

**Domestic Homicide in New Brunswick  
1999-2008**

**Office of the Chief Coroner**

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**Domestic Homicide in New Brunswick  
1999-2008**

Submitted to  
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New Brunswick

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## **The team**

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Lanette Ruff, Ph.D. project coordinator at MMFC in 2010.

## **Introduction and overview**

After the announcement by the provincial government in 2009 of the creation of a domestic violence death review committee (DVDRC) and the announcement by Public Safety Minister and Solicitor General in February 2010 of work starting by DVDRC members, the Muriel McQueen Fergusson Centre for Family Violence Research (MMFC) was approached to conduct a study of domestic homicide in New Brunswick. The research was conducted between June and December 2010.

Few studies have been conducted on domestic homicide in the province of New Brunswick and none have examined all deaths related to domestic violence. This study is an attempt to present a comprehensive analysis of domestic violence deaths over a 10-year period (1999-2008), in the province of New Brunswick.

The objective of this examination of domestic violence fatalities is to better understand what leads to death in domestic violence situations in order to prevent future deaths.

Three main questions led the study:

1. What can we learn from domestic homicide cases in New Brunswick?
2. What are the risk factors of domestic homicide?
3. What steps can be taken to prevent domestic homicide from happening?

A comprehensive analysis of domestic violence deaths over a 10-year period (1999-2008) will identify deaths directly or indirectly caused by domestic violence, will track the prevalence of evidence-based risk factors for domestic homicide, and will help to understand the unique etiology of domestic homicides.

Given that it is only recently that researchers have taken a retrospective examination of domestic homicide to learn about and prevent domestic violence this report includes a description of the process of creating the sample; the methodology for the review of all cases and its limitations; a statistical analysis; and recommendations for consideration to the Committee/Chief Coroner.

## Methodology

### Defining domestic homicide

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

1. Uxoricide (killing of a spouse)/Femicide (killing of female spouse);
2. Filicide (killing of children);
3. Familicide (killing of spouse and children);
4. Killing of other family members; and
5. Extrafamilial homicide<sup>1</sup>.

The extent of people impacted by domestic violence and ultimately at risk of being killed in such situations is very broad. Uxoricide, the killing of a spouse, (man or woman) and femicide, the killing of a female spouse, are the most common killings in domestic violence situations. Much research has shown the level of danger for women leaving abusive partners (Campbell, et al. 2003) at risk of being killed. The latest report from Statistics Canada: *Homicide in Canada, 2009*, shows that “women continue to be about three times more likely to be victims of spousal homicide than men” (p. 14, 2010). This fact has been taken into consideration in this review of domestic homicide cases in New Brunswick, as women constitute the majority of adults killed in intimate relationships.

All types of domestic homicide listed above occur in diverse contexts, involving people who are still in relationships or who have left the relationship and refer to various dynamics. The common aspect among these killing types is that they occur in the specific context of domestic violence. Examining each of them provides a better understanding of factors leading to a particular type of killing. Examining all of them offers an opportunity to understand and to explain who are the people at risk of being killed in domestic violence situations.

For the purpose of this study, a domestic violence death is a homicide, a suicide or other death that results from conflict between intimate partners or ex-partners and may include the death of

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<sup>1</sup> Liem, M. Postulart, M. & P. Nieuwbeerta. 2009. Homicide-Suicide in the Netherlands: An Epidemiology *Homicide Studies*, Vol. 13, no 2, 99-123.

a child or other familial members<sup>2</sup>. There are different combinations in domestic homicide (Websdale, 1999) and using this broad definition including all types of death in domestic violence situations provides an excellent overview of domestic homicide cases in New Brunswick. This review process consists of reviewing all cases meeting the above definition for the period of 1999 to 2008 inclusively.

### **Gathering information from domestic homicide cases in New Brunswick**

It is difficult to gather all possible information related to domestic homicide because information that would shed light on what happened in domestic homicide cases before homicide occurred is not located in one specific place. Once homicide occurs several professionals become involved in a case (police, coroner, pathologist, doctor, etc.). In order to gather as much information as possible on domestic homicide cases, different files from various justice professionals were reviewed. All information used to review domestic homicides in New Brunswick was gathered from Coroners' files, Crown Prosecutors' files, Justice Information System New Brunswick (JISNB) and RCMP files.

#### *Coroners' files*

Each death related to domestic violence compiled by the Coroner's office, including homicide and suicide, was reviewed in this study for the period of 1999-2008. All domestic homicide cases compiled by the Coroner's office for the period of 1999-2008 were reviewed by the researchers. These cases consisted of hardcopy files of all material gathered by the coroner's inquiry on deaths related to domestic violence. The hardcopy files can include autopsy reports, police reports, health care reports, social services reports, mental health reports, and articles from newspapers. In the cases under study autopsy report were found in 96.9% of the files; police reports in 43.8% of the files; health care reports in 9.4% of the files; social services reports in 3.1% of the files; and no mental health reports in coroners files.

#### *Crown Prosecutors' files and JISNB*

The majority of killers who have not committed suicide have been brought before the court. Therefore, we compiled information related to criminal justice process and outcomes for these

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<sup>2</sup> This definition is used by the Domestic Violence Death Review Committee for the Province of New Brunswick.



people. Accurate information related to cases proceeding before the court are available in Crown Prosecutors' files and the electronic system.

#### *RCMP files*

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

#### *Data collection grid*

To gather as much information on domestic homicide cases as possible, a broad list of approximately 145 variables was developed. All domestic homicide files under study have been reviewed to develop a data collection grid. Various demographic information related to both victims and perpetrators have been compiled, such as: date of birth, gender, actual relationship status at the time of death, children, employment status and type, education, ethnicity, citizenship, first language, prior convictions in criminal record, history of substance abuse, involvement with Mental Health services, Social Services, or other health care involvement. Information on domestic homicides is related to the circumstances of homicide, the relationship between the victim and perpetrator, all relevant information regarding justice involvement in a specific case, and coroners' information. Once the data collection grid was established, a database was created on the program, *Statistical Package for Social Sciences* (SPSS) in order to gather information about the victim and the perpetrator. The database is comprised of two datasets: one on the victims and one on the perpetrators. An important aspect of the methodology in relation to these two different datasets is to be able to examine characteristics among victims and among perpetrators. It is necessary to be able to distinguish victims' and perpetrators' information when examining various types of domestic homicide, especially when there is more than one killing, involving different locations and dates.

To better understand domestic homicide it is also important to gather information that will explain the characteristics of each case. For instance, we need to know what are the similarities and differences among various types of killing. Therefore, both datasets allow the creation of a homicide database capturing information pertaining to both victims and perpetrators (e.g. age differences between victims and perpetrators).

## **Domestic homicide cases under study**

For the period of 1999 to 2008 the province of New Brunswick reported 91 homicides<sup>3</sup>, 32 of which were domestic homicide, representing 35.2% of all homicides. Thirty-two domestic homicide cases, including 24 adult victims and 8 children, were reviewed for the purpose of the study. Twenty-eight perpetrators committed homicides. Among those 28 perpetrators, 14 committed suicide after committing homicide. Each time children were killed perpetrators have committed suicide. In this ten-year period the range of homicides are from one to five a year. Important finding, in this 10-year period, is the high number of suicides following homicide (14 perpetrators out of 28), and that women are the primary victims.

## **Basic Characteristics of victims and perpetrators**

A series of variables was created to gather basic information on victims and perpetrators. Using variables such as age, citizenship, education, employment status, ethnicity, first language, gender, number of children, relationship status, we obtained information on who are the victims and perpetrators. The variables constitute socio-demographic information. Previous research has shown that socio demographic characteristics are factors associated with domestic homicide. For instance, it is well documented that domestic homicide is gender driven. Campbell (2007) and Websdale (1999) have looked at various samples of domestic homicide in the United States and clearly show the prevalence of women killed by intimate partners. Similar findings are found in the Netherlands (Liem, Postulart & Nieuwbeerta, 2009). In Canada, women are more likely to be victims of domestic homicide (Statistics Canada, 2009). The same is true in New Brunswick; the majority of victims of domestic homicide are females.

As the present study consists of a very small sample of homicides, it is with discretion that socio demographics information is discussed. For instance, it is not possible to make any generalizations about what characterizes individuals involved in domestic homicide cases. It is also difficult to keep confidentiality on cases, especially when very few cases share similar characteristics. It becomes very easy to associate cases and individuals involved in some domestic homicides that are compiled in this study.

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<sup>3</sup> Information provided by the office of Chief Coroner of New Brunswick.

The following table shows the age of victims and perpetrators at the time homicide occurred. Among victims, eight are less than 20 years old. In this particular category all victims were in fact under the age of 15 years old when they were killed. The majority of victims and perpetrators are between the age of 30 and 49 years old. Age groups table shows that children are at risk of being killed when living with adults experiencing domestic violence.

**Table 1 - Victim and perpetrator age group**

Age groups	Victim (N) %	Perpetrators (N) %
Less than 20 years old*	( 8) 25%	0
20-29 years old	(3) 9.4%	(5) 17.9%
30-39 years old	(8) 25%	(11) 39.3%
40-49 years old	(8) 25%	(5) 17.9%
50 years old and over	(5) 15.6%	(7) 24.9%
Total	(32) 100%	(28) 100%

\* The oldest child in this category was 14 years old when homicide occurred.

At the time homicide occurred, victims and perpetrators were mainly spouses, common law spouses or ex-spouses (56.3%). The majority of victims were not separated when they were killed. This is illustrated in Table 2 which also shows that individuals in other types of relationships are affected by domestic violence and killed in such situations.

**Table 2 - Type of relationship of victim to perpetrator**

Relationship type	Percent
Spouse	21.9
Common law spouse	25.0
Ex-spouse, including common-law	9.4
Child (biological/adoptive)/step-child	25.0
Others	18.7
Total	100.0

N = 32

Information regarding first language, ethnicity, citizenship and employment status are also compiled in the database. These are emerging risk factors in the research literature on domestic homicides. For instance, the lack of employment exacerbates the risk of killing when living in a domestic violence situation (Campbell, 2007; van Wormer & Roberts, 2008). The literature also shows that some ethnic groups are heavily represented in domestic homicide

cases (Websdale, 1999). However, it is difficult to capture accurate information about the first language spoken by victims and perpetrators, as this information is not formally available in coroners' files. What is available are coroners' reports in English or French, police reports in English or French, and quotes in English or French by family members. This information was used to identify first language spoken by victims and perpetrators compiled in the database. The same issue arises regarding information on ethnicity, citizenship and employment status, as there is literally no information in the majority of coroners' files in New Brunswick.

In light of information found in case files, the majority of victims and perpetrators are considered to use English as their first language (over 70%). Information on ethnicity may be specified in the pathologist report, however, the information has to be used with discretion, as the variable "white" can encompass many ethnic groups. The majority of victim and perpetrators, in the study, are considered "white" in pathologist reports.

Employment status can possibly be seen as a risk factor leading to homicide in domestic violence situations. Perpetrator's lack of employment is among the strongest socio-demographic risk factor identified in Campbell, et al. (2003) study on intimate partner femicide. We wanted to see if we could find similarities with Campbell's study in New Brunswick. Table 3 represents victims and perpetrators employment at the time of homicide. Of course, we are looking at small numbers and missing information. However, for the cases where the information is available, over 50% of perpetrators were unemployed, either on welfare or disability pension when committing their crime.

**Table 3 - Victim and perpetrator employment status**

Employment status	Victims Percent	Perpetrators Percent
Full-time	37.5	36.8
Part-time	12.5	0
Student	12.5	5.3
Out of labour force (retired)	12.5	
Welfare or disability	0	26.3
Unemployed	25.0	26.3
Total	100.0	100.0
N/A	8	
Missing information	16	14

Studies show that the primary collateral victim of domestic homicide is the child of the victim or perpetrator. In the cases reviewed for the period under study (Table 4), it was possible to list sixteen victims who had children, while the information is missing in eight cases<sup>4</sup> and is not applicable in another eight cases.

**Table 4 - Victims with children (including adult children)**

Number of children	Percent
0	6.3
1	43.8
2	37.5
3	12.5
Total	100.0
N	16
N/A	8
No information	8

Other information about victims and perpetrators was compiled such as prior criminal record, substance abuse, and mental health, social services and health care histories. This information constitutes basic characteristics considered to be risk factors in domestic violence situations. For example, substance abuse on the part of the perpetrator is an important factor leading to domestic homicide (Sharps et al., 2001). What we know from domestic homicide in New Brunswick is that fifteen perpetrators have prior criminal records compared to five victims; that fifteen perpetrators and 14 victims were abusing substance (alcohol/drug) at the time homicide occurred; and that eleven perpetrators have a history of substance abuse. We also compiled information on mental health, social services and health care history. However, this information is not systematically collected in all files reviewed. In order to capture these basics characteristics in domestic homicide cases in New Brunswick, every single note included in a file had to be carefully read, as the information is not standardized. It was also necessary to consult RCMP electronic files to figure out if any prior criminal record existed on perpetrators and/or victims. A systematic way of capturing histories among partners could help draw the context in which domestic violence situations took place. The numbers in this study are very small, as the information was not on file for the majority.

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<sup>4</sup> This means that we do not know if those victims had children or not.

**Table 5 - Basic Characteristics of victims and perpetrators related to risk factors**

	Perpetrator	Victim
Prior criminal record	15	5
Substance abuse at time of crime	15	14
History of substance abuse	11	2
History of mental health involvement	5	1
History of social services involvement	4	2
History of health care involvement	4	4

What the basic characteristics presented in Table 5 above cannot reveal is if prior criminal record is related to intimate partner violence, or if there has been prior involvement with the criminal justice system regarding domestic violence between the victim and perpetrator. Studies show that victims are at high risk of being killed when they are trying to leave or when they just left an abusive relationship. This means that domestic homicide occurs on the continuum of domestic violence situations. However, it is difficult to identify past domestic violence episodes in cases reviewed for this study. This is not unique to New Brunswick cases: Websdale (1999) also found from data collected in the United States that it is difficult “[...] to know for sure if intimate killings are preceded by domestic violence” (p. 5). Some domestic violence situations are never reported to the police with the consequence that there is no trace of any abuse among partners, and for those for which domestic violence had occurred, the information is not necessarily reported in coroners’ files. The idea of understanding domestic homicide implies an understanding of the dynamics among intimate partners, including past domestic violence situations. In order to obtain a broad picture of a case, it would be important to capture, when appropriate, some information about any history of violence. Such information could help understand if any signs can be flagged and if those signs could help prevent the homicide and/or suicide in intimate relationships.

### **Specificities of domestic homicides in New Brunswick**

As explained in the definition section earlier, there are different types of domestic homicide. When homicide is followed by suicide in New Brunswick, it often involves killing children (Table

6). The rationale for Table 6 is to illustrate that domestic homicide involves direct and indirect victims of intimate partner violence.

**Table 6 - Types of domestic homicide and domestic homicide/suicide in New Brunswick**

Uxoricide	13	Uxoricide-suicide	6
Filicide	0	Filicide-suicide	4
Familicide	0	Familicide-suicide	2
Other family member	0	Other family member - suicide	1
Non family member	1	Non family member - suicide	1

A series of tables show the specificities of domestic homicides, such as location of crime, method of killing, and judicial districts of homicides. The majority of homicides occur where the victim is living at the time of the crime, whether it is their home (34.4%) or the home they share with the perpetrator (34.4%) (Table 7).

**Table 7 - Location of crime**

Location of crime	Percent
Victim home	34.4
Perpetrator home	6.3
Victim and perpetrator home	34.4
Unknown, body found in river/lake	9.4
Victim /perpetrator hotel room	3.1
Lake/river/stream (drowning)	6.3
Victim's partner's home	6.3
Total	100.0

**N=32**

Table 8 illustrates what caused the death or the method used to kill. When reviewing cases, method of killing was not necessarily identified in the files. It is important to note that pathologist reports are related to the cause of the death not necessarily to the method of killing. For instance, this is the case for blunt force trauma<sup>5</sup> deaths. In the cases reviewed in this study, shooting is the first method used to kill, followed by blunt force trauma.

<sup>5</sup> Blunt force trauma is caused by being struck with an object such as a baseball bat, a fist, metal bar, etc.

**Table 8 - Method of homicide (Cause of death)**

Method of homicide	Percent
Stabbing	9.4
Shooting	37.5
Smother/suffocate	9.4
Drown	12.5
Pushed from height	3.1
Blunt force trauma	25.0
Lethal dysrhythmias	3.1
Total	100.0

**N=32**

Studies are revealing that leaving/separating an abusive partner is a risk factor leading to homicide (Drouin et al. 2004). In cases reviewed in New Brunswick jealousy, quarrel, mental illness, depression, custody battle (Table 9) explicitly led to 17 of the 32 domestic homicides. Escaping, fleeing or leaving an abusive relationship were not central motives, in coroner's files, leading to homicide. The results compiled in Table 9 reflect what was clearly stated in Coroner's files. Therefore, it is hard to tell if domestic homicides occurring between 1999 and 2008 in New Brunswick were motivated by intimate partner's break-up. There are also 15 cases for which there are no explicit motive to kill. Motive to kill is an important piece of information to understand the sequence of events leading to homicide. Aldridge & Browne (2003) have listed risk factors from various studies. Being able to recognize some of these risks can help provide adequate support when needed.

**Table 9 - Motive of crime**

Motive of crime	Frequency	Percent
Jealousy	3	17.6
Quarrel	4	23.5
Mental Illness	3	17.6
Depression	3	17.6
Custody battle	4	23.5
Total	17	100.0

In an attempt to understand the reality of domestic homicide in New Brunswick, a review of cases in light of their geographical areas was compiled. It is in the area of Moncton (25%), followed closely by Bathurst (18.8%) and Saint John (18.8%), that domestic homicides occurred the most between 1999 and 2008. These areas have greater density of population as



judicial districts are broadly defined and larger than the cities they represent. Judicial districts themselves are not providing much information regarding domestic homicide in New Brunswick. However, reviewing cases from different regions in light of services available, isolation of people in the territory, community involvement, socio-demographic characteristics per region could help understand if external factors in people’s lives are increasing the risks in certain regions.

**Table 10 - Judicial districts where domestic homicide occurred**

Judicial district	Percent
Bathurst	18.8
Campbellton	9.4
Edmundston	6.3
Fredericton	15.6
Miramichi	3.1
Moncton	25.0
Saint John	18.8
Woodstock	3.1
Total	100.0

**N=32**

### **Justice system response to domestic homicides in New Brunswick**

From cases reviewed in this study, twelve perpetrators were charged by police for homicide. First degree murder (25%), second degree murder (58.3%), manslaughter (8.3%), and aggravated assault (8.3%) are the four types of charges filed by police. Eleven perpetrators were convicted of first degree murder (18.2%), second degree murder (36.4%), manslaughter (36.4%), and criminal negligence causing death (9.1%). Incarceration was part of the sentence for ten perpetrators while one perpetrator received community service. Sentence length varies from 5 to 25 years, 81% of perpetrators are incarcerated for nine years or more.

### **Information compiled on domestic homicide cases in New Brunswick**

As explained in the methodology section, a series of variables were developed to capture as much information as possible on domestic homicide cases in New Brunswick. The reason for an extensive grid of information is to be able to see what is or not compiled in coroner’s files and to better understand what happened in cases prior to homicide. At this time, information gathered in coroner’s files is not systematic and some files are more documented than others.

Given the significant lack of information it is difficult to identify all risk factors associated with cases. Therefore, it is unlikely that the review of cases can lead to appropriate recommendations and/or adequate intervention among professionals at this time. In domestic homicide cases, files should document domestic violence history as part of evidence leading to killing. This type of information can, in some cases, explain that domestic violence led to homicide. It is also important to capture information on past history related to any intervention with the perpetrator or victim whether it is health services, justice, shelters, social services, community, etc. as it can help understand what happened before the killing. Compiling risk factors allow reviewing cases in light of intimate partner violence context. Conclusions on domestic homicide are then based on evidence and the combination of risk factors identified in a case.

## **Conclusion**

Ultimately, gaining the full picture of domestic homicide in the continuum of domestic violence can help prevent homicide in intimate relationships to occur. At this time, it is not possible to have a broad view of domestic homicide in New Brunswick as information gathered on cases is not systematic. As 35.2% of all homicides in the province of New Brunswick encountered in a 10-year period are domestic homicides, clearly evidence the importance to understand what happens in domestic homicide cases and potentially prevent such situations in the future. Using a risk factor coding form would facilitate the review of cases.

The important information we can gain from the close examination of all cases related to domestic homicide and homicide-suicide when all possible risk factors are taken into consideration can strengthen our systemic responses to these issues. Such knowledge, when shared across professional boundaries offers every possibility for better training and response at every level for those working in fields related to domestic violence, thus saving lives. These files and the information collected in these stories are our teachers. From the hard lessons learned in our ongoing examination, analysis and response we will have the best opportunity to facilitate positive change in this area.

**Recommendations:**

1. The DVDRC in New Brunswick is in a perfect position to develop a comprehensive understanding of domestic homicide cases in New Brunswick and to make recommendations helping to prevent such situations to occur in the future.
2. The adoption of a risk factor coding form for use within the coroners' office and within the work of the DVDRC in New Brunswick as a way to insure the complete collection of the important variables and risk factors leading to domestic homicide.
3. Considering that 37.5% victims of domestic homicide were shot by the perpetrator, it is legitimate to recommend better control of firearms in known domestic violence situations in New Brunswick.
4. The adoption of a proactive stance for the collection of data and reports from the various professionals involved in all cases of domestic homicide and homicide-suicide.
5. An ongoing analysis of information collected in order to be instructed by the total reality of domestic homicide and homicide-suicide in order to strengthen systemic response as professionals across the Province.

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