to understand whether or not there is a difference between the two types of offences. Most importantly, I need to try to understand the motivation of the perpetrator. I also need to clarify the events preceding the crime and to understand more about the relationship and psycho-social determinants of perpetrator and victim. Accordingly, for these purposes, I deem it less important to make a distinction about whether or not the suicide occurs at the scene of the homicide, but more important to get to grips with how the perpetrator was feeling, and what he was thinking during the time leading up to the homicide offence, and to the suicide, even if they occur months apart. For it is difficult to advance our thinking about how the offences might be prevented without understanding perpetrator motivation.

The issues about categorising relationships in intimate partner homicide-suicide and the different perceptions that may be held about the nature of these relationships are similar to those encountered in the intimate partner homicide cohort and will not be re-iterated here. Obviously, regarding the relationships in this study, neither the victims nor the perpetrators were able to provide their perceptions of their relationships, either due to their demise, their being deemed unsuitable to participate due to denial of the offence, or to their emotional vulnerability.

As discussed in Chapter Four, in relation to intimate partner homicide, I found that defining the offence of homicide-suicide, as with most other aspects of this type of research, was neither easy nor straightforward and there were some serious challenges. Initially, I thought I would try to be consistent with the NHMP which categorises homicide-suicide using data gathered from the National Coronial Information System (NCIS). However, I discovered that its

criteria for determining what is a homicide incident, and what is a homicide-suicide incident, when the suicide does not take place at the scene of the homicide, are unclear. Another problem was that I did not have access to the data base used by the NHMP to help in the determination of this category. Wallace found in homicide-suicide, "in most cases there was no evidence of any qualitative distinction (in terms of motivation) between successful and unsuccessful suicides" (Wallace 1986:157). Therefore, if we are to increase understanding of why these offences occur, it is clear that we need as much information as we can get about the perpetrator's emotional state and their behavioural manifestation of this both prior to, and following, the homicide-suicide in order to better assess risk and inform prevention (Shneidman 1993; Malmquist 2006).

This information should include suicidal and homicidal ideation, homicidal and suicidal threats, and attempted suicide. It therefore makes sense to broaden the category, for the offence, as even by doing so, it is likely that the homicide-suicide dynamic in perpetrators remains under reported. Therefore, for the purpose of this study, I determined that any attempted suicide by a perpetrator, whether or not successful, which became apparent either through the document searches, or through the in-depth interview, would be categorised as a homicide-suicide. Consequently, my figures will vary and will show a higher incidence of suicide in perpetrators, than those presented in the statistics of the NHMP. The reason I adopted this approach was because I believe the suicidal component of intimate partner homicide is currently under-reported, and that it may be helpful to broaden the definition, in order to acquire a better understanding of the intra-psychic processes of perpetrators.

Firstly, as Wallace (Ibid) and (Easteal 1993) had found earlier, there did not appear to be major differences between cases where the suicide attempt had been successful and those that were not. There were also cases where the data indicated suicide was threatened, or considered by the perpetrator, but no suicide attempt was apparent, and my clinical experience has been that many perpetrators, including some of those interviewed in this study, have reported contemplating suicide prior to, or at the time of the homicide, and that they considered themselves at risk of suicide sometimes for years afterwards. They

reported remaining confused about how their suicidal thoughts had translated into the homicide event. It can be seen from this that an arbitrary cut-off in terms of length of time elapsed after the event may not accurately capture the extent of this phenomenon.

Another issue to consider was the difficulty in determining exactly what the interval should be between a homicide event and perpetrator suicide, for the offence to be defined as homicide-suicide. The AIC, in their publication "Murder-Suicide in Australia" (Cacach and Grabosky 1998) define that the suicide must occur immediately following or within twenty-four hours of the homicide. Whereas Saleva, Putkonen et al. (2007) and Yip, Wong et al. (2008) allowed an interval of seven days. However, I was concerned that adopting a definition, based purely on a timeframe, may have no relevance to the dynamic of the interpersonal relationship between perpetrator and victim, or to the internal psychological processes of the perpetrator, both of which I believe to be so vital to understanding the offence.

Finally, in the light of the high incidence of suicidal ideation reported by perpetrators, it is more than likely there may have been other suicide attempts by perpetrators in jail, information which was not available to me, and which would show that suicidal ideation is an even greater factor in intimate homicide than present statistics would indicate. For these reasons, I decided to define homicide-suicide as any case where there was evidence of a suicide attempt, whether or not successful, at the time the data was accessed.

This implication of this is that in some of the cases included in this cohort, the suicide may have occurred months after the homicide, usually whilst the perpetrator was either on remand, or serving a prison sentence. It is accepted there may have been other suicides which occurred either in prison, in a secure psychiatric facility, or even after release, for which information was not available, either because I did not have access to it through the relevant government bureaucracy, or because it was not reported in the media. It is also possible that further suicides relevant to the homicide event may occur in the future amongst this highly vulnerable group. As noted in Chapter Four, in

relation to intimate partner homicide, and as with homicide statistics generally, homicide-suicide statistics can never really be regarded as finite.

Incidence of Intimate Partner Homicide-Suicide

Using my broadened definition, I found eighteen of the one hundred and twenty-one cases of intimate partner homicide (fifteen percent) were followed by the suicide or attempted suicide of the perpetrator, either at the time of the offence, or at some time subsequently. This number is likely to be considerably higher than that which is usually acknowledged in intimate partner homicide-suicide for the reasons previously explained. The incidence of intimate partner homicide where the perpetrator subsequently suicided over the ten year time frame was very uneven, ranging from zero in 1997, 2001, and 2005, to seven in the year 2000 (see Figure 5.1).

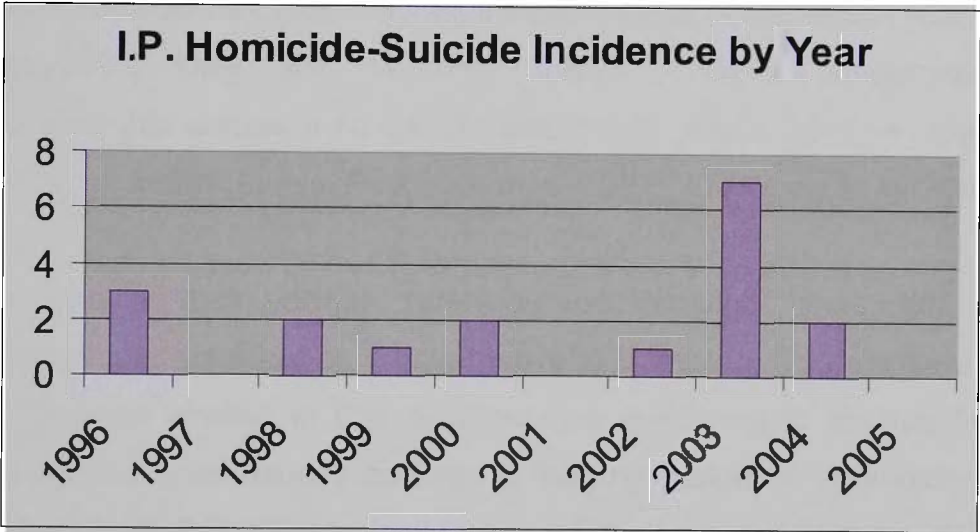


Figure 5.1: I.P.H.-S Incidence by Year

Perpetrator-Victim Characteristics

Perpetrator-victim characteristics in relation to intimate partner homicide-suicide are only included in this section where they differ markedly from those in the intimate partner homicide cohort. For this reason the categories on history of violence, substance use and mental illness are not addressed here, as there did not appear to be any qualitative difference between the two cohorts.

Race of Perpetrator and Victim

There were no Indigenous perpetrators or victims in the homicide suicide cohort. This may be due to the nature of intimate homicide in Indigenous communities, where frequently the homicide takes place within the context of group substance abuse, and other general violence, rather than between two intimate partners in private in the family home, as is more often the case in non-Indigenous intimate homicide and intimate homicide-suicide. There may also be cultural factors that impact on this, and again this possibility would be worthy of further examination in future research.

Gender of Perpetrators and Victims

In their seminal study of homicide Daly and Wilson found, “suicidal killers are mainly men who have killed women, and more particularly women with whom they have (or in some cases only aspire to) a sexual relationship” (Carcach and Grabosky 1998; Daly and Wilson 1988:217). Other researchers have corroborated this across a range of jurisdictions (Stack 1997; Koziol-McLain; Webster et al. 2006; Saleva, Putkonen et al. 2007; Yip, Wong et al. 2008).

Women who kill their partners rarely suicide following the murder, although some contemplate suicide as an alternative to homicide. Some writers propose this is because women in this circumstance are trying to escape from their husbands, and have usually endured a lengthy period of victimisation (Chan 2001). Further to this, they typically perceive their survival is dependant on the demise of their partner. Once the decision is made not to destroy the self, then the only way to secure life for themselves and/or their children is to murder the persecutor (Serran and Philip 2002; Brookman 2005:172-173). Suicide, in these cases, is therefore not necessary, in order to achieve the desired outcome.

Consistent with research Australia wide, and internationally, in each of the eighteen homicide-suicide offences in this research, the perpetrators were male and the victims female. There was one case where a female perpetrator reported suicidal ideation at the time of the offence but it did not appear that a suicide attempt was made. On the other hand, there were reports of the men attempting suicide prior to the homicide, at the time of the homicide, between

committing the offence and being arrested, most frequently after being charged and incarcerated, but also after being sentenced. There were also reports of men in the intimate partner homicide cohort threatening suicide before murdering their wives. There were nine successful suicides in jail. The timeframe for these occurring after the homicide varied from a few days to three years.

Age of Couples

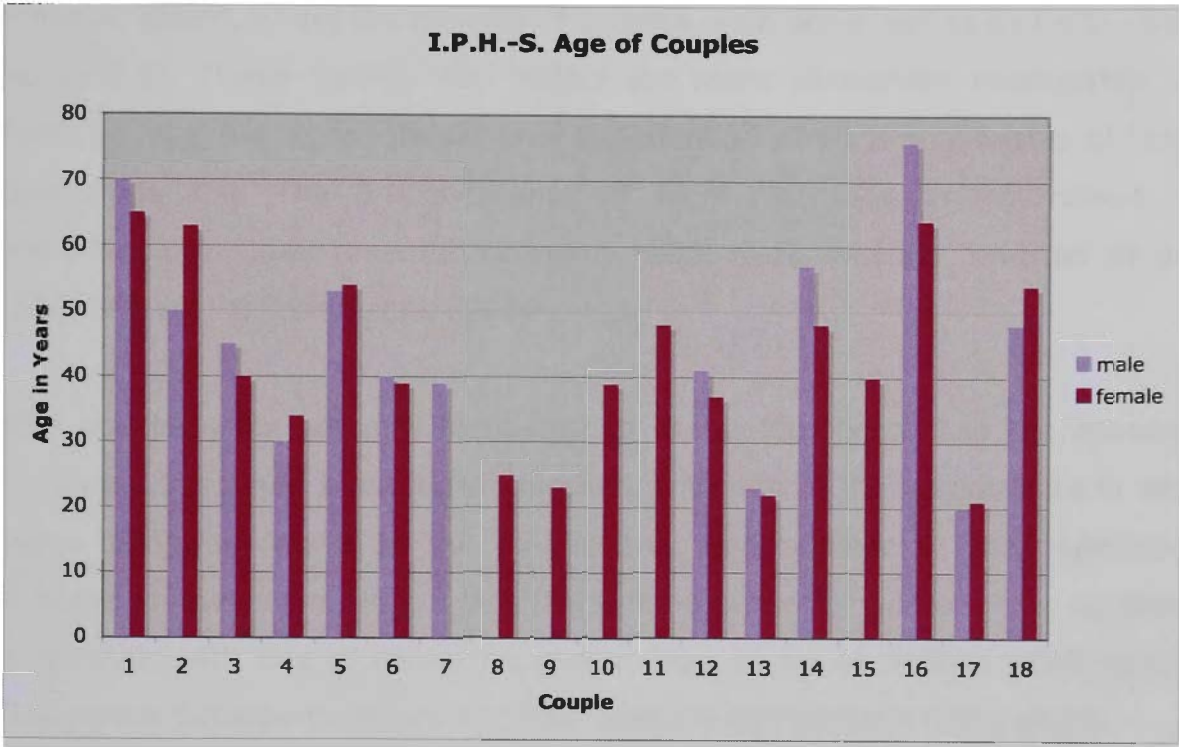


Figure 5.2: I.P.H.-S. Age of Couples

The age range of perpetrators and victims is shown above in Figure 5.2. There were two perpetrators in each of the twenty to twenty-nine year age range and the thirty to thirty nine year age range, four in the forty to forty nine year age range, three in the fifty to fifty-nine year age range, and one in each of the sixty to sixty-nine year age range and the seventy to seventy-nine year age range. There were five perpetrators for whom age could not be determined. There were four victims in the twenty to twenty-nine year age range, five in the thirty to thirty-nine year age range, three in each of the forty to forty nine year and fifty to fifty-nine year age ranges, and two in the age range of fifty to fifty-nine.

There was one victim for whom age could not be determined. In a slight majority of cases, where the couple’s ages could be determined, the perpetrator

appeared to be older than the victim (n=7) and was also older than perpetrators in the intimate homicide cohort. This may perhaps reflect the likelihood of a man choosing a younger partner over whom he may be able to exert greater control.

Perpetrator-Victim Relationship

An examination of the perpetrator-victim relationship found there was a majority of legal marriages in the homicide-suicide category compared to the intimate homicide cohort, where the majority of couples were described as de facto, (see Figure 5.3). These figures may reflect the more permanent relationship of marriage, and the more intense grief experienced when a relationship of long duration is lost. The preponderance of legal marriages in this cohort is consistent with other research (Berman 1996; Koziol-McLain; Webster et al. 2006; Saleva, Putkonen et al. 2007).

Nine couples (fifty percent) compared to twenty-four percent in the spousal homicide cohort had been legally married, with one of the perpetrators in this group being described as the ex-husband, and another as the separated husband, of the victim. Six couples (thirty-three percent) had been in a de facto relationship with one of these being described as an ex-defacto relationship. There were three perpetrators who had been the ex-boyfriend of the victim.

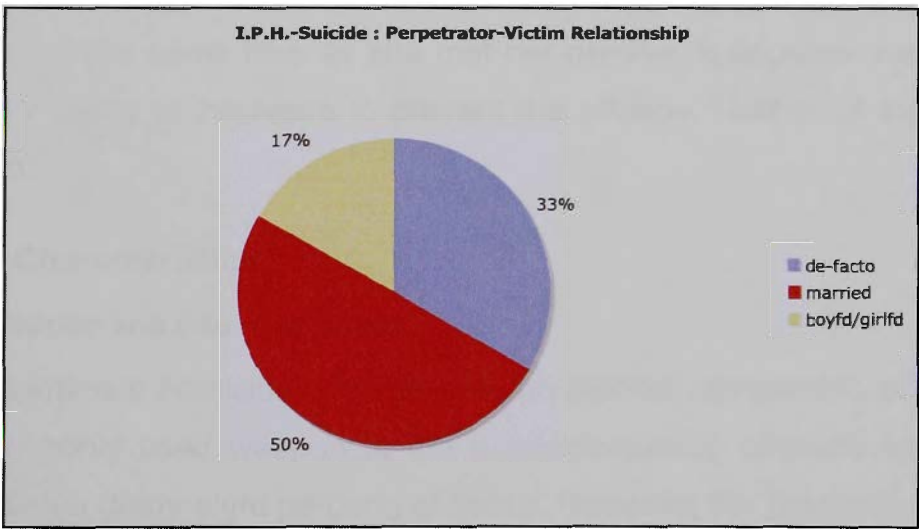


Figure 5.3: I.P.H.- S: Perpetrator-Victim Relationship

Again information provided during the court proceedings often defined the couple’s relationship differently from the information gathered by police at the

time of the offence. As not all offences could be found on the “Factiva” database, it is likely there were more separated relationships than the data indicates. The great disparity between the proportion of married couples in the non-suicide cohort and the suicide cohort raises questions about why this should be the case. Is it related to a greater sense of propriety held by the man in a marital relationship? Is a greater sense of loss, or breach of trust, perceived when a legal union fails? Might there be a greater level of despair and/or depression when this type of relationship founders? Or might it be a combination of these and other factors?

Co-offenders

There were no co-offenders in this cohort, and I wonder if this may reflect the intensity of the subjective experience of the perpetrator, and of the possible unconscious motivation, which may drive them to these offences. It may also be a result of the relative social isolation of perpetrators prior to the offence, which denies others the opportunity to intervene.

Ancillary Victims

There were ancillary victims amongst this cohort of offences, although not all of them may have been recognised as such. For example, one of the victims in this cohort was reportedly pregnant at the time of the offence, but the age of the foetus is not known. Two other ancillary victims were shot in the victim’s workplace at the same time as she met her demise. It appears that they may have been trying to intervene to prevent the offence. Neither of these people was killed.

Offence Characteristics

Use of Weapon and Cause of Death

As in the intimate homicide offences with no suicidal component, offences, the most commonly used weapon in the homicide-suicide offences was a knife, used in seven (thirty-eight percent) of cases. However, the proportional use of a firearm in this cohort was much higher. A firearm was used in (thirty-three percent) of cases (n=six) compared to six percent in the homicide cohort. One victim was strangled with a telephone cord, one was assaulted with a piece of

concrete, and there were three cases where information about the weapon used or the mode of homicide was not available.

Obviously, the weapon used was reflected in the way the victim died; seven victims died as a result of a penetrating wound caused by a knife, seven were killed by gunshot, one was strangled, and one died as a result of being beaten with part of a concrete slab. Newspaper articles, referring to one of the three cases where the weapon was not known, indicated the victim died of smoke inhalation, as a result of her house being burnt down, but it is not known if an assault of any kind preceded this act of arson. Information in relation to cause of death in the other two cases was not available.

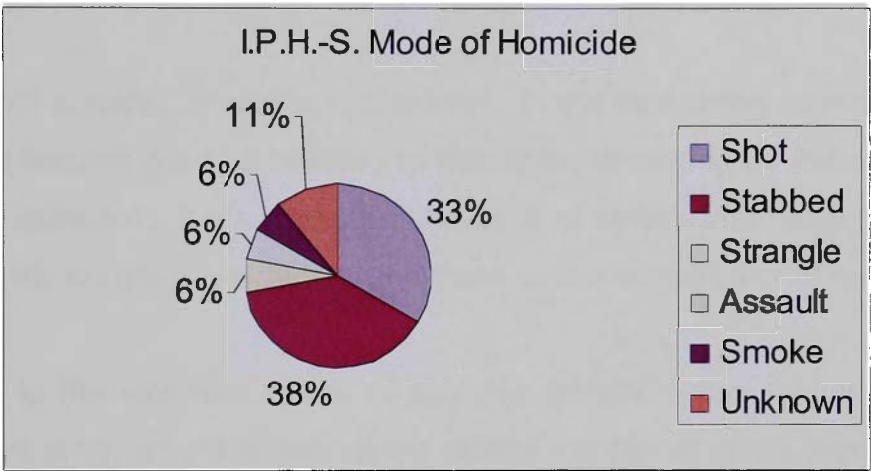


Figure 5.4: I.P.H.-S. Mode of Homicide

Timing and Mode of Suicide

The timing of the suicidal act varied considerably between cases. In seven cases the suicide attempt took place immediately following the homicide, or at least prior to police arriving at the scene. Six of these were successful. In the seventh case, the perpetrator attempted to gas himself in his car, after his wife had terminated their relationship. When this attempt was interrupted he sought out his wife and begged her to return to him. When she refused he killed her, left the house and tried suicide again, unsuccessfully. In a further ten cases the suicide attempt took place days, weeks, months or even years after the murder, and nine of these were successful (see Figure 5.5).

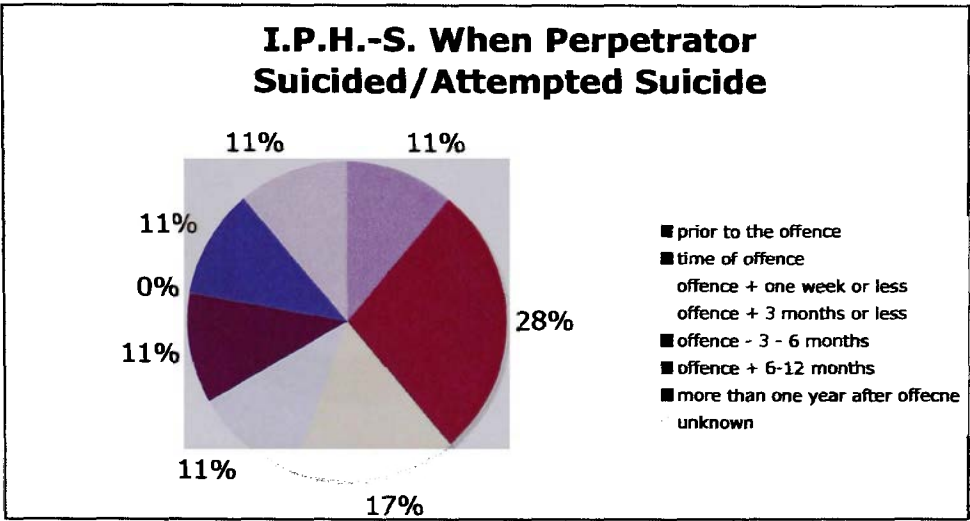


Figure 5.5: I.P.H.-S. When Perpetrator Suicided/Attempted Suicide

The mode of suicide, or attempted suicide, in the remaining seventeen cases varied from leaping out of a building to attempted drowning by swimming out to sea, (see Figure 5.4). It also included the case of smoke inhalation, from an act of arson at the couple’s residence, and there was a single case of poisoning.

In addition to the eighteen cases of suicides an attempted suicide mentioned above, there were a further two cases where the perpetrators reported during the in-depth interview that they had been considering suicide, either prior to, or at the time of the offence, but did not carry this out. Both also reported feeling suicidal after the offence.

As explained earlier in this chapter, I have not included these two cases in the homicide-suicide category, but this reported suicidal ideation supports my decision to extend the time frame for homicide-suicide and should be considered when examining the dynamics of intimate homicide, and the propensity for perpetrators to suicide following this type of offence. The number of intimate homicide perpetrators who suicided in prison, sometimes years after the offence, and sometimes with reportedly no prior indication of suicidal ideation, is information highly relevant to those designing and implementing prisoner management strategies.

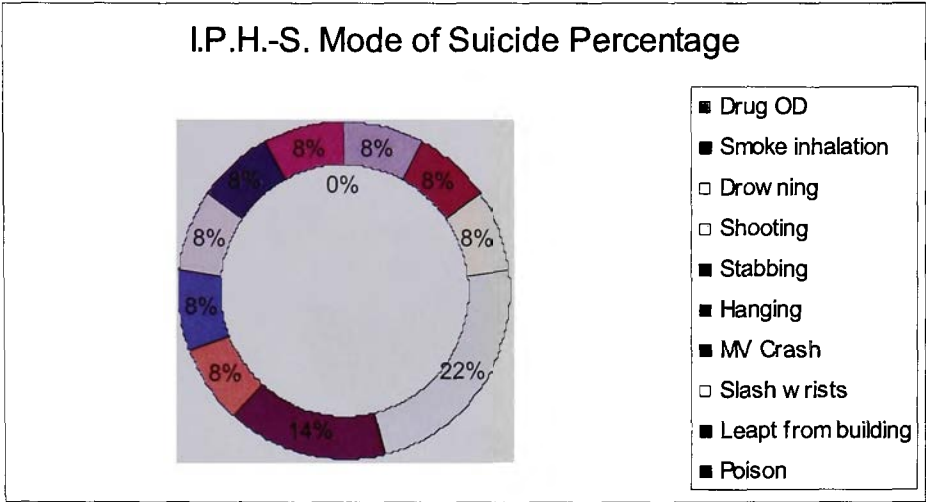


Figure 5.6: I.P.H.-S. Mode of Suicide (Percentage)

Where it Happened

In twelve cases the victim was killed in her own home. In eight of these she shared the home with the perpetrator, and in the other four she lived separately from him. This is consistent with the relationship status of this cohort being primarily married and not yet separated, although in some cases separation was threatened or imminent. Two women were killed in a motor vehicle and one at her workplace. There were two cases where it could not be established from the available data where the killing had taken place.

The location of the suicide event in this cohort, however, varied significantly from the murder event and usually took place in prison, where nine men (fifty percent) died. Two killed themselves in the couple’s home, three in a motor vehicle and one by jumping from the couple’s ninth floor apartment window. There was one case where the venue of the suicide could not be determined from the available data.

Regional Location

The vast majority of homicide-suicide offences (twelve) occurred in the suburbs of Perth (see Figure 5.7). Two offences happened in the inner city area, one of these in a large park, and the other in an apartment. Four offences happened in or close to a country town. There were no offences in remote areas and this is consistent again, with the fact that most offences occurring in remote regions are perpetrated by Indigenous offenders, and that no Indigenous offenders committed suicide following the offence.

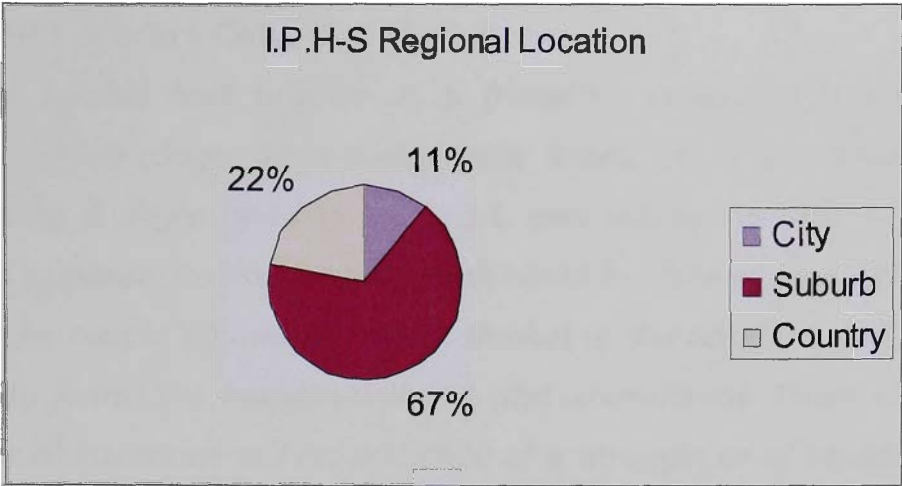


Figure 5.7: I.P.H.-S. Regional Location

Themes

As due to the nature of the offence, there was no opportunity to interview perpetrators in this cohort, the qualitative data was limited to that extrapolated from document searches and electronic media archives. In cases where the perpetrator had survived his suicide attempt, and was incarcerated, he was deemed by prison officials as inappropriate to interview, either due to his total denial of the offence, or his emotional vulnerability. Although there were reported behaviours that appeared to indicate a lack of individuation, reports of depression, history of violence and jealousy there was insufficient data to determine whether they were common. The single theme that characterised this all male, all non-Indigenous cohort was instability of the couple relationship, evidenced by relational conflict, separation or the threat of separation.

Scenarios of Intimate Partner Homicide-Suicide

To illustrate the context of the intimate partner homicide-suicide offences I will now present some vignettes which are typical of the offences in this research:

Scenario IPH-S One – Tess and Donald

One couple who had shared a house for six years had a relationship that was sometimes described as platonic and sometimes described as de facto. The offender admitted he had become jealous when the woman formed a relationship with another man, and when she refused to stop the relationship he shot her at point blank range whilst she was waiting to be picked up by her new male friend.

Scenario IPH-S Two - Colin and Rachel

Colin and Rachel had argued at a friend's house whilst attending a barbecue. Three days later Colin was killed in a car crash, which happened on a slight bend in the road, and where no skid marks were found. No apparent cause for the crash could be determined. When police attended the couple's home to inform Rachel of the accident and of Colin's death, they found the house unlocked and abandoned. There were signs of a minor disturbance but no evidence of a struggle or of blood. Rachel's whereabouts remained a mystery until several days later, when workers sheltering from the heat in a pine plantation found her body several metres away from a golf course (Eliot 2003).

Scenario IPH-S Three - Aung and Li Pei

Aung and Li Pei were overseas students who had come to Australia to attend university. When Li Pei had not been seen, or heard from, for several days her family at home became worried, and asked her cousin, who was also living in Western Australia at the time, to check on her. When her cousin and some friends went to Aung's apartment to seek information from Aung about Li Pei's whereabouts, Aung leapt from the ninth floor window, sustaining injuries that eventually led to his death. When police were called to attend the suspected suicide, they located Li Pei's body hidden in a cupboard in the apartment (Morfesse and Eliot 2003).

Scenario IPH-S Four - Lindsay and Becky

Lindsay became depressed, when facing a lengthy jail sentence, as a result of being caught in possession of a significant amount of illegal drugs. The status of his relationship with Becky at the time of her death was not clear from the available data. What is known is that Becky met with him, that he was suicidal, and that Becky was trying to talk him out of killing himself. In spite of her efforts to help him, Lindsay shot her at

point blank range whilst she sat talking with him in his vehicle and then turned the gun on himself (Kelly 2002).

Scenario IPH-S Five - Wally and Geraldine

Geraldine had taken out a Violence Restraining Order against Wally the month before he killed her. Despite this, it was reported that she lived her final days in fear and had communicated this to a friend the night before she was killed. Wally had a history of violence, with a long criminal record that included assault. Eight years before the offence, the police had revoked Wally's firearms licence and had taken possession of several guns. Although the police had searched Wally's property when the restraining order had been issued, they had not found this weapon, which he had apparently kept hidden there illegally. Wally's previous wife had also taken out a Violence Restraining Order when their relationship broke up. On the day of the murder, Wally arrived at Geraldine's workplace and went on a rampage, with a sawn-off twenty-two calibre rifle. He shot and killed Geraldine, and also shot and injured two other people who happened to be there at the time. Wally then jumped into his car and drove off, shooting himself in the head before crashing the car into a tree. It was reported there had been children on the road just prior to the crash, and it was fortunate they were not injured (Morfese et al. 1998).

Scenario IPH-S Six - Bernard and Tammy

Bernard and Tammy were married and had four children when Bernard killed Tammy. She had left the home several days before, only returning to retrieve her property from the house. When she entered her bedroom Bernard closed the door, took a knife, which he had previously hidden there, from a drawer and stabbed her several times causing her death. After his imprisonment, though he had been diagnosed with depression, and was receiving medication for this, the authorities did not see him as a suicide risk. However, he hung himself from a metal shelf in his prison cell, and in a note left next to Tammy's photograph, he asked for forgiveness, and that his ashes be placed with those of his "beloved wife" (Gibson 2002).

Scenario IPH-S Seven - Paul and Joanne

Paul and Joanne had reportedly been having problems in their relationship for several months. On the day of the murder Paul and Joanne, with their two children aged thirteen and sixteen, together with Joanne's mother, were returning from a family holiday when the couple began to argue. Paul took his rifle from behind the seat, and loaded two rounds of ammunition into the chamber. He then shot Joanne before walking away from the vehicle and shooting himself on the roadway, in front of his children and mother-in-law.

Scenario IPH-S Eight - Miles and Denise

Miles and Denise had been married for ten years when Denise terminated the relationship. At some point, Miles drank alcohol and took sleeping tablets before running a tube from the exhaust into his car. He then telephoned Denise, pleading with her to resume the relationship, and threatening suicide. When his suicide bid was interrupted, by a stranger passing by he drove to his wife's home, and again pleaded his love for her. She let him into the house, against her sister's advice, but refused reconciliation, whereupon he grabbed a knife and stabbed her in front of their three year old child. When a neighbour arrived he found Miles bending over begging her to stay. He then left the house and was located later by police some distance away making another suicide attempt (Darragh 2003).

Scenario IPH-S Nine – Mike and Anne

Anne had left Mike and was reportedly in a new relationship. She had begun divorce proceedings. Mike went to her house, carrying handcuffs and a butcher's knife, where he forced entry. He handcuffed, stabbed and killed Anne, and then attacked and killed the man he believed her to be having a relationship with. Finally, he turned the knife on himself, slashing his wrists, then lay next to his wife and "waited to die." In spite of much evidence being presented to the court indicating he had been

planning the homicide-suicide, he told the jury, tearfully, “No-one else was supposed to die - just me” (Gibson 1997).

Scenario IPH-S Ten - Hugh and Donnela

The day before killing himself Hugh reportedly made a cryptic comment about a suicide in the prison. He told his visitors there had been another death in the prison but that they would not read about it until the next day. Afterwards one of them told the Coroner’s Court “Maybe we were not picking up that he was talking about his own death” (Peace 1999).

Towards Understanding

Durkheim and Suicide

The task of attempting to understand intimate partner homicide-suicide is just as challenging and complex as attempting to unravel the reasons for intimate partner homicide. Again there are different theories that provide explanations for lethal violence against the self. Emile Durkheim in “Le Suicide” published in 1930, was the first sociologist to undertake a comprehensive scientific study of this social phenomenon, which, whilst acknowledging the existence of organic psychic dispositions, “le dispositions organico-psychiques,” also focused on the relationship of the individual to the society in which he or she existed “la nature du milieu physique” (Durkheim 1930:19), and viewed suicide as a social rather than an individual problem. He proposed that the level of involvement or integration of an individual with his society was a critical factor in determining suicide risk.

In this massive work, Durkheim built on the work of the Italian criminologists Ferri and Morselli (who first reported the interesting inverse relationship between homicide and suicide, by collecting statistics for both). He explored the rates of homicide and suicide throughout France, and from a number of European countries as diverse as Spain and Hungary, noting that, whilst the inverse relationship identified by Ferri and Morselli did not always occur within a particular province or local area, or in the short term, when statistics were gathered over a longer timeframe over the country as a whole, the inverse

relationship was most apparent. He was able to show that social factors such as religion, culture and the nature of a particular society were inextricably linked to both homicide and suicide (Durkheim 1951:320-324).

Of relevance to my current research, is that Durkheim also noted the relationship between family and suicide and between family and homicide. He found that whilst divorcees had higher rates of suicide than those in a marital relationship, married men had an increased propensity to commit homicide, and noted that, "Finally, while family life has a moderating effect upon suicide, it rather stimulates murder" (Durkheim 1951:321). This is consistent with modern statistics which tend to show a higher level of suicide amongst individuals who are single (Hassan 1995:112-113; Stack 1992; Cutright, Stack et al. 2007) than those who are in married or in de facto relationships. Durkheim explained the higher rate of suicide amongst divorced men, as opposed to women, as a result of men experiencing greater benefits from the conjugal state, and recommended one of the ways to address this was to provide more freedom and equality for women (Durkheim 1951:xvii).

Freud and Homicide and Suicide

Just as Durkheim's work was ground-breaking in sociology, and remains a much quoted work in the sociological study of suicide, Sigmund Freud's use of psychodynamic theory to progress understanding of suicide was seminal to psychology, and underpins much of the later psychological theorising about this phenomenon, as well as the thinking behind treatment approaches employed with those deemed at risk of suicide. Freud hypothesised that the individual has three ego states, the id, ego and superego which co-exist within the psyche, and between which there is always a certain degree of tension. He postulated that the individual's behaviour is a result of this tension. When violence, or in its most extreme forms homicide and suicide, occurs, it emanates from a failure of the executive moderating function of the superego to control the very basic and primitive angry impulse of the id (Freud 1964).

Alan Berman and Dyadic Death

Berman conceptualised homicide-suicide as an offence, which is defined by levels of "dominance, dependence-enmeshment, and the presence or absence

of hostility in and between the partners” which may be divided into four distinct types. They are:

- Erotic-Aggressive
- Unrequited Love
- Dependent-Protective
- Symbiotic

He posits that each of these typologies is characterised by different perpetrator motivation, but that a common feature in all is “an unacceptable threat to the relationship”. Berman builds on the work of Cavan (1965) and Leonard (1967) when he describes the dynamic operating in these offences as a “fused ego state” and a “failure of individuation”. Berman estimates that eighty-five percent of homicide-suicide offences fit the typology of erotic-aggressive. Typically they occur when the female victim threatens to leave or manages to actually leave the relationship (Berman 1996). In some ways this type of murder suicide may be seen as an attempt at self survival, as the lack of individuation in these perpetrators precludes an ability to envisage an independent existence. The paradox inherent in this dynamic is that once he has killed the object of his dependency goal the perpetrator cannot survive either.

Starzomski and Nussbaum and Evolution of Self

Starzomski and Nussbaum have proposed an understanding of homicide-suicide by building on the earlier work of evolutionary and developmental psychologists. This is that the concepts of “evolution of self” (the development of the personality over the lifespan) and through this an ability to construct life meaning, and the construct of “self continuity” (the ability to conceptualise the self in both the past and the future) may be used to explain the disequilibrium experienced by perpetrators, at the point of relationship breakdown. They propose that the homicide-suicide dynamic may be viewed as a “disturbance of the self” (Starzomsky and Nussbaum 2000).

This is based on an understanding that for some individuals the experience of distressful life events, such as marital breakdown, may lead to a disintegration of the self. In such cases the continuity of the self is lost and the close relationships, which have been considered part of the self, also lose continuity

leading to the homicide-suicide dynamic. Starzomsky and Nussbaum undertook a review of the literature on homicide-suicide and they found that the sociological, psychological and psychiatric data propose a profile of the perpetrator as male, Caucasian and middle class, who is in a long term domestic relationship “marred by chronic (e.g. wife battering or stalking) and/or acute (e.g. separation or divorce) types of problems.”

They acknowledge the usefulness of the concept of the “abusive personality,” and recognise its links to borderline personality traits and post traumatic stress disorder. They acknowledge the existence of some consideration of the role of personality disorders amongst perpetrators and propose that one of the reasons there has been little empirical work to assess the place of this factor in homicide-suicide, is the lack of researcher awareness or interest in personality disturbance (Starzomski and Nussbaum 2007).

Palermo undertook a review of amorous paranoia homicide-suicide in relation to psychodynamic theories. In this he acknowledges the contributions made by previous theorists including Freud (1961), Bowlby (1988), Kohut (1971), Mahler (1972), Wolfgang (1958) and others. He proposed a typology which has emerged from the literature of the homicide-suicide perpetrator as, middle class, Caucasian, and suffering from a personality disorders or depressive illness, with a history of substance abuse, who has been married or in a relationship with a woman where the relationship is dysfunctional. Although the paranoid personality does not appear outwardly unbalanced, when he interprets his situation as not possible to remedy, he kills the other in anger, or in jealousy before suiciding (Palermo 1994).

Palermo proposes that the psychodynamics of human attachment that are at the basis of homicide-suicide are “not necessarily found in libidinal drives or pulsions or learning theories, but may be the expression of a primary need - the need for others (Ibid).” When his partner shatters his dream of the primary affectional bond, he contemplates suicide but his aggression is extended to his partner and kills her as part of his extended self.

Summary

The data obtained raise questions about the how race and gender are represented in homicide-suicide in intimate relationships. The finding that no Indigenous perpetrator in this cohort committed intimate partner homicide-suicide is consistent with other findings that in multi-racial populations this offence is primarily committed by Caucasians (Palermo 1994;Starzomski and Nussbaum 2000). However, research undertaken in Hong Kong and Finland do not mention any racial bias. This may be as a result of these populations being more homogenous, but does raise the question of whether the apparent racial bias is in fact attributable to other socio-economic variables, which in some populations are consistent with race. There were no women in this cohort who suicided following the homicide, even though there were women who indicated during the in-depth interview that they had been contemplating suicide, prior to killing their partner. Again this is consistent with previous research that has found intimate partner homicide-suicide to be an offence primarily committed by males (Henry and Short 1954; Easteal 1993; Stack 1997; Saleva, Putkonen et al. 2007).

The context of intimate partner homicide followed by suicide in this research, did not appear to vary much from the context of the non-Indigenous spousal homicide offences. It may be possible that perpetrators of intimate partner homicide-suicide lack the ability to individuate from their partners, and in the face of separation, emotional abandonment, or the perceived threat of either of these, killed his partner and himself to avoid the experience of separation, and to maintain his control over the relationship. In Australia, suicide following spousal homicide, when the couple is separated, is twice as common as when the couple are still living together (Easteal 1993:103). A hypothesis of lack of individuation, and inability to cope with loss of the relationship fits with the scenarios found in this sample of offences.

The majority of the literature on this subject indicates that women who kill their intimate partners are escaping the relationship through the act of killing a violent abusive partner, whom they feel will never allow them to leave. This may explain why they rarely suicide following the offence. However, it has been found men kill to prevent the woman from leaving and to avoid losing control

and proprietary over her (Daly and Wilson 1988; Polk 1994). This is consistent with the findings in this cohort, which show that the majority of women had either left or were showing signs of emotional detachment from their partners, prior to the homicide.

In contrast to this, the perpetrators tended to show signs of continued emotional attachment to their female partners, after the separation, and even after the homicide, as evidenced by statements made by the men themselves, in statements made by relatives, and in notes left prior to the suicide. This type of evidence is critical to understanding the offence and is highly relevant to this research. It also has relevance to childhood trauma and to attachment theory, and what has been previously posited in this thesis in terms of the personality characteristics, which are likely to ensue when attachment to the primary carer is problematic. It has relevance not simply to intimate partner homicide (whether or not followed by perpetrator suicide) but also to separation violence, and to domestic and family violence in a more general sense.

As with intimate partner homicide, in attempting to understand the offence of intimate partner homicide-suicide there is much to be gained by a preparedness to incorporate the contributions made by a range of disciplines and theoretical approaches, as it is unlikely that understanding of such a complex dynamic will eventuate from a single perspective.

As with intimate homicide where suicide does not follow the offence, the data on intimate homicide followed by suicide reveals that much more research needs to occur in this area to increase knowledge of the offences, before adequate prevention strategies may be devised. Having acknowledged this need, I will now move on to Chapter Six to discuss the offence of familicide, and to the similarities and differences between this and the other two offence categories.

CHAPTER SIX

Familicide

Introduction

In this chapter, I shall discuss what is currently presented in the literature pertaining to familicide, (sometimes referred to as filicide-suicide) (Brookman 2005:196;Daly and Wilson 1988:82). This will include its incidence, and the challenges in defining and researching it. Then I will present the data from the research, followed by the sensitivities it evokes and some of the myths surrounding the offence. Firstly, I will present both quantitative and qualitative data, in relation to each case. Secondly, I will discuss the themes that emerged and how these compared with other studies. Thirdly, I will consider explanations for familicide drawn from several theoretical frameworks. Finally, I will examine whether there are factors in the antecedents to familicide, which are common to intimate partner homicide and intimate partner homicide-suicide, including child trauma, and if commonalities exist, what inferences may be drawn from this. As perpetrators of familicide are almost exclusively male, the masculine pronoun will be used throughout this chapter, wherever there is a general reference to perpetrators of the offence.

International Comparisons

Before commencing this brief summary, I acknowledge there is a paucity of literature on this offence that limits this discussion. A search of the literature on this offence revealed just two studies of familicide which dealt with the offence in a targeted way, rather than just as a sub category of a broader data set, apart from my own prior Western Australian study (Johnson 2005). One of these is a sophisticated, scholarly and detailed, but unpublished study, undertaken in South Africa by an interdisciplinary professional team (Olivier, Haasbroek et al. 1991).

The other undertaken by Wilson, Daly et al. (1995) studied the incidence of familicide in Canada over a six year period, and in England and Wales over a three year period. They found that familicide is quite a rare offence and

accounts for a small proportion of the total homicide offences in each of those jurisdictions. However, they note that consistent with the general rate for homicide in each of these countries, the familicide rate in Canada is double that of England and Wales, at 0.15 per million persons per annum, compared to 0.07 per million persons per annum in England and Wales. This research found that men are more likely to commit familicide than women (ninety-three percent of perpetrators were male in Canada between 1974 and 1990, ninety-six percent were male in England and Wales between 1977 and 1990. This was similar to the Western Australian research where all perpetrators were male and similar to the South African study where again men were found to predominate as perpetrators, but to a slightly lesser degree, at seventy-six percent, although the timeframe for these offences is unclear (Olivier, Haasbroek et al. 1991). The gender distribution of children killed in familicide was almost equal in the Canadian, England and Wales and previous Western Australian study, however gender of child victims was not recorded in the South African study.

Defining the Offence

Although I began by defining familicide as the murder of more than one child by a parent, followed by the suicide or attempted suicide of the perpetrator, this definition began to shift a little, as I observed the contradictions in how cases were defined. Another major influence on my definition was the feedback from homicide survivors, who advised that they perceived multiple homicide within the family as familicide, even when the perpetrator does not attempt suicide. This reflexivity is consistent with Wilczynski's study of filicide in which she amended homicide categories as the data analysis revealed perpetrators' thinking and perceptions in relation to the offence, especially with regard to motivation (Wilczynski 1997:40), and also fits well with the a second order cybernetics approach.

Although the term familicide can be used to describe homicide where there is a range of different configurations of perpetrator and victim relationships, it is most often used outside of the academic discourse, to describe the type of offence where a man kills his children (and sometimes his wife) after she has left or has threatened to leave the relationship. These murders are typically concurrent with the perpetrator's suicide, as in those cases where the mode of

death selected is carbon monoxide poisoning, and in which the family members usually expire together, in a vehicle into which exhaust fumes have been directed by the perpetrator; whereas in others, the murders are immediately followed by the perpetrator's suicide, as in those cases where a perpetrator shoots his family and then turns the gun on himself.

From this it can be extrapolated that familicide appears to be an imprecise and evolving term, sometimes used in the literature to describe murder-suicide within the nuclear family where the spouse and children are killed (Alder and Polk 2001:13), sometimes used to describe massacres, that include members of the extended family, whether or not the perpetrator suicides (Ewing 1997:134), sometimes used to describe murder of the spouse and children where the perpetrator does not necessarily suicide (Daly and Wilson 1988:82), and sometimes used to describe offences where all the children, but not the spouse are killed, whether or not the perpetrator's suicide attempt was successful (Johnson 2005:126-127).

Other writers, use combinations of these terms or occasionally select another term altogether. For example, Brookman refers to offences that might elsewhere be described as familicide as "family annihilation" (2005:196). Consequently, it is important, when comparing data, to take steps to clarify definitions for each data set. It is therefore incumbent upon each researcher to clearly define the term they use to ensure clarity of understanding about the subject of their particular research project. In summary, generally in the criminological literature, familicide refers to acts of multiple intra-familial homicide, followed by the suicide or attempted suicide of the perpetrator, whereas in the news media and amongst the general public, including homicide survivors, the term is used far more loosely. Without a clear definition, there are problems in researching the offence, I will now present some examples of these problems.

There have been a number of cases in Australia where a father has gassed himself and all of his children in a car, in what is regarded as a typical familicide. However, should a parent kill only one of their several children and then suicide, or if a father has only one child and gasses that child and himself in a similar

manner to that previously described, the offence is likely to be referred to as a filicide (child killing) followed by suicide. In the South African research mentioned earlier a case such as this was included in the familicide data set (Olivier, Haasbroek et al. 1991). Therefore, when considering familicide and filicide-suicide it may be difficult to determine whether there are any differences between them other than numbers of victims, especially if there is a lack of qualitative data. However, in attempting to better understand the offence, psycho-social context, long and short term antecedents of such offences, perpetrator motivation and the intended consequence, are all likely to be more relevant than numbers of victims. For this reason it is important that appropriate criteria are established to define each offence.

If research is being undertaken to gain understanding of familicide offences with the hope of prevention, there may be no benefit in including one case and excluding the other. After all, killing your own child and killing yourself are sufficiently antithetical to what might be considered the normal drives for self-preservation and protection of progeny, to indicate some common level of disturbance to the individual's equilibrium. If these offences are to be prevented then first they must be understood, without necessarily imposing an artificial definition, which may or may not be relevant to this endeavour. What follows are some examples of offences, which presented dilemmas with regard to their inclusion or exclusion from this research, how these were approached, and on what basis they were included or excluded. The process of making these decisions highlighted that it may be useful to reconsider defining an offence on the numbers of victims and perhaps consider factors such as social history and perpetrator-victim dynamics.

Dilemmas of Inclusion and Exclusion

There were three cases, which initially appeared not to meet the original criteria for the study, but on closer examination and for various reasons, which shall be explained, two of these were included. I now discuss them individually and provide reasons why I made the decision to either include or exclude them from the research.

Case No.1

I came across the first of these, when seeking survivors who wished to be interviewed. This case was included in the study because one of the surviving family members believed strongly that this case was a familicide, and wanted very much to contribute their experience, knowledge and insights to the research project, with the altruistic motive of wanting to assist in progressing understanding of these offences. In retrospect, the richness of the data gathered in this instance not only made a significant contribution to the research, but once more called into question how researchers define categories of homicide, and how this may not necessarily fit for the people with the most intimate knowledge of it.

Once an appointment was made to meet the survivor, it soon transpired that although a woman and her child had been killed, the perpetrator was not, as I had expected, the murdered woman's current or former partner, but her adult son from a previous relationship. A further anomaly to the categorisation of this offence was that there was no evidence of the perpetrator attempting suicide. Nevertheless, the offence was clearly a familicide, in the broader context of the offence (Ewing 1997:136-137). The survivor and would-be participant was clearly viewed by other homicide survivors, and referred to by them, as a survivor of familicide. They had referred him to me, as they were aware of his commitment to contribute to understanding of the offence, and believed his experience would provide a significant contribution to the study.

Upon speaking to this man by telephone and beginning to discuss his experience and reasons for wanting to be included in the study, I found myself agreeing with their assessment, and given the rare opportunity to interview familicide survivors, due to the low incidence of the offence and the extreme trauma experienced by survivors, I decided to conduct the interview and include this case in the research. This decision was influenced by a growing appreciation that an arbitrary way of categorising the offence may be hindering the research and understanding which may flow from it. Consistent with my constructivist approach I accepted that survivors have the right to categorise themselves, believing that they are in the most informed position to do so. This respondent's contribution was rendered even more valuable, given the dearth of

information about first hand experience of familicide, and the insights he was able to provide about both the victims and the perpetrator of the offence.

Case No. 2

The second case involved a man whose marriage had ended after ten years, and who was reportedly anxious and depressed as a result of the separation (Caccetta and Reid 1998). Whilst exercising access to his four-year old child, he placed a hosepipe from the car exhaust into the interior of the vehicle, and was preparing to gas himself and the child at an isolated location within bushland at a large park. Fortunately, the offence was interrupted by some passers by, who were alerted by the hysterical cries of the child, the intended homicide victim. They managed to intervene, and the offender changed his mind, subsequently returning the child safely to his mother. I decided to include this case also, as there did not appear to be major differences between this and other cases where multiple children were killed, except that the father appeared to have only one child, and that the offence was interrupted and therefore became an attempted murder-suicide rather than a murder-suicide.

When this case was heard in court, the defence counsel, described the offence as being “on the spur of the moment” (Gibson 1998), but this is a description which could be challenged by the facts that were presented later, and indicates some naivety about familicide, as the garden hosepipe used to transmit the exhaust gas from the car into the vehicle must have been placed in the car prior to the familicide attempt, unless the offender just happened to have a suitable length of garden hose in his car, at the very time he “spontaneously” decided to kill his child and commit suicide.

The indications are that the attempted filicide-suicide was a very serious attempt, as reflected in the judge’s comment, that the offence warranted a prison sentence, and that had it not been for the timely intervention of the passers by, it may very well have been successful (Caccetta and Reed 1998).

Previous research has shown that most attempts at familicide are successful, because the offender usually commits the offence in a carefully chosen, isolated place where there is little chance of the vehicle being used for the offence being

discovered. Perpetrators are so efficient in this that often the vehicle is not found until an organised search has been implemented (Johnson 2005:7-8). Fortunately for the child in this case the venue chosen was not so isolated as to escape notice.

Research previously undertaken on familicide (Johnson 2005) indicates that to kill a child or children and commit suicide using carbon monoxide, is a pre-meditated offence. It requires the prior purchasing or procuring of materials. These may include hosepipes, to transmit the gas from the exhaust system into the car, the manufacture of a device to adapt the hosepipe to the size of the exhaust pipe, materials to block up any gaps through which air could enter the vehicle, and restraints and/or sedatives, in order to prevent the children from escaping the vehicle, prior to such an attempt being made on their lives (Johnson 2005:7-8).

Case No. 3

In this case a mother gassed her young child and herself in a vehicle parked at her residence. This case differed from the usual carbon monoxide familicide in its location and there was very little information about the antecedents or circumstances of the offence. Neither was there sufficient data to determine whether the child was the perpetrator's only child. On the basis of the lack of details available about this offence to determine the relevant factors, it was excluded from the data set. However, I am aware that it may have been very similar to Case No 2.

Incidence

Over the nominated ten-year timeframe, there were initially found to be four familicide events which met the original definition, outlined at the commencement of the project. The additional offences were included for reasons which have been explained. The number of murder victims in each case varied between one and five. In only one of these offences was the perpetrator's partner as well as the children killed. As can be seen from Figure 6.1 it is not possible to determine any trend in frequency due to the low incidence of the offence.

It can be seen that although there were only six of these incidents, the loss of life was significant. Together the offences accounted for sixteen homicides comprising fifteen children and one woman. In addition, four other adults, two men and one woman (perpetrators) suicided as part of the familicide event (two suicide attempts failed), a total of twenty deaths. Thus it can be seen that referring to familicide as a rare and infrequent event, rather than by considering the numbers of individual homicide victims in each case, together with the number of deaths by suicide which result from them, may have a tendency to minimise the impact of familicide on the community.

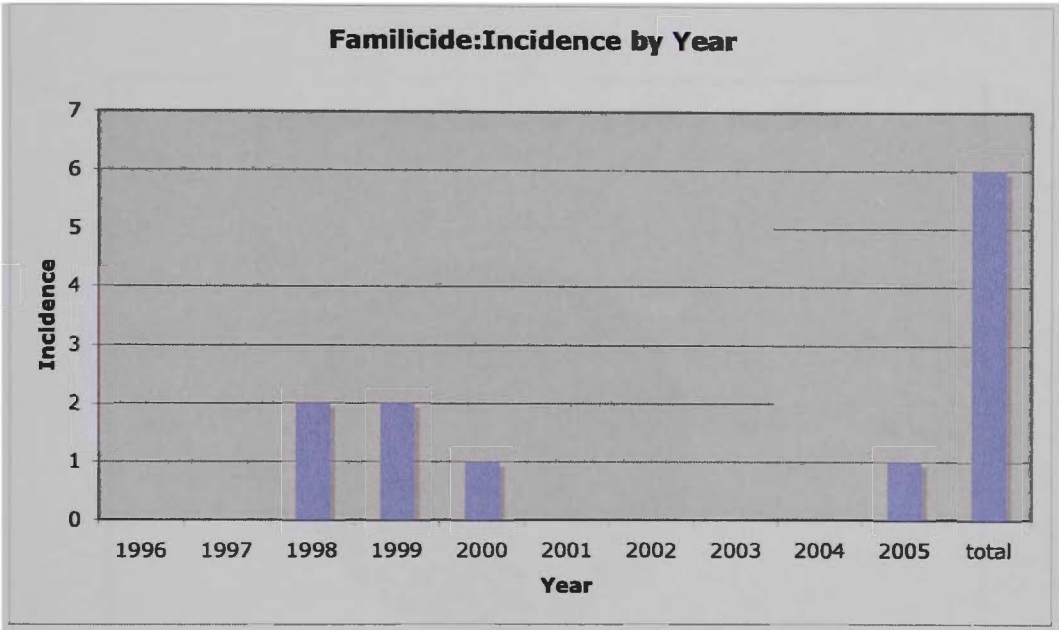


Figure 6.1: Familicide Incidence by Year

Perpetrator - Victim Characteristics

Race

There was no indication that any of the six perpetrators were Indigenous. The woman who was killed was not Indigenous and there was no indication that any Indigenous children were killed as a result of familicide. Whilst this is interesting data, due to the small number of cases no inference may be drawn from this.

Gender of Perpetrator

As with previous research on familicide, it was found that familicide is most commonly an offence perpetrated by men, primarily against their own children and/or their wives (Wilson and Daly 1995:286; Ewing 1997:134; Alder and Polk 2001:84). In five of the six cases, the perpetrator was male. One man killed his

wife as well as his children, before attempting suicide. None of the other perpetrators killed their partner.

Gender of Victims

There was one adult female victim in the familicide cohort. As with previous research in familicide and child killing (Alder and Polk 2001; Wilczinski 1997), gender does not appear to be an issue in predicting victimisation of children in familicide (Johnson 2005), (see Figure 6.2). There were eight girls and seven boys killed in the six offences in this cohort, additionally one boy survived the murder attempt.

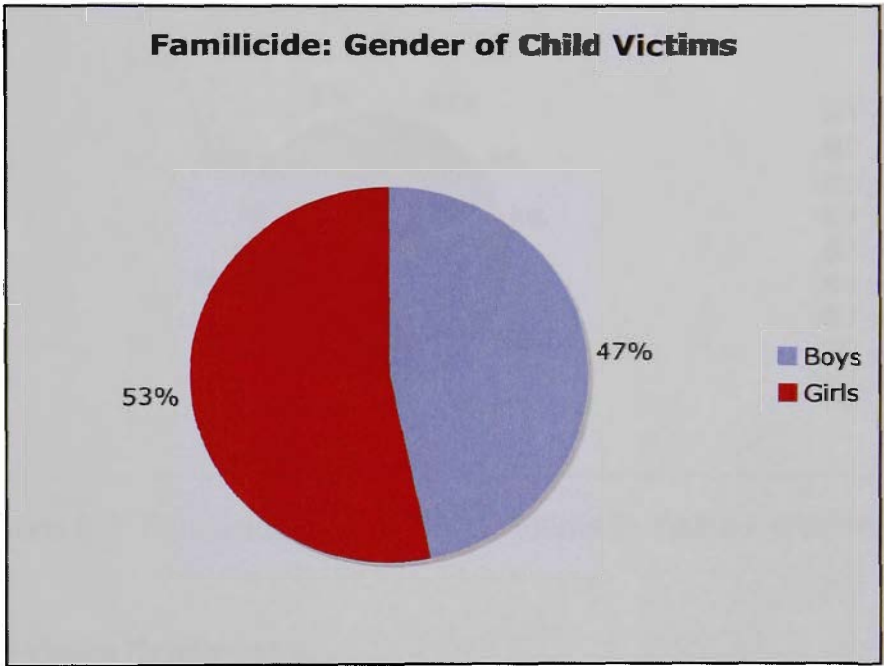


Figure 6.2: Familicide Gender of Child Victims

Age of Perpetrator

Perpetrators were aged between twenty-five years and forty-four years. This is consistent with other research where the age range of perpetrators was found to have been twenty-seven to thirty-nine years (Johnson 2005:34; Olivier, Haasbroek et al. 1991). This is not surprising given that child victims of familicide tend to be under seven years of age, and the age of the parents is congruent with the average age range during which procreation takes place. In Australia the age range for male procreativity is twenty-five years to thirty-nine years (ABS 2006a).

Age of Victims

The adult woman who was murdered was aged thirty-six years. Very young children tend to form the majority of child murder victims, possibly because they are smaller, more dependant on adults, are less likely to understand the homicidal intent of their attacker, and are unlikely to be able to run away. This was reflected in the ages of the children involved in these offences, all of whom were aged between one and ten years with the average age being five years, see Figure 6.3. The majority of children (n=eleven) were aged six years or under (sixty-nine percent).

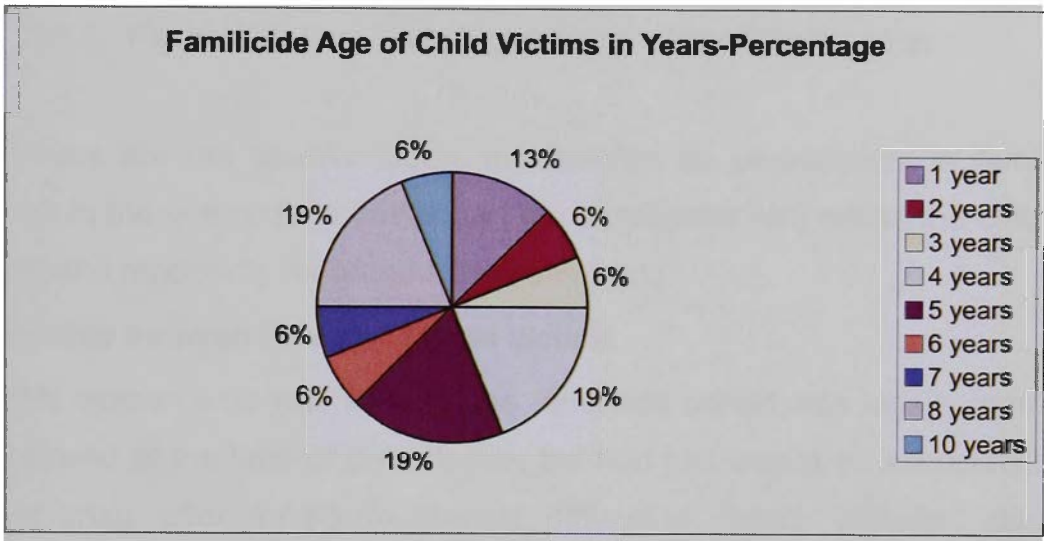


Figure 6.3: Familiicide Age of Child Victims in Years-Percentage

Perpetrator-Victim Relationship

As can be seen from Figure 6.4. the relationship between perpetrator and victim in most offences was typically father although in the only case of a female perpetrator the high number of victims tends to skew the results.

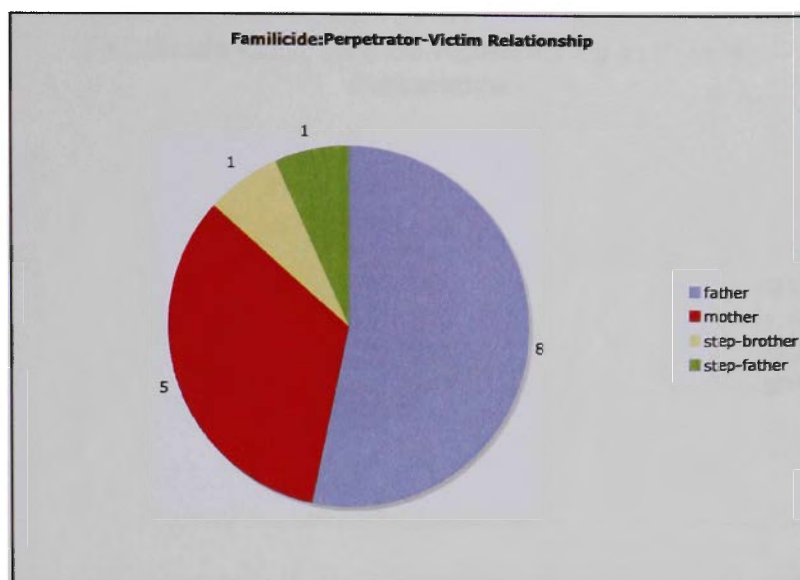


Figure 6.4: Familicide Perpetrator-Victim Relationship

Stepfathers are not usually highly represented as perpetrators in familicide, although in the one case in this cohort the perpetrator had raised the child from infancy, and reportedly regarded him as his own.

Relationship Between Parents of Child Victims

The only woman who was killed in the familicide cohort was legally married to her husband at the time of the offence, but had just begun an association with another man after long-term marital difficulties, which included domestic violence remained unresolved. The relationship between the parents of the murdered children included four described as de facto, and three of these couples were separated at the time of the offence, see

Figure 6.5. In one of these, the couple had recently separated, and in another, the couple had been separated for years prior to the offence. In one case, although the relationship between the parents was reportedly violent with allegations that the woman was the perpetrator of the violence, and there was a highly conflictual family court case relating to access to the child, the nature of this relationship did not appear relevant to the offence as neither parent was the offender, although it did mirror the conflictual context of other offences. There was one case where the relationship of parents was unknown.

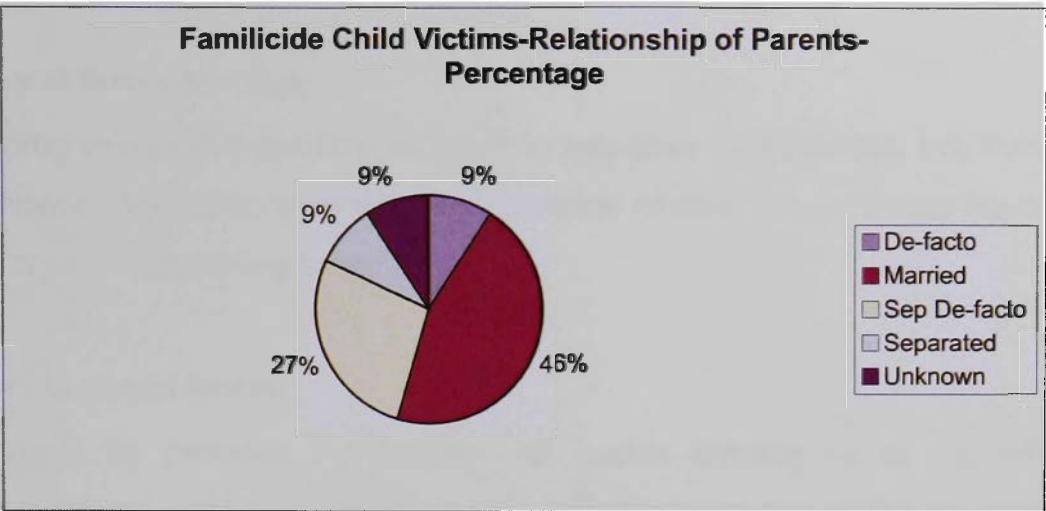


Figure 6.5. Familicide Child Victims-Relationship of Parent Percentage

All children except one were the natural children of the perpetrator. Nine children were killed by their father, five by their mother and one by his stepfather.

History of Violence

There was a reported history of violence in three of the six cases, as evidenced by media reports and survivor interviews, but very few details available about this. In one case it was noted that the violence was a factor in the woman leaving the relationship, and in another that it was a factor in her planning to leave.

One survivor, whose de facto relationship with one of the victims had ceased some time prior to the offence, had been locked in a protracted and bitter Family Court dispute with her about access to their child. Both she and their child became victims of a particularly horrific familicide offence committed by her adult son, before the case had been resolved, which left her ex-partner contemplating the events which foreshadowed it, and the allegedly violent and abusive context in which it had occurred. He related a history of emotional, physical and verbal abuse by his partner towards him and her children.

History of Substance Use

Illicit drug use was reportedly an issue in one familicide offence, but there was insufficient information available, to determine whether or not it may have been a factor in the remaining cases.

History of Mental Illness

The accounts provided by survivors of events leading up to the offences indicated there were signs of emotional disturbance in five of the six cases. Of the five male offenders one man was described as suffering anxiety and depression prior to the offence, another had been diagnosed with schizophrenia and evidence presented in court claimed that he was psychotic at the time of the offence, a third was known to have been depressed in the months prior to the offence, but had seemed to improve immediately before the offence, and a fourth was described as “devastated and not coping”. The woman who left a note before the offence was reported by her partner as not having been depressed and yet this appears to be contradicted by police describing it as a “cry for help” (Ashworth 1999).

To what extent treatment was being received for these illnesses could not be determined by the available data, even in those where a diagnosis of mental illness was reported. This raises the question of whether there might have been a personality disorder underlying the distress, prior to the offence, that rendered the perpetrator less able to cope or to seek appropriate help. It also raises the issue of sensitivity or lack of sensitivity to the perpetrator’s emotional state in his social context.

Offence Characteristics

Use of Weapon and Cause of Death

As most deaths were caused by carbon monoxide these did not involve a weapon as such. Twelve children died as a result of carbon monoxide toxicity, after being enclosed in a sealed vehicle with the engine running, and the exhaust gas being piped directly into the passenger compartment. There were two familicide events where the mode of death varied from this. In one case the adult victim was stabbed by her husband, whilst the two children had their

throats slit by their father, who then stabbed himself in his failed suicide attempt. In the remaining case a man killed his mother by stabbing her, and then stabbed and asphyxiated his sister, who was aged four years at the time (see Figure 6.6).

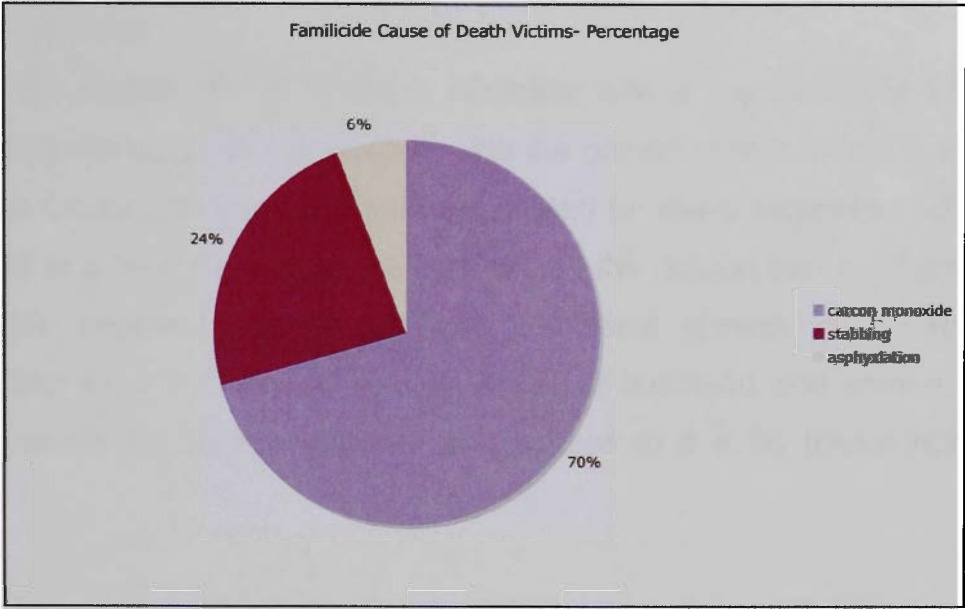


Figure 6.6: Familiicide Cause of Death Victims-Percentage

Mode of Perpetrators' Suicide

The mode of suicide in familicide is quite different from the mode of suicide in Australia generally, which is most frequently hanging, followed closely by shooting (ABS 2006c). It is difficult to establish the precise extent that carbon monoxide is used in Australian suicides as this mode of death is included in the data for all other poisonings and the aggregated figure for these is sixteen percent (Ibid), but police and coronial data indicate it is used in almost all familicides which include small children. All familicide perpetrators in this study who successfully suicided, used carbon monoxide as the means of their own deaths, as well as that of their children.

Where it Happened

As with the majority of known cases of familicide in Western Australia, the most common place for familicide in this study to occur was in bushland or in public open space. Four of the six offences took place in this type of location and all of these involved carbon monoxide as the means of homicide-suicide or attempted homicide-suicide. The exceptions to this were two cases where a different means of killing were employed, and both of these took place in the family

home. These two offences differed from the typical premeditated and carefully planned familicide, in that they appeared to have been more spontaneous, although in both cases there were reports of prior threats to kill.

Regional Location

Perth is the capital city of Western Australia with a population of 1.5 million (ABS 2008). Although on the western side the growth of its suburbs is limited by the Indian Ocean, its sprawling suburbs extend for many kilometres both north, south and to a lesser extent to the east where the natural barrier of the Darling Scarp has impeded such rapid and extensive growth of housing. The metropolitan area is bounded by vast areas of bushland and semi-rural land, parts of which are thickly wooded, and access to it is by tracks rather than roads.

It is here on the outskirts of the city that most of the familicides in Western Australia take place, and probably why they are so successful, because there is little chance in these isolated areas of the offence being detected by passers by, or of them being discovered until someone raises the alarm because the family is missing, by which time it is typically too late to save the family. All except one case of familicide, which occurred in a country town, involved families from the Perth metropolitan area, although in three cases the perpetrator drove the victims to an area, either on the outskirts of the metropolitan area or further out into the country, in order to effect the crime in bushland or other open public space.

Fractured Families⁴

As by definition, familicide is an offence committed against family members (often but not exclusively children) by another member of their own family, it is likely that individuals who had a relationship with the perpetrator will have had a relationship with the victims also. This may cause some ⁵cognitive dissonance for them after the offence, because although in some ways they may wish to

⁴ This term emerged in previous research on families undertaken by Dr B. Clare, School of Social and Cultural Studies UWA

⁵ Lack of fit in attitude

view him as a victim by virtue of his suicide, the homicidal component of his act contradicts this perception, and will be at variance from the perception of most other people. If, as is often the case with a perpetrator's family of origin, they maintain the view of the perpetrator as victim, this is likely to set them apart from the rest of the community following a familicide, and may hinder their ability to seek and gain support from the social networks that they might otherwise turn to, in times of crisis.

For those who had a relationship with the victims, and were not members of the perpetrator's family of origin, there is often awareness that the perpetrator had a history of violence and/or controlling behaviour and that threats to harm self, and others, preceded the offence (Johnson 2005:67-68). If the perpetrator's family of origin refuse to acknowledge this history, it is likely that the extended family, once joined by an intimate relationship, will become fractured and alienated. This often occurs along the original maternal and paternal boundaries of family composition, which preceded the relationship, but sometimes rifts can also develop within the family of origin of either victim or perpetrator and this can add another layer of pain, to what is already a family tragedy of immense proportions, the trauma of which has been found to percolate across generations (Johnson 2005:121-134).

Myths and Sensitivities

It is acknowledged that the low incidence of familicide does make it a difficult topic to study, and perhaps explains in part, the paucity of research both in Australia and internationally on familicide. As a result, familicide is poorly understood and perhaps because of this, myths or misconceptions exist in the community about causal factors. These myths, which are only just beginning to come under scrutiny (Johnson and Egan 2006:458) are often supported and promulgated by media speculation when a familicide occurs, and may serve as a catalyst for uninformed comment. Interpretations of the offence, which sometimes focus on gender, can be polarising, and may hinder understanding of the complexities of familicide. Some of these myths are that:

- Familicide is caused by a dispute in the Family Court

- Familicide is caused by women exaggerating men's violence in the Family Court
- Familicide is caused by men being denied contact with their children when they separate
- Familicide is a spontaneous act
- Familicide is an act of love

Myths

Familicide usually includes extensive and emotive media coverage. The offences typically generate emotive front page headlines. For example, "Doting father became killer" (Fitzpatrick 1994) and "A father's love that went so horribly wrong" (Gregg and Moore 2004). This may cause an additional burden to surviving family members, and to associates of both perpetrator and victims. Whilst not condoning homicide, most people seem to understand that the circumstances of marital separation can elicit strong emotional reactions, including anger and depression, and that an individual who may normally behave consistently may become erratic at such a time. However, at present familicide remains an offence which appears to be essentially inexplicable to most people, and which continues to elicit shock and disbelief from the community each time it occurs.

Sensitivities

There are also particular sensitivities that surround the topic, because the offence of familicide breaches a number of societal taboos, being those of murder, child murder, intra-familial murder and suicide. Any one of these events may elicit strong feelings, because such offences are particularly confronting for the community as a whole to accommodate, but when all three taboo areas are comprised in one offence, there can be shock, outrage and disbelief, which is often reflected in the media, following a familicide. This is no less the case for the staff in those agencies whose duty it is to respond, such as police, ambulance services, coronial staff, counsellors and medical authorities. The biggest impact is usually felt by the families and friends of both perpetrators and victims, who are left to try to make sense of an act which is horrifically personal, but simultaneously, foreign and beyond comprehension.

The Data

In the majority of cases in the familicide cohort, the qualitative data was limited, and was confined to the police offence report or newspaper reports covering the offence, as there is no criminal court case to be reported upon, if the perpetrator suicides. Whilst data provided in offence reports for any offence is typically fairly brief, the extent of the newspaper coverage varied, depending on the particular characteristics of the case. For example, in the instance where a father attempted to gas his child and himself, there was little coverage, but in a case where four children and their father were found gassed in a car in the forest, there were a number of articles over many days.

Perpetrator interviews were a source of much of the qualitative data obtained in the intimate partner homicide and intimate partner homicide-suicide cohorts. However, as the perpetrator's suicide attempt in familicide is usually successful, and there are few chances to interview a surviving perpetrator, I was able to do this in only one of the seven cases.

The six cases of familicide will now each be presented in the form of summarised case studies, in order to illustrate the context in which familicide occurred in this study. I have included additional comments from both survivors and perpetrators that provide further illustration of the context of familicide in this cohort.

Scenarios of Familicide:

Scenario One – Gareth and his family

Gareth, a young man with a history of drug abuse and mental illness who did not suicide or attempt suicide at the time of the offence, killed his mother and his sister in the family home in a homicidal rampage, following a noticeable deterioration in his mental health over some time. Despite his mother's reported repeated attempts to seek help for her son, it appeared her concern was not translated into preventative action, Gareth's ongoing drug use had been a long term problem to his mother. There was evidence of an altercation between the two just prior to the offence and his mother had struck, or pushed Gareth cutting his lip. At his trial, evidence was given that indicated he had stopped taking his

mood stabilising medication days before the murders and that he had been psychotic at the time of the offence (Darragh 2007; Cahill and Sander 2007).

Scenario Two – Darryl and Martine

In this case Martine and Darryl had been separated for years and reportedly enjoyed an amicable relationship, with the children moving freely between their parents' homes. There were four children, two boys and two girls. More than a year before the offence there had been sexual offences committed against the girls by a male relative of Darryl's, who was living with him at the time. The offences had occurred whilst the children were on access to their father.

After the murders Martine suffered from depression and reported that there were times when she contemplated suicide. She clearly blamed Darryl's relative for sparking the events, that led to the murder-suicide and complained that the jail sentence he received of seven and a half years was too short. She described her ex-partner as a caring responsible father who often took his children fishing, swimming and bushwalking. She said that he had become depressed after the children disclosed the abuse, and that he had felt guilty about allowing them to have contact with his relative, who had previous convictions for sexual offences. When the children disclosed the abuse, Darryl had assaulted this man by stabbing him several times and then turning the knife on himself. Darryl realised he was certain to be jailed when his case was dealt with by the court and that this would mean he would be separated from his children (Barton 2000).

Scenario Three - Peter and Rita

Three children and their father died in this scenario. It was reported that Peter and Rita had been separated only weeks before the offence. Peter had become increasingly irrational, abusive and violent after Rita left, and had remained in the family home with the children after the separation. He had become "upset" after a Family Court ruling had limited his access

to his children to two out of three weekends. Peter had written to Rita threatening to kill the children. The day before they were killed, he had driven off with the children in his vehicle, and had tried to get Rita to meet with him. The police advised her not to go as they were concerned for her safety.

The police were aware that Peter had threatened to harm the children, and after locating his vehicle on a country road they gave chase. However, this was abandoned as being too dangerous to the children when Peter's vehicle reached speeds of up to 170 kilometres per hour. It seems there were some problems with police communications, causing them to miss a chance of intercepting the vehicle. By the time the vehicle was located, the children and their father had died, as a result of carbon monoxide poisoning (Darragh 2000).

Scenario Four – Richard and Andrea

Richard and Andrea had been married for years and had two children although it is known that the relationship was unstable, with a history of domestic violence, and failed attempts to resolve conflict through counselling. On the night of the murders, Andrea had told Richard she intended going out with another man. Richard killed her and their two children, aged ten and eight years by stabbing them. Then reportedly spent hours cleaning the house, and the bodies before tucking them up in bed beside family photographs, writing notes and making a shrine. Evidence presented at his trial indicated that Richard had been contemplating the crime for a month before committing it (Gibson 2000).

Scenario Five – Denis and Robbie

This was the only case of familicide where the perpetrator was female. The young perpetrator, Robbie, aged twenty-five years, killed her five children aged between one and eight years old, in what is believed to have been one of the worst familicides in Western Australia's history. Police reported that there was no evidence that Robbie was depressed, she had not separated from her husband and there were no custody

battles. Robbie's older brother, who was interviewed following the offence, reported that their family of origin had been quite transient and that he had had no contact with his sister for a number of years and was not even aware that she had children. The offence was described as being a complete surprise to the woman's husband and the father of the children, Denis. It was found that Robbie had written a note before driving off with the children in which she had been pleading for help, yet no-one seemed aware of her distress. The note had not been located by Denis until after the bodies had been found (Ashworth 1999).

⁷Talking About Gisela

She always picked on her children and on me. She would bash me for extended periods and punch me. She was trained in martial arts and was very strong. I would block punches and would curl up in a ball. I didn't know what to do. There were hours and days of verbal abuse. It was constant. She told me she would destroy my relationship with my family and she did. I am now alienated from them. She used to ask to be raped which made me think she had been sexually abused. There were allegations of sexual abuse in her family, and her son was allegedly sexually abused too.

She was complex, annoying, narcissistic and obsessively jealous. She had friends who were criminal and dangerous (members of an outlaw motor cycle gang). She was enchanting, but very destructive to anyone who entered into an emotional relationship with her. It was a nightmare for me to talk to anyone. If people rang me about work, she would listen in, and want to know all the details.

When she was pregnant with our daughter she threatened me that she would have an abortion. She said "I'm going to kill your child," I

⁷ The voices of survivors in this section of the thesis are not named for reasons of privacy and concerns for their future safety and to comply with ethical guidelines agreed to in undertaking this research.

had been slowly tortured for years. I think she hit our daughter because if she did anything wrong she would hide. I was naïve I thought she might change and was depressed when I left. I wanted to get back, wanted to have a family. She threatened she would deny contact with my daughter. I used cannabis. I was verbally violent. She hid a voice activated tape recorder in my house, I found it and smashed it.

She was not diagnosed with a mental illness but showed emotions differently from other people.

Talking About Gareth:

He had a poor relationship with his mother He was taking drugs, he smoked too much pot, he was obsessive with it.

He had said he wanted to kill his father. He had a succession of stepfathers so I don't know which father he meant.

The Aftermath

Immediately after one of the offences a ⁸relative of the murdered children was reported as saying:

"I don't know how to react. I'm still trying to find out the full details from police. It's tragic, especially with the children."

As with other homicide, it is difficult to imagine how an individual who survives familicide can make any sense of the offence and move on with their life. There were reports that the four-year-old who survived his father's attempt to gas him

⁸ The voices of survivors in this section of the thesis are not named for reasons of privacy and concerns for their future safety and to comply with ethical guidelines agreed to in undertaking this research.

was very traumatised and required medical treatment subsequent to the offence and counselling for some time afterwards.

When asked how she coped with the offence one woman interviewed by a journalist reported:

I got to a really low point a few weeks ago where I realised how easy it would be for someone to commit suicide. The thought of the kids keeps me going. I know they wouldn't want me to be depressed and crying all the time (Barton 2000).

The only survivor of familicide who was interviewed provided these comments:

I made a decision on day one that I would survive, that I will get over this. I don't know what is in front of me. I have had a lot of personal support. At first I was never alone, not everyone in this position has that. As long as you are alive and half sane, for the next couple of years that's as much as you can expect, in terms of how you will function. I have to grow into it. At this stage I can have no photos of her, no kids things around the house. I couldn't cope with the reminders.

I am inconsistent with work. I can't run a business now like I did before, because I can't keep the books. I used to do contract work. Now I have to work for wages. I cannot do dangerous work any more, cannot use equipment. I have lapses of concentration, and memory lapses too, it could be dangerous. I think it will change. I see my weaknesses and try to address them I just do what I am capable of. Work that used to take me a day can now take me up to a week.

I get a funny feeling when I go to the Homicide Survivors' Group meetings, I start to think why I am I here? I feel unsure, question whether I am insane, then I think, 'Oh yes, I've paid my membership dues' (survived familicide).

I had valium at first but now I drink a quarter bottle of bourbon a day. I know why I drink, I acknowledge it to others, "Self medication," the doctor called it.

I decided to make time for myself to run or to exercise.

Jesus and Buddha were like psychologists. They realised the path to happiness is forgiveness. I have forgiven but I cannot forget.

No doubt the horrific nature of the offences also cause significant trauma to others such as volunteer searchers, ambulance officers who are required to attend the scene and police as evidenced by this report in a daily newspaper:

One of the young detectives was quite distraught at finding something like this. Something like this that involves young children is terrible (Ashworth 1999).

Why did it Happen?

The issue of altruistic motivation in the depressed perpetrator (either misguided or influenced by delusional thought processes) is a recurrent theme in filicide-suicide, and in some types of familicide, especially in those cases where there has been an experience of significant loss for example loss of family through marital separation, or loss of status, power and financial resources, through loss of employment, or a collapse of business or investments (Ewing 1997:134-136). These comments made by survivors, and in one case by a psychologist, appear to attribute some degree of altruism to the perpetrator, when attempting to ascribe possible motivation for the offence:

I think he thought that if he took the children with him (murder-suicide) that they would always be together and no-one could ever hurt them again.

I think he may have killed her to protect her from suffering the abusive childhood he had suffered at the hands of their mother.

(She) may have killed her children along with herself because she did not believe they could get by without her.

As familicide perpetrators are usually successful in their suicide attempt, it is rare for a researcher to have the opportunity to question them about their motivation for the offence. I have had only two opportunities to do so. Once as a clinician, and once whilst undertaking this study. Neither of the two male perpetrators I have spoken to could offer an explanation as to why they killed their families and attempted suicide. Both were filled with remorse for their actions. The first of the following comments was provided by the only perpetrator respondent in this cohort, when asked why he committed the offence. The second is taken from a communication from an imprisoned perpetrator to his family, which was provided to me by one of the survivors:

In the clear light of day I can't make sense of it. I don't know why. I ask myself the same questions you are asking me.

The pain I feel is killing me, I'm hurting every day. I'm cutting myself to pieces over this, I drench myself with tears.

Contact with Community Agencies

Family Court

There were two cases involved with the Family Court at the time of the offence, but in only one of these was the perpetrator a parent to the victimised children. The following comments provide the experience of the survivor who was interviewed, and asked to describe the events leading up to the offence:

Family Law is dangerous for families, it's like gambling, the odds are going up against you. Either my child was going to suffer long term prolonged emotional damage or she was going to be caught in the crossfire. Violence was perpetuated on me through the Family Court. A breach of access took five months to get to court.

There were obvious lies, not turning up to court, stalling. The violence was sanctioned by the Family Court and not pulled up. The law allows it for people like that because although they behave badly, it is condoned. There are no sanctions, no boundaries by society. She refused to engage with the Court process.

I applied to the Family Court because she stopped contact with my daughter. She had applied to the Family Court for custody and was trying to reduce my access. She had a history of having children and then removing them from contact with their fathers, eradicating them from the fathers' lives.

Police

It is not clear from the available data to what extent Police had previous involvement with families and this would surely be an area worthy of further study, because of the potential opportunity they may have to intervene before the lethal event.

Mental Health Services

Although in some cases there were reports of mental illness, including schizophrenia, anxiety and depression, in perpetrators prior to the offences, it is not known whether treatment was being received by them. Men in particular are known to be difficult to engage in treatment services, especially in the areas of mental health and psychological counselling.

Child Protection Authorities

In one case it was reported that the family was known to child protection authorities. In the others there was no indication of whether or not there had been any contact. In considering the violent context of these offences it is concerning to note that child protection agencies were not apparently involved or aware of these circumstances. Previous research in familicide (although the sample was small) (Johnson 2005:71) has shown that although domestic violence including power and control of their partners and children was an issue, there were few reports of the family's involvement with child protection authorities. This may be due to the lack of recognition in the community about the effects on children of living with violence. Again, this is an issue worthy of

further research as prevention strategies may well require the involvement of such agencies in the future.

Themes

There are four themes which have been identified by researchers, as being highly relevant to familicide, they are firstly retaliation, secondly depression or other mental illness in the perpetrator, thirdly lack of individuation, where the perpetrator appears to have viewed his partner and/or children as an extension of the self. Therefore, killing them may be (from an intra-psychic perspective) an extension of the suicide (Easteal 1993; Johnson 2005:126-130; Polk 1994; Wallace 1986; d'Orban 1979; Wilczynski 1997:45) and finally (in male perpetrated offences which comprise almost all familicides) the fourth theme identified, is one of male proprietary attitude, where a sense of ownership and a drive to obsessively control their partner, allows men to kill their partners and their children to avoid them leaving (Ewing 1997:135; Polk 1994). Previous work undertaken on Western Australian familicide following marital separation (Johnson 2005:130) indicated that these four themes are not mutually exclusive in familicide, and that some of these offences evidenced two or more of these themes. These themes will now be discussed:

Retaliation

Research has shown that male perpetrated familicide is often motivated by the offender's wish to retaliate against his wife for leaving the relationship, to pay her back for her abandonment (Alder and Polk 2001:83; Ewing 1997:99; Johnson 2005:127-128). This motivation is sometimes referred to as "spouse revenge" (Resnick 1969). This may explain why in cases that involve separation, the woman is often not killed, but allowed to survive so that she may experience the pain of living without her children. Whilst this may seem a very distorted and extreme form of revenge, research has found that it "most often appears to result from a desire to inflict harm on the child's other parent rather than from any underlying psychopathology" (Ewing 1997:99).

Depression

Depression has often been linked to Intra-familial homicide generally and particularly to parents killing their children. In times of financial adversity or ruin, depressed men have been known to kill their entire families, in an apparently altruistic attempt to protect them from ensuing hardship (Ewing 1997:126-139).

In a not dissimilar way, depressed women trapped in an abusive relationship, with no hope of escape, have been known to kill their children before suiciding rather than leave them to cope with the abuser without protection, but in these cases do not kill their husband, as he is the cause of the torment which leads them to this course of action (Daly and Wilson 1988:216). The community has long recognised the particular vulnerability of post partum mothers to a depression-induced child killing in the offence of infanticide, which is an offence for which only the biological mother of a child may be charged, and which may only be invoked when the child victim is aged twelve months or younger (Criminal Code Act Compilation Act 1913). This law is currently under review in Western Australia. Where familicide occurs as a result of a deep depression in the perpetrator, there are a number of different views about why this occurs. Easteal saw the suicide component of familicide as possibly being remorse driven, following the homicide (1993:97). Carcach and Grabosky explained the suicide component of these offences as originating in anger directed at the self as a response to a “homicide induced frustration at the loss of the source of nurturance” (1998:4).

Lack of Individuation

Whilst not wishing to totally discount remorse as a motive for the suicidal component of these offences, previous research suggests the premeditation involved in the offences was concomitant and related to both the suicidal and homicidal components of the offence (Johnson 2005:126-129). Some perpetrators reportedly were unable to conceive of a life separate from their partner and/or children and it has been posited that the homicide is an extension of the perpetrator’s suicide (Berman 1996).

Male Proprietariness

There is considerable evidence in this and other studies to suggest that perpetrators saw their wives and children as “property” (Wilson and Daly 1995:286; Ewing 1997:135; Polk 1994:56). Furthermore, they made statements and comments which indicated they viewed themselves as having the right of life and death over their families. One perpetrator told me during his interview:

We (men) think we own our wives and children but we don’t.

Towards Understanding

The literature that is available on familicide emanates from a range of disciplines, and whilst there are different explanations proffered for the offence, even within disciplines, there are also some common threads amongst them, which will continue to guide the direction of future research on familicide. As I have done previously with the intimate homicide and homicide-suicide cases, I shall illustrate this with relevant examples of the work of some significant researchers from different disciplines and theoretical orientations, who have all contributed to the literature on familicide. In doing so, I shall not attempt to encompass the full breadth of theoretical approaches, which may make comment on this phenomenon.

Carl Malmquist

Carl Malmquist is professor of social psychiatry at the University of Minnesota. His background is in forensic psychiatry where he has provided consultancy on hundreds of murder cases. He draws on this extensive experience in his comments on familicide, where he warns that failing to make the important distinction between familicide and other mass killings may hinder understanding of the offence, as familicide is characterised by very different psychodynamic and psychiatric features than mass murder of strangers (Malmquist 2006:44).

Malmquist raises the issue of psychotic depression as being a factor in many familicide offences. He explains that the anger towards self, which usually inhibits the offender from acting out, becomes mobilised in these cases and the resultant homicidal impulse emanate from an externalisation of this anger. It is not clear from Malmquist's description of this process as to how or why the anger becomes mobilised or what sort of trigger he sees there may be to cause this shift (Malmquist 2006:253). However, his description of the process fits very well with survivors' accounts of quite bizarre behavioural changes in the depressed perpetrator, as exhibited in events leading up to the familicide offence. For example: hiding in the ceiling space of the ex-partners' house, camping outside the ex-partner's house, beginning to use drugs when there had been no prior history of drug usage (Johnson 2005:50-73).

Another helpful insight into the offence provided by Malmquist, as an example of poor reality testing and compromised boundary formation in these offences, is that of a perpetrator with psychiatric symptoms, who is also manic, with the typical grandiosity and sense of righteousness, which occurs with mania. This may lead to the thought processes being contaminated, making it appear that the action is not only justified but that he (or in rare cases she) has the right to take such action (Malmquist 2006:252).

This brings the possibility of an alternate view to the phenomenon which is often described in the feminist approach to this topic, as being male privilege or proprietary, where the power and right to commit the offence is generated from a socio-political framework, where women and children are subordinate and men hold proprietary attitudes towards them as a result of traditionally holding the more powerful position in society. This is not to espouse that male dominance is not a factor in these offences, as the evidence in many cases, particularly those in which the woman has departed the relationship, shows that in many cases this is very likely. I simply re-iterate that the wider view we can accommodate, the better understanding that will result, and therefore the better position we shall occupy both in terms of identifying risk and in acting preventatively.

Martin Daly and Margo Wilson

Martin Daly and Margo Wilson, two eminent Canadian researchers take a psycho-evolutionary approach to the understanding of intra- familial homicide. This perspective has been led by the work they have done over several decades into homicide and domestic violence. Evolutionary psychology sometimes known as socio-biology is based on the theory that behaviour is genetically determined, and that similarly to animals, human beings are genetically programmed to ensure the survival of their own progeny. This is not to say that behaviours employed in that endeavour are conscious manifestations of that programming, but more that there is an unconscious drive to ensure that survival of self and promulgation of genetic inheritance, by ensuring survival of progeny and blood relatives, are innate biological drives that are inherited, and although they may be modified by environmental factors continue to form the basis for behavioural responses in a range of situations which could prove threatening to these outcomes.

Wilson, Daly and Daniele (1995) undertook a study on familicide in which one hundred and nine cases of familicide were examined. Sixty-one of these were from Canada and a combined forty-eight cases were from England and Wales. It was found that there were two types of familicide scenario, both of which were described evidencing a “masculine uxorial proprietariness” (Wilson et al. 1995:287). The first type is characterised by anger expressed by the perpetrator (usually the male partner) towards his wife as a result of paranoia, for real or imagined infidelity and/or for her intention to leave the relationship (Wilson 2005:287). Whilst this may very well explain why a man in this situation may kill his wife, it is not so apparent as to why he should kill his children in this circumstance. Wilson, Daly and Daniele (1995) hypothesise that one reason for this may be that there could be a higher incidence of non-paternity amongst the perpetrators putative children, but there is no evidence tendered to support this. In fact, most studies including theirs, note the somewhat lower incidence of step-children in familicide than in filicide (Johnson 2005; Wilson et al. 1995). In this study only one child was a stepchild of the perpetrator.

The second type of familicide scenario described in the study is one where the perpetrator is depressed and despondent, and where it appears there was evidence of him thinking that the homicide was a protective act, because his wife and children would be saved from a situation that would be unbearable to them (Wilson et al. 1995:287-288). However, that does not explain why men in this situation often do not kill their wives. One explanation for this could be that the perpetrator’s motive is revenge, knowing that the most effective way to hurt their ex-partner may be to kill all her children and allow her to survive, so that she experiences the pain of this extreme loss, and that guilt may potentially add to the pain, as she would be aware that had she not left him her children would have survived.

In summary, although there may be some evidence to support the psycho-evolutionary perspective on familicide, there are some serious contradictions and many questions, that remain unanswered by this theoretical position, not the least of which, is why do some perpetrators (as found by Johnson 2005) show evidence of both depression and retaliatory motivation?

Christine Alder and Kenneth Polk

Australian criminologists, Christine Alder and Kenneth Polk (2000) made a major contribution to international research on child homicide with their book "Child Victims of Homicide," which focuses on Australian cases of filicide, but which also incorporates some useful comparative statistics, from both the United Kingdom and North America. They make the important observation that victims of child death caused through fatal assault by a male custodial adult were, with just one exception, two years of age or younger and that fifty-four percent were under eighteen months. In these cases, the perpetrator was most often found to be a young man, aged in his twenties, with an average age of twenty-six. He was almost always in a short-term de facto relationship (of six months or less) with the mother of the child. With the exception of two cases (from a cohort of fifteen) he was not the biological parent of the victim (Alder and Polk 2001:70).

They found this differed quite markedly from the cases of filicide-suicide because amongst this cohort, with only one exception, all the fathers were the biological parent of the child (Ibid:78). Unlike the fatal assault cohort, where the context was one of unemployment, economic hardship, and arguments, often coloured by substance abuse, the filicide-suicide cases were more likely to occur against the background of marital separation and custody battle. A feature of this cohort was that the perpetrator tended to be older (in their thirties) and the children were also older than those in the filicide only cohort. Alder and Polk found a difference in the emotional state of perpetrators between attempted and successful filicide-suicides. A feature of the failed attempts was an expressed concern by the perpetrator of the child's situation, whereas in those cases that were successful, it was found that jealousy, anger and rage were more dominant (Alder and Polk 2001:78).

Charles Patrick Ewing

Charles Patrick Ewing is a forensic psychologist and lawyer who has made a significant study of familicide. He found, as have others, that familicide is almost always committed by males, and that there are common factors in their personalities which make it more likely that they will kill when confronted with impending loss of that control. He reminds us that the men who commit this

offence are not only very controlling, but are concomitantly controlling of, and emotionally dependant upon, their families (Ewing 1997:134). When they feel this control begin to dissipate they feel threatened. Whilst acknowledging the propensity for men whose marital relationships are breaking up to commit this offence Ewing makes the point that familicidal men are most often men who see themselves as losing control, not simply with respect to their intimate and familial relationships, but in all aspects of their lives which they deem as meaningful (Ewing 1997:135).

Summary

Whilst Ewing (and others) capture the essence of the perpetrator's need to control partner and family in relating case studies compiled apparently after the incident, and I believe, accurately report the homicidal-suicidal rage as a final attempt to retain that control, there remain questions about why the need to control is so strong in these individuals. What seems to be missing from the puzzle here, is information about how and why any individual can get to the point where killing those closest to him appears to be a valid solution to the stressors currently being experienced?

Returning to the theoretical context outlined in Chapter Two, it can be seen that disordered attachment, which may leave the individual with a need to control the other in intimate relationships, together with the neurological sequela that such trauma may cause, may leave the individual susceptible to both homicidal and suicidal tendencies, when faced with real or imagined loss of an intimate partner.

One question that constantly presents itself from the data, is why is it that offenders are so disproportionately male? Another is why are there no Indigenous perpetrators in this offence category? These questions illustrate why it is so essential to look further than the immediate antecedents to these offences, in trying to come to grips with perpetrator motivation and causal elements, and why my study includes interviews with perpetrators and survivors who are seen as having critical information, that may be useful to those charged with devising preventative strategies.

The material in this chapter builds on the work of the researchers mentioned above, and that of other contributors to the field of intra-familial homicide by providing information on familicide, which has been disaggregated from other data on intra-familial homicide. Although typically in studies of this offence, the numbers are small, it adds a new dimension to what was previously known by providing information about the relationship histories of those involved which was not always available to authorities or to the media at the time of the offence, and which I gleaned from a number of different sources. Most importantly, it considers the psycho-social context of perpetrators and victims, thus providing a view of the offence which is multi-positional, and which will hopefully provide yet another perspective to inform the gradual assembly of the bricolage, which at present is the sum of our knowledge of this most perplexing offence.

Although there were differences between the offences, in terms of their individual characteristics, some of which I discussed earlier in relation to defining and categorising familicide, the psycho-social context of familicide in this study was remarkably consistent. As with intimate partner homicide, it seems that the context for familicide was a social and family network usually characterised by one or more of the following, fractured relationships, impending or actual separation of intimate partners, threats, violence, child abuse, substance abuse and mental illness (both diagnosed and undiagnosed). Although previous research appears to have focussed primarily on this type of psycho-social characteristic in the perpetrator, in this study it appeared it was not only the perpetrator who exhibited these characteristics and behaviours, but their partners and other family members also shared them. This should not be surprising, as it is recognised that those with trauma histories are likely to seek out, and to attract, mates with a similar psycho-social history.

Future research aimed at prevention may take into account the issues discussed here, around definition of the offence and how cases are included and excluded, because they appear to be relevant in furthering understanding of perpetrator motivation and the psycho-social context of risk for these offences.

CHAPTER SEVEN

Child Trauma

Introduction

This chapter examines the self-reported experience of childhood trauma, which emerged from the in-depth interviews with perpetrators and survivors and the Child Trauma Questionnaire (C.T.Q.), a psychometric assessment which was administered to perpetrators. These experiences are discussed against the theoretical underpinnings of attachment theory, with some reference to the literature on the neurobiological results of childhood trauma, because this body of literature helps explain the behavioural consequences of such trauma. The long-term effects of childhood trauma are considered within the context of emotional abandonment and of relationship breakdown in adulthood. Behavioural manifestations of trauma, in attachment disordered children and personality disordered adults, are described and linked to comments made by perpetrators and survivors. This illustrates the family context and lived experience of both perpetrators and victims and how this relates to the theory of childhood trauma.

The process of normal childhood development and how childhood trauma may lead to problems for the individual in responding to perceived emotional rejection and/or separation from an intimate partner are discussed. The phenomena of splitting and projective identification are considered, as ego defences against threat of such loss. It is proposed that these concepts may be useful to consider when seeking an explanation for intimate partner homicide, intimate partner homicide-suicide and familicide and in particular may be relevant to a consideration of the homicide-suicide dynamic in these offences. An explanation of the intergenerational transmission of trauma is proposed in which survivors of childhood trauma are conceptualised as possibly lacking the capacity to empathically attune to their children and/or partners and as having the roles of both victim and perpetrator within the psyche, either of which may become available to them, depending on the situation in which they find

themselves, and the level of threat they experience, particularly within the context of interpersonal intimacy.

Childhood Trauma of Perpetrators and Victims

I assessed the childhood trauma experience of twelve perpetrators by conducting an in-depth semi-structured interview with them and by using the Child Trauma Questionnaire, which is a retrospective self-report measure. The in-depth interview allowed perpetrators to examine their own meaning making of the homicide event, by providing a space in which they could relate the story of their intimate relationship and how this progressed to homicide. They were asked how they made sense of the offence and how they thought others in their family made sense of it. They were also asked to consider what might have been done to prevent it. Although they were asked about abuse of their own and their partner's children, they were not asked directly about their own experience of childhood trauma in the interview, as I did not want to risk biasing or duplicating the potential self-reports in response to the C.T.Q. As I was unable to use the CTQ with victims, the data gathered from perpetrators was augmented by reports of childhood trauma provided during in-depth interviews with surviving family members. These included, parents, siblings, and extended family of both perpetrators and victims.

Following a homicide it is often the case that families once joined as a consequence of the couple's intimate relationship become fractured. Views of causal factors may become polarised by grief and families of the perpetrator and families of the victims often retreat to their own extended family while holding the other responsible for the offence. The quotes used throughout this chapter to illustrate childhood trauma in both perpetrators and victims are taken directly from these in-depth interviews.

The results of the C.T.Q. administered to perpetrators indicate that emotional abuse and emotional neglect featured frequently in the childhood experience of both men (P1 - P8) and women (P9 - P12). However, within the domains of physical and sexual abuse there were gender differences in the frequency and extent to which these types of trauma were reported. The domain of physical

neglect did not feature as frequently, or to the same extent, with either men or women as the other domains of abuse.

The in-depth interviews with perpetrators confirmed the early relational trauma they and victims had experienced. The interviews with survivors provided independent validation of this. Even those perpetrators found to be minimising or denying in their CTQ responses, gave small insights into their trauma history, which they may not have been conscious of, as they described experiences during their in-depth interviews, which they appeared to perceive as positive or neutral, but which had clearly had negative effects on their lives.

As the historical context or long term antecedents from which the homicide event evolved, emerged from the in-depth interviews, it became clear that these included a range of trauma experiences that included separation from carers as well as abuse and neglect, which appeared to have contributed to an increased vulnerability for individuals to become perpetrators and/or victims of violence and abuse. I have interspersed respondent's comments amongst the C.T.Q. scores, to illustrate the range and intensity of the childhood trauma experiences, of both perpetrators and victims. These vignettes demonstrate that rarely does one form of abuse occur in isolation, and that it is more typical for two or more forms to occur simultaneously.

Emotional Abuse

The C.T.Q. defines the term emotional abuse as:

“verbal assaults on a child’s sense of worth or well being, or any humiliating, demeaning, or threatening behaviour directed towards a child by an older person.” (Bernstein and Fink 1998:2).

Within the domain of emotional abuse, six of the twelve perpetrators' responses scored within the range of moderate to severe. An additional three perpetrators' responses scored in the extreme range with scores ranging from 16 to 24 (see P8, P9 and P12, Figure 7.1). These scores indicate that emotional abuse was a source of childhood trauma to nine of the twelve perpetrators, and that the level

of trauma experienced was at the upper end of the severity continuum. Given the remaining three perpetrators scored highly on denial/minimisation, suggesting the under-reporting of maltreatment, and that these three perpetrators responses in the in depth interview appeared to be minimising or denying aversive experiences, it is possible that all perpetrators suffered this form of childhood trauma.

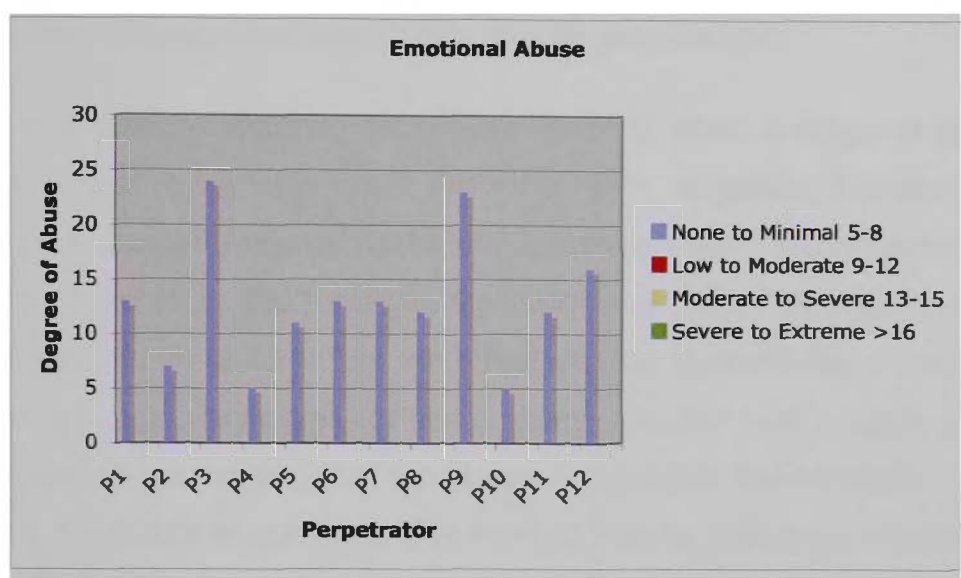


Figure 7.1: Emotional Abuse

The following vignettes in the words of survivors provide examples of the childhood psycho-social context of perpetrators and victims, where emotional abuse including witnessing domestic violence, occurred in conjunction with other forms of trauma:

She was always tomboyish, was not wanting to be feminine, didn't want to attract the abuse I guess. Her father was mentally abusive. He would give orders and they had to obey. He would raise his eyebrows and they would know they had to do it, or else! I had a funny feeling about him, he was a queer bloke. Once when at their house as a teenager, he accused me of having a sexual relationship with my boyfriend. He hit me across the head eleven times. I was black across the face and badly bruised across the forehead. I was covered in blood from my nose bleeding. Her mother stood and watched, she didn't do anything (Tobi, - aunt of IP homicide perpetrator).

He saw his father drinking and nasty, saw him put his fist through the wall of the house and kick a hole in the outside of the house. I used to get the children into bed before he came home so they would not witness it. His father once stood with a gun over me, while he thought I was asleep, and threatened to kill me. I left afterwards and took the kids because I thought he was getting too dangerous (Mavis, -mother of IP homicide perpetrator).

Children who witness violence have been found to show a range of emotional and behavioural symptoms and problems with cognitive functioning and attitudes (Zuckerman, Augustyn et al. 1995; Edleson 1999; Margolin and Gordis 2000; Zink, Elder et al. 2003; Hazen, Connelly et al. 2006). Witnessing violence may be traumatic for children but the effect may be exacerbated if the victim of the violence is a primary carer, for this compromises the child's sense of safety, even if he/she is not the target of the violence. This also has implications for the stability of the child's attachment. The level of trauma children experience may in part be dependant upon the degree to which a carer contributes to such trauma (van der Kolk 2003). The following reports by survivors illustrate a different potential for trauma to the child in the experience of sudden interruption to the child-carer bond:

He (IP homicide-perpetrator) had tuberculosis as a child. It was traumatic for him. The doctor used to have to squeeze the lump on his neck. It was very painful. I was advised to take him into hospital to have it treated there. He related badly to hospital. He was only two and a half years old. He was traumatised by being left. He had to take twelve tablets each day. He wouldn't use his bowels unless I was there. He threw himself over the top of his cot and ran up the hall after me when I tried to leave. He was in hospital for two weeks, I used to go every day to care for him, stay until he went to sleep and then leave, as I had a baby to look after as well.

For four or five years afterwards, he had to have checks every six months. When he came home from hospital he had behaviour

problems. He wouldn't sleep, he had toileting problems. He was very clingy towards me and to his father. He would tantrum when his father went to work. His father used to go off, and then come back, because our son was so distressed. In the end, a neighbour, who was older, advised his father to just go and not to return, and it seemed to work eventually. He would only sleep in our bed and would wake up if you tried to move him. When he came home, it took a year to settle him down (Mavis, - mother of IP homicide perpetrator).

I think Rena was abused as a child. When she was an infant in a cradle, her dad came home and found her mum in bed with a new fella. He picked her up and took her (perpetrator referring to IP homicide victim).

Separation from the primary carer through death or illness of the carer, or through the hospitalisation of a child, can disrupt the attachment bond and cause trauma to the child. Children's responses to separation for example, regressed behaviours, withdrawal, clinginess, or separation anxiety, can further disrupt the attachment relationship if the parent finds these behaviours difficult to cope with (Lieberman and Van Horn 2004).

Emotional Neglect

The C.T.Q. defines the term emotional neglect as:

"the failure of caretakers to provide a child's basic psychological or emotional needs, such as love, encouragement, belonging and support." (Bernstein and Fink 1998:2).

Within the domain of emotional neglect seven of the perpetrators scored within the range of moderate to severe whilst one scored in the extreme range (>22). Two of those who scored in the none to minimal range, and appeared to be minimising and/or denying aversive experiences in the in depth interview were at the upper end of that range scoring 8 and 9 respectively. These scores

indicate that emotional neglect was a source of childhood trauma to eight of the twelve perpetrators. Given three perpetrators scored highly on denial/minimisation, suggesting the under-reporting of maltreatment, it is possible that eleven of the twelve perpetrators suffered this form of childhood trauma (see Figure 7.2).

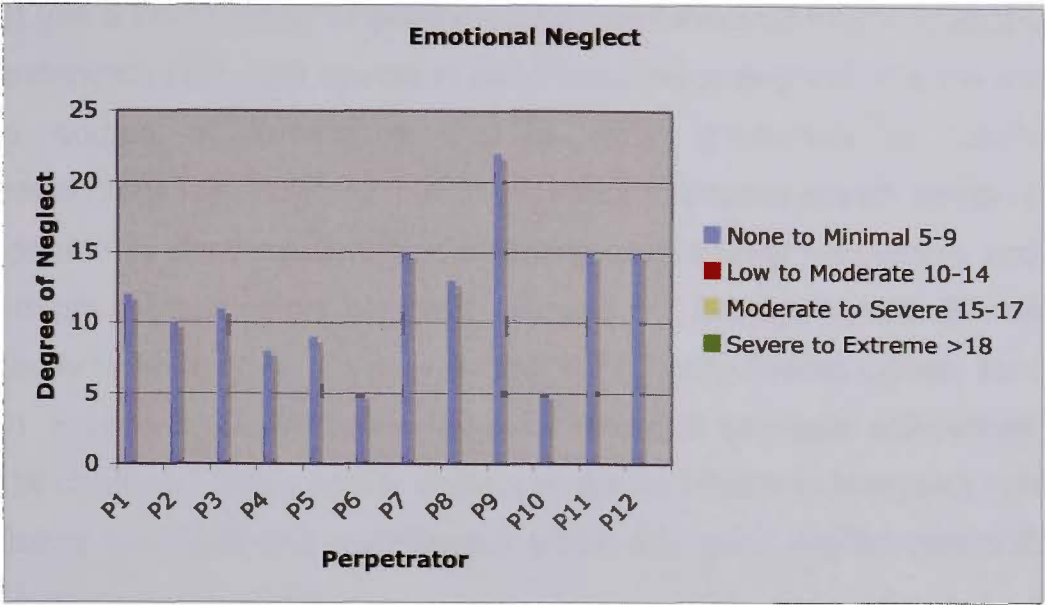


Figure 7.2: Emotional Neglect

Respondents related stories of childhood that were marked by an apparent insensitivity to the needs of children to be loved, accepted and supported. Here are some examples of this:

They (the victim’s family) hated him. He was an embarrassment to them (Bryony IP homicide perpetrator).

I worked very hard from the age of six years. After school I worked on the family farm in the cornfields, ploughing and hoeing. We were not looked after emotionally (Carl - IP homicide perpetrator).

I was never allowed to think for myself or to have my own opinions (Pauline, - who killed her violent ex partner’s new girlfriend).

Children who are emotionally neglected are likely to grow up with poor self esteem, have an inability to self-regulate emotion, to have

difficulties in relationships and poor impulse control. They are likely to lack the capacity to feel compassion or empathy for others (Perry 1996).

Some researchers (Baron-Cohen, Ring et al. 2000; Baron-Cohen and Belmonte 2005) use a combination of psychological and biological theory in approaching understanding of autism spectrum conditions, proposing that it is the joining of these bodies of knowledge that is most productive in approaching understanding. They suggest that “the inability to interact in both complex social groups and in close relationships including empathizing with others and being able to predict how others will think, feel and act” is independent of intelligence and likely to be related to a neurological abnormality (Baron-Cohen, Ring et al. 2000). Schore takes this further by proposing that traumatic attachment in the form of childhood abuse and/or neglect is directly related to inefficient right brain regulatory functions and maladaptive infant and adult mental health (Schore 2001).

Physical Abuse

The C.T.Q. defines the term physical abuse as:

“bodily assaults on a child by an older person that pose a risk of, or result in, injury” (Bernstein and Fink 1998:2).

Eight of the twelve perpetrators reported experiencing physical abuse. Of these one reported minimal abuse with a score of 7, two reported moderate abuse with scores of 9 and 10 respectively and five reported severe to extreme abuse, with scores that ranged from 13 to 24. Although women did report physical abuse, with one exception, this tended to be minimal, with only one woman reporting this form of abuse in the severe to extreme range compared to four men. Given three perpetrators scored highly on denial/minimisation, suggesting the under-reporting of maltreatment, it is possible that ten of the twelve perpetrators suffered this form of childhood trauma (see Figure 7.3).

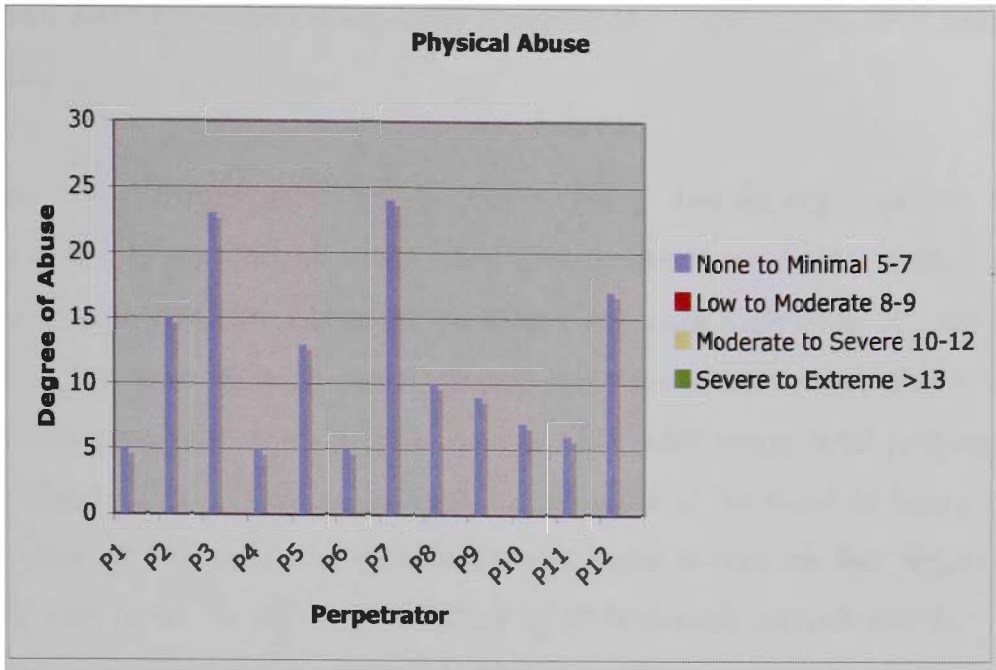


Figure 7.3: Physical Abuse

When listening to some of the stories of the extreme physical abuse experienced by perpetrators and victims in their childhoods, as recounted by perpetrators and survivors in the in depth interviews, it was difficult to accept that there were no reports of child protection authorities having been notified, even though there were reports in some cases of medical treatment having been sought as a result of injuries sustained by the abuse. The following reports illustrate the extent of physical abuse endured in childhood by both perpetrators and victims:

I was severely beaten on at least a weekly basis by my father. He was one of those violent bastards. I was beaten with a riding crop, lumps of wood, and a belt. I was also frequently kicked, I would be on the floor and he would kick me round the house mercilessly, whilst wearing his heavy work boots. Following this, would be hours and hours of verbal abuse, it never stopped. Mum didn't often say anything. Sometimes..... once or twice, she would tell him to stop, because she thought he would kill me. This treatment continued until I was sixteen, and then I left home (Vincent, – IP homicide perpetrator).

Gillian said her Mum was cruel (perpetrator referring to IP homicide victim).

Doug was bright, an “A” student, very intelligent but he had traumas. He got German measles and pneumonia at the same time. I drove him 50 kilometres to hospital. He was delirious. It was just before he was due to start school. The headmaster at the school was an alcoholic and a wife beater. He was cruel and physically abusive to Doug. During swimming lessons if he tried to hang onto the side of the pool the headmaster would stand on his fingers to force him to let go (Mavis, – mother of IP homicide perpetrator).

I was hit often. My Gran used to protect me, she used to tell my Mum, “That’s enough!!” (Brent, - IP homicide perpetrator).

As a young teenager I was hit with fists and verbally abused (Kenneth, - IP homicide perpetrator).

Children who have been physically abused may be vulnerable to aggressiveness in their behaviour towards others, especially towards younger or smaller children. They learn that conflict and stress can be resolved through violence and that it is acceptable to use force to achieve goals, “these children also learn that violence may be an inherent part of loving relationships” (Groves, Zuckerman et al. 1993; Zuckerman, Augustyn et al. 1995; Margolin and Gordis 2000; Zink, Elder et al. 2003; Lieberman and Van Horn 2004; Hazen, Connelly et al. 2006).

Sexual Abuse

The C.T.Q. defines the term sexual abuse as:

“sexual contact or conduct between a child and an older person, with explicit coercion seen as a frequent but not essential feature of these experiences.” (Bernstein and Fink 1998:2).

Sexual abuse was the domain where gender difference figured most prominently. This is supported by previous research that has shown the prevalence of sexual abuse in females is higher than that of males although it is generally acknowledged that under reporting with males may be a factor in the extent of the disparity between these figures (Browne and Finkelhor 1999; MacMillan, Fleming et al. 1997). Five perpetrators reported this type of abuse. Seven perpetrators reported sexual abuse in the range of none to minimal, two in the range of moderate abuse with scores of 7 and 8 respectively and three in the severe to extreme range of abuse with scores which ranged from 16-25. Figure 7.4. shows clearly that the two women who experienced this form of abuse scored in the extreme range (scores of 24 and 25 respectively). Given three perpetrators scored highly on denial/minimisation, suggesting the under-reporting of maltreatment, it is possible that eight perpetrators suffered this form of childhood trauma.

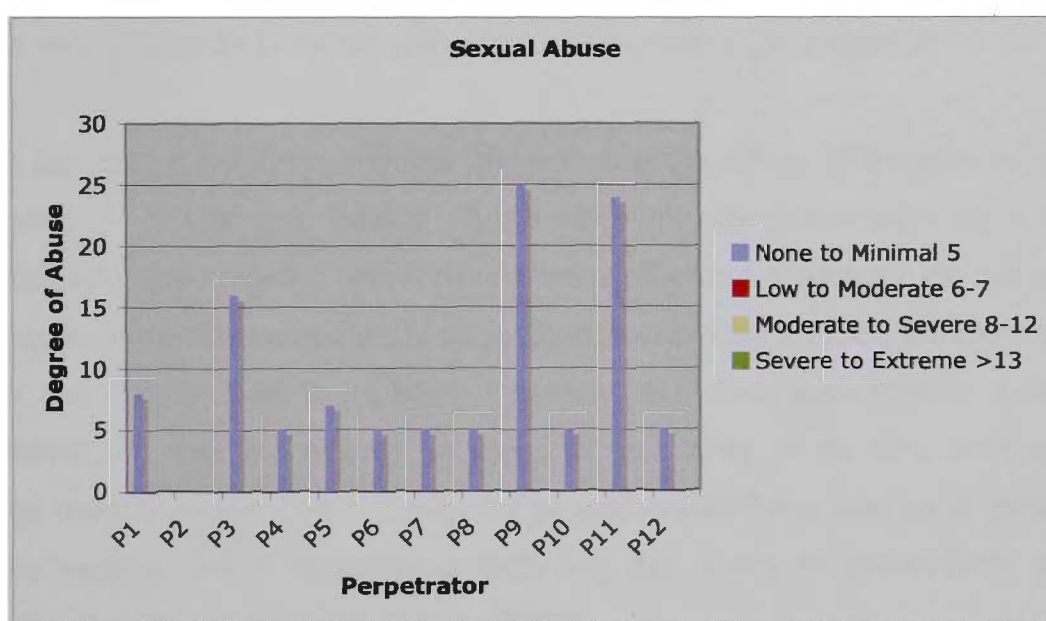


Figure 7.4: Sexual Abuse

The following comments show the presence of sexual abuse in childhood. Again the experiences of perpetrators and victims did not appear to vary much. One woman reported that some members of her family still refused to accept that she had been sexually abused even though her sister had also disclosed being abused by their father. Here are some of the comments made by survivors in relation to this form of abuse:

I suspected Trish had been sexually abused by her family, perhaps by her uncles (survivor referring to IP homicide victim).

She grew up to look just like her mother. Her pet name for her lover was always "Daddy". I think her father sexually abused her (perpetrator, - referring to IP homicide victim).

Belinda was sexually assaulted by a stranger when she was young (Janice, - mother of IP homicide victim).

I was abused by my dad anally so I would still be a virgin if anyone checked. He began grooming me at age 9, sex at 11. By the time I was 14 I knew it wasn't right, I started questioning. I was told no-one would believe me. He explained what the hymen was and why no-one would believe me (Bryony, - IP homicide perpetrator).

It can be seen from these reports that with the exception of Belinda, who was assaulted by a stranger, sexual abuse was typically perpetrated by a family member and was ongoing rather than a once off event. Research on the effects of sexual abuse has consistently suggested that sexual abuse perpetrated by a family member is likely to be more intrusive (to include penetration) is usually pervasive and that the effects on the child are likely to be long term and to include mental health and behavioural sequelae that have serious implications for the victims' social functioning including the ability to protectively parent (Browne and Finkelhor 1999; Glaser 2002).

Physical Neglect

The C.T.Q. defines the term physical neglect as:

"the failure of caregivers to provide a child's basic physical needs, including food, shelter, safety and supervision, and health."
(Bernstein and Fink 1998:2).

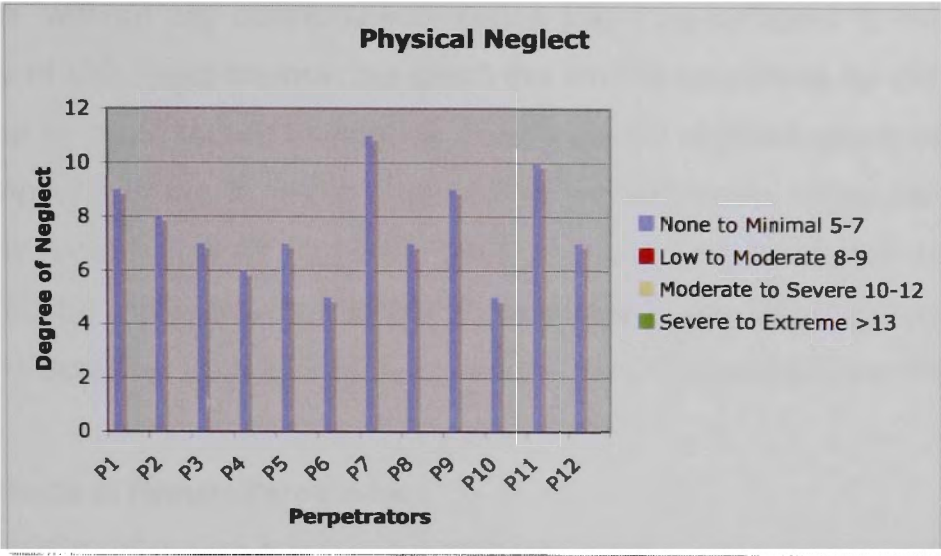


Figure 7.5: Physical Neglect

As can be seen from Figure 7.5. physical neglect featured less than other forms of abuse/neglect in the reports of perpetrators. Seven reported none to minimal levels of physical neglect, three reported low to moderate levels and two moderate to severe levels.

Discussion of Results

C.T.Q. Results of Male Perpetrators

As can be seen from these results, emotional abuse, emotional neglect and physical abuse, featured strongly in the C.T.Q. results of the men, who reported high levels of these three forms of trauma. Sexual abuse was rarely reported by men, with only one male respondent openly acknowledging this experience, and another suggesting, whilst completing the questionnaire, that he had also been sexually abused. However, as mentioned previously (See page 53-55) another may have been inhibited from reporting sexual abuse for cultural reasons, above and beyond what may be considered a normal reticence to report such abuse, due to particular cultural sensitivities towards this issue, in his country of origin.

One respondent, who had experienced severe physical and emotional abuse, only partly completed the questionnaire. He became distressed whilst responding, saying the questions were triggering memories which he did not wish to recall. He asked to be excused from completing the C.T.Q., saying he did not want to re-experience his abuse by answering any more questions. This

avoidance, without any collateral information might be sufficient to indicate the possibility of childhood trauma, but given the limited responses he did provide, attracted a score of severe to extreme trauma on the physical abuse scale, and his descriptions in the in depth interview of the extensive abuse he suffered leave little doubt that he suffered both physical and emotional trauma in childhood. The two men who did not score highly in any trauma domain were P2 and P4, however both scored highly on the minimisation/denial scale.

C.T.Q. Results of Female Perpetrators

Although caution should be exercised in considering and/or generalising the results of the C.T.Q. for female perpetrators of intimate partner homicide, because of the low numbers, their scores were consistent. The picture elicited for the three women who had killed their partners was one of them experiencing similarly high levels of emotional abuse in childhood, to that experienced by men, but that they experienced higher levels of emotional neglect, much higher levels of sexual abuse and considerably lower levels of physical abuse than their male counterparts. These women reported extreme levels of sexual abuse accompanied by severe levels of emotional abuse and neglect. As with men physical neglect was the least prevalent form of trauma reportedly experienced.

The woman mentioned previously (P12) who had not killed her ex-husband but who had killed his new girlfriend participated in both the in-depth interview and also completed the C.T.Q. Her results in each of the trauma domains on the C.T.Q. were very consistent with those of the women who had killed their male partners, especially with regard to emotional abuse and neglect. However her score for physical abuse was much higher. The one woman (P9) who did not score highly on any domain of abuse, scored highly on minimisation/denial.

Minimisation and Denial

When considering responses that indicate minimisation or denial, it is important to be aware of why respondents might minimise or deny childhood trauma. In some cases, when respondents do so it may be because they feel embarrassed or humiliated about admitting what really happened to them. They may also feel protective towards the perpetrator, and worried about the consequences for them of disclosure, particularly if he or she was a family member. Victims may

also have feelings of loyalty to those adults who may have known of the abuse but had done nothing to protect them, such as the non-abusive parent or members of the extended family. It is also possible for victims of trauma to identify with the aggressor as a form of unconscious survival strategy, as sometimes happens with hostages, or adult victims of domestic or dating violence. This constellation of cognitive distortions, and other strategies for coping with abuse, has been termed the “Stockholm Syndrome” (Graham and Rigsby 1994; Graham, Rawlings et al. 1995; McMurray 2005).

One man who scored highly on minimisation/denial claimed never to have been hurt or abused as a child. He said, “I saw what happened to my sister when she was bad. She was beaten with a big stick when she misbehaved, so I just didn’t do anything wrong.” Witnessing abuse of a sibling or other family member is recognised as being potentially traumatic to children (Schwarz and Perry 1994). When growing up in a family where children are routinely exposed to harsh treatment, and/or severe physical punishment the victim may not realise, that what they suffered was abuse or neglect, believing such treatment to be “normal”.

It is possible that the three perpetrators who minimised/denied, may not have found it possible to disclose their experience of childhood trauma to a researcher in a one-off interview, where the level of trust possible to be established was limited, by the unusual situation and the constraints of the prison environment. It is also possible that denial may be a result of blocked traumatic memory. The particular cultural issues in prison, of avoidance of painful topics, lack of trust, and the tendency by those who have been severely abused, to avoid the issue as a strategy for minimising the possibility of reactivating the trauma, may also have affected disclosure.

The three respondents who scored highly on denial and minimisation in the C.T.Q. also appeared to be idealising or normalising their childhood experience, when participating in the in-depth interview. The maximum score on minimisation and denial was attained by two of these three respondents in their C.T.Qs. whose results suggested a tendency to “pervasively minimise or deny maltreatment” (Bernstein and Fink 1998):18). Therefore, it is possible, given the

consistent results from the interview and their C.T.Q. results that all three were attempting to minimise or deny their experiences of childhood trauma from the interviewer.

Summary of Results

The results of the Child Trauma Questionnaire (CTQ) and the qualitative data elicited in the in-depth interviews, indicated that childhood trauma was prevalent in the family backgrounds of nine of the twelve perpetrators and that the three who did not disclose trauma were likely to be minimising or denying the experience. This means it is likely that each of the twelve perpetrators of intimate homicide and familicide are survivors of childhood trauma. In most cases the abuse they were exposed to as children was described as chronic, and pervasive throughout childhood and adolescence, was multiple, with several forms of abuse occurring concurrently, was cumulative, was experienced on an ongoing basis over many years, and in some cases well into adolescence, and with little mitigation, because there were no reports of intervention by child protection authorities, medical personnel or concerned relatives. The level of abuse was typically rated as either moderate to severe or severe to extreme. In one case there was evidence presented in an in-depth interview with a survivor that one of the female perpetrators had been continually sexually abused into adulthood.

It seemed the reported experiences of victims was generally not dissimilar to those of perpetrators, and possibly rendered them vulnerable to engaging in future relationships where abuse was a factor (Doumas, Margolin et al. 1994; Ehrensaft, Cohn et al. 2003). It seems that the cycle of abuse had originated in childhood, in some cases in infancy, had often persisted into adolescence and in one case adulthood, and had been repeated in intimate partner relationships up to and including the homicidal relationship. In addition to being victimised themselves, it was reported that perpetrators and victims witnessed parental substance abuse, violence between the parents, or violence towards siblings.

Some perpetrators reported receiving counselling in prison, which they found had afforded them insight not previously accessible to them. In these cases, as they told the story of the homicide, they would sometimes demonstrate

understanding, of how their own childhood experience, and that of the victim contributed to the dysfunction in their relationship, and ultimately to the homicide.

Effects of Childhood Trauma on Brain Development

In the past, the link between abuse and neglect, poor attachment to carers, and behavioural problems in childhood and adolescence, which do not mitigate in adulthood, could only be hypothesized, because there was no visible proof of the effects of trauma. Since scientific evidence has been available of the effect of abuse and neglect on the physiological development of the human brain, and with the ground breaking work of Bruce Perry and others, on the long term neurological effects of abuse on infants, we now have visible evidence of this link with the use of C.T imaging (Anda, Felitti et al. 2005; Perry 2002; Nijenhuis and van der Hart 2002; Schore 2001). Physical abuse has also been linked to acquired brain injury resulting in neurological deficits (Ewing-Cobbs, Prasad, et al. 1999).

Studies on the effects on children of emotional deprivation and trauma suggest that early psycho-social events are imprinted into the neurobiological structures that are maturing during the brain growth spurt of the first two years of life, and therefore have far reaching effects (Perry, Pollard et al. 1995). When there is lack of stimulation like nurturing, touching, cuddling, caring and loving, the brain fails to develop properly, resulting in lack of growth in those areas affecting compassion, empathy and attachment (Perry 1996). Schore explains that early trauma alters the development of the right brain, the hemisphere that is specialized for the processing of socio-emotional information, and infants who experience chronic relational trauma too frequently, forfeit potential opportunities for socio-emotional learning during critical periods of right brain development (Schore 2001:8).

In particular, exposure to violence activates a set of threat-responses in the developing brain, which in excess may be the roots of violence-related problems (Perry 2001). Abuse and/or neglect over the first two years negatively impacts on the orbital pre-frontolimbic system causing failure to acquire complex social knowledge and an enduring impairment of social and moral

behaviour (Anderson, Bechara et al. 1999). Trauma may compromise attachment, and the child's behavioural response to this may further compromise the parent child relationship, as the child may be perceived as unresponsive or rejecting (Crockenberg 1986; Delaney 1991; van der Kolk and Fisler 1994; Crockenberg and Leerkes 2000). In this way childhood trauma and attachment disturbance may be seen as inter-related. As previously discussed in Chapter Three, when attachment formation is compromised, the negative effects of this have a strong tendency to persist throughout the lifespan.

Children experience and manifest stress differently to adults (Anderson 2005) furthermore, the manner in which a child re-experiences and manifests their feelings of distress, related to a traumatic event, is likely to change, as they move through developmental stages to maturity. Some of those seen as having poor attachment in childhood, may go on to develop behavioural traits consistent with personality disorders. One of the most common of these is borderline personality disorder (BPD). According to DSM-IV-TR (APA 2000:706-710) the symptomatic criteria for BPD are as follows:

- Frantic efforts to avoid abandonment
- Unstable and intense personal relationships
- Identity disturbance
- Impulsivity in at least two areas that are potentially self-damaging
- Recurrent suicidal behaviour or self harming
- Affective instability
- Chronic feelings of emptiness
- Inappropriate intense anger
- Transient stress-related paranoid ideation or severe dissociative symptoms

Commonly, those exhibiting the traits of BPD are seen as having both a history of trauma and/or abuse and a history of attachment disorder. Throughout this research the comments by survivors and vignettes provided of the homicide events illustrate behaviours in both partners in the homicidal couples, which are consistent with the behavioural traits of BPD.

Lack of empathy and compassion leave the individual with an egocentric approach to relationships and a propensity for anger, should needs not be gratified. Egocentric love demands that the love object provides emotional regulation, as the egocentric individual does not have the capacity to self-regulate. In a sense emotions are regulated by the proximity of the love object to the extent that the individual feels whole only in that presence. Perceived rejection or abandonment can generate depression in the individual as well as intense rage, directed at the source of the perceived hurt. Failure to meet the need for emotional regulation and in particular acts which are interpreted as rejecting are interpreted as attacks on the fragile self, and can lead to violence, even in extreme cases, to homicide and/or suicide. Those who have a history of being violent in relationships are unlikely to change this without therapeutic intervention, and if one partner is successful in leaving the relationship, the abusive behaviour will simply be repeated with the next partner.

Intimate Partner Relationships Preceding the Homicidal Relationship

As evidence of the propensity for individuals to recreate violent and abusive relationships, survivors reported that intimate partner relationships preceding the one in which the murder occurred, were also characterised by violence and abuse. Below are some of their comments which illustrate this:

Her previous boyfriend beat her and beat the kids (Paul, - IP homicide perpetrator referring to victim).

Zac (IP homicide perpetrator's previous partner) was living with a woman a lot older than him. He used to leave marks on her. I don't know if it was a de facto relationship. He ripped her off for lots of money. This woman's son Reza, threatened to kill him for hurting his mother. When Zac was killed Reza went into hiding, expecting the police to come looking for him (Barbara, - IP homicide perpetrator).

Her previous partner, the father of her children, was a heroin addict. He used to beat her and forced her to prostitute herself (Brent IP homicide perpetrator).

If we accept the importance of stable attachment to psychological well-being and its relevance to the individual's ability to form, maintain and even to successfully terminate relationships, it follows that we must consider the issue of transmission of patterns of attachment across generations. Since "Maternal Deprivation Re-assessed," Michael Rutter's 1972 publication, which built on John Bowlby's (1969) earlier theorising on attachment, the understanding of attachment has continued to be progressed. It has now been shown that secure and insecure attachment can be transmitted across the generations, by the behaviour of the primary caregiver towards the child (Fonagy 2001).

Extended Family – Extended Trauma

Violence, substance misuse and trauma were not confined to the nuclear family. As perpetrators and survivors related their stories, verbal data was presented that indicated previous partners, and members of the extended families of perpetrators and victims, also had childhood trauma histories. In addition, two of the eight survivors interviewed, reported that this was not the first homicide experienced, in their extended family. Here are some of their comments:

His first wife was an unwanted child. She would have starved to death, because she wasn't fed properly, but her grandmother intervened and took over and fed her (survivor referring to IP homicide perpetrator's first wife).

My cousin was murdered 5 years ago. The family has gone into hiding since the murder (survivor).

Her elder brother is dead, overdosed on heroin. Her sister is still alive but is a heroin addict (survivor).

My heart goes out to people who experience this I know now what my sister went through when my nephew was murdered. They did not find my nephew's body. It (murder) was drug related but we think the killers made a mistake and killed the wrong person (survivor).

These reports are graphic illustrations of the intergenerational trauma experienced in the extended families of perpetrators and victims of intimate partner homicide and familicide. It indicates that these forms of homicide are not simply an aberrant act of violence in an otherwise typical family, but that they occur in a context pre-existed by violence, substance abuse and mental health issues.

Homicidal Couple Relationship

Data gathered from survivor interviews and the electronic media archive database, “Factiva” indicated that there was domestic violence in many of the intimate relationships preceding the homicide event. But the in-depth interviews provided a much more detailed and clear picture of lives that were attenuated by a range of abuse experiences. Although attempts were sometimes made to leave the abusive relationship these were unsuccessful. This reportedly left people in deep despair feeling trapped and isolated in a hostile and unresponsive world.

I will now provide examples of the experiences related to me in the interviews. It can be seen from these vignettes that the behavioural traits mentioned earlier as symptomatic of attachment disorder in children and BPD in adults figure in the narratives. They include, violence, suicidal ideation and threats, sadism, cruelty to animals, defective conscience, sexual perversion, obsessiveness, instability of mood, abandonment fears, and lack of empathy or compassion.

I wouldn't scream because my son was in the house, and I didn't want him to hear. If I didn't scream my husband would do it more (hurting me). So I used to bury my head in the pillow and scream. Now I know my son was aware of what was happening (Barbara, IP homicide perpetrator).

Her perception of violence is the issue. If she thought there might be violence, she would get in, and be violent first. I realise now from being in prison, that she was actually scared when she attacked

me. The police came many times. They told me they thought she would kill me. I had threatened to kill her before, I nearly choked her once, it was frightening. I had also tried suicide (Doug, - IP homicide perpetrator).

It started on my wedding night. My wedding night was horrible. In all my time working as a prostitute I never had a man treat me like that. He said, "You will do what I want. He wanted anal sex. I wouldn't do it, so he anally raped me. I then became his property. I had to do as he wanted. When he was home I was not allowed to go anywhere without him. He used to like me to look nice. He used to get angry if I didn't do my nails or wear makeup all the time, even if we weren't going anywhere. I was something for him to show off. He kept his ogre side well hidden. He had a gun I think it was a month after the marriage, I think I'd upset him somehow I'm not sure how, it was so easy to do, I may not have cooked something properly. He said "See this?" He produced a gun. He raped me with it, anal rape. He always raped me anally. I never knew if it was loaded. He never marked me.....I say never, but he used to bite me, and I had bite marks (Barbara, - IP homicide perpetrator).

I would not resist or do much with oral sex, but it was a fine line. Sometimes he liked it more if I resisted more, but I never knew when he wanted me to stand up to him. I found it easier to be hit than raped. He was sadistic He would never use a lubricant. He knew how much I hated anal sex. I would pre-empt it and give him a "head job⁹" instead to calm him down. He would punch the wall next to my head. I came in here (women's prison) thinking I was the only one this happened to (domestic violence). Then I found out in here, it's a rarity (amongst women prisoners) if it hasn't happened.

⁹ Fellatio

Some people noticed the scar on my elbow. He lit a cigar and pushed it into my breast five times and into my elbow. I had to apply for special shoes to wear in here, for medical reasons, because my second toe is deformed. I broke his rule by going into the workshop barefoot. He punished me by asking me to get him a hammer, when I passed it to him, he smashed it down on my toe. You can't go to the doctor with something like that because you can't explain it. It was broken, and when it healed, it was deformed. It's difficult to bring up when people ask how it got like that.

The hardest thing lately is to admit how cruel and sadistic he was. One day I took the car to get some fruit and vegetables. I was not allowed to go out on my own. He put me in the boot of the car as punishment. He put me in Mexican handcuffs. (Hands tied behind back with a rope, which goes around your neck and then twists back, pulling your knees up towards your wrists. If you try to struggle, you actually throttle yourself). I was there for four hours. I didn't know if he was coming back. He thought anything a husband did to his wife was not abuse (Bryony, - IP homicide perpetrator).

He would force me to have sex with other men and then punish me by making me shave my head. My children had to see me like that, walking around bald! Every day I would have to remove any new growth of hair. He would inspect my scalp and if there was one hair visible I would be beaten (Sarah, - IP homicide perpetrator).

He was a victim of domestic violence. He had broken ribs, a broken hand, he had a scar on his head where she hit him with a shovel whilst he was asleep. He was hospitalised several times. He used to sleep in the corridor of the hospital, to get away from her, and the violence (Mavis, - mother of IP homicide perpetrator).

The Children and Intergenerational Transmission of Trauma

There are clearly issues presented in the verbal data which pertain to intergenerational patterns of violence repeated in the lives of the children. The narratives of survivors indicated some very high levels of violence that had existed in the couple relationship prior to the homicide, which children witnessed and were sometimes physically involved in. There were reports of children of victims and perpetrators suffering physical, emotional and sexual abuse none of which was reported. In only one case had child protective services been approached, in relation to concerns about child safety, and in that case, they had apparently not become involved.

If a parent has an insecure attachment to their own parent, how well equipped are they to securely attach to their own infant? Research demonstrates that if a mother who is stressed and poorly attached has an improvement in her circumstances, perhaps by gaining more support or entering into a loving and stable relationship herself, much of the damage to her child may be undone and the bond between her and her infant greatly improved, to where the child may become securely attached. Similarly in cases where both mother and child are able to enter psychotherapy, which successfully remediates the negative bonding experience, attachment has been shown to improve (Lieberman and Zeanah 1999; Murray and Cooper 1992). But in those cases where these positive sequelae do not occur, and given that parenting is a learned behaviour, it is reasonable to expect that poor patterns of attachment along with violence will be repeated intergenerationally.

A number of independent studies using the Adult Attachment Interview (AAI) devised by Main and her colleagues (George, Kaplan et al. 1985) have found this to be the case (Worley Walsh et al. 2004; Fonagy, Steele et al. 1991). This assessment tool consists of a semi structured interview in which respondents are asked to choose five adjectives, which best describe their relationship with their parents, and then to describe incidents which illustrate these. They are also asked to recall information about the quality of the relationships and their own behaviour. Respondents are then given a rating as either Autonomous-Secure, Dismissing-detached, Pre-occupied entangled or Unresolved-disorganised.

When comparisons are made between the attachment status of infants as rated in the “Strange Situation” and the mother’s rating on the AAI it has been found that there is remarkable consistency. For example in Main and Goldwin’s study seventy-five percent of secure infants were found to have mothers who were rated secure autonomous (Holmes 1993:114). Using the same scale with a group of men who were on probation for domestic violence, Worley and his colleagues found that a group of men who were serving probation for domestic violence all had childhoods characterised by unloving, rejecting and dangerous parenting (Worley, Walsh et al. 2004).

If we accept that these patterns of attachment once laid down in early childhood, persist into adolescence and adulthood then it makes sense to hypothesise that individuals with early trauma experience, who had difficulty in forming attachments to their primary caregiver, may experience significant difficulty in forming, maintaining and also in terminating, intimate relationships as adults. It is not difficult to see how these patterns of behaviour may persist throughout the lifespan and become self-reinforcing. In particular, when describing the pattern of attachment behaviour which characterises an ambivalent insecure attachment, Holmes says, “It is as though the insecurely attached person is saying to themselves “cling as hard as you can to people - they are likely to abandon you; hang on to them and hurt them if they show signs of going away, then they may be less likely to do so” (Holmes 1993:67-8). Obviously such behaviour may have the opposite effect of driving people away, with the result that the insecure adult may become more obsessive about the relationship, even becoming threatening or violent.

We also know that often people will seek out the kind of partner who will reinforce their previous experience of intimate relationships. Thus it is no surprise that men with poor attachment experiences are frequently seen to form relationships with partners who also have an early history of disturbed attachment and/or abuse. The difficulty that ensues when either one or both parties feel they wish to leave the relationship is quite predictable. There may be much ambivalence about the separation. There may be increased levels of violence in what may always have been a violent relationship. The woman may

wish to leave, but may also minimise the danger, in spite of her obvious fear, so that professionals working with the couple may experience frustration and feelings of incompetence when they try to assist.

Workers in this area have the right and the need to be provided with a high level of professional supervision to avoid the effects of psychological splitting which may occur with such clients and to ensure that workers expectations of client growth are realistic and achievable. Whilst good practice must always be child focussed and the safety of children should remain paramount, there is clearly a need to engage the whole family in the treatment.

Research has shown that mothers living with domestic violence, are often pre-occupied with safety and survival issues, and are thereby rendered emotionally unavailable to their children (Boulwood 2006; Levendosky, Lynch et al. 2000). Survivors and perpetrators disclosed abuse of children and step-children, which for the most part had gone unnoticed, and unreported, to the relevant authorities. Abuse included physical, emotional and sexual abuse. In some cases, it was clear there were also issues of emotional and physical neglect, due to the substance abuse of the parents. Where reports had been made it seems little was done which would have effectively protected the children. None of the children had been removed from the care of the parents.

The following comments again, were taken directly from the narratives of perpetrators and survivors and provide a graphic picture of the children's lives and the lack of sensitive contact they had with adults, outside the violent context of their homes and families who might have rendered them some form of assistance. Here are some examples of the trauma experiences of the children of victims and perpetrators:

Jessie's Children

She hit them with a stick and with her hand, she called them names, she screamed at them.

Natalia's Children

She had begun a relationship with a coprophiliac¹⁰. I knew he was sexually deviant and was worried the children could be sexually abused. I reported it to Child Protection but they did not respond.

Angelique's Children

Their father used to beat the boys and use them in offending.

Wendy's Children

There was an incident when our son was 18 months old where I came home and he had marks on him from Wendy hitting him. We spoke about it. It was a heated discussion, I accused her of child abuse. He had half a dozen marks. I was very strict and stern with my tone. I threatened to make a report to welfare. Her fourteen 14 year old son never went to school and had a drug problem. He used to stand over his mother to extort money. Both boys were drug dependent. The boys disclosed about her new boyfriend bashing them.

Chris's Children

The children witnessed constant verbal abuse.

Rena's Son

The police had threatened many times to have her son taken away because of the drinking and the violence. Once she and her previous boyfriend had a fight and so her boyfriend ran over him on purpose and smashed his leg. He had to go to hospital.

Long Term Effects on Children

Trauma in childhood increases risk rather than inoculates children against later psychopathology (Schwartz and Perry 1994:2). Maltreatment of a child may result in some loss of that child's potential and often can result in such impaired

¹⁰ Sexual deviant who is aroused by defecation

development that the child will develop severe problems such as pervasive anxiety, depression, substance abuse and dependence, school failure, vulnerability to future abuse, violent sociopathy, or criminality. Abused children can absorb the pain and either transmit this behaviourally to others in a destructive way e.g. violence enacted towards others, or keep it and let it eat at themselves like a cancer (Perry 1996:1).

Van der Kolk (2003) argues that loss of the ability to regulate the intensity of feelings is the most far-reaching effect of early trauma and neglect. He describes it as, “the most striking feature of chronically traumatized children.” Unresolved post-traumatic stress in children as a result of abuse and neglect can lead to serious long-term consequences into and throughout adulthood. These can include a three hundred percent greater chance than non-abused children to develop a range of disturbed behaviours in adolescence including violent and aggressive behaviours against others. In adulthood they have a vastly increased risk of meeting the diagnostic criteria for a variety of psychiatric disorders, including Borderline Personality Disorder (APA 2000:299-300). Inherent in the diagnosis of BPD is a propensity for the individual to feel emotionally unstable, inappropriately and intensely angry and to experience stress related paranoid ideation. When these are combined with other BPD traits such as a propensity to behave impulsively, and aggressively, it can be seen there is a potential for violence to ensue.

Trauma catastrophically destroys the illusion for children that their parents will protect them (Lubit 2005). When the perpetrator is a parent, the child’s idea of who is safe and who is dangerous is split between love and terror. The children become preoccupied with danger and vulnerability. A proportion of children who have experienced childhood trauma will go on to exhibit symptoms of Post Traumatic Stress Disorder (PTSD) this has the potential to “influence a child’s development, their ability to build relationships and their mental well-being” (Anderson 2005).

PTSD in Children

Because child trauma is usually chronic and pervasive it tends to elicit a constellation of behavioural traits in the child that may be consistent with a

diagnosis of Post Traumatic Stress Disorder (PTSD) and has been presented as an atypical variant of this disorder (Golier, Yehuda, et al. 2003). It is now widely accepted that childhood trauma is a chronic neurophysiologic disorder that has significant impact on brain functioning (Perry 1998:1-3). Perry proposes that whether the changes in the chemical balance of a young brain become permanent may depend on whether the child receives some type of healing intervention, by way of therapeutic intervention, or mitigating relationships which restore the child's trust and assist recovery.

Children and adolescents often manifest symptoms of PTSD very differently from adults due to their lack of fully developed judgments, and because the manner in which a child re-experiences and manifests their feelings of distress related to a traumatic event, is likely to change as they age and mature. Children and adolescents are often under-diagnosed or misdiagnosed which leads to lack of or inappropriate treatment of their PTSD. It has been proposed by some authors that the current diagnostic criteria used in DSM-IV-TR (APA 2000) does not adequately capture the full range of behaviours and symptoms manifested by children and adolescents and is presently under review (Anderson 2005).

Lubit (2006:3) states that adolescents with chronic trauma arising from exposure to repeated or prolonged trauma may suffer primarily from dissociative symptoms, numbing, sadness, detachment, self-injury, substance abuse, aggression, and separation anxiety. These symptoms are very similar to the traits of BPD in adulthood. There can also be a change in cognitive structures or schemas, for example that parents do not always protect children; perceptions of security may be altered, and in some cases trauma can result in social withdrawal and impaired relationships.

Factors that Influence the Symptomatic Expression of Trauma

Individual stress responses to a trauma vary considerably. It is generally accepted that children and adults with low self esteem are more vulnerable to develop PTSD (Perry 2002:5-10). For an individual who has experienced trauma in the past, the risk of developing PTSD is increased. In adulthood those with a pre-disposing mental health condition, a dependent personality disorder

and borderline personality disorder, are further risk factors for development of PTSD.

The specific nature of a child's responses to a given traumatic event, will depend upon factors such as the nature and severity of the trauma, temperament and attribution, the duration of the event, the pattern of the trauma and the characteristics of the child and his or her family and the social situation in which it occurred. Schwarz and Perry (1994) suggest that severe early trauma can be a major expresser of underlying vulnerability, and may be a primary aetiological factor in a broad range of later disorders. If the trauma was caused by a person (especially if by a trusted caregiver) rather than resulting from an accident, the trauma effects are more intense.

Neurobiological research has focused on how the nerve cells change and how the brain grows differently in the face of traumatic experience (Perry 1996:27-52). It has been posited that if the child receives nurturing, protection, love and stability, the effects of a trauma may be reduced. Lack of, or the withdrawal of such nurturance and support, together with lack of social or familial support increases the negative impacts of trauma, which may far-reaching effects throughout the lifespan including a vulnerability to offending, substance abuse and mental illness (Farrington 1995; Farrington and Coid 2003; Anda, Felitti et al. 2006). Studies also demonstrate that greater family support and less parental distress will result in less intense levels of PTSD symptoms (Schwarz and Perry 1994).

Resilience

In trying to understand how one child can be beaten and humiliated and end up being a caring and productive but just depressed person while another with similar childhood trauma can end up being a remorseless predator, it is important to understand the concept of resilience. The extent or severity of negative experience including trauma, can be moderated by positive experiences, which offset to some degree the effect of negative experience. A child with good self-esteem, who has a positive belief in himself, and who receives a healing and appropriate response or intervention, by supportive and caring people, is less likely to develop severe PTSD (Perry 1998). Perry

proposes that whether the changes in the chemical balance of a young brain become permanent may depend on whether the child receives some type of healing intervention (1998). Van der Kolk (2003:294) claims it is virtually impossible to discuss trauma in children without addressing the quality of parental attachment bond. He states that the security of attachment bonds seems to be the most important mitigating factor against trauma-induced disorganization.

Through the work of Rutter (1972), Schore (2001), Perry (2002), Perry et al. (1995) and others it is becoming increasingly clear that the children who can carry the abuse and trauma without becoming violent and predatory have had some element of 'hope' in their lives. That somewhere, sometime, things will be better. With hope a choice can be made about whether to repeat abusive and violent behaviour by victimising others or whether to behave differently. Choice is seen to be a key element. It implies the presence of an alternate life path. However the alternate path needs to be visible to the child. "Without some hope – without a caring teacher, an encouraging coach, a stable relative – without a place and a person where there is some calm, some 'safe haven' – the child may have no choice" (Perry 1996).

Rejection and Abandonment

Ambivalence was expressed by both male and female perpetrators, when they were asked to describe their attempts to separate. Loss of a very significant relationship can cause emotional regression and other negative consequences for example somatic complaints such as loss of appetite, sleep disturbance, and loss of energy in individuals with secure attachment. Where there is a disruption of attachment, the effects of the relationship loss can be extremely serious, leading to emotional disturbance, erratic behaviour, violence towards others, and self harming behaviour" (Johnson and Egan 2006:189-200).

Attachment theory is not inconsistent with the work of the neurobiologists, who claim the infant brain is actually physically compromised by early relational trauma, and that the perception of threat by such an individual may engender a primitive aggressive or violent response, the intention of which is primarily self-protective (Perry 2006:30-34). Translated through the lifespan, this could

explain why the risk of violence in intimate relationships escalates significantly at the point of separation. It may also explain why the risk of violence does not always decline over time, and why in some cases the result is homicide and/or homicide-suicide. It is not difficult to hypothesise that for an individual with a history of cumulative relational trauma, emotional abandonment or physical separation can be experienced as extremely threatening to the sense of self, may be very difficult to effect or accept and may lead to a major emotional crisis.

Men Leaving

When male perpetrators began to speak about their attempts to leave the intimate relationship they articulated a variety of reasons for leaving, for staying in the relationship, and also for repeatedly returning to the relationship after leaving. Their fears centred around being left alone, a feeling of being unable to cope, unless they were in a relationship, reluctance to leave their children, fear of their children being abused in their absence, and fear of reprisal by their partner for leaving.

In spite of relationships being described as unstable, violent and abusive, it was not uncommon for male perpetrators to claim they still loved their wives after killing them. This is consistent with them having grown up in a context where violence was part of loving relationships. The following are some of their comments which typify the violence and threat which co-existed with love and dependency in these relationships:

“I couldn’t exist without her.”

“She threatened to kill my mother.”

“She threatened to have my daughter raped.”

“I left, packed up and left for good, she begged me to return.”

“I feel empty, a lot of me died with her.”

"I wanted to be with someone, didn't want to be alone."

"If I didn't love her so much I would have left, I should have gone away, I loved the kids too much to leave."

Women Leaving

Women's responses to the question about why they attempted to leave were very different from men's. Women articulated just one reason for leaving, and that was escalation of the violence against them, and the consequential fear for their safety. In some cases the threat of self harm by the man kept the woman from leaving and in that sense was a factor in the ultimate homicide. Reasons for returning to the violent relationship centred on fear of being alone, fear for the safety of loved ones, including their children and sometimes "loved ones" included the perpetrator, who may have threatened suicide in response to her departure. Another major factor in women's return was a firm belief that permanent escape was impossible. This belief of being trapped in a hostile world, and of no possible escape, was very much linked to and was a possible motivator for them in killing their partners.

"He watched me using hidden cameras. Then he would telephone me, describe what he had seen me doing"

"He attempted suicide and called me over to help him, then he held me prisoner for two days. My mother and sister threatened to call the police, so he let me go, but he would not allow me to take my son."

"He threatened if I spoke out or left he would kill me, my kids, and all my family."

"When I left he threatened to kill my mother and my sister so I returned."

Rationale

Male perpetrators explained they saw themselves as killing in self defence, after being physically threatened, feeling emotionally abandoned and/or humiliated, or after experiencing an extreme sense of loss. Here are some examples of what they said:

“She picked up the hammer and went to hit me. I grabbed it and hit her three times.”

“I was frightened.”

“She came at me with the knife.”

Most did not have conscious memory of the actual killing, even if they retained some memory of the antecedents to the homicide event itself. They said:

“I have no recollection at all.”

“I can’t explain it.”

“I still ask myself why?”

I’ve had hypnosis to try to remember what happened, but I can’t.”

“It was just a blur.”

“I didn’t know she was dead. The chaplain told me afterwards that I had killed her. It spun me right out”

“The police told me, I didn’t know till afterwards I had killed her.”

“I was linking my own childhood abuse to the threat posed to our child by her new partner. I didn’t mean to kill her.”

“It was the attachment factor, abandonment, frustration. No-one should have died.”

Several said they were traumatized by the murder and one said he had been diagnosed with post-traumatic stress disorder as a result of it. Some examples of this were:

“I cannot watch violence on TV.”

“It was traumatic.”

“I am disabled now. I have depression and PTSD.”

Trapped in a Hostile and Unresponsive World

Male and female perpetrators reported that the precipitator to homicide was either emotional abuse, perceived emotional abandonment, or perceived threat to their own life or the lives of loved ones, from their intimate partner. From their perspective, escape from this current trauma seemed only possible, either by homicide, suicide, or both. Most men openly admitted their own violence towards their partners, and also spoke of the abuse they had suffered at the hands of their female partners. This abuse was most frequently emotional abuse, but also included instances of quite severe physical abuse, including punching and assaulting with weapons. Notwithstanding this, there were no reports from men that they were terrified by the violence and some reports that they always felt able to control it, due to their superior strength.

Both men and women also reported male perpetrated sexual abuse in their relationships, which often occurred within the context of other violence. Some of this was very sadistic and perverted and has been referred to previously. There were also examples of animal cruelty and killing reported, which appeared to have been employed as a form of psychological abuse on the victim. Here are some examples of this:

“He said Zac was cruel to the dog and to birds as well as to his mother.”

“He killed my cat. He terrorized the cats.”

“There is a photo of him and my dog. He killed my dog in front of me - slit his throat in front of me. It was payment for something I did, the day before. The next day he killed my dog and before he did it, he made me beg him not to.”

“He took the mobile telephone out with him He rang and said “Tabby wants to talk to you” You could hear the cat screaming, then a gunshot.”

“His mother said he hurt animals as a child”.

The Existence of a Rational Choice to Kill

For the individual to have conscious choice there must be perceived alternatives, which are accessible to them. For the majority of the perpetrators interviewed, who were likely to have been traumatized as infants or young children, it is possible that some neurological damage was incurred. If so, then the neurological functioning of the brain may have been altered, so that “fight” or “flight” may have been the only options available to the lower or midbrain activated by a trauma-induced heightened sense of threat, which did not involve the reasoning of the frontal cortex or higher brain.

It is also possible that early trauma could have left them with a propensity to dissociate when threatened. Therefore, it is not surprising that when interviewed and asked to describe the homicide event, men reported their conscious memory of the event as varying from total amnesia, to fragmented memories similar to the type of memory so often described by those experiencing or suffering the results of trauma. It is questionable whether this was a result of previous trauma, the result of dissociation, the trauma of the homicide, or a combination of these factors. Perpetrators said:

“My thinking was all over the place”

“I was thinking of being separated”

“It was an accident”

From listening to their accounts of the homicide event it appeared that at the time of the homicide, the perpetrators were not thinking rationally, nor making a conscious choice. It appeared that for the perpetrators themselves, choice did not exist, nor did they believe they had made a rational decision to kill. It seems that perpetrators were in some ways emotionally regressed, and erratic in their thinking, partly as a result of their emotionally lived experience, in the events leading up to the killing and partly as a result of earlier trauma. It is their perception of what was happening in their relationship at that time, and their perception of there being no escape, either from the threat to survival of the inner “self” by abandonment (in the case of men) or the threat to survival of the physical “self” (in the case of women) that is critical to the understanding of why the offence happened how and when it did.

At the time of the killing, most reported not having intended to end their partner’s life, rather the death occurred out of a violent reaction to a perceived attack on either the inner self or the physical self. It seems that “intent” and “choice” in these offences is a perception of outsiders, made by those who often have no insight into the inner lived experience of the perpetrator. Rationales given by police, lawyers, or courts after the event may appear to be useful in understanding individual cases but are not generally comprehensive enough to be useful in the deeper understanding required to inform prevention.

Summary

This research indicates that in this sample childhood trauma is a common factor in perpetrators of spousal homicide and familicide. This was evidenced by the results of the psychometric assessment and the in-depth interviews conducted with perpetrators and survivors. It appeared to have manifested in disturbances in relationships with other adults (including intimate relationships) and with children. The in-depth interviews revealed an intergenerational pattern of violence, including child abuse, substance misuse, reported mental illness and fractured relationships, which was pervasive across three generations. Violence

was reported not just in the behaviour of perpetrators and in every case where the victim was male, but sometimes also in the behaviour of victims.

When this is considered in the light of the known bio-psycho-social sequelae to childhood trauma: neurological damage to the developing brain, impaired psychosocial development, attachment disturbance, relational disturbances, and symptomatic sequelae such as attachment disorders, PTSD, and BPD it can be seen that early identification, assessment and treatment of traumatised children is a key to prevention in this type of homicide. It also becomes clear that a multi-positional approach is more useful in approaching understanding than adopting a uni-dimensional approach or theory which is not capable of addressing or understanding the complexities of these offences.

CHAPTER EIGHT

Discussion

Having treated intimate partner homicide, intimate partner homicide followed by suicide, and familicide separately in Chapters Four, Five and Six, in this chapter I will now consider some of the broad theoretical underpinnings to my understanding of homicide apart from that discussed earlier in relation to attachment theory. I will discuss the total picture of the three offences in Western Australia over the ten-year time frame. I will then present the similarities and differences between the three cohorts, because this was the focus of my primary research question. The similarities that I will be highlighting in the antecedents to the offences are, history of violence, substance abuse and reported mental illness. In particular, I will examine the presence of childhood trauma because this was a major focus of the primary research question. I will then discuss the differences between the cohorts, which were primarily differences of gender and race.

Understanding Homicide

The taking of life outside of warfare is a serious breach of law in most societies. Homicide is the most extreme form of interpersonal violence and is a relatively rare occurrence in Australia. The rate at which it occurs nationally varies between 1.6 and 2.0 per 100,000 (Mouzos 2000). This rate compares favourably with the United States where the rate is 5.9 per 100,000 (U.S. Department of Justice 2007) but is higher than England and Wales where the rate is 1.4 per 100,000 (Stanko, Marian et al. 1998:3430). In Australia approximately 20% of all homicides occur between intimates.

Most of the earliest research on homicide examined either perpetrator characteristics and behaviours or victim characteristics or behaviours. This changed when Marvin Wolfgang focused on the interaction between the two and how this precipitated the homicide event (Wolfgang 1958:203). Allen added a new perspective to the understanding of homicide, when she developed the

ideas and concepts that Edwin Shneidman had proposed in relation to suicide (Shneidman 1976:240-243,382) and applied them with minor adaptations to the understanding of homicide (Allen 1980:46-49). These concepts were, “sub-intentioned death, where the victim plays an indirect and partial role in his homicide” and the four elements of “inimicality (poorly organised lives), perturbation (heightened emotional disturbance) constriction (narrowing of thought) and the idea of cessation (death as a solution to life’s problems)” (Allen 1980:25). Nancy Allen’s work is often referred to in the homicide literature, and has particular relevance in the consideration of intra-familial homicide.

Sub-intentioned Death

Whilst it may be argued that the concept of sub-intentioned death, is a form of victim blaming, and is a way of reducing perpetrator responsibility; it may also be argued that the self destructive behaviours evidenced by some victims are a product of and symptomatic of their earlier life experience, one which has often included abuse and violence, and which enhances the risk they experience in a number of areas of health and wellbeing throughout the lifespan. For women these risks are particularly high in intimate relationships.

I take this latter perspective using a second order cybernetics lens and without apportioning blame, because it seems possible that risk taking behaviours are more likely to emanate from unconscious, rather than conscious, motivation. I see them as falling into three main categories, problematic use of substances, including alcohol and drugs, impulsive behaviour, and forming and being unable to separate from, relationships with abusive, aggressive or violent partners with similar issues to their own, thus increasing the chance that altercations, particularly those that occur in the context of substance abuse, may become violent and end in harm being caused to one or both parties. In extreme case it may become lethal and culminate in homicide, suicide or both. I believe the symbiosis of the intimate partner relationship lies at the heart of these behaviours, as evidenced by the reports of respondents, about the high incidence of homicidal and suicidal ideation in both perpetrators and victims.

Inimicality

Many studies have drawn attention to the correlation between poverty and homicide (Brookman 2005:38-40; Mouzos 2000:39-40; Websdale 1999:6-8). It must be said here that unemployment, social disadvantage, marginalisation and unpredictable income, make it very difficult for those enduring these circumstances to have organised and temperate lives. It seems this factor is most relevant to the people in this study, whose lives were often characterised by substance abuse problems, particularly but not exclusively indigenous perpetrators, and victims.

Perturbation

The effects of marital separation make this construct highly relevant to intimate partner homicide and familicide, where the data shows a high number of couples were separated or experiencing marital problems, or other kinds of relational conflict, prior to the offence. It is recognised that most people find separation from an intimate partner one of the most stressful life crises that individuals experience, and emotional ups and downs, are an expected part of the separation process. The results of the C.T.Q., which was used exclusively with non-Indigenous perpetrators, indicate that for those who participated in the in-depth interview, childhood trauma may very well have been a contributing factor to the difficulties they experienced in relationships. It may be hypothesised that in the case of Indigenous people, the cultural trauma they have experienced since colonisation, the poor living conditions experienced by many of them, and the persistently high rates of mortality and morbidity among that community, combine to ensure that high levels of stress and emotional upset in that population are the norm, rather than the exception.

Constriction

Given that a common behavioural manifestation of childhood trauma is a tendency towards obsessiveness, it will hardly be surprising and perhaps predictable, that when feeling themselves to be either under attack or emotionally abandoned, those who have experienced such an early history may be inclined to adopt a narrow view of their world, in their efforts to exert some control over the situation, and to perceive the options available to them to

relieve their distress and disequilibrium as somewhat limited and focused on the “other” rather than the “self”.

Cessation

Given that a common behavioural manifestation of childhood trauma is uncontrolled rage, in response to perceived loss or abandonment, and that this anger will frequently find expression in aggression aimed outwardly at the love object, or towards the introjected representation of this (the self) and sometimes to both, it can be seen that the construct of cessation is very appropriate and relevant to intimate partner homicide and to familicide.

The Sample

The total number of offences across the three categories for the ten year period was one hundred and twenty-seven. This was composed of one hundred and three intimate partner homicide offences, eighteen intimate partner homicide-suicide offences and six familicide offences. As will be seen from Figure 8.1 below, the incidence of intimate partner homicide, not followed by perpetrator

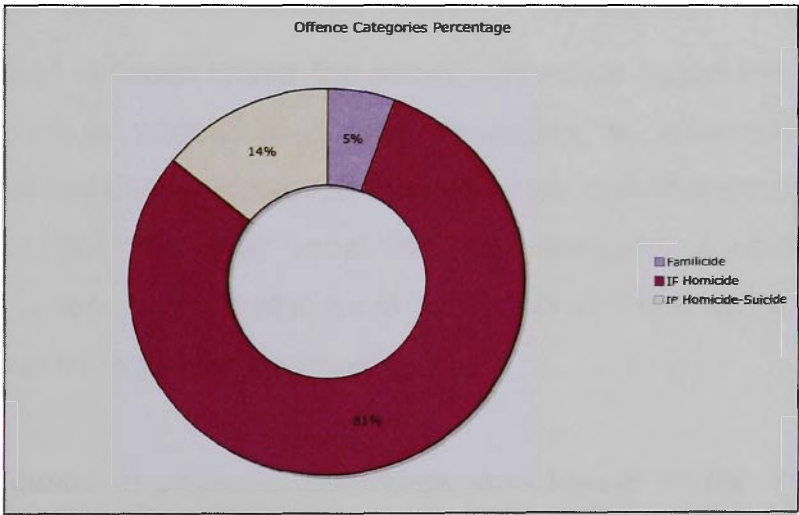


Figure 8.1: Offence Categories Percentage

suicide, was highest of the three categories, whilst familicide was the lowest.

Common Factors Across the Three Cohorts

There are three major themes that clearly stand out from the data gathered from the in-depth interviews. They are embedded in the daily lives of perpetrators, victims and their families and were reported to exist intergenerationally. These were, firstly a history of violence including child abuse, secondly a history of

substance abuse and thirdly mental health issues, for which treatment was not always sought, and if sought was not always experienced as effective. These factors tended to co-exist and often the interplay between them made it difficult for families to break out of a dynamic that had inherent risks, which were reported to be escalating prior to the offence.

History of Violence

The data pertaining to the full history of violent offending for all perpetrators and victims was not able to be obtained, but is obviously critical information when considering prevention of all forms of intra-familial violence. There were sixteen cases in the sample where a history of violence in the relationship was noted either on the offence report or in the “Factiva” data. There were some instances of the male perpetrator having been issued with a Violence Restraining Order, and also several cases where this had been breached. There were no cases where a female offender had a record of being issued with a Violence Restraining Order. In most cases there was insufficient information to determine the incidence or extent of violence.

Many victims of violence within the family unit never report this to authorities, and may adopt a variety of coping strategies, to minimise or deny the seriousness of the abuse. However, the interviews undertaken with perpetrators and survivors indicate that most of the homicidal couple relationships incorporated violence, and that in most cases this violence was of long duration, and was pervasive and intergenerational.

There were cases of physical, emotional, and sexual abuse, but most cases incorporated one or more forms of abuse concurrently. There were some abusive incidents which could only be described as terrorism, and some which could only be described as torture.

There were others that included emotional abuse, for example threats to family members and pets, a form of abuse, which survivors described as emotionally debilitating, and which had the effect of rendering them powerless to leave the relationship. Some of these threats were carried out, despite the subject of the threat remaining in the relationship, and there were reports of treasured pets

being tortured or killed as a form of punishment or deterrent to the victim, either for an alleged misdemeanour or for threatening to leave. Ten of the twelve perpetrators interviewed admitted that their intimate partner relationship had been violent. In some cases men reported their female partners as having been violent, but none of the female perpetrators admitted to initiating violence.

History of Substance Misuse

It was clear from the police data that substance misuse was a major factor in the lives of many of the protagonists in intimate partner homicide. But again, offence reports, which often have useful information in regard to substance abuse at the time of offence, were often missing. As a result it was not possible to accurately determine the incidence of substance abuse as an ongoing issue or as an issue at the time of the offence across the cohort, although it was mentioned in thirty of the Intimate Partner Homicide cases, one of the homicide-suicide cases, and two of the familicide cases.

This would indicate that it may have been a common factor, particularly in the case of Indigenous spousal homicide where the scenario prior to the offence frequently consisted of groups of people drinking alcohol, using drugs, or sometimes a combination of these, leading to arguments, resulting in assaults, which then became lethal. Substance misuse is predictable in individuals whose lives have been lived in a context of trauma and abuse and which has enveloped them since childhood. Childhood trauma has been linked to personality disorder, and many people with personality disorders use legal and illegal drugs, to medicate themselves and to calm their mood, because they lack the internal capacity to self regulate.

Again, information gained from the in-depth interviews showed nine of the twelve perpetrators admitting they or their partners, and frequently both, engaged in using a combination of illicit and prescription drugs, often in association with alcohol. Where prescription drugs were used they were often used inappropriately. In addition, three couples were reportedly involved in drug dealing as a major source of income and of funding their own drug supply.

Reported History of Mental Illness

It is known that in intimate homicide generally, a significant proportion of perpetrators have a history of mental illness, particularly depression. This is especially so in offences following marital separation, and is even more common in familicide. The qualitative data indicated there were seven cases in the Intimate Partner Homicide cohort, where mental illness was a factor, two in the Homicide-Suicide group and four in the familicide cohort. Again it is likely that this is an under representation of these factors due to the lack of detailed information available, and the reticence that many people, especially men, have towards seeking treatment.

As a result of the difficulty in accessing quantitative data in relation to the history of mental illness in these cases, I turned again to the qualitative data obtained from interviews to examine this issue further. They indicated ten of the twelve perpetrators reported themselves and/or their partner as having a mental illness in the time leading up to the murder. A disturbing aspect of this was that although the illness was often well recognised by family and friends, treatment was not always sought, and where treatment in the form of medication was prescribed, this was reportedly not taken in accordance with instructions or was mixed with alcohol and/or drugs so that its effectiveness was compromised.

Differences Between the Three Cohorts

The first major difference that emerged from the data across the three cohorts was gender of perpetrator and victim. The distribution of gender was biased towards male perpetrators in each of the offence categories, but was most evident in the intimate partner homicide-suicide category.

The first factor is that intimate partner homicide, whether or not followed by suicide, and familicide, is very much a gendered offence and that males are far more likely to perpetrate these offences than women. The ratio for this in the intimate partner homicide cohort was 70:31, but in the intimate partner homicide-suicide cohort was 18:0, giving a total in the overall intimate homicide cohort of 90:31. In the familicide cohort the gender balance was similarly skewed in terms of male offenders at 5:1.

Gender

This research clearly shows that in Western Australia, in intimate partner homicide, whether or not the offence is followed by suicide, the risk of a woman being murdered by her heterosexual partner is much greater than this risk for a man. As there was only one adult victim killed in the familicide cohort, no inference can be made about risk in relation to gender in adults, and it does not appear to be a risk factor for children as gender was equally represented. The research also indicates, as has been shown in Chapters Four to Seven, that the context in which spousal homicide and familicide occur, together with the psycho-social history of both perpetrator and victim, whether male or female, are vitally important in grappling with, and trying to understand, the complexities of intimate partner violence and of homicide.

Some men’s advocacy groups have tended to focus on female to male violence, arguably to legitimise or reduce men’s culpability in some way, and without considering the context in which the violence occurs. Whilst it would be foolish to posit that women are never violent, or to ignore that women do murder their partners, it is important to consider context and antecedents for these offences, before adopting a position in relation to the gender of either perpetrator or victim. For example whether intimate partner homicide is committed by men or by women, research has shown that the antecedents to the offences are similar and usually include male perpetrated violence towards his female partner (Jones 1994;Chan 2001; Koziol-Mc Lain, Webster et al. 2006).

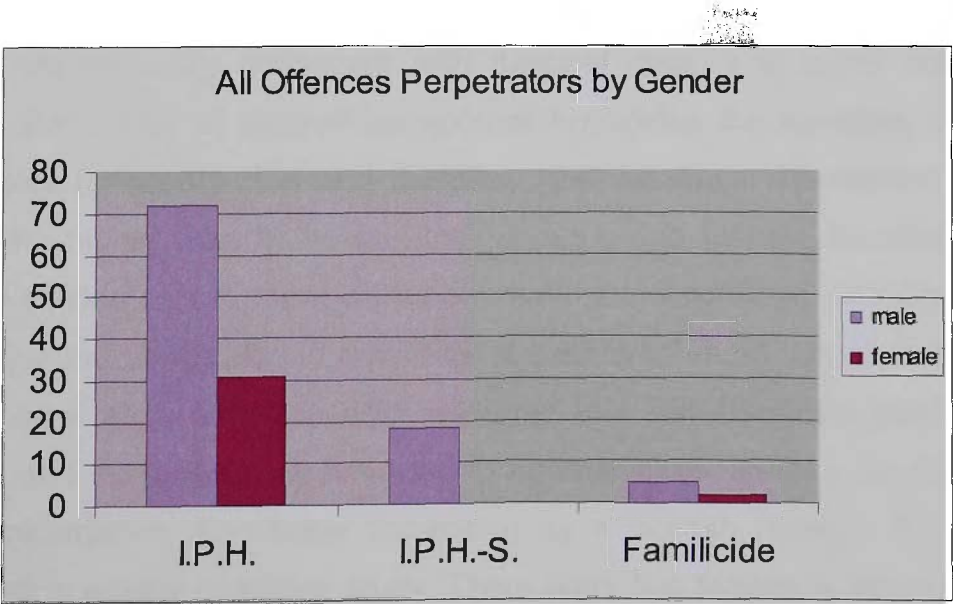


Figure 8.2: All Offence Perpetrators by Gender

Of the one hundred and twenty-one cases of intimate partner homicide, ninety murders (seventy-four percent) involved the man killing his female partner, and thirty-one murders (twenty-six percent) were committed by women. The obvious corollary of this is that there were ninety female victims and thirty-one male victims. This is fairly consistent with the picture across the whole of Australia, where it has been shown that “just over three-quarters of intimate partner homicide in Australia involved a male offender and a female victim” (Mouzos 2000:115).

However, as mentioned previously, we know that homicide figures vary when considered on an annual basis. For instance, I found in Western Australia in the year 2005, fifty-seven percent of perpetrators of intimate homicide were women, but the “n” in this category was only seven. By contrast, I found that in 2002 there were seventeen male perpetrators out of an “n” of eighteen (ninety-four percent). Again it is acknowledged that because the incidence of homicide generally is relatively low, distortions can occur when statistics are viewed over short time frames. Therefore, caution should be exercised when drawing inferences from such data. To avoid the sort of distortion that can result from considering homicide statistics on an annual basis, they need to be examined over a considerably longer period, and I feel a ten-year time frame is an ideal minimum.

Although the overall figures relating to victimisation in spousal homicide in this sample, are generally consistent with national data, it is worth noting that amongst the cohort of Indigenous spousal homicides the numbers of female perpetrators (n=twenty-one) and therefore, the resultant victimisation rate for males were higher than in the non-Indigenous group (n=ten). However, in the homicide-suicide cohort, there were no female perpetrators either Indigenous or non-Indigenous. Atypically, in familicide a case was found where there was a female perpetrator, and it is acknowledged that the dilemmas presented in inclusion and exclusion may have led to another case, being excluded due to lack of information. Familicide committed by a woman remains a very rare event, and is worthy of further study. There were five familicide offences in the study that were committed by men.

Race

The second major difference across the three cohorts was race. The research suggests that intra-familial homicide occurs disproportionately in the Indigenous community both in urban and remote communities, but not across all cohorts. There were fifty-one Indigenous offenders in the intimate partner homicide cohort comprising almost fifty percent of perpetrators in this group. However, no Indigenous offenders were found, either male or female in the homicide-suicide or in the familicide cohorts.

The two most commonly occurring categories listed for racial appearance of both perpetrator and victim were “Aboriginal” and “Caucasian,” with much smaller numbers of Asian and Maori (Indigenous New Zealander) for both perpetrators and victims, and with a range of other races such as “Asian” and “South Pacific Islander” with very low incidence. I decided to concentrate my analysis primarily on the two categories of Aboriginal or non Aboriginal, elsewhere referred to as Indigenous or non-Indigenous, because there were too few in each of the other categories to assist meaningful interpretation of those data, whilst the disproportionately high numbers of Indigenous victims and perpetrators, pointed to the need for closer examination of the circumstances in these offences, which might lead to better understanding as to why this should be the case.

As Mouzos says, “Few jurisdictions publish data in relation to risk of victimisation, based on ethnicity or country of birth” (Mouzos 2005:9). As she indicates, this may be to avoid concentrating on just one aspect of what may, in fact, be a multifaceted social situation involving a range of socio-demographic features. The NHMP publishes data on racial appearance of both perpetrator and victim, but the data used here to describe race are derived directly from Police and Coronial records.

In the intimate partner homicide cohort Indigenous women were far more likely to kill their intimate partner than non-Indigenous women. Twenty one of the fifty-one Indigenous perpetrators were women compared to ten of the forty-seven

non-Indigenous perpetrators. There were no Indigenous perpetrators of either gender in the homicide-suicide cohort or the familicide cohort (see Figure 8.3).

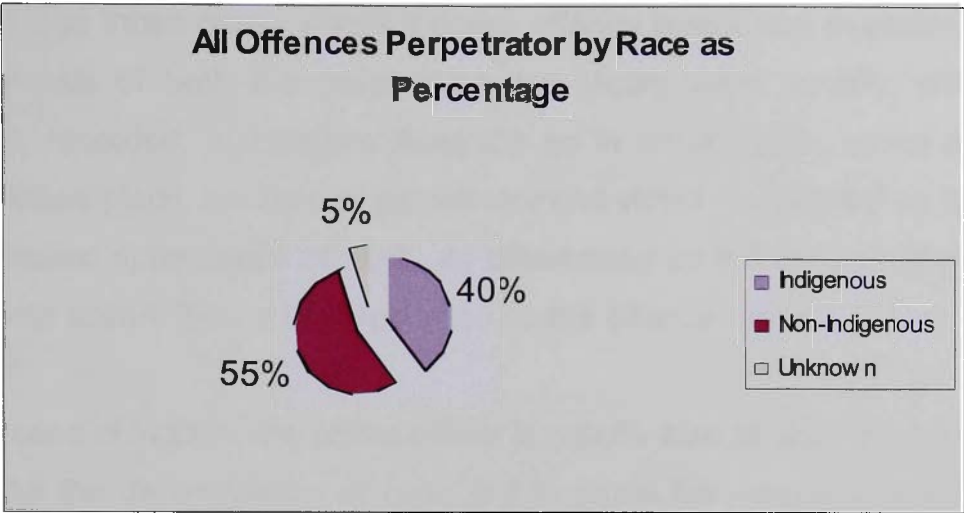


Figure 8.3: All Offence Perpetrator by Race - Percentage

This figure shows the disproportionate number of intimate partner homicides, where the perpetrator is Indigenous, given the small proportion of Indigenous people in the Western Australian population. This is not to say that there is an inherent tendency in Indigenous people to murder their partners, but more to say that this is likely to be reflective of the general violence, which unfortunately characterises life in many Indigenous communities, particularly in the remote areas of Western Australia, where cultural trauma as a result of European colonisation and the policies and practices which emanated from this towards Indigenous Australians caused the kind of social and economic inequality, which produces inter-generational poverty, unemployment, poor housing, poor health, drug and alcohol dependency, hopelessness and despair, all of which international research has repeatedly shown, produces high murder rates in whatever country it is found (Alder and Polk 2001:170-171;Allen 1980:36-37; Brookman 2005:38-40;Easteal 1993:3-4;LaFree 1999:141;Websdale 1999:210-212) and draws attention to the need for interventions to address the epidemic of violence within Indigenous families of which homicide is the most extreme form.

Challenges for Researchers in Determining Race

Determining race for both perpetrators and victims in this study was quite a challenge. I was more successful in determining race of perpetrators than of victims. For those cases where a police offence report was available, the racial appearance of both the perpetrator and victim were usually, although not always, recorded. In Western Australia as in other states, when a homicide event takes place, the race of perpetrator and victim is assigned on the basis of the physical appearance of each, as determined by the police officer attending the crime scene. This is then recorded on the offence report.

In the case of victims, the police officer is usually able to sight the body, in order to make the determination of race, but in those few cases where there is no body discovered, this cannot be done, although police may be reasonably certain that a murder has been committed. It should be remembered though, that the allocation of race by appearance, is necessarily quite subjective and can be confusing. For instance in some cases I found race was attributed to be "Southern European" and it was not clear whether or not this would differ from "Caucasian". In one case, race was attributed to be "Samoan," and yet in another it was "Pacific Islander". Again it was difficult to know whether these labels described people of a similar racial appearance or not. In the case of a perpetrator who has fled the scene and not been sighted by the officer attending, race may be assigned on the basis of a report provided by someone other than a police officer, perhaps on the basis of a witness or complainant observation, which again may be subjective and/or inaccurate. Therefore, it cannot be deemed that this is always an accurate indicator of race.

Initially race was primarily sought, and was only possible to determine, for those cases for which I had an offence report ($n = \text{ninety-nine}$) in which this category had been recorded for both victim and perpetrator. In those cases where there was no information about the race of the perpetrator on the police offence report, race was assigned on the basis of information provided by the Department of Justice, which I did not sight, about which prisoners were Indigenous and therefore not available to be interviewed.

There were some cases where there was a report, but the category of racial appearance had not been recorded. In some cases, racial appearance was not recorded by the officer attending, and or was not available through any other source. This left five perpetrators for whom race could not be established. However, there were many more victims for whom race could not be established. As this was deemed to be important data another approach was made to the Coronial Ethics Committee, which allowed access to Coronial files, in order to locate the missing data. However, some of these had been archived and could not be retrieved in the time available. This reduced the missing data in relation to race of victims to sixteen.

As expected I found that where race could be determined, it did not differ much from race of perpetrator. In the intimate partner homicide cases there were forty Indigenous victims and forty-seven non-Indigenous victims. In the remainder of cases the race of the victim could not be determined. In the intimate partner homicide-suicide cohort, sixteen of the eighteen victims were non-Indigenous, one was Indigenous and in the remaining case race could not be established. There was no indication that any of the victims of familicide were Indigenous, although there was one case where race could not be determined.

Categories for Racial Appearance

It is important when considering prevention of this most extreme form of interpersonal violence, that race and/or ethnicity is considered, as knowledge of the extent to which this variable shows up disproportionately in homicide statistics, is likely to be highly relevant in identifying social disadvantage to a particular racial or ethnic group, and is vital to inform policy making and the implementation of strategies to reduce its incidence. Certainly other studies have shown that socio-political factors such as poverty, overcrowding, poor housing, unemployment, and drug and alcohol abuse, are all positively correlated with rates of both homicide offending and homicide victimisation (Websdale 1999:217-236).

Race of Perpetrator

In Western Australia the Indigenous population comprises only 3.2% of the state's population (ABS 2007). However, when all the available data was

compiled it was found that of the one hundred and twenty-seven offences, fifty-one (or forty percent) perpetrators were recorded as being Indigenous. This left seventy (fifty-five percent) non-Indigenous perpetrators and another six (five percent) which were unknown because race was not assigned at the time of the offence and could not be determined from the available data.

Perpetrator-Victim Relationship

The results gained from triangulation showed a greater number of couples having separated, or at least having been destabilised, by one partner's physical departure or emotional withdrawal, than initially appeared to be the case, from information gathered at the time of the offence. It also showed a higher number of relationships to be experiencing conflict, as a result of one party forming a relationship with another, or the perceptions of one party that they were being cheated on, than was shown by the police data alone.

I was unable to access offence reports for thirty-nine (thirty-one percent) of the one hundred and twenty-seven cases involving couples. One familicide case did not involve a couple as the perpetrator was the son and brother of the victims. Neither was "Factiva" data available for many cases (especially homicide that occurred in remote areas). It is clear that the number of cases where I found the perpetrator and victim to be either separated, or under threat of separation and/or emotional abandonment, a total of forty-eight (thirty-eight percent) is likely to be much lower than the actual number.

Relationships were usually described as husband-wife, separated husband-wife or ex husband-wife, defacto husband-wife or ex defacto husband-wife, boyfriend/girlfriend or ex boyfriend/girlfriend. There was one case of a relationship, which fell outside of these usual categories, where an offence report described a couple's relationship as ex-lovers. This case was included in the category of ex boyfriend/girlfriend for convenience (see Figure 8.4).



Figure 8.4: All I.P.H Perpetrator-Victim Relationship

The most common relationship status that had existed between perpetrator and victim in the combined intimate homicide, intimate homicide followed by suicide cases, was de facto partner (n = sixty-seven or fifty-five percent) with those having been in a formal marriage forming considerably less of this cohort (n = thirty-four or twenty-eight percent). In addition there were twenty couples (seventeen percent) described as boyfriend/girlfriend including the couple referred to earlier who were described as ex-lovers.

Establishing the status of the relationship at the time of the offence was not always easy or straightforward because, as previously discussed, the victim's perception of the relationship may be at variance from the offender's, and as the victim is unable to present their perception of relationship, it is often the perpetrator's perception which is recorded. Twelve of the married couples were described as ex-married or separated. Whilst there were nine de facto relationships described as ex-defacto and several more where there was information to indicate the woman was in the process of leaving the relationship. Twelve of the girlfriend-boyfriend relationships were described as ex-relationships, as in the case of the couple described as ex-lovers. There were a higher proportion of legal marriages amongst the homicide-suicide couples (fifty percent) and the familicide couples (forty-three percent) than in the homicide couples (twenty-four percent). As was expected, there were far fewer legal marriages amongst the Indigenous partners, than in the non-Indigenous cohort.

Perpetrator's Perception of Rivalry

Research has shown obsessive and even paranoid jealousy can be a factor in intimate homicide, but at the time of the offence these factors may not be known. It is far more likely that this evidence will emerge in the trial, which may not take place for a year or so following the homicide. As most of the media reports accessed were some time after the offence and usually recorded from evidence presented to the court, these were assumed to be more accurate than the data gathered at the time the police first attended the scene. So whenever there was a discrepancy between the police report and media report, the relationship recorded in the latter was used.

It is acknowledged that there may still be dispute about the nature of some relationships. In the case of some murder-suicide offences, there may be no-one, apart from the deceased couple themselves, who was really aware of the status of the relationship at the time of death. In one case, it appears the perpetrator was suffering a serious mental illness, and was deluded in thinking an acquaintance of the family was his wife's lover. In one of the cases where there was an additional killing, the male victim was described by police as the victim's boyfriend whereas in court he was described as simply a work colleague of hers who was trying to protect her from the perpetrator's violence. In thirteen cases of intimate partner homicide, two cases of intimate partner homicide-suicide and one of familicide, there was an indication either that there was a rival or the perpetrator was suspicious of a rival (see Figure 8.5).

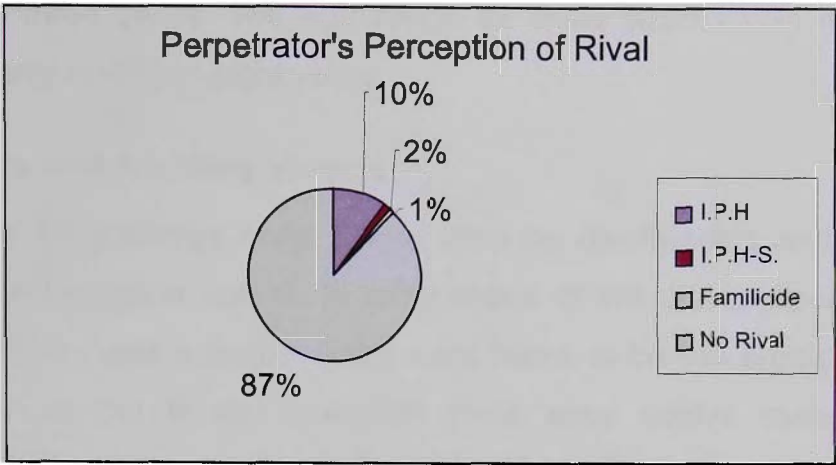


Figure 8.5: Perpetrator's Perception of Rival

Again we know that many relationships appeared to have disintegrated, or to be in the process of disintegrating at the time of the offence, and there were many cases, which had little or no information available about the circumstances surrounding the offence, so this is likely to be an under-estimation of the presence of rivals.

Age of Perpetrators

The legal age of majority in Western Australia is eighteen years. Female offenders ages were limited to the age range between sixteen and forty-eight years, whereas male offenders ages ranged from eighteen years to eighty-three years. The highest frequency of male and female perpetrators were found between the ages of thirty and thirty-nine years, n = thirty-seven (twenty-nine percent). For male perpetrators this was followed closely by the younger age range of nineteen to twenty-nine years (n = eighteen). Whereas, for women the next highest frequency was in the older age range of forty to forty-nine years (n=seven). In the intimate partner homicide-suicide cohort perpetrators tended to be older than perpetrators in the other two groups with nine of the thirteen perpetrators for whom age could be determined being forty years of age or over.

Age of Victims

The youngest victims of intimate partner homicide were female, one aged fourteen years, one aged sixteen and two aged nineteen years. There were no underage or teenage male victims and the youngest male victim was aged twenty years. The total age range of female victims was between fourteen years

and seventy-three years. The age range for male victims was much less at between twenty and forty-eight years.

Co-offenders and Ancillary Victims

Co-offenders were always male. There were no co-offenders and no ancillary victims in the familicide cohort. In most cases of intimate partner homicide a single perpetrator and a single victim were found to be the protagonists in the homicide event, but in this research there were twelve cases that were exceptions to this. It was found that the homicide event broadened to include additional co-offenders across four cases and ancillary victims across eight cases. In each case where there was an ancillary perpetrator there was no ancillary victim. All the cases with co-offenders occurred in the intimate partner homicide cohort, whereas ancillary victims occurred in both intimate partner homicide and homicide-suicide.

Although the total intimate homicide cases numbered one hundred and twenty-one (comprising one hundred and three intimate partner homicide cases and eighteen intimate partner homicide-suicide cases) there were actually one hundred and twenty-six offenders in total due to the existence of five co-offenders across the four cases mentioned above. Three of these involved a single co-offender, assisting in the commission of the crime and another where two co-offenders had been solicited. Examples of this type of offence were provided in Chapter Five.

Again the number of victims exceeded the number of intimate homicide incidents because there were ancillary victims in the eight cases mentioned above. In total there were one hundred and thirty victims across the one hundred and twenty-one intimate homicide offences. Ancillary victims were usually either children of the female victim of a male perpetrated offence, or an adult male perceived to be a rival by the male perpetrator.

Whereas co-offenders appear to have been solicited by the victim's partner in each case, and their involvement was therefore planned and active, it seemed that usually ancillary victims were killed simply because they happened to be at the scene of the murder, rather than because they were the main focus of the

attack. This may not have been the case however, where the ancillary victim was an unborn child, because the literature on domestic violence indicates pregnancy of his female partner can often be a precursor to violence perpetrated by men, and that sometimes obsessive and morbidly jealous men see the child as a threat to their relationship, even when the child is their own biological offspring (Koziol-McLaine, Webster et al. 2006),

In this study there were two cases where it was known that a pregnant woman was killed, but there was not enough information available to establish how many other women may have been pregnant, or to what extent this may have related to the motivation for the homicidal attack. One female perpetrator was also pregnant and it appeared the pregnancy was very much a part of the antecedents to the homicide. The issue of pregnancy and how it related to intimate partner homicide, in both male and female perpetrators, is an area worthy of further research.

Offence Characteristics

Mode of Homicide

Whilst the cause of death was usually singular, it was not uncommon for a number of forms of assault to be used in the attack, sometimes with the additional use of a weapon. In one offence the victim was kicked, punched, stomped on and hit with a metal pickel In another the victim was punched and throttled as well as stabbed.

The level of aggression the perpetrator displayed in these offences, and the resultant terror the victim must have experienced in the assault, is difficult to imagine in these cases. It raises the issue of “overkill”, a term used by police to describe an offence where the level of force or aggression employed by the perpetrator to kill the victim, is way in excess of that which would be required to ensure the victim’s demise. When some perpetrators use excessive force, or employ several methods of killing when just one would have been effective, the question arises as to what level of self control the individual possesses.

It is also interesting to contemplate what might be so provoking that one human being could behave in this way to another, and in particular, towards one with

whom they had previously enjoyed an intimate relationship? It may be possible that no single incident or interaction could thus provoke such a rage but that the rage emanates from a deep-seated primitive response to a heightened perception of threat which has its origins in the perpetrators own history of trauma and abuse (Perry 1995, 2002)) such that they respond with extreme homicidal violence as if their own survival is at risk.

The use of weapon and mode of homicide varied across the offence cohorts. In most cases, if a weapon was chosen, it appeared to have been one that readily came to hand, such as a kitchen knife, stick, or bottle. Most of the weapons used were knives, sixty-five (fifty-one percent) of victims were stabbed. Less than half this number, twenty-six (twenty percent) were killed by assaultive force. See Figure 8.6.

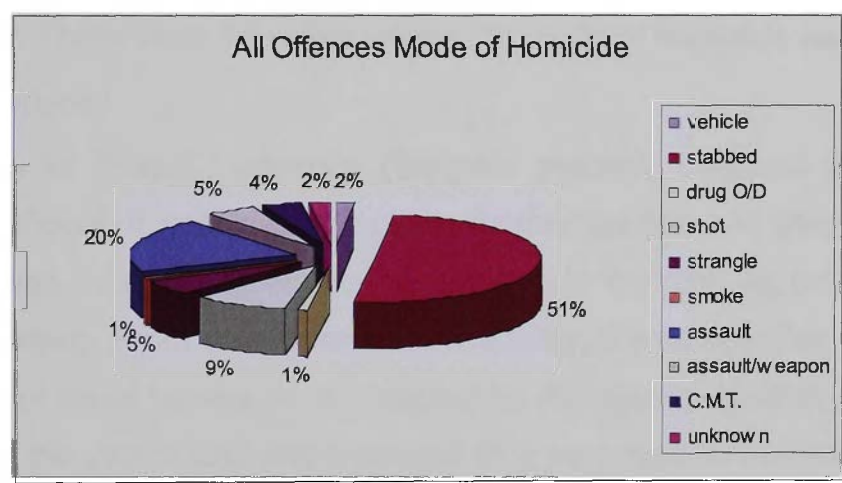


Figure 8.6: All Offences Mode of Homicide

Assaultive force included the use of hands, fists, and feet to hit, punch, kick or stomp on the victim. Twelve victims (ten percent) died as a result of a gunshot wounds. In six cases (five percent) the victim died after being assaulted with a weapon which ranged from a stick to a hammer and included rocks, spanners, metal pickets, a lump of concrete and a piece of firewood. Some victims who were physically assaulted by being beaten, kicked or punched were also stabbed, or throttled. Another seven victims died after being strangled or choked to death by the offender. One died after being pushed from a moving vehicle which resulted in her sustaining fatal injuries, one from being hit with a motor vehicle, and one from being administered a drug overdose.

Descriptions of the cause of death by assault give an insight into the rage of perpetrators as well as to the terrifying ordeal suffered by their victims. In addition to the cases of overkill mentioned previously, one was killed with a motor vehicle presumably run over with it and one was pushed from a moving vehicle onto the roadway. In homicide-suicide the use of a firearm was more prevalent than in homicide, (thirty-three percent compared to six percent). In familicide there were two cases where stabbing was used as the principal method to kill, although in one of these asphyxiation was also used on one of the victims. The most common method used to kill and commit suicide in familicide is gassing in a vehicle using carbon monoxide from the car exhaust, where the victims expire due to carbon monoxide toxicity. There were five cases where carbon monoxide was used. This is a method not employed in any other case apart from an attempted suicide by a man who later killed his wife by stabbing her. There were six cases where the mode of homicide was unknown.

Where it Happened

The majority or forty-six offences (thirty-six percent) occurred in residential premises, although it wasn't always clear whether the home in which the murder took place was occupied by the couple involved in the offence, or whether they were just visiting. From the information available, it was possible to ascertain, that sixteen of these homes were occupied by the couple, another sixteen were occupied by the victim, and one belonged to a perpetrator. There were thirteen residences for which tenancy was held either by a member of the extended family or was not established. Six took place on land belonging to an Indigenous community. Eleven took place in public open space such as a park or bushland and three on a public footpath or roadway. One murder happened at each of the following venues: the victim's workplace, a workers' club, a yacht, sailing off the north-west coast, and a motor vehicle parked on a roadway.

With the exception of familicide which almost always occurred in isolated bushland or forest areas, most offences where the couple were non-Indigenous occurred in the home, whereas in the case of Indigenous couples murder was more likely to occur in the outdoors either in or near a country town, in an Indigenous community or at a bush camp. See Figure 8.7.

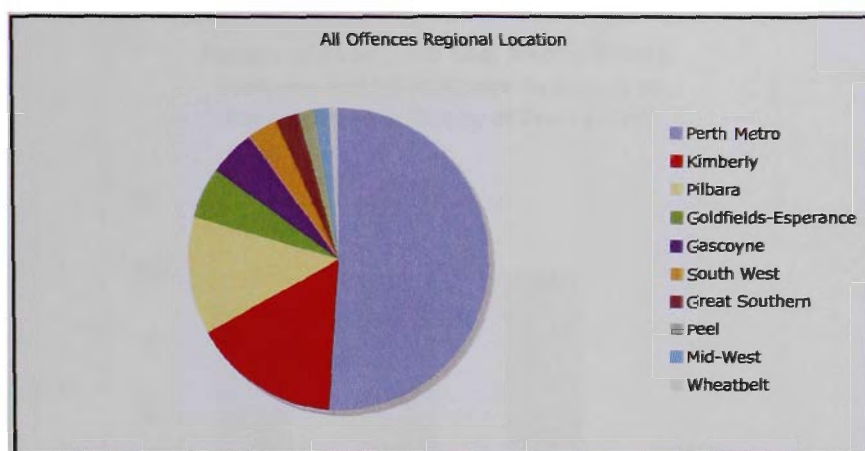


Figure 8.7: All Offences Regional Location

Regional Location

The location for the offences was divided into regions in accordance with the state's regional areas. Sixty-two (fifty percent) of offences occurred in the Perth metropolitan area including the inner city area. This is in fact an under-representation because approximately seventy-three percent of the state's population lives in the capital city of Perth and the surrounding suburbs. One of the state's most under-populated areas the Kimberley region in the state's remote far north accounted for nineteen intimate partner homicides yet less than two percent of the state's population resides in this area. Fifteen offences occurred in the Pilbara, seven in the Goldfields-Esperance area, six in the Gascoyne, four in the South West, three in the Great Southern, two each in the Peel and Mid-West areas and one in the wheatbelt (see Figure 8.7).

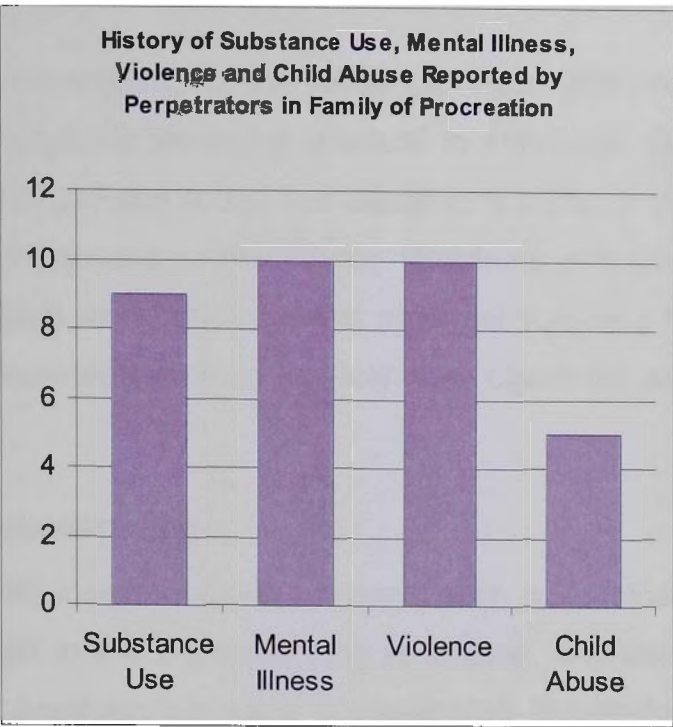


Figure 8.8: Substance Use, Mental Illness, Violence and Child Abuse Reported by Perpetrators Interviewed

History of Child Abuse

Given the level of violence reported in the marital relationships it is hard to imagine that children were not at times physically abused. In any case research shows unequivocally that children are emotionally harmed by living in domestic violence households and that most do witness the abuse and even try to intervene to help the abused parent. It was not possible to determine with any accuracy how many children were victims of child abuse across the data set, but amongst the twelve cases where the perpetrator was interviewed, there were clear indications of abuse and/or neglect in five cases. Two couples did not have children, but in one of these the female perpetrator had a miscarriage in jail after being punched and kicked in the stomach by her husband, who did not want the child.

Presence of Children at the Time of Offence

As most victims died in their own home it is not surprising that there were children present or in the immediate vicinity in a number of cases. Again although it is not possible to accurately determine how many offences were witnessed by children.

Trauma

Similar to previous research into familicide (Johnson 2005:74-88) it was found severe physical reactions were not unusual in survivors. One woman had a heart attack on the day she found her daughter's body, a sister of one of the victims developed a severe mental illness. Problems with sleeping, depression and suicidal thoughts were also reported amongst surviving family and friends. Some survivors reported resorting to alcohol or cigarettes as a way of coping with stress.

Approaching Understanding

Allen's (1980:46-49) insight in using concepts such as inimicality and cessation, developed to assist in the understanding of suicide, and applying them to the understanding of homicide shows a sophisticated knowledge of intra-psychic processes. It can be seen that the concepts she used meld very well with the characteristics and behaviours reported in perpetrators in events leading up to the offences examined in this research. These concepts may be borne in mind when developing a model to approach understanding of intimate partner homicide, intimate partner homicide-suicide and familicide.

Attempting to understand such complex phenomena as intra-familial homicide is indisputably ambitious. For this reason it is important to understand how childhood trauma and disrupted attachment can affect the child's concept of self and the ability to relate to others throughout the lifespan (Anda, Felitti et al. 2006). This is why I have drawn on Mahler's developmental model and continue to apply it as a template for understanding intimate partner homicide and familicide. From this I shall propose a model to help conceptualise how homicide and suicide may arise from intimate relationships that presumably grew out of mutual attraction and love, but which may deteriorate to the point when a life or lives are taken.

Research has shown that intra-familial homicide usually occurs in the context of intra-familial violence (Cambell 1993; 2003; Koziol-McLaine, Webster et al. 2006), and that this violence often repeats across generations and may affect the intimate partner relationships of subsequent generations (Doumas and Margolin 1984). In approaching this I will specifically examine the concepts

proposed by Mahler of separation-individuation, splitting, and projective identification, because I believe they collectively contribute to understanding how victims of childhood trauma can carry the effects of this into their adult intimate relationships, how it can cause those relationships to deteriorate, and may affect the individual's ability to cope with emotional rejection and/or separation from a partner. Mahler's model provides insight into stalking, which has been found to be a risk factor in this type of offence (Campbell 2003) and overkill, another characteristic highly correlated with intimate partner homicide. Most importantly, it offers an explanation of why homicide and suicide so often occur together in response to a perception of separation or abandonment.

Mahler refers to the psychological "birth" of the individual as the "separation-individuation" process (Mahler 1975:3). She posited that this process is divided into four subphases: "differentiation", "practicing", "rapprochement" and "on the way to libidinal object constancy" (Ibid 1975:39). These subphases are not discrete and may overlap considerably.

The first subphase of "Differentiation" which begins at about four to five months of age is characterised by the infant becoming more alert to his surroundings and by engaging in goal directed behaviour including exploration of the nearby environment and attaining physical separation from the primary carer by moving away (Ibid:52-64).

The second subphase "Practicing" commences around ten to twelve months of age and is characterised by the child's ability to walk and by the development of cognition. At this stage the child may exhibit an apparent obliviousness to the presence of the primary carer when engaged in an activity but will often return or glance towards her for reassurance, seeming to need this secure "base" from which to venture (Ibid:65-75).

The third subphase "Rapprochement" commences at about eighteen months and is characterised by a growing autonomy but also an increased awareness of separation from the primary carer and an apparent increased need for closeness. At this stage the child will seek out the carer as well as dart away and the level of interaction between the two escalates (Ibid:76-108).

The fourth subphase “Object Constancy” occurs in the third year of life and is characterised by the achievement of individuality and the attainment of some level of object constancy (Ibid:109-122).

Before proceeding further, I will specifically examine the concepts of separation and individuation, splitting, projective identification, obsessive jealousy, stalking and overkill. I do so because these dynamics have their origins in attachment, and I believe they offer explanations and illustrations as to how victims of childhood trauma can carry the effects of this into their adult intimate relationships, and how (should those relationships begin to deteriorate) these effects may lead to violence, and in some cases to the types of homicide and suicide which are the subject of this research.

Separation and Individuation

When a child’s experience of parenting is predictable and consistent over time, then the child learns that his needs will be met and he develops a positive sense of self from the experience of being positively nurtured (Bowlby 1969). Eventually, after experiencing thousands of interactions where he is usually responded to positively, where he has been soothed and had his needs attended to, he learns to self-soothe by internalising the positive representation of the nurturing “good” parent. Eventually, with the security born of stable parenting and with support and encouragement of his moves towards autonomy, he is able to experience himself as a separate entity from the carer. This is sometimes referred to as self-object differentiation (Mahler, Pine et al.1975:52-64).

In effect this means as he develops he will have the capacity to venture away from the primary carer to explore his environment and to cope with adversity by drawing on the internalised representation of the “good” parent to meet his needs. He learns that the parent who occasionally does not meet his needs is one and the same parent who nurtures him. This forms the basis for a cognitive schema that allows the conceptualisation of positive and negative attributes in the other and a recognition that when his needs are not met by others this does not mean that either they are or he is “bad”. Future relationships constructed on

the basis of this schema are likely to be functional, and should feelings of rejection or emotional abandonment be experienced, they are able to be dealt with and to be resolved.

Separation and individuation are two related developmental processes, which begin to occur concurrently, towards the end of the first and beginning of the second year of life (during Mahler's first subphase). Although concurrent the processes may not develop at corresponding rates. Whilst separation relates to the intra-psychic process of differentiation, boundary formation and disengagement from the primary carer, individuation refers to the development of intrapsychic autonomy, perception, memory, cognition and reality testing (Mahler, Pine et al. 1975:63).

In effect this means that as the child develops he will have the capacity to venture away from the primary carer, to explore his environment and to cope with adversity, by drawing on the internalised representation of the "good" parent to meet his needs. He learns that the parent who occasionally does not meet his needs, is one and the same parent who nurtures him. This forms the basis for a cognitive schema, that allows the conceptualisation of positive and negative attributes to exist concurrently within the other, and a recognition that when his needs are not met by others, this does not mean that either they are or he is "bad".

Future relationships constructed on the basis of this schema are likely to be functional, and should feelings of rejection or emotional abandonment be experienced, they are able to be dealt with and to be resolved. In summary, when attachment is secure he develops the important capacity to tolerate ambivalence, and to attain object constancy. He experiences himself as whole, whilst separate from the other, and has an integrated perception of himself and the other (not all good or all bad). Thus a functional relationship (attachment) with the primary carer enables the child to progress from symbiosis in infancy (lack of differentiation from the carer) to autonomy in childhood (separation and individuation from the carer) and implies an ability, throughout the lifespan, to engage in intimate relationships and to emotionally survive their demise. If a child's experience of parenting is unpredictable, fragmented and inconsistent

then the child is not able to achieve object constancy or to introject the good parent into the self.

When an infant experiences severe cumulative trauma, in the form of abuse and/or neglect, his attachment is likely to be disrupted by the experience. Repeated trauma has also been shown to affect the way the brain is organised physiologically and its ability to accurately interpret the intentions of others and the potential for threat. The physiological changes, which include the release of chemicals such as norepinephrine (associated with the arousal response) and opioid peptides (associated with the dissociative response) have an impact on the individual's emotional responses, and over time, with multiple repetitions of these physiologically induced states, they may become long term traits of the personality. In essence repeated trauma causes the individual to become hypersensitive to threat, with the resultant chemical changes in the brain having serious and enduring effects on behaviour (Perry, Pollard et al. 1995; Schore 2001; van der Kolk 2002).

In an infant subjected to this type of pervasive trauma, the typical spontaneous behaviours, which are thought to be designed to maximize the potential for the child to positively engage with the parent, by smiling, babbling, and seeking proximity, may change to behaviours of avoidance, passivity or irritability. This clearly has implications for the child's relationship with the primary carer and may exacerbate the disruption to attachment. When attachment is disrupted by abuse or neglect, the effects have the potential to endure throughout the lifespan because humans learn how to interact with others within the context of relationship (Howe 2005:47).

It is not only abuse or neglect that can disrupt attachment. If a child's experience of parenting for any reason (perhaps through illness or the emotional unavailability of the carer) is unpredictable, fragmented and inconsistent, then the child is not able to achieve object constancy or to introject the good parent into the self and hold the memory of her in her absence. Neither will he be able to develop a separate sense of self, individuated from his primary carer. His attempts to progress to autonomy will be thwarted by anxiety

and he may not be able to conceive of himself as having a separate existence from his carer or love object (Howe 1993:141; Mahler, Pine et al. 1975:39-109).

When attachment is disturbed the child is unable to complete the important developmental tasks of separation and individuation. The child may remain fearful and insecure in its relationship with the carer, and without the mitigation of other supportive relationships, may remain fixated, discontent in its developmentally inappropriate symbiosis, yet unable to progress to autonomy. However, the effects of disrupted attachment are not confined purely to the relationship with the primary carer, because the relationship with the primary carer is believed to form the basis for all future relationships.

This has implications for future relationships, because if the child does not learn very early in life that he exists as a separate individual, whilst still enjoying the comfort and security derived from an intimate relationship, and that separation from that person does not threaten the survival of the self, then as he matures into adulthood this pattern may be transferred to subsequent relationships. It is likely that when the other meets his needs, they will be perceived as all good. When needs are not met then there may be a danger that the other will be perceived as all bad. When experiencing emotional rejection or abandonment he may feel not whole, and that he does not really exist without the proximity of the other. He therefore becomes unable to conceive of an existence separate from the love object and separation from an intimate, whether experienced as a physical separation, an emotional rejection or abandonment, may be experienced as threatening to the existence of the self and may engender emotional disequilibrium.

This may explain why individuals who have experienced early relationship trauma often go quickly from one partner to the next, as they never feel whole when alone. In these individuals separation from the love object can cause depression and/or anxiety or anger, which can only be ameliorated by regaining proximity, because the source of nurturance is always located outside the self and within the other. Self-soothing is not possible. In the context of an intimate relationship, such an individual will have an egocentric expectation of the other fulfilling their needs for symbiosis, whilst at the same time feeling the need to

control the other, to ensure fulfilment of this need. If the need is not met then the self is no longer whole, begins to disintegrate, and experiences the threat as life threatening.

In the individual who has experienced chronic trauma in childhood, such turmoil, whilst emotional in origin, has the capacity to set in place an immediate physiological response. This is automatic and therefore is not mediated by the cerebral cortex or rational brain, but is a response generated by the autonomic nervous system with its origins in the brainstem and limbic brain where the behavioural options are limited to functions that equip basic survival e.g. the “fight,” or “flight” response (Perry, Pollard et al. 1995; Schore 2001; Nijenhuis, van der Hart et al. 2002; Anda, Felitti, et al. 2006).

For such a person a perception of rejection or emotional abandonment threatens the fragile sense of self, which has never achieved integration or individuation. When there is a perception of separation, rejection, or abandonment, the pain engendered (narcissistic hurt) may cause the individual to respond with depression or cause a rage to develop as a defence against the hurt and because need fulfilment is thwarted. As a result the self feels bad, but in symbiosis (as there is no separation between self and other) the other is all bad too. This stimulates the splitting phenomenon as an ego defence so that the introjected “bad” part of the self is projected onto the other. The only way the individual can cope with the negative feelings associated with such a perception of threat, is to unconsciously “split off” the “bad” part of the self, to avoid the resultant feeling of shame or rage (Fonagy 2001; Meloy 1998:18). Thus abusive, violent or even lethal behaviour towards the other may be justified, because the other is “all bad.”

Splitting

The term “splitting” may be conceptualised as emanating from the developmental stage during which the individual is unable to conceive positive and negative attributes of the other as co-existent. It may also be conceptualised as a defence mechanism (Kernberg 1984, 1987; Siegal 2006). When an individual who has experienced disturbance in attachment, has not achieved integration and feels abandoned by the person to whom he feels

closest, he may have a propensity to split off the bad feeling inside the self and project it onto the source or perceived source of his disequilibrium.

In this situation it is possible that the level of threat perceived against the self causes an emotional regression releasing a rage, which has its origins in the unmet needs of the infant and therefore has no executive control, because the part of the brain, which is activated is located in the midbrain (Perry 2006:31-34). It is therefore possible that violence and even homicide directed at the other may ensue. Moreover, because the lack of individuation also leads to merging with the other, suicide risk is also high because there is no intrapsychic separation between the self and the other.

I propose in intimate partner homicide and familicide it is the lack of individuation that makes it difficult to separate and that also increases the risk of lethality to the other and to the self. It is important to remember here that homicide is a product of human interaction and that a minimum of two people must be involved. For this reason it is also important to understand the concept of projective identification.

Projective Identification

Splitting can lead to projective identification, which is an unconscious interactive phenomenon and in which the other may respond as though they do possess the negative characteristics with which have been attributed to them. Projective identification occurs when the individual attributes unwanted aspects of the self onto the other, and then behaves towards the other as if they actually have those attributes. In so doing a response to this attribution is elicited from the other which validates the attribution and makes it real. "By acting in subtle but influential ways, he may achieve a confirming reaction of criticism or even persecution" (Fonagy 2001:87).

This process acts as a defence mechanism, because it helps the individual to avoid facing aspects of themselves, which if acknowledged may be distressing to them. It is important to note that the attribution may be either a positive or a negative part of the self, but one which is not wanted or accepted (owned) and that this is an interactive and unconscious process for each of the participants.

The dynamic of projective identification is believed to evolve when children experience inconsistent, confusing or hostile parenting. Their image of self, is thought to become damaged by such experiences. As a coherent representation of self is not developed in interaction with the carer, and the self is experienced as fragmented and flawed, then the child is forced to develop their own sense of coherence, by externalising the unwanted fragments of self and forcing or manipulating the introjection of them into the other (Fonagy 2001:88).

Almost thirty years' clinical experience has shown me that it is not uncommon for those with early relational trauma to form relationships with others with histories of childhood trauma. The complex dynamics which result from the intimacy of two people who each desperately need nurturance, but are unable to seek this in functional ways, or to meet this need in others, may in some circumstances lead to an escalation of conflict that has the capacity to become lethal. One of the phenomena often associated with killing between intimates is overkill.

Overkill

Overkill occurs frequently in homicide where there is a close relationship between perpetrator and victim and describes a situation where the perpetrator uses much more force than is necessary to kill the victim. For example emptying a magazine of bullets into the victim when one would have been sufficient to kill. Sometimes more than one mode of assault will be employed, when either one on its own would have sufficed to kill.

Traumatised children are prone to hyper-arousal and lack of control. They can be highly destructive. Traumatic memories may be retained unconsciously and triggered by stimuli that have origins in that earlier experience, but which are outside the individual's awareness. When such intense feelings are triggered the individual may be overcome with "infantile rage" inner turmoil and out of control thoughts, images and behaviour (Howe 2005:166-167). This may explain the intense rage elicited when need is not met and there is no executive

control of the lower or midbrain functions. It may also be relevant to the phenomenon of overkill.

Some examples of overkill from this research included, one case where the victim was choked to death and also stabbed and another where the victim was beaten with a weapon, and then stomped on. In another case, a man's wife reportedly threatened to kill him and then attacked him with a knife. He grabbed the knife from her, and responded with a frenzied attack, which resulted in her death. In sentencing the judge noted that whilst the attack was initiated by the woman, once her husband had removed the knife from her grip, she no longer posed a threat to him, due to her diminutive size and relative lack of strength. Therefore, his continued attack was deemed to be both unreasonable and unnecessary (Gibson 1997).

Obsessive Jealousy

Much has been written in the domestic violence and intimate partner homicide literature about obsessive jealousy (sometimes referred to as pathological jealousy) (Daly and Wilson 1988; Eastaugh 1993; Polk 1994; Dobash, Dobash et al. 2004; Johnson 2005). Bean (1992) in her research entitled "Women Killed by the Men they Loved" asserts, "Extreme possessiveness and jealousy is a significant indicator of homicide".

Obsessive jealousy is often explained in the criminological literature as a manifestation of male proprietary (Wallace 1986:123; Daly and Wilson 1988; Polk 1994:28-44). Another explanation emanating from the psychiatric and psychological literature is that this may be a product of disrupted attachment (Seran and Firestone 2003). Some examples of obsessive jealousy in this research are Derek who beat his wife to death after becoming delusional and erroneously convinced she was having an affair with a member of their church, and Bryony's husband who refused to allow her to go out unaccompanied, to shop for groceries.

A previous study has reported that police in Canada attributed twenty-four percent of male perpetrated intimate partner homicide to jealousy (Wilson and Daly 1994); whilst Seran and Firestone (2004) refer to a number of studies

where sexual jealousy was found to be a factor in male perpetrated homicide. However, there did not appear to be any analysis in these studies of the context in which these homicides occurred, whether or not there was evidence of infidelity which might have given rise to such emotions, or whether the jealousy was a part of the personality structure of the perpetrator which might have had its origins in insecure attachment. Such analysis is critical to achieving understanding of the dynamics in intimate partner homicide.

Stalking as a Form of Proximity-Seeking Behaviour

“Stalking is a crime involving acts of pursuit of an individual over time that are threatening and potentially dangerous” (Meloy 1998:2).

The threat to the insecurely attached person is experienced most intensely, when the individual perceives there is no chance of reconciliation, or return of the love object. Up until that point even though a physical separation may have occurred, they may be able to harbour a view, whether or not this is reality based, that reconciliation is possible, or even probable. There remains alive some hope of a return to the proximity of the love object. This leads to the issue of stalking.

I believe stalking may be conceptualized as a pathological need for omnipotent control of the other manifested in a form of proximity seeking behaviour that has its origins in the infant's need for symbiosis in order to feel whole. One of the reasons this behaviour may be highly correlated with homicide risk is that if the stalker has the sense that they may lose control of the other the only perceived option left in order to maintain symbiosis may be to kill the other (to prevent the loss and establish ultimate control) or to kill and then suicide (to prevent the loss, establish ultimate control and to merge again with the other).

“As parents of toddlers well know, small children have a maddening propensity to follow their attachment figures wherever they go” (Holmes 1993:68). Stalking behaviour subsequent to a separation or perceived separation of intimates has many similarities with this. Without dismissing the proprietary attitude held by

many male stalkers, their obsessive need for control, and the fear their behaviour instils and may be calculated to instil in their victim, it is possible that there may also be aspects to stalking that are similar to proximity seeking behaviour.

The need for omnipotent control of the victim may be seen as a defence mechanism in the stalker, as should this level of control be achieved then the possibility of abandonment may be avoided. Thus it can be seen that such behaviour may possibly have its origins in disrupted attachment.

Stalking behaviour usually occurs in cases where the stalker is seen to harbour obsessive jealousy, and a need for omnipotent control in relation to the object of their behaviour. Sometimes this jealousy is described as obsessive and sometimes as pathological. Stalkers will usually show signs of wanting the victim to know they are there and will often hang around outside the victim's home or workplace, sometimes breaking in and taking a personal item of some kind, by showing themselves, by taking or moving items belonging to the victim, or by leaving notes or other signs of their presence.

Very often, the more the subject rejects or avoids contact with the stalker, the more intense and desperate become the attempts of the stalker for contact. By comparing stalking to proximity-seeking behaviour, I do not wish in any way to minimise the terrifying experience this may be for the victim, or to deny the reality of the risk this behaviour poses to them. Neither do I wish to convey the impression, that I do not consider the perpetrator to be unaware of the frightening effects his/her behaviour may have, on whoever becomes the subject of their stalking behaviour. Stalking has been proven to be an indicator of high risk for the subject (Campbell 2003) and should always be considered very seriously as a sign of potential danger, by those involved in managing these cases.

An example of stalking in this research is the man who installed video cameras at the property where his wife was residing after separation. He would then telephone her and let her know he had been watching by describing her

movements. Another was the man who followed his wife to where she was living with her new partner, broke into the house and killed her.

As it is likely that this behaviour has its origins in early trauma, (Kienlen 1998; Zona, Palarea et al. 1998:69-84) it is essential that court dispositions of offenders include mandated psychological treatment, for without this, the behaviour is likely to resume upon release from custody, unless the stalker is able to “attach” to another love object, that is, engage in another relationship. Once the hope of reunification with the object of his attention is quashed, for whatever reason, depression and/or rage may be overwhelming and lead to suicide, homicide or both. This brings me to consider, whether it is possible that homicidal-suicidal behaviour at the time of separation from an intimate relationship, through the achievement of a merging of the perpetrator with the love object might be a form (though extreme, distorted and even perverted) of attachment behaviour.

It is often the case that individuals with trauma histories are attracted to others of similar background. In such cases the mutual drive to symbiosis may be mutually destructive. There may be no rational “decision” at this time made to murder the partner, even though there may have been a history of threats to kill. The high incidence of suicide with intimate partner homicide may emanate from the perpetrator’s lack of individuation, initially with the primary carer, but then extended through subsequent intimate relationships to include their partner (and in the offence of familicide to include their children). This lack of individuation may also be used to explain the commonly reported history of threats to kill and/or to commit suicide.

The model developed by Allen (1980) from Shneidman’s work is a very useful basis from which to begin an analysis of why a particular offence might occur at the moment it does but no such theory which focuses primarily on intra-psychic processes is sufficient on its own to explain intimate partner homicide or familicide and Allen herself made note of the social context in which homicide occurs, as have many researchers from different disciplines since. This important work need not be seen antithetical to the new research on neurobiology and may be seen as complementary. If we are able to stand back

and adopt a multi-positional perspective, whilst attempting to understand the offence of homicide using a psychological theory, we can remain mindful of the wider societal system, which provides context for the individual and for his intra-psychic processes and for his genetic and physiologic capacities. In attempting to understand intimate partner homicide and familicide it is important to keep hold of concepts and ideas that are useful and to incorporate them where appropriate along with new insights and evidence as they arise from research across disciplines.

Killing the Other-Killing the Self: A Distorted Survival Strategy

In my earlier research on familicide (Johnson 2005), I referred to the offences evidencing one or more of the homicidal-suicidal dynamics of retaliation, depression or possessiveness. This is consistent with earlier work by Ewing (1987); Polk (1994); Wilczynski (1997); and Alder and Polk (2001). By considering the effect of disrupted attachment it becomes clearer as to how these dynamics may present, not just in familicide but also in intimate partner homicide, whether or not suicide is attempted. It suggests why they may co-exist in an individual's response to perceived abandonment and challenges the notion that these offences have different antecedents and perpetrator motivations. The following diagrams provide a model for how I believe this may happen. These diagrams are simply hypothetical representations of the internal processes of non-Indigenous perpetrators. As I did not interview Indigenous perpetrators or survivors, more research will be needed before it may be established how relevant this model might be in approaching understanding of those offences.

NON-INDIGENOUS HOMICIDAL MALE

1. SYMBIOSIS



- I AM WHOLE
- I EXIST

2. SEPARATING



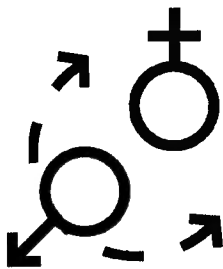
- I AM NOT WHOLE
- I DO NOT EXIST

3. ABANDONED MALE



- DENIAL OF LOSS
- I MUST RETRIEVE 'OTHER'

4. ATTEMPTS TO REUNIFY



- STALKING
- THREATS
- PROMISES

5. REALISATION



- I HAVE LOST 'OTHER'
- SHE IS ALL BAD
- I AM ALL BAD (DEPRESSION/ RAGE)

6. LETHAL SOLUTION



- KILL 'OTHER' AND/ OR KILL SELF
- ACHIEVE SYMBIOSIS
- EXIST AGAIN THROUGH MERGING

Figure 8.9

NON-INDIGENOUS HOMICIDAL FEMALE

1. SYMBIOSIS



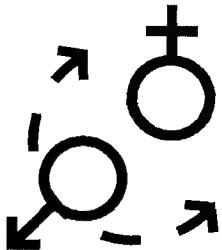
- I AM WHOLE
- I EXIST

2. VIOLENT RELATIONSHIP



- I AM ALL BAD
- I CANNOT EXIST SEPARATELY

3. ATTEMPTS TO SEPARATE



- STALKING
- THREATS
- PROMISES (BY MALE)

4. REUNIFICATION



- I CANNOT SURVIVE ALONE
- HE WILL KILL ME
- HE WILL KILL MY FAMILY
- HE WILL SUICIDE
- THERE IS NO OUTSIDE HELP
- THERE IS NO SAFE PLACE

5. VIOLENCE ESCALATES: REALISATION



- HE WILL KILL ME
- HE WILL KILL US

6. LETHAL SOLUTION



- KILL SELF (I ESCAPE PAIN)

OR



- KILL 'OTHER' (I SURVIVE)

Figure 8.10

Summary

Once more I find it useful to consider a multi-positional systemic approach taking into account a number of theoretical orientations and disciplinary approaches, seeing the individual as located within a multi-layered inter-related systemic context. Firstly, the individual perpetrator has developed within, and remains part of, the psycho-social system of his family which has shaped and moulded his personality combining genetic endowment, nurturance or neglect, love or rejection. As an adult he becomes part of a new family system which has its own characteristics but which essentially grows from, and remains connected to, the relationships experiences he and his partner experienced in their families of origin, and which remain linked in varying degrees to each of these systems.

Inter-generationally this combined system is placed within a socio-political system, which determines its ability to function, to succeed, to obtain help when needed and to enhance its ability to adapt, to change and ultimately to survive. As the nature of the relationship between perpetrator and victim, is highly relevant to intimate partner homicide, in working towards prevention it is useful to try to understand the individual homicide event and its antecedents including the most elusive of these, perpetrator motivation and also to take into account the socio-political milieu, which provides its context.

The research suggests that in intimate partner violence, these antecedents need to be examined as far back as early childhood and beyond, to examine the inter-generational psycho-socio-political influences on the family of both victim and perpetrator, as well as the individual early life experience of both. In considering the occurrence of Indigenous intimate partner homicide, it is imperative to look further than the demographic of race in attempting to determine causal factors, and to examine the wider psycho-socio-political context in which they occur. In particular we need to look to the disproportional representation of Indigenous Western Australians as both perpetrators and victims of intimate partner homicide as a function of their marginalisation and as a reflection of the cultural trauma they have experienced since colonisation.

CHAPTER NINE

Looking Back

Introduction

In this chapter I draw parallels between the themes that emerged as I examined the literature and began to analyse the data, and how these seemed to re-emerge for me in my subjective experience of the process of the research. I found the writing of this chapter was important, because it allowed me to reflect on the process of the research. Like the Milan therapists approaching a client family, my first task as a researcher was to engage with the systems through which I planned to access the data. The analogy here is appropriate because the criminal justice system, by its very nature and the function it performs in society, has a tendency towards patriarchy and conservatism and can be somewhat “rigid” in the way that it operates. If the research journey was to be smooth, it was important to engender trust between myself and the multiple interfaces, which must be negotiated between relevant agencies and their ethics committees, without which, accessing the data and engaging with respondents would not have been possible.

When researching homicide in Western Australia, as elsewhere, access to the data is necessarily restricted, for a range of ethical reasons, including concerns about privacy. Although at the time of writing there is no privacy legislation in Western Australia (Office of the Attorney General 2008) it is expected to be introduced at some time in the near future. Therefore, some of the key agencies holding relevant data have, in anticipation of legislative change, decided to operate as if it does exist, by exercising extreme caution in allowing access to data. This seems to have the effect of restricting research even more than if the legislation were already in effect, because without it there are none of the formal exemptions, for the purposes of allowing bona fide authorised research, with the appropriate safeguards to occur, as would be likely if such legislation existed.

Seeking the data provided many unexpected insights, and I was intrigued to see the parallels between the themes of attachment theory and the themes of this

process. In this chapter I will share my experience of the journey, and in so doing I hope to convey to the reader that this type of research cannot be done quickly, and although time frames are necessary they need to be exceedingly flexible, or the project may founder. I also hope to communicate the humbling and uplifting experience it was, and to bring the reader into the moment with me. Hopefully, the information provided here will encourage other researchers to push further the boundaries of understanding of these tragic, and arguably, preventable crimes.

Parallel Themes

As I began to collect the data the themes that had originally emerged from the literature on attachment, and then appeared to be mirrored and intertwined in the research process were sensitivity, trust, anxiety, and anger. Each of these proved integral to understanding the offences of intimate partner homicide, intimate partner homicide followed by suicide, and familicide, and which defined the textuality of the discourse emanating from them. I shall address each theme separately, although they co-existed throughout, and at times merged seamlessly into the fabric of the work, so that at times they were difficult to separate.

The literature on attachment makes it clear that without sensitivity and responsiveness on the part of the carer, the infant is not able to develop trust in this relationship (Bowlby 1969, 1973, 1982) and that without mitigation, this deficit is likely to repeat itself in subsequent relationships. The literature on neurobiology, confirms that the individual who does not develop positive attachment, is likely to suffer neurological and emotional damage that is difficult to repair and may persist throughout the life of the individual, causing emotional and behavioural problems, which may be problematic to them, and for those around them (Perry, Pollard et al. 1995). An individual, existing across the lifespan bereft of the capacity to trust, simmering with anxiety when need is not met, and becoming at risk of angrily exploding, can be seriously compromised, for trust forms the basis of all mutually satisfying and meaningful human relationships, and without it love, or even friendship, cannot be sustained for long.

Reflections

When I think back about the research journey, I become aware that I seem to have spent a great deal of time anxiously waiting. The experience has fully tested my patience, tenacity, resilience, negotiating skills, and at times even my sense of humour, but finally with the assistance of many others, I was able to achieve my twin goals of obtaining the demographic data I needed for the quantitative component of the research, and also finding perpetrators and survivors whose participation was so essential in gathering the data I needed for the qualitative component.

The search for the quantitative data was characterised by the length of time this took, as a result of the number of sources where it was held, the number of approvals required, and the need to build tiered relationships over the timeframe with each system, while staff were constantly changing and in some cases major departmental restructures were occurring.

The search for the qualitative data was characterised by the sensitivity required in accessing it and the trauma experienced by survivors and perpetrators as a result of the offence. The comparatively brief moments in which the in-depth interviews took place, were without exception intense, and emotional. Each of them brought into focus the needless waste of life caused by the offences, and the ongoing trauma and suffering experienced by those that survive them.

Approaching the Topic Systemically

To begin with, and in order to obtain the data, I needed to negotiate a number of different systems, some of them extremely sensitive and typically closed to outsiders, for example prisons. Obtaining the required information from these systems was challenging. Drawing once again on my family therapy experience, I decided that I would adopt a second order cybernetics approach.

Such an approach demanded that I began by conceptualising each system, as I would a family, viewing them as a series of three concentric circles, the outer ring representing the system’s interface with the outside community; (including other researchers); the second ring representing the interface between the system and myself; (typically, this included the research and/or policy unit and ethics committee); and the final (inner) ring, consisting of the interface between the homicide data and myself. This inner ring includes the interface between me, and the perpetrators and survivors, whom I intended to interview, and also those officers within the various bureaucracies, who helped me to gain contact with them for example, police officers, prison superintendents and program staff, who often went out of their way to assist the research.

The Milan approach to family therapy stresses the importance of engaging with each interface of the system sequentially, starting at the outside edge, and gradually moving inwards, only as trust is established at each level, and at a pace that is acceptable to the system and does not disturb its homeostatic tendency (Palazzoli, Boscolo et al. 1978). Not to follow this procedure would risk confronting the system too much, thereby causing it to close up and deny access to outsiders. As this approach has been found to work well with so-called “rigid” family systems, in my estimation, it had the potential to work well with hierarchical bureaucracies such as prisons, corrective services and police.

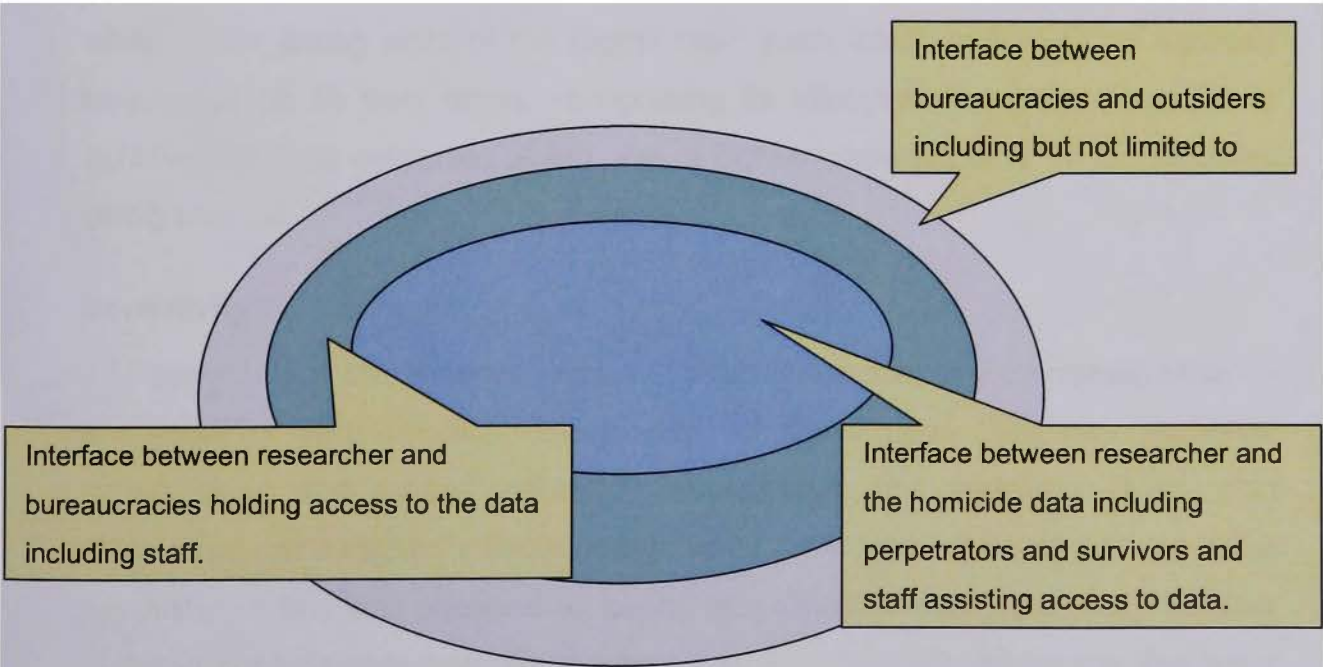


Figure 9.1: Engaging with Systems
(Adapted from Hoffman 1982)

In practice, I found approaching the individual system was not dissimilar to approaching a complex family system, in an effort to effect change within it. The multi-layered sensitivities that these offences engender, combine to form a protective shield around victims and perpetrators, one which encapsulates them and is difficult to penetrate. Any superficial interest, and any but the most serious and scholarly attempts to research the area, may exacerbate the sensitivities already present in the system, and may cause the research application to be refused. This needs to be taken into account for although this type of research, including the process adopted, has the potential to provide information and insight which may not be possible using other methods, it may also provide infinite challenges.

My first task was to explore each system's interface with researchers in general and to determine what it needed in terms of information, submissions, assurances and feedback from the research. Once I had explored this interface, and only when I felt accepted by the organization, would I then move on in a sensitive, respectful, trustworthy and non-confrontational manner, building relationships, which would enable me to progress through the system, until I reached my proposed goal. Figure 9.1. is a representation of this conceptualisation. I found I needed a unique approach to each agency and whilst never losing sight of the bigger task, each interface had to be carefully negotiated on its own terms, recognising its idiosyncratic needs, in order to achieve the final outcome, which was a better understanding of the offences being studied.

Sensitivity

The sensitivity of this research was compounded, because it combined study of a number of very sensitive areas, each of which have their own particular sensibilities, and where potential respondents (for example Rose who discovered her daughter's badly beaten body, or Megan who was present when her sister in law was stabbed to death, see Chapter Four) are likely to have suffered considerable trauma, in relation to their lived experience of the issue being researched. These areas are: child abuse, domestic violence, intimate partner homicide, intra-familial homicide, (including the highly taboo crime of

child murder) female perpetrated homicide, and suicide. Each of these areas alone would give rise to concerns about the way they are researched, and what impact the outcome of the research findings may have on individuals, agencies providing service in these areas, and on the community as a whole, including government.

However, in this research it was clear that some of these issues co-existed, and that sensitivity and trauma in relation to each of them would demand a cautious and measured approach especially in relation to contact with research participants, whether perpetrators or survivors. Caution was especially required, as all respondents would have suffered loss of a close family member, often a child (sometimes by their own hand) and in violent and often unexpected circumstances, which rendered them particularly vulnerable to discussing their experience. Where the respondent was an incarcerated perpetrator the particular vulnerability of prisoners to depression, and even suicide, was an added consideration.

I learned that a homicide researcher must be as sensitive to the emotional climate and to the needs of the context in which the research is being undertaken, as she is to each respondent. I learned that the researcher must behave in a trustworthy manner in order to quell the anxieties, which are inherent in the context, and to avoid eliciting a negative response that might jeopardise the research.

Again, I found it useful to adopt an approach similar to that in which a Milan therapist might approach a family system, without judgement, with an open mind, and most importantly with a genuine belief, that however that system is functioning at that moment in time, is the very best way it can possibly function, given its members, its history, and its current challenges. It was also important to be aware of my own impact on the context, and how the interface I had with it, which was wholly determined by the relationships I formed with workers at its perimeter, was changed, and moulded, by feedback and reflexivity. In some ways the officials I was required to work through were research participants, albeit at a different level from my respondents, though just as essential, for without them and their co-operation there was no way that I could have

contacted perpetrators or survivors and at the same time maintained compliance with the required ethical standards set out by the university.

I found there was a need not only to be sensitive, but alert and attuned to the changing interface between us, as this was affected by the constantly shifting socio-political reality in which we were all situated. The following is a vignette of an incident that occurred in the women's prison, when I was conducting one of the in-depth interviews, where a prisoner was treated with great sensitivity and compassion, by a prison officer:

I am inside the maximum security women's prison. Women who are found guilty of murdering their husbands will usually spend a good part of their sentence in this place. In this prison I have been provided with a warm comfortable room in which to interview but I am not allowed to close the door whilst interviewing prisoners. There is a prison officer in close proximity who locates and "calls the prisoner down" from their work area for the interview.

As an old, maximum security institution, movement within the prison, unlike the newer campus style prisons, is very restricted. Large heavy grill gates close off each area and for prisoners or visitors to pass through each one an officer must manually unlock the gate with a large key or "spanner". Visitors, must always be escorted by an officer. It can take a long time for prisoner movement to be effected in these circumstances so I brought a research book with me to cope with the inevitable waiting. Today, the woman I am interviewing becomes very distressed while telling me about her offence, and there are other people around the area. I am grateful when the prison officer leaves her station and quietly and tactfully pulls the door too, without actually closing it, to afford us some measure of privacy.

The sensitivity shown here by the prison officer reminded me of the way that parents and carers need to be attuned to the needs of their individual infants and children, as they may alternately require nurturance and freedom, opportunities for independence and for regression, as they become sick and regain their health, or as they develop quickly and then experience plateaus in their growth

Researching any sensitive topic is challenging for the researcher, and although he or she may endeavour to anticipate concerns around potential sensitivities, there may be subtle nuances in sensibilities, in relation to aspects of the topic, that may only emerge through the process of the research. Aspects of a topic, which may render it sensitive, can include the nature of the topic itself, the lived experience of those involved, the potential impact the research may have on respondents, or the wider socio-political implications of the research, but there may exist many more than this, some of which are unpredictable and which may threaten completion of the project, if not responded to appropriately when they arise (Lee and Renzetti 1993:5).

Sensitivity may simply apply to one aspect of the research, but it is far more likely that if one of these issues is deemed sensitive, then there will be ramifications in other areas, so that careful consideration should be given to all of these issues and to how they interrelate, before developing the research proposal, to ensure that the project proceeds in line with ethical standards, and that the potential for negative consequences to ensue for any individual or group can be minimised.

It is incumbent upon the researcher therefore, to make themselves as aware as possible of the potential risks, before commencement; but also for them to be open and alert to the fact that others may well arise during the process, because the challenges of research in sensitive areas cannot always be foreseen. They display themselves at all stages of the process, not simply at the beginning, when seeking ethics approval, or at data collection, when attempting to access respondents.

“Both ethics and politics are about the manifold of interests and feelings – one’s own and those of others – that must be recognized, understood, and taken into consideration to achieve optimally good results” (Lee and Renzetti 1993:14).

When planning to interview perpetrators or survivors, the task needed to be approached sensitively and in as non-intrusive a way as possible. It is

necessary to maintain awareness of the possibility of trauma, and of the complex dynamics associated with the offence. The homicide event and its aftermath, seems to provide more of a parallel rather than a shared experience for the two families affected.

With regard to survivors, relationships between the two families are often not close before the homicide, and the offence will usually cause these to deteriorate further. Where the perpetrator survives to be prosecuted, the court process often adds to the fractures in these relationships, so that the two families are isolated from one another in their grief. Furthermore, within families, different perceptions of both victim and perpetrator and the events leading up to the offence can cause intra-familial fracturing, which may compound the trauma and the grief reaction. At the same time, care needed to be exercised to ensure that as accurate an account as is possible, of each individual's perceptions, emerged from the process.

Sometimes, sensitivities apply to the whole organization, or to the whole of government. On other occasions, they exist briefly in one part of the organisation, as it responds to a momentary threat to its functioning. For example, this part of my thesis was written whilst waiting for a prisoner to be called up for an interview. The muster¹¹ of prisoners was incorrect on this particular morning. Therefore, all prisoners had to be returned to their cells as a security precaution, whilst a recount took place. By the time the muster had been correctly recorded I had been in the prison for two hours, had not been able to interview one prisoner, eventually having to return to the university empty handed, except for this account of the experience, having achieved nothing, as the time available to me on that particular day to conduct interviews had run out.

Trust

In the initial stages of the research there were some particular events happening in the justice and child protection arenas, which called for increased

¹¹ Head count of prisoners undertaken several times each day so that any escape may be detected early.

sensitivity in order to gain co-operation from the bureaucracies involved. Although not confined to just these issues, major concerns focused on three serious and topical issues receiving attention in the media, which were attracting great interest in the community and raising questions about the functioning of government bureaucracies, including the Corrective Services Division of the Justice Department. One of these was in relation to a prisoner, who had murdered two people, and escaped from a maximum security prison. He remained at large for months, causing the prison system and the government, to come under considerable political pressure, about the issue of prison perimeter security. Another, was the sexual assault of a female prison worker by a prisoner, which had created tension in the community about the internal security of prisons.

Child abuse too, was a highly political issue at the time, following three successive Coronial Inquests into the deaths of children, who had died either whilst wards of the state and/or whilst under the care of the state government's child protection agency. Poor resourcing and inadequate staffing, were highlighted as major problems in the child protection arena, resulting in the state government being put under enormous pressure. There were calls for those in responsible positions at the time of the child's death, including the Minister, to resign.

The high profile in the media of several government departments at the time of the research had an effect on the bureaucracies I was required to work through. Understandably, attempting to gain ethics approvals from government departments, who may feel themselves somewhat under siege at such times, is bound to be challenging, due to the sensitivities engendered within the bureaucracies, about media scrutiny and the resultant increase in public attention this attracts. At such times a bureaucratic system, just like any other system, becomes absorbed with its own survival and less concerned about issues, which may have no apparent or immediate benefit to this endeavour. This places added pressure on the researcher to proceed with care and caution.

One example of this, was when concerns were expressed by Corrective Services personnel, about my personal safety as a woman, in interviewing

offenders who had all been convicted of murdering women. I was able to counter this argument by explaining that the men I wanted to interview had killed only the woman they were in a relationship with, and that research showed this was likely to have occurred as a result of them feeling their control of the woman being eroded, and or feeling emotionally abandoned by her. I explained that there is a difference between femicide (the killing of women) and uxoricide (wife killing) and that my potential respondents were not random killers, but killers of someone with whom they had been in an intimate relationship. As a stranger to them the risk to me was very slight. I also reminded them that by far the majority of murderers killed only once. This and assurances of my ability to comply with security arrangements, plus my experience of working in prisons, eventually got me past these barriers.

Making contact with survivors of homicide is very delicate, and there are certainly issues of trust involved in this work, but the difficulties I found to be surmountable. Homicide survivors are very much aware that they comprise a small and unique group in society and I found them to be very attuned to the need for more research of homicide. They were also clear about whether or not they wished to participate and were not backward in saying so. Even when not participating in the research, I found them to be supportive and helpful in providing me with advice on the best way to proceed in my attempts to engage with other survivors and with facilitating my access to them.

On the other hand when it came to contacting perpetrators, I was reminded the prison culture is one characterised by a lack of trust. Usually trust is earned by the individual in this closed environment, over a period of time by demonstrating honesty and loyalty, (prison vernacular is “to be straight” and “back your mates”) a reticence to pry into the emotional life of others, (“do your own time”) or to disclose any of his own emotional pain and/or relationship difficulties (“don’t bleed”).)

Such a culture presents an obvious challenge to the researcher, not only because the purpose of the inquiry is antithetical to prison culture, but because the window of access allowed to prisoners by researchers is usually time limited, the space allowed for contact with prisoners to interview them is usually

neither comfortable nor private and is hardly conducive to discussing a sensitive topic such as homicide. This difficulty may be overcome by using knowledge of the prison system to work within the culture. The normal way of establishing trust in jail can be circumvented, if an individual, is introduced by a trusted person. This was the method I employed, to very good effect.

Prisons are, by definition, closed systems and outsiders who request entry can be a bother to staff because of the safety and security risks they pose. As access to prisons is so restricted negotiating skills are a necessary requirement for a homicide researcher, needing to access sentenced prisoners. It is also necessary to be sensitive to the system and its concerns in order to obtain credibility.

When you first enter most prisons you are provided with a locker at the gatehouse into which you must place your car keys, jewellery, cash, handbag or briefcase, mobile telephone and any other personal effects. If you fail to do this you risk both breaking prison rules and setting off the metal detectors. You may be provided with a clear plastic bag to carry your files, paperwork, consent forms, information sheets, notepad and pens, or you may be required to carry these in your hand. For these reasons it is wise to carefully plan each visit to the prison and only take in the bare minimum required to undertake the research.

Everything you take into the prison may become subject to a search and this too should be borne in mind. For this reason I always carry a small manila folder the kind that is like an envelope so that I may place paperwork, pens, a few tissues, a small snack (if I plan to be there all day) or anything else I may need into it without risk of them falling out or being dropped. The complete folder can then be easily handed to an officer should a search become necessary. Even so, I had to take care when entering prisons to ensure I became aware of each institution's security, rules and procedures, as they vary from prison to prison, according to its function, and the security ratings of its inmates. Having worked in the prison system for ten years, I had picked up some useful skills in negotiating my way through the prison environment.

Prison Officers have a difficult job and have to strike a balance between maintaining security, responding to the human needs of prisoners and behaving appropriately to the various expectations of members of the public. I endeavoured always to be polite and deferential to uniformed staff, to never to question authority, unless the issue was one of extreme importance or human safety, I never “dobbed”¹² on staff who bent the rules or instructed me to proceed in a different way from that indicated by another staff member.

I complied with and never questioned all requirements related to safety and security. I made myself aware of the muster times in each prison and complied with requirements in terms of prisoner movement at these times. I attempted to anticipate security concerns about my presence and my safety in interviewing prisoners alone, by making it known that I had previously worked in prisons, was familiar with the prison environment, its language and routines, and that I understood the need for security and strict procedures for moving prisoners and visitors such as myself, between the various areas within the institution.

As I was so dependant on the goodwill of staff to facilitate my access to prisoners I quickly adopted an obedient stance, (learnt in what now seemed like a much earlier life), and complied with each instruction issued, even when it was at variance with ones given previously. I did not question the different practices across prisons, or between different staff members in the same institution.

My goal was to access respondents for the study and I kept this as paramount, even on the few occasions when I was spoken to brusquely, or when arrangements painstakingly made in advance, dissembled before me, because of a change in personnel or a failure by someone to pass on instructions. In short I went with the flow of prison culture (in Milan terms I adopted the homeostatic tendency of the system) I stayed focussed on the outcomes. This approach was both congruent with, and respectful of, the system within which I was working. This is a vignette of a situation I encountered in one of the maximum security men’s prisons recorded in my own notes shortly afterwards:

¹² Inform against

I have been in the prison for an hour and a half. At last the prisoner comes in and takes the chair proffered. After the initial introduction he motions to the chair, which he now occupies, and informs me, "I think you are supposed to sit here because it's closer to the alarm". I had observed the alarm but had chosen to opt for the strategy always employed by staff, when I worked in prisons, to sit closest to the door and not allow either a desk or the prisoner to block the way out, in case a hasty exit was required. I wonder why the small table has not been placed the other side of the alarm and why the security procedure has apparently changed so radically since my departure from the prison system.

I have no intention of allowing this man to occupy the space between the door and me. Years of prison work has left me with some ingrained rules about self protection, which I discover have not left me, although I have not worked in this setting for a considerable time. I find a comfortable compromise and ask the prisoner to help me move the table. In this way I am able to remain closest to the door and still reach the alarm.

At a more subtle level, but just as importantly, I have also retained control of the interview space and of what our proximity shall be for the session. Control is an issue for many men who have killed their partners and this can manifest in the way they relate to professionals as well as in their more intimate relationships. I do not wish to be seen as naïve, vulnerable or not in control, as any sign of this in prison can be equated with weakness and weakness is an invitation to victimisation. Having established (hopefully) my credibility, all that remains is for me to establish my identity and purpose, and then we can begin the interview.

Anxiety

In the case of a government department, negative events in the system, which may have led to negative media images of individual workers, or of the department as a whole, can have a destabilising effect, which may threaten the survival of the project, even though the crisis may be of relatively short duration. If this should occur at a critical time in the research process, it can at best cause a considerable delay in data collection, and at worst seriously jeopardise the total project.

For instance, as this project was submitted to the Department of Justice just following the attack on a female staff member, access to prisons by researchers was temporarily banned. In fact this ban had been placed on any member of the public having contact with prisoners, outside the official visiting arrangements. There were specific and understandable concerns about women, other than normal visitors being allowed into male prisons, especially as the media had been very critical of the prison's internal security systems. The simultaneous escape, referred to above, had led the State Government to respond by implementing a review of the Department of Justice and to moot a restructure of the department. This predictably elicited anxieties in staff who were understandably concerned about criticisms of their performance by superiors, the media, the government, and members of the public. They were also worried about the effect of the mooted restructure, and what impact this may have, on their future employment.

I found it helpful to listen empathically to their anxieties, which were very much in the forefront of their daily lives at work. Not only did this aid my understanding of the system I was dealing with, but it helped me to appreciate the efforts they were making on my behalf, in supporting the research against the backdrop of organisational change. In any organisation there can be sensitivities arising as a result of a confluence of factors, which have political ramifications, and which render the agency particularly sensitive at a particular moment in time. These somewhat cyclical events can perhaps be considered normal, in the long term functioning of government bureaucracies, but they can and do throw out significant challenges to the researcher or research team, who find themselves negotiating their project in the middle of such a phase.

Apart from the normal anxieties experienced by a researcher about their project and the timeframe for its completion, there were times when I became anxious because the goalposts for gaining the various approvals would shift or plans for accessing participants would go awry at the last minute. Timeframes became very extended, and at times I felt like I was going round in circles, without making much progress. Patience and tenacity were my allies throughout and are perhaps almost essential for anyone undertaking this type of research. The

following vignette, was recorded by me, very early one cold morning as I waited at the gatehouse for entry to the prison:

Waiting again.... Activity in prison for all but the staff is tediously slow, and waiting is the norm. What has gone wrong? In spite of my telephoning some days before to seek approval and arrange the visit, the gate officer has no information about my visit. This has to be checked now with the superintendent, who is in a meeting and cannot be disturbed. It has taken so many months to get to the point of contact with perpetrators. I have obtained all the necessary approvals, made all the recommended contacts, set up the interviews and now it seems possible that I will not be allowed into the prison. The helpful gatehouse staff use their two-way radios and telephones to call into the main prison which is a separate complex of many buildings some distance from where we are, to try to sort out the mix-up, but to no avail. I feel anxious. The research at this point is totally dependant upon the goodwill of the officers, as without notification of my visit, they are not obliged to let me into the prison..... I wait.

Anxiety can also extend to the prison community and to prison staff in their particular work areas. The researcher is very dependant upon good relationships at this level too, as prison officers and program staff mediate in these circumstances, between prisoners, and those who may wish to have contact with them. They also have the ability to influence prisoners' participation in research, as prisoners will sometimes seek advice from an officer they trust, as to whether or not it is in their best interests to participate.

This project lost one potential participant during a lunch break in this way, when a prisoner, who had advised the researcher that he really wanted to participate, out of an altruistic desire to contribute to the understanding of intimate partner homicide, talked about the project with an officer during the break. When he returned to the interview he told me the officer had advised him not to participate, as the officer was concerned that participation may jeopardise his emotional wellbeing. The officer had reportedly said, "You have come so far, whilst in prison, you should not risk going backwards." This influenced the prisoner to decline participation in the project which was disappointing, as this

man had been very open in his preliminary discussion with me, and I felt sure his contribution had he participated, would have been most valuable. I had no choice but to accept his decision, recognising that acceptance, which is so interwoven with respect in a second order cybernetic approach, is an essential quality for a homicide researcher. Patience and tenacity are not sufficient on their own.

Anger

When an individual is unable to regulate their mood, especially when angry, this provides a challenge to others residing in the same community, for societies exist and remain cohesive, as a result of generally accepted rules, about how its members are to behave and when individuals behave erratically, or are not able to manage their feelings of aggression, and lash out with violence, the community needs to find ways of containing the behaviour, in order to maintain equilibrium and safety for its members. As homicide is regarded as the most serious form of interpersonal violence this is reflected in the sentencing of perpetrators. In the broadest sense, and without going into detail about the community's need for safety, desire to punish offenders and wish to deter future offending behaviour by others, this is why murderers usually receive a substantial prison sentence, making it difficult to include them in research, especially research which requires an in-depth interview.

Controlling anger is like managing anxiety and is something children learn over many repeated interactions with their carers. As they become aroused or distressed in response to an unmet need (for example hunger, thirst or discomfort) a sensitive and attuned carer will soothe, calm and placate them by speaking softly to them, singing, holding and rocking, until that need can be attended to by putting them on the breast, preparing the bottle or making them comfortable. In this way, through the experience of being soothed from outside, the child learns to internalise the calming process and to self-soothe, using its developing internal constructs, and gradually takes charge of its own emotions without the need for external modulation. When the child's physical and emotional needs are not attended to they do not learn self-regulation and remain reactive, volatile and unable to manage their emotions. As adults, they have a tendency to hit out angrily at the perceived external source of their

discomfort, for they do not have the capacity to understand that it emanates from within, and thus can be managed internally. When individuation is not achieved, there is no separation between external and internal worlds, and therefore although the anger may be directed outwards to effect destruction of other, it may also be directed inwards to destruction of the self, or in some cases can lead to destruction of both.

As explained in Chapter Two the individual's initial relationship with the primary carer, and other early relationships with alternative and substitute carers, are the basis upon which future relationships are modelled and built. When something goes wrong in the formation of this relationship, or relationships, then there may be serious consequences, not just for the individual and those whose life path interfaces with theirs, but for the wider community. If the attachment theorists are correct, and the origin of personality lies not just with inherited genetic tendencies, but also within the infant-carer relationship, then we need to look closely at what happens within that relationship, when we consider psychopathology, in the form of uncontrolled anger, violent and abusive behaviour towards others, depression, lack of empathy, sadism, and both homicidal and suicidal impulses, for these are the elements which so often characterise the personalities and lives of serious offenders. Because of the difficulty many of these offenders have in managing their anger it is important that those working in prisons with offenders, and indeed those who research this population, have well integrated personalities and that they are able to robustly withstand threat to the self, and be able to respond assertively without aggression.

I shall now provide an example of one of my experiences in another prison, which exemplifies the prison context, and the challenges in conducting sensitive research in this environment. Like any semi-militaristic system, the smooth running of a prison is ensured by adherence to legislation, procedures, rules, standing orders and local orders. When these are not adhered to anger may be generated by the resultant disequilibrium in the system. As an outsider I found that in addition to the differences between institutions and individual officers, "rules" could be changed between shifts. For example, on some occasions I was provided with a personal alarm to wear, on others this was not deemed

necessary. On some occasions I was required to sign in at the desk, but not on every visit.

In one prison I had always been allowed to walk within a “line of sight”¹³ from the officer at the control gate, through to the block where prisoners undertook education and training, which is where I was to interview them. I felt this had been a concession made as a result of the recognition of my years of experience working in prisons, but on one occasion was surprised to be confronted by a very angry prison officer who severely reprimanded me for not having in my possession a two-way radio to stay in communication with the control gate, whilst I undertook the journey (a couple of hundred metres). I was instructed to remain where I was until I could be escorted back to the control gate.

This need for a radio had never been mentioned to me before, and I had never been issued with one despite having undertaken six or more visits to the prison. The officer who reprimanded me advised that these requirements were there to ensure my safety, as there were many dangerous people in prison, and it was the officers’ job to protect me. Once more, incongruence had to be met with acceptance as the research goals, which had begun to loom closer, threatened to retreat once more.

In the incident outlined above, I was very concerned initially, when challenged by the officer about the radio, that I may have jeopardised my good standing in the prison and that all my previous efforts to blend in and cause no problems were about to backfire, basically because I had not been previously told I needed this piece of equipment. For an anxious half hour I thought I might be reported and banned from future entry to the prison, which would have been disastrous for the project. I had to work very hard, to redeem the situation, apologising for my behaviour, acknowledging that it was foolhardy, and thanking the officer for his diligence in ensuring I was adequately protected.

¹³ A pathway between buildings which allowed clear vision for the officer to observe my movements.

Although this situation developed independently of any intention on my part to thwart the rules, and I felt I was being castigated unfairly, I was well aware that to show anger in this situation, to ventilate frustration or even to explain reasonably that I had been there many times before and a radio had not been required, would have been unwise. Firstly, it would minimise the potential risk to my safety and demonstrate beyond doubt my naivety (again in prisons naivety translates to vulnerability and the resultant potential for me to be a security risk) and secondly it would “dob” the officers who had allowed me to walk through on a “line of sight” and possibly caused them to get into trouble.

(The prison culture of not “dobbing” often also extends to staff). As the visitor never really knows what all the rules are, and because they may change in certain critical or emergency situations, I assessed that it was best just to comply with whatever I was told, to keep quiet and make as few waves as possible. Many prisoners successfully adopt this strategy, as a way of getting through their sentence, and I too found it effective in achieving my objective.

Summary

In discussing how the four basic themes, which characterise the research, were mirrored in the research journey, I hope to have shown how they were inter-related and how they co-existed. For the individual perpetrator, they may have originated in early childhood experiences, but they continued to affect their behaviour, including how they came to kill their partner and/or children. The themes continue to influence their emotional state, their environment, and the people with whom they interact, because these emotions are part of human relationships and have the potential to emerge in any human interaction. The very essence of disrupted attachment, which is manifested in lack of sensitivity, by the carer, lack of trust which is developed by the infant and the anxiety and anger in the child and adult he or she grows into, finds expression not simply in the behaviour of offenders, it is also reflected in the harsh physical environment in which they are incarcerated, and is mirrored in the management systems needed to operate them; whilst the competing needs of the community and of the offenders struggle to find a viable interface and restrict the possibility of change.

CHAPTER TEN

Conclusions

In this final chapter I will summarise the aims of the research, how it was undertaken and what was found. Then, I consider the implications of the findings in the light of current homicide research and attachment theory with some reference to neuro-biological research and finally, I will indicate the direction that future research might take in light of these findings.

I set out to gather information about the three intra-familial offence categories of intimate partner homicide, intimate partner homicide followed by suicide, and familicide to try to increase our understanding about these offences. I wanted to establish whether there were common factors in the antecedents to the offences within and across the categories, and to determine to what extent these may be consistent with common factors I had previously identified within the category of familicide (Johnson 2005). A history of violence, and mental illness in the perpetrator (particularly depression) have been found to be associated with the offences of intimate partner homicide and familicide and have been proposed as risk factors for these offences. In particular, I was interested to establish whether childhood trauma was a factor in the history of perpetrators. Further to this, I wanted to know what inferences might be drawn from the similarities and differences between the three categories of offences.

I gathered data from document searches, newspaper archives, in-depth interviews with perpetrators, including the Child Trauma Questionnaire (Bernstein and Fink 1998), and in-depth interviews with survivors of the offences. As with any data, there were certain challenges in collecting and categorising them, some of which may be peculiar to intra-familial homicide. For example, I found that categorising offences on the basis of the offence incident alone is not as useful as taking a wider view of the offence, its antecedents, and its aftermath. It became evident during the research that categorising simply on the basis of the offence incident has the potential to impede understanding,

particularly when perpetrator suicide occurs some time after the offence. This could lead to impediments in devising preventative strategies, because for them to be effective they need to be predicated on a sophisticated understanding of the problem they are designed to address.

As there was a diverse range of data sources available, a multi-method design was necessary and this proved effective. However, this was never a straightforward process and demanded patience and tenacity in the face of obstacles which at times appeared insurmountable, political influences outside my control, random events which occurred inauspiciously, and complex bureaucratic systems which viewed me as an outsider. It was always an interactive process and could not have been completed without the vision, dedication, professionalism and commitment of various people within those organisations, who had no vested interest in the research, other than progressing knowledge about the offences, but who believed in it, and were prepared to advocate within the system to overcome “resistance”. Some of these individuals I was never fortunate enough to meet, as our contact was confined to telephone and email, but I am aware that without them the study may have never have been completed and I am indebted to each of them.

I found interviewing both perpetrators and survivors to be a most sobering and humbling experience. Before commencing the interviews I had sometimes imagined that the individuals and families I was to meet were people whose lives had been suddenly punctuated with the trauma of homicide, but I found that a more accurate description of their experience might be that their lives had been permeated with a variety of trauma, of which homicide had been the ultimate experience. Two respondents disclosed that the homicide, about which they were being interviewed, was the second their extended family had experienced. Yet they displayed a level of trust which belied their difficult experience, and showed great generosity of spirit in being prepared to re-visit the source of the trauma with a total stranger and share their insights into it. Without exception they expressed the altruistic hope that others would benefit from their experience, which most described as having been like living their worst nightmare, and that the research would contribute to homicide prevention.

It was this goal, prevention of homicide, which both perpetrators and survivors shared in common with me that drew us together, to explore their experience of the love and hate, the fear and violence, and the threats and promises and which form the labyrinth of painful intimate relationships, which appeared to precede each intra-familial homicide event. The details of these relationships, and how they affect perpetrator and victim, and the families of both, are often not generally known, or understood, and can be glossed over, or missed altogether, when antecedents to the crime are considered by police and the courts. Finally, they willingly shared their experience of the short term and long term effects of the offences on them and their families, which they hoped would promote better understanding in the community about how the trauma of homicide affects survivors, and thereby improve the community's response to them.

As an outsider, contacting survivors, I found the void left by the victim's demise was palpable. This is where I often came in contact with the anger, born of frustration and also powerlessness, generated by the family's explanations of their fruitless attempts to protect their loved one prior to the homicide. I witnessed some of the effects of homicide on families that are so rarely discussed, and so difficult to address. It made me more aware of how important it is for the community to focus on prevention, rather than attempting to pick up the pieces of a tragedy which impacts across the extended families, and social networks, of both offender and victim, and which has implications intergenerationally which are probably impossible to accurately measure.

Again, I found the preparedness of survivors to share their experience in the hope of helping understanding, and possibly prevention, to be inspiring even though sobering. In some ways the difficulties of undertaking the study, insurmountable as they may have seemed at times, paled into insignificance when compared to the difficulties faced by survivors, and the tenacity and courage displayed by them in response to the murders, or the incarceration, of their loved ones. It reinforced that some light needs to be focussed on the offences so that prevention might become more of a reality, and that in the future, others may be shielded from experiencing such deep emotional pain.

Findings

Although the number of respondents was relatively small consisting of twelve perpetrators and eight survivors (n=20), when the results of interviews were combined with qualitative data obtained from document searches, findings were generally consistent across cases within each offence cohort. I found that there were far more similarities between the offences than there were differences. Although, there were some interesting exceptions to this, being primarily race and gender.

Similarities

The most obvious examples of similarities reported by interviewees were; the existence of a history of child trauma, family and domestic violence (including threats to kill and threats to suicide) a history of substance abuse, and a history of mental illness, which was often reported to have been undiagnosed, and/or ineffectively treated either because the individual did not seek treatment, or because the treatment received did not appear to have relieved the reported symptoms. This research also suggests that these issues may be present in the psycho-social history of the victim, as well as in the perpetrator's, and that homicidal and suicidal ideation may be very closely linked to intimate partner homicide, because they were reported so frequently in the antecedents to the offences. Childhood trauma was also found to have existed, in relation to the children of homicidal couples, although there was no evidence of the involvement of child protection authorities.

History of Violence

One of the questions asked in the research was whether there had been a history of violence in the intimate partner relationship prior to the homicide, and whether this had escalated prior to the offence. Apart from the more obvious manifestations of family and domestic violence, such as hitting and other forms of assault, a number of other behaviours including emotional abuse and stalking were reported. The history of violence, which the research uncovered, was not restricted to perpetrator violence, and was not restricted to the homicidal couple relationship. It was found frequently, though not in every case, that violence was multifaceted, pervasive, and was found to have existed intergenerationally in both the family of the perpetrator and the family of the victim. It included family

and domestic violence, stalking, child abuse and neglect. It included threats to harm and/or kill partners, family members, children, and pets, which were used as strategies to control behaviour in others, and which were adopted by both men and women and were not related to their ultimate status of either victim or perpetrator. In the case of perpetrators' violence, including violence towards animals, this was traced back to childhood in several cases.

History of Substance Misuse

The social context of homicidal couples, as described by interviewees, was often characterised by poly substance misuse. At least two of the male partners dealt in illegal drugs as their principal source of income, and one female perpetrator also admitted being involved in drug dealing. The majority, though not all perpetrators and victims, appeared to use or misuse a range of substances, both legal and illicit, as a way to cope with the stressors of their daily lives. These included alcohol prescribed medication and illicit drugs. In the case of Indigenous people the social context for substance abuse often consisted of groups of close and extended family members, who used substances communally, and were present during the homicide event.

Mental Illness

Respondents in both the perpetrator and survivor cohorts, frequently reported mental illness in perpetrators and victims (apparently not always diagnosed, effectively treated, or monitored). The most common illness reported was depression, which often followed conflict or problems in intimate partner relationships, and tended to increase markedly when the couple separated. There were also cases of what appeared to be psychosis in the male perpetrator, where delusional states were reported, and appeared to have been a significant factor in the commission of the offence. There were many instances of co-morbidity in perpetrators, where substance abuse co-existed with mental health issues, with no effective treatment, to produce a complex effect on personality and behaviour. Arguably, it was this combination of factors that may well have contributed to the perpetrator edging closer and closer to lethality.

Childhood Trauma

A history of childhood trauma was found to be common in perpetrators across the three categories of homicide. However, once again trauma was not just

confined to perpetrator experience, because they and survivors, reported that victims too had experienced a range of childhood trauma, ranging from disrupted attachment, through physical and sexual abuse by a parent to sexual assault by a stranger. Most told their stories matter-of-factly, and almost as if they were unaware of the likely extent to which their early life experience had affected their current life circumstance, whilst some perpetrators and victims conveyed their perception of isolation in their misery, and that they neither sought, nor expected, any help from the community surrounding them. Others reported seeking help only to find rejection. Some victims appeared to have been rendered incapable of seeking help by months, or years, of being humiliated, controlled, demeaned, threatened and beaten by their partners.

The research suggests men who have experienced abuse in childhood, and then experienced emotional abandonment, may experience humiliation when they are unable to control their partner, or retain the intimate relationship. This may lead to narcissistic pain, which causes them to respond defensively with homicidal and/or suicidal violence. The data also suggests that women, who have been subjected to a lifetime of abuse, may become either suicidal or homicidal, particularly when they see the violence escalating and feel their life, or the lives of their children (in one case an unborn child) are at risk. However, in this research it was found that women, unlike men, having once killed their (abusive) partner did not attempt suicide. In Chapter Eight, I propose an explanation of how killing the “other,” and killing the “self,” may have its origins in childhood trauma, and how the expression of this lethal behaviour may vary between men and women.

Of the twelve perpetrators interviewed, nine disclosed having experienced trauma in the form of abuse, neglect, or both, when children. The other three scored highly on the scale measuring minimisation and denial, which suggests they too may have experienced childhood trauma. Interviews with survivors confirmed the link between childhood trauma and homicide in the lives of perpetrators and victims, and consolidated the picture that was provided by perpetrators in the results of their C.T.Q.’s, and in depth interviews. Whilst this link cannot be said to be causal, there is mounting evidence to indicate this link needs further exploration.

Differences

The differences between the cohorts centred primarily on the issues of race and gender.

Gender

There were no female perpetrators in the homicide-suicide cohort. This is consistent with research that has suggested that even though she may have been suicidal in the past, once a female victim of domestic violence has killed her partner she has ensured her own safety, and therefore, suicide as an escape from the abuse is no longer required (Chan 2001:21).

Race

There were no Indigenous perpetrators in either the homicide-suicide or the familicide cohort. This finding is particularly interesting, and whilst it may be tempting to hypothesise about why this may be the case, it is clear that more research is needed to close the gap left by not interviewing Indigenous perpetrators.

Power and Control

Whilst the need to retain power and control have long been associated with family and domestic violence, most of the literature pertaining to this refers to male perpetrated intimate partner violence and or male perpetrated intimate partner homicide (Campbell 1992; Gelles 2005; Yillo 2005:19-34) and sometimes assert that this behaviour is a conscious behaviour adopted to achieve a specific goal (Herman 1992:) Fewer authors examine the role of power and control in family and domestic violence initiated by women, or in female perpetrated intimate partner homicide. Where it is mentioned (Walker), it is usually in the context of the woman realising that her only escape from her husband's (usually escalating) need to control and subjugate her is to eliminate him before he kills her.

This research acknowledges the socio-political context of male perpetrated domestic violence and its most extreme manifestation intimate partner homicide, but suggests that issues of power and control may be more complex than previously recognised, and that male perpetrators may also have a perception of their only escape from an abusive relationship as being through

elimination of the other, even though they may acknowledge their violence, and that their strength gives them physical supremacy in the relationship. Further, it raises the question of to what extent the need to control and the behavioural strategies employed to achieve this are conscious in both men and women who may be victims of complex trauma.

Themes

The themes, which emerged from the literature on attachment and childhood trauma, were mirrored in the data and are outlined below. They are sensitivity, trust, anxiety and anger. They also cut across the three presenting edges shown in the diagram depicted in Figure 9.1. As mentioned in Chapter Nine, they also became evident in, and affected the process of, the research and were represented powerfully in the intergenerational family stories of perpetrators and survivors.

Sensitivity

The information elicited during the in depth interviews indicated there had been a lack of sensitivity towards the needs of children in the majority of perpetrators', and also some of the victims' families, as noted in the reported behaviours of adults towards children. This ranged from emotional neglect and abuse to extreme physical and sexual abuse. It included them being exposed to the effects of substance abuse and parental violence. It was reflected in forced abortions, assaults causing miscarriage, and in filicide. This lack of sensitivity to children was not restricted to one generation, as there were clear signs of an intergenerational insensitivity towards infants, including unborn babies, children and adolescents. The family context for children was often one of abuse, neglect and violence, coloured by poly-substance misuse and mental health problems. There was also an apparent lack of sensitivity and empathy generally towards their partners by those who perpetrated violence and abuse within the intimate partner relationship.

Trust

The existence of trust in the couple's relationship was almost always very questionable and if it existed at all, would have to be acknowledged as tenuous. Generally, relationships were described as very unstable, with a history of violence, separation and reconciliation, or threat of separation, being the norm. Where couples were together there was often a strong element of fear and/or

mutual dependency in the relationship, which made separation for both parties extremely difficult. This is evidenced by some of the comments they made in relation to leaving. All perpetrators related feeling very much under threat prior to the homicide event. For women, this threat was experienced most intensely as physical. For men, it was experienced most intensely as emotional, although there were some cases where both forms of threat were experienced.

This perception of threat is highly relevant because we know the neurological damage sustained by traumatised children leads to a heightened perception of threat to the physical and/or emotional “self”, and that children damaged in this way may have a heightened physiological response resulting in a propensity to respond violently throughout the lifespan (Perry, Pollard et al. 1995). Given the evidence that has been accumulated by scholars, and researchers, in neurobiology about the significance of trauma in childhood, and how it causes hypersensitivity to emotional and physical threat, and a propensity to behave aggressively, the individual’s perception of threat in these families is highly relevant to the offence.

Anxiety

Whilst perpetrators readily disclosed anxiety about violence in their relationships, their use of drugs and alcohol, and the safety of children, the most common and pervasive form of anxiety they reported was separation anxiety. It was common for violent and unhappy relationships to be characterised by symbiosis (a relationship that is characterised by mutual dependency), and for victims and perpetrators of the violence to find emotional separation from their partner exceedingly difficult, if not impossible. Even when they did manage to leave, they would return sometimes as a result of their partner’s threats, sometimes because of the fear of being alone, and sometimes, because of a combination of these fears. The anxiety about separation from the love object was so strong in some cases that it was reported to be a stimulus to suicidal behaviour, following the homicide.

Anger

Anger is a predictable response to the experience of unmet need, whether the individual is experiencing physical pain or discomfort, emotional rejection or abandonment, or loss in any of the myriad constellations of human experience.

In coming to terms with the theme of anger, as it presents in relation to perpetrators, Bowlby argues that if basic trust fails to be established in infancy, then it is likely that the individual's personality will develop into one where the ability to enter into a trusting relationship may be compromised (Bowlby 1982:340).

Perry (1998) suggests it is also likely that there may be neurological damage, which causes the individual to react from a more primitive part of the brain when stressed. If Perry is correct, then it is likely that people who experience childhood trauma may not be capable of a logical and reasoned response to threat, and that the available response may be limited to one which is either aggressive to the self, or to the other, and sometimes to both. When an individual with a trauma background feels ignored, hurt, or abandoned, and this is not soothed or mitigated by those around him, then it is likely he will become emotionally regressed and may eventually erupt in an emotional maelstrom. This may emanate from anxiety, in which his behaviour may become rageful, vengeful, even homicidal or suicidal. The work of Nijenhuis, van der Hart et al. (2002), Perry (1998), Schore (2001), and others, has provided neurological evidence of the damage sustained in childhood trauma, which persists into adulthood, thus affecting and limiting behavioural responses to perceived threat.

As explained earlier in Chapters Two and Seven, homicidal and suicidal tendencies may have their origins in infancy. Thus if a child's needs are met adequately during the early years, the child develops into an adult who can cope with frustration and unmet need in a socially acceptable way, without causing undue harm to self or others. When adequate parenting is not available, and the effect of this is not mitigated by other relationships and experience, then frustration of need becomes a threat to survival of the self that cannot be articulated, because its origin is in the pre-verbal experience of the infant. These feelings may be expressed in a range of destructive behaviours towards others and/or self-harming behaviours.

Inter-generational Effects

When a child who has experienced pervasive trauma grows up and becomes involved in intimate relationships, these are quite likely to become enmeshed and to repeat the dysfunction that existed in the parent-child diad, with all the resultant pain and despair generated previously by inadequate nurturance. Apart from the human cost when individuals live constantly with the pain generated by mental illness, substance abuse, and violence, the consequences for the individuals, for the family, and for society, are immense. In addition to the burden such relationships place on the community as a whole, they pose the risk of procreating another generation of abused and traumatised children, with all the associated financial and social costs relating to substance abuse, mental illness and violence. In Australia, this cost is estimated to approximate \$8.1 billion annually (Access Economics 2004). When considering this reality, even if we can, as a society, close our hearts and minds to the human suffering across generations that results from childhood abuse, we may find it more difficult to sustain the financial cost.

Lack of Individuation

When individuals experience problems with their attachment formation in early childhood, they may develop into adults with a range of difficulties coping with relationships. One of the symptoms of disrupted attachment is an inability to feel real or whole unless intimately involved with another. When alone they are plagued with feelings of emptiness, which can lead to self-harming impulses that find expression in behaviours such as substance abuse, risk taking and even to suicide. The data in the self-reports of perpetrators shows that they did not see themselves as a separate entity from their families. Further, they saw no possibility of a future life for themselves outside the current family configuration. Clearly, marital separation, which is a stressful time for most people, can be an intensely frightening and isolating experience for individuals with a history of disrupted attachment.

Years of clinical experience working with separating couples has taught me that parents whose personality structure is not sufficiently integrated, whose sense of self is fragmented, and who have problems individuating, when stressed, may have a tendency to project their own feelings of abandonment and despair onto their children. For example, a suicidal man who is dependant on his wife and family for his sense of self, and is not able to conceive himself surviving as a whole person when his wife departs the relationship, may be quite unable to appreciate that the child, or children, although saddened by their parents' separation, may have accepted it and adjusted to the situation. He may not be able to see that the children's experience may be quite different from his own, and that they do not share his feeling of complete and total desolation, which leads him to consider death as being preferable to separation.

Implications for Treatment

Some cognitive-behavioural approaches to the treatment of perpetrators of domestic violence, such as the "Duluth," program (Pence, Paymar et al. 1993), hinge on the perpetrator taking responsibility for his behaviour, and addressing this by making a choice to adopt alternative behaviours which are non-abusive. There is an assumption inherent in this that violent men (for men form the vast majority of perpetrators) are always aware of what they are doing and cognisant of their intended goal in pursuing an abusive interaction with their partner or with others.

In the United States of America Gondolf conducted a multi-site study, where he found that the majority of men changed their violent behaviour after attending a batterers' program. This was irrespective of the type of program they attended. Although nearly half the men did re-assault their partners sometime during the four year follow up, after a thirty month follow up, eighty percent had not re-offended in the past year. This figure increased to ninety percent when the follow up period was increased to four years. Gondolf made the point that the efficacy of programs was likely to be related to how they were embedded in the wider system known as a "co-ordinated community response." However, he also found there were a significant number of men (twenty percent) who continued to assault their partners and that these assaults caused most of the injuries (Gondolf 2002:199-218). He found that, "Conventional counselling

appears to be appropriate for the vast majority of men.” However, he noted that the core of repeat batterers who are difficult to identify still seem to be slipping through the cracks and continuing to re-offend (Ibid). In apparent recognition of the limitations of cognitive behavioural therapies in treating this group, Gondolf recommends an expansion of existing programs to include therapies, that adopt a psychodynamic, attachment, or pharmacological approach (Ibid 212).

This seems to offer some hope for improved outcomes with these serious repeat offenders, for whilst not disputing that some men may be fully aware at all times of their actions, and may benefit from cognitive behavioural and other therapeutic programs, which address their violent behaviour, it is also possible that individuals who have experienced severe and pervasive childhood trauma, when experiencing threat may regress to a level of behavioural response that is not driven by rational thought, but which is a product of more primitive structures within the brain, such as the brain stem and limbic system, which deal primarily with survival (Briere 1997; Perry 1995; Schore 2001; Nijenhuis, van der Hart et al. 2002).

At the same time, as the regression in behaviour occurs, a fury is released which is primal, in that it is needs driven and survival focussed. The fury emanates not simply from the current wound, which is the trigger for the violent response, but from a built-up physiological response pattern originating in trauma, and built-up anger from a long list of hurts, which have never been satisfactorily responded to, or resolved, let alone healed. The brain develops in a “use-dependant fashion” (Perry 2002) whereby those responses most regularly invoked by environmental cues are most likely to repeated when those cues are perceived to exist. The physiological response is not driven from the frontal cortex (rational brain) but from the limbic brain (Perry, Pollard et al. 1995; Schore 2001).

It is, therefore, likely that when such a person experiences threat, dissociation may occur automatically as a way of numbing the emotional pain. This may be one explanation of why so many perpetrators claim to be unable to recollect the crime and that they felt like it was happening to someone else, or that it felt like a dream. It was not uncommon for perpetrators interviewed in this research to

report having no recollection of the homicide incident, or of having found out about it only by the police, or someone else, recounting to them, their part in the homicide after the event.

Implications for the Community

The incidence of homicide being linked to socio-economic disadvantage is a problem for the whole community, not just those pockets where disadvantage is prevalent. The ability, and the willingness, of the community to accept and support those individuals and families, whose lives are often characterised by a range of psycho-socio-economic problems, is a measure of its humanity. In a perfect world of course bad things would not happen to infants and children, and struggling parents would be supported when they are not able to meet the needs of their children, thus ensuring that damage to the emerging ego of the child is eliminated, or at least minimised. This would minimise the future social and financial cost to people who are unable to reach their potential, or to contribute to society in ways that benefit themselves, their families and their communities.

It is apparent, from the stories elicited in the process of this research, that immeasurable pain goes unnoticed, or at least unresponded to by many in our community. If adults, who came in contact with the perpetrators and victims in this research as children, whether as relatives, teachers, health workers or others, had been mindful of them and the problems they were experiencing (which were likely to have been manifested in their behaviour) then some, if not all, of these offences may have been avoided, by the provision of appropriate supports. The lack of linkage between people, and between agencies, in our community, works against our children and our more vulnerable members. If we are to overcome, or to minimise, the human, social, and financial cost which trauma, abuse and violence reeks on our community, this needs to be addressed.

Implications for Policy, Practice and Future Research

It is clear from the stories told by perpetrators, and by the loved ones of victims and perpetrators, that some children are being abused in our community without any intervention, and that they continue to live with, and to witness, family and

domestic violence, without any intervention by authorities. It can also be seen that signs were manifest to other adults other than the parents that this abuse was occurring. This poses the question of how is it that we fail to protect them? Despite a growth in reporting, increased community awareness, and attempts by government to address the problem, family and domestic violence remains a major problem in Australian society. It is clear that information in relation to repeated incidents of family and domestic violence need to be shared between agencies, particularly those providing police, child protection and health services to families.

Whilst Indigenous people were over-represented in spousal homicide both as perpetrators and victims, I was unable to assess childhood trauma in these individuals, as I was not able to interview them. However, it is widely accepted that Western Australia's Indigenous community has suffered generations of trauma since colonisation. Discrimination, removal of children, sexual and physical abuse, imprisonment and social disadvantage, have all exacted a huge toll on Indigenous people and their culture. As a result Indigenous Australians continue to have a lower life expectancy, poorer living conditions and higher rates of morbidity, unemployment and homelessness than the average Australian. Substance abuse, family and domestic violence, child abuse and neglect, homicide and suicide continue to be major problems in these communities (Gordon, Hallahan et al. 2002; Stanley, Tomison et al. 2003; The Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse 2007). The disproportionate representation of Indigenous perpetrators and victims in spousal homicide is evidence of the violent context in which they live. Yet Indigenous people are under-represented in intimate partner homicide-suicide and in familicide. The reasons for this are currently unclear and worthy of further study. Any plans for such research in the future should allow for a lengthy lead-in time, to ensure full collaboration with the Indigenous community, about the nature of the research and how it should be undertaken.

A systemic model of conceptualising the system as concentric circles which must be addressed from the outside in, rather than from the inside out, offers hope for change, which acknowledges and accepts the history and experience

of people as individuals, and as a community, and works with them to effect positive change rather than treating individuals as isolated and disconnected from their social milieu. For decades the medical profession treated women for depression, without addressing their disempowerment, and the violence within their marriages and families that was often its context. The Australian community currently runs the risk of treating Indigenous communities in a similar way, by focusing on the ills within the communities, rather than examining the historical, socio-political milieu, and the interface between Indigenous Australians and the wider community.

At a macro level, clearly the source of the problem of violence and its most extreme manifestation, homicide, is socio-economic disadvantage. This needs to be addressed, but in order to do so comprehensively, we need to conceptualise systemically, and remain multi-positional. It is essential for us to be reflective in our practice, by consistently reviewing the interface between disadvantaged sections of the community, service providers and the remainder of the community. If we can do this then perhaps we can move on to develop more respectful and effective ways of engaging with those families most at risk.

The major issues identified by the research need to be seen in this wider framework if preventive strategies are to be devised. In spite of international research showing that homicide rates are highest where there is social inequality, many in our community would prefer to interpret the higher rates of violence and homicide amongst Indigenous people as an indictment of Indigenous people, rather than an indictment of the whole community. Indigenous people are a part of our community therefore if we are serious about changing the violence which occurs within that part of the community, then we should first examine the interface that part shares with the wider community.

There is evidence suggesting that patterns repeat themselves across generations and this research adds to the understanding about how this happens, within families. That is, when the input from carers is insufficient to meet the needs of children, in order for them to achieve their optimal psychosocial development, they go on to repeat the pattern with their own offspring. The result is adults inhibited from meeting their potential, as their energies are

constantly directed towards maintaining the equilibrium of the family system, thereby avoiding change. They in turn may well produce children who accept violence and abuse with the same predisposition their parents had, to pass these behaviours on to successive generations.

More research is needed to discover the extent of childhood trauma in the family backgrounds of perpetrators. It is also needed to discover whether children killed as victims of familicide, and as ancillary victims to spousal homicide, were previously known to child protection authorities. We also need to understand more about how pregnancy contributes to an increased risk of spousal homicide for women.

In short, we need to understand how government and professionals contribute to this process, by emphasising individual pathology, rather than seeing the individual and the family as part of the community, and by intervening in a fragmented way, with services that treat people and families as individual problems, rather than taking a systemic view which locates them and their problems as part and parcel of the community in which they reside. We need to avoid simplistic labelling based on discrete sequences of experience or behaviour, for example “victim” or “perpetrator” and remain open to seeing the traumatised child within the perpetrator, the perpetrator within the child, and the traumatised child within the victim. In short, we need to appreciate the impact of pervasive trauma has on people’s lives and on their coping strategies.

An obvious conclusion is that early intervention aimed at enhancing the infant/carer relationship is vital, there is clearly a need to find ways of more effectively engaging with children, adolescents and adults with histories of abuse, relationship problems, difficulties in affect regulation and violent behaviour. Perry proposes that in the case of traumatised children, healing needs to be provided in the day-to day relational context by parents, teachers and others, where the potential for countless repetition of the positive interactions is highest (Perry 2006:37-38). To ensure the effectiveness of assessment of children and families at risk, and to maximise the success of interventions, there needs to be a collaborative approach towards these tasks that should be inter-agency and inter-disciplinary. Consideration should be given to co-location of services both as a means of improving accessibility and

as a strategy for improving inter-agency collaboration and service delivery. However, in the long term none of this is likely to be effective unless the underlying social justice issues are addressed.

It is a priority for the community to progress this research further, in particular to gather the qualitative data from Indigenous perpetrators and survivors, and to engage with them in exploring the causes and options for prevention of intimate partner homicide in their communities. No less important, is to seek their help, in understanding why there are no Indigenous perpetrators in the cohorts of intimate partner homicide-suicide and of familicide, for this information has the potential to assist in prevention of these offences. Disrupted attachment in perpetrators clearly has implications for intra-familial homicide risk assessment and also for assessment of perpetrator suicide risk following such offences.

Some data that I had hoped to access, particularly some of the qualitative data pertaining to offences involving Indigenous perpetrators and victims, could not be accessed. This was because it proved impossible to form an Indigenous Reference Group in the available timeframe. Neither could some of the quantitative data pertaining to prior history of offending be obtained, due to the resourcing implications this had for WAPOL. The data that I was able to obtain was often quite subjective and sometimes incomplete. Yet I remain satisfied that these still provide a rich and poignant picture of Western Australian intimate partner homicide and familicide of a kind that has not been presented in other research and scholarship. These data have converged, if not into the tightly woven tapestry I originally imagined, then at least into a useful and coherent bricolage. I hope this bricolage reflects the inter-generational experience of violence, fear and hopelessness that taints and arguably limits the lives of some of the most vulnerable people in our community, and in my analysis, renders them more susceptible to be victims and perpetrators to intra-familial homicide.

REFERENCE LIST

- Access Economics (2005). The Cost of Domestic Violence to the Australian Economy. A Report Prepared for the Australian Government's Office of the Status of Women. Canberra, Commonwealth of Australia.
- Ainsworth, M.D.S., M.C. Blehar, et al. (1978). Patterns of Attachment: A psychological study of the strange situation. Hillsdale, N.J. Erlbaum.
- Alder, C., K. Polk, (2001). Child victims of homicide. Cambridge, Cambridge University Press.
- Allen, N. H. (1980). Homicide, perspectives on prevention. New York, Human Sciences Press.
- American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV-TR). Washington D.C., American Psychiatric Association.
- Anda, R. E., V. J. Felitti, et al. (2006). "The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology " European Archives of Psychiatry and Clinical Neuroscience 256: 174-186.
- Anderson, C. M. and S. Stewart (1983). Mastering Resistance. New York, The Guildford Press.
- Anderson S.W., A. Bechara, et al., (1999) Impairment of social and moral behaviour: related to early damage in human pre-frontal cortex. Nature, Neuroscience. 2:1032-1037.
- Anderson, T. (2005). PTSD in Children and Adolescents. Chicago, Great Cities Institute.
- Ashby, R. (1956). An Introduction to Cybernetics. London, Chapman & Hall.
- Ashworth, K., (1999). Mother, 25, Kills Her Five Children. "The West Australian": July 5 1999.
- Australian Bureau of Statistics (2001). ABS Catalogue Number: 4705.0 – Population Distribution, Indigenous Australians.
<http://www.abs.au/ausstats/abs@nsf>.
- Australian Bureau of Statistics (2006a). ABS Catalogue Number: 4102.0 - Australian Social Trends Father's Work and Family Balance.
<http://www.abs.au/ausstats/abs@nsf>.
- Australian Bureau of Statistics (2006b). ABS Catalogue Number: 3303.0 Causes of Death, Australia. <http://www.abs.au/ausstats/abs@nsf>.

- Australian Bureau of Statistics (2006c). ABS Catalogue Number: 3309.0.55.001 Suicides: Recent Trends, Australia. <http://www.abs.au/ausstats/abs@nsf>.
- Australian Bureau of Statistics (2008). ABS Catalogue Number:3201.0 – Population by Age and Sex, Australian States and Territories, June 2002 - June 2007. <http://www.abs.au/ausstats/abs@nsf>.
- Baron-Cohen, S., H. A. Ring, et al. (2000). "The amygdala theory of autism." Neuroscience and Biobehavioral Reviews (24): 355-364.
- Baron-Cohen, S. and M. K. Belmonte (2005). "Autism: A window onto the development of the social and the analytic brain." Annual Review of Neuroscience 28: 109-126.
- Barton, M., (1998) Partner murder charge. "The West Australian": July 20 1998 <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 11/09/05).
- Barton, M., (2000). Mother's grief. "The West Australian": January 27 2000 <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 28/10/2005).
- Bean, C. A. (1992). Women Murdered by the Men they Loved. New York, The Haworth Press Inc.
- Becvar, D. S. and R. J. Becvar (1996). Family Therapy A Systemic Integration. Massachusetts, Allyn and Bacon.
- Berman, A. L. (1996). "Dyadic death; A typology." Suicide and life threatening Behaviour 26(4): 342-350.
- Bernstein, D. P. and L. Fink (1998). Childhood Trauma Questionnaire A retrospective self-report. San Antonio, The Psychological Corporation, Harcourt Brace & Company.
- Boulwood, B. (2006). Trauma and Attachment: Mental Health Effects of Domestic Violence on Mothers and their Children. Unpublished Monograph, Perth.
- Bowlby, J. (1969). Attachment and Loss Volume 1 Attachment. London, The Hogarth Press.
- Bowlby, J. (1973). Attachment and Loss Volume II Separation anxiety and anger. London, The Hogarth Press and the Institute of Psycho-analysis.
- Bowlby, J. (1980). Attachment and Loss Vol.III: Loss. New York, Basic Books, Inc., Publishers.
- Bowlby, J. 1988 Developmental Psychiatry Comes of Age. American Journal of Psychiatry, 145 (1) 1-10.

- Bretherton, I. and K. A. Munholland (1999). Internal Working Models in Attachment Relationships, A construct revisited. Handbook of Attachment: Theory, research and clinical applications. J. Cassidy and P. R. Shaver. New York, The Guildford Press: 89-111.
- Briere, J. (1997). Psychological Assessment of Child Abuse Effects in Adults. Assessing Psychological Trauma and PTSD. J. P. Wilson and T. M. Kearne. New York, Guildford Press: 43-68.
- Bronfenbrenner, U. (1979). The ecology of human development: experiments by nature and design. Cambridge, Harvard University Press.
- Bronfenbrenner, U. (1995). Examining Lives in Context: Perspectives on the ecology of human development. Washington D.C., American Psychological Association.
- Brookman, F. (2005). Understanding Homicide. London, Sage Publications Ltd.
- Browne, A. (1987). When Battered Women Kill. New York, The Free Press.
- Browne, A. and D. Finkelhor (1999). "Impact of Child Sexual Abuse: A review of the research." Psychological Bulletin 99(1): 66-77.
- Browne, A., K. R. Williams, et al. (1999). Homicide Between Intimate Partners. Homicide A sourcebook of social research. M. D. Smith and M.A. Zahn. Thousand Oaks, Sage Publications Inc.: 149-164.
- Buteau J. (1993). Homicide Followed by Suicide: A Quebec Case Series, 1988-1990. Canadian Journal of Psychiatry 1993 38 552-556.
- Bye, E. K. (2008). "Alcohol and homicide in Eastern Europe." Homicide Studies 12(1): 7-27.
- Caccetta, W. and D. Reed, (1998). Father jailed for death bid. "The West Australian": August 1 1998.
<http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 29/09/2005).
- Cahill, D. and C. Sander, (2007). Son Guilty of Double Murder. "The West Australian": March 4 2007.
- Campbell, J. C., (2003). "Risk factors for femicide in abusive relationships: results from a multisite case control study." American Journal of Public health 93(7):1089.
- Campbell, J. C. (1992). "If I Can't Have you, No One Can": Power and Control in Homicide of Female Partners. Femicide The Politics of Woman Killing. J. Radford and D. E. H. Russell. New York, Twayne Publishers.
- Carcach C., P.N. Grabosky (1998). Murder-Suicide in Australia. Trends and Issues in Criminal Justice No 82. Canberra, Australian Institute of Criminology.

- Carlson, M., F. Earls (1997) psychological and neuroendocrinological sequela of early social deprivation in institutionalised children in Romania. Annals of the New York Academy of Social Sciences 807;419-428.
- Cavan, R. (1965). Suicide. New York, Russell and Russell.
- Chainey, S., J. Ratcliff (2005). Spatial Theories of Crime. Chichester, John Wiley & Sons.
- Chan, W. (2001). Women, Murder, and Justice. Houndmills, New York, Palgrave.
- Chodorow, N. (1978). The Reproduction of Mothering Psychoanalysis and the Sociology of Gender. Berkley, University of California Press.
- Clarke, R. V. (1997). Situational Crime Prevention: Successful Case Studies. Albany, Harrow and Heston.
- Cole, T. B. (2005). "Mental Illness and Violent Death." The Journal of the American Medical Association 294(5): 623-624.
- Government of Western Australia (1913) Criminal Code Act Compilation Act 1913 (W.A.) 028 of 1938 (Act no 4 Geo. V No. 28) ss 281A, 287A (WA).
- Crockenberg, S. (1986). Are temperamental differences in babies associated with predictable differences in care giving? New Directions for Child Development: Vol 31 Temperament and social interaction during infancy and childhood J. V. Lerner and R. M. Lerner. San Francisco, Jossey Bass.
- Crockenberg, S. and E. Leerkes (2000). Infant social and emotional development in family context. Handbook of Infant Mental Health. C. H. Zeanah. New York, The Guildford Press.
- Cutright, P., S. Stack, et al. (2007). "Marital status integration, suicide disapproval, and societal integration as explanations of marital status differences in female age-specific suicide rates." Suicide and Life-Threatening Behaviour 37(6): 715-721.
- Darragh, D. (1998). Father admits murder-suicide bid. "The West Australian": July 15 1998. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 29/09/2005).
- Darragh, D. (2000). Telling look foretold killings. "The West Australian": May 17 2000. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 28/10/2005).
- Darragh, D., (2001) Repeat murder feared. "The West Australian": September 29 2001 . <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 30/10/05).

- Darragh, D., (2002) Father faces jail term for killing partner. "The West Australian": March 23 2002. .
<http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 28/10/05).
- Darragh, D. (2003a) Barbecue after wife strangled "The West Australian": January 17 2003. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 28/10/05).
- Darragh, D. (2003b) Partner's death 'an accident'. "The West Australian": January 22 2003. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 26/10/05).
- Darragh, D. (2003c) Yacht killer gets 17 years. "The West Australian": September 27 2003. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 28/02/06).
- Darragh, D. (2005a) Death 'followed violence order'. "The West Australian": March 9 2005.
<http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 11/09/05).
- Darragh, D. (2005b) Man who let his mate kill pregnant woman will go free. "The West Australian": February 11 2005.
<http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 11/09/05).
- Darragh, D. (2005c) "Psychopath" killer faces long jail stay. "The West Australian": September 17 2005.
- Darragh, D. (2005d) Wife Murderer's Appeal Rejected. "The West Australian": July 7 2005. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 11/09/2005).
- Darragh, D. (2007) Accused killer a good actor: witness. "The West Australian": February 21 2007.
- D'Cruz, H. and M. Jones (2004). Social Work Research. London, Sage Publications Inc.
- Daly, M. and M. Wilson (1988). Homicide. New York, A. de Gruyter.
- Davies, M. and J. Mouzos (2007). Homicide in Australia: 2005-06 National Homicide Monitoring Program. Research and Policy No 77. Canberra, Australian Institute of Criminology.
- Deaton, W. S. and M. Hertica (2001). Growing Free: A manual for survivors of domestic violence. New York, Haworth Maltreatment and Trauma Press.

- de Bellis, M. D., A.S. Baum et al. (1999). "Developmental traumatology Part I: Biological Stress Symptoms." Biological Psychiatry 45 (10): 1259-1270.
- Delaney, R. J. (1991). Fostering Changes: Treating Attachment Disordered Foster Children. Oklahoma City, Wood N. Barnes.
- Denzin, N. K. and Y. S. Lincoln (1989). The Handbook of Qualitative Research. Thousand Oaks, Sage Publications.
- Dobash, R. E., and R. Dobash, et al. (2004). "Not an ordinary killer-just an ordinary guy." Violence Against Women 10(6): 577-605.
- Dobash, R. P., and R. E. Dobash, et al. (2007). "Onset of Offending and Life Course Among men Convicted of Murder." Homicide Studies 11(4): 243-271.
- D'Orban, P.T. (1979) "Women Who Kill Their Children". British Journal of Psychiatry 134:560-571.
- Doumas, D., G. Margolin, et al. (1994). "The intergenerational transmission of violence across three generations." Journal of Family Violence 9(2): 157-175.
- Dozier, M., S. K. Chase, et al. (1999). Attachment and Psychopathology in Adulthood. Handbook of Attachment. J. Cassidy and P. R. Shaver. New York, The Guildford Press:497-519.
- Duelli Klein, R. (1983). How to do what we want to do: Thoughts about feminist methodology. Theories of Women's Studies. G. Bowles R. Duelli Klein. London, Routledge & Kegan Paul.
- Durkheim, E., (1930) Le Suicide: etude de sociologie. Paris, Felix Alcon.
- Durkheim, E., (1951) Suicide. Spalding, J.A.,and G. Simpson (Trans). Glencoe, Free Press.
- Easteal, P. W. (1993). Killing the beloved: homicide between adult sexual intimates. Canberra, Australian Institute of Criminology.
- Edleson, J. L. (1999). "Children's witnessing of adult domestic violence." Journal of Interpersonal Violence 14: 839-870.
- Ehrensaft, M. K., P. Cohn, et al. (2003). "Intergenerational Transmission of Partner Violence." Journal of Consulting and Clinical Psychology 71(4):741-753.
- Eliot, L., (2003a) Autopsy reveals murder clue. "The West Australian": December 23 2003. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 30/10/2005).

- Eliot, L., (2003b) Woman's body found near golf course. "The West Australian": December 23 2003. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 30/10/2005).
- Eliot, L., (2004) Wife bashed to death at home. "The West Australian": March 17 2004. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 26/10/2005).
- Eliot, L., and Morfesse, L., (2007) Stabbed man dies at his front door. "The West Australian": December 1 2007.
- Ellis, C. 2007, Telling Secrets, Revealing Lives: Relational Ethics in Research With Intimate Others. Qualitative Inquiry 13 (3): 3-29.
- Ewing, C. P. (1997). Fatal families : the dynamics of intrafamilial homicide. Thousand Oaks, Sage Publications.
- Ewing-Cobbs, L., M. Prasad, et al. (1999) Inflicted Traumatic Brain Injury: relationship of developmental outcome to severity of injury, Paediatric Neurosurgery 31(5) 251-258.
- Farrington, D. P. (1995). "The development of offending and antisocial behaviour from childhood:key findings from the Cambridge study of delinquent development." Journal of Psychology and Psychiatry 36: 929-964.
- Farrington, D. P. and J. W. Coid (2003). Early prevention of adult antisocial behaviour. Cambridge, Cambridge University Press.
- Feeney, J. A., (1995). Adult Romantic Attachment and Couple Relationships. Handbook of Attachment Theory, Research, and Clinical Applications. J. Cassidy and P. R. Shaver. New York, The Guildford Press.
- Fishman, H. C. and B. L. Rosman (1986). Evolving Models for Family Change. New York, The Guildford Press.
- Fitzpatrick, C., Doting Father Became Killer. "The West Australian": August 23 1994.
- Fonagy P. (1999) Psychoanalytic theory from the viewpoint of attachment theory and research. Handbook of Attachment: Theory, research and clinical applications. J. Cassidy and P. R. Shaver. New York, The Guildford Press: 595-624.
- Fonagy, P. (2001). Attachment theory and psychoanalysis. New York, Other Press.
- Fonagy, P., H. Steele, et al. (1991). "Maternal Representations of Attachment during pregnancy predict the Organization of Infant-Mother Attachment at one year of Age." Child Development 61(5): 891-905.

- Freud (1961). *Civilization and its discontents*. J. Strachy (Trans.) New York, W.W. Norton.
- Freud, S. (1964). An Outline of Psychoanalysis. London, Hogarth Press.
- Frye, V., V. Hosein, et al. (2005). "Femicide in New York city." Homicide Studies 9(3):204-228.
- George, C., N. Kaplan, et al. (1985). The Adult Attachment Interview. Unpublished Manuscript, University of California, Berkeley.
- Gibson, R., (1997a) I Planned Suicide: Murder Accused "The West Australian": August 27 1997. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 29/09/2005).
- Gibson, R., (1997b) Man Plotted to Kill: Lawyer. "The West Australian": August 21 1997. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 12/09/2005).
- Gibson, R., (1997c) Partner Killer Gets Jail. "The West Australian": May 10 1997. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 9/10/2005).
- Gibson, R., (1997d) Wife killer Jailed for Life. "The West Australian": August 30 1997. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 29/09/2005).
- Gibson, R., (1999a) Man's Help Call Too late. The West Australian": September 8 2000 <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 28/10/2005).
- Gibson, R., (1999b) Wife Killer Repeats Crime. "The West Australian": December 11 1999 <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 26/10/2005).
- Gibson, R., (2000) Chilling Message Called Police to Family's House of Murder. "The West Australian": August 1 2000. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 13/10/2008).
- Gibson, R., (2002) Low Risk Prisoner Hanged. "The West Australian": April 17 2002 <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 28/10/2005).
- Gibson, R., (2005) Daughter Heard Father's Attack. "The West Australian": September 7 2005. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 10/9/2005).
- Gibson, R., (2007) 'I Knew he Wanted To Kill Me'. "The West Australian": May 15 2007.

- Gibson, R., (2007) Telephone rings an end to an 18-month nightmare and the start of a new life. "The West Australian": May 16 2007.
- Glaser, D. (2002). Child Sexual Abuse. Child and Adolescent Psychiatry. M. Rutter and E. Taylor. Malden, Blackwell Publishing: 340-358.
- Golier, J.A., Yehuda, R., Bierrer, L.M., Mitropoulou V. (2003) "The relationship of borderline personality disorder to Posttraumatic Stress Disorder and traumatic events". The American Journal of Psychiatry 160 (11) 2018.
- Gondolf, E.W. (2002) Batterer Intervention Systems Issues, Outcomes and Recommendations. Thousand Oaks, Sage Publications Inc.
- Gordon, S., K. Hallahan, et al. (2002). Putting the picture together: Inquiry into response by government agencies to complaints of family violence and child abuse in Aboriginal communities. Perth, Department of Premier and Cabinet
- Graham, D. L. R., E. I. Rawlings, et al. (1995). "A scale for identifying "Stockholm Syndrome" reactions in young dating women: factor structure, reliability, and validity " Violence and Victims 10(1): 3-22.
- Graham, D. L. R., E.I. Rawlings, et al. (1994). Loving to Survive: Sexual terror, men's violence and women's lives. New York, New York University Press.
- Gregg, N. and T. Moore (2004). A Father's Love That Went Horribly Wrong. "The Courier Mail" 25/11/2004.
<http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 13/10/2008).
- Groves, B. M., B. Zuckerman, et al. (1993). "Silent Victims. Children who witness violence." Journal of the American Medical Association 269(2): 262-264.
- Groves, B. M. A. and M. Augustyn (2004). Identification, Assessment and Intervention with Traumatized Young Children. J. D. Osofsky. New York, The Guildford Press 173-193.
- Hart, S. N. and M. R. Brassard (1987). "A major threat to children's mental health." American Psychologist 42: 160-165.
- Hassan, R. (1995). Suicide Explained The Australian Experience. South Carlton, Melbourne University Press.
- Hayes, L. M. (1999). "Suicide in adult correctional facilities: Key ingredients to prevention and overcoming the obstacles." Journal of Law, Medicine & Ethics 27(3): 260-268.
- Hazen, E. L., C. D. Connelly, et al. (2006). "Female caregivers' experiences with intimate partner violence and behaviour problems in children investigated as victims of maltreatment." Paediatrics 117(1): 99-109.

- Henry, A. F. and J. F. Short (1954). Suicide and homicide : some economic, sociological, and psychological aspects of aggression. Glencoe, Ill., Free Press.
- Herman, J.L. (1992) Trauma and Recovery. London, Basic Books.
- Hinshaw-Fuselier, S., S. S. Heller, et al. (2004). Trauma and Attachment: the case for disrupted attachment disorder. Young Children and Trauma Intervention and treatment. J. D. Osofsky. New York, The Guildford Press.
- Hoffman, L. (1982). "A Co-Evolutionary Framework for Systemic Family Therapy." Australian Journal of Family Therapy 4(1): 9-21.
- Holmes, J. (1993). John Bowlby and Attachment Theory. London, Routledge.
- Hore, E., J. Gibson, et al. (1996). Domestic homicide. Sydney, Family Court of Australia.
- Howe, D. (2005). Child Abuse and Neglect, Attachment, Development and Intervention. Houndmills, Palgrave Macmillan.
- Howell, P. S. (1998). Doctor evaluates the effects of trauma, abuse. Houston Chronicle. Houston.
- Hunnicut, G. and G. Lafree (2008). "Reassessing the Structural Covariates of Cross-National Infant Homicide Victimization." Homicide Studies 12(1): 46-66.
- Jenkins A. (1990). Invitations to Responsibility. Adelaide, Dulwich Centre Publications.
- Jenkins, P. (1994). Using murder: the social construction of serial homicide. New York, A. de Gruyter.
- Jenkins, R., D. Bhugra, et al. (2005). "Psychiatric and social aspects of suicidal behaviour in prisons." Psychological Medicine 35(2): 257-269.
- Johnson, C. H. (2002). Familicide and disputed residency and contact in Western Australia : a contemporary picture. Social and Cultural Studies. Crawley, University of Western Australia, 2003.
- Johnson, C. H. (2005). Come With Daddy Child Murder-Suicide After Family Breakdown. Crawley, University of Western Australia Press.
- Johnson, C. H. (2007). Knowing by Heart: Remembering victims of intra-familial homicide. Remember Me. M. Mitchell. New York, Routledge.
- Johnson, C. H. and G Egan. (2006). Male Perpetrated Intimate Partner Homicide and Child Trauma. Men's Advisory Network Inc. National Conference 2006, From Babies to Blokes, Fremantle Western Australia.

- Johnston, J. R. and V. Roseby (1997) *In the Name of the Child*. New York, the Free Press.
- Jones, A., (1994) *Next Time, She'll be Dead*. Boston, Beacon.
- Kaufman, J. and E. Zigler (1989). The intergenerational transmission of child abuse. Child Maltreatment: theory and research on the causes and consequences of child abuse and neglect. D. Cicchetti and V. Carlson. New York, Cambridge University Press: 129-150.
- Kelly, J., (2002) Let Him Suffer No Mercy From Family. "The West Australian": November 24 2002. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 10/09/2005).
- Kernberg, O.F., Severe Personality Disorders: Psychotherapeutic Strategies. Cambridge, Yale University Press.
- Kernberg, O.F., Projection and projective identification: developmental and clinical aspects. Journal American Psychoanalytic Association 35 (4) 795-819
- Kienlen, K. K. (1998) Developmental and Social Antecedents of Stalking. J. R. Meloy. The Psychology of Stalking Clinical and Forensic Perspectives. San Diego, Academic Press.
- Kivivuori, J. and M. Lehti (2003). "Homicide followed by suicide in Finland: trend and social focus." Journal of Scandinavian Studies in Criminology and Crime Prevention 4(2): 223-236.
- Kohut (1971). The psychoanalytic study of the child. Monograph No 4. In The Analysis of the Self. New York, International University Press.
- Koziol-McLain, J., D. Webster, et al. (2006). "Risk factors for Femicide-Suicide in Abusive Relationships: Results from a multisite case control study " Violence and Victims 21(1): 3-21.
- Laajasalo, T. and H. Hakkanen (2004). "Background characteristics of mentally ill homicide offenders - a comparison of five diagnostic groups." The Journal of Forensic Psychiatry & Psychology 15(3): 451-474.
- Laurie, T., (2005) Deluded wife-killer gets 6 ½ years jail. "The West Australian": November 16 2005. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 14/10/2008).
- Leonard, C.V. (1967). Understanding and Preventing Suicide. Springfield, C.C. Thomas.
- Levendosky, A. A., S. M. Lynch, et al. (2000). "Mother 's perceptions of the impact of woman abuse on their parenting." Violence Against Women 6: 247-271.

- Lewis, M. L. and C. G. Ippen (2004). Rainbows of tears, Souls full of hope: cultural issues related to young children and trauma. J. D. Osofsky. New York, The Guildford Press.
- Lewis, R., R. E. Dobash, et al. (2003). Researching homicide methodological issues in the exploration of lethal violence. Researching Violence Essays on methodology and measurement. R. M. Lee and E. A. Stanko. London, Routledge.
- Lieberman, A. F. and P. Van Horn (2004). Assessment and treatment of young children exposed to traumatic events. Young Children and Trauma intervention and treatment. J. D. Osofsky. New York, The Guildford Press.
- Lieberman, A. F. and C. H. Zeanah (1999). Contributions of Attachment Theory to Infant-Parent Psychotherapy and Other Interventions with Infants and Young Children. Handbook of Attachment: Theory, research and clinical applications. J. Cassidy and P. R. Shaver. New York, The Guildford Press: 555-574.
- Loseke, D. R. (2005). Through a Sociological Lens The Complexities of Family Violence. Current Controversies on Family Violence. D. R. Loseke, R. J. Gelles and M. M. Cavanagh. Thousand Oaks, California, Sage Publications, Inc.:35-48.
- Lubit, R. (2005). Diagnosis and Treatment of Trauma in Children. Child and Adolescent Psychiatry: The essentials. K. Cheng and K. M. Myers. Philadelphia, Lippincott Williams & Wilkins: 341-362.
- Lubit, R. (2006). "Posttraumatic Stress Disorder in Children."
<http://www.emedicine.com.ped/topic3026.htm>. (Retrieved 19/8/2006).
- Lunde, D. T. (1975). Murder and Madness. Stanford, Stanford Alumni Press.
- MacKinnon, L. K. (1998). Trust and Betrayal in the Treatment of Child Abuse. New York, The Guildford Press.
- MacMillan, J. L., J. E. Fleming, et al. (1997). "Prevalence of child physical and sexual abuse in the community. Results from the Ontario Health Supplement." Journal of the American Medical Association 278(2).
- Magai, C. (1999). Affect, Imagery, and Attachment: Working models of interpersonal affect and the socialisation of emotion. Handbook of Attachment: Theory, research and clinical applications. J. Cassidy and P. R. Shaver. New York, The Guildford Press.
- Mahler, M. (1972). A study of the separation-individuation process. In Psychoanalytic Study of the Child 26: 403-424.
- Mahler, M.S., F. Pine, et al. (1975). The Psychological Birth of the Human Infant. New York, Basic Books Inc.

- Malmquist, C. P. (2006). Homicide : a psychiatric perspective. Washington, DC, American Psychiatric Pub.
- Margolin, G. and E. B. Gordis (2000). "The effects of family and community violence on children". Annual Review of Psychology 51(1): 445-479.
- Marzuk, P., K. Tardiff, et al. (1992) "The Epidemiology of Murder-Suicide" Review, Journal of the American Medical Association.
- Matthews, L. (1993). In Easteal, P. W. Killing the beloved: homicide between adult sexual intimates (v). Canberra, Australian Institute of Criminology.
- Maxson, C. (1999). Gang homicide: A review and extension of the literature. Homicide: A sourcebook of social research. M. D. Smith and M. A. Zahn. Thousand Oaks, Sage publications Inc.: 239-254.
- McCall, P. L. and P. Nieuwbeerta (2007). "Structural covariates of homicide rates." Homicide Studies 11(3): 167-188.
- McCall, P. L. and P. Nieuwbeerta (2007). "Structural Covariates of Homicide Rates: A European city cross national comparative analysis." Homicide Studies 11(3): 167-188.
- McMurray, A. (2005). "Domestic Violence:conceptual and practice issues." Contemporary Nursing 18(3): 219-232.
- Meloy, J.R. (1998) The Psychology of Stalking Clinical and Forensic Perspectives. San Diego, Academic Press.
- Mouzos, J. (2000). Homicidal Encounters: a study of homicide in Australia 1989-1999. Canberra, ACT, Australian Institute of Criminology.
- Morfesse, L., and L. Eliot, (2003) Suspect in Killing Jumps to Death. "The West Australian":September 18 2003.
<http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 28/10/2005.
- Morfesse, L., F. Hodge, et al. (1998) Killer Gunman in Hills Rampage. January 30 1998. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 29/09/2005.
- Nijenhuis, E. R. S., O. van der Hart, et al. (2002). The Emerging Psychobiology of Trauma-Related Dissociation and Dissociative Disorders. Biological Psychiatry. Chichester, John Wiley & Sons Ltd.
- Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse (2007). Ampe Akelyernemane meke mekarle (Little children are sacred). Darwin, Northern Territory Government.
- O'Driscoll, C., A. Samuels, et al. (2007). "Suicide in New South Wales Prisons, 1995-2005:towards better understanding." Australian & New Zealand Journal of Psychiatry 41(6): 519-524.

- Office of the Auditor General (2008). Privacy Commitment Statement. Perth, Government of Western Australia.
<http://www.audit.wa.gov.au/privacy/fullprivacy.html>
- O'Hagan, K. P. (1995). "Emotional and Psychological Abuse-Problems of Definition." Child Abuse and Neglect 19: 449-461.
- Olivier, L., P., C.P. Haasbroek, et al. (1991). The Phenomenon of Family Murder in South Africa: An Exploratory Study Pretoria, Human Sciences Research Council.
- Palazzoli, M. S., L. Boscolo, et al. (1978). Paradox and Counter-Paradox. New York, Aronson.
- Palermo, G.P., (1994) Murder-Suicide – An extended suicide. International Journal of Offender Therapy and Comparative Criminology 38 (3);205-216.
- Peace, B. (1999). Jail Cyanide Death Riddle. "The West Australian": July 27 1999. <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 30/11/2005).
- Pence, E., and M. Paymar (1993). Domestic Violence Information Manual, The Duluth Domestic Abuse Intervention Project. New York, Springer Publishing Company, Inc.
- Pennels, S., System Fails Hills Killing Victim (1998). February 3 1998 <http://global.factiva.com.ezproxy.library.uwa.edu.au>. (accessed 29/09/2005).
- Perry, B. D. (1996). "An Interview with Bruce Perry by Lou Bank." CTAMATERIALS (Retrieved 15/08/06 2006) from www.childtrauma.org/CTAMATERIALS/loubank.asp.
- Perry, B.D., (2001). The neurodevelopmental impact of violence in childhood. D. Schetsky and E . Benedek (Eds.)Textbook of Child and Adolescent Psychiatry. Washington, D.C., American Psychiatric Press.
- Perry, B. D. (2002). "Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells us About Nature and Nurture." Brain and Mind 3: 79-100.
- Perry, B.D. (2005) The Power of Early Childhood Kansas Health Foundation Leadership Institute.
- Perry, B. D., R. A. Pollard, et al. (1995). "Childhood Trauma, The Neurobiology of Adaption, and "Use-dependant" Development of the Brain: How "States" Become "Traits" " Infant Health Journal 16(4): 271-279.
- Polk, K. (1994). When men kill: scenarios of masculine violence. Cambridge, Cambridge University Press.

- Pritchard, C. (1995). Suicide - The Ultimate Rejection? Buckingham, Open University Press.
- Renzetti, C. M. (1993). Researching Sensitive topics. Newbury Park, Sage Publications Inc.
- Resnick, P.J. (1969). Child Murder by Parents: A psychiatric review of filicide American Journal of Psychiatry 126: 73-82.
- Robson, C. (2002). Real World Research. Malden, Blackwell Publishing.
- Rutter (1972). Maternal Deprivation Reassessed. Harmondsworth, Penguin Books Inc.
- Rutter, M. (1995). "Clinical Implications of Attachment Concepts:Retrospect and Prospect." Journal of Child Psychology and Psychiatry 36(4): 549-571.
- Saleva, O., H. Putkonen, et al. (2007). "Homicide-suicide - An event hard to prevent and separate from homicide or suicide." Forensic Science International 166(2-3): 204-208.
- Shneidman, E. (1993). Suicide as Psychache A Clinical Approach to Self-Destructive Behaviour. Northvale, New Jersey, Jason Aronson Inc.
- Schore, A. N. (2001). "The Effects of Early Relational Trauma on Right Brain Development, Affect Regulation, and Infant Mental Health." Infant Mental Health Journal 22(1-2): 201-269.
- Schwarz, E. D. and B. D. Perry (1994). "The post-traumatic response in children and adolescents." Psychiatric Clinics of North America 17(2): 311-326.
- Sebastian, R. J. (1983). Social Psychological Determinants. The Dark Side of Families Current Family Violence Research. R. J. Gelles, D. Finkelhor, G. T. Hotaling, M. A. Straus. Beverley Hills, Sage Publications.
- Serran, G. and P. Firestone (2002). "Intimate partner homicide: a review of the male proprietariness and self-defence theories." Aggression and Violent Behaviour 9(1): 1-15.
- Shire of Wiluna (2004). Services to Indigenous people in the Shire of Wiluna Perth, Department of Indigenous Affairs.
- Siegal, J.P. (2006). "Dyadic splitting in partner relational disorders". Journal of Family Psychology 20 (3) 418-422.
- Silverman, R. A. and S. K. Mukherjee (1987). "Intimate Homicide:An analysis of Violent Relationships." Behavioural Sciences & the Law 5(1): 37-47.
- Simon, R. (1985). Structure is Destiny:An interview with Humberto Maturana. The Family Therapy Networker. 9: 332-343.

- Simpson, A. I. F., J. Skipworth, et al. (2006). "Mentally abnormal homicide in New Zealand as defined by legal and clinical criteria: a national study." The Royal Australian and New Zealand College of Psychiatrists 40: 804-809.
- Solan-Howitt, M. and G. L. Kelling (1997). Subway graffiti in New York City: "Gettin' up" vs. "Meanin' it and Cleanin' it". Crime Prevention: Successful Case Studies. C. R.V. Albany, Harrow and Heston: 242-249.
- Spungen, D. (1998). Homicide: the Hidden Victims. Thousand Oaks, Sage Publications, Inc.
- Stack, S. (1997). "Homicide followed by suicide: An analysis of Chicago data." Criminology 35(3): 435-453.
- Stake, R.E. (1989) Case Studies The Handbook of Qualitative Research. N.K. Denzin, and Y. S. Lincoln. Thousand Oaks, Sage Publications.
- Stanko, E.A., L. Marian et al. (1998). Taking Stock: what do we know about violence? Egham, ESRC Violence Research Program.
- Stanley, J., A. M. Tomison, et al. (2003). Child abuse and neglect in Indigenous Australian communities. Child Abuse Prevention Issues. Australian Institute of Family Studies, Australian Government. 19.
- Starzomsky, A. and D. Nussbaum (2000). "The self and the psychology of domestic homicide." International Journal of Offender Therapy and Comparative Criminology 44(4): 468-479.
- Stierlin H. (1978). Foreword. Paradox and Counterparadox. London, Jason Aronson: vii-ix.
- Strang, H. (1991). Homicides in Australia 1989-90. Canberra, Australian Institute of Criminology.
- Taylor, B. (2008) The Discussion Paper "Dying to be Heard" Domestic and Family Violence Death Reviews. Produced for the Domestic Violence Death Review Action Group. Women's Legal Service Inc. Queensland.
- Taylor, G. (2002). Police Name Couple in Homicide-Suicide. "The West Australian": April 3 2002.
<http://global.factiva.com.ezproxy.library.uwa.edu.au>. (Accessed 26/10/2005).
- "The West Australian": Jury split over wife killer's insanity plea
News: September 24 2005.
- Tonry, M., L. E. Ohlin, et al. (1991). Human Development and Criminal Behaviour. New York, Springer-Verlag.
- U.S. Department of Justice, Bureau of Justice Statistics: Homicide Trends
www.ojp.usdoj.gov/bjs/. (Accessed 15/06/2004).

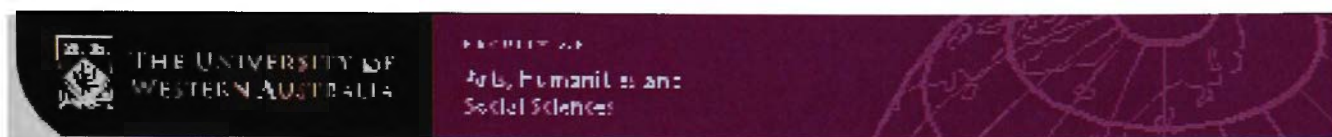
- van der Kolk, B. A. (2003). "The neurobiology of childhood trauma and abuse." Child and Adolescent Psychiatric Clinics of North America 12(2): 293-317.
- van der Kolk, B. A. and R. E. Fisler (1994). Childhood abuse and neglect and loss of self regulation, Bulletin of the Meninger Clinic 58:145-168.
- Wallace, A. (1986). Homicide: The social reality. Sydney, New South Wales Bureau of Crime Statistics.
- Websdale, N. (1999). Understanding Domestic Homicide, Boston, Northeastern University Press.
- Wilczynski, A. (1997). Child homicide. London, GMM : (Distributed worldwide by Oxford University Press).
- Wilson, M. and Daly, M. (1992). The man who mistook his wife for a chattel J. Barkow, L. Cosmides and J. Tooby The Adapted Mind, London Oxford University Press
- Wilson, M., M. Daly, et al. (1995). "Familicide: the Killing of Spouse and Children." Aggressive Behaviour 21: 275-291.
- Winnicott, D. (1965). The Family and Individual Development. London, Tavistock Publications.
- Wolfgang M. (1958). Patterns of Criminal Homicide. University Philadelphia Press, Philadelphia.
- Worley, K. O., S. Walsh, et al. (2004). "An examination of parenting experiences in male perpetrators of domestic violence: A qualitative study." Psychology and Psychotherapy: Theory, Research and Practice 77: 35-54.
- Worley, K. O., S. Walsh, et al. (2004). "An examination of parenting experiences in male perpetrators of domestic violence: A qualitative study." Psychology and Psychotherapy: Theory, Research and Practice 77: 35-54.
- Yillo, K. (2005). Through a feminist lens: Gender, diversity, and violence: Extending the feminist framework. Current Controversies on Domestic Violence. D. R. Loseke, R. J. Gelles and M. M. Cavanagh Thousand Oaks, Sage Publications Inc.: 19-34.
- Yip, P. S. F., P. W. C. Wong, et al. (2008 in press). "An empirical study of characteristics and types of homicide-suicides in Hong Kong, 1989-2005." Journal of Affective Disorders.
- Zink, T., N. Elder, et al. (2003). "How children affect the mother/victim's process in intimate partner violence." Archives of Paediatric & Adolescent Medicine 157(6): 587-592.

Zona, M., R.E. Palarea, et al. (1998). Psychiatric diagnosis and the offender-victim typology of stalking. J. R. Meloy. The Psychology of Stalking clinical and forensic perspectives. San Diego, Academic Press.

Zuckerman, B., M. Augustyn, et al. (1995). "Silent Victims Revisited: The special case of domestic violence." Paediatrics 96(3): 511-513.

APPENDIX

Appendix 1



Mail Bag 256

School of Social and Cultural Studies

Social Work and Social Policy

The University of Western Australia

35 Stirling Highway, Crawley WA 6009

Phone: +61 8 6488 2998; Facsimile: +61 8 64881070

FAMILY HOMICIDE RESEARCH PROJECT

INFORMATION SHEET

At regular intervals murders are committed within families. Some of these are followed by the suicide of the perpetrator.

Little is known of the reasons why these offences occur, and therefore little is known about how to prevent them. It is believed by the researcher that if information about the events leading up to the offence, can be gained from the survivors of these offences or from members of their families, our knowledge of how and why these offence occur will be expanded, and thus ultimately preventative strategies may be devised.

It is intended that information from a number of different sources, including interviews with offenders, survivors and their families will be used in order to establish common factors that exist in these cases prior to the offences being committed so that risk factors may be identified. Risk factors may then be used

to help devise preventative strategies. You have been put in touch with me by a person, who knows you, because you have expressed an interest to them in participating in this study.

I invite you to ask any questions you wish regarding this research project and should you wish to withdraw your consent to further participate, you are free to do so at any time, without giving a reason and without prejudice in any way. In this case, all records of my contact with you will be destroyed unless otherwise agreed by you. All information will be coded and stored in a de-identified format and will be stored in a locked steel cabinet in the School of Social and Cultural Studies at the University of Western Australia.

There will be one interview, which is expected to take approximately one and a half hours. It is acknowledged that discussing these offences may be distressing to interviewees, therefore you are advised that trained telephone counsellors are available at Crisis Care on 9223-1111 should they be required, subsequent to the interview.

Should you have any complaint about the way the research is conducted it may be given to me or, alternatively to the Secretary, Committee for Human Rights, Registrars Office, University of Western Australia, 35, Stirling Highway, Crawley, W.A.6007. All participants will be provided with a copy of the Information Sheet and the Consent Form for their personal record.

CAROLYN JOHNSON

B.App.Sc. (Social Work), M.A.

Ph.D. Candidate

Researcher

Tel Contact:Direct on Mob:

or at The University of Western Australia

By calling 6488-2998 and leaving a message

Date: 13/12/2005

Appendix 2



THE UNIVERSITY OF
WESTERN AUSTRALIA

FACULTY OF

Arts, Humanities and
Social Sciences

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FAMILY HOMICIDE RESEARCH PROJECT

CONSENT FORM

I _____
(Print Name)

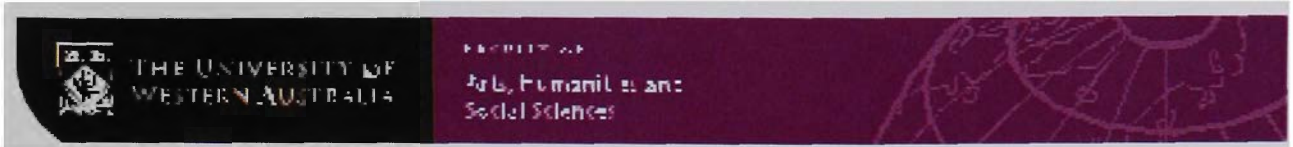
agree to be interviewed regarding my personal experience of murder or murder/suicide within the family and give permission for the researcher to examine my Family Court records. I have read the information sheet and any questions I had have been answered to my satisfaction.

I agree to participate in this activity, realising that I may withdraw at any time without providing a reason and without prejudice. I understand that information provided is treated as strictly confidential and will not be released by the investigator unless required to by law. I agree that research data gathered for the study may be published provided my name and other identifying information is not used.

This research is being undertaken by The University of Western Australia, whose ethics committee The Human Research Ethics Committee has approved this form and requires that all participants are informed that if they have any complaint regarding the manner in which a research project is conducted it may be given to the researcher or, alternatively to the Secretary, Human Research Ethics Committee, Registrars Office, University of Western Australia, 35 Stirling Highway, Crawley, W.A.6007, Tel No: 08-6488-3703.

_____ (Participant Signature) _____ (Date)

Appendix 3



Mail Bag 256

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2nd November 2005

FAMILY HOMICIDE RESEARCH PROJECT

INTERVIEW SCHEDULE -PERPETRATORS

Genogram

1. Occupation wife
2. Occupation husband
3. What was the status of the relationship between the victim(s) and the offender at time of the offence
4. Date cohabit/married
5. Were there children of the relationship?
6. Were the couple expecting a child (was the woman pregnant?)
7. Who terminated the relationship
8. Date separated
9. How was the separation communicated
10. Date divorced
11. What was your relationship with the victim(s)
12. What was the relationship of the victims to one another
13. Was there a current court process
14. What kind of court process
15. What was the nature of the court dispute
16. What stage was the court process at
17. Had the parties attended fccs
18. How many times

19. Was there a current court order or deed of agreement at the time of the offence
20. Was there a vro at the time
21. What type
22. What were the circumstances of the relationship breakdown
23. Had there been a history of violence in the relationship
24. Had there been a history of sexual abuse in the relationship
25. Had violence got better or worse since separation
26. Had there been a history of child abuse
27. Had there been a previous history of depressive or other psychiatric illness either with you or your partner
28. Had there been a recent history of depressive or psychiatric illness prior to the offence
29. Had you made previous threats in relation to the safety of family members
30. Had you made previous threats in relation to your own safety
31. What community agencies were involved with the family prior to the offence
32. What were the circumstances leading up to the offence
33. What happened
34. What could have been done to avoid this offence
 - a. A by the court
 - b. B by the fccs
 - c. C by other community agencies
 - d. D by the police
35. Was help available to your family after the offence

36. What help should be available to families after such an offence
37. Is there anything else you think I should know about this
38. Is there anyone else you think I should talk to in gathering information about this
39. How do you explain what happened
40. How do members of your family explain it
41. How do members of the victim's family explain it
42. What effect has it had on you and your family
43. How do you see your future

Appendix 4



Mail Bag 256

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2nd November 2005

FAMILY HOMICIDE RESEARCH PROJECT

INTERVIEW SCHEDULE -SURVIVORS

Genogram

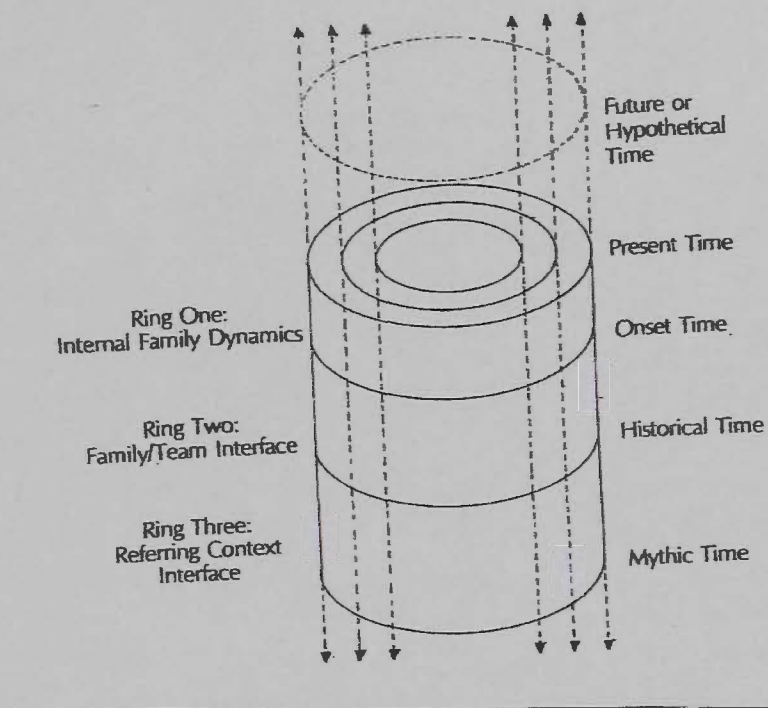
1. Occupation wife
2. Occupation husband
3. What was the status of the relationship between the victim(s) and the offender at time of the offence
4. Date cohabit/married
5. Were there children of the relationship?
6. Were the couple expecting a child (was the woman pregnant?)
7. Who terminated the relationship
8. Date separated
9. How was the separation communicated
10. Date divorced
11. What was your relationship with the victim(s) and the offender at the time of the offence
12. What was the relationship of the victims to one another

13. Was there a current court process
14. What kind of court process
15. What was the nature of the court dispute
16. What stage was the court process at
17. Had the parties attended fccs
18. How many times
19. Was there a current court order or deed of agreement at the time of the offence
20. Was there a vro at the time
21. What type
22. What were the circumstances of the relationship breakdown
23. Had there been a history of violence in the relationship
24. Had there been a history of sexual abuse in the relationship
25. Had violence got better or worse since separation
26. Had there been a history of child abuse
27. Had there been a previous history of depressive or other psychiatric illness either with you or your partner
28. Had there been a recent history of depressive or psychiatric illness prior to the offence
29. Had there been previous threats made by the perpetrator in relation to the safety of family members
30. Had there been previous threats made by the perpetrator
31. In relation to his own safety

32. What community agencies were involved with the family prior to the offence
33. What were the circumstances leading up to the offence
34. What could have been done to avoid this offence
- a. A by the court
 - b. B by the fccs
 - c. C by other community agencies
 - d. D by the police
35. Was help available to your family after the offence
36. What help should be available to families after such an offence
37. Is there anything else you think I should know about this
38. Is there anyone else you think I should talk to in gathering information about this
39. How do you explain what happened
40. How do members of your family explain it
41. How do members of his family explain it
42. What effect has it had on you and your family
43. How do you see your future

APPENDIX 5

The Time Cable



(Source Hoffman 1982)