

An Examination of Same-sex Intimate Partner Homicide

by

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A Thesis Presented in Partial Fulfillment
of the Requirements for the Degree
Master of Science

Approved September 2022 by the
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ARIZONA STATE UNIVERSITY

December 2022

ABSTRACT

Intimate partner homicide (IPH) is the most serious consequence of intimate partner violence (IPV). Current research on IPH focuses primarily on relationships in a heterosexual binary when men perpetrate violence against female partners or vice versa. Those in same-sex relationships that fall outside of this lens have not received much attention in criminological research. The current study utilizes data from the Preventing and Assessing Intimate Partner Homicide Risk (PAIR) Studies, on three same-sex IPHs to examine the characteristics and contexts of these homicides, as well as the perceptions of others. In order, to understand characteristics that are specific to those in same-sex relationships, a case study was conducted utilizing thematic analysis to identify recurring themes or patterns in the cases. Five themes became evident through analysis including: power and control, undertreated mental illness, cultural lag, overkill, and repeat offending. The results from this study indicate that same-sex intimate partner homicides share similar characteristics and contexts with opposite-sex IPH, regardless of the relationship dyad. However, based on the relationship dyad the manifestations and context of IPV leading to IPH differ. Future research must be conducted to determine the motivations leading to, and the impact gender roles have on same-sex IPH.

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CHAPTER 1

INTRODUCTION

Intimate partner violence (IPV) is a heavily researched area in criminology; and yet, as of 2013, only three percent of those studies included LGBTQ+ (lesbian, gay, bisexual, transgender, and queer) individuals (Addington, 2020; Lantz, 2020; Messinger, 2011). As defined by the World Health Organization (2012), IPV is any physical, sexual, emotional abuse, or controlling behavior conducted by a current or former intimate partner. Research suggests that LGBT individuals experience the same if not more IPV when compared to male-female relationships (Durfee & Goodmark, 2020; Lantz, 2020; Messinger, 2011; Mize & Shackelford, 2008). In the most severe cases of IPV, intimate partner homicide (IPH) is the end result. This is when one partner takes the life of the other. Intimate partner homicide makes up one-fifth of homicides overall (Jack et al., 2018), urging researchers to investigate the mechanisms at play that lead to this crime. However, the “heteronormative bias,” as dubbed by Buttell and Cannon (2015), in current research has created a large knowledge-gap regarding IPH in same-sex relationships due to the primary focus being on heterosexual couples.

Much is known about IPH in heterosexual relationships, but the same knowledge base does not exist for same-sex dyads. Historically, IPH has been viewed through the lens of feminist theories as researchers have shown it to be a gendered crime. It is possible that through this lens individuals in same-sex relationships were overlooked or not thought of as potential victims. Indeed, the experience of LGBT individuals in relationships differs from those of heterosexual couples. After the Supreme Court decision in *Obergefell v Hodges* (2015) legalizing same-sex marriage, the percentage of

Americans agreeing with this decision has risen steadily to 71% (McCarthy, 2022). Since they have different lived experiences, the risk factors leading to IPH in same-sex couples have the potential to differ from that of heterosexuals. As a result, more research must focus on these individuals. This leads to the first research question: *What are the characteristics and contexts of same-sex IPH?* Followed by the second research question: *How are these relationships perceived by others, including loved ones and media?*

A better understanding of the prevalence and extent of same-sex IPH can inform policy and practices, making them more sensitive to the unique experiences of LGBTQ+ individuals. In this paper, the terms “men” and “male” will reference cisgender males as well as those whose gender identities align with males, regardless of their assigned sex at birth. Similarly, the terms “female” and “woman” will be in regard to cisgender females as well as individuals whose gender identities align with females, regardless of their sex assigned at birth.

Previous research, though very limited, has demonstrated a level of distrust and lack of confidence in police on part of the LGBT community since the historical response by criminal justice actors has been ineffective and at times, retraumatizing (Brown & Herman, 2015; Mallory et al., 2015). Other victim services are also unequipped to respond or aid same-sex victims in a meaningful way. For example, shelters have been designed to aid women victimized by men (Edwards et al., 2015). Through this heterosexual lens there is the potential that a female same-sex victim could be followed into the shelter by their abuser without detection, continuing their victimization in a place that is meant to be safe. For men, the complete lack of available services is concerning as current research shows that LGBT individuals experience IPV and IPH at comparable

rates to that of heterosexual couples (Durfee & Goodmark, 2020; Lantz, 2020; Messinger, 2011). Moreover, it also may be more difficult for same-sex victims to be recognized as victims due to traditional gender roles; thus, influencing their choice to use formal processes. Implementing updated practices and informed policies specific to same-sex victims can aid in preventing both IPV and subsequently IPH. This study will add to the knowledge base by including same-sex IPH cases as the main unit of analysis and potentially serving as a basis for future research on IPH contexts specific to same-sex couples.

This study examines the research questions by delving into the previous literature, discussing IPH trends and addressing risk factors known to precipitate heterosexual IPH. Following, what is known about same-sex victims of intimate partner homicide was investigated. Specifically, a comprehensive literature review of intimate partner homicide research was conducted in order to determine what already is known, what requires more research, and where there are knowledge gaps. Keywords searched include intimate partner homicide, same-sex, and LGBT. The review was limited to research conducted in the United States, and studies that compared the United States (U.S.) to another country if applicable. Restricting the research to studies done in the U.S was done to determine what is specifically known in the context where the current study took place. Directly after the literature review a rich description of the data and collection methods was discussed. A walkthrough of how thematic analysis was done to produce themes relevant to the research question follows. A discussion of the findings as well as policy and research recommendations is included at the end.

CHAPTER 2

PATTERNS OF INTIMATE PARTNER HOMICIDE: A REVIEW OF THE LITERATURE

IPH Trends and Prevalence

Intimate partner homicides encompass about one-fifth of all homicides (Jack et al., 2018). Though an overall decline in intimate partner homicide has occurred during the past two decades, as of 2014, IPH rates have steadily increased for both males and females as seen in Figure 1 (Fridel & Fox, 2019). Additionally, IPH rates are varied among demographics. Researchers have shown that the rate of IPH from the 1970s to the 1990s dropped for Black men and women, as well as for white men (Rennison & Welchans, 2000). However, for white women the rate of IPH victimization fluctuated, eventually increasing about five percent. During the same period of time, the rate of IPH of men by female partners decreased by 53% (Cooper & Smith, 2011). Paulozzi and colleagues (2001) also found that IPH in terms of race was highest among Black individuals and lowest for Asian and Pacific Islanders. Confirmed by later research, Black men and women were found to be more likely victims of IPH than their non-Black counterparts (Fridel & Fox, 2019; Petrosky et al., 2017). Figure one below illustrates this trend.

-Figure one inserted here-

Scholars have attributed the decrease in male IPH victims of female perpetrated IPH to many factors (Browne et al., 1999). First, with the increased interest in domestic violence by practitioners, more options became available to female victims that discouraged violence and offered other forms of protection (Browne et al., 1999; Dugan

et al., 1999). These options included shelters, advocacy centers, and other domestic violence services aimed at removing the victim from the unsafe situation. Another factor leading to the decrease in female-perpetrated IPH was the subsequent decline in the marriage rate of younger couples. As the demographic most at risk for homicide victimization, the decreased domesticity of young adults has been hypothesized to result in less female-perpetrated IPH incidents. However, although the rate of marital IPH declined, nonmarital IPH increased, suggesting a substitution effect (Dugan et al., 1999; Puzone et al., 2000; Rosenfeld, 1997).

When homicide data is disaggregated by location, IPH rates are varied in urban and rural areas. Existing data shows that rural rates of IPH increased from 1980 to 1999 (Gallup-Black, 2005). Smith and colleagues (2017) found that over half of IPH victims died as a result from a firearm. Additional research has demonstrated that between 2010 and 2019, 57% of female IPH victims were killed by firearm (Kaplan, 2021). Fridel and Fox (2019) found that firearm deaths in IPH contexts have increased 26% since 2010. They hypothesized the increase in rural IPH to be a byproduct of the widened use of firearms in IPV situations.

There is also an association found between firearm safety legislation and rates of IPH. In states with less restrictive firearm laws, there is an increase in IPH's of women (Gollub & Gardner, 2019). When stratified by race, Black women are killed with firearms at a rate twice that of white women (Everytown for Gun Safety, 2019). Research has demonstrated that firearms are the most common cause of death in IPH, despite other factors (Campbell et al., 2007; Petrosky et al., 2017). Women in rural areas are at the highest risk to be killed by a firearm when compared to those in metropolitan and urban

areas (Reckdenwald et al., 2019). Previous research indicates that accessibility and ownership of firearms results in increased IPH rates (Campbell et al., 2003; Kellerman et al., 1993). This is of particular concern for individuals in rural areas, as data shows that about 46% of adults in rural areas own firearms compared to 28% of suburban and 19% of urban adults (Parker et al., 2017).

Same-sex IPH rates and prevalence has not been researched or examined to the same extent as opposite-sex IPH. Forensic pathologists have conducted the existing research primarily comparing causes of death. In one case-control study of male IPH victims, results indicate that firearm deaths are more common for heterosexual victims, and sharp force injuries are more prevalent for male same-sex IPH victims (Bell & Vila, 1996).

Island and Letellier (1991) surmise that same-sex IPH is underreported due to possible misidentification in datasets. Inaccurate reports of prevalence may also be due to an individual's sexual orientation or gender identity being unknown or unavailable to the police and courts, leading to missingness in the data (Garcia et al., 2007). For example, in the Supplemental Homicide Report (SHR) which is based on incidents reported to the police, there is a large potential for miscoding of the relationship. Same-sex partners that are estranged for example, may be coded as friends or roommates leading to inaccurate data (Mize & Shackelford, 2008). To provide an example, in one study using SHR data, the victim and offender relationship was missing in 40% of cases (Fridel & Fox, 2019). Additionally, the SHR does not include a category to indicate if individuals were ex-partners, forcing those victim-offender relationships to be categorized as acquaintances (Paulozzi et al., 2001).

Proper identification of homicide-suicides is another barrier to obtaining accurate figures of same-sex IPH. The SHR is unequipped to link homicide and suicide cases, leaving researchers to conduct their own search of medical or publicly available records (Koziol-McLain et al., 2006). The scarce existing research indicates that the prevalence of IPV in same-sex relationships may be higher or equivalent to that experienced by male and female partnerships (Brown & Herman, 2015; Edwards et al., 2015; Messinger, 2011). Further, most research has also indicated that men constitute a larger portion of same-sex IPH victims, with Block and Christakos (1995) finding that males are more likely to be killed in same-sex relationships. These findings reaffirm the need to examine same-sex IPH.

IPH Victim and Perpetrator Gender

Though less likely than men to be victims of a violent crime or homicide, women are five to eight times more likely to be victimized by a male intimate partner (U.S. Department of Justice, 2000), lending to the theory that IPV and IPH are gendered crimes. Researchers have found that IPH makes up about 5-10 percent of all male homicide victims (Fridel & Fox, 2019; Garcia et al., 2007; Jack et al., 2018) while researchers have found ranges of 40 to 60 percent of IPH victims being women (Fridel & Fox, 2019; Garcia et al., 2007; Paulozzi et al., 2001). The finding that women are more likely to be victims of IPH has been consistent among research (Campbell et al., 2007; Petrosky et al., 2020; Rennison & Welchans, 2000; Tjaden & Thoennes, 2000). There are instances, however, where women kill their male partners, but researchers have demonstrated that it is typically in self-defense or in retaliation for previous abuse by the male partner (Department of Justice, 1998; Harden et al., 2019; Kellerman & Heron,

1999; Wilson & Daly, 1992a; Wolfgang, 1958). A history of abuse by the male partner is a primary determining factor in cases where women kill their male partners. Previous research indicates that about 85 percent of women killed by their male partners are IPV victims (Rennison & Welchans, 2000), and women who kill their partners have been victims of IPV perpetrated by the male partner in a majority of cases (Campbell et al., 2003; Harden et al., 2019).

Frankland and Brown (2013) theorized that in same-sex relationships, the sexual orientation of individuals is of little relevance to IPV, while the gender configuration is indicative of the type and level of violence used. Men are conditioned to resort to violence when issues arise, whereas women have been associated with having emotional responses (Island & Letellier, 1991). Following this hypothesis, some researchers posit that male same-sex relationships contain the highest chance for IPV, followed by heterosexual, and then female same-sex couples. Results confirming this hypothesis are mixed (Messinger, 2011). Researchers using the National Violence Against Women Survey found that IPV is more common for individuals with a history of same-sex relationships compared to those who have only dated those of the opposite sex.

Additionally, they note that of those with same-sex histories, both men and women were more likely to be victimized by a male (Tjaden et al., 1999; Tjaden & Thoennes, 2000).

Risk Factors for Heterosexual Intimate Partner Homicide

Risk factors for IPH are predictable characteristics of a relationship or of an individual that increase the chance of a lethal event occurring. Wilson and Daly (1992a, 1992b, 1993a, 1993b) conducted many of the first studies investigating the homicide of women by their intimate partners. Guided primarily by evolutionary psychological

theory, they found male sexual proprietariness to be central to lethal violence against women. They identified separation, extreme jealousy, the presence of a non-biological child in the home, and coercive control as the first risk factors for IPH (Daly et al., 1997; Wilson & Daly, 1992b; Wilson & Daly, 1993a). The continued identification and validation of risk factors by researchers has led to the development of risk assessment tools, used to predict lethality risk.

Influenced by Wilson and Daly's earlier work, Campbell and colleagues (2003) set out to identify risk factors for intimate partner homicide in their 11-city case control femicide study. Cases were femicide victims and the controls consisted of randomly selected women from the same geographical area who had been abused. The study used official police records and interviews with close family members or friends of victims, and interviews with a control group of intimate partner violence to gain further context on the relationships that resulted in femicide. This study identified 19 risk factors predicting IPH. These risk factors include an increase in the frequency or severity of violence, perpetrator gun ownership, recent separation, perpetrator unemployment, past use or threats with a weapon, threats to kill, avoiding arrest, presence of non-biological children of the perpetrator, forced sex, strangulation, perpetrator drug use, perpetrator alcoholism, coercive control, extreme jealousy, beating while pregnant, perpetrator suicide threats or attempts, survivor belief that the perpetrator could kill them, and stalking (Campbell et al., 2003).

Previous History of IPV

A previous history of intimate partner violence has consistently been found to present a heightened risk for IPH (Bailey et al., 1997; Campbell et al., 2003, 2007; Garcia

et al., 2007; Kellerman & Heron, 1999). Campbell (1992) identified 64% of femicide victims as previously abused by their male partner. Kellerman and colleagues' (1993) case-control research also identified a history of physical altercations in the home as significantly correlated with homicide risk. Bailey and colleagues (1997) were also among the first to identify prior domestic violence as a correlate for intimate partner homicide. Described as a culmination of violent incidents over a period of time, Block and colleagues (2000), using data from Campbell and colleagues (2003), found that 87% of IPH victims in Chicago had been abused by their partner in the year leading up to the fatal incident. Campbell and colleagues (2003), using the same data, found that overall, victims were physically abused prior to their death in seventy percent of cases that resulted in intimate partner homicide.

Increase in Frequency or Severity of Violence

Block and colleagues (2000) while analyzing a subset of Campbell and colleagues (2003) data in Chicago, find that the level of injury or severity, and frequency at which abusive events occur is related to a woman's risk of homicide by their partner. They additionally found that overkill, going above what is necessary to fatally injure someone, was a feature of many IPHs (Block et al., 2000). Campbell and colleagues (2003) confirmed these findings in their multi-site analysis, in which an increase in the frequency and severity of injury by an intimate partner increases risk for homicide. In creating typologies of abusive relationships, Johnson (2006) identified cases in which the violence becomes more frequent and severe as correlated with an increased risk of intimate partner homicide as well.

Perpetrator Unemployment

Campbell and colleagues (2003) also found that the most indicative sociodemographic factor leading to IPH was the perpetrator's unemployment. Women with unemployed partners were four times more likely to fall victim of fatal violence than those with employed partners.

Perpetrator Gun Ownership and Past use or Threats with a Weapon

Bailey and colleagues (1997) in their case study, found that the presence of a firearm in the home is largely related to homicide risk. Additionally, they found that the presence of a firearm was associated with an increased risk for both homicide and homicides followed by suicide. Campbell and colleagues (2003) also concluded that a firearm in the home increases the odds of lethality, with possible use in the heat of an argument or as a means to quickly and inexpensively end a relationship (Fox & Fridel, 2017). This is consistent with findings that guns are the most common weapon of choice in IPH (Bailey et al., 1997; Campbell et al., 2007; Kellerman & Heron, 1999; Petrosky et al., 2017), possibly due to their accuracy and lethality. As mentioned earlier, IPH rates may be increasing due to the growing use and availability of guns (Fox & Fridel, 2017, 2019). Occurrences of IPH involving firearms have escalated 26 percent since 2010, though the exact opposite is seen for other modes of killing, with rates actually decreasing (Fridel & Fox, 2019). Firearm ownership and threats with a firearm have routinely been found to be a top risk factor for IPH as well as severe re-assault (Aldridge & Brown, 2003; Messing et al., 2021; Spencer & Stith, 2018).

Increased homicide risk in rural areas has been hypothesized to be due to these women being more isolated and disadvantaged at protecting themselves (Gillespie & Reckdenwald, 2017). However, firearm injuries are consistently the most common cause

of death in intimate partner homicides regardless of geographic location (Campbell et al., 2007; Petrosky et al., 2017). Rurality and weapon access may also be a compounding risk factor with research showing that rural femicide victims are more likely to be killed with a firearm as compared to those in urban areas (Reckdenwald et al., 2019). In their recent study, Spencer and Stith (2020) found that access to guns increase the odds of IPH perpetration by 11 times.

Prior research finds that male IPH victims are most likely to be victim of a knife attack (Paulozzi et al., 2001; Swatt & He, 2006). Followed by the use of firearms, sharp instruments are the second most common method of injury used by male and female offenders (Aldridge & Browne, 2003; Mize & Shackelford, 2008), however women use them at a rate about double that of men (Mize & Shackelford, 2008). The use of knives by women is postulated to be due to knives being weapons of opportunity, and their usefulness in self-defense situations (Block & Christakos, 1995).

Threats to Kill

Campbell and colleagues (2003) data revealed that IPH victims whose partners threatened to kill them are 2.6 times more likely to be killed by the same partner. Another study found that women who were victims of life-threatening abuse were two times more likely to have been threatened to be killed by the perpetrator. Additionally, these abusive partners are more likely to have threatened or frightened the victim's friends or family members (Brady & Hayes, 2018).

Avoiding Arrest

Research has shown that a protective factor against femicide is if the abusive partner has been arrested for domestic violence (Campbell et al., 2003). These arrests

must take place under certain conditions, otherwise there is an increase in the risk for homicide. The victim must have safety planning, coordinated community response to the abuser, and ongoing risk management for arrest to truly be protective (Campbell et al., 2003). If these conditions are not met, the abusive partner may retaliate for the involvement of the police and heighten the risk of IPH (Campbell et al., 2003).

Presence of Non-biological Children

The first researchers to identify non-biological children in the home as a risk factor were Daly, Wiseman, and Wilson (1997). Step-children are overrepresented as victims related to an intimate partner homicide (Daly et al., 1997). Influenced by their research, Campbell and colleagues (2003) included step-children in the homes as a risk factor in their analysis of femicides. They found that step-children or non-biological children in the home increased the risk of homicide by more than double.

Coercive Control

Wilson and Daly (1993a, 1993b) describe coercive control as an extreme manifestation of violent tendencies. The threat of a violent death or bringing someone within inches of death, is an effective way to gain their compliance. Aldridge and Browne (2003) added that men who subject their partners to extended periods of coercive abuse and assaults are more likely to eventually kill their partners. Stark (2007) contends that coercive control is central to physical violence in violent relationships, but it extends further into psychological abuse. This can manifest in the microregulating of the abused partners life, effectively trapping them in the relationship. Stark (2013) characterizes coercive control as oppressive behaviors that involve low-level physical abuse, sexual coercion, as well as intimidation, degradation, isolation and control of victims. Dobash

and Dobash (2015) also conclude that many intimate partner homicides involve a history of coercive control prior to the fatal incident. In analyzing reports of IPV to police, Myhill and Hohl (2019) identified the use of weapons during abuse as associated with a pattern of coercive control. Spencer and Stith (2020) identified the perpetrators controlling behaviors as among the strongest predictors of intimate partner homicide.

Forced Sex

Campbell and colleagues (2003) analysis showed a significant relationship between forced sex and an increased risk of homicide for women. Another study found that over half of femicide victims had been forced into sex or sexual acts (Koziol-McLain et al., 2006). Later research discusses male feelings of ownership and forced sex as a means to objectify and control the woman. This high level of control and violence through forced sex was only found in lethal cases of analysis, indicating forced sex as a risk factor for IPH (Dobash et al., 2007).

Strangulation

Dobash and colleagues (2004) report that men tend to use intimate or hands-on forms of physical violence, such as strangulation, when perpetrating IPH. One risk factor for IPH that is both a form of physical violence as well as a unique form of coercive control is nonfatal strangulation. Glass and colleagues (2008a) saw that IPH victims are more likely to have been non-fatally strangled prior to the homicide than cases that did not become fatal. For those who had been strangled, the risk of an attempted or completed homicide increased seven times, with 43% of completed IPH victims having been previously strangled (Glass et al., 2008a).

Researchers have also found that strangulation is typically not a one-time occurrence, with some women reporting victimization over 50 times (Breiding et al., 2014). More recently, Messing and colleagues (2014) found that strangulation co-occurs with other methods of serious violence such as sexual assault. In one study, 68% of women that were contacted by police after an IPV incident indicated strangulation (Messing et al., 2018). Non-fatal strangulation is a unique form of coercive control and injury that has the potential to go undetected by police or other first responders in instances of IPV, increasing risk of later IPH by almost eight times (Glass et al., 2008a; Messing et al., 2021). However, when someone is strangled the injuries may not be visible to the naked eye and internal bruising can occur (Messing et al., 2021). Bruising can also appear many days after the initial incident hindering immediate detection. For the victim, side effects include memory loss, confusion, and panic, which has the potential to compromise their credibility (Messing et al., 2021). This is problematic as research has shown that coercive control is positively associated with risk of IPH (Myhill & Hohl, 2019).

Perpetrator Drug Use or Alcoholism

Although there have been mixed findings regarding alcohol and drug use, most studies find that there is an increase in IPV or IPH risk when it is present. Sharps and colleagues (2001) found that the actual number of drinks a perpetrator had was not as indicative of homicide risk as being described as an alcoholic or binge drinker. Those who were described as alcoholics are twice as likely to engage in lethal violence. Additionally, a significant proportion of IPH perpetrators were under the influence of alcohol, drugs, or both at the time of the fatal incident (Sharps et al., 2001). Another

study using the same descriptors, found that heavy drinking by the perpetrator increased risk of IPV by five times (Lipsky et al., 2005). Further, women with partners that drank heavily were found to experience a 6.7 times higher prevalence of IPH (Weinsheimer et al., 2005). Campbell and colleagues (2007), using the same data as Sharps and colleagues (2001), note that though alcohol use does not have the same predictive power as other risk factors, in their analysis about seventy percent of male perpetrators indicated that they were under the influence of drugs or alcohol at the time of the incident.

Extreme Jealousy

Wilson and Daly (1993a) through an evolutionary psychological perspective discuss how jealousy and violence are linked. If a male perceives a threat to his partner he can respond in many ways, one of which is violence to stop the threat. They also discuss gender differences. Men tend to become jealous when they believe their partner is unfaithful. Women however focus on the allocation of resources and if the male partner is providing other women with their attention. In their study of homicides of women, Wilson and Daly (1993a) found the majority of the sample's motive was due to suspected or actual infidelity, or the female partners intention to leave the relationship.

Beating While Pregnant

Pregnancy is another risk factor for IPH, especially if it was unplanned (McFarlane et al., 1995). In one study, Horon and Cheng (2001) found that pregnant women were more likely to die from homicide than anything else. Black women are particularly at risk for IPH when pregnant, having an increase three times that of white women for abuse during pregnancy as well as attempted or completed femicide (McFarlane et al., 2002). On a broader scale, researchers using the same data have found

that pregnant women are at two to three times the risk of intimate partner homicide than women who are not pregnant (Campbell et al., 2003). Additionally, women that were abused during pregnancy are more likely to have experienced stalking and threats from the perpetrator (Campbell et al., 2003). There is also the hypothesis that highly jealous men may believe that the unborn child is not theirs leading to their killing of the mother (Campbell et al., 2003). This “male sexual competitiveness” is present when there are step-children in the home. Indeed, the presence of a step-child increases risk of IPH by a little more than two times (Campbell et al., 2003).

Perpetrator Depression and Suicide Threats or Attempts

Men with depression have been found to engage in severe IPV, when compared to perpetrators of mild forms of IPV (Danielson et al., 1998). Suicide threats or attempts by the perpetrator additionally is a risk factor for IPH, with 27 to 32 percent of cases in one study resulting in IPH-suicides (Campbell et al., 2007). In one longitudinal study, researchers found that boys who had attempted suicide were more likely to become aggressive towards an intimate partner later in life (Kerr & Capaldi, 2011). Across IPH and IPH-suicide studies, depression was found in 19 to 87 percent of cases, and more commonly among older men (Roma et al., 2012). Some recent studies have examined the association of depression in men and intimate partner homicide risk, hypothesizing depression as an additional risk factor (Cheng & Jaffe, 2021). Cheng and Jaffe (2021) found that depression may manifest in men as anger or aggression, substance use, irritability and risk-taking behaviors as compared to women who tend to socially withdraw. Following growing and consistent research, domestic homicide fatality review

boards have begun identifying depression as a top risk factor for IPH (Cheng & Jaffe, 2021).

Belief the Perpetrator Could Kill Them

Researchers have hypothesized that victims of abuse use minimization strategies to cope with the violence and trauma that they are enduring. In doing so, over half of victims of attempted or completed IPH incorrectly assessed their risk for homicide in one study (Campbell et al., 2003). Accurate perceptions of high risk by victims indicate that those who believe their abuser could kill them are typically correct and their concerns should not be ignored. Sabri and colleagues (2014) indicate that a woman's fear of their partner is significantly related to a heightened risk of lethal violence. Specific to Black women, individuals who fear their partners is correlated with a one and a half times increase in the risk of IPH (Sabri et al., 2014).

Stalking

Stalking is another risk factor that garners attention and is a particularly persuasive form of coercive control. McFarlane and colleagues (2002) found that victims of IPH were significantly more likely to be stalked within the twelve months prior to the fatal incident. Stalking behaviors include being spied on, receiving unwanted phone calls, and attempts at communication against the victims will (McFarlane et al., 2002). In another study, victims of attempted homicide reported being stalked by their intimate partner in 91 percent of cases and 23 percent of IPH victims were stalked prior to their death (Aldridge & Browne, 2003). Stalking behaviors that were the most predictive of homicide were following the female to work or school, destruction of her property, as well as leaving threatening messages on phone answering machines (Campbell et al.,

2003). Perpetrators who stalk their partner do it as a means to establish psychological dominance, power, and control over them (Brady & Hayes, 2018). More recent findings indicated more instances of property destruction and being followed or surveilled, such as the offender sitting outside of their home or work (Brady & Hayes, 2018). Though Campbell et al (2003) was instrumental in identifying these risk factors, as society and technology have advanced, there is a need to continually examine the ways in which perpetration can adapt (Messing et al., 2021). Stalking for example, can easily be done through a cell phone, social media, or other mediums that were not as popular or did not exist when the Campbell femicide study was first conducted.

Separation After Cohabitation

Separation, or the threat of separation after cohabitation, has consistently been confirmed as a risk factor for IPH. Some have found that the increased risk from leaving is not long-term and has been shown to decline after 12 months (Campbell et al., 2003; Wilson & Daly, 1993b). However, in another study using the same data as Campbell and colleagues (2003), researchers found that lethal events in Chicago occurred a year to a decade after separation (Block et al., 2000). This decrease in risk may be due to exposure reduction theory. As discussed earlier, declining rates of marriage and domesticity, though impacted by many factors, was largely due to the availability of domestic violence services (Dugan et al., 2003). According to exposure reduction theory, as women are able to safely leave abusive relationships, their risk of fatal violence decreases (Dugan et al., 2003). Other researchers found that risk increases about five times if the victim left their abuser for someone else or if the perpetrators abuse was triggered by jealousy (Campbell et al., 2003b; Garcia et al., 2007). When the perpetrator is highly controlling there is an

increased risk for femicide as well. It is possible that when a victim leaves their abuser, the perpetrators loss of control may trigger lethal violence. Additionally, leaving the abuser for another individual, or the belief that the victim is leaving to be with someone else can induce the sentiment of, “if I cannot have you, no one can” that is commonly seen in homicide suicides and should not be ignored (Campbell, 2012).

Risk Factors for Same-sex Intimate Partner Homicide

There are many articles examining same-sex IPV, and some that include same-sex IPH cases, though they are not the main variable of interest. However, to date, only two studies directly examine same-sex IPH as the main variable. Beginning with Glass and colleagues (2004), a case study approach was selected to compare both attempted and completed female same-sex IPH. Utilizing data from the Campbell et al. (2003), study, nine cases of attempted or completed female same-sex IPH’s were identified. Through their in-depth analysis, risk factors including prior physical violence, controlling behaviors, jealousy, alcohol and drug use, a lack of social support and ending the relationship were found to increase risk for homicide.

Similar to the Campbell and colleagues (2003) study, the severity and frequency of physical violence increased leading up to the fatal event. Notably, the perpetrators escalation to nonfatal strangulation indicates an increased risk of IPH. However, specific to female same-sex IPH, physical violence in public by the abuser is a precipitating risk factor to a fatal event (Glass et al., 2004). Limitations of Glass and colleagues (2004) research include the underlying theory used to create their questionnaire. By relying on previous IPH literature that views women as victims and men as perpetrators, there is the potential that risk factors specific to females in same-sex relationships were missed. For

example, the sexual identity of individuals and following isolation due to their identity was not captured (Giorgio, 2002).

Later, Mize and Shackelford (2008) using data from the Supplementary Homicide Report examined the differences in modes of killing depending on the IPH perpetrator's sexual orientation and gender. Homicides that were coded as "very brutal" included those done by means of beating or stabbing. On the following tier, "less brutal" homicides were those completed using a firearm or asphyxiation. They found very brutal IPHs to be more prevalent among same-sex pairings. Additionally, firearms are the weapon used most often irrespective of the offender's gender. However, knives are used most often among women as indicated by Block and Christakos (1995), as well as by men in same-sex relationships. Lastly, rates of IPH were highest for men in same-sex relationships, followed by heterosexual couples, and finally women in same-sex relationships (Mize & Shackelford, 2008).

Weapon and Level of Injury

Island and Letellier (1991) suggested that due to societal norms condoning violence between men, male same-sex IPV and subsequently IPH may occur more often than predicted. In cases that escalate to IPH, same-sex victims are more likely to be killed by sharp force injury than gunshot wounds (Garcia et al., 2007). Garcia and colleagues (2007) posited that same-sex IPHs are more violent than opposite-sex due to the greater number and extent of injuries present in these cases. Other researchers have described same-sex homicides as having a greater chance of involving blunt force trauma, strangulation, multiple sharp force injury, multiple modes of injury, as well as overkill (Myers & Chan, 2012). More recent research found that the level of IPV injury is largely

associated with the relationship dyad, minor injury being common among female same-sex partners and severe injury more common among male same-sex partners (Messing et al., 2021).

Coercive Control and Strangulation

Similar to opposite-sex IPH, research suggests nonfatal strangulation may also be a risk factor for IPH in same-sex couples. On a broader scale, much of the research examines the use of coercive control in these dyads, of which nonfatal strangulation is a unique form. As pointed out by researchers, bringing someone within inches of death through strangulation is a rather persuasive way to control them (Dutton & Goldman, 2005). The original typology was outlined by Johnson (1995, 2008), characterizing coercive control as one partner's continued efforts to establish and maintain both power and control over the other.

One issue found in previous research is the use of composite variables. For example, in the Chicago Women's Health Risk Study (CWHRS), female same-sex IPV victims were included in their analysis. However, the composite variable included being beaten up, choked, or seriously injured, rendering the main effects of one type of violence unidentifiable. The CWHRS found that women in same-sex relationships were 50% more likely than those in relationships with men to have been beaten up, choked, or seriously injured in at least one incident of violence (Block et al., 2000).

Mize and Shackelford (2008) also used a composite variable in their analysis, combining strangulation, drowning, and suffocation. Though this variable is higher for same-sex couples in their results, due to the way in which it is coded it is unclear if a single element is driving the elevated occurrences. Interestingly, Frankland and Brown

(2013) found mutual coercive control to be more common in same-sex couples than in opposite-sex dyads. Also referenced as bi-directional aggression (Bartholomew et al., 2008), individuals in these dyads engaged in higher levels of psychological, physical, and sexually aggressive behaviors. Additionally, these victims had a larger breadth and severity of injuries. Researches note that the binary in which victims and perpetrators are seen may not apply to those in same-sex relationships due to mutually coercive control (Frankland & Brown, 2013). However, they also saw a small percentage of same-sex victims experience nonviolent coercive control, a typology not included in seminal research on IPV typologies (Johnson, 1995, 2008).

Nonviolent coercive control is devoid of physical violence but has elevated levels of psychological and emotional abuse. This includes monitoring the victim's social media, demeaning them, or accusing them of cheating. In Frankland and Brown's (2013) findings, those in the nonviolent coercive control typology had similar levels of control to those found in intimate terrorism dyads. Their concluding argument asserts that coercive control is essential to IPV in all gender configurations, but the manifestations of control are dependent on the gender configuration (Franklin & Brown, 2013). Others in the field make an argument that from the absence of gender differentials in same-sex relationships, stressors such as power struggles, income, or level of "outness" are elevated leading to coercive control by the perpetrator (Edwards et al., 2015).

Minority Stress

Self-identified gay and lesbian individuals report feeling isolated from their families and a lack of emotional support from them (Kurdeck, 1988; Kurdeck & Schmitt, 1987), especially during the initial period of time when they divulged their sexual

orientation (LaSala, 2000). Additional to stressors that individuals in opposite-sex relationships experience, those in same-sex relationships go through discrimination, violence, and other manifestations of oppression with the potential to lead to negative behaviors and outcomes (Meyer, 2003). This has also been described as the Sexual Minority Stress model, where those in the group go through unique stressors that those outside of the group cannot ever experience (Meyer, 2003). Some stressors include concealment of one's sexual identity, as well as internalized homonegativity, both of which have been found to increase the likelihood of IPV perpetration (Edwards & Sylaska, 2013; Glass et al., 2008b; Kimmes et al., 2019; Messinger, 2011). Additionally, stress from visibility issues, family conflict, and internal conflict over sexual orientation can affect those in same-sex relationships. It is possible that due to the compounding stress, there is a resulting heightened risk for IPH that requires investigation.

Mental Illness

Higher rates of mental illness, though not an identified risk factor for IPH, has been found within individuals who are neither cisgender or heterosexual. Individuals who are not heterosexual are twice as likely to experience mental illness (Medley et al., 2016), and those who are transgender are four times as likely as cisgender individuals (Wanta et al, 2019). Additionally, those who are LGBTQ+ are at a significantly higher risk than cisgender, heterosexual individuals to have suicidal thoughts or attempts (NAMI, n.d.). For example, 40% of transgender individuals, compared to five percent of the general population, have attempted suicide (James et al., 2016).

Risk Factors for Female Same-Sex IPH

Although the majority of research on risk factors related to IPH have focused on the LGBT community as a whole, some studies examine IPV among specific dyads. Research delving into female same-sex IPH found that physical violence becomes more frequent and lethal over time. The most common manifestations of physical violence include pushing or shoving, striking with a fist or open hand, scratching or hitting one's face, breasts, or genitals, as well as throwing items (Renzetti, 1988, 1992). Risk factors for female same-sex IPH include increasing levels of violence, jealousy, substance use by the abuser, the use of weapons, as well as a lack of social support. Other researchers have added that sexual violence and coercion is common in female same-sex relationships, with over 50% of participants in one study indicating they had experienced a form of sexual violence (Waldner-Haugrud & Gratch, 1997). Glass and colleagues (2004) analysis also indicate an increase in the severity and frequency of violence as a risk factor for fatal violence. From their study, a validated scale was created consisting of eight factors predicting re-assault for women in same-sex relationships.

Overall, the risk factors for women in same-sex relationships are very similar to those of women killed by men. This suggests that power and control may be crucial to motivation for IPH and attempted IPH regardless of gender configuration (Glass et al., 2004). Women in same-sex relationships have been found to commit IPH at a lower rate than all other relationship dyads, however, when women are perpetrators it is typically more violent than those who kill men (Mize & Shackelford, 2008).

Taken together, the existing literature suggests that risk factors for IPH for those in same-sex and opposite-sex relationships are similar and may overlap. An increase in the severity and frequency of IPV, coercive control, jealousy, alcohol or drug use have

consistently been found to precede both same-sex and opposite-sex IPH. However, due to the dearth in research focusing specifically on IPH in dyads other than male-female, it remains unknown if there are risk factors or contexts specific to same-sex IPH. The current study seeks to fill this gap by directly examining same-sex IPH and the characteristics of relationships leading to it.

CHAPTER 3

METHODS AND DATA

This study aims to increase the understanding of same-sex IPH and the contexts and characteristics of relationships that precipitate it. The research questions this study seeks to answer are, “*What are the characteristics and contexts of same-sex IPH?*” and “*How are these relationships perceived by others, including loved ones and media?*” Though a sizeable amount of research exists regarding same-sex IPV, the same wealth of knowledge does not exist around same-sex IPH. By answering the aforementioned research questions, the experiences and contexts leading to same-sex intimate partner homicide can be better understood.

This study contributes to both the IPH and queer criminology literature. Specifically, this study will contribute to the knowledge base on the contexts and characteristics of LGBTQ+ IPH homicide by ascertaining if there are differences in the motivation, previous violence, or other mechanisms preceding same-sex intimate partner homicide compared to what is known about opposite-sex IPH. It is imperative that the experience of individuals who do not fit into the heteronormative lens are understood so that policy and prevention efforts can be guided by the evidence. Indeed, most, if not all, of the current used risk assessment tools focus on hetero relationships. In the context of the current world, research on same-sex intimate partner homicide is a necessity as these events do occur and deserve the same recognition and prevention as opposite-sex IPH. It is important to note that this study examines same-sex IPV and IPH through individuals in same-sex relationships. This study therefore does not capture the experience of those who are genderqueer or nonbinary.

PAIR Studies

Data from this study come from the Preventing and Assessing Intimate Partner Homicide Risk (PAIR) Studies. The PAIR Studies use a case-control design. Case-control studies are interested in the factors leading to a specific outcome. A group of cases that have the outcome of interest are selected as the cases. The control group is similar to those in the cases, however they do not have the outcome present (Tenny et al., 2022). The PAIR Study focuses on identifying the risk factors of IPH. It is a multistate effort across six states in the United States (U.S.): Arizona, Maryland, New Jersey, Oregon, Texas, and Missouri. Like the Campbell femicide study, homicide victims are the cases, and survivors of intimate partner violence are the control (Messing et al., 2021). Individuals with the condition present are purposefully selected as the cases.

To accurately capture the frequency of IPH, the study began with medical examiner's office reports for all homicides in the states of interest. After identifying cases that were IPH or suspected to be IPH but needed more contextual information, researchers accessed police investigation reports and available online media articles, and court data, to triangulate data. PAIR studies researchers also interviewed proxy informants to gather a more detailed account of the factors leading to intimate partner homicide on a case-by-case basis (Campbell et al., 2003; Messing et al., 2021).

A data collection codebook was created by the primary investigators for researchers across the six study states to reference. The codebook was guided by the 19 risk factors for IPH, in addition to updated research on novel risk factors. Novel risk factors, such as firearm use and access, protective orders, and technological abuse, are those still being researched as potentially leading to IPH (Campbell et al., 2021). The

codebook was used alongside a homicide case file to guide researchers to abstract the data that was needed for the purpose of the PAIR studies. Abstracted data from police, medical examiner's, as well as media articles included: victim and offender relationship and demographics, case status (police and court), details of homicide incident (motive, cause of death, location), and intimate partner relationship information. One survey item lists the 19 known risk factors and allows abstractors to select which are present in the case they are coding. Additionally, there are items asking about specific behaviors, for example, one item asks if there was evidence of strangulation found by the medical examiner's or police.

Case abstractors were trained on medical terminology indicating strangulation, and additionally what to look for if the medical examiner did not specifically list strangulation. Case abstractors also went through multiple in-depth trainings conducted by primary investigators of the PAIR study. These trainings ensured that coders understood IPV, IPH, and abusive tactics associated with both. While reading through case files, coders utilize their training as well as the codebook to extract relevant information for the PAIR studies. The codebook included definitions and examples of what data or variables were directly referring to and led researchers through the data collection survey. The codebook ensured that relevant data was consistently extracted and entered into survey software for later analysis.

Current Study

The current study employed a subset of data from the PAIR Studies. A multiple-case study approach was utilized for the current research, and same-sex intimate partner homicide cases were purposively selected for review from the state of Arizona. Arizona

was selected for convenience purposes since case file data collection is complete in the state. The case study methodology was particularly fit for the research question, as it allows for the in-depth investigation of cases in which little is known.

A case study “explores a real-life, contemporary...multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information...and reports a case description and case themes” (Creswell, 2013, p. 97). By other definitions, a case study is an analysis of systems under a wide-ranging view in which multiple methods may be used (Thomas, 2011). Additionally, a multiple-case study was selected to allow an understanding of similarities and differences within and across cases (Baxter & Jack, 2008).

In the current study, eligible cases, IPHs involving same sex couples, were identified through medical examiners’ reports entered by PAIR researchers into STATA. Categories the PAIR studies include in their abstraction for sex include: male, female, and other with an option to enter text. Three cases in which both the victim and perpetrator were the same sex occurred in Arizona during the years 2016 through 2019. To ensure no cases were missed, all “other” entries were read, and no additional cases were identified. Individuals in same-sex relationships do not always identify by perceived labels, such as gay or lesbian; therefore, this study does not utilize those terms. All three cases occurred in a Metropolitan area. Two cases were female same-sex homicides, one including a transgender female perpetrator (referenced as Case 2 for clarity). The third case reviewed was a male same-sex homicide (Case 3).

Police investigation reports were utilized to gather all information available about the same-sex intimate partner homicide cases identified. As per a data sharing agreement

with relevant police departments, investigation files were accessed in-person, after the departments completed a background check on the researcher. Due to the confidentiality of reports, inter-rater reliability was not achieved and there was only one coder, the author. Guided by thematic analysis, a qualitative method that involves identifying recurring patterns or themes in data, police homicide reports were read multiple times and direct quotes were abstracted into a Microsoft Word document for analysis (Braun & Clark, 2006). In addition, media articles, social media accounts, and court records were accessed and analyzed in the same manner, and quotes were abstracted to an Excel sheet for thematic analysis.

Social media accounts were searched for using the victim and perpetrators names on various platforms including Facebook, Twitter, Instagram, and LinkedIn. The perpetrator and victims in Case 1 were active on social media, though their accounts were memorialized after the incident. Both the victim and perpetrator in Case 2 also had Facebook accounts that were located. However, only perpetrator 3 had a social media presence in Case 3. Once accounts were located, each was thoroughly searched and read through. This included reading posts, shared posts or links, “liked” profiles or pages, and interactions with others. Additionally, any interaction between the victims and perpetrators were noted and extracted to a Microsoft excel sheet. The dates of posts and comments were also noted to determine what was written after the IPHs had occurred.

Setting

As of 2017, Arizona ranked seventh among the nation in femicides per capita (Violence Policy Center, 2019). Additionally, the homicide rate is 7.5 per 100,000 persons in Arizona, slightly lower than the United States rate of 7.8 (CDC, 2020). It

should be noted; however, that the homicide rate in the United States spiked in 2020, rising from 6 persons per 100,000 to 7.8 persons, the highest it has been since 1995 (CDC, 2020).

All three cases in this study occurred in a metropolitan area, which has a population of approximately 4.5 million individuals (U.S. Census, 2021). The largest age cohort in the metro area is comprised of 40 to 64-year-olds, followed by children (aged 17 or younger). A majority of residents in the metro area are white, followed by Hispanic and Black individuals. The median household income is \$42,000 for single individuals and around \$60,000 for families, with about 16% of the area falling under the poverty line. (U.S. Census, 2021).

In Arizona, approximately 4.5% of adults over the age of 18 identify as LGBTQ+ (The Williams Institute, 2019). As a historically conservative state, Arizona ranks among one of the lowest in the United States in regard to equality of LGBTQ policies and laws, scoring a 2.25 out of 42.5 possible points on a scale developed by the LGBTQ+ rights organization, The Movement Advancement Project ([MAP], 2022). The 2.25 points relate to 35 pro- or anti-LGBTQ policies and laws in the state. These laws are grouped into categories such as criminal justice, the ability of transgender individuals to correct their name or gender markers on identification documents, healthcare, and parental recognition to name a few (MAP, 2022). For those with gender identities outside of the male-female binary, the equality of policies in Arizona are in the negatives, ranked -3.5 out of 22 possible points (MAP, 2022). Additionally, out of the 15 counties in Arizona, none have laws that prohibit discrimination based on sexual orientation or gender identity in private employment, housing, and public accommodations. There is also only one county out of

the 15 in Arizona, Pima County, that prohibits conversion therapy for minors (MAP, 2022).

Data Source

During the years between 2016 and 2021, 151 IPHs occurred in Arizona. In addition, 95 other homicides occurred in the state during that period which may be dubbed intimate partner related homicides (IPRHs). These include incidents in which an individual who was not the intimate partner of the perpetrator was killed, such as a bystander, a friend, new persons who become romantically involved with a perpetrator's former partner, or even a child of any such person. An additional 500 medical examiner's office cases were unknown or unclear on the victim offender relationship (VOR) and could possibly fall into the former and latter categories.

In some cases, the identity of the perpetrator was unknown at the time of the autopsy. It is possible that after further investigation, the VOR may have revealed that unknown cases were IPH or IPVR. Three same-sex IPHs were identified through medical examiners' office (MEO) records that were originally entered by PAIR researchers into a Qualtrics survey, and then STATA, a statistical software.

To identify cases potentially involving transgender individuals, the variables for victim and perpetrator coded as "other" were sorted and read, and no additional cases were found. All cases that were not coded as IPHs were then dropped from the dataset, resulting in a total of 126 remaining IPHs. Next, a crosstabulation was employed to examine cases coded as IPH and victim and perpetrators sex. A total of five cases were identified in which both the victim and perpetrator were the same sex. To be included in the study, both the offender and victim had to be of the same-sex and in a romantic

relationship at some point during the study years. Two of the five identified cases were dropped from analysis due to incompatibility with the inclusion criteria. One same-sex male case was abstracted incorrectly, and after media and court records were reviewed it was found that it was a male perpetrated IPH of a female. The other excluded case involved a total of two couples in a swinging relationship in which one male partner killed the other male partner. Due to the inability to determine the intricacies of the intimate relationship, this case was also removed from the analysis.

Following identification through MEO files in STATA, corresponding police reports for the three same-sex homicides were accessed. Due to all three homicides proximity, they were investigated by the same police department. Files were located in person through the department's secure system. These files were read multiple times, and direct quotes and information were pasted into a separate Microsoft Word document.

Media articles were then found through a Google search of the perpetrator and victims' names. Links to articles for each case were entered into a Microsoft Excel sheet. Nine articles were written covering Case 2, seven covered Case 1, and 14 were found for Case 3. Next, social media accounts were searched for, and relevant quotes were entered into the same Excel sheet that contained media article links, but on a separate tab, when accounts were found. Accounts for all three perpetrators were located, but only two victims were active on social media. Profiles were read through multiple times including interactions with others as well as comments left after the incidents occurred.

Lastly, a search of both the victim and perpetrator's names was completed on the Arizona Judicial Branch website to locate any previous cases as well as court proceedings for the current cases. No publicly available records were located for any cases prior to the

homicide. Due to both female same-sex IPH cases resulting in a homicide-suicide, there were no charges filed against the deceased individuals. Case 3 however, was fully adjudicated and a complete homicide case history was available, though most records were sealed.

Analysis

Thematic analysis was selected for this study due to its flexibility and ability to address exploratory research questions (Braun & Clark, 2006). Thematic analysis is not restricted by pre-existing theory, and therefore can be utilized within varying frameworks. It is a qualitative research method that involves identifying, analyzing, and reporting patterns found in a dataset (Braun & Clarke, 2006). Guided by contextualist methodology, cases were analyzed for how events, realities, meanings, and experiences are understood by individuals, and additionally, how the larger social context pervades these meanings (Braun & Clark, 2006). After being granted access by the police department, the coding process began by reading each homicide investigation report. Due to the confidentiality of the records as well as the inability to remove them from the police department, manual notes were taken.

The coding process included reading the police reports, MEO records, court records, social media posts and news articles a minimum of three times. Once without taking notes to become familiar with the cases, another with notes, and a third time to reevaluate initial codes and in case any had been overlooked or needed revisions. Due to the fluid nature of qualitative analysis, cases were read and re-read multiple times throughout the analytical process (Braun & Clark, 2006). Police case files, news articles, social media accounts and available court records were reviewed using both inductive

and deductive analysis methods (Braun & Clark, 2006). Inductive analysis is commonly referred to as theory-building, or “bottom-up” strategies. It is data-driven, and themes reflect what is seen in the data and is not limited by existing theory or assumptions. Deductive, or “top-down,” analysis, on the other hand, is rooted in theory and codes are based on a priori assumptions (Braun & Clark, 2006).

Beginning with a deductive strategy, known risk factors for IPH were listed as the initial set of codes (Campbell et al., 2003). Each case file was read, and pieces of the narrative that aligned with known risk factors and theory were extracted. After, case files and articles through an inductive approach, were rigorously read using an open coding schema noting frequently appearing words, patterns, or common themes. The use of deductive and inductive methods was employed to determine what patterns are consistent with opposite-sex IPH, and for the focus of this research, what is unique to same-sex IPH.

Through this analytical process, initial codes were identified. Codes are tags or labels given to qualitative pieces of data to describe and give meaning (Miles & Huberman, 1994). Initial codes included labels such as nonphysical control, parental support, and societal attitudes. After initial codes were created, they were compared, and collated into themes and sub-themes for each case. Codes that could be collapsed into broader themes were combined, and other codes were moved into sub-themes that detail nuances within the overarching themes. Then, a cross-case analysis was conducted to compare themes and sub-themes across all three cases, noting any consistencies (Creswell, 2013). After original themes were identified, they were reviewed in relation to the research questions and to ensure clear distinctions between themes (Braun & Clarke,

2006). Data saturation occurred after each case was read five times, and no new themes appeared, and when all cases could be sufficiently explained by the finalized themes (Birk & Mills, 2011). In typical qualitative analyses, quotes would be attributed to their source (Braun & Clark, 2006), however due to confidentiality concerns, and the use of privileged information, only quotes will be provided.

CHAPTER 4

RESULTS

As discussed in the methodology, three same-sex intimate partner homicide cases were reviewed in-depth. To answer the research question, *What are the characteristics and contexts of same-sex IPH*, and *How are these relationships perceived by others, including loved ones and media?*, a thematic analysis was used. Case summaries are provided for all identified cases, then a discussion of the themes is presented.

Case Description

Case 1

For clarity, the victim in this case will be references as victim 1, and the perpetrator will be referred to as perpetrator 1. The women in this case met a year and a half prior to the fatal incident and were in an on-again, off-again relationship during this period. Their relationship was described as “volatile” and the two “were not able to get along.” Their friends also believed that the relationship was “based on sexual attraction prior to getting serious.” The two had lived together for about three months, but after perpetrator 1 invaded victim 1’s privacy by going through her laptop and emails she moved out. The two constantly got into verbal altercations, some of which involved the perpetrator accusing the victim of cheating. The perpetrator became increasingly jealous of the friendships that victim 1 was making with individuals to whom the perpetrator had introduced her. The perpetrator told friends that she felt “betrayed” due to her friends “taking [the victims] side when trouble started.”

About three months prior to the fatal incident, the victim broke up with the perpetrator and began seeing someone new. Perpetrator 1 was described by friends as “obsessed” possibly due to the victim “not giving [the perpetrator] the attention she wanted since they broke up.” The perpetrator’s father stated that the two had a “strained relationship” and she was “bipolar...either way up or way down and there was really never any middle ground”

During this time, perpetrator 1 was also granted an order of protection against the victim by the Superior Court and told friends it was due to “threats.” A friend of the perpetrator stated that the victim was “degrading to [the perpetrator] by calling her names and was mean.” The victim, after encouragement from a friend, took out an order of protection against the perpetrator in response. At the time of the incident, however, only the victim’s order was active in the court system. The perpetrator had begun “going to the victim’s house unannounced” and the victim stated that she “had seen her stopped in front of the house watching her multiple times.” The perpetrator also called the victim’s friend who stated that “[The perpetrator] said that [the victim] was not speaking to her and I believed that [the perpetrator] was trying to get information about [the victim].”

On the day of the fatal incident, perpetrator 1 drove to the victim’s house, broke into her backyard, and attacked her outside with a baseball bat. She then was taken inside by the perpetrator, where she died from a combination of blunt force trauma and multiple stab wounds. The perpetrator proceeded back to her residence where she committed suicide by overdosing.

Case 2

For clarity, the victim in this case will be references as victim 2, and the perpetrator will be referred to as perpetrator 2. The same-sex female relationship in this case lasted for about three years. and at the time of the homicide, they had been separated for approximately one year. The victim in this case was 10 years older than the perpetrator. The victim was legally married to another woman for the duration of the relationship with the perpetrator. Victim 2 and the woman to whom she was married were separated and continued to have a nonromantic friendship while dating others. Victim 2 and her legal spouse had not filed divorce paperwork with the court, though acted as if they had.

The legal spouse of victim 2 stated that perpetrator 2 “was on SMI and supposed to be taking medications,” There was a previous incident while the two were in a relationship where the police were called by perpetrator 2 about victim 2 assaulting her, but no charges were pressed. Perpetrator 2 did have a criminal history however, and had been arrested for “drug possession, theft of means of transportation, criminal damage, arson, and trespassing.” During their relationship the perpetrator was verbally abusive, began using illicit drugs, and struggled with mental illness, the combination of which prompted the victim to end their romantic relationship. The two, however, remained friends and the victim was mentoring the perpetrator in becoming a dominatrix.

On the day of the incident, perpetrator 2 called victim 2 multiple times asking to come to her house, in hopes that they would rekindle their relationship. It is unknown what transpired inside the residence, but witnesses saw the victim fleeing from her home while perpetrator 2 was chasing her at gunpoint with the firearm perpetrator 2 owned. Victim 2 entered a neighbor’s vehicle and was shot while inside, and then chased into

another neighbor's backyard before the perpetrator fled the scene. Perpetrator 2 fled to another state and committed suicide by firearm when the police attempted to pull her over.

Case 3

For clarity, the victim in this case will be references as victim 3, and the perpetrator will be referred to as perpetrator 3. The male same-sex relationship in this case began one and a half years prior to the fatal incident. Four months after the two had met, they moved in together and got married. Their relationship was described as "affectionate" and "loving," but perpetrator 3 soon became "extremely jealous". As time went on, the perpetrator began stalking victim 3, accusing him of cheating, following him around, and going through his phone. These controlling behaviors worsened in the weeks leading up to the incident.

Due to the perpetrator's recent unemployment, he relied on victim 3 for all financial support. A week prior to the fatal event, the victim told perpetrator 3 he wanted a divorce and was going to move out. Perpetrator 3 was described as "having a really hard time with [the breakup] and was really upset." His mom stated that he "had an extensive psychological background with previous suicide attempts."

On the day of the incident, perpetrator 3 called multiple family members to say "goodbye," which prompted sufficient concern that at least one of these family members called the police to do a welfare check on the couple. Perpetrator 3 told police that he needed help. The victim was found deceased with significant blunt force trauma, as well as stab wounds. Perpetrator 3 told police he had taken 20 pills and had lacerations on his

wrist, he was rushed to the hospital and survived. After court proceedings, he pled guilty to second-degree murder and was sentenced to 22.5 years of incarceration.

Themes

Five themes became evident in the thematic analysis: *power and control*, *overkill*, *undertreated mental illness*, *cultural lag*, and *repeat offending*. The theme of power and control includes ways in which one partner gained and maintained control over the other. The theme of power and control contains the sub-theme, service involvement. This sub-theme encompasses ways in which one partner exerted control over the other, through formal means such as police or court officials. Mutual destruction is being included as a sub-theme of power and control to highlight the fact that all three IPHs were completed or attempted murder-suicides. Overkill is included as all perpetrators went above what was required to inflict fatal injury. Undertreated mental illness is also a theme in these cases, as all perpetrators had the same mental illness, but were not being treated. Cultural lag, primarily seen in Case 2, highlights experiences of societal ignorance towards those who are not heterosexual and cisgender. Lastly, the theme of repeat offending shows how some perpetrators engaged in IPV in their previous relationships and mirrored those behaviors in the present cases leading to IPH. Though many of these themes can be found in research on opposite-sex IPH, the dynamic and context in which these behaviors occurred seemed to be specific to the same-sex dyads examined.

Power and Control

A majority of the abusive behaviors found in these cases were nonphysical and rather psychological. The theme of power and control includes behaviors aimed at

gaining and maintaining control over another individual. Power and control was a theme that only presented in Cases 1 and 3. For both cases, the perpetrators altered the way the victims engaged with others.

For example, victim 3 stated the perpetrator “was driving him crazy, following him around, and calling their friends looking for him when he couldn’t find him. [He] was crazy, had lost his job, and was suffocating him.” The victim's use of the term “suffocating” is telling of the level of control he felt that he was under, equating it to feeling like he could not breathe. Perpetrator 3 was involved or inserted himself into every aspect of the victim’s life, including the lives of his friends who received constant phone calls from perpetrator 3 concerning his whereabouts. Similarly, in Case 1, friends told police that perpetrator 1 “wanted to own the victim and control everything about her...because she did not want [her] to be with anyone else.” Perpetrator 1 also called a friend of victim 1 who felt “[Perpetrator 1] was trying to get information about the victim.”

As a function of jealousy, perpetrators 1 and 3 turned to technology to control their partners. The perpetrator in case 3 was described as “obsessively jealous” as illustrated by the following:

[The perpetrator] was obsessively jealous however and accused [the victim] on multiple occasions of cheating and didn’t like it when he saw or found out that [the victim] had spoken to another man. He insisted on going through [the victim’s] phone to verify that he was not communicating with other men and cheating on him. He also stalked him and followed him around to check that he was not cheating.

Perpetrator 1 similarly used technology, “she entered [the victim’s] home without permission and accessed her computer. She printed out one of [the victim’s] personal

emails,” and while they were living together “placed spyware on [the victim’s] computer.” The printed emails she “thought showed that there was something going on between [the victim and a mutual friend]. Perpetrator 1 also began stalking and harassing victim 1 and her friends as exemplified by:

[The perpetrator] had stalked her [mutual friend] too... there were several social group parties and [the friend] and [the victim] notified the host that they would be attending, and [the perpetrator] would come to these parties without notifying the host or other members she was attending...She followed [the victim] to her car and continued emailing and texting her despite being asked to cease contact...multiple times since the breakup she had seen [the perpetrator] parked at various locations in the neighborhood.

Perpetrator 1 was also able to control the victim’s actions while not physically present by controlling social media. Victim 1 stopped being as active on her social media accounts though she was a frequent user after separation: “[the victim] was not posting as much information on social media recently due to being fearful [the perpetrator] would contact her.” Similarly, perpetrator 3, “forced [the victim] to delete his Facebook account,” even though he was extremely active on it prior. These changes in engagement with support systems virtually or in person are indirectly a result of the power that the perpetrators had over the victims, influencing their choices in everyday life.

When victims tried to take back control over their lives or leave their partners, the controlling tactics increased. For victim 1, attempting to leave the relationship led to threats from the perpetrator stating, “there is an easier path... it’s up to you if you want to take it.” In other words, the perpetrator was telling the victim that if she did not take her back, there would be consequences. The impact of the perpetrator’s control over the victim on her ability to end the relationship was described by friends as:

She would never let [the victim] go, there had been times in the past when [the victim] had broken up with her but [the perpetrator] would come over and put on a sad face and [the victim] would take her back-...this type of relationship continued for quite some time between them and [though] a few months ago, [the victim] put her foot down and said she was done with the relationship. During this time [the victim] had spotted [the perpetrator] parked in her vehicle down the street from her house watching her come and go.

Though victim 1 wanted to end the relationship multiple times, she was consistently coerced back into the relationship by the perpetrator through threats of suicide or other manipulation. For victim 3, the power and control dynamic extended to control over finances. It was common for perpetrator 3 to have possession of the victim's credit or debit cards, even purchasing the murder weapon with one of them. He also drove victim 3's vehicle, paid for by victim 3 as well. This financial control also affected perpetrator 3's ability to leave the relationship.

Attempting to assert independence, victim 3 "got a new phone to separate from the combined account he had with [the perpetrator]." Despite changing phone plans, the victim financially supported perpetrator 3 and was "waiting until November to officially file the paperwork" for the divorce.

In case 1, bidirectional methods of power and control between the victim and perpetrator seemed evident. Victim 1 was described by friends to the police as "degrading to [the perpetrator] by calling her names and was 'mean' to her."

Additionally, news reports stated that:

The women had accused each other of threats and trespassing in the year leading up to their deaths...[victim] entered her [perpetrator's] home...without permission and refused to leave. [Perpetrator] also accused [victim] of calling her 11 times from a blocked number...[Victim] said she and [perpetrator] spoke 'amicably' after her 11th phone call...said [perpetrator] didn't hear her knock when she entered [perpetrator's] home.

In this dyad, it is not strictly black and white in regard to who the victim and who the perpetrator were. Both individuals engaged in behaviors that asserted control or were a show of power over the other partner. For example, both women accessed the other's property without permission, illustrating the ease with which they could do so. This constitutes both an invasion of privacy and an intimidation tactic. The bi-directionality of control in this relationship blurred the line between traditional labels of victim and perpetrator.

Though the perpetrators were not physically violent to the victims in these examples, their actions had psychological consequences and dictated the victim's subsequent actions and thought processes. Rather than having the ability to live freely, the victims had to take extra caution when communicating or engaging with others. This control effectively removed the ability of the victims to seek assistance through these channels (social media, text, email) out of fear that their privacy would be breached. Victim 1 even began to meet with her friends in person solely for the purpose of talking freely about the perpetrator. Even though the effects of this control may not be visible to those outside of the relationship, they pervaded the lives of the victims. Victim 3 verbalized feeling "suffocated" and separated his phone plan from perpetrator 3, and victim 1 had installed a security system to add a layer of safety to her home. These actions by the victims give insight to how these controlling behaviors by the perpetrators altered their actions.

Service Involvement. This is included as a subtheme of power and control due to the way in which perpetrator 1 used formal services to validate her power over victim 1. Successful manipulation of the system legitimizes the power the perpetrator has and

reinforces the powerlessness of the victim. In Case 1, the perpetrator successfully took out an order of protection on the victim citing victim 1's "threats" as the primary reason.

In addition to obtaining the order, perpetrator 1 wanted to watch victim 1 get served.

The [perpetrator] and [her friend] had plans to go to dinner, but [perpetrator] asked if she would want to go to a professional gay and lesbian group, but she didn't want to go. [The perpetrator] said that [the victim] and [the victim's friend] were going to get served because [the victim] had been making threats. The [perpetrator] wanted to go and watch them get served. [The perpetrator's friend] still refused and met [perpetrator] after the event. [The perpetrator] was very obsessed with [the victim] but told her friend that they never showed up to the event and therefore were not served.

Though victim 1 was the only person on the protective order, the perpetrator referenced both victim 1 and a mutual friend being served because perpetrator 1 insisted that the victim was cheating on her with the mutual friend. Perpetrator 1 went to the victim's predicted location, canceling her own plans, in an unsuccessful attempt to watch her be served. The motivation for taking out a protective order seems not to be linked to fear, but to the feeling of, and actual power and control that is exerted over victim 1 by doing so.

Using the legal system against the victim is a form of control, showing them the ease in which they could formally be labeled as the perpetrator by the court. Getting a formal charge or criminal record on the victim is a convincing way to gain their compliance and legitimize the perpetrators power. Additionally, it illustrates to victims that formal methods of aid are harder to access, especially when they have been labeled as the perpetrator.

Mutual Destruction. All three cases culminated in a completed or attempted murder-suicide. In all of the cases, the fatal incident occurred when the perpetrator had

fully lost control over the victim; and the relationship had ended. In Case 1, the two had been broken up for a few months and victim 1 was beginning to date a new woman. The week of the fatal incident in Case 3, the victim had asked for a divorce and no longer wanted to live with perpetrator 3. In Case 2, the perpetrator was “asking to meet up wanting to get back together” with victim 2 on the day the incident occurred after being separated for about a year.

Only one perpetrator, from Case 3, was alive to be interviewed about the incident, and he provided information about his emotional state surrounding the incident stating to police, “I just remember being so sad...I don't know. I just remember being super sad, and drinking, and taking pills...and it was a mess.” Perpetrator 1 voiced feeling “betrayed” and was described as having an “altered mental state” prior to the incident. Examined in depth below, the perpetrators' struggles with mental illness may have added to existing stressors, leading them to a breaking point where they no longer wished to live. The choice to take the life of their partner or ex-partner is unclear in motivation but could be a last-ditch effort to exert the ultimate form of control, taking the victims life.

In Cases 1 and 3 the perpetrators had previously threatened or attempted suicide. Victim 1 was “warned” by perpetrator 1 that “there is an easier path” when trying to coerce her back into the relationship. Victim 1 additionally told friends that the perpetrator “had threatened to kill herself if [the victim] ever left her.” The earlier discussed feelings of ownership over the victims fostered an environment where the loss of power over them, resulted in a murder-suicide.

Undertreated Mental Illness

All of the perpetrators in these cases struggled with mental illness, and in one case past suicidal ideation. All three perpetrators were diagnosed as bipolar, and with depression, and all were prescribed medication by health professionals. Perpetrator 2, “wouldn’t take his [her] medications,” and when she did not was described as a “hot mess.” A friend described that perpetrator 1 “was not taking her medication...had an altered mental state and could not get over the relationship.” Perpetrator 1’s father stated that due to her being bipolar, perpetrator 1 “was either way up or way down and there was never really any middle ground.” Additionally, the perpetrator in Case 3 “had an extensive psychological background with previous suicide attempts... [his mother] had committed him more than once.” While all three may have been at a point in their mental illness at which they wanted to take their own lives, all three individuals premeditated killing their partner as well. This shows that it was not a “heat of the moment” decision during the homicide, but rather a deliberate choice made before-the-fact.

Cultural Lag

Cultural lag is in reference to the slow pace at which members of society are progressing their understanding of sex, gender, and sexuality. Prominently seen in Case 2 involving a transgender female perpetrator, files, media reports, and people in her life struggled to properly discuss her identity. The parent of the transgender female used both her deadname and male (he, him, his) pronouns when speaking about her, for instance “it was unusual for him to show up like this.” In media reports, she was consistently referenced by the correct name, but the incorrect pronouns. In fact, out of the nine articles covering the homicide, only one correctly referenced the perpetrator using female (she, her, hers) pronouns. Other headlines included, “man wanted in fatal shooting” and

“suspect kills himself.” Though the writers were aware that perpetrator 2 was a transgender female as seen through the use of her name and not her deadname, her pronouns were not respected in the same way. On social media, someone commented “I hate her for doing this but [perpetrator] was a SHE.” Even though they were disapproving of the perpetrator’s actions, they still were angered enough by the medias use of incorrect pronouns to leave a comment.

In police records the victim-offender relationship for all cases was categorized as homosexual. Referencing a transgender individual as a homosexual is confusing sexual orientation and gender identity. A trans person can be lesbian, gay, or many other sexual orientations. Additionally, individuals that were interviewed used terms such as “cross-dresser” and “ex-boyfriend” to describe the transgender female. Constant invalidation of her existence as a female after her death suggests that it may have been a stressor during her life. This denial of identity was also seen in Case 1. The neighbor of the victim in Case 1 stated the victim told her that “the pool lady” had stolen items from her backyard, even though she knew it was her ex-girlfriend.

Overkill

All three perpetrators used excessive violence during the lethal incident, going above and beyond what was necessary to fatally injure the victim. In Cases 1 and 3, the perpetrators used “hands-on” modes of violence as opposed to firearms. Perpetrator 1 brought a baseball bat to the scene and perpetrator 3 purchased a sledgehammer, indicating that these were not weapons of opportunity, but rather preemptively chosen as methods to inflict fatal injury.

The scene in Case 3 was described by police as having “a significant amount of blood on the floor, the bed, and the walls,” and the cause of death listed as “significant inflicted trauma to the victim’s head.” Perpetrator 3 additionally stated that he wanted to “bash his head in,” referencing victim 3, prior to the incident occurring prompting him to purchase a weapon specifically to do so. Similarly, victim 1 was described as being “attacked outside and dragged into the house” and having “blunt force trauma and numerous stab wounds to the neck, breasts, and abdomen. These physically demanding, premeditated methods of killing suggest that the perpetrators wanted to inflict high levels of injury on their victims.

While perpetrator 2 was the only one to use a firearm during the fatal event, it too was very violent. Witnesses stated perpetrator 2 “chased [the victim] down out of her apartment...at gunpoint,” before shooting her several times. The medical examiner reported a total of six gunshot wounds “on her neck and abdomen,” a majority of which would have been fatal on their own.

Repeat offending

The perpetrators in both cases 1 and 3 had previously exhibited abusive and controlling behaviors in prior relationships. Two past partners of perpetrator 3 described him as engaging in stalking behaviors stating, “He was so possessive and jealous of me he placed an app on my phone that would log texts and locations from the phone.” Another ex-boyfriend’s parent stated that, “After he broke up with him, [the perpetrator] began stalking him. It got to the point where I would drive to my son’s work and escort him home, which became the norm for a couple of months.” Perpetrator 1 similarly stalked her ex-partners. A friend stated:

[Perpetrator 1] was terrible with relationships and breaking up. She would stalk her ex-girlfriends and break into their houses. She recalled a past girlfriend of [the perpetrator] who was a teacher and believed that she had reported a break in by [the perpetrator]. She had warned [the perpetrators] girlfriends not to date her due to her behaviors

Perpetrator 3 also entered a previous partners residence, and a different partners vehicle without permission. His ex-boyfriend stated:

There was one incident where [police] were called after I had broken up with him.

He used his key to enter my apartment, locked the door behind him, and blocked it so I couldn't get out...I attempted to leave and he 'flipped out,' jumped on my back, and started to twist my head around as if trying to break it...After running to a neighbor's [perpetrator] dragged me back to the house, twisting my neck again...[perpetrator] was so angry that he would have killed me if he had the means to do it. The next day I was granted an order of protection.

This proclivity for breaking and entering and violence was also described by an ex-boyfriend's parent:

One night [my son] saw [perpetrator] outside of his work and he had a pair of keys to his vehicle that he wouldn't give back. When [my son] tried to drive home, [perpetrator] jumped off of the curb on his bicycle and slammed into the front side of [my sons] car... There was a knife left in the backseat by [perpetrator], they did not think about it initially but realized that he had stabbed each seat in the car.

Perpetrator 3 was also physically violent with an ex-boyfriend who told police:

After the first month of dating he became possessive and jealous. Things progressively got worse, I was pushed down the stairs, rocks were thrown at me, and I have a scar on my face from him throwing a phone at my face... If he thought that I was going to leave him, he would feel like he was losing control over me and just 'flip out.'

In the relationships that ended in IPH, many of these same behaviors and triggers were present. Perpetrator 3 consistently felt the need to use technological methods to control his partners and more importantly, to check that they were not cheating on him. Additionally, as seen in the relationship in Case 1 resulting in homicide, the same

behaviors were exhibited by perpetrator 1 as if it were a pattern. Perpetrator 1 could not accept the end of her relationships and resorted to stalking and trespassing in a potential attempt to regain control.

CHAPTER 5

DISCUSSION AND CONCLUSION

The focus of the present study was exploratory in nature, asking “What are the characteristics and contexts of same-sex intimate partner homicide?” In addition to, “How are these relationships perceived by others, including loved ones and media?” Intimate partner homicides are the most serious consequence of a violent relationship. As indicated in the outset, the risk factors for different-sex IPH include an increase in the frequency or severity of violence, perpetrator gun ownership, recent separation, perpetrator unemployment, past use or threats with a weapon, threats to kill, avoiding arrest, presence of non-biological children of the perpetrator, forced sex, strangulation, perpetrator drug use, perpetrator alcoholism, coercive control, extreme jealousy, beating while pregnant, perpetrator suicide threats or attempts, survivor belief that the perpetrator could kill them, and stalking (e.g., Campbell et al., 2003). There is a dearth of research examining same-sex IPH and the contexts leading to it. The existing body of research on same sex IPH has found *prior physical violence, controlling behaviors, jealousy, alcohol and drug use, a lack of social support, and ending the relationship* to be characteristics leading to a fatal incident.

The findings of this case study suggest that the mechanisms by which same-sex IPHs manifest mirror many of those found in opposite-sex cases. Out of the nineteen known risk factors for femicide discussed in the Campbell (2003) study, eleven were present in the same-sex cases. This included a previous history of IPV, perpetrator unemployment, perpetrator gun ownership, coercive control, perpetrator drug use or alcoholism, extreme jealousy, perpetrator suicide threats or attempts, stalking, and

separation. Reinforcing the similarities between different relationship dyads, the presence of these risk factors indicates some consistency in the characteristics of perpetrators that increase risk for a fatal incident, regardless of gender or sexual orientation. Highly controlling and jealous partners, those who are emotionally abusive, those who are untreated for their mental illness, and those who engage in stalking patterns all are indicative of a relationship leading towards homicide.

Falling under the main theme of power and control, the subthemes of overkill and service involvement were prevalent in the same-sex cases. Power and control was exerted by perpetrators in the cases through financial, technology-based, and emotionally manipulative control. One victim was fully financially supporting the perpetrator, and two perpetrators accessed the victim's phones and personal messages without consent to do so. Consistent distrust characterized these cases and the perpetrators accused the victims of cheating to justify their behaviors.

There was also a heavy reliance on non-physical coercive control found within the same-sex relationships investigated. This came through threats of suicide, stalking, and checking the victim's phones and accounts. Current research on opposite-sex IPH has found prevalence of coercive control through non-fatal strangulation, but in the current cases, only non-physical methods of control were present.

An additional similarity to opposite-sex IPH was found through on-again, off-again relationships seen in Case 1, as well as the "if I cannot have you, no one can" sentiment voiced by perpetrators and shown through all three cases resulting in a murder-suicide, or an attempted murder-suicide. Bi-directional violence was also present in Case 1, which is not commonly found in opposite-sex IPH. This may be due to the absence of

societal power differentials based upon gender and an attempt by both individuals to assert dominance through accessible means. Examined in the sub-theme of service involvement, Case 1 had contact with the court system prior to the fatal incident. In this instance, the IPH victim was labeled as the perpetrator on the protective order. However, victim 1, after encouragement from a friend, was able to take out her own protective order and quash perpetrator 1's prior order of protection.

The perpetrators in Case 1 and Case 3 repeated abusive behaviors they engaged in with previous partners, explored in the theme of repeat offending. These behaviors were largely technological abuse as well as stalking. When the victims had broken up with or were attempting to leave the perpetrator, the most intense episodes of violence occurred. Perpetrator 1 had a history of breaking and entering at her ex-girlfriend's residences. Additionally, perpetrator 3 had past partners take protective orders out on him and broke into their homes and vehicles. Though examples of physical abuse were not present for the relationship that resulted in homicide, perpetrator 3 had shown that he was capable in the past.

The levels and severity of violence in these IPHs was examined in the theme of overkill. In Case 1 and 3, the perpetrators used knives, a sledgehammer, and a baseball bat to kill their partners. Killing someone with blunt force trauma or sharp force injury as seen in these cases is physically and emotionally demanding, and it is not as efficient as a firearm (Pelletier & Pizarro, 2020). Firearms are most often the weapon of choice when there is premeditation, but sadistic violence involves weapons that demand more physical contact (Pizarro et al., 2021), such as the bat, sledgehammer, and knife used in Cases 1 and 3. Case 2 involved the use of a firearm, though it was discharged six times, more than

what was necessary to be lethal. Of note, the perpetrator in Case 2 was the only one to own a firearm, and it was the only case in which a firearm was the cause of death.

Cultural lag was primarily seen in Case 2 involving a transgender female perpetrator. The media, police, as well as her parent had difficulty properly discussing perpetrator 3's identity. The media understood that she went by a traditionally "female" name, though consistently used male pronouns. Her parent additionally used both her deadname and incorrect pronouns. The police also mistakenly labeled the relationship in Case 2 as "homosexual," this is confusing sexual orientation and gender identity. A transgender individual can be lesbian, gay, or any other sexual orientation.

Implications

Theories must be expanded when researching same-sex intimate partner homicide in the future. Existing theories such as feminist and male proprietariness that are rooted in power differentials based on gender and patriarchal ideals may not be applicable. It seems that gender roles, rather than gender are a mechanism by which IPH's occur. By conducting research strictly guided by existing theories, the contexts and characteristics leading to same-sex IPH may be missed. Correct identification of characteristics specific to same-sex relationships is diluted when viewed through the heterosexual lenses in which existing theories were developed. Future research on the impact of gender roles and the perceptions of others may aid in understanding violence that turns lethal in same-sex cases. The experience of LGBTQ+ individuals in the community, by their family, and by police and other criminal justice actors is crucial to understanding the impact on future violence. Additionally, until specific studies are conducted to determine if there are

differences, and what those are, in the perpetration of IPH based on relationship dyad, successful and equal prevention is not possible.

The current findings support what has been found in previous research on same-sex IPH. The level and modes of violence are consistent with existing research by Mize and Shackelford (2008). Their findings indicate same-sex IPH perpetration as “very brutal,” conducted through beating or stabbing. Case 1 and 3 involved both methods of injury, utilizing a baseball bat and a knife as well as a sledgehammer and knife respectively. Though Case 2 resulted in the use of a firearm, it was discharged multiple times, excessive to what was necessary to inflict fatal injury.

Additionally, bi-directional aggression and coercion, discussed in previous research (Frankland & Brown, 2013), also was present in one of the cases investigated. Both the victim and perpetrator in Case 1 engaged in forms of intimidation and invasions of privacy against the other partner. Frankland and Brown (2013) posited that bi-directional coercion in same-sex relationships is a product of the absence of power differentials based upon gender.

There are also policy implications to better support those that are diagnosed with a mental illness. As discussed, all three perpetrators were diagnosed as bipolar and prescribed medication from a medical professional. At the time of the homicides, none were taking their medication or seeking alternative treatments. This begs the question if something more can be done to help these individuals and prevent events such as IPH from occurring. Additionally, it may be beneficial for risk assessment tools to take mental illness diagnoses into consideration.

A wide range of further research is necessary to determine definitively what characteristics or contexts are unique to same-sex IPH. A multi-state study including all same-sex intimate partner homicides should be conducted. This would allow for an examination of weapon choice, motivation, relationship status (married, non-marital partner, separated), risk factors, and the impact of gender roles that is specific to same-sex IPH. Additionally, research exploring IPH between individuals of the same gender identity should be examined.

In practice, active recognition of relationship pairings outside of what is considered traditional must be respected and understood. For police, court officials, and medical professionals this includes avoiding making assumptions based on stereotypes. Labeling victim and offender relationships correctly is also extremely important as cases are missed if intimate partners are labeled as roommates for example. In the current data, incorrect labeling occurred. The perpetrator in case 2 was addressed by both the police, her family, and news reporters using male pronouns, though she was a trans female. First responders must be trained on the diverse range of relationships, gender identities, and sexual orientations as well as understand that the distinction between victim and offender is not always black and white. Future policies must be inclusive and take into account the impact they will have, or the lack of impact, on individuals in differing relationship dyads. Language must be inclusive when policies are introduced to avoid unequal protections of individuals that are not heterosexual and cisgender.

Limitations

Due to the exploratory nature of this research, there are many limitations to the generalizability of the findings. However, qualitative research is not meant to be

generalizable (Creswell, 2013). Rather the thematical analysis used was meant to review cases in-depth that are apart from the accepted “norm” or cannot easily be reduced to numbers that accurately capture the full breadth of the phenomena. In other words, complex situations call for complex understanding (Anderson 2010).

These cases all came from the same geographical location and may have been impacted by local policies and attitudes regarding same-sex relationships. Arizona is one of the lowest-ranked states in regard to sexual orientation and gender identity policy. This includes the states policies and laws regarding parental recognition, criminal justice, non-discrimination, and healthcare among others (MAP, 2022). Due to the scarcity of pro-LGBTQ attitudes and policies in Arizona it is plausible that there is implicit bias within the data collected. This is because the data that were collected from the police and reporters are subject to the interpretation of those individuals, who may have unknown or unacknowledged biases present. Additionally, officers and other responding officials may have missed same-sex IPH cases due to a miscoding of the victim and offender relationship, possibly listing partners as acquaintances or roommates. To mend this limitation, police and other criminal justice officials must be trained regarding implicit bias and expand their knowledge about LGBTQ+ people and their relationships—both healthy and pathological.

Additionally, the sample size of three is not representative or generalizable to the experience of all individuals in a same-sex relationship. Though large histories were gathered on the relationships examined through police, court, and media records, there is still the potential that some information was not available and therefore not examined. Not all crimes come to the attention of the police, especially cases involving intimate

partner violence. If there were instances of physical violence within the relationships examined, it is possible that the police were not called, and therefore no official record of the events. Relatedly, research on this population is increasingly difficult due to the existing stigma and fear that individuals may have in coming forward. The triangulation of data through official records, media, and interviews with the next of kin would allow for a broader, more complete picture of cases resulting in IPH and fix this limitation. Another limitation of this study was the lack of a double-coder.

Due to the confidentiality of the police data, the author was the single-coder that developed the themes. There is the potential that this impacted the reliability of the analysis and themes developed, and inter-rater reliability was not achieved. Though there was a single-coder, the researcher assessed reflexivity. They went through extensive training as a team member of the PAIR studies over the past two and a half years. These trainings included how to read the data without overinterpreting or assuming. Anything that is not explicitly written in the documents cannot be included, as it is not an accurate depiction of the data. Additionally, trainings included understanding characteristics of relationships that involve IPV, known risk factors for IPH, as well as novel risk factors.

Lastly, the use of the term same-sex is due to the limitations of the data. It is understood that sex, sexual orientation, and gender identity are nonequivalent. Future research should examine IPH in varying relationship dyads, utilizing data that includes an individual's sex, self-identified gender identity, and sexual orientation. Only when this information is known, can accurate use of terms other than same-sex be utilized.

In summary, there are differences between same-sex and opposite-sex IPH in respect to the context in which victimization occurs. Power and control was a prominent

theme present in the cases examined. The perpetrators relied on non-physical means of control, emotionally manipulating the victims in a majority of cases. Victims were accused of being unfaithful, and technology was used to spy on and monitor their activity. Formal systems, including the police and courts, were utilized primarily by the perpetrators. One victim had the support and means to fight the order of protection and took out her own on the perpetrator. All homicides examined had excessive levels of violence, and a majority of perpetrators used hands-on weapons. Additionally, all incidents culminated in a murder-suicide, with one perpetrator surviving.

In the future, same-sex intimate partner homicide needs to be the main focus of research rather than an added variable, often excluded due to a small number of cases. A nationwide study would be beneficial to understand if there are any overall trends that are unique to same-sex IPH. However, more qualitative research including in-depth interviews of same-sex IPV and attempted IPH, as well as next of kin of IPH victims is also necessary. Understanding contexts that are both unique and the same as those in opposite-sex relationships will serve to inform interventions that aim to prevent these types of cases from occurring in the future. However, successful prevention cannot happen if they are not understood to the same extent as opposite-sex cases.

Police, medical examiners, and those involved in the judicial system must be educated through training. This is necessary to ensure that they understand the range of what intimate partner relationships can look like outside of the default heterosexual binary that relationships are viewed in. Having educated individuals in these fields will be momentous for the correct identification of same-sex IPH cases, and in the prevention of IPV leading to IPH.

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APPENDIX A
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LICENSED CONTENT

Publication Title	Violence and gender
Article Title	Gender Differences in Patterns and Trends in U.S. Homicide, 1976-2017
Author/Editor	Avielle Foundation,
Date	01/01/2014
Language	English
Country	United States of America
Rightsholder	Mary Ann Liebert Inc.
Publication Type	Journal
Start Page	27
End Page	36
Issue	1
Volume	6
URL	http://www.liebertpub.com/vio

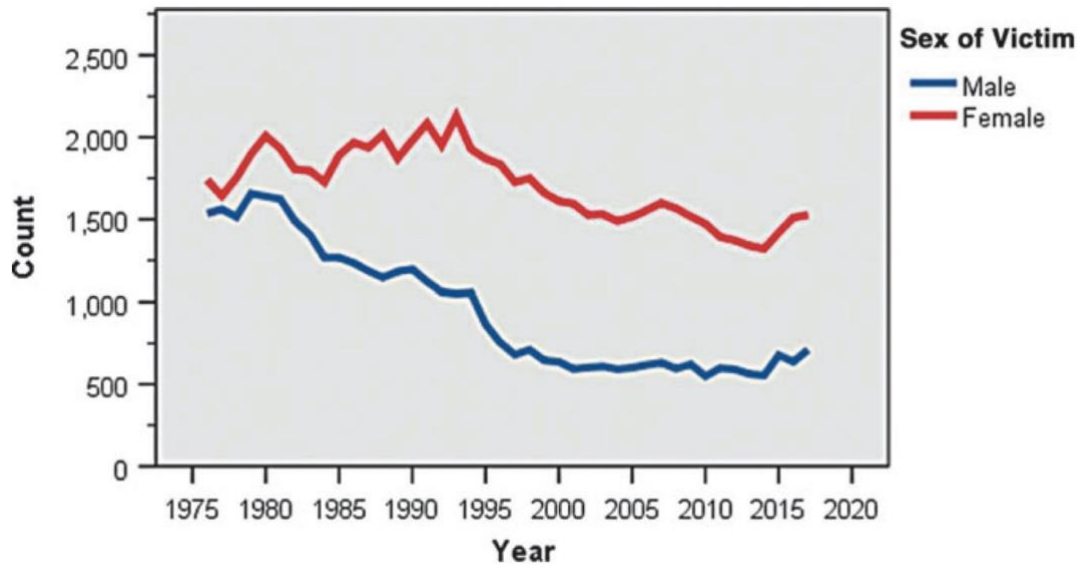
APPENDIX B

INTIMATE PARTNER HOMICIDE BY VICTIM SEX, 1976-2017

Figure 1

Intimate Partner Homicide by Victim Sex. 1976-

2017



Note. Reprinted from "Gender Differences in Patterns and Trends in U.S. Homicide, 1976-2017" by Fridel, E., & Fox, J., 2019. *Violence and Gender*, 6, 27-36.