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Intimate Partner Homicide in Italy

Thesis submitted in partial fulfilment of the regulation for the degree of Doctor of Philosophy (PhD) in Psychology
University of Huddersfield

By
Chiara Zappaterreno

February, 2022

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Lastly, I would like to thank my exceptional colleagues, my fantastic team in particular, for their encouragement and support. I promise I will be more sociable once this is over! A special thanks also goes to my hierarchy that allowed me to take time off to work on this thesis, I really appreciate it.

Dedicated to all the victims of intimate partner violence and homicide worldwide.

Last night I heard the screaming
Loud voices behind the wall
Another sleepless night for me
It won't do no good to call
The police always come late
If they come at all

And when they arrive
They say they can't interfere
With domestic affairs
Between a man and his wife
And as they walk out the door
The tears well up in her eyes

Last night I heard the screaming
Then a silence that chilled my soul
I prayed that I was dreaming
When I saw the ambulance in the road
And the policeman said
"I'm here to keep the peace
Will the crowd disperse
I think we all could use some sleep

Tracy Chapman, Behind the Wall (1988)

Abstract

Background. Intimate Partner Homicide (IPH), the murder of a current or former intimate partner, has been given an increasing amount of focus in terms of research and policy. However, in Italy, there is a lack of specialised research on it, despite continued increases in its prevalence. The present study aims to increase the understanding of this phenomenon within the unique cultural context that Italy provides. The aims were: (1) to determine whether characteristics and risk factors of IPH in Italy accord with those identified in other countries; (2) to explore how contextual factors affect the nature and characteristics of IPH in Italy, and; (3) to evaluate whether practitioners working with IPV victims and risk assessment are assessing IPH risk in Italy appropriately.

Methodology. To address the aims of this research, data was collected from open sources on 400 Italian cases of IPH. In addition, a questionnaire was utilised to gather the perceptions of practitioners (N=118) working in organisations that deal with domestic violence in Italy. The data was analysed using descriptive statistics, Smallest Space Analysis, and Chi-square tests.

Results. This study identified significant differences in the nature and characteristics of the Italian sample compared to previous samples gathered in different countries, particularly in terms of demographic characteristics, methods, and motives. These differences are possibly influenced by contextual factors. Risk assessments appear to include factors that are not found to be relevant in the Italian context and exclude others that frequently occur. Based on the answers to the questionnaire, it seems that practitioners tend to assess risk based on existing studies, rather than their experience of Italian cases.

Discussion. Findings have notable implications, both in terms of contributing to the evidence base around IPH, and for informing preventative efforts, including in the development of risk assessment tools and practices tailored to the Italian context. Limitations and avenues for future research are discussed.

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Chapter 1: Introduction

Intimate partner homicide (IPH) is the murder of a current or former intimate partner and most of these murders are committed by male offenders targeting female victims (Kivisto, 2015; Liem & Roberts, 2009; Smith et al., 2014). Even though a growing amount of research is being conducted on IPH, the majority of this has been conducted in a small handful of countries, for example the US, UK, Canada and Australia, and the studies conducted in Italy have mainly focused on femicide rather than IPH (Adinkrah, 1999; Bonanni et al., 2014; Capecchi, 2019).

Feminist scholars view Intimate Partner and Domestic Violence and related homicides as a product of the patriarchal structure of society and the power imbalance between genders; homicide, in this view, becomes the way men control and exert power over women (Di Napoli et al., 2019; UNODC, 2019). Italian society still retains marked patriarchal attitudes, with gender imbalance and discrimination being more present and widespread compared to the rest of Western Europe, despite the fact that women represent over 51% of the population (European Institute for Gender Equality [EIGE], 2019; Friedberg & Pecorelli, 2019; Karadole, 2012; Mastronardi, 2012; Tuttitalia.it, 2020).

In fact, while Italy has seen a decrease in homicide rates in recent years, the numbers of homicides committed by a member of the family or a current or former intimate partner have remained constant, and - on average - a woman is killed by a current or former intimate partner every three days (EU.R.E.S., 2015). Although the phenomenon has been

depicted as one of the most serious social emergencies in Italy because of its frequency and severity, the government has responded to it in a slower and more limited manner compared to other European countries (Pomicino et al., 2019; Saccoccia et al., 2019).

In recent years, IPH has been the subject of increased media attention highlighting the incidence of this offence, though sometimes reinforcing gender biases by blaming the victims and justifying perpetrators' actions (Adolfi et al., 2011; Bandelli & Porcelli, 2016; Corradi & Piacenti, 2016; Karadole, 2012). This heightened media attention, however, is accompanied by a dearth of empirical research, with most existing studies conducted in Italy focussing on a wider range of homicide types, such as femicide or domestic homicide, and using a qualitative approach due to the lack of standardisation in the reporting and recording of these crime types (Bonanni et al., 2014; Capecchi, 2019; Corradi & Piacenti, 2016; Karadole, 2012).

Although some common factors have been identified in studies conducted into IPH in different countries, research has shown that some Intimate Partner Violence (IPV) and Intimate Partner Homicide (IPH) characteristics appear to present differences according to diverse cultural and social contexts. This highlights the gap and, hence, the need to conduct targeted and specific studies on this phenomenon in a country like Italy, which presents significant differences compared to the rest of the continent, especially in terms of gender equality, in order to provide more targeted input in terms of counteracting the phenomenon (Adinkrah, 1999; Dayan, 2018; European Institute for Gender Equality [EIGE], 2019). That is why this study aims to analyse the phenomenon of IPH in the Italian context.

1.1. Structure of the Thesis

The literature review of this research is divided in three main chapters: the first one examining the phenomenon of IPH, the second one focussing on the theoretical explanations of IPH, and the third one looking at the practical approaches devised to prevent and counteract this phenomenon.

To understand this type of homicide, the chapter number two on the phenomenon of IPH is divided in five main sections. Given that previous violence within the relationship is often a predictor for future lethal violence, the first section of this chapter will focus on the phenomenon of IPV in order to fully understand IPH and IPH in Italy (Garcia et al., 2007; Weizmann-Henelius et al., 2012). The chapter will define and explain IPV and look at its prevalence worldwide. The second section of the first chapter focuses exclusively on IPH and the characteristics of offences, couples, perpetrators, and victims. This section will also look at the prevalence and rates of this phenomenon. Then, since a large percentage (approximately 30%) of IPHs are followed by the suicide of the perpetrators and it is the most likely homicide type to be followed by the suicide of the offender, the third section of the chapter will be focused on homicide suicides (H-S) and the comparison between homicide only and homicide suicide cases (Adinkrah, 2008; Banks et al., 2008; Barber et al., 2008; Campbell et al., 2007; Dawson, 2005; Gregory, 2012; Liem et al., 2009, 2011; Liem & Roberts, 2009; Logan et al., 2008; Logan et al., 2019; Lund & Smorodinsky, 2001; Vatnar et al., 2019). This section will mainly examine the characteristics of homicide-

suicides, their rate, and its links to IPH. The third section of this first chapter of the literature review will present an overview of the studies conducted worldwide on IPH. It will outline how some common characteristics were identified, but that some factors vary between countries that present diverse cultural and societal contexts and attitudes that could affect and cause changes in this type of offence. The following section examines the situation in Italy concerning IPV and IPH and will, therefore, look at the prevalence of IPV and IPH and the characteristics identified in existing studies.

The third chapter of the thesis will present the theoretical approaches, explanations and typologies proposed to make sense of the phenomena discussed in the first chapter. The chapter will also look at how the sociocultural context of Italy might affect the prevalence and attitudes towards IPV and IPH and, lastly, it will examine how the COVID-19 pandemic and the first lockdown of 2020 that was imposed to limit the spread of the virus affected the IPV situation in Italy. The first section of this chapter will start by looking at different approaches adopted to explain IPV and IPH. This will include the feminist approach, which sees these offences as a product of patriarchal attitudes and a way for men to control women, and the social learning approach, which believes that violence is a learned behaviour through childhood experiences (Schumacher et al., 2001). Given that recidivism in IPV is relatively high, in order to assess this risk of perpetration and lethal harm, it is crucial to determine the risk factors of offenders, victims, and couples (Storey et al., 2014). Consequently, the second section of this chapter will present an overview of risk factors for IPV and IPH. Moreover, identifying offenders' or couples' typologies can be of assistance when trying to gain a more in depth understanding of a phenomenon and to tailor

intervention and treatment plans (Bernardi & Day, 2015; Holtzworth-Munroe & Stuart, 1994; Huss & Ralston, 2008; Kelly & Johnson, 2008; Wray et al., 2015). Hence, the third section of this chapter will focus on some identified typologies for IPV and IPH, starting with those that have received the most empirical support, such as the family only, the dysphoric/borderline and the generally violent/antisocial developed by Holtzworth-Munroe and Stuart (1994) or the Coercive Controlling Violence, the Violent Resistance, the Situational Couple Violence, and the Separation-Instigated Violence that focuses on couple dynamics (Holtzworth-Munroe & Stuart, 1994; Kelly & Johnson, 2008). Then, the section will provide an overview of the few typologies that have been developed to classify offenders who murder a current or former intimate partner. The fourth section will explore Italian attitudes and gender balance within society that can have an impact on IPV and IPV related policies. This section will include an examination of media portrayal of IPV and IPH offences, which can also help to assess the validity of the sources used to conduct the present research. The final section of this chapter of the literature review focuses on a smaller part of this study, which was not part of the initial research plan but was devised in 2020 when the pandemic of COVID-19 first hit Italy. This short chapter focuses on the effect that the virus and the measures to control it had on IPV and IPH.

The final chapter of the literature review, the fourth chapter of the thesis, will look at the practical approaches that exist to aid the prevention and intervention in cases of IPV and IPH. The first section of this chapter will provide an overview of the most used strategies and policies implemented around the world to prevent further violence among intimate partners and avoid the escalation to lethal consequences. Hence, this section will explain

the different conceptual framework for IPV policy, the different types of treatment and models of intervention, and their effectiveness. As a further exploration of the previous section on prevention, intervention and policy, the next section of this chapter of the literature review will focus on risk assessment, which is crucial to define an intervention plan, allocate resources, facilitate sentencing by providing common terminology and methods (Connor-Smith et al., 2011; Graham et al., 2019; Helmus & Bourgon, 2011; Kebbell, 2019; Kropp, 2004; Messing & Thaller, 2013). This section will explain the different approaches in terms of risk assessments, it will look at the main risk factors considered in risk assessment tools, and it will also describe the tools that are used in Italy. The last section of this chapter will focus on the legislation, policies, tools, and resources implemented to counteract the phenomenon in Italy. The exploration of the topics presented in this final chapter of the literature review was devised to ensure that the present research is applicable to reality by being able to provide feasible, practical, and relevant recommendations in relation to policies and intervention strategies to prevent IPH.

The fifth chapter of the thesis briefly presents the aims and objectives of this research, focused primarily on determining if differences exist between the characteristics of IPH identified by this study and those presented in existing studies conducted in other countries and cultural contexts. The research also aims to determine which characteristics frequently occur together in cases and whether risk factors in Italian cases differ from those indicated in the existing literature. Further, the research seeks to establish whether current prevention and intervention tools and strategies are suitable for use in the Italian context and whether

the perceptions of practitioners working with victims of IPV match the reality of the risks presented in the Italian context.

The sixth chapter of this thesis focuses on explaining the methodology employed to achieve the aims and objectives of the research. This chapter is divided into three main sections to reflect the three main studies conducted. The first section of the methodology explains how the study on IPH characteristics was conducted by looking at the sources utilised to collect data, the creation and compositions of the main dataset of 400 Italian cases of IPH, and how the data was analysed. The second section describes the methodology for the second study, which focuses on IPH in different contexts. The impacts of various contextual factors are explored, including: the type of offence, geography and environment, and the COVID-19 pandemic. The analysis conducted for this study is also explained in this section. The third and last section focused on risk assessment and practitioners' perspectives. This section of the methodology explains the materials used for this study, which include the DASH risk assessment tool and a questionnaire used to gather the practitioners' opinions and views on IPH. The construction of the questionnaire is described in detail, as is the subsequent analysis of the data gathered in this third study.

The seventh chapter of this thesis discusses the results obtained from the analysis of the three different studies that compose this research. The first study identified the characteristics of IPH in Italy, the co-occurrence of factors in the cases, and determined whether differences in demographics affected the characteristics of the offences. The first part of the second study attempted to understand the contextual variations of IPH and the

second part, focussed on COVID-19, compared the regular sample of cases and the one composed of the IPH committed during the first COVID-19 lockdown in Italy. The third study first visually compared the characteristics identified from study one with the factors of the DASH and, then, examined the questionnaire to gather the perspectives of practitioners.

The eighth and final chapter focuses on discussing the findings and implications of this research. This chapter is sub-divided to reflect the three main studies on IPH characteristics, contextual variations, and risk assessment and practitioners' perspective and how the results of the analysis match or differ from findings of existing studies. This chapter also explores the practical implications of the findings of the research, particularly in terms of how prevention efforts and risk assessment tools might be tailored to better fit the Italian context. Limitations and directions for future research are also discussed.

Chapter 2: The Phenomenon of IPH

This chapter will provide an overview of the phenomenon of IPH by first looking at IPV, which often precedes IPH. Then, the chapter will focus on IPH itself and on homicide-suicides (H-S), which are a frequent occurrence in cases of IPH. The chapter will then go on to explore IPH at a global level and it will provide an account of the phenomenon in terms of prevalence, rates, and state of research in the different regions of the world. Lastly, the chapter will take a detailed look at the situation in Italy in terms of IPV and IPH by examining offence characteristics and prevalence.

2.1. Intimate Partner Violence

IPH is the most extreme consequence of Intimate Partner Violence (IPV) and a history of violence within a relationship appears to be strong predictor of future lethality (Garcia et al., 2007; Graham et al., 2020; Spencer & Stith, 2020; Weizmann-Henelius et al., 2012). That is why, when examining the phenomenon of IPH, it is crucial to develop an understanding of IPV and Domestic Violence (DV). This section will first provide definitions of IPV and DV, and it will describe the types of abuses that are encompassed by these terms, which can range from physical to psychological (Beck et al., 2013; Gerber et al., 2021; Nesca et al., 2021; Storey et al., 2014). This section will examine the global prevalence of violence against women, the potential consequences for victims and society, and the possible explanations why relationships between couples persist despite them being characterised by violence and abuse.

2.1.1. Definition

IPV refers to any form of threats of abuse or actual abuse, which can range from physical or sexual violence to psychological abuse, committed towards a current or former intimate partner (Allen & Fox, 2013; Beck et al., 2013; Gresham et al., 2021; Smith et al., 2014; Storey et al., 2014). DV, on the other hand, is a wider term that also applies to elder and child abuse perpetrated within the household (WHO, 2012). In terms of the range of types of abuse that constitute IPV, these can include physical, sexual, emotional, financial, and psychological forms of abuse, and coercive and controlling behaviours (Adhia et al., 2021; Johnson et al., 2015; Nesca et al., 2021; WHO, 2012; WHO et al., 2013). Physical abuse involves physically hurting the partner through hitting, beating, kicking, biting, slapping, burning, choking, pushing, etc. Sexual abuse can involve coerced or forced sexual activities, such as rape and not respecting lack of consent before a sexual act or being made to engage in other unwanted sexual activities. Psychological violence can include a wide range of controlling behaviours and emotional abuse. Controlling behaviours can range from restricting access to basic services (such as employment and financial resources, medical care, education, etc.) to isolating the victims from their support systems (like family, friends and the community) and monitoring their movements (Gerber et al., 2021; Johnson et al., 2015; WHO, 2012; WHO et al., 2013). Financial abuse can include placing unnecessary restrictions on employment opportunities or the ability to meet obligations related to one's employment and access to financial resources. Emotional abuse includes behaviours like intimidation, humiliation, manipulation, gaslighting, insulting, belittling, and different types of threats related to future harm or children custody issues (Gerber et

al., 2021; Johnson et al., 2015; Sweet, 2019; WHO, 2012; WHO et al., 2013). It is important to note that IPV occurs in all types of contexts and in couples of varied socioeconomic status, cultural norms, and religious beliefs. However, IPV tends to be mostly perpetrated by men with female victims (WHO, 2012). Women are also more likely to be injured and to suffer from chronic and more severe forms of abuse (Hardesty & Ogolsky, 2020; Lipsky et al., 2005).

2.1.2. Prevalence

IPV has been shown to be a highly prevalent form of violence. Reports from the World Health Organization (WHO) states that approximately 30% of women experienced either physical or sexual abuse in the context of an intimate relationship and approximately 38% of all murders with a female victim are committed by a current or a former intimate partner (WHO, 2014; WHO et al., 2013). Some studies estimate that over 35% of women experience IPV in their lifetime (Adhia et al., 2021; Gresham et al., 2021). Amongst the women who were physically and/or sexually abused, 42% sustained injuries caused by the abuse (WHO et al., 2013). A study conducted by WHO in 2013 examined the prevalence of IPV in the different world regions. The regions with the highest prevalence appeared to be Southeast Asia, in which the prevalence among ever-partnered women was 37.7%, followed by 37% in the Eastern Mediterranean, 36.6% in Africa, 29.8% in the Americas, 25.4% in Europe, and lastly Western Pacific, in which the prevalence was 24.6% (WHO et al., 2013).

2.1.3. Consequences

There are multiple potential consequences of IPV, ranging from psychological problems, substance abuse to poor general health and social insecurity, and death (Arkins et al., 2016; Bell & Naugle, 2008; Breiding et al., 2008; Reingle et al., 2014; Walters, 2020; WHO et al., 2013). Physical injury is one of the most common effects of IPV, and can range from temporary injuries, like bruises, broken bones and lacerations, to more permanent damage, such as back and neck problems, brain injuries, and sight and hearing impairments. Victims may also suffer from stress-related illnesses such as gastrointestinal issues, asthma, fibromyalgia, and different chronic pain syndromes (Reingle et al., 2014; WHO, 2012; WHO et al., 2013). IPV victims may also suffer from severe longer-term mental health issues. IPV victims are more likely than non IPV exposed individuals to have suicidal thoughts, to attempt suicide, and to have higher levels of anxiety and depression (Gerber et al., 2021; Reingle et al., 2014; WHO, 2012; WHO et al., 2013). Moreover, they are also likely to suffer from post-traumatic stress disorder, have poor self-esteem, sleep and eating disorders, and to engage in substance abuse and self-harm (Gerber et al., 2021; Reingle et al., 2014; WHO, 2012; WHO et al., 2013). Being made to engage in unsafe sexual behaviour can lead to unwanted pregnancies, abortions and sexually transmitted diseases or infections (WHO, 2012, 2014). Violence and abuse during a pregnancy can lead to stillbirth, miscarriages, foetal injuries and premature labour (Reingle et al., 2014; WHO, 2012; WHO et al., 2013). Children exposed to parental IPV can also suffer the impacts long-term. Indeed, children who have witnessed violence within the home are more likely to become future victims or perpetrators of IPV (Reingle et al., 2014; WHO, 2012). They

are also more likely to suffer from anxiety, depression, poor general health, and to perform poorly in school (Gerber et al., 2021; Reingle et al., 2014; WHO, 2012).

Even though victims of IPV can endure severe consequences from the abuse, there are several motivations that may keep women in violent relationships. Victims may not have alternative means of financial or social support, particularly after long-term psychological abuse and emotional isolation (WHO, 2012). Women may also stay in abusive relationships out of concern for their children and fears of losing custody of them (WHO, 2012). They may also fear retaliation from their partners, which is a justified concern given that the separation is the period at most risk of IPH (Dawson & Piscitelli, 2021; Garcia et al., 2007; Goussinsky & Yassour-Borochowitz, 2012; WHO, 2012). Another reason that could keep victims in a violent relationship is their love for the partner and the hope that the partner will change (WHO, 2012). The most frequent reasons that contribute to the decision to leave an abusive partner include the realisation that the children are being affected by the abuse, an escalation in frequency or severity of violence, and the recognition that the partner may not change his behaviour (WHO, 2012). Those women that do not leave an abusive relationship are more at risk of IPH, which will be explained in the next section of this chapter.

2.2. Intimate Partner Homicide

This section of the literature review provides an overview of the phenomenon of Intimate Partner Homicide (IPH), presenting the characteristics of offences, couples, perpetrators

and victims. It will first introduce this type of offence and provide a definition for this phenomenon, an overview of its main characteristics and how this phenomenon is affected and shaped by cultural differences. Next, the prevalence and rates of women killed by an intimate partner will be provided and, lastly, the section will explore in depth the characteristics of the offence, by looking at factors like modus operandi and motive; the characteristics of the couple, by examining the type of relationship and age differences; the characteristics of the offenders and victims.

IPH consists in the murder of a current or former intimate partner and it is the most common form of domestic homicides (Kivisto, 2015; Liem & Roberts, 2009). The vast majority of these offences are committed within heterosexual couples and by male perpetrators against female victims (Cheng & Jaffe, 2019; Liem & Roberts, 2009; Smith et al., 2014; UNODC, 2019). As previously mentioned, the murder of an intimate partner is the most extreme form of IPV and strongly affects communities in which it is committed (Caman, Kristiansson, et al., 2017; Garcia et al., 2007; Hanlon et al., 2016; Leth, 2009; Salari & Sillito, 2016; Spencer & Stith, 2020; Weil, 2016). Children and other family members are, in a way, other victims of the offence, as they suffer the consequences of the perpetrator's actions. Children are especially victimised in the process as they are often traumatised and left without a parental guardian (UNODC, 2019).

2.2.1. Definition

While IPH only refers to those murders committed by a current or former intimate partner and is often a result of an abusive intimate relationship, Domestic Homicide (DH) also includes homicides committed within the household and perpetrated by other family members, like parents, siblings or other relatives (Norman & Bradshaw, 2013; UNODC, 2019). IPH has also been referred to as spousal homicide or uxoricide, but this is a narrower definition as it only includes marital relationships (Elisha et al., 2010; Kivisto, 2015; Loinaz et al., 2018). Other terms in use to define the murder of a woman are femicide or feminicide. Although there is no commonly agreed upon definition of these terms, they typically indicate the murder of a woman because of her gender and can be understood in the framework of a patriarchal society and as a product of such societal norms (UNODC, 2019; Weil, 2016). There are several types of femicide committed in varying degrees around the world to this day, such as honour killings, which are committed when there is the belief that a woman has brought shame to the family like in cases of extramarital relations or after being a victim of rape or sexual assault; dowry related killings, which are usually committed by the groom's family in the attempt to get dowry payments and are common in South Asia; killings of women to due sexual orientation or gender identity; killings of women due to suspicion of witchcraft, which are still happening in Africa for example; killings that are derived from harmful practices such as genital mutilation; killings of women during an armed conflict, which are usually committed as a weapon of war together with rape, sexual abuse and slavery; and finally the killing of women in the context of minorities or specific crime types, such as within gangs or human trafficking (UNODC, 2019; Weil, 2016). Female sex workers are also known to be disproportionately targeted for

homicides, with their risk of being a homicide victim 60 to 120 times higher than non-sex workers (UNODC, 2019). This is due to several factors, such as being in a criminal environment, disputes over payments, hate crime, lack of shelter, mental illness and generally being in high risk situations (UNODC, 2019).

2.2.2. Prevalence

Domestic Homicide is the most common cause of violent deaths of female victims in Europe and one out of seven homicides worldwide are committed by intimate partners (Bows, 2019; Eriksson et al., 2019; Fraga Rizo et al., 2019). A study using data from 66 countries found that IPHs made up around 13.5% of all homicides, with women being most likely to be killed by an intimate partner or a former partner (Stöckl et al., 2013). Moreover, the cases in which women were victims of IPH account for 38.6% of the total number of homicides (Stöckl et al., 2013). The Global Study on Homicide from UNODC reports that the women killed by their intimate partners or family members make up the majority (58% in the latest report published in 2019) of all homicides with female victims, but that less than 10% of male homicide victims are victims of IPH (UNODC, 2014, 2019). According to the United Nations (UN) body, the number of women killed by intimate partners is increasing and, whilst in some countries the figures for homicides in general are decreasing, figures for IPH are not following the same trend (EU.R.E.S., 2015; Reckdenwald & Parker, 2010; UNODC, 2019). In some countries, proportional rates of IPH and DH compared to the total numbers of homicides with female victims are even higher. For example, in Italy,

77% of women who are victims of homicide are killed by a current or former intimate partner or a family member (EU.R.E.S., 2015).

The global rates for homicides with female victims is around 2.3 per 100.000 female population with rates of 1.3 for DHs and 0.8 for IPH (UNODC, 2019). In general, DHs only make up around one out of five homicides, and whilst men are four times more likely to be a victim of homicide, women are the most likely victims of DH, accounting for 82% of IPH cases (UNODC, 2019). In Europe, the rates for IPH with female victims was four times higher than those for IPH with males victims (UNODC, 2019).

2.2.3. Characteristics

Several characteristics of IPH have emerged from the existing literature on the topic. As mentioned previously, this type of offence is far more likely to be committed by males than females, and victims tend to be females in the vast majority of cases (Garcia et al., 2007; Morrison et al., 2020; UNODC, 2019). Differences have also been identified in terms of offence characteristics when making comparisons according to the gender of perpetrators, such as having different motivations to commit the homicide, being vulnerable to different risk factors, and presenting different demographic characteristics (Reckdenwald & Parker, 2010; Sebire, 2017; Serran & Firestone, 2004; Weizmann-Henelius et al., 2012). Regarding the relationship between perpetrator and victim; it seems that cohabiting couples are more at risk of IPV than married ones (Aldridge & Browne, 2003; Capaldi et al., 2012; Eke et al., 2011; Sebire, 2017). Moreover, IPH seem to be more likely to be committed by current

compared to former intimate partners (Carmichael et al., 2018). However, some studies indicate separated couples as those at highest risk of IPH, and that the period after the separation is the most dangerous one (Dawson & Piscitelli, 2021; Garcia et al., 2007; Goussinsky & Yassour-Borochowitz, 2012). According to a study conducted in London, most couples (78%) included in the sample of IPH cases had children (Sebire, 2017). Another US based study indicated that 64% of couples included in their sample had children (Sillito & Salari, 2011).

Both IPH offenders and victims are usually older than those in other forms of homicide and the victims, if females, tend to be younger than the perpetrators (Kivisto, 2015; Leth, 2009; Showalter et al., 1980; UNODC, 2019). The most common age range for offenders is from the mid/late thirties to mid-forties, and they tend to be older than those committing IPV (Garcia et al., 2007; Kivisto, 2015). Other US based studies suggest that the age group that is at most risk of IPH is from 20 to 29 years old (Garcia et al., 2007; Sebire, 2017). When in a couple there is a disparity between the ages of victims and perpetrators, there is a higher risk of IPH (UNODC, 2019). Indeed, the risk of IPH is at its highest when there are over 10 years difference between the perpetrator and the victim (Aldridge & Browne, 2003; Garcia et al., 2007). A study looking at IPH and Intimate Partner Homicide-Suicides (IPH-S) and age groups identified differences in the offence characteristics. Previous episodes of IPV were more frequent in young and middle-aged couples compared to older couples. When the couple was young, there was a higher likelihood of additional victims. There were no cases of mercy killings in young couples identified by this study (Salari & Sillito, 2016). Furthermore, IPH offences committed by younger couples tend to be more

emotional and impulsive compared to the ones committed by older perpetrators (Allen & Fox, 2013). According to existing studies, H-Ss committed in the framework of intimate partnerships are more likely to be committed within older couples (Bourget et al., 2010; Schwab-Reese & Peek-Asa, 2019). These homicides often fall in the category of mercy killings. A mercy killing identifies a murder that is committed usually by a family member to end the suffering of an ailing person. Often these cases are committed by the spouse (Canetto & Hollenshead, 2001; Salari, 2007). Studies identified that frequently the scenario involves victims having a medical illness and perpetrators suffering from mental illnesses, usually depression (Bourget et al., 2010; Cheng & Jaffe, 2019).

Studies from the US and other countries show that being part of an ethnic minority community can be a risk factor for IPV and IPH offences (Campbell et al., 2007; Capaldi et al., 2012; Dobash et al., 2009; Matias et al., 2020; Sebire, 2017). These studies identified that IPH affected disproportionally members of ethnic minoritized groups. Specifically, black women had the highest risk of being murdered by an intimate partner (Garcia et al., 2007). Although homicide generally disproportionately affects individuals coming from lower social classes, IPH is a phenomenon that occurs in all social classes (Aldridge & Browne, 2003; Elisha et al., 2010).

Previous convictions are frequent in IPH offenders and previous episodes of DV are an important risk factor for IPH (Sebire, 2017; Spencer & Stith, 2020; Weizmann-Henelius et al., 2012). Around a quarter to a half of IPH perpetrators have previous convictions for a violent crime (Kivisto, 2015). A Canadian study, with a sample of 147 cases, found that

47% of perpetrators had previous convictions (Eke et al., 2011). In a Swedish study, 61% of 164 perpetrators had a criminal record and the most frequent charges were threats, violence, property and traffic offences (Belfrage & Rying, 2004). Moreover, stalking seem to be an offence that frequently precedes IPV (Campbell et al., 2007; Kivisto, 2015; Spencer & Stith, 2020). In terms of previous violence within the couple, studies found that repeated violence ranged from 25% to 65% in couples that ended up being affected by IPH (Aldridge & Browne, 2003; Dobash et al., 2009).

Different sources report that perpetrators frequently consumed alcohol or drugs prior to the murder in cases of IPH and that alcohol and substance abuse is linked to IPV (Aldridge & Browne, 2003; Campbell et al., 2007; Garcia et al., 2007; Spencer & Stith, 2020; Weizmann-Henelius et al., 2012). In particular, IPH perpetrators and victims appear to suffer from chronic alcohol use (Garcia et al., 2007; Sebire, 2017). Furthermore, mental health problems, like depression and personality disorders seem to be associated with IPV and IPH (Aldridge & Browne, 2003; Capaldi et al., 2012; Kivisto, 2015). The proportion of perpetrators affected by mental health issues seems to be greater in IPH offenders compared to other homicide perpetrators (Campbell et al., 2007).

In terms of motive, homicides can be distinguished in terms of the expressive and instrumental dichotomy of aggression. Expressive aggression is aimed at making the victim suffer and is generally characterised by a higher degree of violence, while instrumental aggression is aimed at achieving a tangible objective, such as obtaining money (Feshbach,

1964; Salfati, 2000, 2003). Expressive homicides are often found to be linked to a previous altercation between the offender and the victim and instrumental ones have often been found to be committed while the perpetrator was committing another offence (e.g. a robbery or sexual assault) (Meneses-Reyes & Quintana-Navarrete, 2021). Expressive homicides tend to present more violent modi operandi and the victims appear to suffer from the infliction of multiple wounds, while instrumental homicides are linked to the disappearance of the victim's personal items or sexual acts (Salfati, 2000). Many studies conducted on homicides provided support for this thematic division. Salfati, for example, in two different studies using quite large samples of homicide cases identified a distinction between expressivity and instrumentality in British homicides, although sometimes the two themes can also combine (Salfati, 2000, 2003). The existence of the expressive and instrumental dichotomy is also supported by studies conducted in different countries, for example Mexico, Belgium and Spain (Meneses-Reyes & Quintana-Navarrete, 2021; Pecino-Latorre et al., 2019; Thijssen & de Ruiter, 2011). The most frequent motive for the murder of an intimate partner seems to be related to the decision of the woman to end the relationship (Adolfi et al., 2011; Goussinsky & Yassour-Borochowitz, 2012; Spencer & Stith, 2020). Other motives include jealousy, possessiveness, suspicion of infidelity, frequent quarrels, illness, an argument preceding the homicide, financial issues or mental health problems (Adolfi et al., 2011; Dobash et al., 2009; EU.R.E.S., 2015; Goussinsky & Yassour-Borochowitz, 2012; Leth, 2009; Serran & Firestone, 2004; UNODC, 2019). IPHs are less likely to be premeditated compared to other homicide types but appear to be more premeditated than episodes of domestic violence and abuse (Goussinsky & Yassour-Borochowitz, 2012; UNODC, 2019). However, IPH cases that are followed by the suicide

of the perpetrator are more likely to be premeditated compared to regular IPH cases (Carmichael et al., 2018).

The most common instruments used to commit IPH are firearms in the US, where they are easily obtainable, and the use of a sharp object or a knife in countries like Sweden, the UK and Italy (Adolfi et al., 2011; Aldridge & Browne, 2003; Belfrage & Rying, 2004; Campbell et al., 2007). Firearms availability has been indicated as a major risk factor for IPH in multiple studies (Adhia et al., 2021; Aldridge & Browne, 2003; Campbell et al., 2007; Garcia et al., 2007; Stansfield et al., 2021; Stöckl et al., 2013). Other frequent methods of killing are strangulation, beating and suffocation (Adolfi et al., 2011; Allen & Fox, 2013; Belfrage & Rying, 2004; Liem & Roberts, 2009). Overkill, meaning the presence of multiple wounds inflicted to the victim, has been found to be frequently associated with cases of IPH (Aldridge & Browne, 2003). A study looking at the differences between IPH offenders who had previous convictions and those who did not found that offenders that did not have previous convictions were more likely to inflict a greater number of wounds compared to their counterparts (Dobash et al., 2009). Moreover, according to other sources, perpetrators who had a closer relationship with the victims tended to choose modus operandi that required direct physical contact, like strangulation or stabbing, and also tended to inflict more severe injuries at higher frequencies (Reckdenwald et al., 2019).

In terms of geographical location; IPH appears to be more frequent in rural areas, as are more severe forms of IPV (AbiNader, 2020; Reckdenwald et al., 2019). The fact that more

IPHs seem to be committed in rural areas could be due to higher significance placed on a patriarchal structure of the community and gender roles in non-urban areas, which is also exacerbated by social isolation, poverty and substance abuse (Reckdenwald et al., 2019). Moreover, firearms use and availability is higher in rural areas, where they are often used for hunting or security purposes (AbiNader, 2020; Reckdenwald et al., 2019). Most homicides of an intimate partner seem to occur in the shared home or in the home of the victim (Adolfi et al., 2011; Belfrage & Rying, 2004; Dobash et al., 2009; Leth, 2009).

IPH is the type of homicide that is the most likely to be followed by the suicide of the perpetrator, possibly due to the degree of intimacy with the victim (Aldridge & Browne, 2003; Banks et al., 2008; Kivisto, 2015; Liem & Roberts, 2009). Suicide follows the murder of an intimate partner in around 30% of cases, compared to nearly 5% in other cases of homicides (Matias et al., 2020). Given these rates, the next section of this chapter will examine the phenomenon of homicide followed by suicide to gain a full understanding of the different ways in which IPH manifests. Furthermore, many IPHs also involve the murder of other victims, like children of the couple, other family members, new partners, neighbours or police officers (Fraga Rizo et al., 2019; Graham et al., 2020; Kafka et al., 2021; Kivisto, 2015; Smith et al., 2014; Stöckl et al., 2013). Children are sometimes killed by the IPH perpetrator to commit a further act of violence towards the victim (Garcia et al., 2007). If they are not collateral fatalities of the IPH, the children of the couples tend to have a higher risk of developing mental illnesses, self-harming and substance abuse (Caman, Kristiansson, et al., 2017; Garcia et al., 2007; Katz, 2014).

2.3. Homicide-Suicides

Homicide-Suicides (H-S), which are also known as dyadic death, murder-suicides or extended suicides, have been described as two stage incidents including single or multiple homicides followed by the suicide of the perpetrators within a week, although this usually occurs in the first twenty-four hours after the murder (Bossarte et al., 2006; Flynn et al., 2015; Kotzé & Roos, 2018; Liem et al., 2011; Logan et al., 2008). IPH is the form of homicide that is most likely to be followed by the suicide of the perpetrator, and spousal homicides are followed by suicides in approximately 30% of cases (Adinkrah, 2008; Banks et al., 2008; Barber et al., 2008; Campbell et al., 2007; Dawson, 2005; Gregory, 2012; Liem et al., 2009, 2011; Liem & Roberts, 2009; Logan et al., 2008; Logan et al., 2019; Lund & Smorodinsky, 2001; Vatnar et al., 2019). In fact, understanding the phenomenon of H-Ss and how they differ from cases of homicide only is imperative to gain a greater comprehension of IPH and its characteristics. That is why this section focuses on describing the phenomenon of H-S, its prevalence and main features, and its connection to IPH. Firstly, the rates of this offence type will be reported to understand its frequency, with particular attention given to the situation in Italy. Then, key theories that attempt to explain the phenomenon in question and how it differs from cases that involve only homicide or suicide will be explored. The characteristics and the different typologies or subsets of H-S cases that have been identified in previous research will then be described. Lastly, this section will look at the link with IPH and will present the most relevant findings from studies on the topic of Intimate Partner Homicide-Suicide (IPH-S).

2.3.1. Prevalence

Several studies across the world report rates for H-S offences and, although it appears to be a rare phenomenon, it has a high impact on the community and surviving relatives of victims and perpetrators (Bossarte et al., 2006; McPhedran et al., 2018; Panczak, Geissbühler, et al., 2013; Salari, 2007). In the United States of America, the rate for homicides followed by suicide ranges from 0.2 to 0.3 per 100.000 population (Bell & McBride, 2010). H-Ss reportedly kill between 1000 and 1500 Americans every year, and make up 5-6% of the total number of homicides and 2% of the total number of suicides (Barber et al., 2008). In the Netherlands, H-S constitute 4% of homicides and 0.5% of suicides per year, and its rates are 0.05 per 100.000 people per year (Liem et al., 2009). The rates of homicides followed by suicides in Switzerland are 0.09 (Panczak, Zwahlen, et al., 2013), in England and Wales 0.06 (Liem et al., 2011), in Japan (Toyama region) 0.38 (Hata et al., 2001; Liem et al., 2011), in Australia and New Zealand from 0.07 to 0.11 (Liem et al., 2011; Moskowitz et al., 2006), in South Africa between 0.89 and 1.0 (Kotzé & Roos, 2018), and 0.16 in Finland all measured per 100.000 inhabitants each year (Panczak, Geissbühler, et al., 2013).

A study conducted in Brescia county, in northern Italy, found that the rate of H-Ss for the area is 0.06 per 100.000 population annually (Verzeletti et al., 2014). According to the Italian National Institute of Statistics, the homicide rate is 0.59 and the suicide rate is approximately 6.5 per 100.000 people per year in Italy (ISTAT, 2017, 2018). Another study conducted with an Italian sample reports that the perpetrators of IPH committed suicide in approximately 30% of cases (Adolfi et al., 2011).

2.3.2. Characteristics

The majority of homicides followed by suicide are perpetrated against an intimate partner and most of them are committed by men who target female victims (Barber et al., 2008; Eliason, 2009; Liem et al., 2011; Schwab-Reese & Peek-Asa, 2019). Children can be also the target of the homicide or be an additional victim following a spousal homicide, possibly due to the wish to eliminate the entire family or where the perpetrator feels that there is no one that is going to be able to care for the child or children after the death of the parents (Flynn et al., 2016; Manning, 2015; Sillito & Salari, 2011). Indeed, homicides followed by suicides are also likely to result in additional victims besides the initial target (Manning, 2015). Other victims can include family members of the victim, new partners or potential sexual rivals, and bystanders (Barber et al., 2008). The mean age of perpetrators reported in the literature ranges from 40 to 50 years of age and the risk of committing this type of offence appears to increase with age (Eliason, 2009; Panczak, Zwahlen, et al., 2013). H-S perpetrators are reportedly older compared to men who commit suicide or perpetrate homicide (Panczak, Geissbühler, et al., 2013). According to the literature, H-Ss committed in the framework of intimate partnerships are more likely to occur within older couples (Schwab-Reese & Peek-Asa, 2019). Approximately a quarter of homicides followed by suicide involve a person over the age of 55. These offences are more likely to be perpetrated by the carer of the victim, to have a reported illness present, and to have a history of DV (Bossarte et al., 2006).

Motives for committing H-S that have been identified in the literature include: jealousy, divorce or separation, perceived or actual infidelity, financial issues, loss of employment,

retaliation, illness, and depression (Barber et al., 2008; Bell & McBride, 2010; Bossarte et al., 2006; Flynn et al., 2016; Logan et al., 2008; Schwab-Reese & Peek-Asa, 2019). The most common of these motives appears to be estrangement or loss of a close relationship, including divorce or separation (Eliason, 2009; Flynn et al., 2016). In terms of modus operandi, firearms, most frequently handguns, appear to be the most common method used to commit H-S offences and the cause of death in the majority of cases for both victims and perpetrators (Bossarte et al., 2006; Eliason, 2009; Schwab-Reese & Peek-Asa, 2019). A study comparing H-Ss and homicide-attempted suicides demonstrated that most offenders that tried to commit suicide with a firearm succeeded; however, most suicide attempts with weapons other than firearms were unsuccessful (Barber et al., 2008). Other methods involve the use of knives or blunt objects, motor vehicles, strangulation, and beating (Bossarte et al., 2006). The majority of H-Ss are perpetrated in a private residence, either in the victim's or the perpetrator's home (Bossarte et al., 2006; McPhedran et al., 2018; Verzeletti et al., 2014). Research has also shown that H-Ss are more likely to take place in the home compared to cases of either homicide or suicide alone (Liem et al., 2011).

In relation to their background; perpetrators of H-Ss seem to have a low rate of criminal behaviour and previous convictions (Eliason, 2009). According to existing studies, employment, even if full time, does not appear to be a protective factor for H-S (Eliason, 2009). It is reported that perpetrators are typically from lower middle and working classes (Gregory, 2012). According to a study with a sample of 65 US H-S incidents, the perpetrators of these offences are more likely to have a high school education or no further education compared to the homicide victims (Bossarte et al., 2006).

The role of depression is also a prominent feature in studies looking at H-S and it is thought to be a main risk factor for this type of offence (Bell & McBride, 2010; Roma et al., 2012; Schwab-Reese & Peek-Asa, 2019). Other reported mental issues include psychosis, dementia, and substance abuse (Benbow et al., 2019; Roma et al., 2012). A study conducted in the UK on sixty H-S offences showed that more than half of the perpetrators had been previously diagnosed with a personality disorder, and almost one third of them had been prescribed psychotropic medication (Flynn et al., 2016). Suicidal thoughts in offenders varied from 5% to 23% (Flynn et al., 2016; Schwab-Reese & Peek-Asa, 2019). Most offenders had visited their GP in the year before the offence and almost half in the month before, which could indicate that an increased attention to warning signs and targeted interventions could prevent part of these offences (Flynn et al., 2016). Compared to homicide only offenders, perpetrators who committed H-S had approximately half of the rate of substance use at the time of the murder (Eliason, 2009). Alcohol use also appears to be more prevalent in cases of homicide compared to cases of H-S (McPhedran et al., 2018; Panczak, Geissbühler, et al., 2013).

2.3.3. Intimate Partner Homicide-Suicides

As previously discussed, Intimate Partner Homicide-Suicides (IPH-S) are the most frequent subtype of H-S offences and numerous studies have explored this particular subset of offences and its characteristics (Barber et al., 2008; Eliason, 2009; Liem et al., 2011; Schwab-Reese & Peek-Asa, 2019). According to previous research, HSs committed in the

context of an intimate partnership have the following characteristics: the offenders are usually male, the victims female, the couple is either married or cohabiting, a recent separation or separation attempt is frequent, the perpetrator has a medium to low employment status, and the modus operandi involve the use of a firearm (Banks et al., 2008; Logan et al., 2019; Zeppegno et al., 2019). IPH-S cases are more likely to be premeditated compared with cases of IPH only. The fact that these cases are premeditated means that they can be prevented if the correct assessment tools and intervention measures are devised and deployed (Dawson, 2005). Further comparisons between IPH and IPH-S offences indicate that perpetrators who commit H-S are more likely to have been diagnosed with depression and to have had suicidal thoughts or to have threatened suicide before the offence. These offenders appear to have more characteristics in common with suicide victims compared with homicide offenders (Liem & Roberts, 2009). Another difference between IPH and IPH-S perpetrators is that those that commit HS tend to be older than their homicide-only counterparts, and are more likely to use a firearm (Banks et al., 2008). A Norwegian study comparing IPH and IPH-S also found that perpetrators of IPH were more likely to have a criminal record and an attitude of disregard towards the law compared to those offenders who committed suicide following the murder. Moreover, the study found that IPH-S offenders have a higher educational level (Vatnar et al., 2019).

Although H-S is a rare phenomenon, its incidence in cases of spousal homicide raises the importance in researching this type of offence when dealing with cases of IPH and IPH-S. Understanding this offence type is crucial for several reasons. Firstly, we need to better understand H-S to be able to more accurately understand the phenomenon of IPH, since H-

Ss comprise a substantial subset of cases. Secondly, by improving the understanding of H-Ss, we may be better able to identify characteristics that can help to develop targeted risk assessment tools specifically addressing couples who could be in danger of this offence type. Thirdly, an enriched understanding of these offences and individual factors underpinning them would facilitate the development of intervention and prevention strategies.

2.4. Global Overview of IPH

As mentioned earlier, IPV is phenomenon that affects approximately 30% of women and it occurs among a wide range of contexts at a global level, including areas with diverse socioeconomic statuses, cultural norms, and religious beliefs (WHO, 2012, 2014; WHO et al., 2013). However, some regions of the world appear to be more affected by IPV than others. Southeast Asia is the most affected region, followed by, in order of most affected to least: Eastern Mediterranean, Africa, Americas, Europe and Western Pacific (WHO et al., 2013).

This section will first present the rates of IPH globally and explore differences in prevalence throughout the different world regions. Then, since most studies on IPV and especially on IPH have been conducted in Western societies, this section of the chapter will provide an overview of the main research and studies conducted by region and the differences identified in terms of offence characteristics that may be accounted for by cultural variations. Lastly, this section will briefly mention the situation in Italy regarding

the study of IPH as a prelude to the final section, which is exclusively focused on IPH in Italy.

2.4.1. Prevalence

Previous IPV is a risk factor for IPH, which accounts for one out of seven homicides worldwide, and IPH rates are estimated at 0.8 per 100.000 female population (Aldridge & Browne, 2003; Bows, 2019; Dobash et al., 2009; Eriksson et al., 2019; Fraga Rizo et al., 2019; UNODC, 2019). This type of homicide is committed at a global level but there are some recognisable variations of IPH that can be committed by an intimate partner due to cultural or religious differences, like honour or witchcraft killings (UNODC, 2019).

In terms of geographical differences, a global study shows that rates of IPH are similar to those of IPV. The most affected region in terms of IPH with female victims is Southeast Asia, followed by (in order of highest to lowest prevalence): high income countries (as defined by the World Bank[1]); the Americas; Africa; low and middle-income European countries; the eastern Mediterranean countries; and Western Pacific countries (Stöckl et al., 2013). It is important to note, however, that the figures might be affected by the lack of reporting such crimes in some of the examined regions (Stöckl et al., 2013).

[1] Andorra, Australia, Austria, Canada, Croatia, Cyprus, Czech Republic, Denmark, England and Wales, Estonia, Finland, France, Germany, Hungary, Iceland, Ireland, Israel, Italy, Japan, Lichtenstein, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Poland, Portugal, Scotland, Slovakia, Slovenia, Spain, Sweden, Switzerland, and the US.

Although IPH cases are identified worldwide, there are few studies that examine this phenomenon in different cultural and geographic contexts. Most studies look at the phenomenon in Western societies, like the United States, Canada, the United Kingdom, and Australia (Adinkrah, 1999, 2008). This lack of culturally diverse studies makes the generalisation of findings from existing research difficult, and raises questions as to whether these findings can be applied to different social and cultural contexts (Adinkrah, 1999, 2008). A small, non-exhaustive, overview of studies by region is presented below to examine efforts to compare existing findings from Western cultures to diverse contexts.

2.4.2. Asia

Studies concerning IPH in Asia include a couple conducted in Russia, two in China, one in Hong Kong and one in Fiji (Adinkrah, 1999; Chan et al., 2010; Gondolf & Shestakov, 1997; Muravyeva, 2013; Shuhong, 2020). However, one of the two Russian studies examined spousal homicides committed in early modern Russia (1600 to 1800), offering an historical perspective, and therefore it does not permit comparison with the findings from more current existing studies (Muravyeva, 2013). The second study in Russia found some differences in a sample from the early 1990s compared to the findings identified in studies conducted in the United States. The main differences include that, in Russia, there was higher rate of spousal homicides with female victims but fewer of these were committed using firearms compared with the US (Gondolf & Shestakov, 1997). However, the study did not examine in depth other offence or couple characteristics, and further research with a more up-to-date sample is needed to confirm whether these differences persist or whether

the crime has changed, adapting to the societal developments since this study. One study from China analysed IPH after registering an increase of this type of offence in the country. This study identified many similarities with Western studies, such as the motive of separation as a trigger for the homicide and the fact the IPH perpetrators tend to have less substantial criminal histories than other types of offender (Shuhong, 2020). The second study found that most IPH perpetrators did not previously commit IPV, were from lower socioeconomic classes, and were unsatisfied with their relationship (Zhao, 2021). Both Chinese studies, however, identified a large number of people involved in extramarital affairs, which is not a frequently identified characteristics in Western studies (Shuhong, 2020; Zhao, 2021). The Hong Kong study focuses only on the reaction of the offenders after the killings (Chan et al., 2010). The study from Fiji argued that IPH cases were motivated by the patriarchal norms of the society and the desire of men to punish women who contravened these rules, such as presumed infidelity (Adinkrah, 1999). More studies in the geographical area are warranted, given the wide cultural differences presented by this extensive region.

2.4.3. Middle East

In the Middle East, studies focus mainly on Israel, highlighting a regional gap in analysing this phenomenon. Although the studies from Israel do not present vast samples, they analyse in depth the different characteristics of offences, victims and perpetrators. One study focused on femicides followed by suicides. All of the perpetrators in the study were either current or former intimate partners of the victims. The study identified similar

characteristics to those found for Western samples; in terms of motive and modus operandi, for example, but found an over representation of some ethnic minorities, like Ethiopian immigrants, which presented more differences with Western studies in their cases compared to other ethnicities in the sample (Dayan, 2018). The theme of IPH amongst Ethiopian immigrants in Israel was also considered by another study, which examined in depth the cultural and social differences that clashed with the culture of the host country and likely caused the differences in offences committed within this group (Edelstein, 2013). One study attempted to identify typologies of offenders by analysing their narratives obtained through interviews (Elisha et al., 2010). Another study proposed that IPH represents a phenomenologically different offence compared to IPV, with distinct objectives and motives (Goussinsky & Yassour-Borochowitz, 2012).

2.4.4. Africa and Central/South America

The paucity of IPH studies in countries representing different cultures is also notable in Africa, and in Central and South America. Two main studies have been identified in Ghana. These studies highlighted some differences that could be attributed to the cultural and societal context, including modus operandi, presumed infidelity on the part of the wife, or resistance - from the wife - in relation to sexual intercourse (Adinkrah, 2008, 2014). One study from Jamaica looked at IPH cases followed by the perpetrator's suicide, and called for an increased attention to mental health issues to prevent these types of phenomena (Pottinger et al., 2017).

2.4.5. Europe

There are several studies analysing IPH in different European countries, and some offer a comparative analysis of the offence in the diverse states. A study by Corradi and Stöckl (2014) looking at European policy development in terms of IPH divided countries in terms of when their governments developed policies to tackle IPV and IPH. Early-bird countries, where government action started in the mid-1970s to early 1980s, include the United Kingdom, Sweden and the Netherlands. Intermediate countries, where policies were first initiated in the late 1980s to early 1990s, include France, Germany, Spain and Finland. Italy was included in the newcomer countries, which government action to tackle IPV started from the mid-1990s, together with Portugal and Slovenia. Indeed; although women's movements were seen in Italy since the mid-1970s, public recognition of IPV and policies to counteract the phenomenon started much later (Corradi & Stöckl, 2014).

European studies analysing offence and couple characteristics have been conducted in several countries. Swedish studies present findings that are consistent with existing knowledge, such as the offender being less likely to have a criminal history compared with other types of homicide offender and more likely to commit suicide (Belfrage & Rying, 2004; Caman, Howner, et al., 2017; Caman, Kristiansson, et al., 2017). A study from Norway reports similar findings (Vatnar et al., 2019). Studies in Spain and Portugal also highlight that IPH offenders, although generally similar to other homicide offenders, present more conventional characteristics (Cunha & Gonçalves, 2019; Loinaz et al., 2018). Research conducted in Finland and Denmark found that IPH offences were more likely to happen in socially disadvantaged couples and families (Kivivuori & Lehti, 2012; Leth,

2009). A study conducted in the late 1990s in Greece and a more recent Turkish study found similar IPH characteristics to those identified in studies conducted in the US and Canada, particularly in relation to modus operandi and motive (Chimbos, 1998; Toprak & Ersoy, 2017).

Although some factors have been found consistently in different countries, the fact that some characteristics of IPH offences differ significantly from place to place and can potentially be attributed to cultural variations highlights the importance of analysing this phenomenon in different countries representing diverse social and cultural contexts (Adinkrah, 1999, 2008; Dayan, 2018). This is especially relevant when analysing the phenomenon in a society that still has marked patriarchal attitudes, like Italy (European Institute for Gender Equality [EIGE], 2019; Karadole, 2012). Indeed, even in current times, most studies conducted in Italy focus on femicide or DH and do not specifically analyse those homicides committed by a current or former intimate partner (Bonanni et al., 2014; Capecchi, 2019). The following section considers IPH in Italy, exploring known characteristics and policies to counteract this phenomenon, and gaps in existing knowledge.

2.5. IPH in Italy

This section will look at IPV and IPH in Italy and will first provide the prevalence of these phenomena in the country. Then, the known characteristics of femicide and IPH in Italy will be outlined.

2.5.1. Prevalence

In recent years, homicide rates have been decreasing in Italy; however, the numbers of murders committed within the family or a relationship remain constant and represent approximately 30% of homicides (EU.R.E.S., 2015). In Italy, an average of 164 women are killed every year – which equates to one every two days. A woman is killed by a current or former intimate partner in Italy every 3 days (EU.R.E.S., 2015). Due to its high prevalence, the phenomenon has been described as one of the most serious social emergencies in the country (Saccoccia et al., 2019). While most women who are victims of homicide are killed either by their partner or a family member (77%), proportional rates for males are much lower (around 21%). Of all homicides committed in the family with female victims, 68% of them are committed by an intimate partner (Capecchi, 2019; EU.R.E.S., 2015; Saccoccia et al., 2019; Zara et al., 2019). Specifically, 99.7% of IPHs are committed by male perpetrators and only 0.3% are committed by women (EU.R.E.S., 2015).

A nationwide survey conducted by ISTAT, the Italian National Institute of Statistics, found that 31.5% of women aged between 16 and 70 have suffered from either physical or sexual violence in their lives, which is consistent with the figures that demonstrate that one in three women have suffered from these types of abuse (Capecchi, 2019; Friedberg & Pecorelli, 2019). These figures could be even higher, as demonstrated by a study looking at adolescent IPV in Italy using a sample of nearly 700 high school students in a northern region. It was found that over 43% of females and over 34% of males self-reported having suffered some form of IPV (Romito et al., 2013). In terms or perpetrators, while most

instances of sexual harassment are committed by strangers (76% of cases), the majority of rapes (62%) are committed by a previous or current partner (Capecchi, 2019).

2.5.2. Barriers to research

Despite the spread of this phenomenon, an existing study states that around 90% of episodes of IPV are not reported by the victim (Carabellese et al., 2014). The under reporting and the high prevalence of IPH compared to other homicide types can be connected to rooted attitudes and beliefs derived from a patriarchal society. According to a large national survey, only 18.7% of women in Italy are fully aware that violence within the couple is a serious offence, and only 16% of Italians stated that they were acquainted with a victim of violence (Carabellese et al., 2014; Corradi & Piacenti, 2016). Even though most female victims of homicides are killed by current of former intimate partners, there are very few studies regarding the phenomenon of IPH in Italy (Karadole, 2012). Moreover, data on IPH is difficult to compare because of different definitions used by different studies and sources, with some studies excluding from their definition non spousal killings and dating relationships (Corradi & Piacenti, 2016). Most of the studies conducted tend to revolve around femicide, and therefore include a wider range of victim to perpetrator relationship types rather than current or former intimate partnerships (Bonanni et al., 2014; Capecchi, 2019). It has been suggested that the relationship between femicide and IPV and IPH needs to be further studied and analysed in future studies (Corradi & Piacenti, 2016).

2.5.3. Characteristics

Most homicides against female victims occur in the North of Italy (approximately 44% of cases), followed by the South (35%), and the Centre (20%) (EU.R.E.S., 2015; Tosini, 2017). This is consistent with the population density in Italy, which is highest in the North, followed by the South, and then the Centre (Varrella, 2021). Another study looking at femicides only found no significant difference in the rates of femicides between the different areas of Italy (Corradi & Piacenti, 2016). Their results show that more or less the same amount of homicides were committed in small towns or rural areas and in big cities (Corradi & Piacenti, 2016). However, the study employed an older sample in comparison to Tosini's (2017) one. This could indicate a difference in regional and local approaches to counteract the phenomenon amongst the younger population and issues of service accessibility.

Most victims of IPH (50%) are killed by the husband, followed by the ex-husband or ex-partner (27%), by the partner who lives with the victim (12%), partner that does not live with the victim (6%), and lover (3%) (EU.R.E.S., 2015). According to another study conducted in Italy, the most common perpetrator seems to be the ex-husband, former partner or lover or cohabitant (23%), followed by the husband of the victim (22%), and then the current partner, lover or cohabitant (9%) (Adolfi et al., 2011). However, this research was conducted using a small older dataset, so this difference could also be due to a shift in trends, such as a change in divorce rates. A study looking at femicides with a sample of cases from Northern Italy examined the length of relationships between offender

and victim, and found an average of 16 years. Many relationships (45%) lasted over 20 years, 37% lasted between one day and five years and 17% between 5 and 19 years (Zara et al., 2019). Most couples that are involved in IPH cases have children (53%). In around a quarter of cases in which the couple had children all children are under the age of 18 (22%), in 19% of cases the children are over the age of 18, and in 11% of cases at least one child is under 18 years old (EU.R.E.S., 2015).

A study conducted in Italy by the EURES Institute (2015) on homicides with female victims over a five year time-frame identified three main motives for IPH. The first one, which accounted for 44% of cases, was jealousy/possession towards the victim. This category also included separations and lack of acceptance of it. The second type of motive was indicative of situations where frequent quarrels or fights are occurring, and it accounted for 24% of cases. The last motive, indicated in 8% of cases, concerned the illness of the victim. This scenario described cases of older couples in which the perpetrator is the carer of the victim who is affected with some form of illness. When the motive is separation, the period at the highest risk of IPH is the first three months after the breakup (EU.R.E.S., 2015). IPHs were committed in 21% of cases in the first month after the separation, 30% between the first and the third month, 7% between the third and the sixth month, 12% between the sixth and the twelfth month, 21% between the first and third year from the separation, and lastly 7% between the third and the fifth year (EU.R.E.S., 2015). According to another study on femicide, when the murder was committed within the couple, the separation had taken place within the previous year in over 50% of cases and, in divorce cases, the victim had filed for divorce in over 70% of cases (Corradi & Piacenti,

2016). In over 85% of cases, the couple had a conflictual relationship with frequent fights and characterised by controlling behaviour of the perpetrator towards the victim (Corradi & Piacenti, 2016). The fact that the end of a relationship and jealousy are very common motives for IPH show that a woman's choice of autonomy, independence and lack of submission can trigger a man who is unable to establish a relationship on equal terms and sees the partner as an object of property and ownership (Adolfi et al., 2011; Capecchi, 2019).

In terms of weapons and modus operandi, a study conducted on homicides within the family in Italy found that most homicides were committed with a knife (30%), followed by a firearm (28%), items that could be used as improvised weapons (11%), strangulation (8%), suffocation (6%), and beating (6%). Other methods identified included poisoning, drowning, and pushing the victim down from a high place like a window or a staircase (EU.R.E.S., 2015). Other studies show similar results, with most perpetrators choosing to commit the murder either with a knife or a firearm (Corradi & Piacenti, 2016; Saccoccia et al., 2019). Often the firearms used to commit the homicides were legally owned as service weapons by members of the law enforcement community, military or security guards (Adolfi et al., 2011). One study focussing on femicide also looked at evidence of overkill in the murder and found it to be present in 14% of cases examined, although failed to provide a definition of what was coded as overkilling (Corradi & Piacenti, 2016). Another study focussing on femicide in a northern region of Italy found that overkill, defined as the presence of numerous wounds on the victim's body, was present in 45% of cases (Zara et al., 2019). The difference found in rates could be due to the regional focus of the second

study or to the first study using a more restrictive definition of the act and evidence of overkill.

According to one study on femicide, offences were premeditated in 38% of cases (Corradi & Piacenti, 2016). Some studies also analysed the perpetrators' behaviour after the offence. Saccoccia et al. (2019) found that the offender, in cases of femicide, committed or attempted suicide in 41% of cases, tried to cover up the murder in 17% of cases, handed himself to the police and confessed in 12% of cases, and attempted to escape in 8% of cases. Other behaviours recorded include the denial of responsibility, being caught on the crime scene, and reported to the police by witnesses (Saccoccia et al., 2019). It is known that IPH is frequently followed by the killing of additional victims, which are usually the children of the couple or family member (Kivisto, 2015; Smith et al., 2014). However, this factor is not considered by many studies conducted in Italy. One study conducted on femicides that were reported by Italian media in 2018 indicates that the presence of additional victims was recorded in 10% of cases (Saccoccia et al., 2019).

In a study looking at femicides committed in Italy in 2018 (Saccoccia et al., 2019), looking at a wider range of relationship types between victim and perpetrator, the residence of the couple was the most frequent location of the murder (in approximately 50% of cases). These findings are confirmed by other studies, which also show that the most frequent location where the body is retrieved is the home, either of the couple or of the victim (Corradi & Piacenti, 2016). One study looking at femicide cases that occurred in a northern

region of Italy found that in over 55% of cases the homicide happened during the daytime, between 5:00 am and 5:59 pm (Zara et al., 2019).

While globally the mean age for IPH perpetrators is the mid to late thirties, in Italy the mean age seems to be much higher with the average being around 49.8 years old (EU.R.E.S., 2015; Kivisto, 2015). The average age of victims of IPH in Italy is approximately 45.5 years old. This is lower compared to the mean age of female victims of all homicides committed within the family, which is 48.6. In terms of age ranges, the most frequent is 35-44 years (26.2%), followed by 45-54 (21.9%). A significant proportion of cases involved victims aged over 64 years (15.8%) (EU.R.E.S., 2015). The mean age of the perpetrators is slightly higher than that of victims at 49.8 years (EU.R.E.S., 2015). An age difference between victim and perpetrator has been indicated as a risk factor for IPH. Twenty percent of victims had a relationship with a partner who was ten or more years older, and 23% with one who was between five and ten years older (EU.R.E.S., 2015). A study conducted on cases of femicide of 2018 found a relatively high prevalence (16%) of victims and perpetrators (13%) over 75 years of age. This figure was explained by the researchers as being due to the inability of the perpetrator to take on roles and responsibilities that are culturally and socially associated with the female figure, such as caring for a sick partner (Saccoccia et al., 2019). However, another study on femicide contextualises the presence of older couples in femicides as long-standing stories of abuse or with the presence of a mentally ill perpetrator (Corradi & Piacenti, 2016).

Research suggests that the majority of IPHs in Italy are committed by Italian nationals, in contrast with some studies reporting a higher prevalence within ethnic minorities and foreign citizens (Adolfi et al., 2011; EU.R.E.S., 2015; Garcia et al., 2007). Around 23% of female victims of homicide are of a foreign nationality, which is a higher number proportionally when compared to figures on foreigners recorded as resident in Italy (8.7% of the total population) (*Cittadini Stranieri in Italia - 2019*, 2019; Corradi & Piacenti, 2016; EU.R.E.S., 2015). The high percentage of foreigners as victims of IPH could potentially be explained, firstly, by the fact that many migrants are not legally registered as Italian residents, so the number of foreign residents is likely to be much higher compared to official figures. Secondly, the social and cultural differences that these women face when moving to a different country may be a factor: they find themselves without a wider social support system compared to their home country, and their cultural norms and beliefs may clash with the ones of their hosting countries, therefore increasing a feeling of isolation. These women are less likely to report abuse to law enforcement officials if they are not legally registered in the country (EU.R.E.S., 2015). A study that focused on femicides committed in 2018 reported that the percentage of foreign victims was around 29% (Saccoccia et al., 2019). However, this study used media sources and it is possible that media outlets tend to over-report cases involving foreign nationals (Gius & Lalli, 2014). Foreign nationals in Italy mainly originated from Eastern Europe (in 13% of cases), followed by Latin America (5%), Asia (3%), and Africa (4%) (Saccoccia et al., 2019). The same study reports that most perpetrators are Italian and that foreign perpetrators account for 18% of cases, which means that, in 2018, there was a much higher number of foreign victims compared to the number of foreign perpetrators. The prevalence of the areas of

origin of the perpetrators more or less reflected the ones of the victims (Saccoccia et al., 2019).

IPV or DV occurs in all social classes (Capecchi, 2019). Indeed, it has been argued that victims of femicide represent the two extremes of the gender equality spectrum. On one side, you find victims with a low educational level, low-skill employment or unemployment, and financial and emotional dependency on the partner. On the other, some victims are independent, financially autonomous, with a high level of education and rates of employment (Corradi & Piacenti, 2016). According to one study, only about half of female victims of homicide are employed while 48% are either unemployed, retired, or a student (EU.R.E.S., 2015). This figure is largely consistent with Italian employment rates.

According to a study utilising a sample of cases from 2010 to 2014, the number of IPH victims who were victims of abuse within the relationship prior to their death is around 23%. Of these, 17% of victims suffered physical abuse prior the murder, 10% psychological violence, 7% were stalked, and 4% suffered some other form of abuse (EU.R.E.S., 2015). Only 10% of those that suffered abuse reported the perpetrator to the police, and only 15% of cases of abuse were known to the family and friends of the couple (Corradi & Piacenti, 2016; EU.R.E.S., 2015). According to the results from a study on femicide in Italy, only 13% of offenders out of a sample of over 800 femicides had previous convictions (Corradi & Piacenti, 2016).

Corradi and Piacenti's (2016) study on femicide compared their findings to those of studies conducted in other countries, and found both concordant and inconsistent results. Consistent findings included risk associated with intra-ethnic couples, the separation period, unemployment of perpetrators, a history of conflict between the couple, low numbers of previous convictions for offenders, and the use of either firearms or knives. The inconsistencies identified were the fact that most offenders were Italian nationals and not foreign or from a different ethnicity, the older age groups of victims and perpetrators, couples that had long relationships, and mentally ill perpetrators (Corradi & Piacenti, 2016). Although such comparisons aid in understanding the phenomenon of homicide with female victims, they mostly relate to femicide cases and, therefore, do not focus exclusively on IPH. This highlights the need to study further this phenomenon separately from other types of DHs and femicides, to understand its characteristics, to effectively calibrate risk assessments, and to more effectively implement intervention methods and models.

2.6 Chapter Summary

This first chapter of the literature review described the phenomena of IPH, its prevalence and characteristics and, to provide an in depth understanding of the phenomena, it also encompassed IPV, which is often a precursor to IPH, and H-S, which forms a key subset of IPHs. The chapter then looked at cultural variations in prevalence and characteristics of IPH globally, followed by a focused review of IPH in the Italian context, which is core to this research. This chapter attempted to provide a solid basis for comparison when considering how the phenomenon intersects with different cultural or societal contexts, and

this comparison is helpful for understanding whether policies and practices devised in specific contexts can be applied to countries or situations where the same circumstances do not apply. To consider this further, the following chapter will look at the different theoretical approaches that can help the comprehension of this phenomenon, including explanations of the offence, risk factors, typologies identified, and different contexts that may shape its characteristics.

Chapter 3: Theoretical Approaches

This next chapter of the literature review will present the different theoretical approaches used to explain the phenomenon of IPH. The chapter will first start with an introductory overview of the theories and standpoints used to explain these offences. It will then look at those factors that can heighten the risk of individuals becoming perpetrators of IPV or IPH. This section will also present couples' risk factors, which are characteristics that can make an intimate relationship more at risk, and vulnerability factors, which can make some women more prone to becoming victims of IPV or IPH. The next section of this chapter will look at the typologies identified in existing studies to explain and understand different subsets of offenders, victims, or couples in the context of IPV or IPH. The chapter will then examine the cultural and social context in Italy and how societal attitudes might influence and shape the prevalence and characteristics of IPH. The last section will look at how COVID-19 and the subsequent measures to contain the pandemic affected the phenomena of IPV and IPH.

3.1. Theoretical Background

From a theoretical standpoint, IPV can be explained through several approaches (Schumacher et al., 2001). The feminist perspective views IPV and IPH as entrenched in the gender roles and stereotypes that have shaped society, and these offences are seen as being tied to the patriarchal structure of society and the power imbalance between genders (Di Napoli et al., 2019; Graham et al., 2020; Schumacher et al., 2001; UNODC, 2019). Feminist scholars argue that physical abuse, and homicide as an extreme measure, are ways

in which men exercise their power and attempt to retain control over the victims (Di Napoli et al., 2019; Schumacher et al., 2001; UNODC, 2019; Walters, 2020). IPH and H-S conducted within the family have also been explained through the concept of masculinity acting as a catalyst for DV and male proprietariness towards their partner or children, whereby the perpetrator perceives their spouse as their property and has a sense of entitlement towards their sexual and reproductive capacities (Gregory, 2012; Liem et al., 2009; Panczak, Zwahlen, et al., 2013; Serran & Firestone, 2004; Spencer & Stith, 2020; Starzomski & Nussbaum, 2000). While psychological theories focus more on the personality of the offender to justify the offending behaviour (Schumacher et al., 2001), theorists adopting the perspective of social learning view IPV as a behaviour that was learned through experiences and observation of others' behaviour (Walters, 2020). Some studies attribute the cause of IPV and IPH in the childhood experiences of the perpetrator (WHO, 2012). It is known that a risk factor for perpetrators of IPV is witnessing violence within the home during childhood (Walters, 2020; WHO, 2012). Moreover, living with parents who do not have a consistent parenting style, or who abandon or reject the child, may also prevent individuals from developing healthy attachment styles and coping mechanisms, which may affect future relationships (Elisha et al., 2010; Walters, 2020; WHO, 2012).

H-S offences have been examined from a theoretical perspective to understand whether they share more similarities with cases of homicide or suicide, or whether they need to be considered as standalone events (Banks et al., 2008; McPhedran et al., 2018; Panczak, Zwahlen, et al., 2013; Verzeletti et al., 2014). Suicides and homicides have both been

considered forms of lethal responses to frustration, and the aggression displayed is seen as being directed either inwardly or outwards, depending on whether internal or external attribution occurs (Liem et al., 2009; Liem & Roberts, 2009). Recent studies argue that although H-Ss share certain characteristics with homicides and others with suicides they need to be conceived and understood as a distinct occurrence, having unique features that distinguish them from the other two events (McPhedran et al., 2018; Panczak, Geissbühler, et al., 2013; Schwab-Reese & Peek-Asa, 2019). An ongoing debate regarding H-S offences is whether this offence type is primarily motivated and initiated by the intention to commit homicide, or rather that homicide is just a product of the suicide of the perpetrator (Eliason, 2009; Panczak, Geissbühler, et al., 2013). Indeed, a perpetrator of homicide may decide to commit suicide following the murder for different reasons: possibly out of guilt or remorse or to escape the consequences (Manning, 2015; Panczak, Geissbühler, et al., 2013). Alternatively, offenders who decide to commit suicide may see the partner or other people involved in close relationships as an extended version of the self, and kill them too as they could not conceive them as autonomous people and, therefore, would be unable to live without the perpetrator (Manning, 2015; Panczak, Geissbühler, et al., 2013; Salari, 2007). A study conducted in the United States compared the motivation of 728 H-S perpetrators by looking at Homicidal Intentions (HI), where the clear intent was to kill the victim, and Suicidal Intentions (SI), in which the primary motive is suicide rather than homicide. It was found that young perpetrators were more likely to be guided by HI, older perpetrators by SI, and middle aged offenders were likely to display a mix of intentions, although that they shared many features in common with the younger age group (Salari & Sillito, 2016).

3.2. Risk Factors

Risk factors offer a theoretical explanation of how IPV and IPH offences are generated. This section will look at the identified risk factors for these offences that have been identified over the years and have been used to assess the risk that an offender poses in terms of recidivism or lethality. These risk factors can be either static or dynamic. Static risk factors are those factors that are historical, cannot change over time and are therefore static, such as criminal history. Dynamic factors are those factors that can change and can be improved through programmes and treatment, such as substance abuse or attitudes (Connor-Smith et al., 2011; Helmus & Bourgon, 2011; Radatz & Wright, 2016).

3.2.1. IPV

Globally, risk factors that affect the likelihood of IPV can be classified as societal, community, relationship and individual (WHO, 2012). Factors that increase the risk of an individual becoming a perpetrator of IPV include being young, having a low education level, frequent use or abuse of substances, experiencing or witnessing violence during childhood, having unhealthy views on violence, having a personality disorder, suffering from depression, and having a history of partner abuse (Jewkes, 2002; Johnson et al., 2015; Schumacher et al., 2001; Walters, 2020; WHO, 2012). Further, research has shown that males who have rigid views on masculinity and gender roles, like the notion that men should dominate women, are more likely to commit violence against women (UNODC, 2019). Factors that increase the risk of an individual becoming a victim of IPV include having a low educational level, exposure to sexual or physical abuse (particularly if during

childhood), witnessing parental violence, unemployment and having unhealthy views on violence (Schumacher et al., 2001; WHO, 2012). Factors within the relationship that may predict future IPV can include financial difficulties, status disparity (for example, when a woman's level of education is higher than her partner), cohabitation, conflicts and frequent disputes, and male dominance within the family structure (Hardesty & Ogolsky, 2020; Jewkes, 2002; Johnson et al., 2015; Lipsky et al., 2005; WHO, 2012). IPV also appears to be frequent during pregnancies and in the period of transition to parenthood (Song-Choi et al., 2021; WHO, 2012). At a global level, several factors related to society and the community have been found to be associated with higher rates of IPV, and these include gender inequality rooted in society, poverty, ongoing armed conflicts and high violence levels in society, weak legal framework to counteract abuse within married couples, and lack of recognition of women's rights (Jewkes, 2002; WHO, 2012).

DV and IPV are widely under-reported offences at a global level, and this adds further risk of recidivism and lethality. There are several factors that can prevent reporting, and these include fear that the offence will not be taken seriously, fear of reprisal, lack of financial and psychological independence from the offender, and the belief that violence within a relationship is a private matter. Women tend to report more when they have been married before or when they live in urban centres, which is likely due to the level of accessibility of support services (UNODC, 2019). The fact that these offences are under reported adds further risk to the fact that these crime types tend to escalate over time and can have serious consequences, sometimes leading to their lethal form, IPH (Garcia et al., 2007; Weizmann-Henelius et al., 2012).

3.2.2. IPH

IPH presents similarities in terms of risk factors to those of the phenomenon of IPV, but there are some differences due to the lethality of this offence type. Some risk factors for IPH victimization that have been identified include unemployment, barriers to seeking help, low level of education, and experiences of emotional and verbal victimization during childhood (Fraga Rizo et al., 2019; Schumacher et al., 2001). Risk factors for perpetration of IPH include previous IPV, threats, access to firearms, controlling behaviour and stalking, rape, and non-fatal strangulation (AbiNader, 2020; Graham et al., 2020; Matias et al., 2020; Morrison et al., 2020; Nesca et al., 2021; Spencer & Stith, 2020). Other risk factors include financial difficulties, social isolation, disruption or changes to the family life, strict gender roles and other stress factors, such as work (Garcia et al., 2007; Graham et al., 2020). Moreover, as previously stated, abuse in a relationship seems to be more frequent when the woman is pregnant and some studies indicate that pregnant women are more to likely to die of homicide than other causes (Campbell et al., 2007; Garcia et al., 2007; Morrison et al., 2020). Several sources report unemployment of the perpetrators as a risk factor for IPH, and it seems that they are more likely to be unemployed than people committing IPV (Campbell et al., 2007; Kivisto, 2015; Weizmann-Henelius et al., 2012). However, some research suggests that IPH perpetrators are more conventional compared to other homicide perpetrators; IPH perpetrators were found more likely to be employed, to have a higher level of education and less likely to have a criminal record compared to perpetrators of other homicide types (Dobash et al., 2009; Loinaz et al., 2018; Salari & Sillito, 2016; UNODC, 2019). The copresence of certain factors and characteristics can also heighten the risk of lethal assault (Dawson & Piscitelli, 2021), as is considered in the following section.

3.3. Typologies

This section will provide an overview of the typologies developed to categorise offenders and victims of IPV and IPH, as they may provide an additional understanding of the phenomena.

3.3.1. IPV Typologies

Several studies attempted to identify typologies of IPV situations and of men committing IPV or IPH. Typologies can be particularly helpful when trying to identify intervention and treatment strategies, to better tailor the plans to the needs of the offenders (Bernardi & Day, 2015; Holtzworth-Munroe & Stuart, 1994; Huss & Ralston, 2008; Kelly & Johnson, 2008; Wray et al., 2015). One of the most renowned typologies is that offered by Holtzworth-Munroe and Stuart (1994). They identified three sub-types of offender: the 'family only' offender, the 'dysphoric/borderline' offender, and the 'generally violent/antisocial' offender (Holtzworth-Munroe & Stuart, 1994). The family only offender does not usually commit violent acts outside the family home, displays the least severe form of abuse, has low level of substance abuse, and does not typically engage in psychological and sexual abuse. The dysphoric/borderline offender commits moderate to severe violence and engages in sexual and psychological abuse. This type of offender tends to suffer from depression, to have high levels of dependency towards the intimate partner, and to suffer from low to moderate substance abuse. Lastly, the generally violent/antisocial offender commits severe abuse, tends to have psychological and substance abuse problems, and also displays violent behaviour outside the relationship (Dixon et al., 2008; Holtzworth-Munroe & Stuart, 1994).

The authors hypothesised that around 50% of men who are violent with their intimate partners could fit in the family only category, 25% in the dysphoric/borderline, and the remaining 25% into the generally violent/antisocial category (Dixon et al., 2008; Holtzworth-Munroe & Stuart, 1994). The dysphoric/borderline subtype of offenders has been indicated as the most likely to commit IPH, while the family only as the least likely (Dixon et al., 2008). Another subtype emerged in further studies, which represents the low-level antisocial type. This category is between the family only and the generally violent/antisocial type, and is characterised by moderate levels of violence and antisocial features (Thijssen & de Ruiter, 2011).

The typologies developed by Holtzworth-Munroe and Stuart (1994) were tested and confirmed by other studies (Huss & Ralston, 2008; Johnson et al., 2006; Thijssen & de Ruiter, 2011; Wray et al., 2015). Fowler and Westen (2011) identified some similarities between their typology and that of Holtzworth-Munroe and Stuart. The sub-types found in this study include the psychopathic offender, the hostile/controlling offender, and the borderline/dependent offender (Fowler & Westen, 2011). Psychopathic offenders lack moral values and remorse, are violent, controlling and have substance abuse issues. Hostile/controlling offenders are controlling, angry, suspicious, and are overly sensitive to criticism. Borderline/dependent offenders tend to be depressed, to feel victimised, to be highly dependent, and to suffer from anxiety (Fowler & Westen, 2011). According to the authors, their psychopathic typology bears resemblance to the generally violent/antisocial

one, the hostile controlling one to the family only, and the borderline/dependent one to the dysphoric/borderline category (Fowler & Westen, 2011).

Another DV typology identified by Kelly and Johnson (2008) distinguishes the situation within couples. This typology contains four main themes, which are the Coercive Controlling Violence, the Violent Resistance, the Situational Couple Violence, and the Separation-Instigated Violence (Johnson, 2017; Kelly & Johnson, 2008). The Coercive Controlling Violence describes a range of behaviours expressing the need for control and power, like intimidation, threats, emotional abuse and isolation, and the perpetrators in this category do not necessarily commit physical acts of violence. The Violent Resistance concerns couples in which the female responds to the male violence. The Situational Couple Violence is the most common type; it is perpetrated by both males and females, and usually episodes start from a fight and escalate to physical violence. The Separation-Instigated Violence identifies the couple that has no violent past but becomes violent when there is the threat of separation (Bernardi & Day, 2015; Johnson, 2017; Kelly & Johnson, 2008).

Another well-known term and category is the one of the Intimate Terrorists (Bernardi & Day, 2015; Johnson, 1995, 2017). Intimate Terrorists use violence and adopt a wide range of controlling and abusive behaviours to exert domination over their victim and can be of anti-social or dependant inclinations (Bernardi & Day, 2015; Johnson, 1995, 2017).

A study conducted in the United States analysed typologies of victims of IPV and found that they could be categorised by length and severity of abuse (Roberts, 2006). Level 1, short term victims, includes young women that, benefiting from protective factors like high education and having a high self-esteem and social support, break off the relationship after the first instances of abuse. Level 2, intermediate, includes women that typically cohabit with the offender and broke off the relationship with the help of the police or social support network after suffering from abuse for up to two years. Level 3, intermittent/long-term victims, includes women who are dependent on their husbands both socially and financially and suffer severe abuse for many years (up to 40). Level 4, chronic and severe with a regular pattern, are women who suffer from severe and regular wide range of abusive behaviours from their partner, who is typically a chronic drinker. Level 5, subset of chronic with a discernible pattern-mutual combat, refers to those case where the woman reacts to the violence of the perpetrator. Level 6, homicidal, represent women who killed their batterer and suffer from a wide range of psychological consequences (Roberts, 2006). These categories are helpful in the context of intervention to better target the case by bearing in mind the severity and length of abuse.

3.3.2. IPH Typologies

There are fewer attempts to classify IPH perpetrators, and the studies that do attempt to do so usually take into account existing IPV typologies (Dixon et al., 2008). Dixon et al. (2008) conducted a study with men incarcerated for IPH test the reliability of the Holtzworth-Munroe and Stuart (1994) model to IPH offenders. They identified three main

subtypes of IPH offender: the low criminality and low psychopathology offender, the moderate to high criminality and high psychopathology offender, and the high criminality and low to moderate psychopathology offender (Dixon et al., 2008). The low criminality and low psychopathology (LC & LP) type was characterised by no previous IPV history and the murders appear to have an instrumental motivation behind them. Offenders in this category can be associated with the family only typology of Holtzworth-Munroe and Stuart (1994). The moderate to high criminality and high psychopathology (M-HC & HP) offender displays a high level of dependency towards the intimate partner, high levels of anger, depression and suicidal thoughts and attempts. This subtype can be associated with the generally violent/antisocial of Holtzworth-Munroe and Stuart (1994). High criminality and low to moderate psychopathology (HC & L-MP) offenders have multiple previous convictions, starting from a young age, and have committed violent offences outside the family. This type can be associated with the dysphoric/borderline category of Holtzworth-Munroe and Stuart (1994) (Dixon et al., 2008). According to Dixon et al (2008), 80% of cases were classified by one dominant theme: LC & LP represented over 15% of the identified cases, HC & L-MP over 48%, and M-HC & HP over 36% (Dixon et al., 2008). This breakdown of offenders is inconsistent with Holtzworth-Munroe and Stuart's (1994) hypothesis that family only offenders are the most common, representing 50% of the total number of IPV offenders. This could indicate that IPH offenders are less likely to have instrumental motives to commit the homicide and have higher rates of criminality and psychopathology.

Another study conducted by Elisha et al (2010) in Israel attempted to identify a new classification by analysing the personal narratives of incarcerated IPH offenders. Three main types were identified from this study: the betrayed husband, the abandoned obsessive lover, and the tyrant. The betrayed husband murders his partner as an act of revenge following sexual infidelity. The abandoned obsessive lover killed their partner after finding out the intentions of the partner to leave and break the relationship up. The tyrant is a controlling and violent individual who murders his partner following an argument or a long confrontation (Elisha et al., 2010). Although this is an interesting typology that reflects the main and most frequent motives of IPH, the sample size of 15 interviewed offenders is too small to accurately verify its reliability. Findings may also only be relevant to offenders coming from the same cultural and social framework of the interviewed offenders, and further international studies are needed to verify if the typologies are applicable to other realities.

Kivisto (2015) proposed a classification of IPH offenders based on the existing literature. He identified four subtypes of perpetrators: the mentally ill offender, the under-controlled/ dysregulated offender, the chronic batterer, and the over-controlled/catathymic offender (Kivisto, 2015). The mentally ill type includes older offenders who have symptoms of severe mental illness and do not present a history of IPV. The under-controlled/dysregulated type refers to offenders who present mood disorders, tend to have episodes of violence against the partner and others, and are at risk of suicide after the murder. The chronic batterer frequently uses violence against the partner and other people. The over-controlled/catathymic type includes offenders who are highly functioning

individuals and rarely present a history of violence (Kivisto, 2015). However, it should be noted this typology was based on a review of the literature rather than any actual data, and its reliability has not been tested with an actual sample of cases.

3.3.3. H-S Typologies

Existing studies have analysed cases of H-S in an attempt to identify sub-types of offences, in order to target risk assessments and interventions. Several of them have been focused on the relationship between offender and victim, with macro-categorisations including three main classes: spousal, familial and extrafamilial (Cohen et al., 1998). One of the more specific classifications included five types of H-S, also taking account of the motivation behind the offence: familicide, amorous jealousy, filicide suicide, declining health, and extrafamilial (Eliason, 2009). Another typology proposed by Berman includes four main classes, defined as the erotic-aggressive type, described as a chronic love-hate type of relationship; the unrequited love type, in which the couple perceives that their love is hindered by external forces; the dependent-protective type, which describes a situation where one partner depend on the other either financially or because of health problems; and lastly the symbiotic type, in which the couple is interdependent (Banks et al., 2008; Berman, 1996). A classification presented by Harper and Voigt (2007) proposes five main classes of H-Ss: intimate or domestic lethal violence–suicide, family annihilation–suicide, mercy killing–suicide, public killing spree–suicide, and mistaken or accidental H-S. Three additional categories are also mentioned: felony murder–suicide, terrorist murder–suicide, cult mass murder–mass suicide (Dayan, 2018; Wood Harper & Voigt, 2007). In a recent

study conducted on 60 cases of H-S, Flynn et al. (2016) differentiated perpetrators into two main types; those who had a history of depression, and those who had a history of committing domestic or IPV. The offenders from the first group had previous suicide attempts and had been prescribed medication for their mental health condition. The offenders from the second group had a history of DV, substance abuse, and had previous convictions. A major trigger for offenders in both groups was a recent separation from the partner. In some cases, an overlap of characteristics between the two groups was found (Flynn et al., 2016).

A prominent subtype of H-S is one that has been described in existing literature as mercy killing suicide, dependent-protective killing, declining health subtype, or altruistic homicide (Bell & McBride, 2010; Cohen et al., 1998; Salari, 2007). This type of offence includes those cases in which the perpetrator kills the partner to spare them from suffering, deprivation, or shame (Bell & McBride, 2010; Cohen et al., 1998; Salari, 2007) - for example, an elderly perpetrator caring for the sick partner. Indeed, research suggests that elderly people are at a higher risk of suicide compared to other age groups and terminal illnesses in the victim, most frequently the partner, and depression are major risk factor for this subtype of offences (Bell & McBride, 2010; Cohen et al., 1998; Manning, 2015; Salari, 2007). Other mental health diagnoses in older offenders who committed H-S are psychosis, substance abuse and addiction, personality disorders, anxiety disorders, depression, dementia, and schizophrenia (Bourget et al., 2010). However, suicide pacts, in which both partners agree to be part of the H-S event, appeared to be very rare (Berman, 1996; Salari, 2007; Salari & Sillito, 2016). A study conducted on cases of IPH-S in elderly couples from

the United States found that, for the majority of perpetrators, the primary intention was to commit suicide, possibly due to the inability to care for the partner any longer. In cases where homicide was the primary intention there was a higher incidence of previous history of DV within the couple (Salari, 2007).

Understanding offenders and underlying motives through the identification of typologies could assist in more effectively defining treatment and intervention strategies to disrupt and prevent further violence. However, when trying to understand a phenomenon, it is always crucial to examine it in its specific context by paying attention to social and cultural factors that could determine changes in offending behaviour. Therefore, the next section considers IPH specifically in the Italian context.

3.4. The Italian Context

This section will examine certain characteristics of the Italian society that could impact upon the prevalence and characteristics of IPV and IPH. The section will look at issues like gender balance and attitudes towards DV, including the media portrayal of these offences.

3.4.1. Italian society and gender equality

The population in Italy is around 60,000,000, with women representing over 51% of the population (Mastronardi, 2012; Tuttitalia.it, 2020). However, gender imbalance and discrimination is still very present in Italy, especially when compared to the rest of Western Europe (Friedberg & Pecorelli, 2019). The Gender Equality Index (2019) scores EU

countries based on the gaps between men and women in six domains: work, knowledge, time, money, health, and power. The status of women in Italy is still affected by the influence of a patriarchal society, and its scores are lower compared to the average for EU countries, especially in the domain of work where it scores the lowest in the EU (European Institute for Gender Equality [EIGE], 2019). Despite women having higher education levels compared to men, the employment rate for women is much lower at 53%, than that of men (73%). This is also reflected in unemployment figures: female unemployment is at 10%, compared with 8% for men. In terms of wage gap, women earn 18% less than men, which increases to 30% in couples with children. This disparity is also more marked in highly educated people: men earn 35% more than women with high levels of education. Moreover, 30% of women claimed to be forced out of work due to family responsibilities, compared to 3% of males (Corradi & Piacenti, 2016; European Institute for Gender Equality (EIGE), 2019). Part time workers are also unequally distributed by gender, with 9% of males and 33% of women working part time. An unequal balance has also been observed in the fields of employment: only 6% of women compared to 31% of men work in STEM (Science, Technology, Engineering, Mathematics) professions, and 26% of women compared to 7% of men work in education, health and social work (European Institute for Gender Equality [EIGE], 2019). Reportedly, women are also more likely to spend time doing housework and cooking compared to men, and are less likely to participate in leisure activities outside the home (European Institute for Gender Equality [EIGE], 2019). When looking at informal caregivers for children, older people and ones with disabilities; the vast majority are women, with figures ranging from 58 to 66% of the total number of informal caregivers. Italy is making progress in the domain of power by introducing laws to encourage

companies to have a minimum quota of women in managing boards (European Institute for Gender Equality [EIGE], 2019).

The murder of women and IPH is a phenomenon that is rooted in the foundation of a patriarchal society like Italy, and it is fundamental to study this type of crime within its particular cultural and social context (Capecchi, 2019; Corradi & Piacenti, 2016; Saccoccia et al., 2019). Gender stereotypes are still very present in the Italian society and female victims are often accused of provoking the violent behaviour by not adhering to accepted stereotypes (Capecchi, 2019). One explanation that has been offered for the high rates of victimisation of women in Italy revolves around the central figure of the woman within family life. The centrality of women in the dynamics of the family results in the woman being symbolically blamed when there are issues or negative situations that affect the family, such as diseases, financial issues or a separation (EU.R.E.S., 2015).

In around 2013, the media started drawing attention to the high numbers of women being killed every year either by their partner or other family members. The media also advocated the adoption of the word femicide to highlight the gender dimension of this type of offence (Bandelli & Porcelli, 2016; Corradi & Piacenti, 2016). Even if the media brought public attention to this issue, the way it portrays episodes of IPH is still problematic, with the media tending to justify the behaviour or diminish responsibilities of perpetrators through their writing style (Karadole, 2012). An analysis of news coverage of IPH in Italy identified that the offences are either characterised as a situation in which the perpetrator lost control and the offence happened following an argument, or as a crime of passion in which the

offender, moved by the love for the victim, killed her due to jealousy or the inability to accept an unwanted separation (Betti, 2014; Gius & Lalli, 2014; Karadole, 2012; Tola, 2014). Portraying offences either as an act of love preservation or a fit of rage takes attention away from the disparity in the relationship and the need for control exhibited by the perpetrator towards the victim, which likely originates from the marked patriarchal attitudes of Italian society. The only instances in which the issue of patriarchy was mentioned was in cases that featured foreigners, and gender disparities were attributed to the differences in cultural and religious norms (Gius & Lalli, 2014). Furthermore, in media representations, victims are blamed for suffering the abuse, as they are usually portrayed as passive or weak and, if they distance themselves from the abusive relationship, media claims that they 'woke up' or finally 'opened their eyes' (Ponte, 2016).

Despite the heightened media attention of the last decade, there is still a paucity of empirical studies looking at this phenomenon in the Italian context (Corradi & Piacenti, 2016). The majority of studies focus on femicide and are produced by Anti-Violence Centres using a qualitative approach, given that there is a lack of standardisation in the recording of DV, femicide, and IPH (Bonanni et al., 2014; Capecchi, 2019; Karadole, 2012). Moreover, IPV is very underreported, which contributes to difficulties in researching the topic, and reasons for this include: rooted attitudes and beliefs derived from a patriarchal society, a lack of trust in law enforcement, a lack of trust towards the prevention services, the slow and inadequate processes of the judicial system, and the lasting perception that this offence is a private matter to be kept within the household (Corradi & Piacenti, 2016).

Italian experts have argued that, to eliminate violence against women, this problem needs to be tackled as a structural and political problem, due to gender inequalities in terms of employment, social and political powers, within personal relationships, and in media portrayal (Tola, 2014). More recently, this phenomenon has been even more difficult to address given the COVID-19 pandemic and the periods of lockdowns implemented to prevent the spread of the virus, which confined victims with their abusers.

3.5. COVID-19

In 2020, the COVID-19 pandemic altered the lives of people worldwide and the citizens from many countries have been asked to stay at home during lockdowns to prevent the spread of the virus and the ensuing strain that this places on medical services (Bradbury-Jones & Isham, 2020).

The pandemic and the measures implemented have generated new, and exacerbated existing, social problems, such as unemployment, poverty, social isolation, overcrowding, anxiety, and stress, which are also paired with an increase in unhealthy coping strategies, such as alcohol consumption (Chandan et al., 2020; Gresham et al., 2021; Usher et al., 2020). It is evident that the situation has placed families and couples under considerable strain, especially those where abuse already featured (Ziniti, 2020). Additionally, strain is arguably also likely for those faced with uncertainty about the future and who lack access

to their usual means of coping, or those that have decided to begin cohabiting due to the lockdown.

Hence, the crisis is likely to have caused an increase in IPV and IPH in a period when regular support networks are lacking or are inaccessible (Mazza et al., 2020; Usher et al., 2020). A surge in IPV episodes has been already noted in several countries (Bradbury-Jones & Isham, 2020; John et al., 2020; Usher et al., 2020). New initiatives are needed in terms of how victims can reach out to support services. The use of helplines might be less feasible since victims are in a confined space with the perpetrators and might fear repercussions if they are found to be seeking help (Bradbury-Jones & Isham, 2020). Indeed, in Italy, the number of phone calls to helplines dropped during the first weeks of the first lockdown compared to the same period of 2019 (Pietromarchi, 2020). A national helpline number has been advertised in Italy, together with a chat service available through a downloadable app to be used by victims who cannot make a phone call (Vitale, 2020). While this service is considerate of the situation, a DV support app on a mobile phone may be easily discovered by a controlling abuser.

The increase in DV cases noted elsewhere was also observed in Italy, where law enforcement had to intervene 117 times to help victims in just the first month of the initial lockdown, which was implemented on the 9th of March 2020. Between then and the 17th of May 2020, the day before the easing of the initial lockdown restrictions, there were a total of 11 publicized femicides, nine of which committed by current or former intimate

partners, and there were several attempted homicides (Ziniti, 2020). Whilst this figure is slightly less than would be anticipated in a two-month period, it must be noted that the lower prevalence may be due to several different factors. Firstly, not all cases may have been reported in the press. Secondly, some homicides may have gone undetected due to the lockdown. Finally, the lockdown may have reduced the number of previously abused victims from announcing their intent to separate from, or make attempts to leave the abusive partner, and thus one of the key 'provocations' for IPH was dramatically reduced in this period. Nonetheless, it is hypothesized that the characteristics of IPH cases committed during the lockdown will differ from those committed in other historical periods, given the different stress factors and triggers that may underpin them. For example, there have been reports of the pandemic being used as a mechanism to impose further control on victims through fear, manipulation of information, and increased restrictions on social connections (Usher et al., 2020). Such changes can affect the reliability of existing risk assessment and screening tools, which may need to be adjusted to account for a wider or more specific range of risk factors (Mazza et al., 2020).

Chapter 4: Practical Approaches

This final chapter of the literature review is focused on practices that have been devised and implemented to counteract the phenomena of IPV and IPH. The first section of this chapter will look at the different initiatives for intervention and prevention. The following section will look at risk assessment and the different approaches used to understand the risk posed by an offender or a particular situation. Lastly, the final section of this chapter will look at the practical approaches implemented in Italy against IPV and IPH.

4.1. Prevention, Intervention and Policy

In the last few decades, interpersonal violence has started to be conceived as a public health problem and, therefore, at a global level, countries are devising strategies and policies to deal with IPHs. There has been considerable growth in IPV-related policies, in terms of criminal justice systems' responses, victim support, and offender treatment (Dixon & Graham-Kevan, 2011; Dugan et al., 2003; McLeod et al., 2020; Walklate & Hopkins, 2019).

4.1.1. Policy

There are two main types of approaches in terms of IPV policies: preventative strategies or post-event analyses, and the latter is aimed at improving the preventative efforts (Walklate & Hopkins, 2019). Another way to classify further prevention and intervention strategies is in primary, secondary, and tertiary strategies. Primary prevention and intervention strategies aim at tackling a phenomenon before it presents itself, so these approaches

include large scale campaigns through posters and TV advertisements, campaigns or school programmes that focus on healthy relationships (Anderson et al., 2019; Dixon & Graham-Kevan, 2011; Kirk et al., 2017). Secondary prevention and intervention strategies are targeted toward those individuals that have already been affected by the phenomenon and are considered at risk of revictimization or recidivism. These strategies aim to prevent further instances of the problem and can include IPV screenings from health practitioners, access to shelters and different types of support (Anderson et al., 2019; Dixon & Graham-Kevan, 2011; Kirk et al., 2017). And, lastly, tertiary prevention and intervention strategies aim to treat the consequences and impacts of experiences of victimisation and perpetration. These strategies include treatment, psychological support and counselling (Anderson et al., 2019; Dixon & Graham-Kevan, 2011; Kirk et al., 2017).

4.1.2. Types of intervention

Several different approaches have been developed to reduce the phenomenon of IPV and IPH and these can target the community, the offender, the victim, or the couple.

4.1.2.1. Community

Some approaches, which are aimed at reducing IPV and IPH, target communities as a whole, and have the objective of changing perceptions and reactions to these phenomena. As previously mentioned, these can include some primary level intervention strategies, like school educational programs, anti-violence campaigns, TV advertisements, and posters (Dixon & Graham-Kevan, 2011; Ellsberg et al., 2015). IPV education in schools teaches students how to recognise warning signs and how to access prevention services and support

(Sparks et al., 2016). Another instrument is represented by Domestic Violence Fatality Reviews (DVFR), which were created to examine and evaluate the phenomenon of IPH and understand which community level changes could decrease the risk and fatality of IPV (Storer et al., 2013). DVFR teams are composed of representatives from a selection of backgrounds, including law enforcement, advocates against DV, social services, criminal justice, and members from the family of IPH victims. They were started in the 1990s in the US to investigate high profile cases, and they ended up becoming a process implemented in many high-income countries aimed at suggesting and implementing system-wide changes to increase a coordination in response to DV and IPV (Bugeja et al., 2015; Storer et al., 2013).

4.1.2.2. Offender

Many intervention and prevention strategies aim at reducing offending by targeting perpetrators and their motivations to commit these crimes. Batterer Intervention Programs (BIP) were created in response to the recognition of DV and IPV as a social and health issue, and are frequently used with high risk offenders (Juodis et al., 2014; Lila et al., 2018). The standard approach in terms of perpetrator intervention is the Duluth model, which is a feminist approach combined with a psychoeducational one based on the notions of patriarchy and that men want to exert power and control over women (Arias et al., 2013; Connors et al., 2012; Stover et al., 2009). The aim of the Duluth model approach is to challenge sexist notions and ideology and teach about healthy relationships in which men and women are equal (Arias et al., 2013; Connors et al., 2012; Stover et al., 2009). Another approach to the treatment of perpetrators is represented by Cognitive Behavioural

Treatment (CBT), which sees violence as a learned behaviour. The CBT approach aims to educate the offenders to nonviolent approaches by teaching communication skills, relaxation techniques, anger management, and other techniques (Arias et al., 2013; Stover et al., 2009). Perpetrators' treatment programmes have often combined the Duluth and CBT approaches, taking elements from the two, so it has become difficult to identify the primary school of thought (Holtrop et al., 2017; Stover et al., 2009). The effectiveness of perpetrators' programmes has been assessed by numerous studies and it appears limited, since they often fail to make any changes or have any lasting effect (Arias et al., 2013; Lila et al., 2018; Messing et al., 2015; Radatz & Wright, 2016; Sparks et al., 2016). As these programmes are often mandated by courts, offenders lack motivation and the programmes have not been able to address this crucial issue which prevents the assimilation of the teachings of the programmes (Holtrop et al., 2017; Lila et al., 2018; Messing et al., 2015). Perpetrators' programmes should also address the specific needs of individual offenders and focus on longer-term intervention strategies to ensure that the effects of these interventions are suitably targeted and are more likely to have a lasting impact (Arias et al., 2013).

Protection orders are an exposure reduction tool that are mainly used in the US, and consist of a legally binding document issued by the court that prohibits offenders from abusing the victims again. Some court protection orders may require the offender to have no contact with the victim (Dugan et al., 2003). These intervention tools have shown some promise, especially with less violent offenders, and victims have expressed satisfaction and feelings of empowerment about protection orders. They also legitimise arrests more in cases of

police intervention (Sparks et al., 2016). IPV victims are at a higher risk of IPH if their partner, or ex-partner, has access to firearms (Montanez & Donley, 2018; Zeoli et al., 2016). Therefore, effective IPH prevention policy, and protection orders for example, should include specific provisions for restricting firearms access to IPV perpetrators or confiscation upon police intervention for DV and IPV incidents (Montanez & Donley, 2018; Sparks et al., 2016). A common policy is one of exposure reduction, which consists of reducing the amount of contact between partners in the hope of reducing abusive behaviour. Several services have been put in place to reduce said contact, but could also result in the retaliation from the offender towards the victim (Dugan et al., 2003).

Risk assessments are of the utmost importance for the identification of high risk perpetrators and, therefore, in preventing recidivism and violence escalation (Juodis et al., 2014). The identification of risk factors and risk assessment should be taught to responding law enforcement officers to enable them to make accurate evaluations when called for a DV or IPV case (Koppa & Messing, 2019). Risk assessments will be covered more in details in the following section of this chapter.

4.1.2.3. Victim

Other intervention and prevention strategies are designed to support women and to identify those at risk to prevent further victimisation. It is known that women are more likely to seek formal means of support or intervention when there is an escalation of violence, or when children are involved or are witnessing violent acts (Bastiani et al., 2017). It is therefore crucial to have services that proactively identify and support women at risk of

IPV. One of the most well-known services offered to women who are victims of Domestic or IPV is represented by shelters or refuges. Shelters offer several services to women who are victims of DV or IPV, such as telephone crisis helplines, safe accommodation, and counselling. Shelters have generally proven to have beneficial effects on victims of DV and IPV (Hughes, 2020; Sparks et al., 2016). Moreover, since it is known that DV and IPV victims need and attend health care services with a higher frequency, it is crucial that doctors and health care personnel conduct routine IPV screenings on their patients (Bair-Merritt et al., 2014; O'Doherty et al., 2014; Todahl & Walters, 2011). It has also been identified that screenings increase the likelihood of IPV victims disclosing the violence they are suffering (Todahl & Walters, 2011). When a patient discloses being victim of violence, the practitioner can have a discussion about violence within the relationship and refer the victim to IPV support services, potentially reducing the risk of revictimisation (Bair-Merritt et al., 2014). These types of interventions can be particularly helpful in emergency department settings, given the higher attendance by IPV victims (Choo et al., 2015). However, there are some barriers which prevent health care practitioners from routinely conducting IPV screenings with their patients. These include a lack of education and training related to IPV, its rates and risk factors; a lack of time during visits; a lack of effective intervention strategies; and fear of offending the patients or causing more harm than good (Todahl & Walters, 2011; Waalen et al., 2000).

Economic policies are based on the belief that financially empowering women could help reduce IPV and DV victimisation, and several initiatives have been devised to support victims to achieve financial independence, which have been implemented particularly in

low and middle income countries (Ellsberg et al., 2015; Tankard & Iyengar, 2018). However, reviews of these programmes' effectiveness have resulted in mixed conclusions (Tankard & Iyengar, 2018). Cash transfer programmes are one of these initiatives created to reduce victimisation (Ellsberg et al., 2015). These can be of two main types: conditional and unconditional cash transfers. Conditional cash transfers oblige the beneficiary that the cash provided is invested in predetermined beneficial activities, while unconditional cash transfers have no conditions attached (Tankard & Iyengar, 2018). Another type of economic support for IPV and DV victims consists of savings programmes. These programmes help victims to create savings accounts and increase savings to support women to be financially independent, to be free to leave a relationship, and to restrict access to the savings from other members of the household (Tankard & Iyengar, 2018). Another way victims of IPV and DV can be supported is through microfinance and income generation initiatives. These initiatives include loans or cash transfers coupled with vocational training (Tankard & Iyengar, 2018).

4.1.2.4. Couple

Fewer prevention or intervention initiatives are aimed at the couple, by preventing the onset of violence or changing their relationship patterns. Couple therapy has been known to aid with several relationship problems, such as issues in terms of conflict management, communication problems, sexual issues (Karakurt et al., 2016). Couple therapy has also been identified to be helpful in violence reduction, especially in couples that suffer from situational violence (Karakurt et al., 2016). Computer based interventions to counteract IPV by educating couples about healthy relationships could be a far-reaching solution,

especially during the course of a pandemic in which face to face interventions are difficult to put in place. The ePREP, for example, was designed as a premarital intervention to reach a large number of individuals to maximise prevention efforts. It was devised from the Prevention and Relationship Enhancement programme, which was not built to specifically target IPV but it teaches about relationship skills that can reduce the incidence of IPV (Braithwaite & Fincham, 2014).

4.1.3. Effectiveness and good practices

The growth in services and systems to tackle IPV issues has not always been consistent with evidence of efficacy of such resources. In many instances, IPV services have proved to have limited or no effect, and treatment options seem to provide no advantage over arrests (Capaldi & Langhinrichsen-Rohling, 2012; Dugan et al., 2003; Stuart, 2005). Some scholars argue that the patriarchal structure of society is hindering effective intervention practices (Messing et al., 2015). A study by Radatz and Wright (2016) proposed that IPV interventions should follow the Principles of Effective Intervention (PEI), which are adopted in the correctional treatment of different issues, such as substance abuse or violent offenders (Andrews & Bonta, 2006; Radatz & Wright, 2016). These principles include the risk principle, which states that offenders should be categorised based on their recidivism risk level (low, medium, high) and treatment should be calibrated on the risk category; the need principle, which argues that treatment should aim to change the offender's criminogenic needs (antisocial personality, criminal attitudes, association with antisocial/criminal peers, family/marital issues, substance abuse, lack of employment,

education or leisure/recreation); the responsivity principle, which states that treatment should be tailored considering the offender's learning abilities and the factors that may be affecting the assimilation of treatment principles (such as intelligence, self-esteem, personality, depression, etc.); the treatment principle, which states that treatments should use cognitive behavioural approaches to learn new skills and strategies and that the staff should be properly trained and be firm but respectful; and the fidelity principle, that demands that the programmes and all services offered should be evaluated and assessed to ensure that its implementation is adhering to the design and its rules (Radatz & Wright, 2016).

Ideally, DV and IPV intervention and prevention strategies should incorporate a holistic approach which coordinates the work of all the different IPV services and targets communities, legislative systems and policies, and the individuals (Di Napoli et al., 2019). Another fundamental element for guiding effective practice is to study this type of crime within its particular cultural and social context, in order to formulate prevention and intervention policies that can be implemented and work at the local level (Corradi & Piacenti, 2016). That is why knowing and understanding the different types of intervention and prevention available is necessary to make effective recommendations in terms of treatment and intervention when analysing IPH in a specific setting, in this case the Italian one. The next section will examine more in depth the crucial instruments for prevention and intervention that are risk assessment tools, which aid in determining the dangerousness of an offender.

4.2. Risk Assessment

Recidivism rates of IPV are very high; in Italy, in 67.1% of cases the episodes of violence are repeated (Carabellese et al., 2014; Storey et al., 2014). This is why it is crucial to assess the potential risk of an offender, and this is usually done using threat assessment tools. These tools allow to allocate resources effectively, establish and tailor the best treatment and intervention plan for the offender, recommending the correct resources to victims, and sentencing (Connor-Smith et al., 2011; Helmus & Bourgon, 2011; Kebbell, 2019; Kropp, 2004; Messing & Thaller, 2013). Moreover, these instruments provide a common language, terminology and methods to define and assess risk, allowing the range of services and professionals adopting these tools to communicate effectively. Risk assessment tools can be used by law enforcement, healthcare professionals and social workers, the judicial system, and support services (Graham et al., 2019; Messing & Thaller, 2013). This section of the literature review examines existing risk assessment tools and their application.

4.2.1. Risk factors

As previously discussed, risk factors are crucial in assessing dangerousness. Some risk factors concerning perpetrators and victims of IPV have been identified as being particularly helpful when trying to assess the dangerousness of a situation and are, therefore, most often included in risk assessment tools or considerations (Hoyle, 2008; Kropp, 2012). The ten risk factors associated with perpetrators are: past violence within the relationship (physical or sexual), violent threats or ideation, violence escalation and severity, violation of civil or criminal courts orders, attitudes that support IPV or DV, other

forms of criminality, problems in the relationship, financial or employment problems, substance abuse, and mental health issues (Hoyle, 2008; Kropp, 2012). There are some factors that may affect victims and prevent them from taking action to protect or remove themselves from the abusive situation. These can be defined as vulnerability factors, and can heighten the risk within a couple; they should, therefore, be taken into account when assessing the dangerousness of a situation. The five vulnerability factors associated with victims are: inconsistent attitudes and behaviour towards the abusive partner, high degree of fear of the perpetrator, inadequate or complete lack of access to support and resources, unsafe living situation, and personal problems (Kropp, 2012).

4.2.2. Risk assessment types

In order to assess the presence of specific risk factors to determine the risk level of an offender, threat assessment tools have been created and have been increasingly implemented (Messing & Thaller, 2013). There are three types of risk assessments: unstructured clinical assessments, actuarial assessments, and structured professional judgements. Unstructured clinical assessments are those assessments formulated by practitioners relying exclusively on their training, knowledge, and experience. This approach has been criticised due to the lack of replicability and the likelihood of personal bias. Actuarial assessments are fully structured, and take into account and measure risk factors that were identified in empirical studies. These types of assessments leave no space for subjective judgement. Structured professional judgements are a middle ground between clinical and actuarial assessments, as they combine empirically based risk factors and

professional judgement (Campbell, 2005; Cattaneo & Chapman, 2011; Kebbell, 2019; Myhill & Hohl, 2019; Svalin & Levander, 2019).

4.2.3. Risk assessment tools

Several risk assessment tools for IPV or IPH have been devised over the years, and some of the most commonly used include the Danger Assessment (DA) (Campbell, 2005), the Ontario Domestic Assault Risk Assessment (ODARA) (Hilton et al., 2004), the Spousal Assault Risk Assessment (SARA) (Kropp & Hart, 2000) and the Domestic Abuse, Stalking and Honour Based Violence (DASH) (*DASH*, 2021).

One of the most used actuarial risk assessment tools is the Danger Assessment (DA). Contrarily to other tools, the DA was developed to be rated according to the information provided by the victim and assess the risk for lethal IPV (Echeburúa et al., 2009; Storey & Hart, 2014). The original DA contained two sections: the first one related to the dates in which the abuse occurred and the severity of it, and the second concerned the risk factors for IPH. This first version was created based on a review of risk factors identified in the literature, coupled with inputs from female IPV victims, law enforcement, staff from shelters and clinical IPV experts (Campbell, 2005; Storey & Hart, 2014). An updated version was later created, which contains 20 items focused on the characteristics of the victim, the perpetrator and the episodes of IPV. However, there is limited empirical research and support for its validity (Storey & Hart, 2014).

The Ontario Domestic Assault Risk Assessment (ODARA) is another actuarial risk assessment instrument designed to predict recidivism in IPV cases. It is targeted at perpetrators that have committed at least one IPV offence. This tool was based on a large study on around 600 offenders and consists of 13 risk factors, which are scored dichotomously to indicate presence or absence, and are then summed to place the offender in a risk category. The factors included the criminal history of the perpetrator, details of DV/IPV offences, and the couple's and victim's circumstances (Eke et al., 2011; Hilton et al., 2004, 2007; Kebbell, 2019; Olver & Jung, 2017; Storey & Hart, 2014).

Another commonly used tool is the Spousal Assault Risk Assessment (SARA), which was developed in Canada and is an example of structured professional assessment. The instrument was designed to be used by mental health forensic professionals (Kropp & Hart, 2000; Olver & Jung, 2017). It consists of guidelines and a list of 20 items divided in two sections. The first part consists of risk factors for general violence, and the second looks at risk factors that are specific for IPV (Grann & Wedin, 2002; Kropp & Hart, 2000). The different items are scored by presence, absence, or potential presence to determine the level of risk posed by the offender (Grann & Wedin, 2002; Helmus & Bourgon, 2011). This tool looks at both static and dynamic risk factors, and facilitates determination of whether there is a low, medium or high level of recidivism risk. However, the SARA includes historical aspects of the offender's background and some psychosocial aspects that are sometimes difficult to obtain information on, which can lead to issues in terms of coding accuracy and completeness (Baldry & Roia, 2011).

The 20-item version of the SARA was judged to be too lengthy for operational use by law enforcement and social services, so shorter versions of 10 items were devised. These shorter versions are called B-SAFER (Brief Spousal assault form for the evaluation of risk), SARA-PV (Police Version), and, in Italy, SARA-S (screening version).

The structured professional judgment tool B-SAFER is an adaptation of the SARA and was designed to be used by law enforcement officers or criminal justice professionals. The changes made from the SARA include the reduction of the length of the tool and the number of items that require a judgement on mental health issues. As with the SARA, B-SAFER's items are also scored based on presence, absence, and potential or partial presence (Kebbell, 2019; Storey et al., 2014; Storey & Hart, 2014).

The Domestic Abuse, Stalking and Honour Based Violence (DASH) form is a structured professional assessment tool that is widely used by police forces in the UK when responding to Domestic or IPV incidents. It assesses risk of recidivism and serious harm, including lethal abuse (Chalkley & Strang, 2017; Turner et al., 2019). The tool includes four main sections, which assess the situation and context at the time of the incident, whether children or dependants are present and if they have been harmed, the history of DV, and the background of the abuser. Cases assessed to be of high risk should be referred to the Multi-Agency Risk Assessment Conference (MARAC) to assess future steps in the prevention of recidivism (*DASH*, 2021; Turner et al., 2019). Although the tool can support first respondents to incidents of IPV in identifying potential risk factors (Chalkley & Strang, 2017; DASH, 2021; Turner et al., 2019), its reliability has been put in question by

studies which suggest that the DASH is weak at predicting recidivism and identifying future lethal assaults (Chalkley & Strang, 2017; Turner et al., 2019).

4.2.4. Tools used in Italy

SARA-S, initially composed of 10 items, was later extended to a 15-item version which also includes vulnerability factors. It was designed to be used by different types of operators from a range of services, like the judiciary system, law enforcement, anti-violence centres, social services, and victim support operators. The operator administering the test has to evaluate the presence of the 15 factors in the last four weeks (currently) and before the last month (in the past), and - given that risk is dynamic - the test has to be repeated at least every six months, especially if the victim expresses the wish for a separation, the victim is in a new relationship and the offender is committing persecutory acts, there are disputes in terms of child custody, or if the offender was recently released from custody (Baldry & Roia, 2011).

To conduct the SARA-S assessment, the operator has to take into account all information available from different sources, such as discussing the facts with the victim, but also with the perpetrator, and consult all evidentiary material. First, the operator collects sociodemographic data and, then, the Conflict tactic scale, which is a 15 item scale that is completed by the victim, is used to determine the type of violence sustained by the victim. By listing existing types of violence in a printed format, the scale is also helpful for the victim to avoid having to describe what happened to her in detail, and for them to

understand that other women go through these issues. After these steps, the operator will proceed to compiling the SARA-S (Baldry & Roia, 2011).

The first 10 items focus on the risk of recidivism presented by the offender divided in two sections: the first covers acts of violence from the current or ex-partner and the second looks at the offender's psychosocial adaptation. The remaining five items cover vulnerability factors presented by the victim. The items considered in the first section look at the offender's violent acts: physical or sexual violence, serious threats of violence, escalation of violence, violation of precautionary measures, and negative attitudes towards interpersonal violence. The items included in the second section are: antisocial conducts or previous convictions, relational problems, employment or financial issues, substance abuse, and mental health issues. The vulnerability factors of the victim consist of the following items: incoherent attitude towards the offender, extreme fear towards the offender, inadequate support to the victim, low life security due to lack of independence from the offender, and mental health or addiction issues. Additional factors that need to be considered at the time of the assessment are presence of a firearm, children witnessing the violence, and child abuse. All the factors are assessed by determining whether they are present, probably or partially present, not present, or omitted due to lack of information, and if they occurred in the period of compilation of the threat assessment or in the past (Baldry & Roia, 2011).

After the compilation of the SARA-S, the operator expresses whether the level of risk is low, medium or high in four categories. These categories are: recidivism risk in the short

term (in the following two months), recidivism risk in the long term (beyond the following two months), risk of very serious or lethal violence, and risk of escalation in violence (Baldry & Roia, 2011).

Two other tools used in Italy are the ISA (Increasing self-awareness) and the EVA (Esame delle Violenze Agite, which can be translated as Examination of Acted Violence). The ISA was developed through an international project commissioned by the European Union, and aims at helping female victims of IPV estimate their own level of risk by answering a 17 item questionnaire, which then returns a score reflecting the level of risk. The questionnaire, partly based on the ODARA, contains items which consider both static and dynamic risk factors, and is accompanied by a brochure on DV. These two elements are devised to increase victims' awareness of their own situation and risk, in the hope that they will seek help and support through formal means (Baldry & Roia, 2011). The EVA is a tool for first responders in cases of so-called domestic fights. Operators can include members of the police, the carabinieri (the Italian military police) or local police. The EVA consists of two parts: a processing card (PC), on which are outlined the standard procedures to follow in these cases, and the EVA form, which consists of objective questions to assess the situation and takes less than 10 minutes to complete. The EVA is useful for record keeping purposes and future judicial proceedings (Baldry & Roia, 2011). Lastly, three tools are also used in Italy in cases of stalking: the SILVIA (Stalking Inventory per vittime e autori, which can be translated as Stalking inventory for victims and perpetrators), the THAIS (Threat assessment of intimate stalking), and the ALBA (Agenda Anti-stalking, which can be translated as Anti-stalking diary) (Baldry & Roia, 2011).

The study of characteristics and risk factors of IPV and IPH in different cultures is crucial to calibrate different versions of risk assessment tools to better predict recidivism and lethality in any given setting. Most of these tools were developed in different cultural contexts compared to Italy and may need further adaptations to increase their reliability within the Italian context. The following section will examine the practical approaches and strategies implemented in Italy to prevent and counteract the phenomena of IPV and IPH.

4.3. Practical Approaches in Italy

The section will also look at existing policies and legal framework to address the offences of Intimate Partner Violence and Homicide, which will be followed by an overview of intervention strategies and support services.

4.3.1. Legislative Framework

The Italian government responded to domestic and IPV in a slower and more limited pace compared to other European countries. Moreover, in Italy, IPV is seen mainly as physical aggression, and the psychological dimension is largely ignored. Intervention strategies tend to overlook fundamental victims' needs (Pomicino et al., 2019). The framework in place at an international level to reduce DV and violence against women consists mainly of the Convention of Istanbul and the 'Council of Europe Convention on preventing and combating violence against women and domestic violence' (Virgilio, 2014). The Convention of Istanbul was established in 2011 and ratified by Italy in 2013. It states that

violence against women is a human rights violation and sex discrimination, and it aims to establish an international approach to better prevent and prosecute cases of violence against women (Bandelli & Porcelli, 2016; Bonanni et al., 2014; Rosi, 2014). The Council of Europe Convention was also ratified by Italy in 2013 and it establishes norms and regulations to be taken in the prevention and assistance to victims of these offences (Virgilio, 2014).

In the media, IPHs are often defined as 'crimes of passion' or 'honour killings'. These terms reflect a societal attitude that tends to justify and diminish the perpetrators' responsibility in the commission of these offences but have also an origin in the legislative framework that used to be in place in Italy (Adolfi et al., 2011). In fact, in Italy, the law to diminish responsibility of the perpetrators of what were defined as 'honour killings', which indicated murders committed following the wife's infidelity, was only changed in 1981. In 1981, the law that allowed reparative marriages was also changed. Reparative marriages meant that perpetrators of rape could marry the woman they abused to avoid penal repercussions (Capecchi, 2019; Gius & Lalli, 2014; Karadole, 2012; Rocca & Zinn, 2019). These laws and the late date in which they were abrogated indicate the marked patriarchal mentality entrenched in Italian society. Moreover, these justifications are still used in the media and in court from defence attorneys (Karadole, 2012).

In terms of Italian legislation, the penal code laws aiming at tackling IPH and violence against women are the law n.66 of 1996, which is focused on sexual violence, and the more recent law n.119 of 2013 to prevent and counteract gender-based violence. This law also

promotes a quick trial and ensures that the police can urgently remove the offender from the shared home and forbid them from going in the vicinity of the victim (Iaccarino, 2019). Another useful element of the Italian penal code in terms of IPV and DV is the article 282-quarter, paragraph 1, which requires offenders to attend prevention programmes organised by social services in the area of residence (Iaccarino, 2019). Moreover, in 2017, the senate created a commission to analyse the phenomenon of femicide and other forms of violence against women, which also aims to find solutions and policies to reduce these issues (Iaccarino, 2019).

4.3.2. Intervention and Anti-violence Centres

Women who are victims of DV usually try to initially counteract the partner's violence through informal means, either by asking support of friends and family or trying to address the issue with the partner himself. When the intensity of the violence increases or it affects the children, the woman may resort to services or sources that provide more formal support, like the police or medical centres (Bastiani et al., 2017). However, even if reporting the abuse is often seen as the most effective prevention tool to avoid a future homicide, it is known that women have been discouraged by law enforcement officers themselves when attempting to report abuse (Ponte, 2016) .

Another resource that women have is Anti-Violence Centres. The feminist movements in Italy in the 1970s gave birth to the first anti-violence centres and inspired many female activists to volunteer in these centres, shelters and clinics devoted to help women who are

victims of violence (Rocca & Zinn, 2019; Romagnolo, 2016). In the '90s, many anti-violence centres came together to create an informal network to share principles and best practices, and structure the work in a consistent manner across regions. In 2006, this process was formalised through the signing of the Carta dei Servizi that established the methodology and principles of the signing centres. The main principles established were that male violence upon women is a phenomenon rooted in gender disparity, that centres are managed by women only, and that they guarantee safety and anonymity (Romagnolo, 2016).

Over the years, anti-violence centres became crucial on the Italian territory in terms of diffusing knowledge and best practices related to Domestic and Intimate Partner Violence (Lotti, 2014). As of 2019, there were over 330 centres and specialised services in Italy that deal with violence against women, over 54,000 women relied on their services at least once in a year, nearly 60% of whom started a process to exit the violent situation (Consiglio Nazionale delle Ricerche, 2019). The main Italian association of centres is called D.i.Re, 'donne in rete contro la violenza', which means network of women against violence, and now counts more than 80 centres in their network. It functions as an advocate against violence on women and represents a national and international focal point for exchange of anti-violence centres (Castagnotto, 2014; D.i.Re - Donne in Rete Contro la Violenza, n.d.; Romagnolo, 2016).

Among the services provided by anti-violence centres, women who are victims of violence can take advantage of phone services, psychological counselling, one on one meetings,

legal consultations, support groups, employment guidance and support, and hospitality in shelters (Bastiani et al., 2017; Romagnolo, 2016). Moreover, these centres conduct data collection and analysis to effectively inform the public and policy makers through education and awareness campaigns (Romagnolo, 2016). However, only approximately 48% of anti-violence centres have a shelter, which means that the majority do not have the possibility of hosting women in danger and their children (Castagnotto, 2014). This is due to a lack of resources and funds allocated to the fight against violence against women and the places and organizations dedicated to help victims (Castagnotto, 2014).

In terms of interventions for offenders, in Italy rehabilitative treatment is only used when the individual has been prosecuted and charged, unless the individual has undergone a 'trattamento sanitario obbligatorio' (compulsory medical treatment), which can be requested when the individual represents a danger to himself and others (Baldry & Roia, 2011). Programmes and interventions targeting offenders who committed IPH started to be offered in 2009, so they are relatively recent. A study published in 2019 examined the work of these programs on the Italian territory (Demurtas et al., 2019). In 2017, there were 59 programmes dealing with perpetrators of violence, five of these operated exclusively within prisons, and the majority of them are connected through a national network to ensure common guidelines. In that year, these programmes treated over 1200 men (Demurtas et al., 2019). Forty percent of the individuals treated accessed these services voluntarily, and the others were referred to the programmes by other services, such as social services, judicial authorities, law enforcement, and anti-violence centres. The programmes also referred problematic perpetrators to law enforcement and judicial authorities in 30% of

cases (Demurtas et al., 2019). The area with the highest number of services was the north of Italy, which is consistent with the higher number of cases, and only a few regions in Italy did not provide these services. The services offered ranged from psychological counselling, telephonic support, employment and service access support, psychotherapy, parenting guidance, mediation and couple counselling, addiction treatments and others (Demurtas et al., 2019). The main aims and objectives of these centres were reported as recidivism reduction, non-violent conflict management, change in relationship dynamics, frustration and anger management, increase in reflective abilities, awareness on gender issues, and support towards personal autonomy (Demurtas et al., 2019). Most of these programmes engage with the victims at different stages of the treatment to inform the victim about the perpetrator's involvement in the programme and the purpose of it, to put her in contact with anti-violence centres or other services, to acquire additional information about the violence within the couple, and to better assess risk. Contact with the victims may happen in different phases of the programme, such as at the beginning of the perpetrator's treatment, at the end of it, in high risk situations, if the offender decides to abruptly interrupt treatment, and during the follow up (Demurtas et al., 2019). The personnel working in programmes treating IPH perpetrators include psychologists, social workers, mediators, counsellors, and lawyers. In approximately 80% of programs, the staff must undergo mandatory training in several areas. These include IPV and DV, recognition and management of recidivism risk, gender issues, the Istanbul Convention, human rights, and others (Demurtas et al., 2019). Only approximately 60% of programmes collect data regarding the cases in a standardised manner. In terms of risk assessment, a surprisingly high percentage of programmes (25%) admits to using an internally developed protocol

rather than using tools and systems that are adopted, and that have been tested, at a national and international level (Demurtas et al., 2019).

4.4 Chapter Summary

This last chapter of the literature review aimed to give a comprehensive overview of the practical approaches that have been proposed and implemented to prevent and combat the phenomenon of IPH. The chapter discussed the different approaches to prevention, intervention and policy that were devised to account for these phenomena, including an in-depth analysis on risk assessment and the use and types of risk assessment tools. The last section of the chapter analysed the legal framework and the tools and resources available in terms of IPV and IPH in Italy.

Chapter 5: Aims and Objectives

Given that Italy presents significant cultural differences compared to other Western European countries where most European studies on IPH have been conducted, this study aims to determine whether the phenomenon of IPH in Italy presents significant differences that may alter the effectiveness of intervention plans, support services, and risk assessments that were initially developed and tailored in other countries.

Therefore, this study plans to answer the following research aims and objectives:

- Aim 1: To determine whether the characteristics and risk factors of IPH in Italy accord with those identified in existing studies conducted in other cultural contexts
    - Objective 1.1: To explore the prevalence of characteristics and risk factors of IPH offences, victims, and perpetrators in Italy
    - Objective 1.2: To explore the relative prevalence of IPV as a risk factor in cases of IPH committed in Italy
    - Objective 1.3: To identify commonly co-occurring characteristics and risk factors
    - Objective 1.4: To ascertain whether different age groups and types of relationship affect the prevalence of features and risk factors
- Aim 2: To evaluate the impact of contextual factors on the nature and characteristics of IPH offences

    - Objective 2.1: To explore whether differences in the type of homicide (homicide versus homicide-suicide or attempted suicide, single versus multiple victims) affect the prevalence of other offence-related characteristics
    - Objective 2.2: To explore whether differences in the geographical context affect the nature and prevalence of offence characteristics
    - Objective 2.3: To determine whether IPH offences committed during the first COVID-19 lockdown in Italy differed from the offences committed in other time periods
- Aim 3: To determine whether practitioners working with IPV victims and risk assessment tools take into account prevalent characteristics and risk factors to assess the IPH risk in Italy
    - Objective 3.1: To visually compare the risk factors included in the DASH with the frequencies of Italian IPH characteristics to explore whether the characteristics included match those of the Italian sample
    - Objective 3.2: To explore the perspectives and perceptions of practitioners working in anti-violence centres in Italy

This study hypothesises that, although IPV is a valid predictor of future violence, given the persistent patriarchal attitudes in the country that are likely to affect the level of formal and informal reporting of offences, previous IPV instances may be difficult to use as a reliable

indicator to predict, prevent or interdict IPH. Concerning risk factors, it is likely that some factors will present different weightings and importance in determining future risk compared to what has been identified in previous studies conducted in other parts of the world. The same reasoning and assumptions are applied to the characteristics of offences, offenders and victims, which may also be affected by cultural and societal variations. Another hypothesis concerns that the consideration of individual risk factors on their own to determine risk is not fully reliable and it would be more effective to also consider the co-occurrence of factors to determine a final risk score. This would mean that existing risk assessment tools, interventions, treatment and support services used in Italy may need to take these differences into account and recalibrate approaches to enhance their reliability in this specific context. Anti-violence centres often rely on volunteers and can suffer from a lack of funding. This can lead to an inability to properly train staff and volunteers, which results in a disconnect with findings from empirical studies and practice. Therefore, it is plausible that professionals working in these centres may have perceptions of risk factors and characteristics that do not match the reality of this phenomenon. Lastly, given the unique circumstances presented by the COVID-19 pandemic and the rigid restrictions imposed in Italy that confined victims and perpetrators, it is hypothesised that cases occurring during the COVID-19 lockdown will present substantial differences to those that occurred in other periods of time, due to different stress factors and triggers that may underpin them.

In order to test the mentioned hypotheses, this study will analyse a sample composed of four hundred Italian IPH cases. The prevalence of characteristics and risk factors will be

examined to gather an in depth understanding of the phenomenon in the country. The co-occurrence of different variables and demographic variations will also be explored to determine whether they could affect the risk posed by a specific situation. Contextual variations, like the type of offence and geographical location, will be analysed to evaluate their impact on the nature and characteristics of IPH cases. A small sample of cases committed during the first Italian lockdown to counteract the spread of COVID-19 will be utilised for comparison in order to evaluate the effect of this specific contextual factor on IPH. The characteristics identified for Italian IPHs will also be compared with the DASH risk assessment tool and its included risk factors to determine its potential fitness to account for Italian cases. Lastly, responses to a questionnaire completed by over a hundred professionals working in local, regional and national anti-violence centres will be examined against the identified characteristics to determine the accuracy of the practitioners' perceptions on this specific offence type.

Chapter 6: Methodology

The present chapter will describe the methodology used to conduct this research, which is divided into three main studies. The first study concerns the identification of characteristics of IPH in Italy. The second looks at the contextual variations in this offence type. The third examines risk assessment tools, risk factors and the perceptions of practitioners working in anti-violence centres and how these compare to actual findings on the prevalence of case attributes identified in studies one and two. This chapter will discuss how the three studies that compose this research were conducted. The choice of data sources, the collection process and the organisation of the datasets will also be discussed.

6.1. Study 1 – IPH Characteristics

This study aimed to analyse exclusively cases in which the perpetrators and victims used to be or were, at the time of the homicide, intimate partners in order to identify the characteristics of IPH in Italy. Cases in which the perpetrator of the homicide was another family member, like a father or bother for example, were excluded from the sample. Different potential data sources to analyse IPH characteristics were considered and, for several reasons that will be explained later in the chapter, the option of collecting data from open sources, specifically news media, was chosen. The final dataset is composed of 400 IPH cases committed in Italian territory.

6.1.1. Data Sources

An initial project planned to investigate data that was to be provided by Italian law enforcement agencies. However, after an initial agreement of cooperation and waiting for

one year, it transpired that the data could not be shared. Therefore, after a period of assessing other studies and potential forms of suitable data, it was decided to utilise data on IPH in Italy collected through open sources and taken from news articles on IPH cases. The source choice is due to the high representation of this crime type in everyday news outlets. The information related to these cases contained in the media is often rich in detail and is updated as the investigation progresses and new information is released or leaked to the public. In fact, news reports have been found to be a valuable source of detailed data on different types of homicide, given the high interest from the public (Adinkrah, 2008). These sources provide background information and often contain accounts from family and friends, neighbours, and the police (Adinkrah, 2008; Salari & Sillito, 2016). Using open sources as a main base for data collection is also a cost and resource efficient strategy. Moreover, applications to extract and download data from the internet are often inexpensive or completely free of charge. In the Italian context, where there is no standardised manner of recording DV and femicide offences throughout the different organisations that deal with the phenomenon, the information coming from the press assumes particular importance in reporting detailed accounts of these incidents (Karadole, 2012).

However, it should be noted that news and media reports tend to sensationalise events and be speculative in nature, particularly with regards to the motive for the homicide. News articles can also choose to exclusively report cases that the public will find more interesting, dramatize the accounts, and not provide a complete picture of the offences that are reported (Adinkrah, 2008; Salari & Sillito, 2016; Tosini, 2017). In fact, one strategy

that the media has been found to adopt is to ignore issues that point to gender disparity and the perpetrator's need for control, and instead to depict the perpetrator either as a monster or as a problematic individual, such as someone with substance abuse problems, mental health issues, or a criminal past (Gius & Lalli, 2014). Another limitation could be due to the fact that the search terms used and the quality of the search engines of news aggregators and online newspaper may affect the number and relevance of the results (Tosini, 2017).

Nonetheless, although the information reported in the media and news may not provide a complete picture of the cases and this choice of source can be considered a limitation, the information reported in the news can be compared with the amount and detail of information that professionals working in anti-violence centres are presented with when they meet new victims of DV and they need to try to assess the dangerousness posed by the situation. In fact, it is unlikely that victims, when reporting incidents of IPV, can report on the childhood history of the perpetrator, or provide a psychiatric diagnosis, or detailed accounts of his behaviour in past relationships. Therefore, using this type of information for the analysis could provide a more realistic point of comparison with how risk is assessed in real-life situations, whereby officers or practitioners have to determine a risk level based on limited information provided by the victim. Adopting this approach and data sources, in fact, could provide more reliable results due to the increased authenticity. Lastly, this type of data has been employed by several existing studies on IPH or other types of homicide either as the only source or to supplement other sources of information, due to its level of details and coverage (Adinkrah, 2008, 2014; Chimbos, 1998; De Koning & Piette, 2014;

Flynn et al., 2016; Salari & Sillito, 2016; Sheehan et al., 2015; Weeke & Oberwittler, 2018).

The articles on cases of IPHs were collected from three main websites: Intopic (http://www.intopic.it), Ansa (http://www.ansa.it), and La Repubblica (http://www.repubblica.it).

The first website, Intopic, is a news aggregator. News aggregators are websites or software packages that gather information and news from different sources and websites. The articles or pieces of information can be sorted and filtered for easier use, and users can conduct searches by topic. Intopic collects and reports, thanks to an algorithm, news articles from 2155 online Italian newspapers and press agencies (InTopic.it, 2021). Most of the data collected for the present research comes from this website, as it contained the largest number of articles on the topic researched.

ANSA (Agenzia Nazionale Stampa Associata) is the first agency of multimedia information in Italy and the fifth largest news agency in the world. It is a cooperative formed by editors of the major newspapers in Italy and reports the news on the events in Italy and the world. La Repubblica is a daily newspaper and it is the third one in Italy in terms of paper and online circulation. It was chosen for the data extraction for the frequency of reporting cases of Intimate Partner Violence and the in-depth nature of the articles (ANSA, 2020).

6.1.2. Data Collection Protocol

Articles were found using the search tools built into the three websites, using the key word *Femminicidio*, which means femicide in Italian, because in Italy it is used to describe all the murders committed by males with a female victim. Where possible, the format of news chosen was news articles rather than videos or audio/radio recordings. The search produced a large number of results, over 2500, which were then extracted to build a database.

For the first two websites, Intopic and Ansa, a tool to automatically extract data was used. The application chosen was import.io (https://www.import.io), due to its availability and ease of access. The free app allows users to extract data from web pages without having to write codes. It allows users to manually select the fields to include in the dataset, and it offers different format of files for the output (Import.io, 2021). The final set of news articles was extracted manually from La Repubblica because of its lack of automatic data extraction methods. A total of 2382 articles were extracted from the Intopic website, 66 from Ansa, and 134 from La Repubblica.

Two main datasets were created for the purpose of the first study. The first one contained all the articles from the data collection process (the news database) and the second contained the cases selected for analysis and their characteristics (the cases database). The data collected from the three websites were copied into a single Excel file. Information in the news database included the link of the article, the website, the date of the article, the title of the article and finally the text of the article. In terms of the case selection criteria, articles that were not related to a specific case but to legislation changes or political

statements were removed from the database. News articles that did not contain enough information about the case to conduct analysis were disregarded, and cases in which the perpetrator had no relationship with the victim or a relationship of non-intimate nature were also excluded. Articles that discussed cases that happened outside the Italian territory were also excluded. Articles that reported information about the same case were grouped together by using reference numbers for each of the cases. In order to increase reliability, where possible at least three articles were considered per case. In cases where three articles were not retrieved from the first data collection phase, the identifiers available for the case (such as names of the victims and perpetrators or date and place of the homicide) were used to try to retrieve other articles from the internet on the case. In some older cases included in the final dataset, it was not possible to retrieve three articles per case due to more limited media coverage. However, for those cases, all available articles that could have been identified were used. Where available, websites of national newspapers were prioritised for the data collection due to the likely higher reliability of information compared to smaller outlets. After the elimination of irrelevant articles according to the above-mentioned criteria, from 2582 articles, the final total number of news articles utilised was 1439. Most included cases took place between 2010 and 2017, and only six cases happened between 2003 and 2010. Cases that occurred before 2003 were not included due to the lack of reporting and the scarcity of details included in the few reports available. Figure 1 summarises the data collection process.

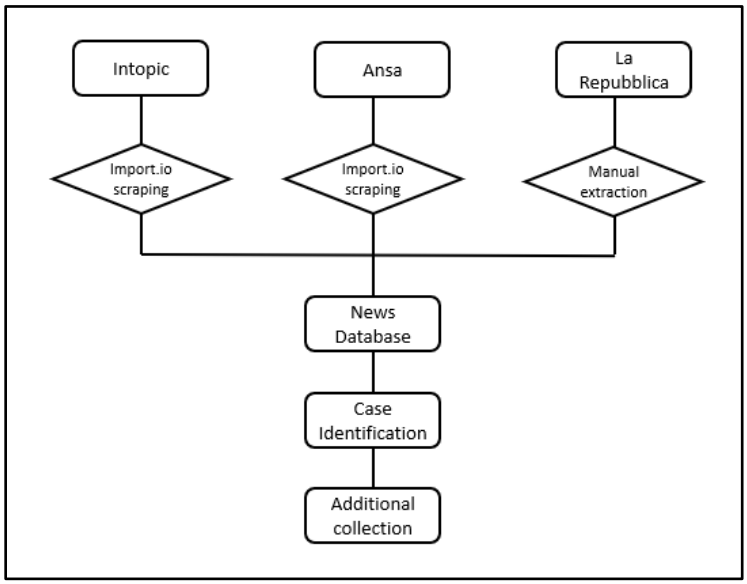

Figure 1. Flow chart of data collection process

6.1.3. Dataset Composition

Four hundred cases were used for analysis and the data was first compiled in Microsoft Excel and then imported into SPSS to conduct statistical analysis. Content analysis was used initially to examine the news articles of the cases to gather information and all relevant details about the offences, the perpetrators, and the victims. Content analysis can be defined as the analysis of qualitative data, such as text, to identify specific words or themes (Duriau et al., 2007). Although this method can be subjected to the bias of the researcher, the current studies only looked for presence or absence of specific themes rather than an interpretation of the text or the perspective behind it. This approach to content analysis is similar to that employed by existing studies (Canter & Heritage, 1990; Salfati, 2003). The information was then coded and organised in a database containing demographic variables about the perpetrator and victim, and several variables about the

characteristics of offences. To ensure that the data was as complete and as robust as possible, characteristics of the cases were coded using a large number of dichotomous variables, as opposed to grouping and coding data using variables representing macro categories. This approach also allowed for more flexibility when needing to record the co-presence of multiple characteristics of the same type in one case (e.g. multiple motives or weapons). These types of variables also allow for easy recoding to transform the variables if needed (for example, combining all dichotomous variables related to modus operandi into one variable). Case characteristics were coded with "1" symbolising the presence of a characteristic and "0" symbolising its absence or lack of mention in the sources. No differentiation was made between a lack of mention or the fact that a characteristic was not present because the absence of a characteristic from the offence was only mentioned in a few cases (n =6) of H-Ss in which a note to explain the suicide was specifically stated not to have been retrieved at the scene.

To identify the variables to be included in the study, the news articles were read several times to come up with a comprehensive and detailed list of characteristics that should be coded. The variables were then organised by topic to facilitate data coding. The first set of variables created from the content analysis of the news article pertain to general characteristics of the crime and these include the perpetrator's and the victim's first and last name, age, employment status, nationality, date of the crime, number of children of the couple, place of the crime (including province and region). The characteristics of offences and individuals involved were further categorised using dichotomous variables. The first set

of dichotomous variables pertaining the characteristics of the offence relate to the general modalities of the homicide and are reported in table 1 below.

Table 1. Homicide Modalities	
Variable Name	**Meaning**
Homicide_suicide	The IPH was followed by the suicide of the perpetrator.
Attempted_suicide	The IPH was followed by the attempted suicide of the perpetrator.
Note	The perpetrator left a note after the murder.
Attempt_cover	The perpetrator attempted to cover the murder by making it seem like an incident, a suicide, a robbery, a disappearance or other events.
Fake_suicide	The perpetrator attempted to cover the murder by making it seem like the victim committed suicide.
Premeditated	The evidence or the perpetrator's confession indicates that the murder was premeditated.
Followed_victim	The perpetrator followed the victim before the murder.
Body_moved	The dead body of the victim was moved from the original crime scene.
Body_hidden	The dead body of the victim was hidden by the perpetrator.
Dressed_postm	The victim was killed while naked and was dressed or covered post-mortem by the perpetrator.
Body_photograph	The dead body of the victim was photographed by the perpetrator.
Social_media	The perpetrator shared details or announced the murder on social media.
Arson	The perpetrator started a fire in order to eliminate evidence of the murder.

The following set of variables concerning the offence analysed the involvement of other individuals in the offence, in terms of accomplices or corollary victims.

Table 2. Involvement of Other Individuals

Variable Name	Meaning
Accomplice	The perpetrator had an accomplice.
Other_victim	Another person was killed besides the intimate partner.
Other_victims	Two people or more were killed besides the intimate partner.
Child_Children	The child or children of the couple, victim, or perpetrator were killed besides the intimate partner.
Her_family	Members of the victim's family were killed besides the intimate partner.
His_family	Members of the perpetrator's family were killed besides the intimate partner.
New_partner	The new partner of the victim was killed besides the intimate partner.
Other_injured	Other people were injured at the time of the murder.

The next set of dichotomous variables concerns time and location details of the offence. Although – in terms of location – it was possible to identify whether the home was that of the couple, the victim, or of the perpetrator, it was not possible to code for the specific room in which the homicide was committed due to the fact that the room was only mentioned in very few cases and only if it was specifically related to the modus operandi (e.g. the victim was pushed off the stairwell).

Table 3. Time and Location of Offence	
Variable Name	**Meaning**
Morning	The murder was committed in the morning.
Afternoon	The murder was committed in the afternoon.
Evening	The murder was committed in the evening.
Night	The murder was committed in the night.
Victim_sleeping	The victim was sleeping when she was murdered.
Couple_home	The murder took place in the home of the couple.
Victim_home	The murder took place in the home of the victim.
Perp_home	The murder took place in the home of the perpetrator.
Vehicle	The murder took place in a vehicle.
Public_Place	The murder took place in a public place.
Remote_location	The murder took place in a remote location.
City	The murder was committed in a city.
Town	The murder was committed in a town.

Then, the variables examined the motive of the homicide, which are shown in table 4.

Table 4. Motive of the Offence	
Variable Name	**Meaning**
Fight	The victim and perpetrator had a fight before the murder happened.
Jealousy	The perpetrator was jealous of the victim.
Separation	The perpetrator could not accept the end of the relationship.
Financial_reasons	The couple had financial issues.
Depression	The perpetrator killed the victim due to his or her depression.[2]
Illness	The perpetrator killed the victim due to his or her illness.[2]
Life_insurance	The perpetrator killed the victim to obtain her life insurance.
Religious	The perpetrator killed the victim for reasons connected to religion (kill the victim for sins or alleged request from religious figure or a divinity).

Afterwards, the dataset analyses the modus operandi employed by the perpetrator to commit the homicide.

Table 5. Modus Operandi	
Variable Name	**Meaning**
Strangulation	The perpetrator killed the victim by strangulation.
Beating	The perpetrator killed the victim by beating.

[2] The depression or illness could refer to either the perpetrator's or the victim's condition.

Stabbing	The perpetrator killed the victim by stabbing.
Shooting	The perpetrator killed the victim by shooting.
Suffocation	The perpetrator killed the victim by suffocation.
Burned	The perpetrator killed the victim by burning her alive.
Head_blow	The perpetrator killed the victim with a blow to the head.
Drowned	The perpetrator killed the victim by drowning her.
Asphyxiation	The perpetrator killed the victim by asphyxiation.
Starvation	The perpetrator killed the victim by starving her.
Stairs	The perpetrator killed the victim by pushing her down the stairs.
Pushed	The perpetrator killed the victim by pushing her out of a window, down a building or a ravine.
Multiple_wounds	The victim had multiple wounds.
Face_wounds	The victim's face was wounded.
Knife	A knife was used to commit the murder.
Gun	A gun was used to commit the murder.
Rifle	A rifle was used to commit the murder.
Gas	Gas was used to commit the murder.
Hands	The perpetrator used his hands to commit the murder.
Car	The perpetrator ran the victim over with a car.
Blunt_object	A blunt object was used to commit the murder.
String	A string was used to commit the murder.
Pillow	A pillow was used to commit the murder.

Sleeping_pill	Sleeping pills were used to commit the murder.
Plastic_bag	A plastic bag was used to commit the murder.
Tape_mouth	The victim had tape placed on her mouth or had her mouth gagged.

Next, the dataset examines the relationship between the victim and perpetrator in the set of variables reported in the table number 6.

Table 6. Relationship Type

Variable Name	Meaning
Partner	The perpetrator was the partner of the victim.
Ex_Partner	The perpetrator was the ex partner of the victim.
Husband	The perpetrator was the husband of the victim.
Ex_Husband	The perpetrator was the ex husband of the victim.
Affair	The victim and the perpetrator had an affair.
Less_one_y	The couple had been together for less than a year.
Same_age	The couple had more or less the same age.
Five_age_gap	The couple had an age gap of 5 years or more.
Ten_age_gap	The couple had an age gap of 10 years or more.

The variables, then, describe previous abusive behaviour of the perpetrator.

Table 7. Previous Behaviour of the Perpetrator	
Variable Name	**Meaning**
Physical_violence	The perpetrator had previously committed physical violence towards the victim.
Psych_violence	The perpetrator had previously committed psychological violence towards the victim.
Threat	The perpetrator had previously threatened the victim.
Stalking	The perpetrator had previously stalked the victim.
Attempt_murder	The perpetrator had previously attempted to murder the victim.
Previously_reported	The victim had previously reported the perpetrator to the police for either violence, stalking or threats.
Family_aware	The family or friends of the victim were aware that the perpetrator was violent or had threatened or stalked the victim.

The following set of variables look at the children of the couple and their characteristics, as shown in table 8.

Table 8. Children	
Variable Name	**Meaning**
Child_present	The child or children of the couple, victim, or perpetrator were present at the time of the murder.
Pregnant	The victim was pregnant at the time of the murder.
Child	The couple, victim, or perpetrator had one child.
Children	The couple, victim, or perpetrator had two or more children.
Zero_three_Child[3]	The child (or children) was between 0 and 3 years old.
Three_eleven_Child	The child (or children) was between 3 and 11 years old.
Eleven_eighteen_Child	The child (or children) was between 11 and 18 years old.
Eighteen_more_Child	The child (or children) was 18 years old or older.
Children_couple	The child or children were from the couple.
Children_victim	The victim was the mother of the child or children.
Children_perp	The perpetrator was the father of the children.

Then, the dataset examines the characteristics of the perpetrator and those of the victim. Most of the variables are the same for victims and perpetrators, but the variables set for

[3] The age groupings of children were based on the different needs and attention that children require from parents at different stages in life and, therefore, generate potential stressors that could increase the for IPH.

perpetrators is more extended to include previous convictions. Table 9 shows some general and demographic characteristics of victims and perpetrators.

Table 9. Demographic Characteristics

Variable Name	Meaning
Foreigner	The perpetrator/victim is not an Italian national.
Fifteen_twentyfour[4]	The perpetrator/victim is between 15 and 24 years old.
Twentyfive_thirtyfour	The perpetrator/victim is between 25 and 34 years old.
Thirtyfive_fortyfour	The perpetrator/victim is between 35 and 44 years old.
Fortyfive_fiftyfour	The perpetrator/victim is between 45 and 54 years old.
Fiftyfive_sixtyfour	The perpetrator/victim is between 55 and 64 years old.
Sixtyfive_plus	The perpetrator/victim is 65 years old or older.
OlderPartner	The perpetrator/victim is older than the victim.
Cheating	The perpetrator/victim was cheating on the victim.

Then, the variables looked at the socioeconomic status of the individuals and their employment status.

[4] The age groupings were similar to existing age grouping in other studies and they start at 15 because that was the youngest age present in the sample.

Table 10. Socioeconomic Status	
Variable Name	**Meaning**
Unemployed	The perpetrator/victim was unemployed.
Student	The perpetrator/victim was a student.
Working_class	The perpetrator/victim was working class.
Skilled_working_class	The perpetrator/victim was skilled working class.
Lower_middle_class	The perpetrator/victim was lower middle class.
Middle_class	The perpetrator/victim was middle class.
Upper_middle_class	The perpetrator/victim was upper middle class.
Security_Law_Enforcement	The perpetrator/victim was working in security settings, law enforcement or the military. This type of profession often entails the possession of a firearm.
Health_professionals	The perpetrator/victim was a health professional.
Sex_Worker	The victim was a sex worker.

After that, the dataset analysed mental issues and addictions and the related variables are reported in the table number 11.

Table 11. Mental Issues and Addictions	
Variable Name	**Meaning**
Drug_use	The perpetrator/victim used drugs.
Alcohol_abuse	The perpetrator/victim suffered from alcohol abuse.
Gambling	The perpetrator was addicted to gambling.
Mental_issues	The perpetrator/victim had mental issues.
Depression	The perpetrator suffered from depression.

The following variables are only applicable to the perpetrator and concern mainly previous convictions. The list of offences reflects the charges for the previous convictions of the perpetrators present in the sample. Previous convictions were not examined for the victims.

Table 12. Perpetrator's Previous Convictions	
Variable Name	**Meaning**
Previous_convictions	The perpetrator had previous conviction or convictions.
Stalking	The perpetrator had previous conviction or convictions for stalking.
Domestic_violence	The perpetrator had previous conviction or convictions for DV.
Murder	The perpetrator had previous conviction or convictions for murder.
Attempted_murd	The perpetrator had previous conviction or convictions for attempted murder.
Sexual_violence	The perpetrator had previous conviction or convictions for sexual violence.
Drug_dealing	The perpetrator had previous conviction or convictions for drug dealing.
Robbery	The perpetrator had previous conviction or convictions for robbery.
Smuggling	The perpetrator had previous conviction or convictions for smuggling.

Moreover, variables that are exclusively related to offenders also cover the behaviour displayed by the perpetrator after the offence, which are shown in table 13.

Table 13. Perpetrators' Post Offence Behaviour	
Variable Name	**Meaning**
Saved_child	The perpetrator saved the child or children from dying due to causes related to the murder (e.g. arson).
Confessed	The perpetrator confessed to committing the murder.
Called_police	The perpetrator called the police after committing the murder.
Attempt_escape	The perpetrator attempted to escape after committing the murder.

6.1.4. Data Analysis

The depth and detail of coverage of this dataset allows thorough analysis of the phenomenon of IPH in Italy, which has not previously been examined in such an exhaustive manner.

In study one, patterns and trends in the prevalence and occurrence of the different variables were explored using frequencies and descriptive analyses. This was done to provide base rate figures on the core characteristics and attributes of IPH in Italy, both to contribute to existing knowledge of the phenomenon, but also to inform empirical considerations in studies two and three. This data was then subjected to Smallest Space Analysis (SSA-I) in Hudap (Hebrew University Data Analysis Package). SSA-I is non-metric version of Multi-

Dimensional Scaling (MDS) that was developed by Guttman and Lingoes to analyse the relationships between different variables (Guttman, & Greenbaum, 1998). This procedure produces a visual output that allows the user to understand and to test the correlations between variables. The variables are represented on a geometric space, being positioned in accordance with a rank ordering of the degree of co-occurrence between each pair of variables across the sample. If two variables are close to each other, then they are strongly correlated with a high level of co-occurrence, and if they are far away from each other on the plot, then the correlation between them and level of co-occurrence is low. This representation enables the user to identify regional distinctions in the spatial plot which reflect different themes or sub-groupings of actions (Guttman, & Greenbaum, 1998). In this instance, the measure of co-occurrence used to rank order variable pairings was Jaccard's coefficient This identifies how frequently different variable combinations occurred in the same cases (Canter et al., 2004). In fact, Jaccard's coefficient is the most appropriate coefficient to deal with dichotomous data, since it takes account both of joint occurrence and joint non-occurrence (Canter & Heritage, 1990). The average Jaccard's coefficient score was calculated to identify the highest scores, which indicate the more frequent co-occurrences of variables. Lastly, Chi-Square tests were conducted on certain demographic characteristics, such as age group and relationship type, to evaluate any group differences.

6.2. Study 2 – IPH Variations

The second study explores the impact of contextual factors on the nature and characteristics of offences. These included the main offence classification (homicide vs. homicide-suicide), geographical and environmental factors, and the COVID-19 pandemic.

6.2.1. Data Sources

The part of the study concerning the variations, such as H-S cases or geographical differences, used the main dataset of 400 cases for the analysis into the differences in characteristics across the various subsets of offences. The different variations and subsets taken into account for comparative analysis are reported in the below table.

Table 14. Comparative Analysis

Subset 1	Subset 2
Homicide Offences	Homicide-Suicide Offences
Homicide-Suicide Offences	Homicide-Attempted Suicide Offences
Single-Victim Offences	Multiple Victims Offences
Offences by Area of Italy (north, centre and south)	
Offences by Region of Italy	
Offences committed in Cities	Offences committed in Towns

The analysis exploring the impact of the COVID-19 pandemic compared information collected about the nine IPH cases that occurred during the first phase of the COVID-19 lockdown in Italy with information from the sample of 400 Italian IPHs collected pre-COVID-19. Data on the nine COVID-19 lockdown cases that were committed between the 9th March and the 18th of May 2020 (when the lockdown restrictions were eased in Italy) was collected from open sources, specifically news articles that had been published online. For each case, it was possible to retrieve at least three articles from reputable news sources (e.g. Ansa, La Repubblica, and Il Corriere), which were used to ensure the reliability and

completeness of information. The data collection process for this sample followed an equivalent approach to that taken in compiling the larger dataset of 400 pre-pandemic cases. The coding used for case features and known risk factors was standardized and used the same content dictionary as the larger dataset, to ensure the consistency and comparability of the data. Despite the low number, only Italian cases were selected for the data collection of COVID-19 lockdown cases to enable comparisons to be made between the two data sets.

6.2.2. Data Analysis

The potential changes in characteristics across the different subsets were analysed using chi-square tests. For the comparison of the COVID-19 lockdown cases, descriptive statistics were used to compare the features of the offenses, the perpetrators, and the victims. Luckily, only 9 cases were committed and reported in the media during the first lockdown in response to the coronavirus pandemic. However, to be able to conduct more complex analyses a larger dataset of COVID-19 cases would have been needed. In addition to the comparison between the COVID-19 lockdown cases and the 400 IPHs dataset, figures for cases from the main sample that happened in the period from the 9th of March to the 18th of May in previous years were also compared with those from the COVID-19 sample, to control for potential temporal and seasonal variations.

6.3. Study 3 – Risk Assessment and Practitioners' Perspectives

The first part of study three visually compared the risk assessment tool Domestic Abuse, Stalking and Honour Based Violence (DASH) with the cases of IPH to map the different

risk factors considered in the DASH with those identified from the existing cases. Then, in order to examine the perceptions of IPH and how these perceptions can affect the way cases of violence towards women are dealt with, study three used a questionnaire directed at professionals working in centres dealing with cases of DV and IPV to collect data on risk perception and management. Questionnaires were selected over interviews to be able to reach a larger number of professionals, which were from around 90 organisations that work with victims of DV and IPV. The aim of this third study is to verify through the administration of a questionnaire (Appendix 2) the presence of common IPH misconceptions, myths and biases in the perceptions of professionals working on cases of Intimate Partner and DV.

6.3.1. Material

The DASH risk assessment tool, which aims to determine risk of potentially lethal violence, was used in the first part of this study together with the dataset of 400 IPHs used in study one and two. The DASH was chosen for this visual analysis because it is a tool that is used very frequently, especially in the UK, and it uses risk factors contained in other risk assessments compiled after a response to a DV or IPV incident. Moreover, although presenting analogous structures and including similar factors, the two main tools used in Italy were not chosen for direct comparison for different reasons: the SARA-S was not chosen because it mainly uses interviews with victims and perpetrators for its compilation rather than observations, and the EVA was also not used for comparison since it is primarily used for record keeping and judicial proceedings rather than assessing risk. Even though the validity of the DASH has been called in question, the tool still provides a useful

framework for respondents to incidents of IPV to recognise potential stressors and risk factors (Chalkley & Strang, 2017; DASH, 2021; Turner et al., 2019). Lastly, the fact that the DASH presents a similar structure and includes similar risk factors compared to the tools in Italy (e.g. SARA-S, ISA, EVA) facilitates a visual comparison between the characteristics of IPH in Italy and the factors included in this risk assessment tool.

The DASH is composed of 4 main sections that are meant to be compiled by trained professionals that are involved with responding to domestic abuse cases (*DASH*, 2021). The first section is called "current Situation" and asks questions about, for example, the fear of the victim towards the perpetrator, whether the victim feels isolated or has suicidal thoughts, whether the victim has tried to separate from the perpetrator, or if there are instances of stalking. The second part is called "Children/Dependents" and asks the victim about the presence of children/dependents and threats or violence towards them. This section can be skipped in cases in which the victim has no children or dependents. The third section is titled "Domestic Violence History" and it includes questions on the escalation of abuse, threats and use of weapons, previous violence towards other people or pets. The fourth section is called "Abuser(s)" and asks the victim questions regarding the abuser, for example about financial issues, mental health issues, dependency from alcohol or drugs, previous convictions. Then, all cases should be assessed for the risk posed to the victim, which can be Standard, Medium, or High. Next, the tool provides additional questions to ask in case of stalking and honour-based violence. The compiling officer should then choose whether to refer the case to the Multi Agency Risk Assessment Conference (or MARAC) and the DASH ends with a recommendation to adopt the RARA model (Remove

the risk, Avoid the risk, Reduce the risk, or Accept the risk) when preparing plans to ensure the victim's safety.

The questionnaire to gather the perceptions of practitioners was administered using Qualtrics, a platform to collect and analyse data, as per University's policy and recommendation. It should be noted that the questionnaire and all related documents were initially formulated in English, in order to facilitate the review from the PhD supervisors, and were then translated in Italian under the assumption that it would help the comprehension of Italian speaking professionals. The questionnaire was preceded by an information sheet and a consent form, and was followed by a debrief. The information sheet explained the purpose of the study, the reasons for contacting the chosen organisations, participants' rights, the modality of the questionnaire and number of questions, the assurance of anonymity, an account of how the information will be used, and contact details of the researcher and PhD supervisors. The consent form was a standard form to express consent and acknowledgment of the fact that the participants were informed of the purpose and parameters of the research and their participation in the questionnaire. The debrief thanked the participants for their contribution to the research, restated their right to withdraw from the study until they submitted the response, gave advice in terms of seeking free psychological support, and provided again the contact of the researcher and the supervisors.

The questionnaire itself was composed of a total of 28 questions and is divided in three main parts. The first part consisted of 5 questions on perceived general characteristics of

IPH, with different options being provided for each question. This part was devised based on the frequencies of case characteristics examined in the first study. The first two questions addressed the type of relationship between offenders and victims, and participants were asked to indicate who is most and least likely to commit IPH out of the following options: partner, ex-partner, husband, ex-husband, and a lover. The third question asked professionals to indicate what is, in their opinion, the most common method of killing in IPH. The options provided were stabbing, shooting, strangulation, beating, and suffocation. In the fourth question, participants were asked to indicate which motive they believe to be the most common trigger for IPH. The possible motives listed in the questionnaire were separation, financial reasons, depression, and illness of one or both partners. The fifth and last question concerned the age difference between the current or former intimate partners and the options presented were: the same age, five or more years difference, and ten or more years difference.

The second part was made up of 18 questions designed to analyse perceived risk factors and characteristics of the offence. This section was based on commonly perceived risk factors identified from the existing literature and asked the participant to rate by selecting a percentage the probability that a given factor or a characteristic is associated with IPH. The first question of this section asked participants to indicate in terms of percentage how many homicides are followed by the suicide of the perpetrator and the second concerned the number of cases in which other victims are killed in addition to the current or former intimate partner. The questions from three to six asked participants to rate which percentage of IPH are preceded by the following behaviours of the perpetrator: physical violence,

psychological violence, threats, and stalking. The seventh question asked anti-violence centres professionals to rate the likelihood of the victim having previously reported the perpetrator to the police or having talked about it with family and friends. Question eight asked the participants what the percentage is, in their opinion, of couples in cases of IPH who have children, question nine asked in how many cases either partner had an affair, and question ten asked how frequently are either of the partners unemployed. The eleventh question asked participants to express the percentage of IPH perpetrators who have a previous conviction. This was further explored in question twelve, which asked the most common type of conviction presenting the following options: stalking, DV, murder, attempted murder, sexual violence, drug dealing, and robbery. Questions thirteen and fourteen asked the participants to rate the percentage of victims and perpetrators who use drugs, questions fifteen and sixteen asked how many victims and perpetrators have problems with alcohol abuse, and the last two questions, seventeen and eighteen, asked participants how many victims or perpetrators suffer from mental health issues.

The third and last part of the questionnaire included a description of five scenarios followed by a question that asked the participants to rate the likelihood of the female character to be a victim of IPH. The scenarios are actual cases taken from the main dataset of 400 cases and present very different characteristics and potential risk factors among them. These cases were chosen to verify how perceptions identified in the first two sections shape the participants' judgement and which factors were assessed as more influential in determining the likelihood of lethality. The first scenario proposed was the following: "*He is a 34 year old truck driver and she is a 45 year old primary school teacher. He has previous*

convictions for smuggling and property crimes. They used to be married but now they have been separated for a little less than 2 years, and he does not accept the end of their relationship". The risk factors included in this case are the age difference of over 10 years in the couple, the previous convictions – although unrelated to DV – of the offender, the separation, and the difficulty of the perpetrator to accept the separation from the victim. The second scenario stated: "*He is a 27 year old butcher and she is a 22 year old mother. They used to live with each other but now their relationship is over. They have a 2 year old daughter. The couple fought several times regarding the paternity of the child, and the mother reported 3 times to the police her ex-partner following these fights"*. The factors portrayed in this case are the recent end of the relationship, the fights over custody of the child, and the fact that the offender was reported due to these arguments. The third scenario was the following: "*He is an 81 year old former construction worker and she is an 80 year old pensioner. They are married and they have been together for 60 years. Their children are grown-ups who work and have their own families. She is bedridden due to several illnesses and her husband takes care of her. He has been depressed for a year and has been recently discharged by the psychiatric ward of a hospital"*. This case presents an example of a potential mercy killing, in which the wife is sick, the husband is the main carer, and he has been suffering from mental health issues. The fourth scenario stated: "*He is an unemployed 35 year old who does occasional work and she is 38 years old. She has two children from a previous relationship. The police confiscated his driving licence multiple times for drunk driving. They both have problems with alcohol and they have frequent fights"*. The potential risk factors in this fourth scenario are the unemployment of the offender, the frequent fights, and the alcohol abuse. The fifth scenario was the following:

"*He is a 45 year old carabiniere (military police*[5]*) and she is 37 years old and works in a law firm. They are married and they have an 11 year old son. He has two degrees and he often takes care of a sick relative. Years ago, he was treated for depression and he completely recovered"*. The factors presented in this case are the age difference and the previous mental health issues of the offender. The fact that he is a law enforcement official indicates that he likely has access to a firearm due to his job and this represents an additional risk factor.

6.3.2. Sample Selection

Around 90 organizations that work with victims of DV and IPV were contacted to participate in the online questionnaire. The first organisations were chosen following a search through open sources to identify the major organisations that operate at a national level. Then, in order to best capture the situation in the country and to reach a more substantial sample size of practitioners, another open source research was conducted to identify as many organisations and anti-violence centres as possible. The organisations and centres selected, therefore, operate at a national, regional, and local level and their participation was sought out to provide a comprehensive and complete account of risk assessment perceptions throughout the country. A total of 152 email addresses of organisations were selected to reach out to gather participants as questionnaire recipients. These organisations mainly include anti-violence centres and organisation that work with victims of IPV and DV. The vast majority of the organisations (93%, N=142) offer

[5] The explanation of the meaning of carabiniere is not present in the version of the questionnaire translated in Italian.

telephone support, 95% (N=145) offer psychological support, 95% (N=145) offer legal counselling, 79% (N=120) offer employment support, and 48% (N=73) offer shelter facilities for IPV and DV victims. 55% of the 152 organisations (N=83) also conduct data collection for record keeping and to understand the phenomenon. The majority of the organisations contacted (48%, N=72) are located in the north of Italy, followed by the south (30%, N=46) and, lastly, by central Italy (22%, N=34). As shown in Figure 2, 13% of organisations (N=19) are located in the region of Lombardia, 10% (N=15) in Piemonte, 9% (N=13) in Toscana, 9% (N=13) in Sicilia, 8% (N=12) in Emilia Romagna, 7% (N=11) in Lazio, 7% (N=11) in Veneto, 7% (N=10) in Puglia, 5% (N=7) in Campania, 4% (N=6) in Abruzzo, 4% (N=6) in Friuli Venezia Giulia, 4% (N=6) in Marche, 3% (N=4) in Trentino Alto Adige, 3% (N=4) in Liguria, 3% (N=4) in Umbria, 3% (N=4) in Sardegna, 3% (N=4) in Calabria, 1% (N=1) in Valle D'Aosta, 1% (N=1) in Basilicata, and 1% (N=1) in Molise. 20% of the organisations contacted (N=31) work also on a national level and many others are registered with national networks to ensure standards and consistency of services offered.

Figure 2. Map showing the locations of contacted organisations

Having identified contact details for the selected organisations, an email containing the link to the questionnaire was sent to each. The email included information about the researcher's background and an overview of the study. The purpose of the questionnaire was discussed, and a small description of it was also included. The email also contained a request to disseminate the questionnaire to colleagues that did not have direct access to the organization's email account. Potential participants were instructed not to use official statistics to answer the questionnaire but to compile their responses based on their perceptions and experience. Data protection principles were clearly stated and contact details for the researcher and the research supervisors were provided at the beginning and end of the questionnaire. The total number of responses received was 118, which means

that the response rate was 78%. However, since the organisations were encouraged to forward the questionnaire to all members and it is possible that multiple people from the same organization replied, the response rate by organisation is likely to be much lower. Moreover, not all respondents replied to all questions of the questionnaire.

6.3.3. Data Analysis

The risk factors considered and included in the DASH were mapped to conduct a visual inspection against the characteristics identified from the 400 IPH cases to verify whether the tools include factors and characteristics that frequently occur in Italian IPH cases. To determine this, where possible, the DASH factors were visually compared against the frequencies of those factors that were also identified in the cases of IPH to determine their prevalence in an existing sample of cases that escalated to homicide.

The responses provided by the anti-violence centres professionals to the questionnaire were extracted from Qualtrics after the closing of the questionnaire and the information obtained was then compiled in a separate dataset. The total number of responses obtained was 118, however not all participants completed all their answers to the questions. The percentage of complete questionnaires was 53%, which means that, on average, only 62 participants replied to all questions. The data was analysed and subsequently compared to the results obtained from the case analysis to ascertain whether the perceptions of professionals working in DV and IPV centres are reflective of reality and speculate on the possible effects on dealing with victims and prioritising cases.

The responses to the questionnaire were analysed using descriptive statistics on SPSS. Frequencies were used to analyse the professionals' perceptions on IPH and associated risk factors. The results of these descriptive statistics were then compared with the characteristics of IPH identified in the first two studies of the research to understand whether the perceptions of individuals working in anti-violence centres match the reality of existing cases. Lastly, tests were conducted to examine whether significant differences could be identified in the way practitioners assessed the risk posed by the five scenarios provided.

6.4. Ethical Considerations

Ethical approval was sought during the initial stages of this project. A first application form was submitted to the School Research Ethics Panel (SREP) of the School of Human and Health Sciences on the 17th of March 2016 (Appendix 1). The document included the aims of the research and only requested for permission to collect the data from the media. The second application form to SREP was sent on the 20th of June 2017 to request permission to supplement the data collected with open sources with a questionnaire to be sent to practitioners working in Anti-Violence Centres in Italy (Appendix 2). This request included as attachments the Information Sheet accompanying the questionnaire, the Consent Form, the Questionnaire itself, and the Debrief provided to the participants. Both applications were approved outright by the SREP (Appendix 3).

This next paragraph will briefly outline the main key ethical consideration that were examined regarding this study. In order to ensure anonymity and confidentiality, the responses to the questionnaires were anonymous and no identifiable information was collected or requested from participants. All the participants were given the right to withdraw without the need for explanation at any point until they submitted their responses, but not afterwards in order to avoid compromising their anonymity. Responses obtained did not contain identifying information, making the identification of specific answers difficult, and requesting to delete the data would have entailed having to write from personal emails, compromising the anonymity of the participant. The debrief included information on how to obtain free psychological support from a local ASL (Azienda Sanitaria Locale) in case the participants felt affected by issues raised by the research or the questionnaire. In terms of data storage, questionnaire responses were safely stored on the researcher's university k-drive in password protected files.

Lastly, due to the sensitive nature of the topic and high potential for vicarious trauma, the researcher developed a healthy work schedule, took frequent breaks during the processing of the cases, and discussed frequently with peers and supervisors about the research and its demands and challenges.

Chapter 7: Results

7.1. Study 1 – The Phenomenon of IPH

The results from the first study in this research, which focuses on the characteristics of the offences and the individuals involved in it, are broken down into the following four sections: IPH characteristics, SSA of offence characteristics, co-occurrence of characteristics in IPH, and demographic variations.

7.1.1. Part 1 – IPH Characteristics

To address objectives 1.1 and 1.2, descriptive statistics were utilised to understand the nature of the sample. The average age of victims within the sample was 46.6 years (N= 397, SD=17.63), with the youngest victim being 15 and the oldest 90. In terms of perpetrators' age; the average was 50.9 years (N=396, SD=17.25), with the youngest offender being 17 and the oldest 95. With regard to the average age of the couple; the most frequent age group was 35 to 44 years in 24.5% of cases (N=98), followed by 45 to 54 in 22% (N=88), 65 and over in 20% (N=80), 25 to 34 in 17.7% (N=71), 55 to 64 in 10.7% (N=43), and lastly 15 to 24 in 5% (N=20).

The perpetrator committed suicide in 32.5% (N=130) of cases and attempted suicide in 8.8% (N=35) of cases, giving a total of 41.2% (N=165) of the 400 cases involving attempted or completed suicide. Notes were left by the perpetrators in 13.9% (N=23) of cases where suicide was attempted or completed. In 19.8% (N=79) of cases the offender attempted to cover up the homicide by making it look like an incident (e.g. a fall) or a

robbery, and in 2% (N=8) of cases the offender, to hide his actions, attempted to make the homicide look like the victim had completed suicide.

Based on media descriptions and reports, offences appeared to be premeditated[6] in 23.8% (N=95) of cases. The perpetrator followed the victim before the murder in 7.2% (N=29) of cases. The body of the victim was moved from the original crime scene by the perpetrator in 11.5% (N=46) of cases, and it was hidden in 6.5% (N=26) of cases. In 1.5% (N=6) of cases the victim was killed while naked and was dressed or covered post-mortem by the perpetrator, and in 0.5% (N=2) of cases the offender photographed the victim's dead body after the offence. One offender (0.3%) announced the homicide and shared details of it on social media. In 1.8% (N=7) of cases the perpetrator started a fire to eliminate evidence of the murder.

In 2% (N=8) of cases perpetrators had an accomplice who helped at the time of the homicide or afterwards to conceal the offence. In 8.3% (N=33) of cases, an additional victim was killed besides the intimate partner by the perpetrator, and in 2.3% (N=9) of cases multiple additional victims were murdered. Therefore, in total, 10.5% (N=42) of homicides in the sample had more than one victim. The additional victims of the homicides were the children of the couple or of the victim or perpetrator in 6.8% (N=27) of cases, members of the victim's family in 2.8% (N=11) of cases, and the new partner of the victim

[6] As specified in the methodology, homicides were coded as premeditated when the source mentioned that there was evidence of premeditation (e.g. bringing a weapon to the crime scene, writing a note, etc.) or the perpetrator's confession indicates that the murder was premeditated.

in 1.3% (N=5) of cases. In 4.5% (N=18) of all cases other people were injured during the offence besides the intimate partner and perpetrator.

Regarding the time of the day when the offence was committed, most homicides (18%, N=72) were perpetrated in the morning, 12% (N=48) in the afternoon, 12% (N=48) in the evening, and 11.8% (N=47) at night. In 6.8% (N=27) of cases, the victim was asleep when she was killed by the perpetrator. In terms of the location of the homicide; in most cases (56.8%, N=227) the victim was killed in the home of couple, with 15.8% (N=63) killed in a public place, 14% (N=56) in the home of the victim, 5.5% (N=22) in a vehicle, 2.5% (N=10) in the home of the perpetrator, and 2% (N=8) in a remote location. The vast majority of homicides (72.8%, N=291) were committed in towns or smaller residential centres, while only 27.3% (N=109) of offences were committed in a city.

According to media reports concerning the potential motives of the homicides, in 32.3% (N=129) of cases the victim and perpetrator had a fight before the murder happened. The separation of the couple was reported as a motive in 30.8% (N=123) of cases, jealousy of the perpetrator towards the victims in 13% (N=52) of cases, illness in 10% (N=40) of cases, financial reasons in 9% (N=36) of cases, depression in 6.3% (N=25) of cases, religious reasons in 1.3% (N=5) of cases, and obtaining money from life insurance in 0.3% of cases (N=1).

In terms of modus operandi, the most frequent method of killing was stabbing in 34.5% (N=138) of cases, followed by shooting (30%; N=120), strangulation (14.5%; N= 58),

beating (13.5%; N=54), delivering a head blow (12.5%; N=50), burning the victim (4.3%; N=17), suffocation (3%; N=12), pushing the victim out of a window, down a building or a ravine (1%; N=4), pushing the victim down the stairs (0.8%; N=3), drowning (0.8%; N=3), asphyxiation (0.5%;N=2), and lastly starvation (0.3%; N=1). In 28.7% (N=115) of cases the victims were reported to have sustained multiple wounds, and in 6.3% (N=25) of cases, the victim was wounded on the face.

A knife was used as a weapon in 32.3% (N=129) of cases and firearms in 30% (N=120) of cases. Bare hands were used to commit the homicide in 19.8% (N=79) of cases, a blunt object in 15% (N=60), a string or rope in 4% (N=16), a pillow in 2.3% (N=9), gas in 1% of cases (N=4), a vehicle in 0.8% (N=3), and a plastic bag in 0.5% (N=2) of cases. Sleeping pills were used to sedate the victims in 0.8% (N=3) of cases. The victim had tape placed on her mouth or had her mouth gagged by the perpetrator in 0.8% (N=3) of cases.

Concerning the relationship type between the perpetrator and the victim; in 56.5% (N=226) of cases the perpetrator was the husband of the victim, in 17.5% (N=70) they were the current partner of the victim, in 15.8% (N=63) the offender was the ex-partner, in 7.2% they were an ex-husband, and in 1.8% (N=7) of cases the relationship between perpetrator and victim was an affair. In 3% (N=12) of cases, the media reported that the couple had been together for less than a year. In 43.8% (N=175) of cases the perpetrator and victim were either in the same age or there was up to five years difference between them, in 29.8% (N=119) they had an age gap of 5 years or more, and in 20.8% (N=83) they had an age gap of 10 years or more.

To address objective 1.2, in terms of previous abusive behaviour within the relationship; the perpetrators had committed psychological violence in 22.8% (N=91) of cases. In 19.5% (N=78) they had previously committed physical violence, in 14% (N=56) offenders had threatened the victims, in 7.8% (N=31) they had stalked them, and in 1.3% (N=5) there was a previous homicide attempt. While in 27.3% (N=109) of cases the family and friends of the victims were aware of the abusive behaviour, the perpetrator was only officially reported to the authorities by the victim in 14.5% (N=58) of cases.

In couples with children (N=239), a child or the children were present at the time of the offence in 35.1% (N=84) of cases. In general, the couples involved in the IPH cases had children in 36% (N=144) of cases, just one child in 23.8% (N=95), and the victim was pregnant in 1.5% (N=6) of cases. The children were aged from zero to three in 13.3% (N=32) of cases in which the couples had children, three to eleven in 26.8% (N=64), eleven to eighteen in 14.6% (N=35), and over 18 in 33.9% (N=81) of cases. These were the children of the couple in 82.4% (N=197) of cases in which the couples had children, of the victim in 16.7% (N=40), and of the perpetrator in 5.8% (N=14).

Key perpetrator and victim characteristics are presented in Table 15, below.

Table 15. Perpetrators and Victims Frequencies % (N)		
	Perpetrators	**Victims**
Foreigner	18.3% (73)	20.5% (82)
Older Partner	60.3% (241)	16.5% (66)
Cheating	3.3% (13)	1.5% (6)
Unemployed	13.8% (55)	4.5% (18)
Student	1.5% (6)	3.3% (13)
Sex Worker	-	0.3% (1)
Working class	11.3% (45)	3% (12)
Skilled-working class	10.5% (42)	1% (4)
Lower-middle class	15.3% (61)	16.8% (67)
Middle class	12.8% (51)	17% (68)
Upper-middle class	6.5% (26)	4% (16)
Security/Law Enforcement	8.8% (35)	0.3% (1)
Health professionals	0.5% (2)	8.5% (34)
Previous convictions	20% (80)	-
Stalking	4% (16)	-
Domestic violence	5.8% (23)	-
Murder	0.8% (3)	-
Attempted murder	2.5% (10)	-
Sexual violence	1.8% (7)	-
Drug dealing	1% (4)	-
Robbery	1.5% (6)	-
Smuggling	0.5% (2)	-
Drug use	2.3% (9)	1% (4)
Alcohol abuse	3.5% (14)	2.5% (10)
Gambling	0.8% (3)	-
Mental issues	8% (32)	2.5% (10)
Depression	8.8% (35)	-
Saved child	1.3% (5)	-
Confessed	14.5% (58)	-
Called police	11% (44)	-
Attempt escape	8.8% (35)	-

In terms of nationality; 20.5% of the victims and 18.3% of the perpetrators were non Italian nationals. Perpetrators were the older partner in most cases (60.3%), and they were more likely to be cheating on their partner than the victims (3.3% compared to 1.5%). In terms of employment and socioeconomic status, more perpetrators (13.8%) were unemployed compared with victims (4.5%), and the most frequent social class was lower middle class for perpetrators (15.3%) and middle class for victims (17%).

Drug use, alcohol abuse and gambling are also more frequent in perpetrators compared to victims. Perpetrators were reported to use drugs in 2.3% of cases, abuse alcohol in 3.5%, and gamble in 0.8%. While the victims used drugs in 1% of cases, suffered from alcohol abuse in 2.5% of cases, and there were no reports of gambling among them. 20% of perpetrators had previous convictions, primarily for domestic violence (5.8%), followed by stalking (4%), attempted murder (2.5%), and sexual violence (1.8%). In terms of the behaviour of the perpetrator after the offence, in only 14.5% percent of media accounts was there a mention of the offender confessing after the homicide and in 11% of cases they called the police.

7.1.2. Part 2 – SSA of Offence Characteristics

To further address objective 1.1, an SSA was conducted. The three-dimensional solution was chosen for the SSA-I, as it was clearer in describing the pattern of the relationships between the variables. The coefficient of alienation was .15 and that indicates a good level of fit.

Figure 3. SSA on Offence Characteristics 1

A visual examination of this SSA shows a distinction between expressive and instrumental variables and offences. The expressive variables are located in the top half of the SSA and the instrumental ones in the bottom half. The characteristics located at the top are the ones that show the highest degrees of expressiveness, which decreases towards the centre of the plot where the variables start to reflect more the instrumental theme, which reaches its highest degree in the variables closest to the bottom of the plot. Table 16 below shows the variables located in the expressive and in the instrumental regions.

Table 16. Expressive and Instrumental Variables	
Expressive	**Instrumental**
Perp_home	Depression
Dressed_postm	Other_victim
Stairs	Other_victims
Car	Child_Children
Burned	Financial_reasons
Face_wounds	Illness
Accomplice	Her_family
Remote_location	Gas
Ex_husband	Asphyxiation
Other_injured	String
Public_place	Tape_mouth
Pushed	Fake_suicide
Followed_victim	Victim_sleeping
Vehicle	Note
Ex_partner	Plastic_bag
Jealousy	Religious
Beating	Suffocation
Multiple_wounds	Pillow
Body_moved	Social_media
Body_hidden	Sleeping_pill
Blunt_object	Starvation
Arson	Life_insurance
Head_blow	
Separation	
Knife	
Stabbing	

Fight
Night
Hands
Afternoon
New_partner
Premeditated
Morning
Attempt_murder
Attempted_murd
Drowned
Body_photgraph
Partner
Gun
Shooting
Homicide_suicide
Affair
Rifle
Husband
Child_present
Victim_home
Evening
Couple_Home
Strangulation

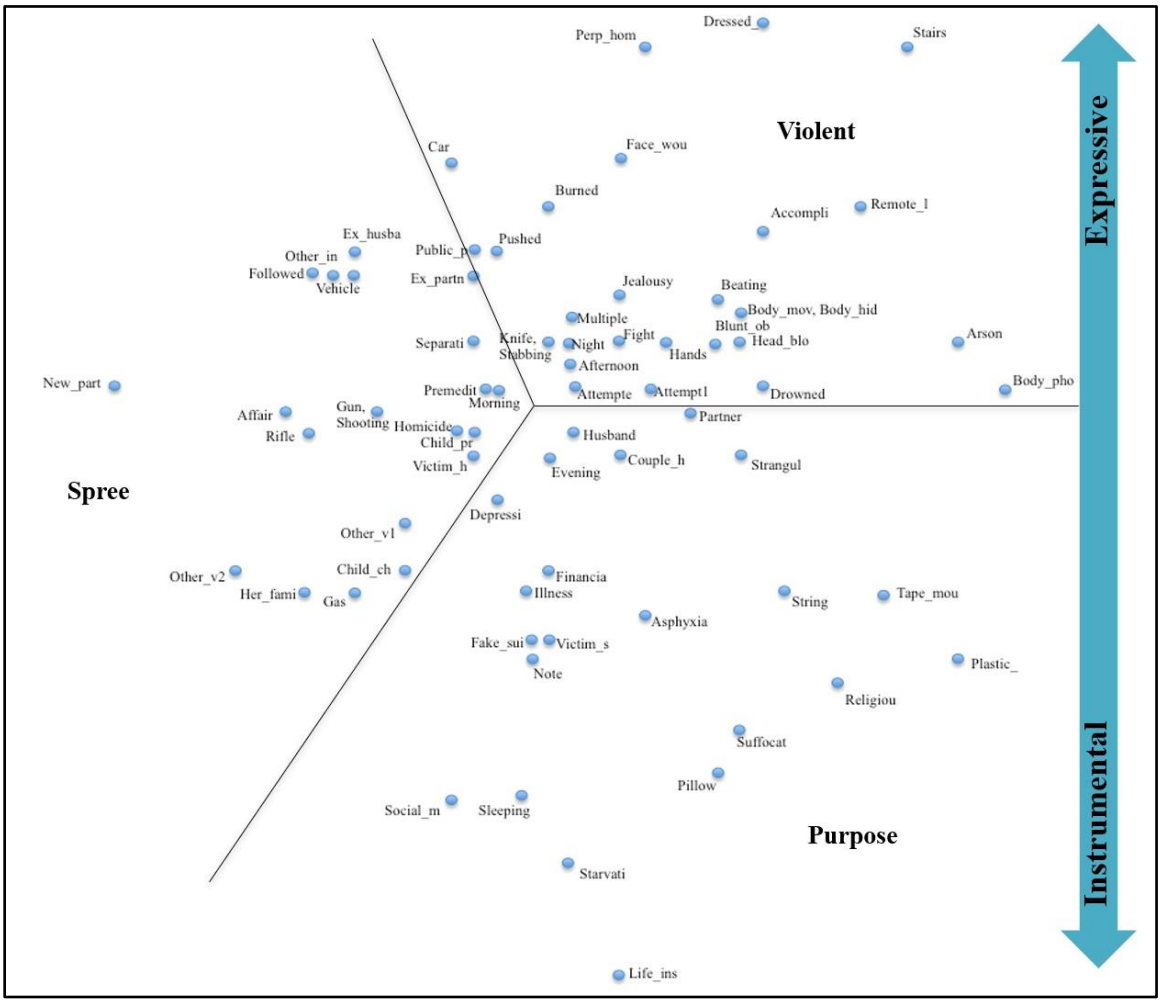

Figure 4. SSA on Offence Characteristics 2

In addition to the distinction between expressive and instrumental, three main themes could be identified through a visual examination of the plot: spree, violent and purpose. The variables present in the three regions are included in table 17 below.

Table 17. Thematic Areas		
Spree	**Violent**	**Purpose**
Ex_husband	Perp_home	Partner
Other_injured	Dressed_postm	Husband
Followed_victim	Stairs	Evening
Vehicle	Car	Couple_Home
Ex_partner	Burned	Strangulation
Separation	Face_wounds	Depression
New_partner	Accomplice	Financial_reasons
Premeditated	Remote_location	Illness
Morning	Public_place	Asphyxiation
Gun	Pushed	String
Shooting	Jealousy	Tape_mouth
Homicide_suicide	Beating	Fake_suicide
Affair	Multiple_wounds	Victim_sleeping
Rifle	Body_moved	Note
Child_present	Body_hidden	Plastic_bag
Victim_home	Blunt_object	Religious
Other_victim	Arson	Suffocation
Other_victims	Head_blow	Pillow
Child_Children	Knife	Social_media
Her_family	Stabbing	Sleeping_pill
Gas	Fight	Starvation
	Night	Life_insurance
	Hands	
	Afternoon	
	Attempt_murder	
	Attempted_murd	

Drowned
Body_photgraph

7.1.3. Part 3 - Co-Occurrence of Characteristics in IPH

To verify the co-occurrence of different variables and to address objective 1.3, Jaccard's coefficients were calculated for all pairs of dichotomous variables. The average value of Jaccard's coefficient for all variable pairs was 0.049, which was calculated to identify values that are higher than the norm to identify relevant co-occurrences of variables. This section of the results reports in the form of tables some of the highest scores, generally from 0.2 and above.[7]

[7] More information and the full table of Jaccard coefficients can be obtained by contacting the researcher.

Table 18. Jaccard's Coefficient for Offence Characteristics		
Variable 1	**Variable 2**	**Score**
Body Moved	Body Hidden	0.532
Other Victims	Child/ren as Victims	0.5
Homicide-Suicide	Shooting	0.429
Attempt to Cover Up	Body Moved	0.42
Homicide-Suicide	Husband	0.338
Premeditated	Separation	0.313
Homicide-Suicide	Perpetrator as Older Partner	0.31
Homicide-Suicide	Couple Home	0.298
Children Present	Child/ren as Victims	0.291
Attempt to Cover Up	Body Hidden	0.28
Premeditated	Shooting	0.28
Premeditated	Public Place	0.274
Homicide-Suicide	Premeditated	0.234
Fake Suicide	Sleeping Pills	0.222
Victim Cheating	New Victim's Partner as Victim	0.222
Body Hidden	Accomplice	0.214

The table 18 above presents the Jaccard's Coefficients for pairs of variables relating to characteristics of the offence. The pairings of variables with the highest scores include the variable indicating that the body was moved by the perpetrator and the one that the body was hidden, the presence of additional victims and children as corollary victims of the homicide, and H-S and shooting as a modus operandi.

Table 19. Jaccard's Coefficient for Time and Location		
Variable 1	**Variable 2**	**Score**
Couple Home	Husband	0.665
Town	Husband	0.465
Town	Shooting	0.305
Town	Homicide-Suicide	0.295
Couple Home	Stabbing	0.281
Couple Home	Fight	0.276
Victim Home	Separation	0.226
Public Place	Separation	0.224
Couple Home	Shooting	0.222
Couple Home	Multiple Wounds	0.221
Night	Victim Sleeping	0.213

Table 19 above shows the Jaccard's Coefficients for times and locations of the offence. The pairings of variables with the highest scores include the one indicating that the homicide was committed in the couple's home and husband as perpetrator type, the homicide being committed in a town or smaller settlement with husbands as perpetrators, and the homicide being committed in a town or smaller settlement and shooting as a modus operandi.

Table 20. Jaccard's Coefficient for Motive		
Variable 1	**Variable 2**	**Score**
Depression	Depression of Perpetrator	0.579
Illness	Victim Over 65 y.o.	0.42
Illness	Perpetrator Over 65 y.o.	0.354
Life Insurance	Sleeping Pills	0.333
Separation	Perpetrator as Older Partner	0.291
Fight	Stabbing	0.284
Separation	Children	0.265
Fight	Multiple Wounds	0.232
Jealousy	Foreign Victim	0.229
Separation	Shooting	0.227
Jealousy	Foreign Perpetrator	0.225
Fight	Foreign Perpetrator	0.224
Separation	Stabbing	0.22
Separation	Multiple Wounds	0.208
Separation	Previous convictions	0.208

Table 20 above reports the Jaccard's Coefficients for variables relating to the motive for the offence. The pairings of variables with the highest scores include depression as a motive with the depression of the perpetrator, illness as a motive with victims and perpetrators being over 65 years old, and the collection of life insurance as a motive with the use of sleeping pills.

Table 21. Jaccard's Coefficient for Modus Operandi and Couple Characteristics		
Variable 1	**Variable 2**	**Score**
Perpetrator Calling the Police	Perpetrator Confessing	0.522
Foreign Perpetrators	Foreign Victims	0.52
Stabbing	Multiple Wounds	0.497
Perpetrator's Alcohol Abuse	Victim's Alcohol Abuse	0.412
Victim's Alcohol Abuse	Victim's Drug Use	0.4
Perpetrator's Drug Use	Victim's Drug Use	0.3
Stabbing	Foreign Perpetrator	0.279
Perpetrator's Alcohol Abuse	Perpetrator's Drug Use	0.278
Asphyxiation	Sleeping Pills	0.25
Asphyxiation	Taped Mouth	0.25
Previous Drug Dealing Convictions	Previous Robbery Convictions	0.25
Head Blow	Body Moved	0.215
Gun	Perpetrator LEA/Security	0.2

Table 21 shows the Jaccard's Coefficients for variable pairings relating to modus operandi and characteristics of victims and perpetrators. The pairings of variables with the highest scores include the perpetrator calling the police and him confessing to the homicide, foreign victims being with foreign perpetrators, stabbing as a modus operandi and the infliction of multiple wounds, the combination of alcohol abuse and drug use on the part of the victims and perpetrators and the fact that the abuse of substances frequently co-occurs in both members of the couple.

Table 22. Jaccard's Coefficient for Previous Abuse

Variable 1	Variable 2	Score
Psychological Violence	Family Aware	0.786
Physical Violence	Psychological Violence	0.69
Physical Violence	Family Aware	0.67
Previously Reported	Previous Convictions	0.586
Stalking	Previous Stalking Convictions	0.516
Psychological Violence	Threats	0.515
Previously Reported	Family Aware	0.491
Threat	Family Aware	0.46
Physical Violence	Previously Reported	0.447
Family Aware	Previous Convictions	0.421
Physical Violence	Threats	0.411
Psychological Violence	Previously Reported	0.393
Threat	Previously Reported	0.373
Previously Reported	Previous DV Convictions	0.35
Stalking	Previously Reported	0.348
Threat	Stalking	0.338
Threat	Previous Convictions	0.336
Stalking	Family Aware	0.261
Family Aware	Children	0.254
Family Aware	Separation	0.247
Stalking	Ex-Partner	0.237
Physical Violence	Previous Convictions	0.236
Physical Violence	Previous DV Convictions	0.236
Family Aware	Perpetrator as Older Partner	0.232
Psychological Violence	Separation	0.223

Table 22 above shows the Jaccard's Coefficients for variables related to previous abuse committed by the perpetrator. The pairings of variables with the highest scores include

previous physical or psychological violence with the family of the victim being aware of the abuse, physical and psychological violence occurring together, and the offender being previously reported to authorities by the victim and the offender having previous convictions.

7.1.4. Part 4 – Age and Relationship Type Variations

To understand whether certain characteristics of the couple influenced other characteristics of the offence and to address objective 1.4, Chi-square tests were conducted with the age groups of the victims and perpetrators, the perpetrator type, and the age differences between the victim and perpetrator in the couple as IVs. Due to the number of variables tested together, Bonferroni's adjustment was used to determine significance. Bonferroni's adjustment was applied to account for the fact that 30 tests were run.[8]

[8] The corrected value for significance after applying the Bonferroni's adjustment is $p > 0.00161$ (0.05/31).

7.1.4.1. Age Group

Table 23. Average age group of the couple

	15-24	25-34	35-44	45-54	55-64	65+	Total	*P-value*
Total	20	71	98	88	43	80	400	
Separation	40%	41%	34%	43%	26%	5%	123	< .001
Depression	0%	1%	2%	2%	14%	18%	25	< .001
Illness	0%	0%	0%	2%	7%	44%	40	< .001
Partner	50%	23%	18%	16%	28%	0%	70	< .001
Ex-Partner	35%	31%	17%	15%	7%	1%	63	< .001
Husband	15%	34%	46%	58%	63%	95%	226	< .001
Physical Violence	40%	15%	26%	26%	7%	10%	78	0.001
Psychological Violence	55%	21%	27%	27%	16%	10%	91	< .001
Threat	40%	13%	17%	18%	7%	4%	56	< .001
Family Aware	60%	25%	33%	35%	14%	13%	109	< .001

The likelihood of an offender attempting to cover up the homicide decreased with age ($X^2(5)> = 18.29$, p = .003, phi = .21)[9]. This can be shown by the percentages, ordered by highest prevalence: 15-24 years old (40%), 25-34 years old (24%), 45-54 years old (24%), 35-44 years old (23%), 65+ years old (9%), and 55-64 years old (7%).

[9] This interaction was significant before the application of Bonferroni's adjustment.

Premeditated offences were likely to decrease with age ($X^2(5)> = 14.29$, p = .014, phi = .19)9. This can be shown by the percentages, ordered by highest prevalence: 15-24 years old (40%), 25-34 years old (34%), 35-44 years old (32%), 45-54 years old (28%), 55-64 years old (16%), and 65+ years old (14%).

Offences during which the victim was asleep were likely to increase with age ($X^2(5)> = 18.65$, p = .002, phi = .22)9. This can be shown by the percentages, ordered by highest prevalence: 65+ years old (15%), 55-64 years old (14%), 45-54 years old (5%), 35-44 years old (4%), 25-34 years old (1%), 15-24 years old (0%).

In terms of motive, the relation between age range and jealousy as a motive for the murder was significant ($X^2(5)> = 19.39$, p = .002, phi = .22)9. Jealousy as a motive was most likely to be found in 35-44 years old couples (22%), followed by 25-34 years old (17%), 55-64 years old (16%), 15-24 years old (15%), 45-54 years old (6%), and lastly by 65+ years old couples (4%). The motive of separation was approximately likely to decrease with age, with the exception of the 45-54 years old group that ranks first ($X^2(5)> = 36.43$, p < .001, phi = .3). This can be shown by the age groups ordered by highest prevalence: 45-54 years old, 25-34 years old, 15-24 years old, 35-44 years old, 55-64 years old, and 65+ years old. Depression as a motive was likely to increase with age ($X^2(5)> = 31.15$, p < .001, phi = .28). Illness as a motive was also likely to increase with age ($X^2(5)> = 128.52$, p < .001, phi = .57).

In terms of modus operandi, stabbing was likely to decrease with age ($X^2(5)> = 12.93$, p = .024, phi = .18)9. This can be shown by the percentages, ordered by highest prevalence: 35-44 years old (45%), 25-34 years old (41%), 15-24 years old (40%), 55-64 years old (35%), 45-54 years old (25%), 65+ years old (25%). The use of a knife as a murder weapon was likely to decrease with age ($X^2(5)> = 11.42$, p = .044, phi = .17)9. This can be shown by the percentages, ordered by highest prevalence: 15-24 years old (40%), 35-44 years old (40%), 25-34 years old (39%), 55-64 years old (35%), 65+ years old (25%), 45-54 years old (22%).

In terms of perpetrator type, partners as perpetrators were likely to decrease with age, with the exception of the group of 55-64 years old that results as second highest ($X^2(5)> = 36.28$, p < .001, phi = .3)9. This can be shown by the percentages, ordered by highest prevalence: 15-24 years old (50%), 55-64 years old (28%), 25-34 years old (23%), 35-44 years old (18%), 45-54 years old (16%), 65+ years old (0%). Ex-partners as perpetrators were likely to decrease with age ($X^2(5)> = 33.43$, p < .001, phi = .29). Husbands as perpetrators were likely to increase with age ($X^2(5)> = 82.38$, p < .001, phi = .45). Ex-husbands as perpetrators were more likely to be linked to the middle age groups ($X^2(5)> = 13.73$, p = .017, phi = .18)9. This can be shown by the percentages, ordered by highest prevalence: 35-44 years old (14%), 45-54 years old (9%), 25-34 years old (6%), 65+ years old (3%), 55-64 years old (2%), 15-24 years old (0%).

Concerning the perpetrator's abusive behaviour prior to the offence, physical violence was likely to decrease with age, with the exception of the 25-34 group ranking lower than the 35-44 and 45-54 years old groups ($X^2(5)> = 19.7$, p = .001, phi = .22). Psychological violence was likely to decrease with age, with the exception of the 25-34 group ranking lower than the 35-44 and 45-54 years old groups ($X^2(5)> = 22.19$, p < .001, phi = .24). Threats were likely to decrease with age, apart from the 25-34 group ranking lower than the 35-44 and 45-54 years old groups ($X^2(5)> = 22.26$, p < .001, phi = .24). Stalking was likely to decrease with age, with the exception of the 25-34 group ranking lower than the 35-44 and 45-54 years old groups ($X^2(5)> = 16.96$, p = .005, phi = .2)9. This can be shown by the percentages, ordered by highest prevalence: 15-24 years old (25%), 45-54 years old (11%), 35-44 years old (9%), 25-34 years old (7%), 65+ years old (3%), 55-64 years old (0%). Previous reports to law enforcement were likely to decrease with age, with the exception of the 25-34 group ranking significantly lower than the 35-44 and 45-54 years old groups ($X^2(5)> = 14.24$, p = .014, phi = .19)9. This can be shown by the percentages, ordered by highest prevalence: 45-54 years old (22%), 35-44 years old (20%), 15-24 years old (20%), 55-64 years old (9%), 25-34 years old (8%), 65+ years old (6%). The fact that the family of the victims was aware of the perpetrator's violent behaviour was likely to decrease with age, with the exception of the 25-34 group ranking lower than the 35-44 and 45-54 years old groups ($X^2(5)> = 27.83$, p < .001, phi = .26).

Lastly, homicide-suicide cases were likely to increase with age, with the exception of the 25-34 group ranking higher than the 35-44 and 45-54 years old groups ($X^2(5)> = 13.76$, p =

.017, phi = .18)9. This can be shown by the percentages, ordered by highest prevalence: 65+ years old (55%), 55-64 years old (47%), 25-34 years old (41%), 45-54 years old (38%), 35-44 years old (37%), 15-24 years old (15%).

7.1.4.2. Perpetrator Type

Table 24. Perpetrator Type

	Partner	Ex-Partner	Husband	Ex-Husband	Total	*P-value*
Total	70	63	226	29	388	
Homicide-Suicide	17%	48%	47%	38%	160	<.001
Premeditated	17%	49%	20%	45%	102	<.001
Separation	21%	73%	18%	66%	121	<.001
Illness	0%	0%	17%	3%	40	<.001
Threat	11%	30%	10%	21%	55	<.001
Stalking	1%	29%	3%	10%	29	<.001
Previously Reported	6%	33%	11%	24%	57	<.001
Family Aware	19%	48%	25%	28%	107	.001

Chi-square tests of independence were performed to examine the relations of a series of variables and the type of perpetrator (Partner, Ex-Partner, Husband, or Ex-Husband).

In terms of offence characteristics, ex-partners were the most likely to commit suicide after the homicide, followed by husbands, ex-husbands, and partners ($X^2(3) > = 21.44$, $p < .001$,

phi = .23). Moreover, ex-partners were the most likely to premeditate the offence, followed by ex-husbands, husbands, and partners ($X^2(3)> = 29.35$, $p < .001$, phi = .27).

In terms of motive, ex-partners were the most likely to commit the offence due to a separation, followed by ex-husbands, partners, and husbands ($X^2(3)> = 88.32$, $p < .001$, phi = .48). Depression as a motive was most likely to be found in husbands (10%), followed by ex-partners (2%), and partners (1%) ($X^2(3)> = 11.84$, $p = .008$, phi = .17)9. Husbands were the most likely to commit the homicide due to illness, followed by ex-husbands ($X^2(3)> = 28.56$, $p < .001$, phi = .27).

Concerning modus operandi, ex-husbands were the most likely to commit the offence by shooting at the victim (48%), followed by husbands (32%), ex-partners (30%), and partners (14%) ($X^2(3)> = 13.44$, $p = .004$, phi = .19)9. Partners were the most likely to commit the offence with a blow to the head (17%), followed by husbands (15%), ex-husbands (10%), and ex-partner (2%) ($X^2(3)> = 9.4$, $p = .024$, phi = .16)9. Partners were the most likely to kill their victims by using bare hands (34%), followed by ex-partners (19%), husbands (16%), and ex-husbands (14%) ($X^2(3)> = 12.15$, $p = .007$, phi = .18) 9.

In terms of previous abusive behaviour, ex-partners were the most likely to threaten the victim, followed by ex-husbands, partners, and husbands ($X^2(3)> = 18.34$, $p < .001$, phi = .22). Ex-partners were the most likely to stalk the victim, followed by ex-husbands, husbands, and partners ($X^2(3)> = 50.85$, $p < .001$, phi = .36). Ex-partners were the most

likely to have been previously reported, followed by ex-husbands, husbands, and partners ($X^2(3)> = 26.41$, $p < .001$, phi = .26). The family of the victim was most aware of the abuse when the perpetrator of the offence was an ex-partner, followed by an ex-husband, a husband, and partners ($X^2(3)> = 16.40$, $p = .001$, phi = .21).

7.1.4.3. Age Difference

Chi-square tests of independence were performed to examine the relations of a series of variables and the age difference between the two members of the couple.

In terms of motive, separation was likely to increase with the increase in age gap ($X^2(2)> = 7.12$, $p = .028$, phi = .14)[10]. This can be shown by the percentages, ordered by highest prevalence: ten years and over age gap (42%), five years and over age gap (32%), and same age or up to five years difference (26%). Financial reasons as a motive for the homicide were more likely in couples with a ten years and over age gap (12%), followed by those with the same age (11%), and 5 years gap (3%) ($X^2(2)> = 6.81$, $p = .033$, phi = .13)10. Offences motivated by illness were likely to decrease with the age gap between perpetrators and victims ($X^2(2)> = 9.88$, $p = .007$, phi = .16)9. This can be shown by the percentages, ordered by highest prevalence: same age (14%), five years and over age gap (12%), and ten years and over gap (1%).

[10] This interaction was significant before the application of Bonferroni's adjustment. For this association, the sample size requirement was not satisfied.

In terms of perpetrator type, ex-partners were more likely to be the offender with the increase of the age gap and this can be demonstrated by the percentages, ordered by the highest prevalence: ten years or more gap (25%), five years or more gap (18%), and same age (10%) ($X^2(2)> = 10.89$, p = .004, phi = .17)10. Husbands as perpetrators were likely to decrease with the increase in age difference between the couple ($X^2(2)> = 12.07$, p = .002, phi = .18) 10. This can be shown by the percentages, ordered by highest prevalence: same age (63%), five years or more gap (61%), ten years or more gap (41%).

In terms of previous abusive behaviour, stalking was more likely to be perpetrated in couples with an age difference of ten years or more (14%), followed by those with the same age (7%), and five years or more gap (4%) ($X^2(2)> = 7.15$, p = .028, phi = .14)9. The fact that perpetrators were previously reported is likely to increase with the age gap and this can be shown by the percentages, ordered by highest prevalence: ten years or more gap (25%), five years or more gap (12%), and same age (11%) ($X^2(2)> = 10.50$, p = .005, phi = .17)10. The family of the victim was most likely to be aware of the abuse in couples with an age gap of ten or more years (40%), followed by those with a five years or more gap (24%), and those with approximately the same age (25%) ($X^2(2)> = 7.93$, p = .019, phi = .14)9.

7.2. Study 2 – IPH Contextual Variations

To address the second aim, the second study focused on the contextual factors that affect the nature and characteristics of DH offences.

7.2.1. Part 1 – Offence Variations

To understand whether certain characteristics of the offence influenced other features of the crime or individuals involved in order to address objective 2.1, Chi-square tests were conducted on the type of homicide, the number of victims, and the geographical context of where the offences were committed. Due to the number of variables tested together, Bonferroni's adjustment was used to calculate an appropriate significance level. Bonferroni's adjustment was applied to account for the fact that 30 tests were run.[11]

7.2.1.1. Types of Homicide

The first set of Chi-square tests for this study focuses on the contextual differences posed by different homicide modalities.

[11] The corrected value for significance after applying the Bonferroni's adjustment is $p > 0.00161$ (0.05/31).

Comparison between Homicide and Homicide-Suicides

	Table 25. Homicide-Suicide		Total	*P-value*
	No	**Yes**		
Total	235	165	400	
Left Note	1%	12%	23	< .001
Attempt to Cover Up	32%	2%	79	< .001
Fight*	40%	21%	129	< .001
Depression	3%	12%	25	< .001
Illness*	6%	16%	40	0.001
Beating	20%	4%	54	< .001
Shooting*	17%	49%	120	< .001
Firearm*	17%	49%	120	< .001
Hands*	27%	9%	79	< .001
Partner*	25%	7%	70	< .001
Physical Violence*	27%	9%	78	< .001

*sample size requirement not satisfied

Chi-square tests of independence were performed to examine the relations of a series of variables and homicide type (homicide compared to homicide suicide).

In terms of offence characteristics, leaving a note was more likely to happen in cases of H-S, compared to cases of homicide ($X^2(1)> = 21.04$, $p < .001$, phi = .23). Attempts to cover up the homicide were more likely to happen in cases of homicide, compared to cases of H-S ($X^2(1)> = 56.98$, $p < .001$, phi = -.38). Premeditated offences were more likely in cases of H-S (33%), compared to cases of homicide (22%) ($X^2(1)> = 6.73$, $p = .009$, phi = .13)10. As can be seen from on the table above, homicides with multiple victims were more likely in cases of H-S (20%), compared to cases of homicide (10%) ($X^2(1)> = 8.39$, $p = .004$, phi = .14)10.

Concerning motives of the offence, fights were more likely to precede cases of homicide, compared to cases of H-S ($X^2(1)> = 16.66$, $p < .001$, phi = -.19)[12]. Depression as a motive was more likely to be linked to cases of H-S (12%), compared to cases of homicide ($X^2(1)> = 13.29$, $p < .001$, phi = .18). Illness as a motive of the homicide was more likely to be linked to cases of H-S, compared to cases of homicide ($X^2(1)> = 10.35$, $p = .001$, phi = .16)12.

Concerning the modus operandi, strangulation, suffocation and asphyxiation as a modus operandi of the offence was more likely to be used in cases of homicide (22%), compared to cases of H-S (10%) ($X^2(1)> = 8.93$, $p = .003$, phi = -.15)10. Beating was more likely to be the modus operandi in cases of homicide (20%), compared to cases of H-S (4%) ($X^2(1)> = 23.39$, $p < .001$, phi = -.24). Shooting was more likely to be the modus operandi in cases

[12] For this association, the sample size requirement was not satisfied.

of homicide suicide, compared to cases of homicide ($X^2(1)> = 48.74$, $p < .001$)12. Head blows were more likely to happen in cases of homicide (16%), compared to cases of H-S (8%) ($X^2(1)> = 5.48$, $p = .019$, phi = -.12)10. Firearms were more likely to be used in cases of H-S, compared to cases of homicide ($X^2(1)> = 48.74$, $p < .001$, phi = .35)12. The use of bare hands to kill the intimate partner was more likely to happen in cases of homicide, compared to cases of H-S ($X^2(1)> = 20.13$, $p < .001$, phi = -.22)12. Blunt objects were more likely to be used in cases of homicide (19%), compared to cases of H-S (9%) ($X^2(1)> = 7.69$, $p = .003$, phi = -.14)10.

In terms of perpetrator type, partners were more likely to commit homicide, compared to H-S ($X^2(1)> = 20.35$, $p < .001$, phi = -.23)12. Husbands were more likely to commit H-S (65%), compared to homicide (51%) ($X^2(1)> = 7.96$, $p = .005$, phi = .14)10.

In terms of previous abusive behaviour, physical violence was more likely to be found in connection with cases of homicide, compared to cases of H-S ($X^2(1)> = 19.39$, $p < .001$, phi = -.22)12. Psychological violence was more likely to be found in connection with cases of homicide (28%), compared to cases of H-S (15%) ($X^2(1)> = 9.23$, $p = .002$, phi = -.15)10. The fact that the victim previously reported the perpetrator for domestic violence to law enforcement was more likely to happen in cases of homicide (18%), compared to cases of H-S (9%) ($X^2(1)> = 6.63$, $p = .010$, phi = -.13) 10. Families were more likely to be aware of domestic violence in cases of homicide (33%), compared to cases of H-S (19%) ($X^2(1)> = 8.74$, $p = .003$, phi = -.15) 10.

Comparison between Homicide-Suicides and Homicide-Attempted Suicides

	Table 26. Homicide-Suicide or Attempted		Total	*P-value*
	Suicide	**Attempted**		
Total	126	35	161	
Stabbing	25%	57%	52	< .001
Shooting	56%	17%	77	< .001
Knife	23%	57%	49	< .001
Firearm	56%	17%	77	< .001

Chi-square tests of independence were performed to examine the relations of a series of variables and homicide-suicide type (homicide-suicide compared to homicide-attempted suicide).

In terms of modus operandi, stabbing was more likely to be linked cases of homicide-attempted suicide, compared to cases of H-S ($X^2(1)> = 12.624$, $p < .001$, phi = .28). Unsurprisingly, therefore, the use of a knife was more likely to be linked to cases of homicide-attempted suicide, compared to cases of H-S ($X^2(1)> = 15.068$, $p < .001$, phi = .3). Shootings were more likely to happen in cases of H-S, compared to cases of homicide-attempted suicide ($X^2(1)> = 16.874$, $p < .001$, phi = -.32)12. Similarly, firearms were more likely to be used in cases of H-S, compared to cases of homicide-attempted suicide ($X^2(1)> = 10.35$, $p < .001$, phi = -.32)12.

Comparison between Single-Victim and Multiple-Victim Offences

	Table 27. Other Victims		Total	*P-value*
	No	**Yes**		
Total	344	56	400	
Premeditated	22%	52%	106	< .001
Shooting*	27%	50%	120	< .001
Firearm*	27%	50%	120	< .001

*sample size requirement not satisfied

Chi-square tests of independence were performed to examine the relations of a series of variables and whether there were additional victims other than the intimate partner.

In terms of offence characteristics, attempts to cover the offence were more likely to happen in single victim cases, compared to cases with multiple victims ($X^2(1)> = 4.81$, p = .028, phi = -.11)10. Premeditated offences were more likely to be cases with multiple victims, compared to single victim cases ($X^2(1)> = 21.37$, p < .001, phi = .23). Fights were more likely to precede the murder in single victim cases (35%), compared to cases with multiple victims (18%) ($X^2(1)> = 6.17$, p = .013, phi = -.12)10.

Concerning modus operandi, strangulation, suffocation, and asphyxiation as modus operandi of the offence was more likely to be used in single victim cases (19%), compared to cases with multiple victims (7%) ($X^2(1)> = 4.48$, p = .034, phi = -.11)10. Shooting was more likely to happen in cases with multiple victims, compared to single victim's ones ($X^2(1)> = 12.4$, p < .001, phi = .18)12. Likewise, firearms were more likely to be used in cases with multiple victims, compared to single victim cases ($X^2(1)> = 12.4$, p < .001, phi = .18)12.

In terms of perpetrator type, partners were more likely to commit single victim homicides (19%), compared to homicides with multiple victims (7%) ($X^2(1)> = 4.84$, p = .028, phi = -.11)10. Lastly, H-S was more likely to be linked to cases with multiple victims (59%), compared to single victim cases (38%) ($X^2(1)> = 8.39$, p = .004, phi = .14)9.

7.2.1.2. Geographical Characteristics

The second part of study two focuses on the geographical context of the offence to address objective 2.2 of the research.

Comparison between Areas of Italy

Chi-square tests of independence were performed to examine the relations of a series of variables and the area of Italy in which the homicide was committed.

Victims were more likely to be murdered in their sleep in the North of Italy (10%), Centre (7%), South (2%) ($X^2(2)> = 7.79$, p = .020, phi = .14)9. Depression was more likely to be the motive in the North (10%), followed by the South (3%), and the Centre (2%) ($X^2(2)> = 10.60$, p = .005, phi = .16)9.

In terms of modus of operandi, stabbing was more likely to be the modus operandi in the North of Italy (42%), Centre (31%), and South (24%) ($X^2(2)> = 11.22$, p = .004, phi = .17)10. Similarly, knives were most likely to be used as murder weapons in the North of Italy (40%), followed by the Centre (31%), and the South (21%). ($X^2(2)> = 12.10$, p = .002, phi = .17)10.

Comparison between Regions of Italy

Chi-square tests of independence were performed to examine the relations of a series of variables and the regions of Italy.

Depression was most likely to be reported as a motive in the following top five regions, ordered by highest percentage: Piemonte (21%), Veneto (16%), Puglia and Sardegna (13%), and Lombardia (10%) ($X^2(18)> = 31.52$, p = .025, phi = .28)9. Homicides were most likely to be committed using bare hands in the following top five regions, ordered by highest percentage: Emilia Romagna and Puglia (38%), Calabria (36%), and Toscana and Basilicata (33%) ($X^2(18)> = 30.10$, p = .037, phi = .27)9.

In terms of perpetrator type, ex-partners were most likely to be perpetrators in the following top six regions, ordered by highest percentage: Umbria (30%), Abruzzo and Sicilia (29%), Lombardia (26%), and Friuli Venezia Giulia and Trentino Alto Adige (25%) ($X^2(18)> = 32.51$, p = .019, phi = .28)9. Husbands were most likely to be perpetrators in the following top five regions, ordered by highest percentage: Sardegna (88%), Marche (78%), Calabria (73%), Piemonte (71%), and Liguria (69%) ($X^2(18)> = 29.68$, p = .041, phi = .27)9. Ex-husbands were most likely to be perpetrators in the following top five regions, ordered by highest percentage: Abruzzo (57%), Trentino Alto Adige (25%), Friuli Venezia Giulia and Puglia (13%), and Marche (11%) ($X^2(18)> = 35.50$, p = .008, phi = .29)9.

Comparison between Types of Residential Areas

Chi-square tests of independence were performed to examine the relations of a series of variables and the type of residential area (town or city).

Financial issues were more likely to be reported as a motive for the offence in cities (14%) compared to towns and smaller settlements (7%) ($X^2(1)> = 4.15$, p = .042, phi = .1)[10].

Shooting was more likely to be the modus operandi in towns (33%), rather than in cities (22%) ($X^2(1)> = 4.54$, p = .033, phi = -.1)[10]. Logically, the same figures were obtained for firearm as a murder weapon. Head blows were more likely to constitute the modus operandi for the offence in cities (18%) compared to towns (10%) ($X^2(1)> = 4.69$, p = .030, phi =

.1)[10]. Lastly, the use of hands to commit the homicide was more prevalent in cities (28%) compared to towns (16%) ($X^2(1)> = 7.14$, p = .008, phi = .13)[10].

7.2.2. Part 2 – IPH during COVID-19

To address objective 2.3, this section presents the results concerning the analysis of the contextual differences that may affect offence characteristics that generated during the COVID-19 pandemic and related restrictions imposed, in the specific the first lockdown in Italy.

The case characteristics of the two samples are presented in Table 28.

Table 28. Offence Characteristics			
	COVID-19 Lockdown (09/03-17/05/2020) Sample (N=9)	**Pre-Lockdown Sample (N=400)**	**Pre-Lockdown - Same Period (N=84)**
Homicide	44% (N=4)	59% (N=212)	53% (N=45)
Homicide-Suicide	33% (N=3)	32% (N=128)	32% (N=27)
Attempted-Suicide	22% (N=2)	9% (N=36)	14% (N=12)
Additional Victims	11% (N=1)	11% (N=42)	10% (N=8)
Modus Operandi			
Shooting	44% (N=4)	30% (N=120)	32% (N=27)
Stabbing	33% (N=3)	35% (N=139)	24% (N=23)
Strangulation	11% (N=1)	15% (N=59)	19% (N=16)
Beating	11% (N=1)	14% (N=55)	8% (N=7)
Motive			
Separation	22% (N=2)	31% (N=123)	29% (N=24)
Jealousy	22% (N=2)	17% (N=68)	10% (N=8)
Fight	22% (N=2)	32% (N=129)	27% (N=23)
Financial	11% (N=1)	9% (N=36)	12% (N=10)
Illness	11% (N=1)	10% (N=40)	13% (N=11)
Area			
North	67% (N=6)	49% (N=194)	51% (N=43)
South	22% (N=2)	30% (N=120)	27% (N=23)
Centre	11% (N=1)	22% (N=86)	21% (N=18)
Location			
Couple Home	78% (N=7)	56% (N=224)	61% (N=51)
Public Place	11% (N=1)	16% (N=63)	12% (N=10)
Victim Home	11% (N=1)	14% (N=55)	19% (N=16)

During the initial COVID-19 lockdown there was an increase in the number of IPH cases followed by attempted suicide; twenty-two percent of the homicides during this phase of

the lockdown were followed by suicide attempts, compared to only 9% before the pandemic. However, the number of additional victims remained stable at 11%. In terms of modus operandi; shooting was the most frequent method of killing the intimate partner in the COVID-19 sample (44%), while only evident in 30% of the pre-pandemic cases, with stabbing being the most used method pre-COVID 19 (35%). It should be noted that stabbing (24%) and beating (8%) are much lower in the subset of offences for the same period of the lockdown in the pre-lockdown cases. Relationship separation and fights as a cause for or preceding the murder were less likely in the COVID-19 sample, while financial issues were mentioned in 11% of lockdown cases, and in 9% in the larger dataset. Most of the pandemic cases were committed in the north of Italy (67%), followed by the south (22%) and, lastly, the centre (11%). This is consistent with previous findings, but the difference between North and South was greater for the COVID-19 cases. The majority of cases during lockdown happened in the region of Lombardia (44%), and there was one case recorded in each of the following regions: Toscana, Sicilia, Piemonte, Trentino Alto Adige, and Sardegna. Lombardia was also the region with most cases in the larger pre-COVID-19 dataset, but accounted only for 17% of cases. As would be expected, during the lockdown, the most frequent location for the homicide was the home of the couple (78%), which represents an increase from 56% in cases occurring before the pandemic.

Table 29. Couple Characteristics			
	COVID-19 Lockdown Sample (N=9)	**Pre-Lockdown Sample (N=400)**	**Pre-Lockdown - Same Period (N=84)**
Relationship Type			
Partner	44% (N=4)	18% (N=70)	13% (N=11)
Husband	44% (N=4)	57% (N=228)	63% (N=53)
Ex-Partner	11% (N=1)	16% (N=63)	16% (N=13)
Age			
Perpetrators	48	51	54
Victims	48	47	50
Convictions	33% (N=3)	20% (N=80)	19% (N=16)
Stalking	11% (N=1)	4% (N=16)	2% (N=2)
Domestic Violence	11% (N=1)	6% (N=24)	8% (N=7)
Drug Dealing	11% (N=1)	1% (N=4)	0% (N=0)
Reported	22% (N=2)	28% (N=112)	44% (N=37)
Employment Status			
Perpetrators			
Employed	44% (N=4)	53% (N=213)	49% (N=41)
Unemployed	11% (N=1)	11% (N=45)	5% (N=8)
Retired	22% (N=2)	22% (N=89)	14% (N=24)
Victims			
Employed	56% (N=5)	57% (N=228)	64% (N=41)
Unemployed	11% (N=1)	4% (N=14)	10% (N=8)
Retired	22% (N=2)	15% (N=58)	29% (N=24)

Table 29 shows the characteristics of the perpetrators and victims, as well as their relationship status. In terms of relationship status between the victim and perpetrator, there was an increase in partners, rather than husbands, as perpetrators during the lockdown (44% of cases compared to 18% in the pre-COVID-19 dataset). The perpetrators were, on average, slightly younger in the lockdown cases (M = 48) compared to pre-pandemic ones (M = 51), while the opposite can be seen for the victims, who were slightly older (M = 48) in the COVID-19 lockdown sample than in the pre-coronavirus cases (M = 47). The perpetrators that committed IPH during the lockdown were more likely to have previous convictions (33%) than their pre-COVID-19 counterparts (20%). However, the lockdown victims were less likely to have made prior reports of abusive behaviour on the part of their partner to friends, family, or the police (22% vs 28%). It should be noted that this figure is much higher in the 09/03-18/05 period in the pre-lockdown sample with a 44% frequency. Regarding employment status, fewer perpetrators were employed during lockdown (44%) compared to before (53%), and unemployment rates were higher in victims in the lockdown cases (11%) compared to the pre-COVID-19 cases (4%). However, the victims' unemployment rate is similar to that of the 09/03-18/05 subset.

7.3. Study 3 – Risk Assessment and Practitioners' Perspectives

The analyses for the third study, which focuses on risk factors considered by existing tools and professionals' perceptions, can be divided in a comparison of the risk factors used in the DASH with results identified in Study 1 and the examination of the questionnaire responses of professionals working in Anti-Violence Centres.

7.3.1. Part 1 – Risk Assessment and the DASH

In order to address objective 3.1 and to determine whether risk assessment tools could be effective in the Italian context, the next section visually compares the factors included in the DASH with the frequencies identified in study 1. It should be noted that it was not possible to examine all factors due to the absence of comparison variables in the collected sample. Likewise, some factors of the DASH could possibly be represented by multiple variables in the present sample. In those cases, the DASH factor was repeated in table, for the purposes of comparison.

Table 30. DASH factors compared with Frequencies

	DASH Question	Frequency	Variable
Current Situation	5. Feeling depressed or suicidal thoughts?	2.5% (10)	Victim Mental Issues
	6. Separated or tried in past year?	30.8% (123)	Separation
	6. Separated or tried in past year?	23% (92)	Ex Partner + Ex Husband
	8. Constantly text, call, contact, follow, stalk or harass?	7.8% (31)	Stalking
	8. Constantly text, call, contact, follow, stalk or harass?	7.2% (29)	Followed Victim
Children/ Dependents	9. Pregnant or had baby in past 18 months?	1.5% (6)	Pregnant

	9. Pregnant or had baby in past 18 months?	8% (32)	0-3 Child
	10. Children, step-children that aren't in household?	10% (49)	Victim's Children
	10. Children, step-children that aren't in household?	3.5% (14)	Perpetrator's Children
	11. Hurt the children/dependants?	6.8% (27)	Child/Children
	17. Threatened to kill you or someone else?	14% (56)	Threat
	18. Strangle/choke/suffocate/drown you?	14.5% (58)	Strangulation
	18. Strangle/choke/suffocate/drown you?	3% (12)	Suffocation
	18. Strangle/choke/suffocate/drown you?	0.8% (3)	Drowning
	21. Hurt anyone else?	10.5% (N=42)	Multiple Victims
	21. Hurt anyone else?	4.5% (N=18)	Others Injured
Abuser	23. Financial issues?	9% (36)	Financial reasons
	24. Problems in past year with drugs, alcohol or mental health?	2.3% (9)	Drug Use
	24. Problems in past year with drugs, alcohol or mental health?	3.5% (14)	Alcohol Abuse

24. Problems in past year with drugs, alcohol or mental health?	8% (32)	Mental Issues
25. Threatened or attempted suicide?	41.2% (N=165)	Homicide-Suicide or Homicide-Attempted Suicide
27. Trouble with police or criminal history?	20% (80)	Previous Convictions

The first set of factors examined are the ones contained in the section about the current situation. The first question concerns the victims feeling depressed or having suicidal thoughts. This factor could be associated with the variable on victim's mental issues, which was only identified as present in 2.5% of cases. The next factor considers whether the victim had tried to or had separated in the past year. This factor could be compared with two variables or combination of variables: separation, which is present in 30.8% of cases, and ex-partner summed with ex-husband, totalling at 23%. However, these two variables do not consider the same time frame. The next factor examined is whether the victim had been constantly texted, called, contacted, followed, stalked or harassed by the perpetrator. This factor could also be compared with two different variables: stalking and followed victim, which were present in 7.8% and 7.2% of cases, respectively.

The next set of factors examined is included in the Children and Dependents section of the DASH. The first factor is whether the victims has been pregnant or had a baby in the past 18 months. This factor can be compared with two variables: pregnant (1.5%) and having a child aged 0 to 3 years old (8%), even though this does not completely fit with the 18-

month time parameter. The next factor asks whether there are children that are not part of the household. Although not fully compatible with the category included in the DASH, the presence of children who are not part of the household could be compared with the variables examining the existence of children that were conceived with previous or other partners: victim's children (10%) and perpetrator's children (3.5%). The factor that examines whether the perpetrator had hurt the children or dependents can be compared with the variable that looks at whether children were also killed during the offence, which was identified in 6.8% of cases. The factor asking whether the perpetrator had threatened to kill the victim or other people can be compared with the threat variable, which was present in 14% of cases. The factor looking at whether the perpetrator had ever tried to strangle, choke, suffocate or drown the victim can be compared with three different variables: strangulation (14.5%), suffocation (3%), drowning (0.8%). However, in the present study these abuse types were included as modus operandi variables. The last factor from the children/dependents section asks whether the perpetrator had ever hurt anyone else. This could be compared with two variables: multiple victims and others injured, which were present respectively in 10.5% and 4.5% of cases.

The last factors examined are contained in the Abuser section of the DASH. The first factor considered whether there were financial issues that may have been a motivating factor, and this factor could be compared with the variable looking at whether financial reasons were reported as a motive for the offence, which was the case in 9% of the current cases. The second factor examined in this section that considers whether there were problems in the past year with drugs, alcohol or mental health can be compared with three variables related

to the perpetrator: drug use (2.3%), alcohol abuse (3.5%), and mental issues (8%). The factor looking at whether the perpetrator had threatened or attempted suicide could be compared with the sum of the variables H-S and homicide-attempted suicide, which were found in 41.2% of cases. The last factor to be compared from this section concerns whether the perpetrator had previously been in trouble with the police or had a criminal history. This could be compared with the variable that measures the presence of previous convictions of the perpetrator; in 20% of the present cases the perpetrator was noted to have a criminal record.

The frequencies from study 1 were also examined to identify highly prevalent factors that are not included in the DASH but that could be useful to determine dangerousness for potential lethal violence in the Italian context. The first factors could be related to couples that reside in towns or smaller settlements, since most homicides are committed there (in 72.8% of cases). Shooting is a common modus operandi in 30% of cases. Hence, the availability of firearms should be considered in risk assessment tools. An age difference of 5 years or more also appears to be quite frequent, appearing in 50.5% of cases. Lastly, unofficial means of reporting, such as the victim discussing the abuse with friends and/or family, appeared to be a much more reliable factor, given that it is found in 27.3% of cases compared to the victim officially reporting the perpetrator to law enforcement agencies in only 14.5% of cases.

7.3.2. Part 2 – The Practitioners' Perspective

This section examines the responses provided by the professionals to the questionnaire that was sent to them to gather their perception on risk factors in order to address objective 3.2 of the research.

Ex-partners were viewed by the professionals as being the most likely perpetrators of IPH (33.9%), followed by partners (25%), husbands (23.2%), ex-husbands (16.1%) and lastly affairs (1.8%) (n=56, M=2.36, SD=1.09). As least likely to commit IPH, professionals have indicated affairs (92.9%), followed by partners (3.6%) and ex-partners and husbands (both 1.8%) (n= 56, M= 4.77, SD= 0.87).[13] These responses are inconsistent with the findings obtained from the sample of 400 IPHs that show that the most frequent perpetrator type was the husband in 57% of cases, followed by partners (18%), ex-partners (16%), ex-husbands (7%), and affairs (2%).

When asked about the most common modus operandi, professionals indicated first stabbing (53.6%), followed by strangulation (26.8%), beating (8.9%), suffocation and shooting (both 5.4%) (n= 56, M= 4, SD= 1.24).[14] Stabbing is indeed the most common modus operandi being used in 29.83% of cases, however it is closely followed by shooting in 25.75% of cases. Strangulation followed in 12.66% of cases, then beating (11.80%), and lastly suffocation, only used in 2.58% of cases.

[13] The values assigned to variable are the following: 1= Partner, 2= Ex Partner, 3= Husband, 4= Ex Husband, 5 = Affair.
[14] The values assigned to variable are the following: 1= Suffocation, 2= Shooting, 3= Strangulation, 4= Beating, 5= Stabbing.

As the motive for the homicide, separation was indicated as most likely (94.6%). Financial reasons was also indicated in 5.4% of answers (n= 56, M= 1.95, SD= 0.23). In fact, separation is the leading motive for homicide in the sample, appearing in 30.8% of cases. However, financial reasons seem to be the reason of the murder in only 9% of cases and it is preceded by jealousy (13%) and illness (10%). It is then followed by depression (6.3%), religious reasons (1.3%) and life insurance (0.3%).

When asked about the age difference of couples, professionals indicated five or more years of difference as the most likely (44.2%), followed by the same age (36.5%), and ten or more years of difference (19.2%) (n= 52, M= 1.83, SD= 0.73).[15] From the sample, same age is the most likely (43.8%), followed by five or more years of difference (29.8%), and ten or more years of difference in 20.8% of cases.

As the most common previous conviction, professionals indicated domestic violence in 75.9% of cases, stalking in 13%, and drug dealing in 11.1% of cases (n= 54, M= 2.31, SD= 1.36).[16] Professionals identified domestic violence and stalking as most common previous convictions, which is consistent with the findings from the sample. Domestic violence was the most likely previous conviction present in 5.8% of cases, followed by stalking (4%),

[15] The values assigned to variable are the following: 1= Same Age, 2= 5 or More, 3= 10 or More.
[16] The values assigned to variable are the following: 1= Stalking, 2= Domestic Violence, 3= Homicide, 4= Attempted Homicide, 5= Sexual Assault, &= Drug Dealing,7= Robbery.

attempted murder (2.5%), sexual violence (1.8%), robbery (1.5%), drug dealing (1%), murder (0.8%) and smuggling (0.5%).

The table below shows the answer of professionals to questions that asked them to rate, in their opinion, how common a factor is in IPH by indicating which percentage they believed was the closest to reality. Percentages were used in the questionnaire to facilitate visual comparison with the frequencies on characteristics of the Italian sample.

Table 31. Questionnaire Responses to Part 2

	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	n	M	SD
Homicide-Suicides	20%	26%	19%	19%	6%	7%	2%	2%	-	-	54	3.02	1.72
Multiple Victims	41%	30%	11%	11%	2%	2%	2%	-	2%	-	54	2.28	1.66
Physical Violence	-	2%	-	-	4%	-	7%	28%	35%	24%	54	8.54	1.46
Psychological Violence	-	-	-	-	2%	-	2%	22%	28%	46%	54	9.13	1.03
Threats	-	-	-	2%	6%	6%	4%	28%	30%	25%	53	8.4	1.49
Stalking	-	2%	4%	4%	6%	6%	20%	32%	17%	11%	54	7.46	1.87
Previously Reported	2%	17%	9%	17%	24%	9%	9%	7%	4%	2%	54	4.81	2.14
Children	-	-	2%	6%	17%	22%	24%	17%	13%	-	54	6.63	1.51
Affair	14%	23%	21%	12%	19%	4%	2%	6%	-	-	52	3.48	1.89
Unemployed	4%	17%	26%	13%	17%	13%	2%	8%	-	-	53	4.08	1.85
Previous Convictions	25%	23%	25%	9%	6%	11%	-	2%	-	-	53	2.92	1.75
Perpetrator Drug Use	28%	21%	26%	11%	6%	6%	2%	-	-	-	53	2.7	1.56
Victim Drug Use	62%	19%	15%	2%	2%	-	-	-	-	-	52	1.63	0.95
Perpetrator Alcohol	17%	11%	28%	13%	8%	13%	6%	2%	2%	-	53	3.66	2.03
Victim Alcohol	53%	12%	22%	10%	-	-	4%	-	-	-	51	2.08	1.47
Perpetrator Mentally Ill	30%	25%	11%	15%	6%	-	8%	4%	2%	-	53	3.02	2.18
Victim Mentally Ill	48%	23%	10%	12%	2%	4%	-	2%	-	-	52	2.17	1.59

Table 32. Questionnaire Responses to Part 2 Compared with Sample		
	Practitioners' Perspective	**IPH Sample**
Homicide-Suicides	30%	41%
Multiple Victims	23%	14%
Physical Violence	85%	20%
Psychological Violence	91%	23%
Threats	84%	14%
Stalking	75%	8%
Previously Reported	48%	28%
Children	66%	60%
Affair	35%	5%
Unemployed	41%	18%
Previous Convictions	29%	20%
Perpetrator Drug Use	27%	2%
Victim Drug Use	16%	1%
Perpetrator Alcohol	37%	4%
Victim Alcohol	21%	3%
Perpetrator Mentally Ill	30%	8%
Victim Mentally Ill	22%	3%

The percentage of cases in which the homicide is followed by a suicide chosen most frequently is 20%, followed by 10%. Other frequent answers were 30% and 40%. The average was 30%. In the sample, out of 400 IPHs committed, 41% are followed by the suicide of the perpetrator. The professionals consulted through the questionnaire correctly assessed the percentage of cases in which there were multiple victims indicating mostly

10% and in a lower number 20%, averaging at 23%. As shown from the findings gathered from the sample, in 14% of cases additional victims are killed besides the intimate partner. When asked about previous episodes of violence within the couple, professionals rated this factor as high with answers mainly ranging from 80% to 100%. This shows a clear difference with what was identified from the sample that indicates that previous episodes of violence occurred in 19.5% of cases. These results are very similar to those concerning psychological violence, which is only present in 22.8% of cases in the sample but is rated mainly between 80% and 100% by professionals. The same perception is reflected by the answers regarding threats, which is only present in 14% of cases from the sample. On the other hand, stalking appears to be considered slightly less frequent compared to the previously mentioned forms of abuse. Professionals mainly indicated that it happens 70-80% of cases, while the sample shows that it occurred in 7.8% of cases.

When asked about the frequency in which a victim discusses the violence with family or friends or reports it to law enforcement, the most common answer was 50% and most answers indicated percentages equal to or smaller than 50%. From the sample, these cases form 28% of the total. Professionals correctly identified the rates of couples that had children indicating 60-70% as their answer. The majority (60%) of the couples from the sample had children. Professionals indicated that one or both partners had extra marital affairs in 10% to 40% of cases, with the majority answering 20% and 30%. In the sample, only 5% of either partner had an affair. When asked about the unemployment rate, the most common answer was 30% and the average was 41%. In the couples from the sample, the rate of unemployment was 18% and males represented the largest part of this percentage. In

terms of previous convictions, the majority professionals indicated that perpetrators had them in 10% to 30% of cases, averaging at 29%. The perpetrators from the sample had previous convictions in 20% of cases.

According to the professionals working in centres dealing with DV, drug use amongst perpetrators mainly ranges from 10% to 30% and amongst victims around 10%. In the sample, these rates for perpetrators are 2.3% and for victims 1%. Regarding alcohol abuse, professionals indicated most commonly 30% for perpetrators and 10% for victims. However, the figures from the sample are 3.5% for perpetrators and 2.5%. When asked about the percentage of couples that had mental illnesses, professionals most frequently indicated 10% and 20% for perpetrators and 10% for victims. From the sample, perpetrators that reportedly had mental illness account for 8% of cases and victims for 2.5%.

The table 31 below reports the answers of professionals assessing, in their opinion, the level of risk for IPH given the circumstances. The scores go from 1 as being very likely to 5 as very unlikely. These are all cases from the sample and present different indicators and factors that could have affected the professionals' decisions.

Table 33. Questionnaire Responses to Part 3

	1. Very Likely	2. Likely	3. Neutral	4. Not Likely	5. Very Unlikely	n	M	SD
Case 1	6%	52%	27%	14%	2%	52	2.54	0.87
Case 2	27%	62%	10%	-	2%	52	1.88	0.73
Case 3	6%	39%	23%	27%	6%	52	2.88	1.06
Case 4	4%	48%	39%	10%	-	52	2.54	0.73
Case 5	-	15%	56%	19%	10%	52	3.23	0.83

Case 1 (Reference N.0411). He is a 34 year old truck driver and she is a 45 year old primary school teacher. He has previous convictions for smuggling and property crimes. They used to be married but now they have been separated for a little less than 2 years, and he does not accept the end of their relationship. The indicators or factors in this case are: the couple's age difference (more than ten years), the fact that both partners are employed, previous convictions of the perpetrators, the couple is married but separated, and the lack of acceptance of the end of the relationship from the perpetrator.

Case 2 (Reference N.0171). He is a 27 year old butcher and she is a 22 year old mother. They used to live with each other but now their relationship is over. They have a 2 year old daughter. The couple fought several times regarding the paternity of the child, and the mother reported 3 times to the police her ex-partner following these fights. The indicators

or factors in this case are: the couple's age difference (five years), the fact that the relationship is over, a 2 year old child, frequent fights, and the fact that the victim previously reported the perpetrator to LEA.

Case 3 (Reference N.0354). He is an 81 year old former construction worker and she is an 80 year old pensioner. They are married and they have been together for 60 years. Their children are grown-up who work and have their own families. She is bedridden due to several illnesses and her husband takes care of her. He has been depressed for a year and has been recently discharged by the psychiatric ward of a hospital. The indicators or factors in this case are: partners are more or less the same age, the fact that they are an elderly couple, the couple is married, they have children, they are dealing with illness, and the perpetrators had been suffering from depression.

Case 4 (Reference N.0104). He is an unemployed 35 year old who does occasional work and she is 38 years old. She has two children from a previous relationship. The police confiscated his driving licence multiple times for drunk driving. They both have problems with alcohol and they have frequent fights. The indicators or factors in this case are: the partners have more or less the same age, the unemployment, the driving offences of the perpetrator, the alcohol abuse, and the frequent fights.

Case 5 (Reference N.0277). He is a 45 year old carabiniere (military police) and she is 37 years old and works in a law firm. They are married and they have an 11 year old son. He has two degrees and he often takes care of a sick relative. Years ago he was treated for

depression and he completely recovered. The indicators or factors in this case are: the couple's age difference (more than five years), the fact that the perpetrator is law enforcement personnel, the couple is married, has a child, the perpetrator is highly educated, and he previously suffered from depression.

A Kruskal-Wallis test was conducted and a statistically significant difference was identified in the assessment of the five cases by practitioners ($\chi 2(4) = 61.96$, $p < 0.001$)[17]. The difference in the way participants assessed the different cases is large (r=3.84). The case that was assessed as most likely to end up in IPH is case number 2 (M=1.88), followed by cases number 1 and 4 (M=2.54), case number 3 (M=2.88), and lastly case number 5 (M=3.23).

[17] Bonferroni's adjustment was calculated and the updated significance value was $p < 0.01$ (0.05/5).

Chapter 8: Discussion

8.1. The Phenomenon of IPH in Italy

The first part of this research is focussed on the phenomenon of IPH in Italy and the identification of its characteristics.

8.1.1. Part 1 – IPH Characteristics

Some differences were noted between the characteristics of IPH in the Italian sample and those evident in the findings from previous research at national or international levels.

While international studies claim the average age of IPH perpetrators is from mid- to late thirties up to mid-forties (Garcia et al., 2007; Kivisto, 2015), the average perpetrators' age in the present sample was 50.9 years; much higher than international studies, but approximately consistent with previous Italian findings (EU.R.E.S., 2015; Garcia et al., 2007; Kivisto, 2015; Sebire, 2017). The mean age of the victims in this dataset was 46.6, which is also slightly higher than what found in previous studies conducted in Italy: an average of 45.5 years old (EU.R.E.S., 2015). US based studies claim that couples are more at risk in their twenties; however, the most common age group for the couple in Italy is from 35 to 44 years old (Garcia et al., 2007; Sebire, 2017). This difference could be due to cultural differences and the tendency to marry at a younger age in the US in comparison to Italy, likely due to the fact that Italians tend to leave their parental home and start their 'adult life' at a later stage compared to young adults from other countries (Billari & Tabellini, 2008; Bureau US Census, 2020; Statista Research Department, 2020). The most

frequent age group of the couple is much lower compared to the average age of victims and perpetrators, which could indicate that the average ages were increased by the presence of significantly older individuals. These older perpetrators and victims, who caused an increase in the age average, were likely involved in mercy killings, in which the perpetrator no longer feels like he can take care of the sick partner (Canetto & Hollenshead, 2001; Salari, 2007).

In the present sample, 32.5% of perpetrators committed suicide after the offence, which is consistent with the figure of approximately 30% reported in existing international studies (Matias et al., 2020). However, if attempted-suicides are also taken into account, this figure rises to 41.2%, which is consistent with existing findings of Italian studies but higher compared to those from international samples (Saccoccia et al., 2019). This could be explained by the higher mean ages of the couple and the presence of mercy killing cases, in which the suicide often follows the homicide (Bourget et al., 2010; Schwab-Reese & Peek-Asa, 2019). The fact that nearly 20% of offenders attempted to conceal the homicide by making it look like an accident, a robbery gone wrong, or a suicide raises questions about the potential number of undetected IPH cases. In fact, while these are cases in which the culprit was identified, there might be many others that are not identified due to the deliberate effort of the perpetrator to mislead the investigation.

In terms of the behaviour displayed by the perpetrator after the offence, the number of offenders handing themselves in to the police and confessing to the crime and the number

attempting to conceal the offence are consistent with previous findings (Saccoccia et al., 2019).

According to existing studies, IPHs are more likely to be premeditated compared to episodes of IPV and DV (Corradi & Piacenti, 2016; Goussinsky & Yassour-Borochowitz, 2012; UNODC, 2019), and an Italian study found that 38% of femicides are premeditated. The number of cases that were reportedly premeditated in this study's sample was 23.8%. However, the intentions of the perpetrator are not always known by the press, and therefore may not be reported. Perpetrators may also purposefully conceal their premeditation to obtain more lenient sentences.

The fact that 10.5% of homicides within the sample involved additional or corollary victims is compatible with the findings from an Italian study on femicide, which also reports this feature in 10% of cases (Saccoccia et al., 2019). This finding is in contrast with the belief that IPHs are frequently followed by the murder of additional victims, with figures for cases with additional victims reaching as high as 40% of all IPHs (Kivisto, 2015; Smith et al., 2014). This could indicate that IPH offences in Italy are more targeted towards the intimate partner rather than seeking the destruction of the entire household or the elimination of bystanders who may have also intervened to stop the offence (Manning, 2015; Smith et al., 2014). The most frequent type of additional victims are the children of the couple, which is consistent with existing studies (Kivisto, 2015; Smith et al., 2014).

Most (72.8%) of the IPHs in the present sample were committed in towns or smaller settlements, and this accords with findings from existing studies on IPH and also studies concerning severe forms of IPV (AbiNader, 2020; Reckdenwald et al., 2019). Moreover, the notion that most IPHs are committed in the home of the couple is confirmed by the fact that 56.8% of homicides in the sample committed in the shared residence (Adolfi et al., 2011; Belfrage & Rying, 2004; Corradi & Piacenti, 2016; Dobash et al., 2009; Leth, 2009).

The motives cited for the cases comprising the present sample are consistent with existing research, whereby separation is indicated as the most frequent trigger for the perpetrator to commit the offence (Adolfi et al., 2011; Goussinsky & Yassour-Borochowitz, 2012; Spencer & Stith, 2020). In terms of modus operandi, consistently with European studies, stabbing was the most frequent modus operandi (Adolfi et al., 2011; Aldridge & Browne, 2003; Belfrage & Rying, 2004; Campbell et al., 2007). This was closely followed by shooting. The risk posed by the availability of firearms is highly likely overlooked, even if Italy has the second highest rate of homicides committed with firearms compared to other G8 countries after the US (Il Sole 24 Ore, 2019[18]). Aldridge and Browne (2003) state that overkill is frequently associated with IPH and this feature, described by the presence of multiple wounds on the victim's body, occurred in nearly 30% of the present cases (Aldridge & Browne, 2003).

[18] Italian news outlet and reported as the source of the article

Consistent with previous Italian studies, IPH perpetrators were most frequently the husband of the victim (56.5% of cases). This figure is slightly higher than in previously reported findings amounting to 50% (Adolfi et al., 2011; EU.R.E.S., 2015). The next most frequent perpetrator type was the current partner of the victim, which means that, in Italy, women are more at risk of being killed by a current rather than a former intimate partner, even though separation or the threat of it is the main motive for this type of offence. In more than half of the cases, the perpetrators and victims had five or more years difference in their ages, which seems to be consistent with the claims that there is a higher risk of IPH when there is a larger discrepancy in terms of age (UNODC, 2019). Around 60% of couples in the sample had at least one child, which is reflective of findings from existing studies from other countries but higher than has previously been found in Italy (53%) (EU.R.E.S., 2015; Sillito & Salari, 2011). Further, consistent with results of an existing Italian study, most children of couples that were involved in IPH offences were under 18 (EU.R.E.S., 2015). The younger age of children could possibly be an additional stress factor in an already abusive relationship.

In terms of previous abuse within the relationship; only 14.5% of victims reported the offender for IPV. However, in 27.3% of cases, the victim informed their family and/or friends of the abusive nature of their relationship. This clearly indicates that victims are not very likely to submit formal reports in Italy, and that the social contacts of the victims are more likely to be aware of existing abuse than authorities. This finding could have an impact in terms of strategies regarding outreach and awareness campaigns, which could aim at minimising the risk of IPH by encouraging the individuals who are privy to the

abuse to recommend formal ways of reporting to the victim and guide them towards available support services.

The number of foreign victims is only slightly lower compared to the figures reported in previous studies which were over 20% (EU.R.E.S., 2015). This number is considered high in comparison with official numbers on foreign nationals living in Italy. However, the actual figures on foreign nationals living in Italy may be higher considering the existence of those who are living in the country and are not registered officially. Nonetheless, the fact that the number of foreigners in the sample is higher compared to their presence in the general population could be due to the lack of informal support systems, like family and friends, or the fact that these individuals found it difficult to integrate in a different society and experienced a culture clash, which is a phenomenon noted in the literature concerning IPH (Edelstein, 2013).

While international studies claim that a quarter to over a half of perpetrators have previous convictions (Belfrage & Rying, 2004; Eke et al., 2011; Kivisto, 2015), only 20% of the offenders in the present sample had previously been processed through the criminal justice system. It is possible that media outlets did not have information regarding previous convictions. However, these figures seem to be close to the ones obtained in previous Italian studies, potentially due to the prevalence of mercy killing cases (Corradi & Piacenti, 2016). Moreover, a known media strategy in Italy is to ignore issues that point to gender disparity and the perpetrator's need for control, and to depict the perpetrator either as a monster or as a problematic individual, such as having substance abuse problems, mental

health issues, or having a criminal past (Gius & Lalli, 2014). This means that background details like previous convictions are likely to be reported, if known. The same reasoning applies to mental health issues and problems with drugs or alcohol, which are much lower compared to figures cited in previous studies but more frequent in perpetrators than victims (Aldridge & Browne, 2003; Campbell et al., 2007; Capaldi et al., 2012; Garcia et al., 2007; Kivisto, 2015; Sebire, 2017).

The fact that more perpetrators in the sample were classed as unemployed compared with victims could constitute a risk factor in the sense that men who hold biased perspectives and beliefs about gender roles may feel threatened when being of a lower status compared to their intimate partners (Jewkes, 2002). Moreover, it is known that financial difficulties, poverty and unemployment are common stressors and risk factors for IPV and IPH (Campbell et al., 2007; Garcia et al., 2007; Hardesty & Ogolsky, 2020; Kivisto, 2015; Weizmann-Henelius et al., 2012).

8.1.2. Part 2 – SSA of Offence Characteristics

To understand the nature of IPH offences, the characteristics of offences were analysed using an SSA. Through a visual examination, a distinction was identified between expressive and instrumental actions. The characteristics present in the expressive theme showed a higher degree of violence towards the victim and included more violent modi operandi, such as arson, beating, blows to the head, drowning, the victim presenting facial wounds and/or multiple wounds, etc. Factors like separation or jealousy as motives and a

fight causing or preceding the murder are also present in the scene, which reflect the expressive theme. The fact that the variable indicating that the new partner of the victim was an additional victim of the homicide could indicate that it was a further attempt of the perpetrator to hurt the victim. Conversely, the instrumental theme presents characteristics that are linked objectives of the perpetrator rather than an expressed wish to hurt the victim. These characteristics include financial issues as a motive, illness as a motive that could be linked to mercy killing cases, religious reasons to commit the murder, and the wish to collect the victim's life insurance. The modi operandi in this theme also show a lower degree of violence, with death being inflicted by actions such as suffocation and asphyxiation. The use of gas and sleeping pills to sedate or kill the victim also suggest an attempt to try to conceal the homicidal act and possibly make it look like an accident, which is confirmed by the presence in this theme of the variable indicating that the perpetrator tried to disguise the murder as a fake suicide or an incident. These methods are also more gentle and not very violent in nature, which are likely to be associated with cases of mercy killings. While, in the expressive theme, additional victims included the new partners of the victim, the children of the couple and the family tended to be additional victims in the instrumental theme. This, coupled with motives like illness and financial issues, could indicate that the perpetrators felt unable to take care of his family and that this may have motivated the commission of the offence.

The SSA also enabled identification of three further potential themes. One theme was defined as spree, as it contains characteristics that seem to indicate the wish of the

perpetrator to kill additional victims, including himself, besides the intimate partner. These cases often involved the perpetrators travelling to multiple locations. This theme is also characterised by shooting as a modus operandi, which would facilitate the murder of multiple people and an act of suicide. The second theme identified was defined as violent and is located in the expressive half of the plot. This theme includes characteristics showing a high degree of violence such as the victim presenting with facial injuries and/or multiple wounds and modi operandi like beating, blows to the head, drowning, arson. Motives in this theme include jealousy, separation, or a fight. The last theme identified was defined as purpose as it primarily contained characteristics of an instrumental nature, such as illness, financial reasons or collecting life insurance as motives.

8.1.3. Part 3 - Co-Occurrence of Characteristics in IPH

To further understand the characteristics of IPH offences committed in Italy, this first study also examined the co-occurrence of factors in offences, perpetrators, and victims.

The first set of co-occurrences concern the characteristics of the offence. The fact that H-Ss and the premeditation of the offence frequently occur together confirms what has been suggested by existing studies, which claim that these offences are more likely to be premeditated by the offender compared to IPH cases only, since they also involve an act against the self (Carmichael et al., 2018). These types of offences are also linked to the home of the couple as a murder location, which is consistent with findings from existing studies (Liem et al., 2011). As indicated by previous research, H-Ss appear to co-occur

frequently with shooting as a modus operandi, likely because a firearm would facilitate the subsequent act of suicide (Bossarte et al., 2006; Eliason, 2009; Schwab-Reese & Peek-Asa, 2019). This type of offence also frequently occurs together with a husband as the perpetrator. H-Ss are more likely to be committed by older couples, who are more likely to be married compared to younger couples (Schwab-Reese & Peek-Asa, 2019). As would be expected, the variable indicating that the offender attempted to cover up the offence commonly occurs alongside the hiding and moving of the dead body. Moreover, accomplices are often involved when the dead body of the victim was hidden, which is likely to result from difficulties in transporting and concealing a corpse.

Premeditated offences are likely to co-occur with offences committed in a public setting, the separation of the couple, and shooting as a modus operandi. This could mean that the offences committed in public places are not necessarily due to casual encounters, rather to meetings that could have been organised by the victim to take place outside for the fear of being alone with the perpetrator without witnesses. The fact that shooting is linked with premeditation is also plausible given that it would require planning to obtain or bring a firearm to the crime scene, since it is not a weapon of opportunity that is frequently found in households or outside. The use of sleeping pills to kill or initially sedate the victims co-occurs with the perpetrator trying to make the homicide look like a suicide or his attempt to collect the victim's life insurance, as it is unlikely to leave visible signs of physical violence on the body of the victim, similarly to other poisoning methods (Below & Lignitz, 2003; Chandravanshi & Pal, 2018). As predicted by existing studies, the presence of additional victims in the homicide is frequently occurring with the children being additional victims of

the offence (Flynn et al., 2016; Manning, 2015; Sillito & Salari, 2011). The new partner of the victim being a corollary victim of the homicide frequently occurs together with the victim having an affair. This indicates that the perpetrator may have committed the offence to obtain revenge for the affair of the victim. This shows an excessively violent rection to jealousy and likely a need of the perpetrator to exert control of the victim.

Separation as a motive for the homicide is associated with the home of the victim and public places as locations of the offence, likely due to the couple not cohabiting anymore because of the separation. IPH offences committed in towns occurred together frequently with H-Ss, shooting as a modus operandi, and husband as a perpetrator. The high prevalence of shooting in rural areas could be due to the higher availability of firearms for hunting or security, which are also used frequently in cases of H-Ss (AbiNader, 2020; Bossarte et al., 2006; Eliason, 2009; Reckdenwald et al., 2019; Schwab-Reese & Peek-Asa, 2019). Moreover, the use of a gun as a weapon to commit the offence is frequently found to co-occur with the perpetrator working as a security guard or being a law enforcement officer, which can be explained by the fact that they have an easier access to firearms due to their line of work (Adolfi et al., 2011). A fight occurring before the homicide or as a trigger for the offence appears to be linked with stabbing and multiple wounds, which could indicate the anger felt by the perpetrator because of the argument and the spontaneous nature of the offence. Expressive crimes are often more violent and impulsive, and this type of violence is frequently associated with DV and IPV (Santtila et al., 2001). Illness as a motive is, as may be expected, associated with victims and perpetrators aged 65 years old and over. These are likely to be cases of mercy killings in which the partner kills the victim

because he is no longer able to care for her or to spare her from further suffering (Salari, 2007).

All forms of previous abuse within the couple (including physical and psychological violence, threats, stalking) are likely to occur together. These are also accompanied by previous convictions of different nature, but most likely related to IPV or DV. This is consistent with the fact that a strong predictor of IPH is previous IPV offences (Fraga Rizo et al., 2019). Moreover, previous abuse is also linked with the family being aware of the nature of the relationship and the offender being previously reported by the victim. This means that more could have been done to prevent these types of offences, even though they do not represent a large percentage of cases. Foreign perpetrators are likely to be paired with foreign victims, which indicates a lower number of mixed couples that could be due to the previously mentioned difficulty in integrating into a different society (Edelstein, 2013). When the perpetrators called the police after the offence, they were also likely to confess to committing the crime. This could be a sign of remorse and indicate an unplanned offence. When the perpetrator and victims were suffering from alcohol abuse, they were also likely to be drug users. Moreover, substance abuse was likely to affect both members of the couple, indicating patterns of an unhealthy relationship.

8.1.4. Part 4 – Demographic Variations

This part of the study examined the relationship between demographic factors (such as age, relationship status, and difference in age between the couple) and sets of variables describing characteristics of the offence.[19]

8.1.4.1. Age Group

Although the following three characteristics were not statistically significant following Bonferroni's adjustment, they could be interesting to understand the nature of the offences. Attempts to cover up the offence appear to be more likely linked to younger age groups and to decrease with age. Premeditation also decreases with age, showing that younger perpetrators demonstrate a higher level of planning and are more motivated to avoid detection compared to older offenders. This contradicts findings from the literature that state that IPH offences committed in younger couples tend to be more emotional and impulsive compared to those committed in older couples (Allen & Fox, 2013). The fact that murders that occurred while the victim was asleep tend to be more likely linked to older age groups can be explained by the presence in the sample of offences of those cases in which the perpetrator kills the partner due to illness or depression in the so-called mercy killing incidents; the fact that the victim is asleep could facilitate the commission of the act.

[19] Some of the results presented in this section are no longer significant due to the application of Bonferroni's adjustment. These have been mentioned when they presented interesting consistencies or inconsistencies with findings from existing studies.

Jealousy appears to be the most likely motive of the offence in middle aged couples (35-44), while separation as a trigger seems to decrease with age, perhaps couples may be less likely to break up after many years together. Depression and illness as motives appear to increase with age, which could also be linked with the killings of a sick partner due to the inability to care for them or to spare them for suffering (Canetto & Hollenshead, 2001; Salari, 2007).

In terms of modus operandi and weapon choice, stabbing and the use of knives tends to be more prevalent in younger couples and decreases with age. Although this result is not considered significant, it could be due to the amount of physical force required, which could make this a less feasible method for older perpetrators.

Regarding the relationship type, the prevalence of partners and ex-partners as perpetrators tend to decrease with age, while the opposite was seen for husbands. Ex-husbands tended to be most prevalent in the middle age groups, but this finding was not statistically significant following Bonferroni's adjustment. This is consistent with statistics on marital status and age in Italy that show that men tend to marry at average age of 35 and women of 32 (Statista Research Department, 2020).

The variables related to past physical or psychological violence, threats and awareness of the family of the perpetrator's violent behaviour were all more likely to decrease with age. Stalking and previous reports to law enforcement showed the same tendency, but they were not statistically significant after the application of Bonferroni's adjustment. However,

existing research states that spousal homicide in older age frequently stems from a continuation of DV into old age and the absence of indicator of past violence could also mean that the victim never reported the perpetrator (Bourget et al., 2010).

Although not statistically significant, H-S appears to increase with age, which is consistent with existing literature and ties in with cases of older carers for their partner that kill the spouse in cases of mercy killings (Bourget et al., 2010; Schwab-Reese & Peek-Asa, 2019).

8.1.4.2. Perpetrator Type

Ex-partners were the most likely to commit suicide after the homicide of the intimate partner, closely followed by husbands. While the suicide of husbands could be linked to mercy killing cases, since they are known to be often followed by suicide, the suicide of an ex-partner after the homicide could be attributable to the lack of acceptance of separation from the victims, which is a frequent motive for IPH (Bell & McBride, 2010; Cohen et al., 1998; Eliason, 2009; Flynn et al., 2016; Salari, 2007). In terms of premeditation, ex-partners and ex-husbands were the most likely to plan the offence in advance and, hence, it was most likely after the couple's separation, which is known to be the period with the highest risk of IPH (Dawson & Piscitelli, 2021; Garcia et al., 2007; Goussinsky & Yassour-Borochowitz, 2012; WHO, 2012). Husbands were more likely to commit the offence due to illness of either partner. This is consistent with potential mercy killings cases, which are committed by older perpetrators who are more likely to be married to the victims (Bourget et al., 2010; Schwab-Reese & Peek-Asa, 2019).

In terms of modus operandi, ex-husbands were the most likely to commit the offence by shooting the victim. This is compatible with the fact that ex-husbands are also likely to commit premeditated offences that are motivated by separation from the victim, since the offender would have to procure a weapon and bring it to the crime scene. On the other hand, partners and husbands were more likely to commit the homicide by delivering a blow to the head of the victim, which is consistent with less premeditated and more impulsive offences. Partners were also more likely to use their bare hands to commit the offence. However, these findings related to the modus operandi were not statistically significant due to the Bonferroni's adjustment.

Ex-partners and ex-husbands were those who most frequently threatened and stalked the victims, likely due to the fact that they were less able to exert control over the partner. Stalking is widely recognised as a form of controlling behaviour that, in the aftermath of the separation, is conducted as a way to control the former partner (Lynch et al., 2021; Mechanic et al., 2000). Furthermore, ex-partners and ex-husbands were more likely to have been previously reported for the abuse to law enforcement and to have been known by the family or friends of the victims because of their abusive behaviour. This could indicate that, since husbands and current partners are the most prevalent type of perpetrators, victims of abuse who are still in a relationship with the perpetrator are less likely to report the violence either officially or unofficially by speaking about it with their family and/or friends. Under-reporting, which is known for these types of offences, could be due to the wish to keep the

situation private and protect the perpetrator or to a distrust towards law enforcement and formal support systems (Carabellese et al., 2014; UNODC, 2019).

8.1.4.3. Age Difference

In terms of motive, separation as a main trigger for the homicide appeared to increase with an increase in age gap, which means that couples with a larger difference in age were more likely to be involved in offences motivated by a separation. This could indicate that couples with a larger age gap might be characterised by a possessive attitude and a higher need for control towards the partner. Indeed, it has been hypothesised by previous studies that men chose younger partners to enhance their own power in the relationship (Adebowale, 2018; Volpe et al., 2013). When the motive was related to illness, couples were more likely to be the same age and this motive type decreased with an increasing age gap. This could be due to the fact that illness was often reported as a motive in mercy killing cases and typically offenders were older but about the same age and feel they can no longer care for the partner (Salari, 2007).

While ex-partners were a more likely perpetrator with an increase in age gap, the prevalence of husbands as offenders was likely to decrease. Stalking, the offender being previously reported to law enforcement by the victim, and the victim's family being aware of the abuse all appear to be more prevalent in couples with a larger age gap. This could also suggest that relationships in couples with a bigger age gap are more possessive and controlling.

8.2. IPH Contextual Variations

The second study of this research focuses on examining the differences in IPH offences based on different contextual variations. In order to do so, this section analysed the variations in offence characteristics according to different homicide types, including H-Ss, homicide-attempted suicides, and those with multiple victims. Moreover, this study looked at how the geographical context affected and influenced offence characteristics. The last contextual variation examined in this section is the impact of the first COVID-19 lockdown in Italy on the nature and characteristics of IPH offences committed.

8.2.1. Part 1 – Offence Variations

This part of the study examined the relationship between contextual factors and sets of variables describing characteristics of the offence.[19] The findings from study 1 and this section of the second study could initially inform the recalibration of risk assessment tools to ensure that they are appropriate for the Italian context, taking specific risk factors into account to ensure the reliable assessment of cases.

8.2.1.1. Comparison between Homicide and Homicide-Suicides

As expected, the act of leaving a note following the offence was more frequent in cases of H-S, as this behaviour was usually linked to suicide cases. However, a German study analysing homicide suicides and the act of leaving a note found that notes were left in 40% of spousal homicide cases (Weeke & Oberwittler, 2018), while only 12% of offenders who committed H-S left a note in the present sample. This contrast could be due to cultural differences between the two countries. Perpetrators of H-S were less likely to attempt to

cover up the offence, for example by hiding the body or simulating a suicide of the victim, compared to the perpetrators of homicide only offences. This might be because suicide appears to happen immediately after the homicide, with a similar modus operandi, leaving no time to conceal the offence. Moreover, the offender would have no reason to conceal the offence to avoid detection, given his decision to end his own life. Although not statistically significant, H-S offences were slightly more likely to be premeditated compared to homicide offences, which is consistent with findings from existing literature (Carmichael et al., 2018; Dawson, 2005). Perpetrators of H-S were also more likely to kill additional victims besides the intimate partner, who in most cases were the child or children of the couple or of either partner (Flynn et al., 2016; Manning, 2015; Sillito & Salari, 2011). Although, this finding did not attain a level of statistical significance, it is still relevant given that it is in line with findings from existing studies, which claim that H-S offences are likely to involve additional victims (Manning, 2015).

In terms of motives, homicide only cases were more likely to be preceded or caused by a fight, which can be explained by the fact that H-S are more likely to be premeditated and therefore less likely to spur from a fight or a momentary impulse (Carmichael et al., 2018; Dawson, 2005). Depression and illness were more likely to be linked to homicide suicide, likely representing cases of mercy killings. All three of these elements grew in likelihood with increasing age, which is consistent with findings of existing studies that highlight that older perpetrators of H-S tend to be caregivers to ill spouses and are likely to suffer from depression (Bourget et al., 2010).

The results regarding the weapons used and the modus operandi were also consistent with existing literature. Shooting and the use of firearms were more likely to be linked to H-S, while methods such as strangulation, beating, use of a blunt object, and blows to the head are more likely to be used in homicide only cases. This can be explained by a conscious choice of the perpetrator in terms of the weapon to facilitate his subsequent suicide (Banks et al., 2008). Moreover, the use of modus operandi requiring physical contact and force are associated with unplanned and impulsive offences, and H-Ss are more likely to be premeditated (Carmichael et al., 2018; Dawson, 2005).

While partners were more likely to be linked to homicide only cases compared to H-Ss, husbands were more likely to commit H-Ss. This is consistent with findings from existing research indicating that perpetrators of IPH-S tend to be married or formerly married (Banks et al., 2008).

Previous physical violence was more likely to be present in cases of homicide rather than in cases of H-S. Other variables related to the perpetrator's past violent behaviour (psychological violence, previous reports to law enforcement and awareness of the family of the perpetrator's inclinations) were also more likely to be present in cases of homicide rather than in cases of H-S, although this difference did not attain the threshold of statistical significance. This can be partly explained by killings committed by older perpetrators linked to illness or depression, which are less likely to be preceded by violent behaviour. The fact that offenders who commit suicide are less likely to be known for previous violence is also consistent with existing findings (Belfrage & Rying, 2004).

8.2.1.2. Comparison between Homicide-Suicides and Homicide-Attempted-Suicides

Findings from the Chi-square tests that analysed H-S cases compared to homicide-attempted suicides in terms of weapon and modus operandi were as expected. The fact that shootings and the use of firearms were most frequently associated with cases of H-Ss and stabbings and the use of knives with homicide followed by attempted suicides is consistent with existing studies that show that firearms are linked to fatal offences and that firearms are the weapons of choice in cases of H-Ss (Barber et al., 2008; Bossarte et al., 2006; Eliason, 2009; Schwab-Reese & Peek-Asa, 2019).

8.2.1.3. Comparison between Single-Victim and Multiple-Victim Offences

In terms of crime characteristics, offenders who killed multiple victims were less likely to make attempts to cover up the offence compared to offenders that only killed the intimate partner. However, this observed difference was not statistically significant. The lack of body concealment in multiple-victim homicides might be due to the degree of effort that would be required to complete the task. Moreover, offences with multiple victims were more likely to be premeditated compared to single victim offences.

Although not statistically significant, fights preceding the homicide were more likely to occur in cases of a single-victim compared to multiple-victim homicide. This is consistent with the findings regarding premeditated offences: multiple-victim homicides do not seem to be caused by a spur of the moment impulse rather by a calculated effort.

Regarding the modus operandi, results were similar to those comparing homicide versus H-S offences. Homicides with multiple victims were more likely to be associated to shooting and the use of firearms, and less likely to be associated with methods involving physical contact or strength. This possibly reflects a conscious choice of weapon to facilitate the murder of multiple people. Alternatively, the type of weapon used could facilitate the impulse of the offender to commit multiple homicides when other people are present at the initial crime scene or perceived as obstacles at the time of the offence.

Partners were more likely to be linked with single-victim rather than multiple-victim offences. Although this finding is not statistically significant, it seems to be consistent with the fact that children are most likely to be killed in multiple-victim cases, which would typically require a longer length of relationship and a marriage (Flynn et al., 2016; Sillito & Salari, 2011).

As stated previously, H-Ss were also more likely to be associated with the presence of other victims, which could be explained by the wish of the perpetrator to eliminate the entire family, given that the most frequent type of additional victims were the children in the household (Flynn et al., 2016; Manning, 2015; Sillito & Salari, 2011). However, this finding was not statistically significant.

8.2.1.4. Comparison between Areas of Italy

Offences motivated by the depression of either member of the couple were more likely to happen in the North of Italy. This could have implications in terms of prevention of IPH, like improving the local provision of mental health support services. Moreover, the larger prevalence of the use of knives and stabbing as modus operandi in the North could indicate the presence of more impulsive homicides.[19]

8.2.1.5. Comparison between Regions of Italy

Offences committed in Piemonte, Veneto, Puglia, Sardegna, and Lombardia were more likely to reportedly be motivated by the depression of either partner. IPH cases that happened in Emilia Romagna, Puglia, Calabria, Toscana, and Basilicata were more likely to be perpetrated using bare hands, showing excessive force and presumably anger. The higher prevalence of depression as a motive for homicide and offences exhibiting more violence could have implications in terms of support services, such as psychological support in terms of anger management or dealing with depression, being offered regionally to increase preventative efforts.

Findings that concerned with the regional variations in the type of perpetrators could also inform professionals working with victims of IPV and assessing the risk posed by an offender by looking at the relationship type. The prevalence of ex-partners (Umbria, Abruzzo, Sicilia, Lombardia, Friuli Venezia Giulia and Trentino Alto Adige), husbands (Sardegna, Marche, Calabria, Piemonte and Liguria), and ex-husbands (Abruzzo, Trentino

Alto Adige, Friuli Venezia Giulia, Puglia and Marche) varied significantly by region. This finding, even though not statistically significant, could be helpful in terms of assessing the risk while examine specific regional differences.

8.2.1.5. Comparison between Types of Residential Areas

The results mentioned in this section compare the prevalence of different factors based on the type of residential area.[20]

Financial issues were more likely to be reported as the motive behind the IPH offences in cities rather than in towns or smaller settlements. One explanation might be the generally higher living costs incurred in cities and likely limited financial support received by the surrounding community, making this stressor more prevalent as a homicide trigger (Kurre, 2003). In terms of modus operandi, shooting and the use of firearms were more prevalent in towns likely due to the greater availability of such weapons (AbiNader, 2020; Bossarte et al., 2006; Eliason, 2009; Reckdenwald et al., 2019; Schwab-Reese & Peek-Asa, 2019). On the other hand, modus operandi that do not require the use of weapons, such as delivering a blow to the head of the victim or the use of bare hands, were more likely to be used in cities.

[20] Some of the results presented in this section are no longer significant due to the application of Bonferroni's adjustment and the fact that the sample size requirements were not met. These have been mentioned when they presented interesting consistencies or inconsistencies with findings from existing studies.

8.2.2. Part 2 – IPH during COVID-19

Despite the relatively few cases of IPH committed during the first lockdown of the COVID-19 pandemic that were reported in the news media, it was possible to identify some important discrepancies in terms of the frequency of certain characteristics of the offences and the individuals involved in them. The figures from the same period in the years before the first COVID-19 lockdown are generally similar to the ones generated from the whole pre-lockdown sample, demonstrating that the differences identified are not attributable to seasonal differences. It can be hypothesised that the lower number of cases compared to the rates identified pre-pandemic may be due to several different factors. Firstly, some homicides may have gone undetected due to the lockdown. Secondly, not all cases may have been reported in the press. Finally, the lockdown may have reduced the number of previously abused victims from announcing their intent to separate from, or making attempts to leave the abusive partner, and thus one of the key motives for IPH was dramatically reduced in this period.

8.2.2.1. Offence Characteristics

The first noticeable difference was the increase in rates of H-Ss, particularly of attempted suicides, during the early phase of the pandemic lockdown. IPH-S cases are more likely to be premeditated compared to cases of IPH only, and the perpetrator's act of suicide following the homicide is frequently explained as a sign of remorse (Dawson, 2005; Manning, 2015). However, these COVID-19 cases were perhaps less likely to have been premeditated, and the surge in attempted suicides could be due to individuals who would

not have committed suicide during normal circumstances. Ordinarily, these perpetrators may have tried to escape detection but, due to the lockdown, realised it would be unlikely that alternative suspects would be sought and attempted to end their lives to avoid incarceration. Alternatively, they may have attempted, but deliberately not completed a suicidal act, in the hope of receiving a more lenient sentence, or of garnering sympathy.

Another noteworthy finding is the increased use of firearms as weapons, which in lockdown cases was more frequent than stabbing. It appears that the availability of firearms in the household, coupled with novel stressors that arose as a consequence of the pandemic and the resultant lockdown and the use of maladaptive coping strategies (e.g. increase in alcohol consumption), made for a lethal combination. Moreover, in 2020, the number of firearms licenses issued in Italy increased by 10%, and it is known that firearms availability is a major risk factor for IPH (Adhia et al., 2021; Garcia et al., 2007; Iannaccone, 2021; Stöckl et al., 2013).

Separation remained a leading motive for IPH in the lockdown cases, even though it was less prevalent than in pre-pandemic cases, possibly because couples were less inclined to discuss separation while being in forced lockdown, especially because moving house was not permitted during this time. The fact that financial issues were more frequently identified as a motive during the pandemic highlighted the ramifications of one of the side effects of the spread of the virus, which was the resultant economic crisis and financial instability (Bradbury-Jones & Isham, 2020; Gresham et al., 2021).

During the lockdown, most IPH cases were committed in the north of Italy and, more specifically, in the region of Lombardia. Although this is consistent with existing findings, Lombardia is also the region that was most affected by COVID-19 in terms of contagion and deaths, especially in the initial phase of the pandemic (Armocida et al., 2020). In fact, the region had some lockdown measures put in place before the rest of the nation, such as the closure of shops, schools, and prevention of gatherings, and the longer isolation could have affected the rates of DV (Redazione Online, 2020).

8.2.2.2. Perpetrator and Victim Characteristics

Some significant differences were observed in terms of the characteristics of the perpetrators and victims between the pre-pandemic era and during the early phase of lockdown. While, in the pre-COVID-19 dataset, husbands were the most likely perpetrators, current partners attained the same frequency as husbands during lockdown. This could be explained by the presence of those couples who decided to move in together for the duration of the lockdown, or those who recently started cohabiting and were not used to spending long durations with their partner. The pressure of cohabiting, without the relief of other forms of social support, and the stress caused by the pandemic could have led to the onset of violent and abusive acts within these relationships.

A further key finding is that, despite the rate of previous convictions of any crime type being higher in perpetrators during COVID-19, the number of cases in which the victims reported abusive behaviour by the perpetrator to the police or mentioned it to their family

and/or friends was significantly lower. This emphasised the potential reduction in the opportunity for private conversations with trusted others and the consequent diminution in social and informal support caused by the lockdown.

With financial issues as a motive, the level of employment and unemployment of victims and perpetrators may have been affected by the pandemic crisis, and this could have caused additional anxiety and associated reasons for altercations in a couple or former partners. Service providers need to be cognisant that this risk factor is likely to increase for the foreseeable future as the country heads into an economic recession.

8.3. Risk Assessment and Practitioners' Perspectives

The third study of this research investigated the effectiveness of current risk assessment tools, taking the DASH as an example, and whether the perceptions of practitioners working in anti-violence centres match the Italian reality or whether they were based on common IPV and IPH misconceptions.

8.3.1. Part 1 – Risk Assessment and the DASH

The factors utilised to assess the risk in the DASH were visually compared to the ones identified in the first study to determine whether the tool takes into consideration characteristics that are reflective of the IPH phenomenon in Italy. It is important to specify that not all factors were comparable with the variables from the present sample and that, on the other hand, some could be compared with more than one variable from the sample.

Moreover, some of the variables did not match exactly with the questions posed and factors included in the DASH, so the comparisons were included only when they had a close enough match in characteristics. An example of the matching of characteristics can be provided by the DASH factors that ask whether the offender constantly texted, called, contacted, followed, stalked or harassed the victims being matched with two variables from the sample: stalking and victim being followed.

The only factor from the section on the current situation that appears to be prevalent in the Italian sample and may be a potential trigger for IPH was represented by the question asking the victim about separations or attempts to separate from the partner in the previous year. Indeed, separation was the leading motive for IPH in the present sample, which accords with the findings of previous studies (Dawson & Piscitelli, 2021; Garcia et al., 2007; Goussinsky & Yassour-Borochowitz, 2012; WHO, 2012). The questions regarding the victim's mental health and being stalked or harassed by the perpetrator from the DASH could be compared to variables that are found in a small minority of cases from the sample (under 10%).

The following section, which focuses on children and dependants, does not appear to contain factors that are often found in the Italian IPH sample. Even though being pregnant is known in the literature to increase the risk of IPH, the prevalence of pregnant women in the sample was very low (Eurostat - European Commission, 2021). One of the factors included in this section concerns the existence of children born outside of the present relationship, although this has never been indicated as a factor of risk in existing studies.

The factors indicating that the perpetrator had hurt children, dependants or other individuals were compared with the presence of additional victims, given that there was no mention in news reports of previous violence against the children of the couple. News agencies might not have access to that type of information or the abuse was restricted towards the intimate partner.

The last section concerns the abuser. The first factor considered concerns financial issues, which are only attributed as a motive in less than 10% of cases in the present sample. Although financial preoccupation could be a source of stress that may trigger IPV and potentially IPH, its prevalence is not high enough to justify a high weighting in assessing future lethal risk. One factor concerns problems with drugs, alcohol or mental health. These issues were only present in a very low percentage of cases, indicating that they might not be fit to predict high risk situations. Including a factor on threats to commit or attempt suicide seem to be relevant given the high prevalence of suicides or attempted suicides in the sample. However, threats of suicide should not be necessarily equated to an actual suicide or an attempt. Moreover, looking at previous convictions might not be useful in predicting lethality in Italy, given that only 20% of the perpetrators in the sample had convictions.

8.3.2. Part 2 – The Practitioners' Perspective

This section discusses the results obtained from the analysis of the responses provided by professionals working in anti-violence centres in Italy to assess whether their perceptions fit the characteristics of Italian cases of IPH.

More professionals assessed unmarried couples as most likely to commit IPH. However, it is known through existing Italian studies that the most common perpetrator is the victim's husband, followed by the current partner (Adolfi et al., 2011). These findings were further confirmed by the current research. This discrepancy shows a disconnect between researchers and practitioners in tackling issues like domestic violence and homicide in Italy. Based on their answers, practitioners who participated in the questionnaires are likely to assign a higher risk score to unmarried couples, when it is widely known that the husband of the victim is the most frequent perpetrator in IPH cases. This means that the risk posed by offenders is going to be miscalculated and this can have effects in terms of prevention and intervention.

While stabbing was correctly identified as the most frequent modus operandi, shooting was frequently overlooked in the responses of professionals, despite it closely following stabbing in terms of prevalence. In fact, Italy has the second highest rate of homicides committed with firearms compared to other G8 countries, after the US (Il Sole 24 Ore, 2019). However, it appears that shooting was not considered as a common modus operandi by professionals, and this could lead them to overlook factors such as the access to, and availability of firearms when assessing the risk that a perpetrator poses.

In most cases, professionals correctly regarded separation as the leading motive for IPH. This perception matches findings from existing studies, and it was also identified as the most frequent motive in the present study (Eliason, 2009; Flynn et al., 2016). In terms of

age difference, professionals selected five years or more age gap as the most frequent age difference in the partners of the couple, which is inconsistent with the current sample that shows that couples most frequently have the same age or up to five years difference. Professionals correctly identified DV and stalking as the most common types of previous convictions.

While most professionals believed H-Ss were likely to happen in around 10% to 40% of cases, they mostly selected 10% or 20% as their answers. This is lower than the 41% of suicides or attempted suicides of perpetrators in the current sample, but is also lower compared to official estimates globally, showing a discrepancy between professionals' perception and reality of the offence (Matias et al., 2020). However, the number cases involving additional victims was correctly assessed at 10-20%.

In terms of previous abuse committed within the couple, the vast majority of professionals scored all the factors (including physical violence, psychological violence, threats, and stalking) as very high, ranging generally from 80% and above. This is inconsistent with findings for the present sample, in which previous violence was reported or known in only a minority of cases. The results from the current sample could be due to a lack of reporting of past violence in media outlets or a lack of knowledge of existing abuse. However, it is unlikely that the media would not report abuse in cases where this was known, given the notorious strategy of portraying offenders as 'abnormal' and violent. Even if the low percentage of cases that were characterised by previous abuse may be caused by limitations of the data source, this discrepancy between perceived and actual rates also shows the lack

of awareness of professionals regarding cases that differ from the stereotype of the violent perpetrator, such as cases in which a carer killed his partner or impulse killings. Professionals also overestimated the number of cases in which the victim either discussed the abuse with family and/or friends or reported it officially to law enforcement.

Other overestimations were made by the professionals concerning extra-marital affairs and unemployment. This indicated that professionals tend to assign an inappropriate weight to potential stressors and risk factors that were not so prominent in actual cases. Moreover, there seemed to be a tendency to assess perpetrators as more likely to have issues with drugs and alcohol and suffer from mental illnesses compared to victims. However, the differences in rates between victims and perpetrators gathered from the samples showed a small gap, indicating that professionals were either reluctant to judge victims negatively or did not consider the existence of problematic couples in which both partners suffer from addiction and/or other mental illnesses.

The overall perceived likelihood of a homicide occurring for different IPV scenarios was explored. The case that was judged as most likely to result in IPH was Case 2, which scored 88.40%. This Case is followed by Case 1 (57.70%), Case 4 (51.90%), Case 3 (44.30%), and lastly Case 5 (15.40%). Case 2 was likely assessed as the riskiest scenario due to the facts that the couples was separated and that the perpetrator was previously reported by the victim due to frequent fights. When answering questions regarding the risk posed by the scenarios, professionals correctly identified separation as a main motive for IPH. Case 1, which ranked the second riskiest scenario, also portrayed a separated couple and the

perpetrator had previous convictions, although unrelated to DV. Case 4, which ranked third, also presents a problematic couple that has issues with alcohol and has frequent altercations. The last two cases were the only ones that ranked below 50% when adding their likelihood scores. Case 3, which ranked fourth, portrayed an elderly couple, in which the perpetrator act as a carer for the wife and had been recently discharged by the hospital following treatment for depression. Although it was assessed as lower risk for IPH, likely because of the lack of pre-existing violence, this type of cases, usually defined as mercy killings, is recognised in existing literature as being a main typology of DH and several examples can be also found in the present dataset. The scenario that was assessed as least likely to be at risk of IPH was Case 5. This is possibly due to the couple's middle-class background, their being highly educated and the perpetrator being a member of a law enforcement agency. However, as a member of law enforcement, the male would have access to a weapon and access to firearms can increase the risk of a violent crime (Moore & Bergner, 2016). Indeed, out of the 120 homicides committed with a firearm, 23 (19.17%) were committed by members of law enforcement or individuals working in security settings, who had access to a service weapon. Moreover, it is noted in the existing literature that police officers, being affected by recognised stressors leading to violence, display high rates of IPV in their relationships (Erwin et al., 2005).

It seems that, in most cases, professionals working in anti-violence centres in Italy based their opinions and perceptions on findings from the literature, rather than on their experience with Italian cases. However, most of the studies in this field have been conducted in very different cultural contexts and some of the findings from this study

appeared to differ significantly from what has been reported previously in the international literature. This means that the assessment of risk has not been tailored to accommodate contextual differences in homicides. Thus, using risk assessment tools that are based on these studies risk having the same bias that was found in the practitioners' answers to the questionnaire; by using risk assessment tools built based on studies conducted in different contexts, the assessment of risk will fail to consider factors that more significantly contribute to the risk of lethality in that determined social and cultural context. That is why the lack of tailored assessment tools could lead to the erroneous evaluation of cases, having a significant impact on the choice of intervention strategies and potentially limiting the effectiveness to prevent lethal IPV.

8.4. Practical Implications

By contributing to the understanding of the phenomenon of IPH in Italy, this study provided a solid basis for the derivation of practical applications from the findings of the research, particularly in terms of preventative efforts and in the development of risk assessment tools and practices that are tailored to the Italian context.

In terms of prevention, there are several initiatives that could potentially be implemented. First of all, given that homicides are committed most frequently in towns and smaller settlements, increased attention and support services should be developed at a local level. Local practitioners, including those working in the medical services could provide support by screening for warning signs of IPV. In particular, medical practitioners should be trained

to recognise warning signs of suicidal ideation and should be aware of the characteristics of mercy killing cases, in order to pay increased attention to those older couples in which one of the partners is the carer and appears to be struggling with the situation. Since differences were identified at a regional level, targeted support services, for example dealing with depression and anger management, should be supplied in those areas where these issues seem to be resulting in homicides.

A key finding from this study concerns the fact that victims are much more likely to discuss the abuse with family and/or friends rather than reporting it to the authorities. While this finding might imply a distrust towards national law enforcement and formal support services, it provides an avenue for strategies in terms of prevention. Anti-violence centres and other entities involved in dealing with DV and IPV should consider opening their services to those individuals that are witness to, or suspect IPV in their wider social network. Moreover, these organisations should raise awareness through outreach campaigns targeting confidants of abuse victims to seek advice or help the victims to come forward about the violence they are subjected to. These campaigns should target the individuals who are part of the social support systems of IPV victims and equip them with tools and techniques to effectively assist victims and convince them to report the situation. These campaigns should highlight what signs to look out for that might indicate a violent relationship and should provide contact details of relevant organisations providing support for victims of IPV.

The number of foreign victims and perpetrators in the sample is higher than their prevalence in the general population, which could indicate a lack of integration in Italian society, or a lack of social support. Even though some anti-violence centres provide cultural mediation, this could be an indication that more immigration and IPV support services should provide particular attention to victims that were not born on the territory and provide targeted support. Moreover, IPV support services should particularly pay attention to warning signs and the evolution of the dynamics in a couple when there is a threat of separation. To prevent violence and potentially dangerous situations, these centres should provide a safe space in which victims can meet their current or former intimate partner when it is required, avoiding the need for their having to be alone with them.

The COVID-19 pandemic and, in the particular, the first enforced lockdown present an atypical situation which generate additional complexities, affecting the nature of IPH cases. In terms of these COVID-19 cases, given the increase in partners as likely perpetrators, which could be due to newly cohabiting couples, awareness should be raised to exert more informal and social control and support for those couples who have recently moved in together because of the lockdown and periods of restrictions. This is also connected to the low level of reporting of previous IPV incidents, since couples may have rushed to move in together even if they had not known each other for a long time. The rise in firearms use during COVID-19 is also potentially connected to the increase in suicide attempts. DV prevention services should consider these higher levels of suicidal ideation and provide a tailored response, especially during times of lockdown and increased restrictions.

Lastly, it appears that preventative efforts should focus on the possession of firearms, given its frequent use as a weapon in IPHs. This has implications for the management of known offenders, as thorough checks should be conducted to verify if a firearm license is possessed either for work or sport-related activities. Moreover, additional checks should be conducted in rural areas, where firearms are more likely to be used to commit IPH. In these areas, there is likely a higher concentration of firearms for sport or security. It is also more likely that old firearms are not reported and just passed down from generation to generation without proper registration. Increased scrutiny should also be implemented when conducting psychological and background checks for law enforcement officials or security guards with the ability to carry a firearm.

In terms of the assessment of risk, the practical implications brought about by the findings of this study are numerous. The present research highlights specific characteristics related to the offence of IPH in the Italian context that should be taken into account when assessing the risk posed by a specific situation or offender. To name a few, these characteristics include: the higher age in both victims and perpetrators compared to previous findings from other countries, the higher prevalence in current partners as perpetrators compared to former ones, the fact that most couples have at least a five-years age difference, the prevalence of children of the couples who are under 18 years old, and the fact that perpetrators tend to be more likely to be unemployed. Conversely, other characteristics, like the perpetrator having previous convictions or alcohol and drug use, that were found to be frequently associated with IPH in previous studies should be assigned less weight when assessing risk based on the findings from the present sample.

Risk assessment tools and the practitioners who use them should also be aware of how certain characteristics, like age group or perpetrator type, or contextual variations affect the characteristics of the offending and the prevalence of different risk factors. For example, practitioners should be aware of the risk factors connected with those homicides that also involve the murder of additional victims or of those that end with the suicide of the perpetrator. Furthermore, professionals should be familiar with the combinations of those factors that, frequently occurring together, could be highly prevalent in those cases that end up being lethal. Findings from this study highlight that certain factors are likely to co-occur in IPH offences, and this should be reflected in the way risk is assessed by tools and practitioners. Tools that are calibrated to address the risk in the Italian context should employ a system that increases the risk rating when these co-occurring factors are identified together in a case.

Concerning those cases that happened during the first COVID-19 lockdown, the differences observed suggest that DV and IPH cases should continue to be monitored throughout this crisis to determine the most effective means of prevention and intervention. Further differences could also be identified as the country moves through the different phases of the lockdown, easing of restrictions and new lockdowns. Understanding how different factors affect the risk of IPV and IPH can inform and shape policy and practice in tackling these phenomena in exceptional and emergency situations. Findings from this section of the study could help Italy and other countries that are in different phases of their response to COVID-19 to implement initiatives to decrease the likelihood of IPH.

The analysis of the DASH risk assessment tool highlighted how the factors included could be potentially considered as mostly ineffective in terms of predicting and assessing the risk of future homicides in the Italian context, given that they were not found to be representative of the factors characterising the Italian sample. After additional verification using control groups is conducted, risk assessment tools should be recalibrated to account for different factors that were found to be highly prevalent in IPH cases in Italy, such as residing in rural areas, a recent separation or a threat of it, being married as opposed to in a romantic relationship, the availability of firearms, a big age difference between partners, and unofficial reporting to family and friends rather than relying on previous convictions to predict risk. Therefore, in order to calibrate risk assessment tools and train practitioners' working with victims of IPH, the findings of this study should be taken into account as they provide an overview of all main characteristics and risk factors for this offence type in its specific cultural context.

8.5. Contribution to Knowledge

This research contributes to knowledge surrounding IPH by providing a blueprint in terms of a methodology that could be applied by other researchers to conduct similar studies in other countries or cultural contexts. Although the choice of sources of data for this data was due to previous unanswered requests for data from law enforcement agencies, the methodology from this study could be easily replicated by future studies given that news aggregators and online websites of news media are easily accessible around the world. As

seen from the present study, the amount of detail contained in news media on IPH cases allows for an exhaustive analysis of characteristics of offences. Moreover, the use of online translator tools could also facilitate the conduct of multinational studies, drawing from multiple national news media sources.

This study also offers some lessons learned that could benefit the work of future researchers in better tailoring their methodology. For example, during the process of eliminating news articles due to their irrelevance for data collection purposes, the dataset was scanned for all the elimination criteria at the same time. This process did not allow the identification of how many articles were eliminated according to each criterion, which would have increased the transparency of the data selection process and could have shed more light onto the Italian media coverage of femicide and IPH. Future studies should consider scanning their datasets looking at individual criteria to be able to record such information.

Lastly, this exploratory study supports the call to provide researchers in this field with access to official data sources. The fact that this study, using open sources alone, was already able to provide such a rich understanding of what this type of crime looks like in Italy, emphasises how having access to police reports, psychological assessments or court reports could further strengthen the understanding of IPH and the individuals involved from a psychological perspective. This is why collaboration between researchers and the criminal justice system is crucial to enable more informed explanations for this phenomenon and the design of efficient preventative strategies that tackle this offence type.

8.5. Limitations

The main limitation of the research is that it does not use any form of official records, with the main source of information being the news media. Official records can include data from law enforcement, information from social services, medical records, and records from psychologists or psychiatrists. These types of sources could have helped the study to examine more in detail the psychology of offenders and victims. Moreover, they would have provided more accurate details in terms of previous convictions and identified issues in terms of mental health or addictions. However, this type of information, if available, is often reported in news articles.

Although media reports provide detailed information about cases of IPH, they could be biased through selective reporting of cases, picking the most newsworthy incidents, and sensationalizing the accounts (Adinkrah, 2008; Salari & Sillito, 2016). Therefore, news articles and media reports may not provide a complete picture of the case and be aware of all details of the background of individuals. In fact, these sources tend to focus more on details of the offence, rather than details of past episodes of violence. However, as previously stated, the amount of information they contain is comparable with that available to professionals working in anti-violence centres, when working with new victims. Victims of IPV are unlikely to be aware of detailed background characteristics of the offender related to their development and psychology, which could be gathered through official reports but are largely unavailable at the time of risk assessment. Therefore, the findings

from this study still constitute a useful basis for understanding the phenomenon of IPH in Italy and its characteristics, providing a starting point for future research into this topic.

The main limitations of the part of the study related to the pandemic is the small sample of COVID-19 cases due to the, thankfully, low number of cases that have occurred in that period of the pandemic. For this reason, it was not possible to conduct more complex statistical analysis to compare the two samples. However, it is nonetheless possible to note some interesting differences that could potentially be attributed to the current crisis. Another limitation concerning this part of the study is that it does not comprehend samples from the different phases of the relaxation of confinement and restrictions. Therefore, it was not possible to examine the evolution of the offence during this period.

This study would have benefitted from having direct access to datasets from other countries, rather than just relying on findings from other studies. This would have strengthened the comparison of characteristics identified and would have contributed to a more meaningful examination of cultural differences and how these affect the phenomenon of IPH. Furthermore, this study would have benefitted from having included a control group of IPV cases committed in Italy. This could have been used to more effectively identify those risk factors which are reliable predictors of lethality. Additionally, the control group could have been used to verify the reliability of the DASH in the Italian context.

Lastly, this study would have benefited from conducting interviews with the practitioners working in anti-violence centres to gather more detailed information. The interviews could

have been focused on their educational backgrounds, the training programmes established by the centres they work in, whether they have access to research publications in this field, and if they are required by the workplace to keep updated on the developments arising from it. This could have helped in effectively determining on which sources they base their opinions and perceptions on IPV cases.

8.6. Future Research

This study opens the possibility to conduct further research to validate the findings from the present research and to gain an even deeper understanding of this phenomenon. First of all, studies on IPH in Italy should be conducted incorporating public open sources and official records to fully understand this phenomenon and the psychology of the offender. It is likely that official records, including police, medical and psychological/psychiatric records, contain more information about the background of perpetrators and victims to help build more complete profiles of the individuals that commit these types of offences and of the individuals who are victimised. Additional studies should use a control group of Italian IPV cases to further validate the findings from this exploratory study by identifying risk factors that predict lethality, in order to verify the reliability of risk assessment tools.

Moreover, future research could focus on cross-cultural comparisons by using datasets from different countries. These could be easily obtained following a similar methodology to that used in the present study, and could employ the use of online translators to incorporate data in different languages from multiple countries.

New studies on the topic should also consider using slightly different age groupings. In terms of the children of the couple, an additional category for babies could be added, since that specific age range presents significantly different stressors and potential triggers. For adults, there should be additional breakdown of the 65 years and over category, in order to better analyse the phenomenon of mercy killings.

Future studies should also aim to understand whether typologies can be identified in the context of homicides of the intimate partner to better target prevention and intervention strategies (Bernardi & Day, 2015; Kelly & Johnson, 2008). The themes identified in the SSA should be verified and the proposed typologies should be further validated by additional research, which could also focus on the potential impact of prevention and intervention policies. Moreover, although most cases are committed by males against female victims, research should still examine and gain an understanding of those IPV and IPH cases in Italy that are committed by females with male victims and those that are committed within same-sex relationships. Indeed, the assessment and management of these cases may pose significant challenges, since these are likely to present very different characteristics given that most research and risk assessment tools are based on heterosexual couples in which the abuser is male and the victims is female.

Further research should also be conducted to better understand IPV and the risk of IPH in the context of an evolving global pandemic, which could also help understand and address the evolution of these phenomena in cases of other medical emergencies and events, like

natural disasters. Future studies should examine the characteristics of COVID-19 IPHs and tailor existing risk assessment tools to account for the specific situation posed by the pandemic and lockdowns. Research should also examine the role of anti-violence centres and their capabilities to support DV and IPV victims in these circumstances, considering how they might adapt to offer targeted support in respect of regulations and safety measures, especially in terms of housing and shelters. To help with confinements or simply with controlling partners, future initiatives should also implement and evaluate the use of SMS or popular messaging services to receive requests for intervention or support and to function as discrete helplines. This would not require a phone call from the victim in situations where she is controlled by the abuser or the downloading of an application that might be visible if the phone is monitored. Lastly, research should be conducted on cases that are committed after the relaxation of the lockdown restrictions and in the different phases of it, as these homicides are likely to present different features and risk factors.

New initiatives and studies should also focus on new preventative strategies. As can be seen from the data, victims are more likely to talk about the abuse with their friends and/or their family, rather than reporting it to law enforcement or using official services. Future efforts should, in fact, experiment with the creation of new awareness campaigns and services that appeal to the social support system around the victim, rather than just the victim herself. The effectiveness of these new initiatives should be tested through studies looking at the impact of these efforts on the prevention of escalation and lethality of violence in domestic situations.

Lastly, future studies should focus on recalibrating risk assessment tools or creating new ones to fit the Italian context. The newly identified characteristics should be taken into account when designing the risk assessment tools in order to tailor them to the reality of the phenomenon in this country. These tools should also incorporate cumulative scoring for the co-presence of factors that were identified to frequently occur together by the present study. Additional research will then be needed to further assess the validity and predictive capacity of the adjusted tools to assess the risk posed by an offender.

To conclude, the present study provides an in-depth account of the phenomenon of IPH in Italy. It contributes to the knowledge of this offence type by identifying its defining characteristics and risk factors, analysing the variations of this offence based on different contextual differences, and examining the fitness of existing risk assessment tools and reliability of the perceptions of professionals working directly with victims at risk of IPH. This research provides a basis for the implementation of new preventative efforts tailored to the Italian context, to improve the effectiveness of existing services, and facilitate the enhancement of tools to assess the risk of lethal IPV.

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Appendices

Appendix 1. SREP Application 1

THE UNIVERSITY OF HUDDERSFIELD
School of Human and Health Sciences – School Research Ethics Panel

APPLICATION FORM
Please complete and return via email to:
Kirsty Thomson SREP Administrator: hhs_srep@hud.ac.uk

Name of applicant: Chiara Zappaterreno

Title of study: Intimate Partner Homicide in Italy

Department: Human & Health Sciences Date sent: 17/03/2016

Please provide sufficient detail below for SREP to assess the ethical conduct of your research. You should consult the guidance on filling out this form and applying to SREP at http://www.hud.ac.uk/hhs/research/srep/.

Researcher(s) details	Chiara Zappaterreno, Chiara.Zappaterreno@hud.ac.uk, +39 3334218810
Supervisor(s) details	Laura Hammond (l.hammond@hud.ac.uk); Maria Ioannou (m.ioannou@hud.ac.uk)
All documentation has been read by supervisor (where applicable)	YES
Aim / objectives	The aims of this research include: enhancing knowledge on Intimate Partner Homicide in Italy, identifying typologies of offenders, building a list of risk factors for IPH, comparing the results of this research with findings from existing studies also taking into account and examining possible cultural differences in samples.
Brief overview of research methods	The research will use data taken from published media sources. This type of data will be automatically extracted and collected using specialised software. The information will be checked and validated using different sources. Then, a database will be created with information related to the offence, the offender and the victim. The data will be analysed through descriptive and inferential statistics on SPSS and SSA (Smallest Space Analysis) on Hudap.
Project start date	As soon as possible
Project completion date	September 2017
Permissions for study	N/A
Access to participants	The study will not use participants.
Confidentiality	N/A

Anonymity	N/A
Right to withdraw	N/A
Data Storage	Given that the data is published material, there are no particular safety requirements in terms of storage.
Psychological support for participants	N/A
Researcher safety / support (attach completed University Risk Analysis and Management form)	N/A
Information sheet	N/A
Consent form	N/A
Letters / posters / flyers	N/A
Questionnaire / Interview guide	N/A
Debrief (if appropriate)	N/A
Dissemination of results	The results will be disseminated through the final PhD thesis and academic journal articles.
Identify any potential conflicts of interest	N/A
Does the research involve accessing data or visiting websites that could constitute a legal and/or reputational risk to yourself or the University if misconstrued? Please state Yes/No If Yes, please explain how you will minimise this risk	No
The next four questions relate to Security Sensitive Information – please read the following guidance before completing these questions: http://www.universitiesuk.ac.uk/highereducation/Documents/2012/OversightOfSecuritySensitiveResearchMaterial.pdf	
Is the research commissioned by, or on behalf of the military or the intelligence services? Please state Yes/No If Yes, please outline the requirements from the funding body regarding the collection and storage of Security Sensitive Data	No

Is the research commissioned under an EU security call Please state Yes/No If Yes, please outline the requirements from the funding body regarding the collection and storage of Security Sensitive Data	No
Does the research involve the acquisition of security clearances? Please state Yes/No If Yes, please outline how your data collection and storages complies with the requirements of these clearances	No
Does the research concern terrorist or extreme groups? Please state Yes/No If Yes, please complete a Security Sensitive Information Declaration Form	No
Does the research involve covert information gathering or active deception? Please state Yes/No	No
Does the research involve children under 18 or subjects who may be unable to give fully informed consent? Please state Yes/No	No
Does the research involve prisoners or others in custodial care (e.g. young offenders)? Please state Yes/No	No

Does the research involve significantly increased danger of physical or psychological harm for the researcher(s) and/or the subject(s), either from the research process or from the publication of findings? Please state Yes/No	No
Does the research involve risk of unplanned disclosure of information you would be obliged to act on? Please state Yes/No	No
Other issues	N/A
Where application is to be made to NHS Research Ethics Committee / External Agencies	N/A
Please supply copies of all relevant supporting documentation electronically. If this is not available electronically, please provide explanation and supply hard copy	

All documentation must be submitted to the SREP administrator. All proposals will be reviewed by two members of SREP.
If you have any queries relating to the completion of this form or any other queries relating to SREP's consideration of this proposal, please contact the SREP administrator (Kirsty Thomson) in the first instance – hhs_srep@hud.ac.uk

Appendix 2. SREP Application 2

THE UNIVERSITY OF HUDDERSFIELD
School of Human and Health Sciences – School Research Ethics Panel

APPLICATION FORM
Please complete and return via email to:
Kirsty Thomson SREP Administrator: hhs_srep@hud.ac.uk

Name of applicant: Chiara Zappaterreno

Title of study: Intimate Partner Homicide in Italy

Department: Human & Health Sciences Date sent: 20/06/2017

Please provide sufficient detail below for SREP to assess the ethical conduct of your research. You should consult the guidance on filling out this form and applying to SREP at http://www.hud.ac.uk/hhs/research/srep/.

Researcher(s) details	Chiara Zappaterreno, Chiara.Zappaterreno@hud.ac.uk, +39 3334218810
Supervisor(s) details	Laura Hammond (l.hammond@hud.ac.uk); Maria Ioannou (m.ioannou@hud.ac.uk)
All documentation has been read by supervisor (where applicable)	YES
Aim / objectives	The aims of this research include: enhancing knowledge on Intimate Partner Homicide in Italy, identifying typologies of offenders, building a list of risk factors for IPH, comparing the results of this research with findings from existing studies also taking into account and examining possible cultural differences in samples.
Brief overview of research methods	The research uses data taken from published media sources. This type of data was automatically extracted and collected using specialised software. The information was checked and validated using different sources. Then, a database was created with information related to the offence, the offender and the victim. The data will be analysed through descriptive and inferential statistics on SPSS and SSA (Smallest Space Analysis) on Hudap. To provide a more comprehensive overview of the issue, it was decided to integrate the quantitative data with questionnaires completed by professionals working in associations and centres dealing with Intimate Partner Violence and Homicide. This Application form only refers to the questionnaire part of the study, as the ethical approval was already obtained for the Open Source data collection. The questionnaires will investigate perceptions of risk factors for IPH, the methods to deal with victims and perpetrators of IPV, examples of cases they worked with, and the cooperation of anti-violence centres and associations with law enforcement agencies. Then, the questionnaires will be analysed through statistical analysis and compared with the results from the cases obtained from the media to understand the difference between actual and perceived risk factors and antecedents.

Project start date	As soon as possible
Project completion date	September 2017, with the option of going submission pending
Permissions for study	N/A
Access to participants	Large associations and centres specialised in domestic violence and intimate partner violence were identified by conducting an open sources search to identify the most active and important ones in Italy. The final list included eight centres or associations: • Casa Internazionale delle Donne (http://www.casainternazionaledelledonne.org/index.php/it/home) • Telefono Rosa (http://www.telefonorosa.it) • Thamaia (http://www.thamaia.org/chi-siamo/) • Differenza Donna (http://www.differenzadonna.org/#) • D.i.Re – Donne in Rete contro la violenza (http://www.direcontrolaviolenza.it) • UDI- Unione Donne in Italia (http://www.udinazionale.org) • Rompi il silenzio (http://www.rompiilsilenzio.org). The organisations were contacted to see whether any members were interested in completing a questionnaire. The aim is to give the questionnaire for completion to all the types of professionals involved in the organisations, such as psychologists, counsellors, lawyers, researchers, etc. The organisations agreed in principle to take part in the study and will be contacted again once the SREP approval has been obtained and a link to complete the online questionnaire will be sent to them.
Confidentiality	In order to ensure anonymity and confidentiality, when the person completing the questionnaire mentions specific cases, any names or identifiable information of offenders, victims, witnesses or investigators will not be included in the database and in eventual publications. The responses will be anonymous and no identifiable information will be requested from participants, to ensure their confidentiality and anonymity.
Anonymity	In order to ensure anonymity and confidentiality, when the person completing the questionnaire mentions specific cases, any names or identifiable information of offenders, victims, witnesses or investigators will not be included in the database and in eventual publications.
Right to withdraw	All participants have the right to withdraw from the experiment at any point until they submit their responses without the need of an explanation, but not afterwards in order to avoid compromising their anonymity. After the submission, the responses obtained will be anonymised and requesting to delete the data would entail having to write from personal emails, compromising the anonymity of the participant.
Data Storage	The interviews will be safely stored in encrypted folders and files will be password protected. The data will be stored on the University's secure servers, in line with University Policy.
Psychological support for participants	If the participants feel affected by issues raised by the research, the can obtain free psychological support from a local ASL (Azienda Sanitaria Locale).
Researcher safety / support (attach completed University Risk Analysis and Management form)	N/A

Information sheet	Attached.
Consent form	Attached.
Letters / posters / flyers	N/A
Questionnaire / Interview guide	Attached.
Debrief (if appropriate)	Attached.
Dissemination of results	The results will be disseminated through the final PhD thesis and academic journal articles.
Identify any potential conflicts of interest	N/A
Does the research involve accessing data or visiting websites that could constitute a legal and/or reputational risk to yourself or the University if misconstrued? Please state Yes/No If Yes, please explain how you will minimise this risk	No
The next four questions relate to Security Sensitive Information – please read the following guidance before completing these questions: http://www.universitiesuk.ac.uk/highereducation/Documents/2012/OversightOfSecuritySensitiveResearchMaterial.pdf	
Is the research commissioned by, or on behalf of the military or the intelligence services? Please state Yes/No If Yes, please outline the requirements from the funding body regarding the collection and storage of Security Sensitive Data	No
Is the research commissioned under an EU security call Please state Yes/No If Yes, please outline the requirements from the funding body regarding the collection and storage of Security Sensitive Data	No

Does the research involve the acquisition of security clearances? Please state Yes/No If Yes, please outline how your data collection and storages complies with the requirements of these clearances	No
Does the research concern terrorist or extreme groups? Please state Yes/No If Yes, please complete a Security Sensitive Information Declaration Form	No
Does the research involve covert information gathering or active deception? Please state Yes/No	No
Does the research involve children under 18 or subjects who may be unable to give fully informed consent? Please state Yes/No	No
Does the research involve prisoners or others in custodial care (e.g. young offenders)? Please state Yes/No	No
Does the research involve significantly increased danger of physical or psychological harm for the researcher(s) and/or the subject(s), either from the research process or from the publication of findings? Please state Yes/No	No

Does the research involve risk of unplanned disclosure of information you would be obliged to act on? Please state Yes/No	No
Other issues	N/A
Where application is to be made to NHS Research Ethics Committee / External Agencies	N/A
Please supply copies of all relevant supporting documentation electronically. If this is not available electronically, please provide explanation and supply hard copy	

All documentation must be submitted to the SREP administrator. All proposals will be reviewed by two members of SREP.
If you have any queries relating to the completion of this form or any other queries relating to SREP's consideration of this proposal, please contact the SREP administrator (Kirsty Thomson) in the first instance – hhs_srep@hud.ac.uk

University of HUDDERSFIELD
Inspiring tomorrow's professionals

Intimate Partner Homicide with Female victims in Italy

INFORMATION SHEET

You are being invited to take part in a study about male to female Intimate Partner Homicide in Italy. Before you decide to take part it is important that you understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it me if you wish. Please do not hesitate to ask if there is anything that is not clear or if you would like more information.

What is the study about?
The purpose of this study is to identify the characteristics of the phenomenon of IPH in Italy and to provide an exhaustive account that can be helpful in the context of investigation and prevention of Intimate Partner Violence and Homicides in Italy.

Why I have been approached?
You have been asked to participate because, besides analysing existing cases, I am also interested to have the opinion and perspective of professionals that work in the field of helping victims of Intimate Partner Violence in order to understand what are the real needs of people that work in the field on a daily basis.

Do I have to take part?
It is your decision whether or not you take part. If you decide to take part you will be asked to sign a consent form, and you will be free to withdraw, without giving a reason, until you submit your response.

What will I need to do?
If you agree to take part in the research you will be asked to answer approximately 28 questions. The questionnaires will be kept for research purposes and the completion should last around 20 minutes.

Will my identity be disclosed?
The responses will be anonymous and no identifiable information will be requested from you, to ensure confidentiality and anonymity.

What will happen to the information?
All information collected from you during this research will be kept secure and any identifying material, such as names will be removed in order to ensure anonymity. It is anticipated that the research may, at some point, be published in a journal or report. However, should this happen, your

anonymity will be ensured, although it may be necessary to use your words in the presentation of the findings and your permission for this is included in the consent form.

Who can I contact for further information?
If you are affected by any issue raised by the research you can contact a local ASL (Azienda Sanitaria Locale) for psychological support.
If you require any further information about the research, please contact me or my project supervisors on:

Chiara Zappaterreno
Chiara.Zappaterreno@hud.ac.uk
+393334218810

Project Supervisors:

Laura Hammond,
International Research Centre for Investigative Psychology
School of Human and Health Sciences
University of Huddersfield
Queensgate, Huddersfield HD1 3DH
United Kingdom
Telephone: +44 (0)1484 471174
Email: l.hammond@hud.ac.uk

Dr Maria Ioannou,
International Research Centre for Investigative Psychology
School of Human and Health Sciences
University of Huddersfield
Queensgate, Huddersfield HD1 3DH
United Kingdom
Telephone: +44 (0)1484 471174
Mobile: +44 (0) 779 612 3044
Email: m.ioannou@hud.ac.uk

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CONSENT FORM

Intimate Partner Homicide with Female victims in Italy:

It is important that you read, understand and sign the consent form. Your contribution to this research is entirely voluntary and you are not obliged in any way to participate, if you require any further details please contact your researcher.

I have been fully informed of the nature and aims of this research as outlined in the information sheet version 1, dated 30:05:17 ☐

I consent to taking part in it ☐

I understand that I have the right to withdraw from the research until I submit my response without giving any reason ☐

I give permission for my words to be quoted (by use of pseudonym) ☐

I understand that the information collected will be kept in secure conditions for a period of 5 years at the University of Huddersfield ☐

I understand that no person other than the researcher/s and facilitator/s will have access to the information provided. ☐

I understand that my identity will be protected by the use of pseudonym in the report and that no written information that could lead to my being identified will be included in any report. ☐

If you are satisfied that you understand the information and are happy to take part in this project please put a tick in the box aligned to each sentence and print and sign below.

Signature of Participant:	Signature of Researcher:
Print:	Print:
Date:	Date:

(one copy to be retained by Participant / one copy to be retained by Researcher)

QUESTIONNAIRE

In your opinion, who is more likely to commit IPH?

1 – Partner 2 – Ex Partner 3 – Husband 4 – Ex Husband
5 – Affair

In your opinion, who is less likely to commit IPH?

1 – Partner 2 – Ex Partner 3 – Husband 4 – Ex Husband
5 – Affair

In your opinion, which one is the most common method of killing?

1 – stabbing 2 – shooting 3 – strangulation 4 – beating 5 – suffocation

In your opinion, which one of these is the most common trigger factor for IPH?

1 – separation 2 – financial reasons 3 – depression 4 - illness of one or both partners

In your opinion, is it more likely for a couple at risk of IPH to have, in terms of age?

1 – the same age 2 – five or more years difference 3 – ten or more years difference

This set of questions will ask you to rate, in your opinion, how common a factor is in IPH by indicating which percentage you believe is the closest to reality.

In your opinion, how many homicides are followed by the suicide of the perpetrator?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

In your opinion, in how many cases the perpetrator killed other people besides the partner?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

In your opinion, how many IPHs are preceded by physical violence within the couple?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

In your opinion, how many IPHs are preceded by psychological violence within the couple?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

In your opinion, how many IPHs are preceded by threats from the perpetrator?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

In your opinion, how many IPHs are preceded by stalking from the perpetrator?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

In your opinion, in how many cases the victim previously reported the perpetrator to the police or talked about the violence to family and/or friends?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

In your opinion, what is the percentage of couples that have children in cases of IPH?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

In your opinion, in how many cases either of the partner had an affair?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

In your opinion, how frequently are either of the partners unemployed?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

In your opinion, how frequently the perpetrator had previous convictions?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

In your opinion, which one is the most common previous conviction?

1 – stalking 2 – domestic violence 3 – murder 4 – attempted murder 5 – sexual violence 6 – drug dealing 7 – robbery

In your opinion, how frequently either the perpetrator or victim used drugs?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

In your opinion, how frequently either the perpetrator or victim had problems with alcohol?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

In your opinion, how frequently either the perpetrator or victim had mental issues?

1 – 10%	2 – 20%	3 – 30%	4 – 40%	5 – 50%	6 – 60%
7 – 70%	8 – 80%	9 – 90%	10 – 100%		

Below, you will be presented with five different scenarios and you will be asked to rate, in your opinion, the level of risk for Intimate Partner Homicide given the circumstances.

He is a 43 year old truck driver and she is a 45 year old primary school teacher. He has previous convictions for smuggling and property crimes. They used to be married but now they have been separated for a little less than 2 years and he does not accept the end of their relationship.

How likely is it for the woman in the scenario to be a victim of IPH?
1 – very likely 2 – likely 3 – neutral 4 – not likely 5 – very unlikely

He is a 27 year old butcher and she is a 22 year old mother. They used to live with each other but now their relationship is over. They have a 2 year old daughter. The couple fought several times regarding the paternity of the child and the mother reported 3 times to the police her ex-partner following these fights.

How likely is it for the woman in the scenario to be a victim of IPH?
1 – very likely 2 – likely 3 – neutral 4 – not likely 5 – very unlikely

He is a 81 year old former construction worker and she is a 80 year old pensioner. They are married and they have been together for 60 years. Their children are grown-up who work and have their own families. She is bedridden due to several illnesses and her husband takes care of her. He had been depressed for a year and has been recently discharged by the psychiatric ward of a hospital.

How likely is it for the woman in the scenario to be a victim of IPH?
1 – very likely 2 – likely 3 – neutral 4 – not likely 5 – very unlikely

He is an unemployed 35 year old who does occasional work and she is 38 years old. She has two children from a previous relationship. The police confiscated his driving licence multiple times for drunk driving. They both have problems with alcohol and they have frequent fights.

How likely is it for the woman in the scenario to be a victim of IPH?
1 – very likely 2 – likely 3 – neutral 4 – not likely 5 – very unlikely

He is a 45 year old carabiniere (military police) and she is 37 years old and works in a law firm. They are married and they have an 11 year old son. He has two degrees and he often takes care of a sick relative. Years ago he was treated for depression and he completely recovered.

How likely is it for the woman in the scenario to be a victim of IPH?
1 – very likely 2 – likely 3 – neutral 4 – not likely 5 – very unlikely

DEBRIEF

Thank you very much for taking the time to participate in this study.

The study will use the information provided while completing the questionnaires to analyse the opinion and perspective of professionals that work with associations that deal with cases of Intimate Partner Violence.

All participants have the right to withdraw from the experiment until they submit their responses, without the need of an explanation and the relevant material will be destroyed.

If you feel that you were affected by any issue raised by the research you can contact a local ASL (Azienda Sanitaria Locale) for psychological support.
If you require any further information about the research, please contact me or my project supervisors on:

Chiara Zappaterreno
Chiara.Zappaterreno@hud.ac.uk
+393334218810

Project Supervisors:

Laura Hammond,
Telephone: +44 (0)1484 471174
Email: l.hammond@hud.ac.uk

Dr Maria Ioannou,
Telephone: +44 (0)1484 471174
Mobile: +44 (0) 779 612 3044
Email: m.ioannou@hud.ac.uk

Appendix 3. Approval Emails for both SREP Application

Kirsty Thomson
Mon 14/11/2016 12:26
Dear Chiara,

The reviewers of your application have asked me to confirm that your application as detailed above has been **approved outright.**

With best wishes for the success of your research project.

Regards,

Kirsty
(on behalf of the School Research Ethics Panel (SREP))

Kirsty Thomson
Research Administrator

: 01484 471156
: [redir.aspx?REF=qhP7nP5K1VHMMp-CbHK786gJPyCfX2s6jAS1mfz2wgB43yScwgzUCAFtYWlsdG86Sy5UaG9tc29uQGh1ZC5hYy51aw..]K.Thomson@hud.ac.uk
:
[redir.aspx?REF=DM1AmUCEOdA4eYDsCwbDkvp0Y7eZNfJw2MirCg77zxJ43yScwgzUCAFodHRwOi8vd3d3Lmh1ZC5hYy51ay8.]www.hud.ac.uk

School of Human and Health Sciences Research Office
Ramsden Building – R1/17
University of Huddersfield | Queensgate | Huddersfield | HD1 3DH

SHUM Research Ethics
Fri 01/09/2017 11:03
Dear Chiara,

Dr Warren Gillibrand, SREP Deputy Chair, has asked me to confirm that the proposed revision to your previously approved SREP Application has been **approved outright.**

With best wishes for the success of your research project.

Regards,

Kirsty
(on behalf of Dr Warren Gillibrand, SREP Deputy Chair)

Kirsty Thomson
Research Administrator

: 01484 471156
: hhs_srep@hud.ac.uk
: www.hud.ac.uk

School of Human and Health Sciences Research Office
Ramsden Building – R1/17
University of Huddersfield | Queensgate | Huddersfield | HD1 3DH

Appendix 4. Questionnaire and Related Documents in Italian

PARTICIPANT INFORMATION SHEET

Femminicidio all'interno della coppia in Italia

SCHEDA INFORMATIVA

Sei stato invitato a prendere parte a uno studio sul Femminicidio all'interno della coppia in Italia. Prima di decidere di partecipare, è importante che tu capisca gli scopi e i metodi della ricerca. Per favore, prendi il tempo necessario per leggere le informazioni attentamente e parlane con me se lo desideri. Non esitare a farmi delle domande se ci sta qualcosa di non chiaro o se ti servono ulteriori informazioni.

Su cosa è questo studio?
Lo scopo di questo studio è di identificare le caratteristiche del fenomeno del femminicidio all'interno della coppia in Italia e provvedere un resoconto esaustivo che puo' essere utile nei contesti di prevenzione e investigazione della violenza di coppia o del femminicidio all'interno della coppia in Italia.

Perché sono stato contattato?
Ti è stato chiesto di partecipare perché, oltre ad analizzare casi esistenti, sono anche interessata ad avere le opinioni e prospettive personali di professionisti che lavorano nel campo del supporto a vittime di violenza domestica per capire i reali bisogni delle persone che lavorano sul campo a livello giornaliero.

Devo partecipare?
Partecipare o meno è una tua decisione. Se decidi di partecipare, ti sarà chiesto di firmare un modulo di consenso e sarà possibile ritirarti dallo studio fino a che non invii il questionario compilato.

Cosa dovrò fare?
Se decidi di partecipare nella ricerca, ti sarà chiesto di rispondere ad approssimativamente 28 domande. Il questionario sarà tenuto per scopi di ricerca e il completamento dovrebbe durare intorno ai 20 minuti.

La mia identità sarà divulgata?
Le risposte saranno anonime e non verranno richieste informazioni che possano portare all'identificazione, per assicurare la riservatezza e l'anonimato.

Cosa succedere con le informazioni?
Tutte le informazioni collezionate durante la ricerca saranno tenute al sicuro e tutto le informazioni, ad esempio nomi, saranno rimosse per mantenere l'anonimato. É anticipato che la ricerca, a un certo punto, sarà pubblicata su pubblicazioni accademiche o in forma di rapporto. Però, se questo dovesse succedere, il tuo anonimato è assicurato, anche se sarà necessario utilizzare le informazioni da te provvedute, come indicato nel modulo di consenso.

Chi posso contattare per ulteriori informazioni?
Se sei influenzato/turbato da qualche questione sollevata dalla ricerca puoi contattare una ASL locale per supporto psicologico.
Se ti servono ulteriori informazioni riguardo la ricerca, per favore contatta me o i miei supervisori del progetto:

Chiara Zappaterreno
Chiara.Zappaterreno@hud.ac.uk
+393334218810

Supervisori:

Laura Hammond,
International Research Centre for Investigative Psychology
School of Human and Health Sciences
University of Huddersfield
Queensgate, Huddersfield HD1 3DH
United Kingdom
Telephone: +44 (0)1484 471174
Email: l.hammond@hud.ac.uk

Dr Maria Ioannou,
International Research Centre for Investigative Psychology
School of Human and Health Sciences
University of Huddersfield
Queensgate, Huddersfield HD1 3DH
United Kingdom
Telephone: +44 (0)1484 471174
Mobile: +44 (0) 779 612 3044
Email: m.ioannou@hud.ac.uk

CONSENT FORM

University of HUDDERSFIELD
Inspiring tomorrow's professionals

MODULO DI CONSENSO

Femminicidio all'interno della coppia in Italia:

È importante leggere, comprendere e firmare il modulo di consenso. Il vostro contributo a questa ricerca è totalmente volontario e non siete obbligati in alcun modo a partecipare, se desiderate ulteriori informazioni, contattate il ricercatore.

Sono stato pienamente informato della natura e degli obbiettivi di questa ricerca come descritto nella scheda informativa. ☐

Acconsento di partecipare. ☐

Sono a conoscenza di avere il diritto di ritirarmi dalla ricerca, senza doverne spiegare i motivi, finché non sottopongo la mia risposta. ☐

Do il consenso di citare le mie parole (se necessario usando uno pseudonimo). ☐

Sono a conoscenza che le informazioni raccolte saranno conservate in condizioni sicure per un periodo di 5 anni presso l'University of Huddersfield ☐

Sono a conoscenza che nessuna persona diversa dal ricercatore e dal team avranno accesso alle informazioni fornite. ☐

Sono a conoscenza che la mia identità sarà protetta da uno pseudonimo nel rapporto e che nessuna informazione scritta potrà portare alla mia identificazione. ☐

Se ritieni che tutte le informazioni siano comprensibili e desideri partecipare a questo progetto Inserisci un segno di spunta nella casella allineata a ogni frase e firma in basso.

Firma del Partecipante:	Firma del Ricercatore:

Firma in stampatello:	Firma in stampatello:
Data:	Data:

(In doppia copia: una per il partecipante ed una per il ricercatore)

QUESTIONNAIRE

Questionario sul Femminicidio all'interno della coppia

Secondo voi, chi tra questi è più probabile che commetta femminicidio all'interno della coppia?

1 – Partner 2 – Ex Partner 3 – Marito 4 – Ex Marito
5 – Amante

Secondo voi, chi tra questi è meno probabile che commetta femminicidio all'interno della coppia?

1 – Partner 2 – Ex Partner 3 – Marito 4 – Ex Marito
5 – Amante

Secondo voi, quale modo di uccidere è il più comune?

1 – Accoltellamento 2 – Arma da fuoco 3 – Strangolamento 4 – Percosse 5 – Soffocamento

Secondo voi, quali dei seguenti è il fattore scatenante più comune per un femminicidio all'interno della coppia?

1 – Separazione 2 – Motivi economici 3 – Depressione 4 - Malattia di uno o tutti e due i partner

Secondo voi, a quale differenza di età una coppia è più a rischio di femminicidio?

1 – La stessa età? 2 – cinque o più anni di differenza? 3 – dieci o più anni di differenza?

Questa serie di domande chiederà di giudicare, secondo voi, quanto un dato fattore sia comune nel femminicidio all'interno della coppia indicando la percentuale che credete sia la più vicina alla realtà.

Secondo voi, quanti omicidi sono seguiti dal suicidio del colpevole?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

Secondo voi, in quanti casi il colpevole uccide altre persone oltre il partner?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

Secondo voi, quanti femminicidi all'interno della coppia sono preceduti da violenza fisica nella relazione?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

Secondo voi, quanti femminicidi all'interno della coppia sono preceduti da violenza psicologica nella relazione?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

Secondo voi, quanti femminicidi all'interno della coppia sono preceduti da minacce da parte dell'omicida?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

Secondo voi, quanti femminicidi all'interno della coppia sono preceduti da stalking da parte dell'omicida?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

Secondo voi, in quanti casi di femminicidio all'interno della coppia la vittima denuncia il partner alla polizia e/o parla della violenza subita a familiari e amici?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

Secondo voi, quale percentuale di coppie ha figli in casi di femminicidio all'interno della relazione?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

Secondo voi, in quanti casi uno o entrambi i partner hanno una relazione extra coniugale?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

Secondo voi, quanto frequentemente uno o entrambi i partner sono disoccupati?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

Secondo voi, quanto frequentemente il colpevole ha precedenti penali?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

Secondo voi, quale dei seguenti è il precedente penale più comune tra i colpevoli di femminicidio all'interno della coppia?

1 – Stalking 2 – Violenza domestica 3 – Omicidio 4 – Tentato omicidio 5 – Violenza sessuale 6 – Spaccio di droga 7 – Rapina

Secondo voi, quanto frequentemente i colpevoli di femminicidio all'interno della coppia fanno uso di droga?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

Secondo voi, quanto frequentemente le vittime di femminicidio all'interno della coppia

fanno uso di droga?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

Secondo voi, quanto frequentemente i colpevoli di femminicidio all'interno della coppia fanno abuso di alcol?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

Secondo voi, quanto frequentemente le vittime di femminicidio all'interno della coppia fanno abuso di alcol?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

Secondo voi, quanto frequentemente i colpevoli di femminicidio all'interno della coppia hanno problemi di salute mentale?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

Secondo voi, quanto frequentemente le vittime di femminicidio all'interno della coppia hanno problemi di salute mentale?

1 – 10% 2 – 20% 3 – 30% 4 – 40% 5 – 50% 6 – 60%
7 – 70% 8 – 80% 9 – 90% 10 – 100%

In seguito, saranno presentati cinque scenari differenti e vi sarà chiesto di giudicare, in base alla vostra opinione, il livello di rischio di femminicidio all'interno della coppia date le circostanze.

Lui è un camionista 34enne e lei è una maestra di scuola elementare di 45 anni. Lui ha precedenti penali per contrabbando e reati contro il patrimonio. Erano sposati ma ora sono separati da poco meno di due anni e lui non riesce ad accettare la fine della relazione.

Quanto è probabile che la donna nello scenario sia vittima di femminicidio?
1 – Molto probabile 2 – Probabile 3 – Neutrale 4 – Improbabile 5 – Molto improbabile

Lui è un macellaio di 27 anni e lei è una madre di 22 anni. Vivevano insieme ma ora la loro relazione è finita e hanno una figlia di due anni. La coppia ha litigato parecchie volte riguardo alla paternità della bambina e la madre ha denunciato tre volte il suo ex compagno in seguito a queste liti.

Quanto è probabile che la donna nello scenario sia vittima di femminicidio?
1 – Molto probabile 2 – Probabile 3 – Neutrale 4 – Improbabile 5 – Molto improbabile

Lui è un ex operaio di 81 anni e lei è una pensionata di 80 anni. Sono sposati e stanno insieme da 60 anni. Hanno figli grandi che lavorano e che hanno una loro famiglia. Lei è costretta a letto per diverse malattie e viene accudita dal marito. Lui è malato di depressione ed è stato recentemente dimesso dal reparto di psichiatria di un ospedale.

Quanto è probabile che la donna nello scenario sia vittima di femminicidio?
1 – Molto probabile 2 – Probabile 3 – Neutrale 4 – Improbabile 5 – Molto improbabile

Lui è un disoccupato di 35 anni che fa lavori saltuari e lei ha 38 anni. Lei ha due figli avuti da una relazione precedente. La polizia ha ritirato più volte la patente di lui per guida in stato di ebbrezza. Tutti e due hanno problemi con l'alcol e litigano frequentemente.

Quanto è probabile che la donna nello scenario sia vittima di femminicidio?
1 – Molto probabile 2 – Probabile 3 – Neutrale 4 – Improbabile 5 – Molto improbabile

Lui è un maresciallo dei carabinieri di 45 anni e lei ha 37 anni e lavora in uno studio legale. Sono sposati e hanno un figlio di 11 anni. Lui ha due lauree e si occupa spesso di un parente malato. Anni fa, era stato curato per depressione e si è ripreso completamente.

Quanto è probabile che la donna nello scenario sia vittima di femminicidio?
1 – Molto probabile 2 – Probabile 3 – Neutrale 4 – Improbabile 5 – Molto improbabile

DEBRIEF

RESOCONTO

Grazie mille per aver partecipato.

Questo studio userà le informazioni fornite completando il questionario per analizzare le opinioni e prospettive personali di professionisti impegnati in associazioni che si occupano di casi di violenza domestica.

Tutti i partecipanti possono ritirarsi dallo studio fino all'invio del questionario compilato senza dover fornire spiegazioni e tutto il materiale sarà eliminato.

Politiche dell'università stabiliscono che, nel caso foste influenzati o turbati da argomenti sollevati dalla ricerca, potete contattare una ASL locale per supporto psicologico.
Nel caso servissero ulteriori informazioni riguardo la ricerca, per favore contattate me o i miei supervisori del progetto:

Chiara Zappaterreno
Chiara.Zappaterreno@hud.ac.uk
+393334218810

Supervisori:

Laura Hammond,
Telephone: +44 (0)1484 471174
Email: l.hammond@hud.ac.uk

Dr Maria Ioannou,

Telephone: +44 (0)1484 471174
Mobile: +44 (0) 779 612 3044
Email: m.ioannou@hud.ac.uk

Appendix 5. Organisations Contacted for the Questionnaire

Organizations Contacted for the Questionnaire			
Email	**Name**	**Location**	**Region**
info.apsdonne@gmail.com	DONN-è	Ortona	Abruzzo
centroantiviolenza.laquila@gmail.com	Centro antiviolenza “Donatella Tellini"	L'Aquila	Abruzzo
associazioneladiosa@gmail.com	Associazione La Diosa	Sulmona	Abruzzo
casa.donne2005@katamail.com	La Libellula. La Casa delle Donne	Sulmona	Abruzzo
info@centroananke.it	Centro Antiviolenza Ananke Pescara	Pescara	Abruzzo
lafenice@provincia.teramo.it	Centro Antiviolenza La Fenice	Teramo	Abruzzo
info@telefonodonnapotenza.it	Telefono Donna	Potenza	Basilicata
mondorosaccs@virgilio.it	Centro regionale antiviolenza "Mondo Rosa"	Catanzaro	Calabria
contro33@centrolanzino.191.it	Centro contro la violenza alle donne Roberta Lanzino	Cosenza	Calabria
info@attivamentecoinvolte.org	Attivamente coinvolte Onlus	Tropea Vibo	Calabria
cpatania@email.it	Centro Antiviolenza Donne Vibo Valentia	Valentia	Calabria
centroantiviolenzaa04@gmail.com	Alice e il Bianconiglio	Avellino	Campania
centroantiviolenza@cooperativalagoccia.it	Centro Antiviolenza PdZ A02 Comune Capofila Mercogliano	Mercogliano	Campania
spaziodonnaonlus@libero.it	Telefono Rosa - Spazio Donna - Caserta - CE	Caserta	Campania
antiviolenzaeva@libero.it	Cooperativa Eva	Maddaloni	Campania
casadimarinellaonlus@libero.it	La casa di Marinella	Acerra	Campania
centrodonna@comune.napoli.it	A.U.R.O.R.A.	Napoli	Campania
info@lekassandre.com	Sportello Donna Le Kassandre	Napoli	Campania
viveredonna@gmail.com	Centro Vivere Donna Onlus	Carpi	Emilia Romagna
info@sosdonna.com	SOS Donna Faenza	Faenza	Emilia Romagna
centro@donnagiustizia.it	Centro donna giustizia Ferrara	Ferrara	Emilia Romagna
telefonorosapiacenza@libero.it	La CittÃ delle Donne / Telefono Rosa di Piacenza	Piacenza	Emilia Romagna
most@donnecontroviolenza.it	Casa delle donne contro la violenza Onlus	Modena	Emilia Romagna
acavpr@libero.it	Centro antiviolenza	Parma	Emilia Romagna
telefonorosapiacenza@libero.it	La CittÃ delle Donne / Telefono Rosa di Piacenza	Piacenza	Emilia Romagna
linearosa-russi@racine.ra.it	Linea Rosa	Ravenna	Emilia Romagna
info@nondasola.it	Casa delle donne Reggio Emilia	Reggio Emilia	Emilia Romagna
sosdonna.bo@gmail.com	SOS Donna Bologna	Bologna	Romagna

sosrosa@yahoo.it	SOS Rosa - Gorizia	Gorizia	Friuli Venezia Giulia
info@dadonnaadonna.org	Da donna a donna - Ronchi dei legionari	Gorizia	Friuli Venezia Giulia
vocedonnapn@gmail.com	Voce donna - Pordenone	Pordenone	Friuli Venezia Giulia
info@goap.it	GOAP - Trieste	Trieste	Friuli Venezia Giulia
iotunoivoi@iotunoivoi.it	Iotunoivoi Donne Insieme	Udine	Friuli Venezia Giulia
zerotolerance@comune.udine.it	Zero Tolerance	Udine	Friuli Venezia Giulia
info@risorsedonna.org	Stella Polare - Risorsa donna	Sora	Lazio
centrodonnalilith@gmail.com	Centro Donna Lilith	Latina	Lazio
centroesseredonna@libero.it	Centro Essere Donna	Terracina	Lazio
centrocomunale.antiviolenza@gmail.com	Centro antiviolenza del Comune di Roma "DONATELLA COLASANTI E MARIA ROSARIA LOPEZ	Roma	Lazio
info@centrodonnalisa.it	Centro donna L.I.S.A.	Roma	Lazio
prendereilvolo@differenzadonna.it	Prendere il volo	Roma	Lazio
centromaree1@tiscali.net	Centro maree	Roma	Lazio
ceproant@tiscalinet.it	Centro di accoglienza per donne	Roma	Lazio
cav@associazionerising.org	Centro antiviolenza Mariella Gramaglia	Roma	Lazio
cadd.valmontone@libero.it	La Ginestra	Valmontone	Lazio
e.rinna@yahoo.it	Erinna	Viterbo	Lazio
udige@libero.it	Centro di accoglienza per non subire violenza	Genova	Liguria
cerchiorelazioni@libero.it	Il Cerchio delle relazioni	Genova	Liguria
udi.laspezia@email.it	Telefono donna	La Spezia	Liguria
telefonodonna.savona@libero.it	Telefono donna	Savona	Liguria
info@aiutodonna.it	Aiuto Donna uscire dalla violenza	Bergamo	Lombardia
casadelledonnetreviglio@gmail.com	Casa delle donne Treviglio	Treviglio	Lombardia
cinzia.mancadori@centrosirio.it	Sportello donna Sirio	Treviglio	Lombardia
casa@casadelledonne.191.it	Casa delle donne Brescia	Brescia	Lombardia
segreteria@telefonodonnacomo.it	Telefono donna Como	Como	Lombardia
assocdonne@alice.it	Associazione Donne contro la violenza Onlus	Crema	Lombardia
aida.onlus@virgilio.it	Incontro donne antiviolenza	Cremona	Lombardia
teldonnalecco@alice.it	teldonnalecco@alice.it	Lecco	Lombardia
Segreteria@altrametadelcielo.org	Telefono donna Merate	Merate	Lombardia
orsaminoreonlus@gmail.com	Centro antiviolenza La meta' di niente, Orsa Minore	Lodi	Lombardia
telefonorosa@tin.it	Telefono Rosa Mantova	Mantova	Lombardia
artemisia@comune.colognomonzese.mi.it	Sportello Artemisia	Cologno Monzese	Lombardia

info@cerchidacqua.org	Cerchi d'Acqua	Milano	Lombardia
telefono.donna@tiscali.it	Telefono donna Milano	Milano	Lombardia
info@cadmi.org	Casa delle donne maltrattate	Milano	Lombardia
info@donneinsieme.org	Donne insieme contro la violenza	Pieve Emanuele	Lombardia
info@cadom.it	C.A.DO.M.	Monza	Lombardia
centroantiviolenzapv@gmail.com	LiberaMente percorsi di donne contro la violenza	Pavia	Lombardia
eosvarese@virgilio.it	EOS Centro ascolto donne maltrattate Onlus	Varese	Lombardia
donne.giustizia@libero.it	Centro donna giustizia Ferrara	Ferrara	Emilia Romagna
casarifugio@lagemma.org	Casa Rifugio Zefiro	Ancona	Marche
centroantiviolenza@provincia.ap.it	Donna con te	Ascoli Piceno	Marche
centroantiviolenza.ap@alice.it	Centro antiviolenza - Ascoli Piceno	San Benedetto del Tronto	Marche
percorsidonna@ontheroadonlus.it	Percorsi donna	Sant'Elpidio a Mare	Marche
cavsosdonna@comune.macerata.it	CAV Macerata	Macerata	Marche
parlaconnoi@provincia.ps.it	Parla con noi	Pesaro	Marche
liberalunaonlus@gmail.com	Associazione Liberaluna ONLUS	Campobasso	Molise
e.deacontroviolenza@gmail.com	Me.Dea	Alessandria	Piemonte
telefono.donna@libero.it	Telefono donna	Cuneo	Piemonte
info@maipiusole.it	Mai piu sole	Savigliano	Piemonte
puntodonna@comune.arona.no.it	Sportello donna Arona	Arona	Piemonte
sportellopariopportunita@cissborgomanonero.it	Sportello Pari Opportunita CISS	Borgomanero	Piemonte
sportellodonna@cisasservizi.it	Sportello donna. C.I.S.A.S.	Marano Ticino	Piemonte
csdonna@provincia.novara.it	Centro Servizi Donna	Novara	Piemonte
sportellodonnaied@gmail.com	Sportello Donna Aied	Novara	Piemonte
info@donnefuturo.com	Donne & Futuro	Torino	Piemonte
centroantiviolenza@comune.torino.it	Centro antiviolenza CittÃ di Torino	Torino	Piemonte
telefonorosa@mandragola.com	Telefono Rosa Piemonte	Torino	Piemonte
unionedelledonne@libero.it	Centro donne contro la violenza	Torino	Piemonte
pschinco2@cittadellasalute.to.it	Centro di supporto e ascolto vittime di violenza Demetra	Torino	Piemonte
svs@cittadellasalute.to.it	Centro S.V.S.	Torino	Piemonte
info@svoltadonna.it	Centro antiviolenza Svolta Donna	Pinerolo	Piemonte
info@giraffaonlus.it	Giraffa	Bari	Puglia
safiya.onlus@libero.it	Safiya	Polignano a Mare	Puglia
cav.riscoprirsi@gmail.com	Riscoprirsi	Andria	Puglia
centroantiviolenza@libero.it	Osservatorio Giulia e Rossella	Barletta	Puglia
savetrani@virgilio.it	Save-Centro antiviolenza e antistalking	Trani	Puglia
iodonna.cav@libero.it	Io donna	Brindisi	Puglia
cavaporti@yahoo.it	Sportello antiviolenza	Brindisi	Puglia
impegnodonna@virgilio.it	Telefono donna Foggia	Foggia	Puglia
donneinsieme.rf@libero.it	Centro antiviolenza Renata Fonte	Lecce	Puglia

alzaiadonne@libero.it	Sostegno donna	Taranto	Puglia
ondarosa.nuoro@tiscali.it	Onda Rosa	Nuoro	Sardegna
infoprospettivadonna@gmail.com	Prospettiva Donna	Olbia	Sardegna
info@centroantiviolenzaoristano.it	Donna Eleonora	Oristano	Sardegna
progetto.aurora@amistade.org	Progetto Aurora	Sassari	Sardegna
info@vivereilsociale.it	Centro antiviolenza telefono aiuto	Agrigento	Sicilia
centroantiviolenza@thamaia.org	Thamaia	Catania	Sicilia
info@associazionedonneinsieme.it	Associazione Donne Insieme	Piazza Armerina	Sicilia
cedav@virgilio.it	Cedav	Messina	Sicilia
centroadid@libero.it	Centro antiviolenza ADID Borgetto	Borgetto	Sicilia
leonde@tin.it	Le Onde	Palermo	Sicilia
serenascaffidi@libero.it	Cooperativa Arcadia	Palermo	Sicilia
FidelisOnlus@libero.it	Centro antiviolenza ADID Partinico	Partinico	Sicilia
centrodonnenuove@libero.it	Centro D'ascolto Donne Nuove	Trabia	Sicilia
associazione.nuovavita@alice.it	Nuova Vita	Ragusa	Sicilia
info@angelinrete.org	Centro A.N.G.E.LI.	Siracusa	Sicilia
lanereide.sr@virgilio.it	Centro antiviolenza-antistalking "La Nereide"	Siracusa	Sicilia
reteantiviolenzasiracusa@virgilio.it	Rete centri antiviolenza	Siracusa	Sicilia
info@prontodonna.it	Pronto donna	Arezzo	Toscana
artemisia@fol.it	Centro contro la violenza Catia Franci. Associazione Artemisia	Firenze	Toscana
info@centrodonnagrosseto.org	Centro Donna Grosseto	Grosseto	Toscana
mail@associazioneluna.it	Centro antiviolenza Luna	Lucca	Toscana
centroantiviolenzaviareggio@gmail.com	L'Una per l'Altra	Viareggio	Toscana
teldonna@tiscali.it	Casa della donna Pisa	Pisa	Toscana
associazione.frida@libero.it	Centro antiviolenza Frida Kahlo	San Miniato	Toscana
info@liberetutte.org	Liberetutte	Montecatini Terme	Toscana
lanara@alicecoop.it	La Nara	Prato	Toscana
info@associazioneamicadonna.it	Associazione Amica Donna	Chianciano Terme	Toscana
donneinsiemevaldelsa@gmail.com	Centro AntiViolenza Donne Insieme Valdelsa	Colle di Val D'Elsa	Toscana
donnachiamadonna@libero.it	Centro Antiviolenza "Donna chiama Donna"	Carrara	Toscana
frau.gea@virgilio.it	Casa delle donne / Fauenhaus	Bolzano	Trentino Alto Adige
info@chancengleichheit.bz	Bolzano	Trentino Alto Adige	
info@donnecontrolaviolenza.org	Donne contro la violenza / Frauen gegen Gewalt	Merano	Trentino Alto Adige
centroantiviolenzatn@tin.it	Centro antiviolenza - Trento	Trento	Trentino Alto Adige
telefonodonna@regione.umbria.it	Telefono donna	Perugia	Umbria
centroantiviolenzaperugia@gmail.com	Centro antiviolenza “Catia Doriana Bellini”	Perugia	Umbria
alberodiantonia51@yahoo.it	L'Albero di Antonia	Orvieto	Umbria
centroantiviolenzaterni@gmail.com	Centro antiviolenza Liberetutte	Terni	Umbria

cdvaosta@libero.it	Associazione Centro donne contro la violenza	Aosta	Valle D'Aosta
bellunodonna@libero.it	Belluno Donna	Belluno	Veneto
info@centrodonnapadova.it	Centro Donne Padova	Padova	Veneto
casadiawa@codess.com	Casa di Awa	Padova	Veneto
telefonorosatreviso@libero.it	Telefono Rosa Treviso	Treviso	Veneto
centroantiviolenza@comune.vittorio-veneto.tv.it	Centro antiviolenza Vittorio Veneto	Vittorio Veneto	Veneto
nildeantiviolenza@isidecoop.com	Centro Nilde	Castelfranco Veneto	Veneto
cittadinanza.donne@comune.venezia.it	Centro donna - Venezia	Mestre	Veneto
info@isidecoop.com	Estia Spazio Antiviolenza Iside	Mestre	Veneto
soniantiviolenza@isidecoop.com	Iside Antiviolenza Sportello Sonia	Noale	Veneto
petra.antiviolenza@comune.verona.it	Centro Petra	Verona	Veneto
trverona@gmail.com	Telefono Rosa Verona	Verona	Veneto
donnachiamadonna@gmail.com	Donna chiama donna	Siena	Toscana
rompiilsilenzio@virgilio.it	Rompi il silenzio	Rimini	Emilia Romagna