Female-Perpetrated Femicide and Attempted Femicide: A Case Study
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What is This?
Female-Perpetrated Femicide and Attempted Femicide

A Case Study

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Femicide, the homicide of women, is the seventh leading cause of premature death for women overall. Intimate partner (IP) homicide accounts for approximately 40% to 50% of U.S. femicides. The vast majority of IP femicides are perpetrated by male partners, with .05% of IP femicides in the U.S. perpetrated by female partners. Few studies have examined intimate partner violence (IPV) between female partners and no study (to the authors’ knowledge) has examined female-perpetrated IP femicide and attempted femicide in same-sex relationships. This case study examines IP femicide and attempted femicide among a small sample of women in same-sex relationships. The findings call attention to this important women’s health issue, expand our contextual understanding of violence in female same-sex relationships, and assist health care, law enforcement, judiciary, service, and advocacy professionals to develop prevention strategies and resources to reduce the risk of serious injury and death among women in same-sex relationships.

Keywords: attempted femicide; female-perpetrated femicide; femicide

Femicide, the homicide of women, is the leading cause of death in the United States for young African American women aged 15 to 45 and the seventh leading cause of premature death for all women (Office of Justice Programs, 1998). National statistics indicate that women are killed by intimate partners more often than any other...
category of perpetrator (Bachman & Saltzman, 1995; Bailey et al., 1997; Mercy & Saltzman, 1989). The vast majority of intimate partner (IP) femicides are perpetrated by male partners (husbands, lovers, ex-husbands, ex-lovers) (Frye, Wilt, & Schomburg, 1999; Greenfield et al., 1998; Langford, Issac, & Kabat, 1998; Moracco, Runyan, & Butts, 1998; National Institute of Justice, 1997; Paulozzi, Saltzman, Thompson, & Holmgreen, 2001; Wilt, Illman, & Brodyfield, 1995). Paulozzi and colleagues (2001) reported that .05% of IP femicides in the United States from 1981 to 1998 were perpetrated by a female intimate partner. Few studies have examined intimate partner violence (IPV) between female partners (Brand & Kidd, 1986; Coleman, 1994; Lie, Schilit, Bush, Montagne, & Reyes, 1991; Lockhardt, White, Causby, & Isaac, 1994; Loulan, 1987; Renzetti, 1988, 1989, 1992; Schilit, Lie, & Montagne, 1990), and to our knowledge, no study has examined female-perpetrated IP femicide and attempted femicide in same-sex relationships. The goal of this study is to examine IP femicide and attempted femicide among a small sample of women in same-sex relationships. The study has three aims: (a) to call attention to this important women’s health issue, (b) to expand our contextual understanding of violence in female same-sex relationships, and (c) to develop a foundation of information for prevention strategies and appropriate resources to reduce the risk of serious injury and death among women in same-sex relationships.

METHOD

Case studies are in-depth investigations of a person, group, institution, or other social unit (Polit & Hungler, 1993). We used a case study approach in an attempt to analyze and begin to understand the variables important in the context of female same-sex IP
homicide and attempted homicide. Unquestionably, the greatest advantage of the case study analysis is the depth that is possible when a limited number of people or groups are being investigated.

This case study is based on data from an 11-city case control study to identify risk factors for IP femicide and attempted femicide (Campbell et al., 2003). Institutional review board approval was obtained by each site. Risk factor data were collected using a structured survey administered by researchers and interviewers sensitized to the experience of victims of violence.

FEMICIDE CASES

All consecutive police or medical examiner femicide records from 1994 to 2000 in each study city were examined for victim-perpetrator relationship. Cases were eligible if the victim was a woman aged 18 or older, the perpetrator was a current or ex-intimate partner, and the case was designated as “closed” by the police. Records were abstracted for data specific to the femicide and to identify potential proxy informants (i.e., mother, sister, brother, or friend) who might be knowledgeable about details concerning the victim’s relationship with the perpetrator. Proxies were then sent a letter explaining the study and inviting their participation (Block et al., 2000; Block, McFarlane, Walker, & Devitt, 1999). Researcher phone and address contact information was provided in the letter for proxies to find out more about the study or to request no further communication (Block et al., 1999, 2000). Two weeks following the letter, study personnel made contact, either by telephone or in person (in the few cases in which no phone contact was possible), with the proxies who had not requested noncontact. If the first proxy reported that she or he was not knowledgeable about details of the relationship, she or he was asked to identify another willing potential proxy informant. Then, in-person or telephone interviews were conducted following informed consent with the proxy who was most knowledgeable about details of the victim-perpetrator relationship. In 373 of the 545 (68%) total femicide cases abstracted, a knowledgeable proxy was identified and located. Proxies agreed to participate in 82% (307/373) of those cases, and in 5 (1.6%) of the 307 cases, the proxy confirmed the perpetrator as a female intimate partner.
ATTEMPTED HOMICIDE

Attempted femicide cases were identified through the offices of the district attorney, law enforcement, community domestic violence advocacy, or trauma centers in each participating city. Attempted homicide was defined for this study as the survival of a gunshot or stab wound to the head, neck, or torso; strangulation or near drowning with loss of consciousness; severe injuries inflicted that easily could have led to death; or gunshot or stab wound to other body part with evidence of unambiguous (additional to victim report) intent to kill. When a woman was identified, she was sent an introductory letter inviting her to participate in a woman’s health study and a statement that she would receive a follow-up phone call in 2 weeks unless she contacted the investigators requesting not to be called. The follow-up phone call established safety and privacy, further explained the study, established informed consent, and either proceeded with the telephone interview or scheduled a safe and convenient time to conduct the telephone or in-person interview. One hundred eighty-two women whose intimate partners had attempted to kill them agreed to participate, and 4 (2.1%) identified the perpetrator as a female.

MEASURES

The interview included previously tested instruments, such as the Danger Assessment (DA) (Campbell, 1986, 1995; Campbell, Sharps, & Glass, 2000), along with demographic and relationship characteristics including type, frequency, and severity of any violence, psychological abuse and harassment, alcohol and drug use, and weapon availability.

The DA is a research and clinical instrument developed to assist abused women in assessing risk factors for IP homicide in their relationship. The DA was originally developed by Jacquelyn C. Campbell with consultation and content validity support from battered women, shelter workers, law enforcement officials, and other clinical experts on IPV (Campbell, 1986). The original DA was a 15-item, yes/no dichotomous response format of risk factors associated with IP homicide (Campbell, 1986, 1995). The DA is scored by counting the “yes” responses, with a higher number indicating more risk in the relationship. The DA has the most published data on risk factors for IP femicide and concurrent and
predictive validity information (Campbell et al., 2000). Internal consistency reliability has ranged between 0.60 and 0.86, with test-retest reliability of 0.89 to 0.94 (Campbell et al., 2000). All research samples have included a substantial portion of minority women (primarily African American) and women from a variety of clinical and community settings (Campbell et al., 2000). Convergent construct validity has been supported with moderate to strong correlations with severity and frequency of IPV and post-traumatic stress disorder (PTSD; Woods, in press). Two small predictive validity studies showed the DA predicting re-assault more successfully than the CTS in one, and the woman’s perception more predictive than the DA in the other (Goodman, Dutton, & Bennett, 2000; Weisz, Tolman, & Saunders, 2000). The DA has been recently revised to the DA-2 (Campbell, 2001) based on the findings from the larger multi-city case control study (http://www.son.jhmi.edu/research/CNR/homicide/Danger.htm).

The DA has been translated and validated in Spanish for prior research (Campbell, 1995); the rest of the study survey was translated and back translated by our Spanish-speaking interviewers and project staff in Houston, Los Angeles, and New York.

**ANALYSIS**

A statistical comparison of female-perpetrated IP femicides and attempted IP femicides with male-perpetrated IP femicides and attempted IP femicides from the larger study is not warranted due to the relatively small number of female-perpetrated events. We used case study analysis to examine and begin to understand the variables important to IP femicide and attempted femicide among women in same-sex relationships. For this analysis, we have avoided the use of the label “lesbian,” recognizing that not all women who have a female intimate partner self-identify as lesbian. In the larger IP femicide investigation on which this study is based, data were not collected with direct questions regarding victim or perpetrator sexual identification from either the proxy or the woman herself. The perpetrator and victim were identified as intimate or ex-intimate partners (described as lovers, or as “a couple,” or similar terminology) in the police homicide files, witnesses’ transcribed statements to police, proxies (i.e., family member, friend, or neighbor) for the
femicide victim, or the victim herself in the attempted femicide cases.

In the first phase of the analysis, we present a brief summary of each femicide and attempted femicide case. Each case is presented using pseudonyms, and because of the extremely small sample size, facts are presented in a way to prevent identification of the victim and perpetrator. Although naming the women and their circumstances might serve to honor their memory, we did not collect the data from women and proxies with the intent nor with their permission to disclose their identity. Next, we present a description of risk factors identified as being associated with femicide and attempted femicide in the analysis of the larger study sample. These items include the original DA and two additional items (Campbell, 2001; Campbell et al., 2003).

RESULTS

FEMICIDE CASES

Case 1. Mary, a 34-year-old, full-time employee and student lived with Sue, her female partner of 2 years; two foster children; and two biological children. Despite a household of six, the family was financially secure. Mary had an ex-husband, and it was reported that she occasionally dated men, but “became tired of men that cheated on her and used her money.” Mary’s relative reported that Sue was controlling and jealous. The relative was not aware of the romantic nature of the relationship nor the physical violence until 2 weeks prior to Mary’s death. Neither Mary nor Sue had a history of illegal drug or alcohol abuse; however, Sue had been drinking alcohol during the hours prior to the murder. Mary’s relative reported that Mary was trying to end the relationship when she was shot 10 times with a gun that was purchased by Sue 7 days prior to the murder.

Case 2. Tina, a 40-year-old, unemployed woman, was living separately from her unemployed female partner of 12 years, Laura. Although they had lived together in the past, they were not living together at the time of the murder because of physical violence and drug and alcohol use by Laura. Laura had a history of
violent crime outside the home, with a report of a previous murder conviction. Tina had been injured and hospitalized 2 years prior to her murder, and Laura had threatened her with a knife and screwdriver in the year prior to the murder. Tina’s relative reported controlling and jealous behaviors by Laura and said that Laura had threatened to kill herself if Tina ended the relationship. Tina’s relative reported that Tina also abused drugs and alcohol. Tina had a daughter who had been taken from the home and placed in foster care because of the fighting and drug use. While Laura was intoxicated, high on cocaine, and making accusations of infidelity, Tina was murdered.

**Case 3.** Collette, a 28-year-old, employed woman, invited Martha, a 40-year-old, unemployed woman, to live in her home. During their 3-day intimate relationship, Martha was jealous and controlling. She took Collette’s property and sold it, threatened to kill herself if Collette ended the relationship, left scary notes on Collette’s car, and made unwanted phone calls to Collette. The relative indicated that Collette realized Martha was using drugs and alcohol and that she was lying to her. In asking her to leave her home, an argument ensued and Martha killed her using Collette’s gun.

**Case 4.** Jenny, a 44-year-old woman on disability, had an 8-month relationship with Bea, but they had never lived together. Jenny’s relative reported that Bea, like Jenny, was disabled. Jenny was also in a relationship with a man at the time of her murder. The relative reports no history of physical violence prior to the murder by the perpetrator. Jenny did not have a history of drug or alcohol abuse. The relative did not know if Bea used drugs or alcohol. The relative reported that 3 days prior to Jenny’s murder, Jenny had cut Bea on the hand during an argument. Bea was reported to have murdered Jenny because of that previous argument.

**Case 5.** Margaret, a 25-year-old woman, had been living with her partner, Elizabeth, and Elizabeth’s 2-year-old son in a suburban city for more than 2 years. Elizabeth, age 30, supported herself by selling drugs and was “attending meetings” to help her with a drug problem. Drugs were also a problem for Margaret
during the month before her death. Elizabeth was jealous, tried to limit Margaret’s contact with family or friends, and called her names to put her down and make her feel bad. She also destroyed Margaret’s property. In addition, Elizabeth had kicked and hit Margaret, and Margaret had given Elizabeth a black eye. Two months before the homicide, Margaret had left Elizabeth for a month to live with an ex-girlfriend, and Elizabeth found her and shot her in the arm. On the day of the murder, the couple went to a club in the central city. Elizabeth was upset because Margaret was dancing with someone else. She stormed out of the club, followed by Margaret. Elizabeth got into the car and locked the door. Margaret jumped on the hood. Elizabeth put the car in gear and took off. Margaret fell off and hit her head. Elizabeth made a U-turn, came back at full speed and ran over Margaret twice.

ATTEMPTED FEMICIDE CASES

Case 6. Maria, a 34-year-old unemployed woman living with four children, had a 5-year relationship with her employed female partner, Cynthia. Although they lived together in the past, Maria had asked Cynthia to move out 2 years into their relationship due to Cynthia’s physical abuse and use of drugs. Maria reported controlling and jealous behavior, with continuous incidents of physical violence and stalking by Cynthia. She reported that police were called repeatedly, and they did not take these incidents seriously. Cynthia had threatened to kill herself, Maria, and Maria’s children if Maria ended the relationship. Furthermore, Cynthia had been violent outside the home and had been arrested in the year prior to the attempted femicide. After Maria restated that the relationship was over, Cynthia set Maria’s house on fire while the family was home. Maria and her children were injured after jumping out of the window to escape the fire.

Case 7. April, a 33-year-old employed woman with seven children, lived with Nan, her employed female partner of 3.5 years. April reported a history of physical violence and threats with weapons (a knife and a shovel) by Nan in the year prior to the attempted femicide. Nan was controlling and jealous and had threatened to kill herself and April if April ended the relationship. April reported that she used force in response to being physically
assaulted by Nan. April and Nan both abused drugs and alcohol. April had left the relationship multiple times but returned within 1 to 3 days when Nan promised to change her behavior. April reported that Nan attempted to kill her after she had left her baby at home with Nan. April reported that Nan did not want to take care of her baby while she was out.

Case 8. Cindy, age 32, unemployed but looking for work, was separated from her husband and has been in a relationship with Eva, age 47, for 8 years. They do not live together. There are 12 children living in Cindy’s home, including 4 of Cindy’s children and 8 nieces and nephews ranging in age from 8 months to 16 years. In addition, Cindy’s sister and her sister’s husband and her brother and the brother’s girlfriend live in the household. Cindy was released from prison 6 months before the incident. Eva is controlling and jealous, stalks Cindy, and is violent toward her. She shot her in an incident 5 years previously. Cindy has used force against Eva, and in some incidents, Eva has been hurt. In the incident in question, they fought and Eva cut Cindy with a razor.

Case 9. Ann, age 34, has some high school education, works full-time, and is a part-time student. She has been in a relationship with Estelle for 3 years and lives with Estelle and Estelle’s 7-year-old daughter. Ann has two children, ages 13 and 16, who do not live with her. Estelle is jealous, controlling, and violent toward Ann. She threatened Ann with a handgun 10 months before the current incident. Although they were living together the whole year, Ann left “several times” because of “fighting and arguing” but returned because “I love her.” She contacted a shelter for help, but it was not helpful. She also got medical care, called the police, and filed a police report. She “doesn’t want [Estelle] to get locked up or DCFS to take her daughter.” They are often drunk during incidents, and both women have used physical violence. Estelle has been injured as well as Ann. In the current incident, Estelle stabbed Ann in the back.

RISK ASSESSMENT

Among the nine cases of female-perpetrated IP femicide or attempted femicide, prior physical violence, controlling be-
haviors, jealousy, alcohol and drugs, and ending the relationship were consistently reported antecedents to the incident. Table 1 presents a summary of risk factors for femicide and attempted femicide from the DA-2 for each of the nine cases summarized above. Individual women scored 3 to 16 (out of a possible 20; unweighted) summing the DA-2 items. This is a conservative score given the frequency of “don’t know” responses (especially for femicide case information provided by proxies).

Prior IPV. In all but one of the femicide and attempted femicide cases, previous physical violence by the femicide perpetrator against the femicide victim (or attempted victim) was reported. In the femicide case in which previous physical violence by the perpetrator was not reported, the femicide victim was reported to have been violent toward the perpetrator. In two other femicide cases, the victim was reported to have used violence during the relationship, although the context of the femicide victims’ use of violence (i.e., in self-defense) is not known. Three attempted femicide survivors described using violence in their relationship, with one (Case 7) reporting the use of physical violence in self-defense during an assault by her partner.

The severity and frequency of violence was reported to have increased over the course of the relationship for both femicide victims and attempted femicide survivors. In six out of nine (67%) cases, the violence by the perpetrator had increased in severity over time, and in all four (100%) attempted femicide cases, survivors reported increased violence severity, including attempts to choke the survivor. There was a similar finding for increased frequency of violence; five of nine (56%) cases reported increased frequency of violence in the relationship. The use or threat of use of a weapon were common antecedents to the femicide (60%) and attempted femicide (75%) cases. Guns were used to murder three of five (60%) of the femicide victims, although a gun was not used in any of the attempted femicide cases. In the five cases of femicide, the partners of three victims had previously threatened to kill them. However, none of the three victims thought her partner was capable of killing her. A history of violence by the femicide perpetrator outside the home was found in both the femicide (60%) and attempted femicide (75%) cases.
<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Case 1</th>
<th>Case 2</th>
<th>Case 3</th>
<th>Case 4</th>
<th>Case 5</th>
<th>Case 6</th>
<th>Case 7</th>
<th>Case 8</th>
<th>Case 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prior physical violence(^a)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Increase in frequency(^b)</td>
<td>DK</td>
<td>DK</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Increase in severity(^c)</td>
<td>DK</td>
<td>DK</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Use or threats with a weapon(^d)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>5. Choke(^e)</td>
<td>DK</td>
<td>DK</td>
<td>DK</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
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<td>Yes</td>
</tr>
<tr>
<td>6. Access to gun(^f)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>No</td>
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<tr>
<td>7. Forced sex(^g)</td>
<td>DK</td>
<td>No</td>
<td>DK</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>8. Perpetrator drug use(^h)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>DK</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>9. Perpetrator drunk every day or most days(^i)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>DK</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>10. Control all or most activities(^j)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<td>Yes</td>
</tr>
<tr>
<td>11. Violently and constantly jealous(^k)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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</tr>
<tr>
<td>12. Beaten while pregnant(^l)</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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</tr>
<tr>
<td>13. Threats to kill(^m)</td>
<td>DK</td>
<td>Yes</td>
<td>Yes</td>
<td>DK</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>14. Capable of killing(^n)</td>
<td>DK</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>15. Suicide threats or attempts by victim(^o)</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>16. Suicide threats or attempts by perpetrator(^p)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>DK</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>17. Perpetrator ever reported for child abuse(^q)</td>
<td>DK</td>
<td>DK</td>
<td>DK</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>18. Violent outside the home(^r)</td>
<td>DK</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>DK</td>
<td>Yes</td>
</tr>
<tr>
<td>19. Perpetrator unemployed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>20. Attempt to end relationship/estrangement with perpetrator in year prior to murder</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Total DA-2 Score</td>
<td>5</td>
<td>12</td>
<td>15</td>
<td>3</td>
<td>12</td>
<td>16</td>
<td>14</td>
<td>7</td>
<td>10</td>
</tr>
</tbody>
</table>

**NOTE:** DK = proxy or abused woman “did not know.” DA-2 = Danger Assessment scale (version 2).

\(^a\) Items on the original Danger Assessment scale.
Controlling behaviors and jealousy. In all of the cases of femicide, the perpetrators were controlling and violently jealous toward the victims. Three of four (75%) women surviving attempted femicide reported controlling and violently jealous behavior by the abuser.

Drug and alcohol use. Three of five (60%) femicide perpetrators used drugs, and two of the five (40%) used alcohol daily or most days prior to the murder. Three of five (60%) perpetrators were using drugs or alcohol on the day of the femicide. Two of five (40%) femicide victims had reported a history of drug or alcohol use.

Two attempted femicide survivors reported that their partners used both drugs and alcohol daily or on most days prior to the attempted femicide. Two survivors reported that they themselves used drugs and alcohol. One survivor (Case 9) reported drunken incidents but did not report alcohol abuse by either the perpetrator or herself.

Attempt to end the relationship or estrangement from the perpetrator. In a majority of femicide or attempted femicide incidents (78%), the victim’s attempt to leave or end the relationship was a factor. Furthermore, in four of seven (57%) cases, the perpetrator threatened to kill herself and/or the victim if the victim ended the relationship. In one of the attempted femicide cases, the perpetrator threatened to kill her partner’s children if the victim ended the relationship.

Suicide threat or attempt by the perpetrator or the victim. Two of five (40%) femicide perpetrators threatened or attempted suicide. One femicide victim had threatened or attempted suicide. Three of four (75%) women who survived an attempted femicide reported that their partners had previously threatened or attempted suicide. None of the survivors of attempted femicide reported prior threats or attempts to commit suicide.

DISCUSSION

The factors identified and described in these cases of women killed or almost killed by a female intimate partner are strikingly
similar to those among women killed or almost killed by a male partner. Our findings, although preliminary, indicate that power and control are central to models of IP femicide and attempted femicide, whether perpetrated by a man or a woman. Physical violence against a woman has been identified as a primary risk factor for male-perpetrated IP femicide and attempted femicide; our findings indicate that the same is true for female-perpetrated IP femicide and attempted femicide. Previous physical violence was evident in eight of nine cases reviewed.

Estimates of prevalence of IPV in female same-sex relationships have varied widely as studies have not always asked the same questions or measured the same types of IPV. The National Violence Against Women Survey (NVAWS) is the only nationally representative sample that has included an examination of a woman’s experience of physical and sexual violence by a female partner (Tjaden, Thoennes, & Allison, 1999). Tjaden and colleagues (1999) reported that 11% of the 79 women surveyed for the NVAWS who had a history of living with a same-sex partner reported being physically or sexually assaulted by a female partner. Previous prevalence studies, although not population based, have reported much higher estimates, ranging from 17% to 76% of women reporting some form of physical and/or sexual violence in at least one same-sex intimate relationship (Brand & Kidd, 1986; Coleman, 1994; Lie & Gentlewarrior, 1991; Lie et al., 1991; Lockhardt et al., 1994; Loulan, 1987; Renzetti, 1988, 1992; Schilit et al., 1990). Even at the lowest prevalence estimate reported, 11%, IPV in female same-sex relationships is a significant public health issue that is often ignored.

Previous research has focused on identifying and describing the forms of violence experienced in female same-sex relationships. Renzetti (1988, 1992) reported that the most common forms of physical violence included pushing and shoving; hitting with fists or open hands; scratching or hitting the face, breasts, or genitals; and throwing things at the victim. Consistent with Renzetti’s study, the physical violence in these cases of female intimate relationships was recurrent and grew more severe and lethal with time, as it often does in the most dangerous heterosexual relationships. Of the nine fatal or nonfatal incidents in this series of cases, only one (a femicide) was not preceded by other violence between the partners.
Waldner-Haugrud & Gratch (1997) reported that sexual violence was commonly associated with female same-sex IPV; more than 50% of female participants (N = 118) had experienced at least one incident of sexual coercion, with penetration as the most common outcome. In the present study, forced sex was reported in two of the nine cases, although it may have been underreported due to lack of proxy knowledge of intimate abusive behaviors such as forced sex.

Research has also demonstrated an increased risk of intimate femicide when women leave the relationship. In a study conducted by Wilson and Daly (1993) using police records in Canada, New South Wales (Australia), and Chicago, women were at significantly greater risk of being murdered when they were estranged from the relationship than when coresiding with the violent partner. Estrangement in the past year was common among the women included in this case study, supporting the risk of estrangement in female IPV relationships. In addition, in three of the nine cases, the victim was actively leaving the relationship (or asked the partner to leave) just before the femicide or attempted femicide incident occurred; in one other case, the offender had threatened to kill the victim if the victim left the relationship. When assessing and providing safety planning with a woman, she must be made aware of the potential increased risk of serious harm when and if she decides to leave the relationship.

Many people report keeping a gun in the home for personal protection. However, in their study examining all homicides in three large counties, Kellerman and colleagues found that handguns in the home pose a substantial threat to household members, with most of the risk due to homicide at the hands of a family member or intimate partner (Kellerman, Rivara, & Rushforth, 1993). Other studies have confirmed that IPV and gun ownership are strongly associated with femicide in the home (Kellerman & Mercy, 1992). The lethality associated with guns was evident in that 60% of our femicide cases involved a gun, as compared to none of the cases in which a woman survived (attempted femicide). Assessment for partner’s access to a gun or the presence of a gun in the home and discussing disposing of weapons with the woman may be a life-saving act.
Alcohol and drug use are potential risk factors for intimate femicide and attempted femicide. The relationship between alcohol and IPV has been disputed in the literature. In several descriptive studies of battered women, the percentage of batterers abusing alcohol ranges from 25% to 85% (Campbell, 1992; Moracco et al., 1998; National Institute of Justice, 1997). Drinking patterns, especially binge drinking, are associated with violence across all ethnic groups and social classes (Langen & Dawson, 1995). Bailey and colleagues (1997) found that illicit drug use was highly predictive of fatal IPV. In addition, evidence from these nine cases seems to confirm the findings of the Chicago Women’s Health Risk Study (Block et al., 2000), which found that a woman was especially vulnerable to life-threatening or fatal violence when she herself was drunk. Efforts to mandate drug and alcohol treatment programs for batterers, male and female, are indicated.

Clinicians must be alert to the signs and symptoms of depression in individuals with a history of violence in the home and outside the home. In an analysis of defendants in large urban counties, 11% of IP femicides were committed by a person with a history of mental illness (Langen & Dawson, 1995). Prior suicide threats were common in our small sample, often threatened in response to the abused partner’s expressing a desire to end the relationship. Clinicians should include in their assessment with women any previous threats of homicide or suicide by their intimate partner.

LIMITATIONS AND IMPLICATIONS FOR FUTURE RESEARCH

Our study has several important limitations. First, the small sample size prohibited comparing risk factors for femicide and attempted femicide between female same-sex relationships among women living in the community and those who go on to be killed or almost killed. Second, the perpetrator and victim were identified as intimate or ex-intimate partners by detectives in the police homicide files, witnesses’ transcribed statements, proxies, or the victim in the attempted femicide cases. If police, family members, or friends were not aware of or were embarrassed to report the intimate nature of the relationship, the incident would not have been included in (or eligible for) this study. Therefore,
the proportion (1.6%) of female-perpetrated femicides in this study is likely an underestimate. In addition, the study design involved a structured questionnaire that was developed based on male-against-female violence literature that is dominant in the science. Risk factors that might be specific to female same-sex relationship violence were likely missed. For example, sexual identity and isolation related to sexual identity were not explored in this study (Giorgio, 2002).

Perhaps the most important limitation of the study is its necessary reliance on proxy respondents for data on hypothesized risk factors for IP femicide cases. To examine this issue, we conducted a small pilot study to compare responses of victims of attempted IP femicide and proxy respondents (Campbell et al., 2003). We found poor agreement between individual DA items but good agreement between the summed DA scores and no clear tendency for proxies to underreport or overreport victims’ exposure to specific risk factors. A related limitation is the relatively large proportion of “don’t know” responses from proxies about certain, more personal hypothesized risk factors (e.g., forced sex, choking, reports of child abuse).

**IMPLICATIONS FOR PRACTICE**

Female-perpetrated IP femicide was a rare event in this large multi-city case control study: only 5 cases (1.6%) of 307 femicides with completed proxy interviews. IPV in this small sample of women in same-sex relationships includes many of the same characteristics as heterosexual IPV (e.g., power and control). Furthermore, as indicated by Worchester (2002) and Kuenle and Sullivan (2003), women in same-sex relationships may be at additional risk because of the fear of disclosing their homosexual relationship to family, friends, health care professionals, or law enforcement officers because of the stigma attached by society and a lack of community and advocacy services specific to women in same-sex relationships.

Health care, law enforcement, the judiciary, and service and advocacy professionals have opportunities to intervene to prevent IP femicide and attempted femicide (Sharps et al., 2001). Knowledge and understanding of the context of physical violence and the psychological response to IPV is an important and
necessary step to appropriate and effective interventions. A safe, nonjudgmental environment to hear and learn about risk factors for IP femicide and safety planning is foundational for women considering their options to reduce risk of serious harm. Giorgio (2002) emphasized the importance of carefully listening to female same-sex partners’ stories of power and control in their relationships to differentiate the abuser from victim. This suggestion is well placed given that victims were reported to have used physical violence. A question such as “Does your partner try to control all of your daily activities?” from the DA-2 can be used to assess a partner’s need for control.

If a woman confides that she is planning to leave a controlling abuser, it is critical to warn her not to tell her partner that she is leaving face-to-face. The professional can also expeditiously assess for perpetrator characteristics, such as substance use, unemployment, and threats to kill as well as the perpetrator’s access to a gun. It is extremely important to assess for perpetrator access to guns and warn women of the risk they present, especially if she has ever been threatened with that gun or another weapon and/or under conditions of estrangement. Under federal law, persons convicted of domestic violence assault or who are subject to a restraining order are barred from owning firearms. Judges issuing orders of protection in cases of IPV should consider firearm search and seizure provisions. Under conditions of extreme danger, it is incumbent for the professional to be extremely assertive with women about their risk of homicide and their need for a safe place or shelter.

NOTES

1. The Chicago Study (CWHRS) interviewed all knowledgeable proxy respondents, up to three respondents per homicide (see Block et al., 1999 for details).

2. The Chicago Study (CWHRS) interviewed 705 women as they entered a hospital or clinic for any reason (not just abuse). These women told the interviewers about 4,976 violent incidents in the past year. Women who described one or more incidents corresponding to the definition of attempted homicide (as defined in this article) were included in the attempted homicide sample for the present study. For more details about the CWHRS, see Block et al. (2000).
REFERENCES


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