

Domestic Homicide in New Brunswick:
When the Inconceivable Happens!

Submitted to Jérôme Ouellette, Chief Coroner New Brunswick

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Introduction¹

Domestic homicide is not a recent phenomenon in Canada but in the last 30 years it has gained a considerable amount of interest in the area of domestic violence² research. It has also gained government interest as some provincial and territorial governments have implemented review processes of domestic homicides in their jurisdictions. This was done to better understand and respond to domestic violence situations. In 2009 the Government of New Brunswick announced plans for the creation of a Domestic Violence Death Review Committee (DVDRC). A further announcement was made by the Public Safety Minister and the Solicitor General in February 2010 of work starting by the DVDRC members. In reviewing all deaths related to domestic homicide in the province, the DVDRC is working to fulfill a mandate to identify trends and gaps in services and programs. An explorative study of domestic violence deaths over a 10-year period (1999-2008), in the province of New Brunswick has shown that over 37% of all homicides for that period are related to domestic violence.

In 2019, an examination of domestic homicide cases from 1999 to 2018 was undertaken to better understand how cases are reviewed since the work of the DVDRC began and to highlight changes that have taken place. This study provides a comparison of domestic violence deaths prior to and since the establishment of the DVDRC. The proposed study focuses on an examination of information collected on domestic homicides in New Brunswick from the period of 1999 to 2018 inclusively. The database comprised of all domestic homicide cases from 1999-2008 created during the first study conducted in 2010 is the starting point for this current study and expand the information compiled on domestic violence fatalities up to the year 2018 inclusively. The objective of this research is to provide a broad understanding of domestic homicide in New Brunswick. It is an opportunity to compare domestic homicide in New Brunswick for the period of 2009-2018 with the first study conducted for the period of 1999-2008 and what difference it makes to review cases in the province. It is an opportunity to share knowledge provided by the DVDRC regarding intimate partner violence and homicide.

¹ For further information on this report, please contact Carmen Gill at cgill@unb.ca

² In this document we are using the term “domestic violence” in reference to intimate partner violence. The term “domestic homicide” refers to the definition adopted by the government of New Brunswick. In this document we use domestic homicide and intimate partner homicide interchangeably.

All domestic violence deaths included in this study consist of all cases for the period 1999 to 2018, meeting the definition of a case from the Terms of Reference for the Domestic Violence Death Review Committee for the Province of New Brunswick: For the purposes of this process, a domestic violence death is a homicide, a suicide, or other death that results from conflict between intimate partners or ex-partners and may include the death of a child or other familial members³. There are different combinations in domestic homicide (Websdale, 1999) and using this broad definition including all types of death in domestic violence situations provides an excellent overview of domestic homicide cases in New Brunswick. This review process consists of reviewing all cases meeting the above definition for the period of 1999 to 2018 inclusively.

Methodology

Defining domestic homicide

In the literature there are different types of deaths directly or indirectly related to violence among intimate partners. Six types of domestic homicide are documented in the literature:

1. Uxoricide (killing of a female spouse)/Femicide;
2. Mariticide (killing of male spouse);
3. Filicide (killing of children);
4. Familicide (killing of spouse and children);
5. Killing of other family members; and
6. Extrafamilial homicide⁴

Since our first report, we have refined the terms used in regards to domestic homicide to distinguish the killing of a female or male spouse (1 and 2 above). The extent of people impacted by violence among intimate partners and ultimately at risk of being killed in such situations is very broad. Uxoricide, the killing of a female spouse, is sometimes referred to femicide as well

³ This definition is used by the Domestic Violence Death Review Committee for the Province of New Brunswick.

⁴ Liem, M., Postulart, M., & P. Nieuwbeerta. 2009. Homicide-Suicide in the Netherlands: An Epidemiology *Homicide Studies*, Vol. 13, no 2, 99-123.

which is a broader term encompassing the killing of women in any circumstances. Mariticide is the killing of a male spouse. Research shows that the killing of a female spouse are the most common killings in domestic violence situations. Much research has shown the level of danger for women leaving abusive partners (Campbell et al., 2003) at risk of being killed. The Canadian Observatory on Femicide (2019) illustrates the specificities of violence in intimate relationships. Between 2008 and 2018 there have been 945 intimate partner homicides in Canada (Statistics Canada, 2019:26) and the majority (79%) involved female victims.

Most female victims of intimate partner homicide were killed by a current or former legally married or common-law husband (73%), and boyfriends were responsible for the other quarter (26%) of female victims' deaths. Most male victims were also killed by current or former legally married or common-law wives (59%) and girlfriends (28%), but a notable proportion were killed by same-sex spouses or dating partners (13%).

It is also the case in New Brunswick as women constitute the majority of adults killed in intimate relationships. All forms of domestic homicide listed above occur in diverse settings and various dynamics, involving people who are still in relationships or who have left the relationship. The common aspect among these killing types is that they occur in the specific context of domestic violence. Examining each of them provides a better understanding of factors leading to a particular type of killing. It offers an opportunity to understand and to explain who are the people at risk of being killed in intimate partner violence situations. The current study provides a review of cases prior to the establishment of the DVDRC in comparison with cases reviewed by the DVDRC since 2009. In comparing cases it will be possible to examine how much knowledge is gained about intimate partner homicide as they are reviewed by the DVDRC.

Gathering information from domestic homicide cases in New Brunswick

Before the establishment of the DVDRC, it was extremely difficult to gather information related to domestic homicide. Information that would shed light on what happened in domestic homicide cases before the killing occurred was not necessarily available or even located in one specific place. When domestic homicide occurs, several professionals become involved in a case (police, coroner, pathologist, doctor, etc.). In order to gather as much information as possible on domestic homicide cases, different files from various justice professionals needed to be reviewed

for cases dating between 1999-2008. All information used to review domestic homicides in New Brunswick pre-dating the establishment of the DVDRC was gathered from Coroner's files, Crown Prosecutors' files, Justice Information System New Brunswick (JISNB) and RCMP files.

Coroners' files

Domestic homicide cases compiled by the coroner's office, including homicide and suicide, for the period of 1999-2008 were reviewed by the researchers. These cases consisted of hardcopy files of all material gathered by the coroner's inquiry on deaths related to domestic violence. The hardcopy files can include, but not always, autopsy reports, police reports, health care reports, social services reports, mental health reports, and articles from newspapers. In the cases from 1999-2008 autopsy reports were found in 96.9% of the files; police reports in 43.8% of the files; health care reports in 9.4% of the files, social services reports in 3.1% of the files; and no mental health reports in coroners files.

Crown Prosecutors' files and JISNB

The majority of perpetrators who have not committed suicide have been brought before the court. Therefore, we compiled information related to the criminal justice process and outcomes for these people. Accurate information related to cases proceeding before the court are available in Crown Prosecutors' files and the electronic system.

RCMP files

Electronic RCMP files were reviewed for supplemental information not otherwise available. For example, to trace criminal records or previous involvement of police with individuals in the cases, police files were taken into account.

DVDRC files

Since 2009, all domestic homicide cases are reviewed by the DVDRC and information gathered are extracted from those files. These are Coroners' files combining information from all stakeholders involved in the determination of domestic homicide in a case. Autopsy reports are found in all files as well as police reports. When necessary, health care, mental health and social services reports are available. Finally, relevant information after meeting with or speaking to family members is also included. It is now possible to review a domestic homicide with all

pertinent information to the case, including information not previously collected. It also encompasses risk factors and previous interaction or system involvement with the victim or perpetrator prior to or around the time of homicide. The DVDRC can request any documentation related to the deceased in order to better understand the sequence of events and the dynamic of violence in the relationship prior to the death.

Data collection grid

To gather as much information on domestic homicide cases as possible, a broad list of approximately 145 variables was developed during the first study. The list of variables was extended to capture the risk factors involved in domestic homicide cases reviewed by the DVDRC. All domestic homicide files under study have been reviewed to develop a data collection grid. Various demographic information related to the victims have been compiled such as: date of birth, gender, actual relationship status at the time of death, children, employment status and type, education, ethnicity, citizenship, first language, prior convictions in criminal record, history of substance abuse, involvement with Mental Health services, Social Services, or other health care involvement. Information on domestic homicides is related to the circumstances of homicide, the relationship between the victim and perpetrator, all relevant information regarding justice involvement in a specific case, and coroners' information.

The DVDRC has the mandate to review deaths related to intimate partner violence. Therefore, the current study is focusing primarily on the victims and not the perpetrators. Information collected on the perpetrators are included in the database related to the victim but is not as extensive as it was in the first study where two different datasets were created. This means that we are capturing some sociodemographic information but not necessarily information regarding justice involvement in a specific case or criminal justice outcomes. Once the data collection grid was established, a database was created utilizing the software program, *Statistical Package for Social Science* (SPSS) in order to gather information about the victim. An important aspect of the methodology is to be able to examine characteristics among victims from 1999 to 2018 inclusively.

To better understand the importance of the DVDRC involvement in domestic homicide cases it is necessary to gather information to examine the treatment of cases. For instance, we need to know what the similarities and differences are among the cases compiled prior to the establishment of the DVDRC and those reviewed. Therefore, the dataset allows for the creation of a domestic homicide database capturing information pertaining to victims murdered before and after the establishment of the DVDRC (e.g. risk factors identified in cases).

Data collection

The research team used the original coding manual used in the previous study in 2010 and added further information reflecting information now gathered by the DVDRC. Since the inception of the DVDRC, domestic homicide cases are better documented and emphasize the collection of specific information. For instance, all domestic homicides reviewed by the DVDRC are taking into consideration all risk factors (Appendix B) leading to homicide in intimate relationships. This information was not captured in the previous study. The research team reviewed the coding manual accordingly.

New Brunswick has an estimated population of 753,900 in 2014⁵ and is mainly rural. This study presents the results of data collected from coroner's files on 52 domestic homicides committed in the context of intimate partner violence during the period of 1999 to 2018 in the province of New Brunswick. In this report, we propose a broad overview of domestic homicides in New Brunswick and the changes in collecting information about domestic homicide since the establishment of the DVDRC. Specifically, we examine the characteristics of domestic homicides and what can be learned from those cases, with particular attention to situations that are described as the "unthinkable".

Scenarios of domestic violence

The following scenarios are examples of domestic homicides in New Brunswick. They are stories that are not translated into compiled numbers but allows for an understanding of the

⁵ Statistics Canada (2014). CANSIM, table 051-0001 "Population by year, by province and territory", modified September 26.

complexity of intimate partner violence. They highlight risk factors found in cases reviewed by the DVDRC and interaction and involvement from professionals prior to the killings.

Scenario 1:

I had been in a relationship for about two and a half years with this man. We never lived together but over time I brought personal things to his house. We broke up a few weeks ago and I wanted to get my personal belongings back, so I called him at work to see when I could stop by his house. He told me I could come any time as he was not going to be home until later that day. With this information in mind, I asked a friend to come with me to the house. Before arriving, I called him again to make sure it was alright for me to enter the house. He confirmed to me that he was with friends in a pub. I was safe to go! The car was not in the driveway when we got there so my friend stayed outside to watch in case he arrived. Unfortunately, I did not think about the fact that he could hide in the house... he was in the bedroom closet and when I opened the door he shot me and then killed himself. We are both dead!

Scenario 2:

I have been trying to get away from my ex-boyfriend for quite some time. On different occasions I called the police as I feared for my life. At one point I had to leave my home to go to a safe place for the night. He was violent towards me. There was a no contact order against him but this did not stop him from coming back. The last time he came to my place he broke in and was threatening me. I fired one shot into his chest from a shot gun. He died almost instantly. This was self-defence. I am alive!

Scenario 3:

My common law spouse and I have been separated for a short while but he has actively tried to get back into my life. From time to time, I received flowers but I did not reconcile with him. He did not accept the situation, was insistent and jealous. He was getting angry easily and breaking things in the house. The day I told him his belongings had to be taken out of my house he was unable to control himself. After an argument he beat me to death with a metal rod. I am dead. He is serving a life sentence in prison and my two children have lost their mother.

These stories are homicides that occurred in the context of intimate partner violence situations in New Brunswick. What they have in common is the fact that these women were trying to or had recently left the relationship and that they all thought they could handle the situation themselves. In the first story, police had never been involved nor any other professionals. Only siblings and friends knew the difficulties the victim was having in leaving the relationship. This case also leads to the questions: what was the pattern of violence in the relationship? Is it possible that coercive controlling behaviour was at play in the relationship?

Was violence already occurring but of a non-physical nature, therefore no way to clearly detect it within the criminal justice system? In the second story, the police were well aware of the level of aggressive behaviour of the ex-boyfriend. The police intervened on a number of occasions. A no contact order was in place yet the criminal justice system was unable to protect the victim. In the third story, the perpetrator had a criminal record unrelated to domestic violence or to the woman he killed. Again, in this situation friends and family had known for some time that the victim was trying to leave the relationship. We can definitely question the pattern of violence involved in this specific relationship. We are clearly seeing domestic homicides occurring in times where there was no previous physical violence detected, yet violence was already part of the relationship prior to the murder. In all the above scenarios, friends and family were not necessarily recognizing that the victims were in abusive relationships. There are certainly more questions to ask about what is intimate partner violence and what forms of violence we are recognizing as such in our society.

These stories illustrate how ending a relationship for women can lead to the unthinkable: being killed or having to kill to survive. It shows that different factors can contribute to homicide. How does one make sense of homicide occurring within intimate relationships? Are victims underestimating the dangerousness of the situation they are in? What triggers an individual to kill a current or ex-intimate partner? Understanding the broad context in which domestic homicide occurs can help explain the issue and possibly help prevent such events from occurring in our society. These questions cross our minds when reading the different scenarios or hearing about situations exposed in the news. From a distance you can wonder how did the victim not see what was going to happen? The reality of domestic homicide is not easy to understand as it may appear. A number of factors can explain domestic homicide, such as personal characteristics, family relations, intimate partner relationships with violent dynamics, and the interaction with other environments, including the workplace, are all interwoven in people's lives. Domestic homicide is the result of diverse events and transitions in life.

Understanding Domestic Homicide in New Brunswick

Compiling information on what leads to domestic homicide is a difficult task. All information regarding a domestic homicide is generally dispersed in different dossiers. Once homicide occurs several professionals become involved in a case (police, coroner, pathologist, doctor, etc.). Also, if there is a history of domestic violence in a domestic homicide case, this information will not necessarily appear in the file. Therefore, a domestic homicide file does not capture the entire history of a relationship that led to homicide. This situation has changed drastically with the establishment of the DVDRC as coroners are systematically collecting information and documenting the history of violence in the relationship. In our first study, we examined files from the coroner's office, Crown Prosecutor, municipal police and RCMP, reports from the DVDRC, and the archives. Each death related to domestic violence compiled by the coroner's office was examined for a 10-year period (1999-2008). Files contained autopsy, police and coroner reports. In this current study, we examined files from the DVDRC for a 10-year (2009-2018). In certain files we found other medical and social services reports, newspaper clippings and risk factor screening sheets.

In New Brunswick, 191 homicides were committed for the period of 1999-2018⁶ including 52 homicides related to domestic violence, which represent 27% of all murders committed in the province over a twenty-year period. The sample of our study is small but information compiled reveals interesting facts about this issue. Since the population density is small, it is difficult to preserve individual confidentiality (sociodemographic characteristics can lead to recognize individuals). This led us to combine some information to preserve anonymity as is the case in the following tables capturing the number of domestic homicides over the years and geographical locations where those homicides took place.

According to Statistics Canada⁷, 48% of the population in New Brunswick lives in rural areas. For cases reviewed in the 20-year period, 51.9% of domestic homicides occurred in the Moncton and Saint John districts of the province with populations of over 50,000 people (Table

⁶ At the time of the preparation of the present report, one 2018 case was still under review. Therefore, it is not included in the total case numbers reported for the period of 2009-2018.

⁷ Statistics Canada defines rural population as follows: "The rural population for 1981 to 2011 refers to persons living outside centers with a population of 1,000 AND outside areas with 400 persons per square kilometer".

1). Fredericton also has a population over 50,000 people but represent 11.5% which is similar in Bathurst and Campbellton. This shows that domestic homicides occur mainly in larger centers of the province. From 1999 to 2008, there were 32 domestic homicides recorded and from 2009 to 2018 there were 18 cases, including one victim who committed suicide following abuse by her partner, and one suicide committed following conflict by partner⁸. The highest numbers of domestic homicides are in 2001, 2006 and 2010 that respectively cumulated 5 domestic homicides each year. All other years reviewed cumulated 3 or less domestic homicides a year. Domestic homicide in New Brunswick is stable and fluctuates from 1 to 5 homicides any given year.

Table 1: Number of Domestic Homicides for the Period of 1999 to 2018

Years	1999-2008	2009-2018	Total per district
District	(N) %	(N) %	
Bathurst	(6) 18.8%	(0)	(6) 11.5%
Campbellton	(3) 9.4%	(3) 15.0%	(6) 11.5%
Edmundston	(3) 9.4%	(2) 10.0%	(5) 9.6%
Fredericton	(5) 15.6%	(1) 5.0%	(6) 11.5%
Miramichi	(1) 3.1%	(1) 5.0%	(2) 3.8%
Moncton	(7) 21.9%	(6) 30.0%	(13) 25.0%
Saint John	(7) 21.9%	(7) 35.0%	(14) 26.9%
Total per period	(32) 100.0%	(20) 100.0%	(52) 100.0%

It is important to highlight the fact that districts are administrative divisions and that some districts with greater population density are also encompassing smaller rural communities. To appreciate whether domestic homicide occurs in large or small communities⁹, we used the actual communities (towns, villages, cities) where domestic homicide happened across the province. When taking a closer look at smaller communities (Table 2) we note that for the total

⁸ For the purpose of this study, the two suicide cases are compiled in the total number of victims for the period of 2009-2018 as these cases were reviewed by the DVDRC. No suicides were compiled for the period of 1999-2008.

⁹ We did not make a distinction between rural and remote areas. This means that some of the small communities compiled by population density can be located closer to larger centers in the province. Nonetheless, all small communities have very limited services, literally no public transportation, and are isolated from access to public support.

of both periods, 46.2% of domestic homicides are occurring in communities of 5,000 people or less. However, when dividing cases between the two periods reviewed, we noticed that there are more domestic homicides in small communities before 2009 while there are more domestic homicides in communities over 5,000 people in the period covering 2009-2018.

Table 2: Population Density and Years of Domestic Homicide

Years	1999-2008	2009-2018	Total per population
Population Density	(N) %	(N) %	
5,000 people or less	(18) 56.3%	(6) 30.0%	(24) 46.2%
Over 5,000 people	(14) 43.8%	(14) 70.0%	(28) 53.8%
Total	(32) 100.0%	(20) 100.0%	(52) 100.0%

As mentioned above, almost half of the population in New Brunswick lives in rural areas. Using the actual communities to examine the occurrence of domestic homicide in the province reveals that smaller communities have a substantial number of cases. Living in smaller communities is a risk factor for domestic homicide in intimate partner violence situations. The lack of services available including transportation, isolation in the community, social pressure, long police response, and lack of confidentiality due to the rural culture are among the barriers in leaving an abusive relationship in rural and remote areas. Values about family and gender roles contribute to deterring victims from leaving their abuser. Seeking help is seen as breaking community norms. Geographic isolation is a vulnerability that can deter victims from reaching out for help (Brownlee & Graham, 2005).

Basic Characteristics of Victims

A series of variables was created to gather basic information on victims. Using sociodemographic variables such as age, citizenship, education, employment status, ethnicity, first language, gender, number of children, and relationship status, we obtained information on who the victims are. Previous research has shown that sociodemographic characteristics are factors associated with domestic homicide. For instance, it is well documented that domestic homicide is gender-driven. Campbell (2007) and Websdale (1999) have looked at various

samples of domestic homicide in the United States and clearly shown the prevalence of women killed by intimate partners. Women victims of intimate partner violence are at risk of lethal violence (Wilson, Johnson & Daly, 1995). In Canada, women are more likely to be victims of domestic homicide (Statistics Canada, 2010). The same is true in New Brunswick; the majority of victims of domestic homicide are females (N=38/73.1%).

As our study consists of a very small sample of homicides, it is with caution that we discuss sociodemographic information. For instance, it is not possible to make any generalizations about what characterizes individuals involved in domestic homicide cases. It is difficult to maintain confidentiality, especially when very few cases share similar characteristics. It becomes very easy to associate cases and individuals involved in some domestic homicides compiled in this study. It is also difficult to discuss certain basic characteristics of victims as coroners are not systematically gathering the information.

Table 3 shows the gender and age of victims of domestic homicide. Among the victims, eight are less than 20 years old. In this particular category all victims were in fact under the age of 15 years when they were killed. It shows that children are also at risk of being killed when living with adults experiencing intimate partner violence. The majority of victims are between the age of 30 and 49 years old (N=24). The majority of victims in those age groups are female (N=18/75%).

Table 3: Victim Gender and Age Group

Age	Gender		Total
	Female (N) %	Male (N) %	
Less than 20 years old *	(2) 5.3%	(6) 42.9%	(8) 15.7%
20-29 years old	(6) 15.8%	(1) 7.1%	(7) 13.7%
30-39 years old	(10) 26.3%	(2) 14.4%	(12) 23.1%
40-49 years old	(8) 21.6%	(4) 28.6%	(12) 23.1%
50-59 years old	(8) 21.1%	(1) 7.1%	(9) 17.3%
60 years old and over	(4) 10.5%	(0)	(4) 7.7%
Total	(38) 100.0%	(14) 100.0%	(52) 100.0%

*The oldest child in this category was 14 years old when the homicide occurred, with an age range of 2 to 14 years.

At the time the homicide occurred, victims and perpetrators were mainly spouses, common law spouses or ex-spouses (N=36/69.2%). The majority of victims were not separated from the perpetrator when they were killed (57.7%) as illustrated in Table 4. It also shows that homicides occur prior to an official separation. Is it possible that those killing their spouses were anticipating a possible break up as presented in the stories earlier?

Intimate partners are not the sole target of perpetrators. Individuals in other types of relationships are also affected by intimate partner violence and killed in such situations. Because some of these people are close to the victim of intimate partner violence, they become the main target of homicide. This is the case with children living amongst an abusive relationship, parents who are trying to help their adult child leave an abusive partner, or a new partner in the victim's life.

Table 4: Type of Relationship of Victim to Perpetrator

Relationship Type	(N) %
Spouse	(14) 26.9%
Common law spouse	(16) 30.8%
Ex-spouse, including common law	(6) 11.5%
Child (biological/adoptive)/step-child	(8) 15.4%
Dating partner/boyfriend/girlfriend	(1) 1.9%
Ex-dating partner/boyfriend/girlfriend	(4) 7.7%
Other*	(3) 5.7%
Total	(52) 100.0%

*Other refers to lovers' triangle or other family members

Specificities of Domestic Homicides in New Brunswick

There are different types of domestic homicide. When homicide is followed by suicide in New Brunswick, it often involves killing children as well (Table 5). The rationale for Table 5 is to illustrate that domestic homicide involves direct as well as indirect victims of intimate partner violence and that domestic homicide is in many cases followed by suicide. Domestic violence impacts children, extended family, new partners and people who may have been supporting a victim.

Table 5: Types of Domestic Homicide and Domestic Homicide/Suicide in New Brunswick

Uxoricide	18	Uxoricide/suicide	17
Mariticide	3	Mariticide/suicide	0
Filicide	0	Filicide/suicide	7
Familicide	0	Familicide/suicide	3
Other family member	1	Other family member/suicide	0
Non family member	0	Non family member/suicide	1
		Suicide	2
Total (N=52)			

Table 5 shows that 50 perpetrators killed in the context of intimate partner violence and that 28 of them committed suicide after their crime. We also isolated cases where women killed (mariticide) their actual or ex-spouses, common law, or dating partners indicating that the majority of perpetrators are male (N=43).

The following tables show the specificities of domestic homicides, such as location of crime, method of killing, and size of communities where domestic homicide occurred. The majority of homicides occur where the victim is living at the time of the crime, whether it is their own place (25.1%) or the home they share with the perpetrator (44.3%) (Table 6). The only main difference between the two time periods is the number of victims who were still living with the perpetrator at the time of the murder after 2009. In 58% of those cases, there was an actual or pending separation.

Table 6: Locations of Crime by Years of Domestic Homicides

Years	1999-2008	2009-2018	Total per
Location of Crime	(N) %	(N) %	location
Victim home	(11) 34.4%	(2) 10.0%	(13) 25.1%
Perpetrator home	(2) 6.3%	(2) 10.0%	(4) 7.7%
Victim and perpetrator home	(11) 34.4%	(12) 60.0%	(23) 44.3%
Victim/perpetrator hotel room	(1) 3.0%	(1) 5.0%	(2) 3.8%
Victim's partner's home	(2) 6.3%	(0)	(2) 3.8%
Outdoor locations (park, field, river, woods)	(5) 15.6%	(2) 10.0%	(7) 13.4%
Other	(0)	(1) 5.0%	(1) 1.9%
Total	(32) 100.0%	(20) 100.0%	(52) 100.0%

Table 7 illustrates what caused the death or the method used to kill. When reviewing cases, method of killing was not necessarily identified in the files. It is important to note that pathologist reports are related to the cause of the death not necessarily to the method of killing. For instance, this is the case for blunt force trauma¹⁰ deaths. In the cases reviewed, shooting is by

¹⁰ Blunt force trauma is caused by being struck with an object such as a baseball bat, a fist, metal bar, etc.

far the most common method used to kill (32.7%) and was used more frequently before the 2009-2018 period. There were no significant differences when comparing the method of killing in communities with 5,000 people or less.

Table 7: Method of Homicide (cause of death) by Years of Domestic Homicides

Years	1999-2008	2009-2018	Total per method
Method of Homicide	(N) %	(N) %	
Stabbing	(3) 9.4%	(7) 35%	(10) 19.2%
Shooting	(12) 37.5%	(5) 25%	(17) 32.7%
Beating	(0)	(1) 5.0%	(1) 1.9%
Smother/suffocate	(3) 9.4%	(0)	(3) 5.8%
Hanging	(0)	(2) 10.0%	(2) 3.8%
Strangulation	(0)	(4) 20.0%	(4) 7.7%
Drowning	(4) 12.5%	(0)	(4) 7.7%
Pushed from height	(1) 3.1%	(0)	(1) 1.9%
Blunt force trauma	(8) 25%	(1) 5.0%	(9) 17.3%
Lethal dysrhythmias	(1) 3.1%	(0)	(1) 1.9%
Total	(32) 100.0%	(20) 100.0%	(52) 100.0%

Risk factors/motives leading to domestic homicide

Research has shown that risk factors are present prior to the killing of an intimate partner. Risk factors are elements indicating when present, the increase of violence and lethality in an intimate relationship. In fact, the risk of lethality increases with the combination of certain risk factors (Dawson & Piceitelli, 2017). During the first study conducted on domestic homicide in New Brunswick (1999-2008), risk factors were not compiled in case files. In the absence of risk factors in case files, the researcher developed a list of motives leading to domestic homicides. These motives were established in light of information found in coroners' files for cases from 1999 to 2008 in an attempt to better understand leading factors in domestic homicide. It is only with the establishment of the DVDRC that risk factors have started being collected. Compiling risk factors present in domestic homicide cases provides a better understanding of the risk of

lethality and potential danger in intimate relationships. A greater examination of risk factors present in domestic homicide cases enable us to comprehend the signs of potential danger.

In this section we address both the risk factors and motives leading to domestic homicide. We will explain the limitations in recognizing factors in cases prior to the establishment of the DVDRC and highlight knowledge produced by compiling the presence of risk factors in intimate partner homicide through the reviews from the DVDRC case files.

Motives leading to domestic homicides, in cases reviewed for the period of 1999 to 2008, show that killing occurs because the victim was attempting to leave or had left the relationship, jealousy, quarrel, or custody battle. Studies are revealing that leaving/separating an abusive partner is a risk factor leading to homicide (Drouin et al., 2004). In cases reviewed for the period of 2009-2018, in New Brunswick, a large number of victims were living with the perpetrator and not separated at the time of the homicide. We know from reviewing domestic homicide cases that victims who clearly stated they wanted their partner to leave or they wanted to leave the relationship themselves got killed. However, it is hard to tell if domestic homicides occurring between 1999 and 2008 in New Brunswick were motivated by intimate partner's actual or pending separation. Table 8 compiles motives for 17 of the 32 domestic homicides compiled for the first 10-year period. Jealousy, quarrel, mental illness, depression and custody battle are among the motives found in Coroner's files. However, we do not know if some motives such as a custody battle or jealousy are related conflicts during divorce procedure. There are also 15 cases for which there is no explicit motive to kill highlighted in the case files. The motives illustrated in Table 8 are clearly showing the limitations in identifying risk factors from domestic homicide cases prior the DVDRC reviews.

Table 8: Motive of Crime

Motives of Crime	1999-2008
	(N) %
Jealousy from perpetrator	(3) 17.6%
Depression	(3) 17.6%
Quarrel	(4) 23.5%
Mental illness of perpetrator	(3) 17.6%
Custody battle	(4) 23.5%
Unknown*	(15)
Total	(32) 100.0%

*The motive of crime was not available for 15 domestic homicides.

Aldridge and Browne (2003) have listed risk factors from various Canadian and American studies. Being able to recognize some of these risks can help provide adequate support to individuals caught in abusive relationships. History of violence, escalation and violence during pregnancy, threats, separation, isolation of the victim, age difference, access to firearm, addiction, violence towards pets, and loss of job are among factors identified in domestic homicide situations. At the time of the first study, motives to kill were considered an important piece of information to understand the sequence of events leading to homicide. Unfortunately, it was almost impossible to identify risk factors, which means there was inadequate information to understand the circumstances leading to the killing of an intimate partner and to identify the potential risk of lethality. The paucity of such information impacts future responses to intimate partner violence. This was due in part to the fact that risk factors were not compiled by professionals investigating domestic homicides. It is with the growing body of research, for instance by Campbell (2003) or Websdale (1999), that risk factors leading to the killing of an intimate partner were identified. In New Brunswick, risk factors were not collected in domestic homicide cases prior to the establishment of the DVDRC. The collection of risk factors from the DVDRC, stemming from the coroners' investigation, provides a better understanding of circumstances leading to the killing of an intimate partner. The DVDRC has compiled 41 risk factors of lethality¹¹ (Appendix A) divided

¹¹ The DVDRC uses the list of risk factors from the Ontario Domestic Violence Death Review Committee.

into 6 categories: perpetrator history; family economic status; perpetrator mental health; perpetrator attitude/harassment/violence; access; and victim's disposition. The following discussion is based on risk factors identified by the DVDRC when reviewing the domestic homicide cases for the period of 2009-2018.

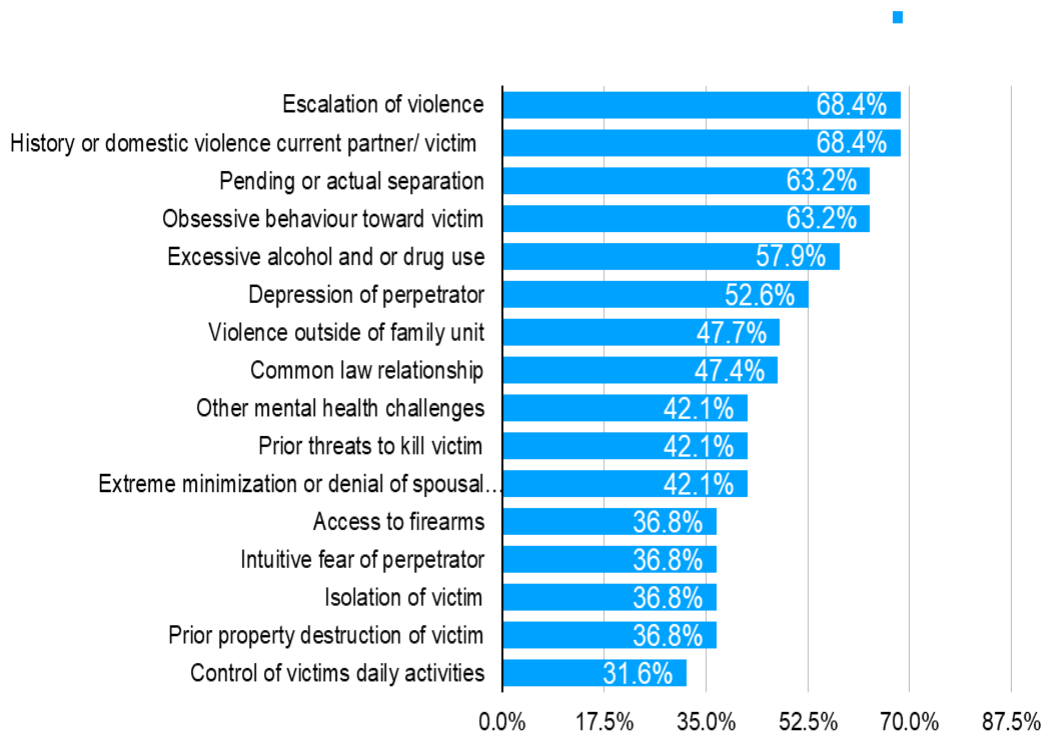
Figure 1 shows the most frequent risk factors found in domestic homicide cases reviewed by the DVDRC and demonstrates a broad understanding of what led to domestic homicide. The figure encompasses all risk factors found in 32% to 68% of cases reviewed by the DVDRC. Individually, these risk factors point to circumstances present in the lives of victims prior to their murder. The determination of risk factors in domestic homicide can inform prevention and strategies for assessment of risk of lethality in intimate partner violence situations. Being able to trace back what was at stake in the lives of victims prior to the homicide allows for a better understanding of the situation and to probe for specific forms of intervention.

There are four major risk factors (Figure 1) appearing in over 60% of domestic homicide cases reviewed: the escalation of violence (68%); a history of domestic violence with the current partner/victim (68%); the pending or actual separation (63%); and the obsessive behaviour displayed by the perpetrator towards the victim (63%). The combination of certain factors is dominating 10 cases or more:

- 1) the presence of a history of violence in the victim's life and obsessive behaviour displayed by the perpetrator towards the victim is found in 11 cases reviewed;
- 2) the presence of a history of violence in the victim's life and the escalation of violence in the relationship was found in 12 cases and when adding a pending or actual separation it is found in 8 cases;
- 3) the escalation of violence in the relationship and the obsessive behaviour displayed by the perpetrator towards the victim is found in 10 cases reviewed;
- 4) the pending or actual separation, the obsessive behaviour displayed by the perpetrator towards the victim, and history of violence with the current partner/victim is found in 9 cases;
- 5) the escalation of violence and the pending or actual separation is found in 9 cases.

Research has shown that the pending or actual separation, the escalation of violence and current history of violence in the relationship are leading factors in intimate partner violence or domestic homicide. This is not different in cases reviewed by the DVDRC.

Figure 1: Most Frequent Risk Factors in DVDRC cases reviewed (2009-2018)



The risk factors highlighted in domestic homicide cases are warning signs of potential risks of lethality. Over time seeing the same risk factors appearing in cases can inform the long-term strategy for management of risks and assist in developing safety planning for victims. Each case is different. However, certain risk factors taken individually are recurring in a majority of cases as we see above in Figure 1. When you look closely at the combination of risk factors, we can anticipate the level of risk of lethality in certain situations.

The benefit of case review by the DVDRC is to gain better understanding of the potential risks of lethality in the dynamics of IPV. Being aware of risk factors can help save lives. Knowing that a pending or actual separation is a leading risk of lethality, especially in intimate relationships

that are conflictual and showing various coercive controlling behaviours, should be monitored closely by family, friends and neighbours. If you couple a pending or actual separation, an escalation of violence or prior violence in the relationship, or obsessive behaviour from the perpetrator, the risk of lethality increases. There are other risk factors that are not discussed in detail in this report as the correlation with the four risk factors found in over 60 % of cases provides very scarce numbers. This means that if we combine a higher number of risk factors, the number of cases featuring similar risk factors is very low. It also gives the impression that not many risk factors are associated with cases of domestic homicides. However, the addition of risk factors is revealing that in 73.6% of cases reviewed there was at least ten risk factors identifiable and in 37% of them the number of risk factors jumps to 16 and over (Table 9).

Table 9: Number of Risk Factors in a Domestic Homicide Case

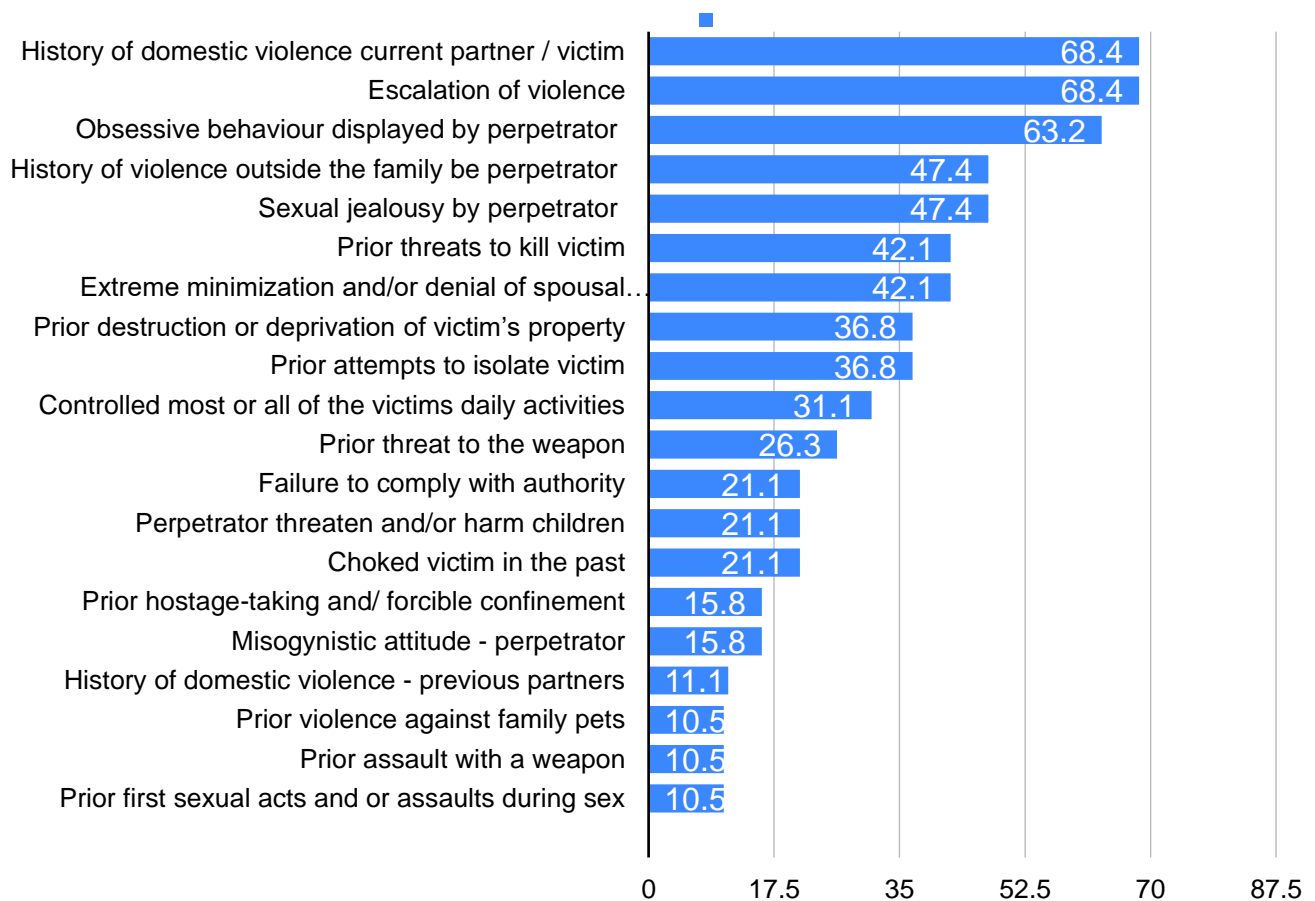
Number of factors	Frequency	Percentage
Less than 10 risk factors	5	26.3%
10 to 15 risk factors	7	36.8%
16 risk factors and over	7	36.8%
Total	19	100%

It should not be underestimated that when a larger number of risk factors are present in an intimate relationship, lethality increases greatly and the situation may well be leading to murder, murder-suicide or suicide. Every case is unique but all cases are characterized by significant risk factors that if identified earlier in the dynamic of intimate partner violence could help prevent the killing of a partner.

Risk factors are an indication that intimate partner violence is a dynamic involving various behaviours. Figure 2 shows a number of risk factors related to the perpetrator's behaviour. It illustrates how certain attitudes, harassment and violent behaviours are prevalent in intimate partner homicide cases. Several risk factors in Figure 2 are coercive controlling behaviours and may not be seen as serious or harmful forms of violence and may well be viewed as normal behaviours by others. However, these behaviours are part of a dynamic process that

leads to homicide. Gnisci and Pace (2016:1116) introduced the concept of sequential behavioural patterns explaining intimate partner homicide as a sequential process. They introduce the notion of time and continuity in their analysis of risk factors demonstrating that the sequence of behaviours over time, the duration of behaviours, and when they happened are predictive of lethality.

Figure 2: Risk Factors Related to Perpetrator Attitudes, Harassment and Violence



Compared to cases (1999-2008) compiled prior to the establishment of the DVDRC it was extremely difficult to identify risk factors. We were only able to compile few motives that could be traced from case files. The exercise has shown the difficulty of reflecting on events leading to homicide by strictly compiling facts from case files. It was almost impossible to extract information from coroner's files that could be used to better understand domestic homicide and

make any projections on how to better prevent and respond to intimate partner violence situations. The addition of risk factors in case files and the thorough review from the DVDRC is proving to provide better understanding of the complexity of intimate partner violence and the potential risks of lethality. Collecting information explaining how IPV leads to homicide by identifying contributing factors such as a history of intimate partner violence, patterns, dynamics and behaviours in the relationship shows that domestic homicides have similarities, but when examining closely those cases we also see that warning signs were present without being seen as such. It is essential to be aware of risk factors as they can help direct prevention and intervention strategies in the future.

Systems Involvement

Understanding risks of lethality offers direction for professionals in contact with victims and perpetrators prior to the homicide. It is not unusual to find in case files that victims have reached out in some ways for formal or informal support. Knowing the warning signs of potentially lethal situations can lead to better intervention and save lives. In this perspective, it is essential to trace previous intervention from professionals or any interactions victims and perpetrators may have encountered to better understand what happened before the homicide and what support was provided. It is also important to remember that not all intimate partner violence victims seek help. However, victims who did not seek formal support chose to share some of their concerns with family, friends or neighbours. Few case files did not have system involvement identified as the DVDRC was not capturing those in the first few cases reviewed.

From the DVDRC case files, victims and perpetrators had a number of systems involved (Appendix B: List of systems involved). Involvement or interactions with others around the time of the homicide were compiled. This means that professionals and/or family, friends, neighbours or co-workers had some indications about the situation of intimate partner violence in the relationship.

In nine cases, victims or perpetrators had previous involvement with the police because of intimate partner violence; in five cases perpetrators were involved with the criminal court or probation. In six cases victims sought consultation from health care providers (doctor, nurse), while five perpetrators had mental health program providers (therapist, psychiatrist). What is

outstanding, in the large number of cases reviewed by the DVDRC, is how family, friends and neighbours knew about the issue from the victim or the perpetrator perspective.

Obviously, from case files reviewed, intimate partner violence situations were known from outsiders. What is unclear from the case files is how risk factors were known by those who interacted with victim prior to the murder. Intimate partner violence takes various forms and is not always related to physical violence. Therefore, it is imperative that people from formal and informal systems involved be aware of the risk of lethality in order to provide an adequate response to someone reaching out to them. Understanding the risk of lethality when someone reaches out is crucial to provide support to a person caught in an abusive relationship. It is important to recognize the various behaviours beyond physical violence as well as bias about what constitutes a serious and harmful situation when responding and intervening with a person expressing what they are going through.

Conclusion

This comparative study sheds light on the importance to review domestic homicides in the province of New Brunswick to better understand what leads to the killing of an intimate partner, but also to better address the issue of violence in intimate relationships. Having an accurate understanding of domestic homicide prepares for prevention and intervention strategies. With the DVDRC, it is possible to have the accuracy of what happened, who was involved, and how the issue was addressed. The DVDRC offers recommendations to improve the societal response to intimate partner violence. The addition of risk factors in the review of domestic homicides by the DVDRC is now giving an accurate picture of the complexity of cases. It allows an understanding of what preceded a domestic homicide and the context leading to a killing. The work of the DVDRC is possible only if coroners are investigating all aspects of domestic homicides. As it was presented with the first study on cases from 1999-2008, information gathered in coroners' files were not consistent or was simply missing in order to really understand the context of domestic homicide. With the establishment of the DVDRC, there has been a constant need to thoroughly document cases. This is why training coroners is a necessity in New Brunswick. A better understanding of the complexity of intimate partner violence will help coroners in gathering information on domestic homicide. The Coroner's Office has committed to providing training to

all coroners on the investigation of domestic violence deaths. Preventing domestic homicide can only happen with a clear understanding of the issues so intervention can lead to protect those caught in abusive relationships.

Bibliography

- Aldridge, Mari and Kevin D. Browne (2003). "Perpetrators of spousal homicide. A review". *Trauma, Violence & Abuse*, 4 (3), 265-276.
- Beattie, Sara and Adam Cotter. (2010). *Homicide in Canada 2009*. Ottawa: Statistics Canada.
- Borges, Lucienne Martins (2006). *L'homicide commis dans une relation d'intimité : comparaisons selon le sexe des agresseurs*. Thèse de doctorat, Département de psychologie. Université du Québec à Trois-Rivières.
- Brownlee, Keith & John R. Graham, (2005). *Violence in the Family. Social Work Readings and Research From Northern and Rural Canada*. Toronto: Canadian Scholar's Press Inc.
- Campbell, Jacquelyn. (2007). *Assessing dangerousness*, Second Edition. New York : Springer Publishing Company.
- Campbell, Jacquelyn *et al.* (2003). "Risk factors for femicide in abusive relationships: Results from a multisite case control study". *American Journal of Public Health*, 93 (7), 1089-1097.
- Campbell, Jacquelyn et Carol W. Runyan (1998). « Femicide : Guest editors' introduction ». *Homicide Studies*, 2 (4), 347-352.
- Cotter, Adam. 2014. *Homicide in Canada, 2013*. Ottawa: Statistics Canada.
- Domestic Violence Death Review Committee. (2014). *Domestic Violence Death Review Committee 2012 Annual Report*. Ontario: Office of the Chief Coroner for Ontario.
- Crawford, Maria et Rosemary Gartner (1992). *Women killing: Intimate femicide in Ontario, 1974-1990*. Rapport préparé pour le Women We Honour Action Committee.
- Cusson, Maurice et Raymonde Boisvert (1994). "L'homicide conjugal à Montréal, ses raisons, ses conditions et son déroulement". *Criminologie*, 27 (2), 164-183.
- Dawson, Myrna (2001). *An examination of declines in intimate partner homicide rates*. Ottawa : Department of Justice Canada.
- Dawson, Myrna (2005). "Intimate femicide followed by suicide: Examining the role of premeditation". *Suicide and Life Threatening Behavior*, 35 (1), 76-90.
- Drouin, Christine (2001). *Intervenir dans les situations de violence à haut risque de létalité : le point de vue des acteurs pénaux et des victimes*. Mémoire de maîtrise, École de criminologie. Université de Montréal.
- Drouin, Christine *et al.* (2004). *Agir pour prévenir l'homicide de la conjointe. Guide d'intervention*. Montréal : CRI-VIFF.

Farden, Deb (2006). "Femicide in Saskatchewan". In M.R. Hampton *et al.* (Ed.), *Intimate partner violence* (pp. 100-119). Toronto: Cormorant Books.

Frigon, Sylvie (2003). *L'homicide conjugal au féminin. D'hier à aujourd'hui*. Montréal : Les Éditions du remue-ménage.

Gartner, Rosemary (2004). "Homicide in Canada". In J.I. Ross (Ed.), *Violence in Canada: Sociopolitical perspectives* (pp. 186-222). Toronto: Oxford University Press.

Gill, Carmen. (2013). "Le féminicide au Canada: Le cas du Nouveau-Brunswick". *Nouvelles questions féministes*. Vol. 32, no 1.

Gnisci, A. & Pace, A. (2016). "Lethal domestic violence as a sequential process: Beyond the traditional regression approach to risk factors". *Current Sociology*, 64(7), 1108-1123.

Hotton Mahony, Tina (2011). *L'homicide au Canada. 2010*. Ottawa : Statistique Canada.

Liem, Marieke, Marieke Postulart et Paul Nieuwebeerta (2009). "Homicide-Suicide in the Netherlands: An Epidemiology". *Homicide Studies*, 13 (2), 99-123.

Add: Ontario Death Review committee

Perrault, Samuel (2012). *Homicide in Canada. 2011*. Ottawa : Statistics Canada.

Radford, Jill et Diana E.H. Russell (1992). *Femicide: The politics of woman killing*. New York: Twayne Publishers.

Sharps, Phyllis W. *et al.* (2001). "The role of alcohol use in intimate partner femicide". *The American Journal on Addictions*, 10, 122-135.

Statistics Canada. (2014). *Homicide in Canada, 2013*. Ottawa: Statistic Canada.

Statistic Canada. (2015) *Family violence in Canada: A statistical profile, 2013*. Ottawa: Statistic Canada.

Statistics Canada. (2001). *Geographical units. In 2001 Census Dictionary*. Ottawa: Statistics Canada

Statistique Canada (2012). CANSIM, tableau 051-0001 "Population par année, par province et territoire", consulté le 9 octobre 2012.

Van Wormer, Katherine et Albert R. Roberts (2009). *Death by domestic violence*. Connecticut : Praeger Publishers.

Websdale, Neil (1999). *Understanding domestic homicide*. Florida : Northeastern University Press.

Wilson, M., Johnson, H., & Daly, M. (1995). Lethal and nonlethal violence against wives. *Canadian Journal of Criminology*, 37(3) 331-36

Appendix A

Risk factors present

A= Evidence suggests that the risk factor was not present

P = Evidence suggests that the risk factor was present

Unknown (Unk) = A lack of evidence suggests that a judgement cannot be made

Risk Factor ¹²	Code (P, A, Unk)
PERPETRATOR HISTORY	
1. Perpetrator was abused and/or witnessed domestic violence as a child	
2. Perpetrator exposed to/witnessed suicidal behaviour in family of origin	
FAMILY/ECONOMIC STATUS	
3. Youth of couple	
4. Age disparity of couple	
5. Victim and perpetrator living common-law	
6. Actual or pending separation	
7. New partner in victim's life	
8. Child custody or access disputes	
9. Presence of stepchildren in the home	
10. Perpetrator unemployed (SEE DEFINITION BELOW)	
PERPETRATOR MENTAL HEALTH	
11. Excessive alcohol and/or drug use by perpetrator	
12. Depression	
13. Depression – professionally diagnosed	
14. Other mental health or psychiatric problems – perpetrator	
15. Prior threats to commit suicide by perpetrator	
16. Prior suicide attempts by perpetrator	
PERPETRATOR ATTITUDE/HARASSMENT/VIOLENCE	
17. Obsessive behaviour displayed by perpetrator	
18. Failure to comply with authority – perpetrator	
19. Sexual jealousy – perpetrator	
20. Misogynistic attitudes – perpetrator (Distrust of women attitude)	
21. Prior destruction or deprivation of victim's property	
22. History of violence outside of the family by perpetrator	
23. History of domestic violence – Previous partners	
24. History of domestic violence – Current partner/victim	
25. Prior threats to kill victim	

¹² #1-40 Ontario Domestic Violence Death Review Committee; 41 Danger Assessment; 42-43 Created by committee NB DVDRC

26. Prior threats with a weapon	
27. Prior assault with a weapon	
28. Prior attempts to isolate the victim	
29. Controlled most or all of the victim's daily activities	
30. Prior hostage-taking and/or forcible confinement	
31. Prior forced sexual acts and/or assaults during sex	
32. Choked victim in the past	
33. Prior violence against family pets	
34. Prior assault on victim while pregnant	
35. Escalation of violence	
36. Perpetrator threatened and/or harmed children	
37. Extreme minimization and/or denial of spousal assault history	
ACCESS	
38. Access to or possession of any firearms	
39. After risk assessment, perpetrator had access to victim	
VICTIM'S DISPOSITION	
40. Victim's intuitive sense of fear of perpetrator	
41. Prior suicide attempts by victim	
ADDITIONAL RISK FACTORS THAT INCREASE VULNERABILITY (not listed above)	
42. Other factors that increased risk in this case? Specify:	

Appendix B

Systems Involved¹³: New Brunswick	Victim	Perpetrator	Child
Criminal justice / law enforcement			
• Police			
• Criminal Court			
• Corrections			
• Probation/Parole			
• Family Court (e.g. divorce, custody, restraining orders)			
• Legal Aid			
• Victim Services Program – Public Safety			
• Police-based Victim Services			
• Offender Intervention Program			
Transition House / Second Stage Housing			
Domestic Violence Outreach Services			
Homeless or Emergency Shelter			
Sexual Assault Program			
Subsidized housing			
Income security (provincial or federal)			
School			
Child Protection Services			
Mental Health Program Provider (e.g. therapist, psychiatrist)			
Substance Abuse Program			
Health Care Provider (e.g. doctor, nurse)			
Hospital			
Ambulance Services			
Anger Management Program			
Individual / Family / Couple Counselling – referral made			
Religious Community/Clergy			
SPCA			
Family			
Friends / Neighbours			
Co-workers			

¹³ This section refers to previous interactions and involvement around the time of the Homicide.