

Young Adult Intimate Partner Femicide

An Exploratory Study

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The study identified risk factors for young adult intimate partner femicide. Secondary analysis of proxies of 23 young adult (ages 18-20 years) femicide victims identified from police or medical examiner records in 11 U.S. cities were interviewed using the Danger Assessment Scale. The femicide cases were compared with 53 abused young women (ages 18-20). Risk factors for young adult intimate partner femicide differ from their abused counterparts. More hostile violence, threats, unemployment, access to a gun, controlling activities, and having a nonbiological child of the abusive partner placed young adult women at higher risk for murder. Risk factors in younger femicides identified are consistent with risk factors identified in cases of femicides in older adult women. Although consistent, jealousy and controlling behaviors, partner unemployment, and perpetrator being an ex-partner appear to have increased importance for younger women. A validated lethality assessment, such as the Danger Assessment, may be useful to identify risk factors for lethal violence in young adult intimate partner violence.

Keywords: *adolescent; risk factors; intimate partner violence; femicide*

Femicide, the homicide of women, is the seventh leading cause of premature death for women in this country. It is the second leading cause of death for female adolescents and young adults aged 15 to 18 years (Anderson, 2002). Thirty percent to 40% of U.S. femicides are perpetrated by an intimate partner or an ex-partner, whereas approximately 6.0% of male homicides are committed by an intimate or ex-intimate

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partner (Browne, Williams, & Dutton, 1998; Frye, Wilt & Schomburg, 1990-1997; Greenfield et al., 1998; Langford, Isaac, & Kabat, 1998; Moracco, Runyan, & Butts, 1998; *A Study of Homicide in Eight US Cities*, 1997; Wilt, Illman, & Brodyfield, 1995). Recent research has focused attention on risk factors for intimate partner femicide; however, few studies have examined if there are unique risk factors for intimate partner femicide among younger women including adolescents. Femicide is the most severe outcome of intimate partner violence (IPV), thus the importance of identification of risk factors for lethal violence to increase safety strategies for young women. For more information on assessment of risk factors for lethal violence, see dangerassessment.com.

The definition of adolescence and young adult varies by program, funding source, and need. For this article, our sample is aged 16 to 20 years. The Bureau of Justice Statistics found that between 1993 and 1998, the rate of nonlethal IPV among adolescents aged 12 to 15 years was 2.5 per 1,000 females and the rate in adolescents and young adults aged 16 to 19 years increased to 17.4 per 1,000 females (Rennison & Welchans, 2002). Specific rates of intimate partner lethal violence by age and gender are not available as intimate partners are often misclassified as acquaintances in younger age groups (Rennison & Welchans, 2002).

Whereas risk factors for IPV are recognized, limited research has examined what risk factors lead to the perpetration of lethal violence among adolescents and young women up to age 20 in intimate relationships. Identified risk factors for violence in adolescent and young adult intimate relationships are low commitment to school, school failure, older male intimate partner, pregnancy, exposure to family and/or community violence, poor family functioning, poor emotional attachment to caregivers, disruption of family, access to firearms, neighborhoods characterized by high poverty rates, and transiency (Dahlberg, 1998). Furthermore, IPV and/or controlling behaviors may be misconstrued by the female adolescents or young adults as acts of love or deep commitment (Seimer, 2004). For example, 25% to 46% of female adolescents involved in aggressive intimate relationships interpreted the violence as an act of love (Roscoe & Callahan, 1983; Roscoe & Kelsey, 1986). Adolescents and young adult women may, over time, normalize the behavior and minimize the impact (Seimer, 2004), which may, in the long run, place them at risk for femicide. Therefore, the purpose of this exploratory study is to identify risk factors for intimate partner femicide among adolescents and young adult women with the aim of preventing this form of mortality; call attention to relevant risk factors for lethal violence for future research with adolescents and young women; and assist health care, law enforcement, the judiciary, and service and advocacy professionals to develop prevention strategies and appropriate resources to reduce the risk of injury and death among young women.

Method

This exploratory study is a secondary analysis of data from an 11-city case control study to identify risk factors for intimate partner femicide in abusive relationships (Campbell et al., 2003). Institutional review board (IRB) approval was obtained by each collaborating site in the 11 cities. Risk factor data were collected using a structured

survey administered by researchers and interviewers sensitized to the experience of victims of violence.

Adolescent and young women victims (16 to 20 years of age) murdered by their intimate or ex-intimate partners were identified from the parent study as cases, and randomly identified abused female adolescent and young adults residing in the same 11 metropolitan areas were identified from the parent study as controls. Abused controls for this secondary analysis were limited to age 18 to 20 years, because no participants under the age of 18 years were consented for participation in the control group of the parent study.

Femicide cases from parent study. 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 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 the victim’s relationship with the perpetrator (Campbell et al., 2003). Proxies were then sent a letter explaining the study and inviting their participation (Block, McFarlane, Walker, & Devitt, 1999; Block et al., 2000). 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 where no phone contact was possible), with the proxies who had not requested noncontact. If the first proxy reported that they were not knowledgeable about details of the relationship, she or he was asked for 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, a knowledgeable proxy was identified and located. Proxies agreed to participate in 83% (310/373) of those cases. For this exploratory study, 28 of the 310 (9% of femicide cases) meet the age criteria (16 to 20 years) for the secondary analysis. Five of the 28 femicide cases were of adolescents 16 to 17 years of age. The 5 adolescent cases are examined separately below.

Abused control from parent study. Bilingual (Spanish and English) telephone interviewers employed by an experienced telephone survey firm completed sensitivity and safety protocol training. Women aged 18 to 50 years who had been involved in an intimate relationship at some time in the past 2 years were telephoned via stratified random-digit dialing. A woman was considered “abused” if she had been threatened with a weapon or physically assaulted (such as pushed, shoved, or grabbed; choked; punched, hit or kicked; had something that could hurt thrown at her; forced to have sex by physical force or threats) by an intimate or ex-intimate during the past 2 years. Episodes of abuse were identified with a modified version of the Conflicts Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) with stalking items added. Safety protocols were carefully followed. More than 4,700 women met preliminary criteria for inclusion. More than 3,600 agreed to participate, and 427 (11.8% of those agreeing to

participate) had been physically abused or threatened with a weapon by an intimate partner in the prior 2 years. For this exploratory study, 53 of the 427 (12.4% of abused control group) meet the age criteria (18 to 20 years) for the secondary analysis.

Instrument

Danger Assessment (DA) was used in the parent study with proxy informants to assess risk factors experienced by femicide victims in the year prior to their murders and assess risk factors experienced in the prior year by abused controls. The DA was originally developed by Jacquelyn Campbell (Campbell, 1986, 1992; Campbell, Sharps, & Glass, 2000) as a 15-item clinical and research instrument designed to assess dangerousness in violent intimate relationships. Internal consistency reliability has ranged between .60 to .86, with test-retest reliability of .89 to .94 in previous studies (Campbell et al., 2000). The DA can be reviewed at www.dangerassessment.com.

Other items on the study instrument included demographic and relationship characteristics, including type, frequency, and severity of violence, psychological abuse, and harassment; alcohol and drug use; and weapon availability. All portions of the study instrument were either validated in Spanish or translated and back-translated by the Spanish-speaking interviewers and project staff in Houston, Los Angeles, and New York. The Spanish version of the study instrument was used when appropriate in each of the participating cities in the parent study.

Secondary Data Analysis

Means, standard deviations, and frequencies were used to describe the demographic characteristics of the femicides and abused controls. Demographic characteristics for the 5 youngest femicide cases aged 16 or 17 years were calculated and reported separately. Because the abused control women were all aged 18 to 20, bivariate statistics were used to compare femicide cases aged 18 to 20 years to abused controls of the same age. The mean scores on the DA and rates for specific risk factors were calculated for each group and compared. Significant risk factors for adolescent and young adult femicides ($p < .10$) identified were then compared to risk factors for adult femicides (21 years of age and greater) from the parent study.

Results

Demographic and Risk Factors Comparison Between Young Adult Abused Control Cases and Young Adult Completed Femicide Cases Aged 18 to 20 Years

Twenty-three (7.5%) femicide cases from the parent study were aged 18 to 20 years, and among the abused control women, 53 (12.4%) were aged 18 to 20 years. The mean

Table 1
Comparisons of Demographic and Risk Characteristics of Young Adult Cases
(Aged 18-20) by Abused Control Versus Completed Femicide Cases

Variable	Abused Controls (<i>n</i> = 53)	Femicide Cases (<i>n</i> = 23)	Significance Test
Age (years)	<i>M</i> = 18.77	<i>M</i> = 19.23	<i>t</i> = -2.91**
Race/ethnicity (%)			
African American	18	57	$\chi^2 = 12.72^{**}$
White	31	17	
Latina/Hispanic	27	24	
Other	24	4	
Age difference between victim and perpetrator (years)	<i>M</i> = 1.1, <i>SD</i> = 2.1	<i>M</i> = 4.7, <i>SD</i> = 4.1	<i>t</i> = 5.0**
Perpetrator was ex-partner (%)	49	61	$\chi^2 = 0.88$
Perpetrator unemployed (%)	23	57	$\chi^2 = 7.8^{**}$
Victim threatened with a weapon (%)	6	30	$\chi^2 = 8.6^{**}$
Victim choked (%)	11	35	$\chi^2 = 5.8^*$
Gun in the house (%)	4	56	$\chi^2 = 25.6^{**}$
Victim abused while pregnant (%)	8	22	$\chi^2 = 3.09$
Perpetrator jealous (%)	55	79	$\chi^2 = 3.45$
Perpetrator controlled the victim (%)	51	81	$\chi^2 = 5.62^*$
Perpetrator threatened to kill the victim (%)	19	69	$\chi^2 = 14.4^*$
Danger Assessment score (mean)	3.8	5.4	<i>t</i> = -2.31*

p* < .05. *p* < .01.

total summed DA score was significantly different between the young adult femicide group and young adult abused control group (5.4 vs. 3.8, $t = -2.31$, $p = .023$, $df = 74$). Additionally, the young adult femicide cases scored higher than the abused controls on every DA risk factor assessed except abuse during pregnancy (see Table 1). The murdered young women had a significantly greater mean age difference between themselves and their partners or ex-partners than did the abused control young women (4.7 years vs. 1.1 years, $t = 5.04$, $p = .00$, $df = 73$). The perpetrators for the young adult femicide cases were less likely to have been classified as an ex-partner (vs. current partner) than those in the young adult abused control group.

Comparison of Young Adult Femicides With Older Adult Femicides

Furthermore, to examine the pattern of risk factors or the degree of risk experienced by younger (18 to 20 years of age) versus older (21 years and older) adult victims of femicide, overall DA scores were compared between the two groups, with no significant difference found, $F(1, 55) = 2.54$, $p = .12$. Logistic regression was then used to see if the individual risk factors on the DA instrument differed between the younger

Table 2
Odds Ratios and 95% Confidence Intervals of Logistic Regressions
Predicting Risk Factors for Young Adult (Aged 18 to 20) Versus
Older Adult (Aged 21 or Older) Women

Risk Factor	Adjusted Odds Ratio ^a	95% Confidence Interval
Age difference between victim and perpetrator (years)	0.64	0.32, 1.26
Perpetrator was ex-partner	2.34	1.45, 3.78
Perpetrator unemployed	1.80	1.03, 3.14
Victim threatened with a weapon	0.59	0.26, 1.21
Victim choked	1.21	0.61, 2.37
Gun in the house	0.57	0.30, 1.08
Victim abused while pregnant	1.07	0.51, 2.27
Perpetrator controlled the victim	2.03	1.24, 3.34
Perpetrator threatened to kill the victim	1.32	0.72, 2.41
Perpetrator jealous	2.01	1.19, 3.39

a. Controlling for abuse category.

and older adult femicide cases. We found that when controlling for abuse category (see Table 2), younger adult victims of intimate partner femicide were more likely to have experienced controlling behaviors (adjusted odds ratio [aOR] = 2.03; 95% confidence interval [95% CI] = 1.24, 3.33) and extreme jealousy (aOR = 2.01; 95% CI = 1.19, 3.39) from their perpetrators than their older adult counterparts. Additionally, young adult women were more likely to have been killed by an ex-partner (vs. current partner) (aOR = 2.34; 95% CI = 1.44, 3.78) and by an unemployed partner (aOR = 1.8; 95% CI = 1.03, 3.14) than older adult counterparts. No significant differences were found for the other risk factors on the DA.

Description of Adolescent Femicides

Five adolescent femicide cases (aged 16 and 17) were examined separately in this exploratory study. In all 5 cases, the perpetrators were older than their victims. The mean age difference between victim and perpetrator in adolescent femicide group was 4.5 years. The relationship status varied among the group, with 2 victim-perpetrator relationships defined as current partners, 2 as ex-partners, and 1 in which relationship status was not clear to the proxy informant. All of the youngest victims were high school students at the time of their murders. Four victims had part-time employment, whereas 1 adolescent victim was neither working nor seeking work. Two of the victims were African American, 1 was Latina, and 1 was Asian American. Among the perpetrators, 1 was a high school classmate of his victim, 2 were employed full time (1 had less than a high school education, the other had finished some college), and proxy informants were unable to provide information on the employment and educational status of the 2 remaining perpetrators.

Discussion

Risk Factors for Adolescent and Young Adult Femicide Victims

This exploratory study offers one of the only published explorations of risk factors for femicide among adolescents and young women and thus is an important contribution to the literature on this rare but serious event. The findings from the exploratory study indicate that we can identify risk factors for young adult femicide that differentiate them from their abused counterparts. Risk factors from the DA instrument such as perpetrator's access to a gun, threats to kill or threats with a weapon, abuse during pregnancy, and history of attempts to strangle the victim prior to the incident, along with demographic factors (such as perpetrators unemployment), all increase the likelihood of young adult intimate partner femicide. It is noteworthy that the mean DA score of 5.4 for the young adult femicide cases, although substantially higher than that of the same-age abused controls, is lower than the mean score of 7.53 for women older than 20 years in the parent study (Campbell et al., 2003). It is also noteworthy that several risk factors—jealousy and controlling behaviors, partner unemployment, and the perpetrator being an ex-partner—appear to be more important risk factors for lethal violence for younger women than for older women.

The descriptions of the 5 adolescent femicide cases were provided as a basis for future examinations of risk factors for lethal violence in adolescents. For the adolescent femicides victims (age 16 to 17 years), the mean age difference between themselves and their perpetrator was 4.5 years. Age differences between adolescents and their older abusive partners is an important area to explore in future research, as there are potentially important risk factors, such as controlling and jealous behaviors, that occur when a victim is 16 years old and her abusive partner is 20. These risk factors need to be assessed and included in safety planning with the adolescent victim.

Clinical Implications

As briefly discussed previously, developmental issues of the adolescent and young adult may influence risk factors, response to victimization or perpetration, and other factors associated with IPV and femicide. For example, Scheiman and Zeoli (2003) stated that unless specifically asked, adolescents were not likely to disclose IPV, and multiple inquiries may be necessary to confirm suspicions of abuse by a partner or ex-partner. Cognitive and psychosocial developmental stage may lead the adolescent and young adult to misconstrue the violence or controlling behavior as acts of love or deep commitment (Seimer, 2004), possibly normalizing the behavior and minimizing the impact. These inappropriate justifications may place adolescent and young adult women at higher risk for femicide than developmentally mature adult counterparts. This is particularly alarming in light of the fact that controlling and jealous behaviors approximately doubled the odds of adolescents and young adult women being the victims of femicide when compared to older adult women. It is important for clinicians

(e.g., pediatric and adolescent clinics, mental health programs, college/university health clinics, school-based clinics, STD clinics, family planning clinics, juvenile justice) to recognize these behaviors—which may be normalized by the adolescent and young adults—as risk signs for potentially lethal violence.

Because of the high prevalence of IPV victimization and perpetration among adolescents and young adults and the possible escalation to femicide, more training and education are needed. Community clinics and hospital health care providers serving adolescents and young adults need to understand this phenomenon and have training in working with high-risk clients. Physicians, nurses, and other health care and social services personnel working in school-based settings need information and training that alert them to femicide as a possible outcome of adolescent and young adult IPV. In a survey of 204 pediatric residents, 91% did not routinely screen for intimate violence in adolescent patients despite stating that they were “knowledgeable” (Forcier, Patel, & Kahn, 2003). Health care providers serving adolescents and young adults need administrative support and training to implement routine assessment of IPV and for factors associated with lethal violence in their practices, utilizing a lethality assessment instrument such as the DA. Evidence-based information on how to implement an IPV assessment program in health care settings serving adolescents and young adults (including assessment tools and specific policy recommendations) is available in the document *Identifying and Responding to Domestic Violence: Consensus Recommendations for Child and Adolescent Health* (Groves, Augustyn, Lee, & Sawires, 2002).

Policy Implications

The exploratory study support findings from previous work by Saltzman, Mercy, O’Carroll, Rosenberg, and Rhodes (1992) that the presence of a gun in an abusive relationship is a risk factor for lethal violence. Additionally, research indicates that laws that prevent abusive partners convicted of IPV and those with a protective order issued against them from owning a gun may be effective in reducing femicide (Vidgor & Mercy, 2006). Our findings reinforce the need to support the consistent application of state laws that prevent ownership of guns by abusive partners who are known to the criminal justice system.

Additionally, the protections afforded to adult women in violent relationships may not be available to adolescent victims of IPV, those female adolescents 16 to 17 years of age in this study. For example, Coyne-Beasley, Moracco, and Casteel (2003) noted that in North Carolina, minors (typically under the age of 18 years) cannot obtain protective orders under family violence laws. Frequently, state family violence laws do not apply to adolescent IPV; protection often requires that the perpetrator and victim have a history of living together or have a child together, conditions that many adolescents in abusive intimate relationships will not meet, making it difficult for adolescent victims to obtain a protective order that can be an essential

component of a safety plan, including an order by the court for the removal of the perpetrator's gun. Therefore, more careful examination of state and national laws related to IPV is needed to ensure that they meet the needs of adolescent victims.

Limitations and Strengths of This Study

This secondary analysis is limited by several factors. The small sample size for this exploratory secondary analysis precluded multivariate analysis of risk and limits the generalizability of findings. Due to consent laws, there was no age-matched comparison group for femicides under the age of 18 years. Additionally, a secondary analysis cannot address the possibility that there are risk factors specific to adolescents and young adults that have not been identified in previous research. For example, a population-based study of adolescent femicide that included six cases of intimate partner femicide found that many of the young victims lived in "chaotic home environments" and lacked adequate adult supervision (Coyne-Beasley et al., 2003). Future research is needed to explore family environment and other potential age-specific risk factors. Finally, reliance on proxy informants for the femicide cases likely resulted in an underestimation of risk. Proxies may have lacked information about the details of the victims' relationships, resulting in missing data. For a more complete discussion of the limitations of this exploratory study, see the report of the parent study (Campbell et al., 2003).

Conclusion

This study found that risk factors for young adult femicides are consistent with those identified for older adult women, with few important differences, although further work is needed to fully understand the context of young adult intimate partner femicide. We conclude that the current DA instrument is useful in its current form for assessing the potential for lethal IPV among young adult women, but further research is needed to identify what, if any, other factors should be assessed in this age group. It is possible that with better assessment and intervention, at least some of these deaths could have been prevented. We also examined 5 adolescent femicide cases to gain further information with the hopes of drawing attention to the need for future research that will change policies that potentially impact adolescent IPV victims. For example, in several states, legislative policies do not offer adequate protections for adolescent victims of IPV, and advocacy toward changes is needed to protect their lives. Additionally, clinicians working in diverse settings that serve adolescents and young adults need ongoing training and information related to risk factors for lethal IPV and the integration of assessment tools, such as the DA, into existing clinical and community based program protocols.

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