



“You Have Caused All of This, It’s All Your Fault”: An Argument for the Application of Grievance- Fuelled Violence Frameworks to the Prevention of Male-Perpetrated Intimate Partner Homicide

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Abstract

Male-perpetrated intimate partner homicide (IPH) is one of the most common forms of homicide globally. Because of extensive research undertaken over the past 15 years, our understanding of why and under what circumstances IPH occurs has developed rapidly. There is also considerable evidence that traditional responses to intimate partner violence (IPV) are, in most cases, ineffective at preventing the escalation of harm. Considered in tandem, this research and evidence provide impetus to consider the potential of prevention models developed to address other forms of violence. This article highlights the empirical and theoretical similarities between perpetrators of grievance-fuelled violence and IPV and IPH. Using this evidence, an argument is made for applying a grievance-fuelled violence framework in IPH prevention.

Keywords: Domestic violence; family violence; grievance-fuelled violence; homicide; intimate partner violence; violence prevention

Introduction

Male-perpetrated intimate partner homicide (IPH) is one of the most common forms of homicide globally, with women being more likely to be killed by a current or former male partner than anyone else. Australia is no exception to this alarming trend; in 2022–2023, it was estimated that one woman was murdered by their current or former male intimate partner every 11 days (Miles & Bricknell, 2024). This rate has declined significantly over the past 30 years, by an estimated 66% (Miles & Bricknell, 2024). However, there is little evidence to suggest that this decline is attributable to the awareness campaigns, early education, and criminal justice reforms which Australia has implemented under the auspices of state-, territory-, and federal-level policy frameworks (see, for example, the National Action Plan to Reduce Violence against Women and Children [2010–2022], Department of Social Services, 2019). Indeed, all forms of homicide are decreasing (although stranger homicide is decreasing at a much slower rate than acquaintance and domestic homicide), both in Australia (Miles & Bricknell, 2024) and internationally (Santos & Testa, 2018). This has been attributed to improvements in medical treatment and technologies (Linde, 2018), and broader socio-political changes. These include reducing levels of poverty and increasing ratios of older people to younger people, referred to as the “youth oversight effect” (Baumer & Wolff, 2014). Primary prevention and early intervention programs are essential to reduce rates of violence against women into the future. Furthermore, strategies and interventions are needed at the system level to effectively stop the recurrence of violence against women and children that has already started, and may be escalating.



The ability to predict an individual's risk of committing IPH using risk assessment instruments has been subject to considerable debate. Indeed, two decades of research have identified key risk factors associated with IPH and intimate partner violence (IPV). These factors include the nature of the abuse during the course of the relationship (Campbell et al., 2003; Glass et al., 2008; Monckton Smith, 2020; Spencer & Stith, 2020), the characteristics of the relationship (Boxall et al., 2022), and the characteristics of the perpetrator (Boxall et al., 2022; Spencer & Stith, 2020). Further, research has demonstrated that women are at an elevated risk of homicide during the period following a separation (Johnson & Hotton, 2003), particularly when it coincides with situational stressors, such as the division of assets and child custody disputes (Boxall et al., 2022; Monckton Smith, 2020).¹ However, recent research by Trood and colleagues (2024) evaluated the predictive validity of both the *Victorian Police Screening Assessment for Family Violence Risk* and individual risk factors associated with intimate partner femicide in identifying future lethal/near lethal family violence. While they were able to correctly classify all users of lethal/near lethal IPV as "high risk", the research found the majority of "high risk" users of violence did not commit lethal/near lethal IPV. In practice, these results indicate that if one uses similar risk assessment instruments, it should be anticipated that there will be a "large scale of misidentification" (Trood et al., 2024, p. 22), particularly if the goal is to assess the risk of IPH or lethal/near lethal family violence.

In response to these concerns about understanding an individual's risk of IPH, research has moved beyond the descriptive exploration of static risk factors (e.g., gender of the offender). Studies have started to examine risk over the offender's life course and throughout the relationships between victims and offenders (see, for example, Boxall et al., 2022; Monckton Smith, 2020). Monckton Smith, in her seminal 2020 article, analysed 372 cases of male-perpetrated IPH in the United Kingdom (UK) and identified an 8-stage pathway to IPH (Pre-relationship, Early Relationship, Relationship, Trigger/s, Escalation, Change in Thinking/Decision, Planning, Homicide). Meanwhile, research conducted recently in Australia, involving the analysis of 200 cases of male-perpetrated IPH, identified three primary pathways accounting for 84 per cent of cases. Boxall et al. (2022) termed these pathways: fixated threat (FT), which accounted for 33 per cent of the sample,² deterioration/acute stressors (DAS; 11%), and persistent and disorderly (PD; 40%). Although there were important differences between these pathways, crucial life-course events emerged as significant across all three. These included the offender's history of abuse within their families of origin; their own use of violence towards other intimate partners; deterioration in their mental health and wellbeing, including increased consumption of alcohol and drugs; and their perceived loss of control over the victim (Boxall, et al., 2022).

Because of this large and expanding body of research, our understanding of why and under what circumstances male-perpetrated IPH occurs has developed rapidly. The results of these empirical works provide impetus to translate the findings into practical solutions and interventions. This is particularly important considering the evidence supporting the effectiveness of mainstream responses to IPV is, at best, mixed (Dowling et al., 2018; Wilson et al., 2021). This evidence has led researchers and advocates to suggest that alternative models for intervention are needed, to reduce reoffending and prevent the escalation of abuse (Boxall et al., 2022; Wilson et al., 2021).

IPV and IPH researchers and advocates have typically not explored the potential of initiatives developed outside of the domestic and family violence sector to prevent the occurrence of these behaviours. This is likely attributable, at least in part, to the belief that IPV and IPH are different or unique to other forms of violence, and so require their own prevention strategies. However, there is emerging evidence of the applicability of prevention strategies and theoretical frameworks developed to address other forms of violence to IPV and IPH. These include focused deterrence (Sechrist & Weil, 2018), desistance theory (Walker et al., 2018), and, most recently, grievance-fuelled violence (Cooper et al., 2022; Corner & Taylor, 2023; Cubitt et al., 2024).

There is now a small body of evidence describing the intersection between IPV and IPH, and grievance-fuelled violence (Cooper et al., 2022; Corner and Taylor, 2023). There has also been a preliminary indication of what a grievance-fuelled violence prevention model including (or focusing on) IPH may look like in practice (Cubitt et al., 2024). To date, however, there has been no detailed comparison of the conceptual and empirical evidence from the grievance-fuelled violence and IPH and IPV disciplines that can proffer support for the application of such a model for IPV and IPH. This is the research gap that this article addresses.³

Grievance-Fuelled Violence

IPV and IPH are not the only crime types that have, to date, been largely classified as outside of mainstream criminological theory and research. In 2023, Gary LaFree argued that terrorism and politically-motivated violence had long been considered external to criminology as they did not "fit neatly into the model of mainstream criminology" (p. 1). There has been a shift in criminological investment, due, in part, to the burgeoning of research on terrorist behaviour since 2001. Despite this, much of the research continues to remain adjacent to criminology and is largely considered an interdisciplinary endeavour. This is

similar to other crime types that are also founded on interdisciplinary research, including stalking, mass murder, hate crime, and fixation.

Alongside the similarities in discipline attention, the aforementioned forms of crime (alongside IPV and IPH) have also been recently linked on conceptual grounds. This began in 2018, when Pathé et al. argued that a specific subset of terrorist offenders, those who act alone, presented new challenges to the security environment. Pathé et al. (2018) defined these offenders as committing acts of lone-actor grievance-fuelled violence. They noted that such violence was committed by individuals “motivated by idiosyncratic grievances, underpinned by a sense of injustice, loss, injury, or victimisation” (2018, pp. 38–39). More recently, Corner et al. (2023) noted an increasingly common view that the distinction between political ideology, criminal intent, and personal motivation was blurred across the aforementioned offence types. This was despite the enduring interest in terrorism. Corner et al. (2023) also argued for the potential research and practice benefits of enacting a conceptual shift and unifying these previously siloed areas of research.

To provide some conceptual clarity for both research and practice, Corner and Taylor (2023) developed a dataset of 120 perpetrators of lone-actor terrorism, mass murder, familial homicide, and IPH. They aimed to develop an empirically supported model of grievance-fuelled violence. Their subsequent model demonstrated the dynamic interactions between nine indicators that were identified as unique to offenders classified as grievance-fuelled, using Pathé et al.’s (2018) definition. These were: instability and deterioration in living conditions, expression of prejudices or negative attitudes towards others, a desire to commit revenge, displays of emotional problems including rumination, expressions of anger and needs, and experience of social rejection.

The concept of grievance-fuelled violence is still largely in its infancy, and theoretical interrogation and conceptual development are ongoing (Brooks & Barry-Walsh, 2022; Corner & Taylor, 2023; Higgs et al., 2023; Sizoo et al., 2022). Nonetheless, Brooks and Barry-Walsh (2022) proposed that the concept of grievance-fuelled violence could be used to help guide the conceptual development of our understanding of a diverse group of offenders who enact targeted violence, including IPH.

Grievance-Fuelled Violence Prevention

The development of the concept of grievance-fuelled violence was borne out of a change in practice and the requirement for a new model to better capture this subset of offenders. The New South Wales State Coroner’s 2017 inquest into the Lindt Café siege made several recommendations for improving practice, one of which was the establishment of multiagency centres across Australian states and territories tasked with preventing grievance-fuelled violence. The inquest noted that such a model should be drawn from existing centres that work to prevent fixated threat (see Pathé & Farnham, 2023 for a deeper discussion on the development of fixated threat assessment centres). Fundamentally, these centres operate in accordance with public health practices and consist of co-located policing and mental health teams. The centres operate to divert referrals into the appropriate care pathways (e.g., mental health, physical health, social care, probation services, custodial services) and were established based on research identifying two primary indicators that are concretely linked to fixated threat: severe mental illness and *leakage*. These indicators have also been consistently linked to other forms of grievance-fuelled violence (Corner & Gill, 2015; Gill et al., 2021; Horgan et al., 2016; Meloy et al., 2011).

Leakage, first described by O’Toole (2000), encapsulates behaviours that demonstrate to others the individual’s belief systems and intent to carry out an act of violence. This could involve direct and indirect communications (that may or may not include threatening language), inappropriate approaches to targets, protests, and telling others of their violent intentions. Leakage has also been conceptually linked to warning behaviours (Meloy et al., 2011) and described as a specific type of warning behaviour. Warning behaviours have also been referred to as attack signalling, tell-tale behaviours, and pre-attack signals.

Prior to the Lindt Café siege inquest, there was only one fully established fixated threat assessment centre (FTAC) in Queensland, Australia. Following the inquest, several centres with similar structures were established across Australia (and one in New Zealand). However, these newer centres do not just take referrals for fixated threat matters. They have separate referral pathways for those who present an extremist threat and those with grievances relating to workplace, school, and organisational settings; family members; minority groups; or wider society (Clemmow et al., 2022; Pathé & Farnham, 2023). Each centre operates independently, with referrals accepted at the discretion of the centre’s own remit; however, the overall structure of centres is relatively consistent across jurisdictions. Crucially, larger centres also operate with the addition of unsworn intelligence analysts to allow for further information sharing for case assessment and management.

Justifications for Classifying IPH as a Form of Grievance-Fuelled Violence

Research has identified preliminary evidence that there is scope to include IPV and IPH as forms of grievance-fuelled violence (see, for example, Cooper et al., 2022, Corner & Taylor, 2023). Only one study could be located that explicitly used grievance as a framework for understanding the occurrence of IPH. Cooper et al. (2022) identified that, within a sample of 38 familicide cases, 20 were grievance-fuelled, with offenders being predominantly motivated by a desire for revenge. The authors argued that, within this group of 20 offenders, the index offences were more akin to those classified as mass or extreme violence than non-agrieved familicide cases.

Despite this emerging evidence, at time of writing, there is a lack of evidence supporting the application of a grievance-fuelled violence prevention framework for IPV and IPH. The following sections offer a range of theoretical and empirical evidence highlighting the similarities in offending, which can provide initial support for such an application.

Grievance is a Common Motivation for IPH

Using the definition of grievance-fuelled violence provided previously, the authors concur with the grievance-fuelled violence researchers (Cooper et al., 2022; Corner & Taylor, 2023) who assert that there is scope to class a proportion of cases of IPH as grievance-fuelled. Beyond the study conducted by Cooper and colleagues (2022), there is evidence to support this assertion within research into the motives of IPH perpetrators and the meanings they ascribe to their use of lethal violence (Dobash & Dobash, 2011; Elisha et al., 2010; Harden et al., 2019). In a recent systematic review of qualitative studies exploring the motivations of IPH perpetrators, Harden and colleagues (2019) found that IPH perpetrators were frequently aggrieved towards the victim during the lead up to, and at the time of, the lethal incident (Harden et al., 2019). Notably, male perpetrators of IPH or attempted homicide, and professionals working with these men, often attributed the violence to two key grievances. These were morbid jealousy, linked to the victim's actual or perceived infidelity and re-partnering (i.e., betrayal), or to the victim's decision (or anticipated decision) to end the relationship and subsequent refusal to reconcile.

In their analysis of interviews conducted with 15 men convicted of murder, manslaughter, or attempted murder of their female partners, Elisha and colleagues (2010) similarly identified betrayal and abandonment as core motivations underpinning the use of lethal violence. However, the authors also identified a third motivation: the victim refusing to accept their power and authority over them, which they experienced as a challenge to their control. Punishing the victim for challenging their control over them has also been described by Monckton Smith (2020) and Boxall et al. (2022) as a core motivation for many male IPH offenders. This challenge usually takes the form of a separation initiated by the victim (Elisha et al., 2010; Goussinsky & Yassour-Borochowitz, 2012; Harden et al., 2019; Johnson & Hotton, 2003). Relatedly, in cases where the victim and offender were separated, the offender's feelings of loss of control may have been exacerbated by events, such as the victim seeking sole or primary custody, commencing proceedings to access shared assets and/or monetary support, and/or re-partnering (see Case Study 1; Boxall et al., 2022; Cooper et al., 2022; Elisha et al., 2010). Alternatively, in situations where the relationship was intact, the challenge constituted the victim attempting to gain some level of autonomy from the offender or refusing to acquiesce to their demands. This could have involved the victim re-entering the workforce and/or succeeding in her career, or forming new and maintaining existing relationships with friends and family members of which the offender did not approve (Boxall et al., 2022).

From an outsider's perspective, these victim behaviours appear innocuous; people are entitled to live their lives with autonomy, including deciding to end their relationships. However, grievance is subjective. A sense of victimisation or injustice does not need to stem from reality or be understood by an outsider to be considered valid by the offender. Instead, a grievance may be a combination of "actual slights and defeats, imagined wrongs, [or] mental illness" (Silver et al., 2018, p. 98). This is demonstrated in Case Study 2.

In explaining why IPH perpetrators feelings of betrayal, abandonment, and loss of control, was sufficient justification (in their minds) for killing their partner, Elisha et al., (2010) argued that the inactions or actions of victims were perceived as so egregious because they were not viewed as separate individuals with their own desires and needs. Instead, offenders believed victims were extensions of themselves, wholly responsible for meeting their basic emotional and material needs. If, through their actions, the victim failed to satisfy their needs (e.g., through their withdrawal of exclusive love), the offender felt frustration, disappointment, and rage. The victim became a focal point for these unbearable and distressing feelings and, in turn, a threatening figure worthy of hatred (Elisha et al., 2010). Lethal violence can then be understood as having a dual role. Firstly, it punishes the victim for their role in the offender losing something that they valued (i.e., the family unit, the woman's exclusive love, and/or their control over her) and vacating their emotional distress. Secondly, the offender regains a sense of control by destroying the person who they believe is responsible for their distress. Considering IPH perpetrators' distorted perceptions, it

is perhaps unsurprising that—consistent with grievance-fuelled violence perpetrators—many believe that *they* are the victims, of the egregious acts of the victim as well as society (Dobash & Dobash, 2011; Elisha et al., 2010; Goussinsky & Yassour-Borochowitz, 2012; see Case Studies 1 and 2).

Elisha and colleagues' (2010) hypothesis for explaining IPH perpetrator grievance development is supported by other research exploring the social and cognitive processes underpinning men's use of IPV more generally. Attachment and masculine gender role stress (MGRS) are particularly useful frameworks here.

Numerous studies have demonstrated that the primary attachment style of victim-survivors and abusers is associated with the occurrence of IPV within relationships (Babcock et al., 2000; Craparo et al., 2014; Pélouquin et al., 2011). Individuals with dysfunctional attachment (i.e., preoccupied, insecure, or anxious) are afraid of rejection and are over-reliant on their partners to fulfill their emotional needs. Men with dysfunctional attachment styles may experience emotional dysregulation when women withdraw from the relationship, manifesting as clinginess, constant anxiety regarding infidelity and abandonment, and low self-esteem and view of self (Bond & Bond, 2004). For some men, violence is a strategy to manage perceived emotional threats triggered by feelings of abandonment and to maintain proximity to their partner (Babcock et al., 2000; Kuijpers et al., 2012).

MGRS refers to the emotional distress men may feel when they believe that their own or someone else's actions or inactions threaten their internalised expectations associated with a traditional masculine identity (Harrington et al., 2021). Men who adhere strictly to traditional gender norms may use violence as a means of performing their masculinity in situations where they are perceived as "failing" to live up to their own internalised masculine gender roles. A systematic review of 20 studies exploring the link between MGRS and male-perpetrated IPV found consistent evidence of an association between the violation of gender norms and an increase in aggression towards female intimate partners (Baugher & Gazmararian, 2015). These findings are further supported by the work of Harrington and colleagues (2021). They found that high-MGRS men who believed they had less power in the relationship relative to their female partner disclosed greater rates of physical IPV perpetration, compared to low-MGRS men.

Using the language of grievance-fuelled violence, these findings suggest that men who are vulnerable to grievance development (due to exceptionally high value placed on upholding traditional gender norms or their relationship with their partner) are more likely to respond negatively to the "injustice" of their perceived low power within an intimate relationship, or the loss of the relationship. They are also more likely to seek to remedy this imbalance through violence, including lethal forms. This hypothesis is supported by an emerging body of evidence which has found that, rather than being a protective factor, women who have more economic power within relationships relative to their male partners are more likely to experience IPV (Markham et al., 2016; Morgan & Boxall, 2022). Further, separation is a significant risk factor associated with IPH.

Many Grievance-Fuelled Violence Offenders Have Histories of IPV and/or Perpetrate IPH and Have Misogynistic and Hostile Sexist Attitudes Towards Women

Emerging evidence from research on mass and extreme violence and IPV has shown mass and extreme violence offenders often adhere to misogynistic ideologies. Meanwhile, perpetrators of IPV, or those who have views that support the use of violence against women, oftentimes also endorse extremist ideologies.

The significant co-occurrence of violent extremist intentions, ideation, and actual behaviours; misogynistic attitudes towards women; and IPV and IPH has led to arguments that they are inextricably linked. As Rottweiler and colleagues argued:

... misogyny relates to risk towards engagement in different types of violence, suggesting that there are similar psychological factors and mechanisms underlying seemingly different forms of vulnerability to engagement in male violence, calling into question whether they are in fact different. (2024, p. 15)

For example, Silva et al. (2021) examined 311 United States (U.S.) mass shootings to investigate the utility of developing a classification of mass shootings motivated by hegemonic masculinity. Defined as offences motivated by grievances against women, Silva et al. (2021) estimated that they accounted for 34 per cent of cases included in their sample. Further, Rottweiler et al.'s (2023) survey of 1,500 men and women living in the UK found evidence that men who held misogynistic attitudes towards women were statistically more likely to self-report violent extremist intentions than men who did not have these views. Certainly, various studies have further documented the role of hostility and anger towards women in cases of mass murder perpetrated by "involuntary celibates" (see, for example, Wood et al., 2022).

There is also evidence within the broader IPV literature that men who perpetrate violence may be motivated at least in part by their hostility towards women. In their interviews with 13 male IPV perpetrators in Belgium, Dziewa and Glowacz (2023) found that many spoke about their anger and unresolved animosity towards their mothers as influencing their use of IPV. As one reflected, “The history that I have in relation to my mother . . . I will make the current women pay for” (Dziewa & Glowacz, 2023, p. 7). Further, multiple studies have shown that men who endorse attitudes consistent with hostile sexism are more likely to be abusive towards their intimate partners (Cross & Overall, 2019). Hostile sexism is defined as “antagonistic attitudes towards women who contest men’s power and suspicions that women will manipulate men by exploiting their relational dependence” (Cross & Overall, 2019, p. 1022). In particular, men who endorse these views have been found to be less trusting of their intimate partners, more aggressive and confrontational during conflicts, more concerned about infidelity, and more likely to have negative views of their partners (Cross & Overall, 2019).

Other evidence of the similarities between grievance-fuelled violence and IPH perpetrators is provided by the high level of IPV and IPH perpetrated by grievance-fuelled violence offenders. Many grievance-fuelled violence offenders either have a history of IPV prior to the index offence (i.e., the incident of mass or extreme violence), or family or intimate partners were killed as part of the index offence. For example, in McPhedran’s (2020) study of 14 Australian mass killers, eight offenders had been in an intimate relationship with at least one of their victims. Within this sub-sample, seven of the offenders had experienced the breakdown of the intimate relationship, familial conflict (including the removal of access to children), and financial stress in the lead up to the lethal violence. Meanwhile, Corner and Taylor (2023) critically examined 103 grievance-fuelled violence offenders, identifying that 37 of those offenders had a recorded history of IPV.

The Prevalence of Psychopathology Among IPH Offenders is Comparable to That of Grievance-Fuelled Violence Offenders

Alongside the identification of motivational similarities, there has been a further (and unintended) consequence of the empirical advancements in research across the previously siloed areas of violent extremism, mass murder, and fixation. This has been the consistent identification of higher-than-expected rates of psychopathology across samples (Corner & Gill, 2015; Gruenewald et al., 2013; Hempel & Richards, 1999; Hewitt, 2003; Horgan et al., 2016; James et al., 2007; McCauley et al., 2013; Meloy et al., 2004; Pathé & Farnham, 2023). For example, Corner and Taylor’s (2023) analysis found that 44.7 per cent of grievance-fuelled violence offenders had a mental illness. This is much higher than general population estimates for lifetime mental disorder diagnoses of 27–29 per cent (Steel et al., 2014).

Similarly, prior research has established that persons with existing psychopathology are over-represented among IPH perpetrators (Spencer & Stith, 2020). In their analysis of over 200 Domestic Homicide Reviews in the UK, Chopra and colleagues (2022) found that one-third of offenders had a mental disorder, the most common being depression and anxiety (10%). Cullen and colleagues (2019) conducted a comparable study using the Australian Counting Dead Women database. They similarly found that 38 per cent of IPH offenders had experienced symptoms of psychopathology in their lifetime, in particular, symptoms of depression and psychological distress. Further, Corner and Taylor (2023) identified comparable rates of psychopathology across familial homicide and IPH offenders and lone violent and mass killers. The study found one in 10 mass killers and lone violent extremists had a diagnosed personality disorder, as did one in five IPH and familial homicide offenders. The offenders described in Case Studies 1 and 2 both had a mental illness at the time of the lethal incident. In Case Study 1, the offender had anxiety and depression, and in Case Study 2, delusional disorder.

The similarly high rates of psychopathology across samples of grievance-fuelled violence and IPH offenders is not compelling evidence, in and of itself, that the latter may be addressed using models traditionally targeted at the former. Certainly, broader research has demonstrated high rates of mental disorder among all criminal justice populations, including violent offenders more generally (Australian Institute of Health and Welfare, 2023). Perhaps the more important conceptual link between these two cohorts is the potential role of psychopathology in the lethal violence itself, in particular, the formation of grievance.

In works exploring grievance-fuelled violence, it has been hypothesised that psychopathology is related to the motivations of these offenders (for a deeper discussion of the existing literature, please see Corner, 2024; Corner et al., 2018). The current study was unable to identify research exploring the role of psychopathology in the development of grievances among IPH offenders specifically. However, there is certainly anecdotal evidence that, in some IPH cases, the offender’s mental health issues appeared to at least partially contribute to the constellation of factors leading to the lethal violence. This includes the formation of the grievance (Boxall et al., 2022). For example, a recent article examined the sentencing remarks for a sample of men diagnosed with depression, who were convicted of murdering their female partners in Australia. In several cases, the sentencing judge acknowledged the role of depression in the offenders’ emotional distress and anger in the lead-up to the lethal incident, and their belief that the victim was the source of this distress (Lawler et al., 2023). This was clearly demonstrated in

one case of male-perpetrated IPH in Australia, where the offender displayed symptoms of psychopathology in the post-separation period. This became more acute in the days leading up to the lethal violence (e.g., sleep disturbances, heightened emotional distress and uncontrollable crying). The offender also made several statements to the victim which indicated that he blamed her for his current circumstances: “You have caused all this, this is all your fault” (Coroners Court of Queensland, 2022, para. 81).

It is hypothesised that, consistent with grievance-fuelled violence, the IPH offender’s psychopathology contributes to the formation of grievance against the victim. Thus, an effective response would necessarily involve addressing the psychopathology symptoms of individuals and addressing their mental health needs (Cubitt et al., 2024). However, future research is necessary to test this hypothesis in more detail.

Warning Behaviours are Commonly Detected by Service Providers and Community Members During the Lead up to IPH

Another important area of similarity between IPH and grievance-fuelled violence is the presence of leakage and warning behaviours. Pathé and Farnham (2023) noted how the development of the initial fixated threat assessment centre was based on the preponderance and role of identifiable “warning behaviours” that occurred prior to attacks on public figures. These behaviours offer insight into the offender’s intentions, and, as Pathé and Farnham argued, “provide avenues for preventative intervention” (2023, p. 216).

Leakage may occur across a range of settings. For example, in Gill et al.’s (2014) sample of lone-actor violent extremists, 64 per cent verbally told family or friends of their intention to engage in violence. Similar results were identified by Meloy et al. (2011), who noted that 58 per cent of their sample of adolescent mass shooters conducted leakage to third parties. Many also made threatening statements directly to their targets prior to their offence. Further, Vossekuil et al. (2000) found that in 93 per cent of cases within their sample of 41 U.S. targeted school violence offenders, people close to the offender witnessed “disturbing” warning behaviours. This included behaviours specifically related to the attack (e.g., attempting to obtain access to a gun), but also unrelated behaviours (e.g., threats to poison food at a popular venue).

The presence of warning behaviours as indicative of escalating risk of violence is similarly well established in the IPH literature. Boxall and colleagues (2022) found that in approximately one in four cases of male-perpetrated IPH, the offender had made direct threats to the victim, or to their friends and family members that they would kill the victim. This included in-person verbal threats, physical behaviours (e.g., miming shooting the victim), posting comments on their own or the victim’s social media pages (e.g., Facebook), and sending emails and text messages. In turn, two recent meta-analyses have found that direct threats to harm the victim are associated with escalated risk of IPH (Matias et al., 2020; Spencer & Stith, 2020).

Further, Monckton Smith (2020) described stalking and monitoring behaviours in the lead up to the lethal violence as indicative of an offender’s “change in thinking”. They consider lethal violence as a legitimate means of re-establishing control and punishing their partner. Meanwhile, non-fatal strangulation has been described by some IPV advocates and researchers as the “last warning shot” before the offender kills their partner (Price, 2018), or indicative of their general capacity to kill them (Messing et al., 2018; Strack & Gwinn, 2011).

However, the IPH literature increasingly recognises that the presence of multiple warning behaviours—even if they are not occurring simultaneously—better indicates lethality risk than the occurrence of risk factors in isolation. Certainly, many of these warning behaviours are present in cases that do not lead to homicide. For example, in their analysis of a sample of IPV and IPH perpetrators in Portugal, Cunha and Gonçalves (2019) found that risk factors more common among IPH perpetrators were also commonly reported in IPV perpetrators. This included suicidal or homicidal ideation (IPH = 82.9% vs. IPV = 22.8%), escalation of abuse over time (IPH = 94.3% vs. IPV = 87.3%), and the use of weapons/presence of a credible threat to kill (IPH = 97.1% vs. IPV = 50%). This has led to the development and description of IPH offender “profiles” and trajectories, which document the presence of different warning behaviours at various stages of the life course (Boxall et al., 2022; Dawson & Piscitelli, 2021; Monckton Smith, 2020).

These findings indicate that, in many cases of male-perpetrated IPH, there is evidence of leakage—in the form of threats to kill the victim—and/or warning behaviours that indicate the offender’s increasing motivation to kill their partner. This is demonstrated in the following case studies, where the most obvious warning behaviour was verbal threats to kill or harm the victims.

Many IPH Warning Behaviours are not Easily Detectable Using Traditional Police Investigative Methods or Do not Meet the Threshold for a Criminal Justice Response

Thus far, a case has been made for applying a grievance-fuelled violence prevention model framework to address male-perpetrated IPH on largely conceptual and empirical grounds, with a focus on the similarities in offenders' motivations. However, the final arguments made here are more practical in nature, focusing on the potential for applying a grievance-fuelled prevention framework to address significant gaps in current responses to IPV and IPH. Whilst the practicalities of such a response is beyond the scope of this current work, the following arguments highlight which elements of a grievance-fuelled violence prevention framework would be most applicable to IPV and IPH. These are: the inclusion of formal community-based referral pathways for identifying individuals at risk of perpetrating serious forms of harms, and the detection of covert and technology-facilitated warning behaviours associated with IPV and IPH.

A common finding across IPH studies is that, in many cases, the offender and victim were not "visible" to the criminal justice system in the weeks and months preceding the lethal violence (Boxall et al., 2022; Chopra et al., 2022; Eke et al., 2011; Zeoli et al., 2023). Chopra et al. (2022) found that only 40 per cent of IPH offenders included in their sample of Domestic Homicide Review cases had been in contact with the criminal justice system prior to killing their partner. They also noted that only 11 per cent of the IPH offenders had been in contact with the criminal justice system within the two-month period prior to the lethal violence (Chopra et al., 2022). Although Zeoli and colleagues (2023) identified a much higher rate of criminal justice system contact among a sample of male IPH offenders in the U.S. (70%), on average, it had been six years between their last arrest and the lethal violence.

A key benefit of existing grievance-fuelled violence prevention is that the intervention can commence in the absence of behaviours that meet the legal threshold. Prevention activities are initiated by referrals made following inappropriate or concerning communications or approaches to identified targets within the remit of the centres (e.g., fixated threat assessment centres only take referrals where the target is a public figure). Within both fixated threat and grievance-fuelled violence prevention models, an individual may be referred to several pathways including agencies within the criminal justice system, health, education, and government. Referral pathways out of the grievance-fuelled violence prevention model include a much broader range of community and non-governmental agencies (Cubitt et al., 2024; Pathé & Farnham, 2023). This acknowledges the key role of a wide range of systems in both identifying and treating individuals who may be at risk of perpetrating grievance-fuelled violence.

Although IPH offenders may not have had contact with the criminal justice system in the lead up to the lethal incident, they are likely to have had contact with other services that witnessed warning behaviours. For example, as noted earlier, a large proportion of IPH offenders have histories of psychopathology at time of perpetrating the lethal violence. As such, they may have been engaging with different health services, including mental health counselling and their general practitioner (GP). Certainly, studies examining the efficacy of risk assessment screening protocols developed for use in health service settings have demonstrated that perpetrators of IPV are willing to disclose their use of violence to practitioners (Davis & Padilla-Medina, 2021; Meyer et al., 2023).

Further, a key grievance for some IPH offenders in the post-separation context is the belief that the victim is negatively impacting their relationship with shared children. Thus, it is likely that some IPH offenders are engaged with the family law system and that allegations of IPV may be made against the offender. Other services that IPV offenders may have contact with include relationship counsellors and child protection (Boxall, 2023; Meyer et al., 2023).

That IPV and IPH offenders are likely to have contact with multiple community-based services is positive. In the absence of offending that triggers a criminal justice response, there are opportunities for services to detect the presence of escalating risk of IPH. As such, there is increasing interest in the use of screening tools and assessment frameworks in non-criminal justice settings (Davis & Padilla-Medina, 2021; Meyer et al., 2023), and a focus on improving community awareness and understanding of IPV. As noted by Meyer and colleagues, "The diverse service system contact of male perpetrators of DFV, often related to co-occurring issues, offers opportunities for identification, risk assessment and the initiation of referral pathways" (2023, p. 3).

However, while identification is one thing, knowing what to do with this information is another. Within a service delivery context, policy guidelines and best practice principles for the assessment of lethality risk and the use of referral pathways vary considerably. Currently, there is a notable absence of formalised referral pathways that can be used by service providers when they become concerned about IPH risk. This is unless there is a risk of harm to children, at which point service providers likely become mandatory reporters. As such, the capacity of individual services and staff dictates the level and nature of follow-up

care and the facilitation of referrals for clients' primary presenting issues (e.g., depression) and other criminogenic needs (e.g., resolving their feelings of grievance; Davis & Padilla-Medina, 2021).

Similarly, when confronted with behaviours they find concerning, community members may not know what they can do to support the victim and the perpetrator. An example of this is presented in Case Study 1. Again, although there is little research exploring IPH cases specifically, a large and growing body of research has explored the nature of, and factors associated with, bystander reactions to IPV (Ermer et al., 2021; Lazarus & Signal, 2013). Community members experience key barriers to intervening when they suspect IPV is occurring. These include uncertainty about whether the behaviour meets the threshold for a criminal offence, fear of making themselves a target for violence and being harmed, and beliefs regarding whether their intervention will help (i.e., bystander self-efficacy; Lazarus & Signal, 2013).

The introduction of a formal referral pathway, whereby service providers and community members who detect the presence of warning behaviours can refer individuals for assessment and triage, could address these identified gaps in the IPV service response landscape. In particular, the development of a community-based referral pathway for cases of serious harm would enable community members to voice their concerns without directly intervening.

Finally, as discussed previously, an important warning behaviour associated with IPH is stalking, including technology-facilitated stalking (Boxall et al., 2022; Chopra et al., 2022; Matias et al., 2020; Monckton Smith, 2020; Spencer & Stith, 2020). Because these behaviours are covert, they can be very difficult to detect by criminal justice agencies unless they are using intelligence products and data (e.g., monitoring of internet searches). Within some grievance-fuelled violence prevention models, intelligence analysts are embedded within multidisciplinary teams (Cubitt et al., 2024; Pathé & Farnham, 2023). The inclusion of intelligence activities allows for the collection of intelligence data about referrals in their initial review. In the context of IPH, such intelligence data could theoretically include Global Positioning System (GPS) information (e.g., to enable monitoring of active stalking behaviours). It may also include the subject's online activities (e.g., to determine if threats or malicious activities are occurring online) and financial transaction data (e.g., purchasing tickets to travel to the victim's new place of usual residence).

Case Studies

To support the above arguments, two case studies are presented which highlight the consistencies between grievance-fuelled violence and male-perpetrated IPH. Through the examination of grievance-related motivations, psychopathology, and warning behaviours, these case studies demonstrate the utility of applying a more holistic conceptual framework to structure our understanding of IPH.

Case Study 1

The victim and the offender were married and had three children together. After a long period of instability in the relationship, the victim and the children moved out of the family home, which continued to be occupied by the offender.

In the four months between the separation and the lethal violence, the offender was described as very depressed about the end of the marriage and the victim's refusal to reconcile. During this period, he was described by his doctor as having insomnia and losing weight. He was diagnosed with reactive depression, prescribed anti-depressants and sleeping pills, and referred to a mental health service. The offender's psychologist noted his concern that the victim had started a new relationship and was "petrified and jealous of another man" (*R v. Iskov*, 2010, para. 7). The offender was described as asking the victim's friends about her new relationship, and as making "comments of a possessive nature" (*R v. Iskov*, 2010, para. 9). During a child handover meeting between the victim and offender, he searched her car for evidence of her new relationship.

After the victim engaged a solicitor, the offender became concerned that the victim could "walk away with about 60 per cent of my portfolio and have custody of the children" (*R v. Iskov*, 2010, para. 11). His psychologist noted that, because of these anticipated losses, he "feels he will never recover. Says he does not want to live" (*R v. Iskov*, 2010, para. 11).

On the day before the offender had agreed to vacate the family home, he met with the victim for an unknown reason. As noted by the Judge, by the time of this meeting, the offender was highly aggrieved:

The offender had for weeks been showing by his words and his actions that he was depressed at the breakdown of the marriage, concerned about legal proceedings and the consequences for the joint matrimonial property, including the assets of his business, and the custody of the children, and that he was jealous of the man whom the deceased was seeing. On the very

next day he was supposed to leave the matrimonial home so as to enable the deceased and the children to move back in. (*R v. Iskov*, 2010, para. 27)

When the victim got out of her car to speak to him, he assaulted her, put her back in the car and then drove her car into a tree. The victim died of her injuries.

Consistent with the concept of grievance-fuelled violence, in this case, the offender was primarily motivated by a sense of injustice associated with the end of his marriage. The loss of the relationship was compounded by the perceived implications of the separation for his material wellbeing (the loss of his property and assets) and reduced access to their children. However, the victim's new relationship appeared to be a crucial focal point for the grievance experienced by the offender. These feelings of injustice appeared to increase the likelihood of homicide considerably.

Another aspect of this case study which highlights the similarities between grievance-fuelled violence and IPH is the offender's deteriorating mental health and wellbeing during the lead-up to the lethal incident. Crucially in this case, he engaged in help-seeking for insomnia and anxiety and depression. Thus, the potential risk he posed would have been "visible" to these health practitioners if they had received education about risk factors for IPH. The offender's observed feelings of extreme jealousy towards the victim for re-partnering were noted by health practitioners and the victim's friends. These important warning behaviours could have triggered a referral to a grievance-fuelled violence prevention program.

Case Study 2

There is also scope to consider the role of grievance-fuelled violence in cases of IPH outside the context of separation. In this case, the offender commenced a relationship with the victim and they had four children together. The relationship deteriorated over the span of several months when the offender began expressing troubling beliefs. He commented to friends that the victim was having affairs with multiple people and he falsely reported to practitioners that she was abusing substances. Despite no evidence the victim was having an affair, the offender requested a paternity test, fearing the youngest two were not his biological children.

The relationship continued to deteriorate and the victim told her friend that the offender was monitoring her mobile phone and "had people watching the house" (Coroners Court of Victoria, 2020, p. 7). However, in a diary entry, the offender displayed a profound sense of victimisation. He wrote that it had been the "toughest day so far", believing in the possibility of "jail time if what [the victim] has set me up for is bad enough" (Coroners Court of Victoria, 2020, pp. 7–8). The offender consistently articulated a sense of injustice, despite there being no evidence to support his claims. Even further, an interaction with police illustrated the offender's *deliberate* attempts to be viewed as a victim of the relationship. He disclosed "that he had lied [about being investigated by Child Protection] to make his story more appealing and get sympathy from others" (Coroners Court of Victoria, 2020, p. 8).

During an altercation with the victim at their property, the offender began to choke her. Though she fled the property with the children to a neighbouring house, the offender pursued them with a hunting rifle, saying words to the effect of "she's fucking set me up" (Coroners Court of Victoria, 2020, p. 9). Ultimately, the offender obtained entry into the house, and fatally shot the victim, and then himself.

It is clear the offender experienced a profound sense of victimisation. In part, this stemmed from the false belief that the victim had spoken to child protective services and the police about him, which he expressed to friends, family, and professionals. The Coroner's Court of Victoria (2020, p. 12) found that, while the relationship was in initial stages of separation (as the victim's friends planned to take her to the police or the local domestic violence service that same day), there was no evidentiary basis that the offender would have known this. Notably, the grievance demonstrated by the offender did not stem from an actualised reality but was the culmination of mental illness (undiagnosed delusional disorder) and imagined wrongs.

Conclusion

This article provided an overview of the empirical and theoretical evidence supporting the notion that grievance-fuelled violence may be applicable as a framework for understanding the occurrence of male-perpetrated IPH in Australia. Grievance-fuelled violence as a framework for understanding IPH appears to be particularly applicable in cases where the offender has high feelings of entitlement and low levels of visibility to the criminal justice system and/or statutory services. Within relationships in such cases, when the victim challenges the offender, the offender may develop strong feelings of injustice and anger towards the victim, who they blame for their anticipated or actual reduced status. As such, lethal violence can be viewed

as a means through which the offender re-establishes control and “punishes” the victim for their perceived role in their misfortune.

Importantly, while many cases of IPH appear to be consistent with this scenario, there is significant variation within IPH offender samples (Boxall et al., 2022; Elisha et al., 2010). Therefore, it is unlikely that all cases of IPH will be consistent with a grievance-fuelled violence framework. However, this should not be a barrier to considering the potential of applying a grievance-fuelled violence framework for prevention. Indeed, IPV and IPH scholars and advocates recognise that multiple different “tools in the arsenal” are needed to prevent reoffending and escalation of harm. The most appropriate intervention can then be matched with offenders who are most likely to benefit (Boxall et al., 2022). Close consultation and engagement with practitioners on both grievance-fuelled violence and IPH would be instructive to identify characteristics of victims, offenders, and cases that are likely to benefit from grievance-fuelled violence prevention models. These could then be prioritised for intervention under this framework. For example, it is unclear from the existing literature to what extent grievance-fuelled violence would be applicable to cases of IPH where the victim and/or offender are Indigenous.

After such a consultation process, it may be determined that grievance-fuelled violence prevention models are not fit for purpose in responding to IPH. However, given the emerging evidence from both grievance-fuelled violence and IPH scholars and practitioners, *why not* include IPH in grievance-fuelled violence prevention models?

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¹ Importantly, while much of this research is based on retrospective analysis of IPH cases without the inclusion of a suitable comparison group (see for example, Boxall et al., 2022, Monckton Smith, 2020), other studies did include comparison groups comprised of victim-survivors of non-lethal forms of IPV (see for example Cunha & Gonçalves, 2019; Matias et al., 2020). As such, these studies are better placed to identify factors that discriminate between cases of lethal and non-lethal forms of IPV. This said, our ability to predict IPH is also impacted by the absence of prospective studies of the phenomenon, as well as the research demonstrating that many risk factors that have been identified as linked to IPH are also present in cases that do not lead to lethal violence. This includes non-fatal strangulation, sexual violence and coercion, and stalking/monitoring behaviours. It is in part because of concerns about the ability of risk factors to discriminate between lethal and non-lethal IPV that researchers and advocates have pointed to the need for a shift towards an analysis of the “clustering” of risk factors as being a better predictor of IPH than individual risk factors in isolation. This has led to the identification of IPH offender “profiles” and typologies (Dawson & Piscitelli, 2021; Monckton Smith, 2020)

² Noting that the naming of this pathway does not directly relate to the established definition of pathological fixation that is used in the established fixated threat assessment centres: “an intense preoccupation with an individual, activity, or idea”, “an obsessive preoccupation ... pursued to an abnormally intense degree” (Mullen et al., 2009, p. 34). Those who present as a fixated threat are unique in their preoccupation with prominent individuals. Up to 55 per cent of cases present with a recorded history of severe mental illness, and 45.8 per cent display overt symptoms at the time of referral (Gill et al., 2021).

³ As the arguments made in this article are grounded in the empirical and theoretical evidence base, it does not consider or argue the practicalities of such an application. Such endeavours should include the guidance and expertise of those working in the existing grievance-fuelled violence prevention areas.

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