Could We Have Known? A Qualitative Analysis of Data from Women Who Survived an Attempted Homicide by an Intimate Partner

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OBJECTIVE: To examine in-depth the lives of women whose partners attempted to kill them, and to identify patterns that may aid in the clinician’s ability to predict, prevent, or counsel about femicide or attempted femicide.

DESIGN: Qualitative analysis of 30 in-depth interviews.

SETTING: Six U.S. cities.

PARTICIPANTS: Thirty women, aged 17–54 years, who survived an attempted homicide by an intimate partner.

RESULTS: All but 2 of the participants had previously experienced physical violence, controlling behavior, or both from the partner who attempted to kill them. The intensity of the violence, control, and threats varied greatly, as did the number of risk factors measured by the Danger Assessment, defining a wide spectrum of prior abuse. Approximately half (14/30) of the participants did not recognize that their lives were in danger. Women often focused more on relationship problems involving money, alcohol, drugs, possessiveness, or infidelity, than on the risk to themselves from the violence. The majority of the attempts (22/30) happened around the time of a relationship change, but the relationship was often ending because of problems other than violence.

CONCLUSIONS: Clinicians should not be falsely reassured by a woman’s sense of safety, by the lack of a history of severe violence, or by the presence of few classic risk factors for homicide. Efforts to reduce femicide risk that are targeted only at those women seeking help for violence-related problems may miss potential victims.

KEY WORDS: intimate partner violence; mortality; attempted femicide; qualitative research.


Femicide, the murder of women, is one of the leading causes of premature death for women in the United States, and the leading cause of death for African-American women aged 15–34 years. Whereas only 3% to 6% of male homicide victims are killed by an intimate partner, 5–7 30% to 55% of femicide victims are killed by an intimate partner. Despite widespread efforts to decrease intimate partner violence (IPV), and a steady decrease in the rate of murders by intimate partners where the victim is male, there has been little improvement in intimate partner murder rates where the victim is female.

Studies have found that 65% to 80% of intimate partner femicide victims were previously abused by the partner who killed them. The question then becomes: among abused women, how does one accurately determine who is at highest risk for serious harm or mortality? Standard medical education curricula on domestic violence teach that clinicians should look for a history of severe or escalating domestic violence, or for classic signs of increased risk such as prior threats to kill or assaults with a weapon. Formal, psychometrically tested lethality assessment tools such as the Danger Assessment (DA) have been shown to improve clinical assessment.

The DA is a clinical and research instrument that has been designed to assist battered women in assessing their danger of being murdered by their intimate partner. The original DA measures the total number of “yes” responses by the battered woman on the 15-item risk factors associated with intimate partner homicide and is scored by counting the “yes” responses; a higher number indicates that more of the risk factors for homicide are present in the relationship. The DA has the most published data on risk factors for intimate homicide and concurrent and predictive validity information. However, it is not a standard part of medical practice and is not in widespread use among practicing clinicians. Our objectives were to explore in-depth the lives of 30 women who survived an attempt on their life by an intimate partner. We also wanted to identify themes that may aid in the clinician’s ability to predict, prevent, or counsel about femicide and attempted femicide.
METHODS

Participants

This qualitative analysis was performed in conjunction with an 11-city case-control study to determine the risk factors of actual and attempted intimate partner femicide. The case-control study compared data on women who had been murdered by an intimate partner and women who had survived a femicide attempt by an intimate partner with age- and location-matched controls who were in violent relationships, but who had not had an attempt on their lives. The attempted femicide sample consisted of 182 consecutive cases that had survived an attempted femicide by an intimate partner for the years 1994–2000. Attempted femicide was defined as: a gunshot or stab wound to the head, neck, or torso; loss of consciousness from strangulation, trauma, or attempted drowning; other severe injuries that could have led to death; and/or verifiable evidence of unambiguous intent to kill the victim. Cases were eligible if the perpetrator was a current or ex-intimate partner and the case was designated as “closed” by the police (an arrest made or adjudication depending on the jurisdiction). Participants also had to be living separately from the perpetrator in a safe environment. There were no age restrictions to participation. At each site, coinvestigators worked with local law enforcement, the district attorney’s office, domestic violence shelters, and trauma centers to identify women who would be eligible to participate in the larger case-control study. They mailed an introductory letter to women meeting the inclusion criteria. Because of concerns for safety in case the perpetrator could intercept the woman’s mail, the letter did not mention the attempted homicide, but asked the woman if she would be interested in participating in a study of women’s health and relationships. Investigators followed up the letter with a phone call, except in cases where women indicated they did not wish to be contacted.

Investigators in 6 cities (Baltimore, Md; Houston, Tex; Kansas City, Mo; Portland, Ore; Tampa, Fla; and Wichita, Kan) agreed to collaborate on the qualitative component of the study. At the end of the interview for the case-control portion of the study, interviewers in these cities asked women if they would be willing to discuss their stories further in an open-ended interview. Recruitment started with women who had most recently experienced a murder attempt and continued until the goal of 30 participants was met. Sample size was based both on the anticipated number needed for saturation and on the desire to obtain approximately 20% participation from each of the cities. We also purposely sampled for ethnic diversity. The study was approved by the institutional review boards of all involved institutions.

Data Collection

Subjects participated in an audiotaped, semistructured, in-depth interview. The purpose of the interview was to allow women to describe, in their own words, their relationship with the partner who had attempted to kill them, and their perceptions of the activities and events that preceded the attempt. In order to standardize procedures across the sites, two of the authors developed guidelines for conducting the semistructured interviews. Interviews were divided into 5 sections focusing on: (1) the intimate relationship; (2) the events preceding the attempted homicide; (3) the event itself; (4) changes since the event; and (5) interactions with health care workers, counselors, and police. Each section began with open-ended questions and was followed by preestablished probes. Interviewers specifically directed women to think about any events in the month, week, or day prior to the event that may have let them know that something was different or that something was going to happen. Interviews lasted 30 to 90 minutes, and were transcribed verbatim.

Coding and Analysis

We analyzed transcripts in accordance with thematic analysis processes as described by Ryan and Bernard. We developed a list of provisional codes based on an initial reading of 5 randomly selected interviews. The list of provisional codes was circulated among 6 team members, who reread the 5 interviews and reached an agreement on the application of these codes to those interviews. Two investigators then coded the entire sample with multiple readings of transcripts, looking for common themes among the participants’ stories. New codes were added as themes emerged. In addition to looking for themes that emerged spontaneously from the interviews, the two authors specifically documented the presence or absence of known risk factors. These included the 15 items on Campbell’s DA, an instrument used to assess lethality among abused women, as well as risk factors identified in the associated case-control analyses of intimate partner femicides. The investigators then discussed each interview until agreement was reached regarding the coding of risk factors and common themes. Interview summaries and a list of features most salient for each woman were sent to a team of 7 other coauthors. This team used the summaries to review and validate the identified themes and conclusions. Participants themselves were not available to validate identified themes and conclusions. Formal DA scores were available as part of the case-control portion of the larger study. We compared data on our group of 30 participants with data on all 182 attempted femicide cases in order to detect important sampling differences regarding known risk factors for lethality.

RESULTS

Participants

Thirty women, aged 17 to 54 years, participated in our study: 10 from Baltimore, Md, 4 from Tampa, Fla, 5 from Portland, Ore, 6 from Houston, Tex, 2 from Wichita, Kan, and 3 from Kansas City, Mo. In all cases, the perpetrator was male. Interviews occurred 5 months to 2 years after