

Femicide from Perpetrator Typology to Risk Assessment, Prevention and Intervention Programs

Fail Tipolojisinden Risk Değerlendirme, Önleme ve Müdahale Programlarına Kadın Cinayetleri

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ABSTRACT

A substantial proportion of femicides worldwide—resulting in the loss of numerous women’s lives—are committed by intimate partners, defined as current or former spouses or legally cohabiting partners. Although multiple risk factors are associated with intimate partner homicide, the strongest predictors include controlling behaviors, threats, sexual violence, relationship dissolution, and access to firearms. Femicide often occurs following a conflict and frequently emerges in the context of family disputes, jealousy, revenge, separation, or divorce. Women often remain in abusive relationships and live with the risk of femicide due to psychological, relational, socioeconomic, and familial factors. Risk assessment tools designed to prevent such violence have been in use for many years in Western countries. While these processes traditionally focus on law enforcement, emergency service personnel have increasingly demonstrated high effectiveness in prevention efforts. Given the rising incidence of femicide in Türkiye, it is essential at the national level to identify risk factors associated with both intimate partner violence and intimate partner homicide. By integrating available evidence-based programs and policies with data on deaths related to intimate partner violence, community-centered solutions can be developed, taking into account historical and societal factors that elevate the risk of violence.

Keywords: Femicide, violence against women, risk assessment, intimate partner homicide

ÖZ

Dünya genelinde çok sayıda kadının hayatına mal olan kadın cinayetlerinin büyük bir bölümü, mevcut veya eski eş veya hukuken birlikte yaşayan kişiler olarak tanımlanan yakın partner tarafından işlenmektedir. Yakın partner cinayeti ile ilgili çok sayıda risk faktörü bulunsada cinayete yönelik en güçlü belirleyiciler; kontrol edici davranışlar sergileme, tehdit, tecavüz, ayrılık ve ateşli silaha sahip olmadır. Kadın cinayeti, bir kavga sonucunda işlenmekte ve sıklıkla aile içi çatışmalar, kıskançlık, intikam, ayrılık ve boşanma bağlamında ortaya çıkmaktadır. Kadınlar psikolojik, ilişkisel, sosyoekonomik ve kendi ailesi ile ilgili faktörler nedeniyle şiddet içeren ilişkide kalmaya, cinayet riskiyle yaşamaya devam etmektedir. Bu riski önlemeye yönelik geliştirilmiş risk değerlendirme araçları Batı’da uzun yıllardır kullanılmaktadır. Süreç daha çok kolluk kuvvetine odaklanma eğiliminde olmasına rağmen, artık acil servis çalışanları da önleme çalışmalarında yüksek etkinlik göstermektedir. Ülkemizdeki kadın cinayeti sayısındaki artış göz önüne alındığında, ulusal düzeyde hem yakın partner şiddeti hem de yakın partner cinayetine yönelik risk faktörlerinin belirlenmesi elzem görünmektedir. Ancak, Türkiye’de bu konuyla ilgili yapılmış çalışma sayısının yok denecek kadar az olması dikkat çekicidir. Yakın partner şiddetiyle ilişkili ölümler hakkındaki veriler ile en iyi mevcut kanıta dayalı programlar ve politikalar birleştirilerek, şiddet riskini artıran tarihsel ve toplumsal faktörler de dahil olmak üzere toplum odaklı çözümler üretilebilir.

Anahtar sözcükler: Kadın cinayetleri, kadına yönelik şiddet, risk değerlendirme, yakın partner cinayeti

Introduction

Violence against women, which restricts women's dignity, freedom, and fundamental rights and is recognized as a violation of human rights, continues to persist as a major global social problem. A significant proportion of this violence is perpetrated by current partners. Intimate partner homicide (IPH) refers to lethal acts of violence committed by a current or former spouse or cohabiting partner. This form of homicide is often conceptualized as the intentional killing of women by men to silence them simply because they are women. Femicide is not merely a legal or medical term but rather a political one, as it encompasses more than the killing itself. The concept not only attributes responsibility to male perpetrators but also holds accountable state and judicial structures that normalize misogyny. Thus, femicide highlights not only men's killing of women because of their gender but also the state's complicity—whether through direct perpetration, tolerance of perpetrators' violence, or failure to fulfill its duty to protect women citizens. The term dates back to the late 1970s, when scholars first began to articulate terminology that underscored the gendered nature of violence. Femicide represents a grave global problem that has already claimed the lives of thousands of women and is expected to persist in the future. Worldwide, one in seven homicides occurs within an intimate partner relationship, and more than one-third of all femicides are committed by intimate partners (Guatemala Human Rights Commission [GHRC] 2009, Spencer and Stith 2018, Vatnar et al. 2018, Zara and Gino 2018, Enander et al. 2021, Garcia-Vergara et al. 2022, Luque Gonzalez et al. 2022, Whittington et al. 2023, Brodie 2024, World Health Organization [WHO] 2024).

Globally, four main types of femicide have been identified: (1) "Honor killings," typically committed by a male family member in response to an actual or alleged sexual or behavioral transgression; (2) "Dowry-related femicides," observed in some regions of India, in which newly married women are killed by in-laws due to dowry disputes; (3) femicides committed by non-intimate acquaintances; and (4) femicides committed by current or former intimate partners (WHO 2012). Among these, intimate partner femicides occur at disproportionately high rates. This form of femicide is most frequently preceded by a history of severe domestic violence, particularly physical abuse (Spencer and Stith 2018, Harper 2022, Lengerli Topcu et al. 2022).

Although numerous risk factors for femicide have been identified, its occurrence is the result of a complex process that develops over time, often involving overlapping characteristics. Situating femicide within the framework of risk factors and identifying which factors are operative at the moment of the crime can be challenging. Moreover, risk factors are often defined at the individual rather than situational level, which can lead to a rigid and reductionist understanding of risk (Enander et al. 2021).

Beyond personal-level risks, much less is known about general risk factors for intimate partner femicide and the mechanisms by which intimate partner violence escalates into lethal outcomes. To enable the criminal justice system and related institutions to design and refine risk-based approaches to reducing and preventing femicide, it is essential to understand these general risk factors (Messing et al. 2021b).

While a history of severe physical abuse is the strongest predictor of femicide, other critical determinants include controlling behaviors, threats, sexual assault, separation, firearm possession, and threats with firearms (Spencer and Stith 2018, Enander et al. 2021, Messing et al. 2021b).

To date, there has been no study in the national literature that comprehensively examines femicide, particularly intimate partner femicide, in all its dimensions. In this respect, the present review aims to contribute to the national literature by synthesizing current findings on key general risk factors—including controlling behaviors, threats, sexual assault, separation, firearm possession, and threats with firearms—while also outlining the characteristics and typologies of perpetrators, the phenomenon of homicide-suicide, victim profiles, risk assessment strategies, and key considerations for intervention and prevention programs.

Strong Determinants of Femicide

Exhibiting Controlling Behaviors

Coercive control constitutes a sophisticated form of violence characterized by an array of restrictive regulatory patterns, including gaslighting, social isolation, humiliation, belittlement, threats, technology-facilitated surveillance, persistent stalking, economic abuse, physical violence, and/or sexual assault (Tyson 2020, Kassing and Collins 2025). Conceptualizing intimate partner violence through the lens of coercive control reframes it as a sustained mechanism of domination that systematically entraps women and children, rather than as discrete instances of physical aggression (Gruev-Vintila and Rurka 2024). The psychological substratum of controlling behaviors and jealousy is rooted in a sense of ownership over the female partner. In specific cases, the escalation of perpetrators' jealous tendencies and controlling conduct is precipitated by the discovery of the victim's interactions with another individual (Enander et al. 2021).

Explanatory models of femicide consistently converge upon a singular principle: the deployment of violence as an ultimate instrument for the reassertion of control (Graham et al. 2022). Central to this process is the "perceived restriction" experienced by the victim. This restriction manifests in two distinct modalities: restriction via commitment and coercive restriction. Restriction via commitment entails the constraining of an individual to uphold cultural norms of marriage and parenthood, either voluntarily or under partner-imposed obligations. Coercive restriction, in contrast, involves a deliberate and systematic process through which the partner exercises near-total domination over the victim (Crossman and Hardesty 2018). Empirical evidence indicates that women subjected to coercive control encounter all forms of intimate partner violence at significantly elevated risk levels (Dichter et al. 2018). Furthermore, coercive control exhibits a robust association not only with the occurrence of physical intimate partner violence but also with its subsequent intensity and frequency (Hilton et al. 2023).

The construct of coercive restriction encompasses a repertoire of previously documented strategies and tactics utilized by men to assert dominance within domestic spheres. These strategies involve meticulous monitoring and regulation of even minor aspects of women's daily activities, frequently culminating in social isolation and heightened dependency on the partner (Tyson 2020). Critically, these tactics constitute a pronounced risk factor for the eventual emergence of lethal or near-lethal violence (Vinas-Racionero et al. 2025).

Evidence demonstrates that perpetrators' controlling behaviors are often discernible years prior to homicidal acts. In numerous cases, these behaviors intensify in the immediate pre-homicide period, particularly when the perpetrator engages in stalking or heightened surveillance of the victim (Enander et al. 2021). Posthumous interviews with the victims' families and social networks consistently reveal that all women had endured coercive control and that many were in the process of reclaiming a degree of autonomy at the time of their deaths. A recurring theme across these cases is the victims' sustained efforts, despite prolonged exposure to physical and/or emotional abuse, to preserve or regain agency, with the contemplation of separation representing the most tangible manifestation of such efforts. The attainment of autonomy transcends the mere act of marital dissolution; it embodies a critical phase in the reconstruction of self-worth and the establishment of relational boundaries regarding acceptable conduct within the intimate partnership (Eriksson et al. 2022). In stark contrast, perpetrator psychology frequently entails the issuance of increasingly severe threats to preclude separation, thereby perpetuating cycles of control and intimidation (Buss and Duntley 2011, Einiö et al. 2023).

Threat

The majority of threats involving violence are conceptualized as expressions of intent to cause harm to an individual or property or to engage in acts of aggression. Verbal statements or threats directed at killing the victim encompass all expressions—explicit or implicit—through which perpetrators communicate their homicidal intent. While most threats do not culminate in actual violence, a subset of individuals who issue

threats proceeds to enact violent behaviors. Critical factors informing threat assessment include the mental health of the threatener, the presence of a concrete plan to execute the threat, underlying motivations, access to weapons, substance misuse, and previous engagement in aggressive acts (Mitchell and Palk 2016, Rumpf et al. 2024).

Empirical knowledge regarding the extent to which individuals who issue threats suffer from mental health disorders prior to homicide, and the specific clinical characteristics of these individuals, remains limited. Perpetrators of intimate partner homicide frequently perceive no problem in their own behavior, instead attributing dysfunction to their partner's conduct—a perception that, according to them, precipitates violent actions (Brown and Hampson 2009). A Swedish study examining 48 perpetrators of intimate partner homicide between 2000 and 2016 revealed that 36% had been diagnosed with a mental or behavioral disorder in primary care within the year preceding the homicide, and 23% within the month prior. Additionally, 9% received outpatient treatment in a hospital setting within the month preceding the homicide, and 25% within the preceding year. Inpatient treatment with a mental or behavioral disorder diagnosis was documented for 16% of perpetrators within the month prior to the homicide, and for 21% within the preceding year (Lövestad et al. 2024).

In some cases, perpetrators are described by others as “compliant,” “compassionate,” “hardworking,” or “well-natured.” Conversely, certain observers report “apparent changes” in mood, behavior, or habits immediately prior to the offense. Common precipitating factors for intimate partner homicide-suicide in these instances include obsessive guilt, fear of separation, and sexual jealousy (Pottinger et al. 2019). Within the context of male jealousy, three primary triggers for spousal violence have been identified: social pressure, female workforce participation, and refusal to engage in sexual activity. The latter trigger—refusal of sexual intercourse—can incite husbands to coerce sexual activity under allegations of infidelity (Buller et al. 2023).

Rape

In the majority of cultures, marriage constitutes the primary framework for sanctioning sexual relations. Nonetheless, within marital contexts, sexual violence and physical aggression have historically occupied a legally ambiguous domain. Globally, between 15% and 71% of women report experiencing sexual violence perpetrated by their spouses (Demirbaş 2018). Despite the well-documented deleterious consequences of non-consensual sexual intercourse, marital rape remains outside the purview of criminal law in numerous countries, persisting under a veil of legal ambiguity and often being tacitly normalized (Okedare et al. 2024). In Nigeria, for instance, marital rape is frequently not recognized as a crime because men perceive sexual activity as an obligation owed by the wife to her husband. According to Martin et al. (2007), socialization into traditional gender roles fosters rape-supportive beliefs among both men and women. Individuals adhering to more conventional gender norms demonstrate a pronounced tendency to minimize the effects of marital sexual assault and to refrain from labeling experienced acts as rape. Since the twentieth century, most states have criminalized marital rape (Banerjee and Rao 2022); however, a substantial number of countries have yet to enact legal provisions addressing this issue. These include, predominantly in Africa and South Asia, India, Afghanistan, Morocco, Algeria, Syria, Iran, Jordan, Libya, Egypt, Oman, Myanmar, the United Arab Emirates, Yemen, Kuwait, Saudi Arabia, Bangladesh, Cameroon, Chad, Guinea, South Sudan, Ethiopia, Eritrea, the Democratic Republic of Congo, Uganda, Malawi, Botswana, Madagascar, Tanzania, Sri Lanka, Brunei, Haiti, the Bahamas, Jamaica, Tajikistan, and China (Wikipedia 2025).

Although sexual violence within marriage can be experienced by both men and women, women disproportionately bear the consequences. Frequently, abusive relational dynamics between spouses evolve into a self-perpetuating cycle of chronic violence, with sociocultural and political ideologies further shaping these patterns. For example, cultural interpretations of the marital institution, traditional perspectives on male and female sexuality, and normative expectations regarding spousal relational dynamics contribute to a troubling reluctance to classify non-consensual marital sexual acts as criminal offenses. In some societies, a woman's virginity is construed as a “commodity” acquired or transferred upon marriage. Consequently, the husband is perceived as possessing the wife's sexuality and is therefore

exempt from accusations of engaging in non-consensual sexual activity. Sexual intercourse at the husband's discretion is construed as the wife's "primary duty," with "real rape" being defined as acts perpetrated by strangers. Another cultural stereotype posits that the sole purpose of marriage is reproduction, thereby rendering sexual activity within the marital context universally "expected" (Tarzia 2021, Banerjee and Rao 2022, Rao et al. 2022).

As a result, numerous women are compelled to endure marital rape as part of their "duties," with some internalizing it as "normal" (Ullman et al. 2024). Tarzia (2021) attributes this belief to entrenched cultural expectations, which frame women's sexual availability as a male entitlement. Societal norms further dictate that women must satisfy men, even against their own desires, thereby culturally sanctioning male assertion of dominance through sexually coercive behaviors. This dynamic facilitates the husband's exercise of power and control over the wife (Ullman et al. 2024).

In many societies, the confluence of marital exemption doctrines and prevailing cultural beliefs effectively deprives married women of the right to refuse sexual activity with their spouses. Noncompliance with these "rules" often provokes lethal or severe bodily harm perpetrated by the husband. Sexual coercion functions as a mechanism of control, with the husband employing rape to achieve sexual gratification. Daily alcohol consumption by the spouse further amplifies the risk of rape: women reporting daily alcohol use by their husbands face a 2.9-fold increased risk of severe sexual violence. Continuous exposure to other forms of abuse similarly exacerbates this risk: severe psychological abuse increases risk by 1.8-fold, economic abuse by 5.6-fold, and physical abuse by 2.1-fold. As with severe physical violence, severe sexual violence tends to escalate over time, with lifetime prevalence of intimate partner rape estimated at 9%. Rejection of sexual advances by the wife constitutes a significant risk factor for assault and homicide. Victims of such risk factors are typically aged 23–55 and often belong to lower socioeconomic strata, whereas perpetrators are aged 28–60 and frequently utilize cutting instruments such as knives or machetes. Despite the intensity of victimization, many instances of marital rape remain unreported, as victims and witnesses often frame these incidents as private family matters, with the husband's exercise of authority and control within marriage being socially legitimized (Breiding et al. 2014, Spivak et al. 2014, Adinkrah 2021, Ullman et al. 2024). In certain cases, deviant behaviors observed within marriage may constitute a precipitating factor for separation (Horn et al. 2024).

Experiencing Separation or Being Abandoned

Evidence increasingly indicates that marital unions are now terminated with far greater ease than a decade ago, accompanied by a rising frequency of separations and abandonments (Adinkrah 2021). Conflicts within intimate relationships pose substantial security risks for victims, as they have the potential to escalate into lethal partner violence. Separation represents a particularly vulnerable phase for the victim in the dynamics of escalating violence. The period of greatest lethality corresponds to attempts by women to leave violent relationships, with the majority of homicides occurring during divorce proceedings. Murders may transpire immediately following the filing of a divorce petition or even several years into ongoing proceedings. Some homicides are premeditated, whereas others occur impulsively when reconciliation efforts fail (Altnova et al. 2023).

The risk of lethal violence intensifies when perpetrators perceive that they have nothing to lose following the termination of the relationship, and this risk exceeds the potential for relinquishing control over the partner. The threat of separation frequently triggers a rapid escalation in physical violence, generating in the perpetrator a perceived loss of control over the relationship that he believes could otherwise be restored (Kafonek et al. 2022, Horn et al. 2024).

Men often struggle to accept divorce, subsequently engaging in persistent stalking, verbal and physical harassment, technological surveillance, and threats or attempts to harm the spouse or close associates across public, occupational, and domestic settings (Altnova et al. 2023). In some relationships, multiple prior separations or separation threats occur, complicating the identification of whether an impending separation constitutes a component in the trajectory toward intimate partner homicide. Court records frequently categorize such relationships as "stormy relationships," a term that encompasses varied

implications. In some instances, it denotes high levels of conflict experienced by both partners; in others, it refers to the exercise of dominance, coercive control behaviors, and the perpetration of violence central to intimate partner abuse (Enander et al. 2021).

Although separation introduces physical distance, violence often persists. Following separation, perpetrators continue abusive behaviors via technological and communication channels (e.g., phone, messaging, letters), through intermediaries such as relatives or friends, or via legal system manipulations—including denial of divorce, false allegations, or obstruction of access to joint accounts. The temporal dynamics of intimate partner violence risk during and after divorce remain ambiguous, as do the rates at which risk attenuates over time post-separation. Among women undergoing divorce, 4.5% experience physical assault by their spouses over a six-year follow-up period, while 1.27% require inpatient treatment for injuries resulting from at least one instance of physical assault over seven years. The risk of physical assault escalates in the year preceding divorce, whereas the likelihood of homicide increases post-separation. Nearly half of intimate partner homicides occur within two months following separation. Survivors of attempted homicide may require protective orders as an additional safeguard for security and recovery (Kivisto 2015, Markwick et al. 2019, Abrunhosa et al. 2021, Einiö et al. 2023, Wilson et al. 2023, Avieli 2025).

Previous threats to harm the victim amplify homicide risk fourfold. Furthermore, threats involving firearms increase this risk sevenfold, as they indicate the perpetrator's access to a weapon. The presence of a firearm in such contexts elevates the risk of homicide elevenfold (Spencer and Stith 2018).

Direct Access to Firearms and Firearm Threats

When men perceive threats to their dominance or masculinity, they exhibit a disproportionate propensity to employ firearms as a means of reasserting control. Within the context of intimate partner violence, firearms serve as instruments of intimidation, coercion, and psychological subjugation (Fridel and Zimmerman 2022, Sullivan et al. 2025). Approximately one-quarter of women experiencing severe domestic violence report being threatened with a firearm, and one-eighth express fear that their partner might use a weapon against them. Firearm possession or access substantially elevates both the severity of violence and the likelihood of lethal outcomes (Zeoli et al. 2016, Sullivan and Weiss 2017, Abrunhosa et al. 2021, Kafka et al. 2021, Wallin et al. 2022). Among women seeking protective orders in response to this risk, over half report being threatened with gun violence by their partners (Lynch et al. 2022).

Firearm threats may be communicated overtly or implicitly. In a study examining the lifetime prevalence of explicit and implicit firearm threats among women subjected to intimate partner violence, perpetrators were described as "angry/irrational/overly upset" in 69% of incidents and "calm" in 39%. Moreover, 49% of these incidents involved perpetrators under the influence of alcohol or drugs, and the majority occurred in private locations absent third parties (Sullivan et al. 2025).

Legislation explicitly regulating firearm possession by individuals accused of, convicted of, or predisposed to domestic violence exists in very few countries (Zeoli et al. 2020). In jurisdictions permitting firearm ownership, the presence of laws restricting access to guns has been associated with reductions in intimate partner homicides (Park et al. 2025). In the United States, the confluence of high domestic violence prevalence and widespread firearm ownership has prompted the implementation of policies restricting firearm access for individuals with a history of intimate partner offenses. Under the Violence Against Women Act, such individuals are prohibited from purchasing or possessing firearms or ammunition. While this legislation mitigates risks of injury and homicide associated with intimate partner violence, enforcement at local and regional levels is reportedly inconsistent (Goodyear et al. 2020, Wallin et al. 2022).

Data concerning firearm possession—including means of acquisition, firearm type and quantity, and whether the victim also possesses a firearm—are often inconsistently documented in case files. Additionally, because firearm threats frequently go unreported to law enforcement, relevant information remains unrecorded. Although firearm presence constitutes a critical risk factor for intimate partner homicide, our understanding of its role remains limited (Messing et al. 2021b).

Specific Characteristics of Spousal Homicides

Examination of the specific characteristics of spousal homicides is paramount for the early identification of high-risk situations (Haouari et al. 2024). As previously noted, while intimate partner homicide occurs across genders, the overwhelming majority of perpetrators are male.

Male Perpetrators of Intimate Partner Homicide

Court records indicate that couples involved in cases of femicide had, on average, cohabited for approximately 14 years. The overwhelming majority of intimate partner homicide perpetrators (86%) are married men. More than half of these couples had terminated the relationship roughly eight months prior to the homicide (Vinas-Racionero et al. 2025). Incidents of attempted or completed homicide most frequently occur during the divorce process (81%), with rejection and jealousy identified as key precipitating factors. Some homicides are premeditated, whereas others occur impulsively during conflicts arising when the husband seeks reconciliation but the wife refuses (Enander et al. 2022, Altinova et al. 2023).

Perpetrators are generally in their 40s and more than half have attained education beyond the secondary level (57%). Most do not have a psychiatric history (81%) or a criminal record (85%), and only 19% report psychoactive substance use. A history of violence toward partners is present in 67% of perpetrators, and 19% have issued homicide threats. Homicides predominantly occur during daytime hours (43%), within the home (45%), on the street (37%), or in public spaces (29%), are committed alone (95%), impulsively (48%), and typically with a single method (81%). Various sharp and blunt instruments, including knives and firearms, are employed, with knives ranking as the most frequently used weapon followed by firearms. During the act, men often lose control, stabbing or shooting their partners multiple times. Post-homicide behaviors may involve manipulation or desecration of the body, and rare methods such as strangulation with chains or burning with metal have also been observed. The presence of children does not prevent the occurrence of these homicides; in some cases, the crime transpires in the child's presence. Perpetrators often contact others post-offense, confessing to the homicide. Only a minority deny or conceal the act, and even when admitting the crime, their court testimonies are frequently constructed to minimize culpability. In 76% of cases, perpetrators are held criminally accountable, whereas 19% are admitted to psychiatric facilities as part of non-prosecution decisions (Enander et al. 2022, Altinova et al. 2023, Mellouki et al. 2023, Haouari et al. 2024, Treves-Kagan et al. 2024).

In some cases, targets extend beyond the primary female victim to include her family members, friends, or a new partner (Altinova et al. 2023). In extreme scenarios, the perpetrator kills the spouse, children, and ultimately themselves—a pattern classified as familicide. Familicides are predominantly perpetrated by men in their 30s or 40s, frequently exhibiting psychiatric disorders such as depression, psychosis, paranoia, personality disorders, obsessive behaviors, or substance dependence. Approximately half of men displaying partner-directed violence have histories of alcohol or illicit substance use, and some crimes occur under their influence (Demirbaş, 2019). Relationship conflict (74–83%) and separation (75–85%) are common immediately prior to or during the homicide. In 67–72% of cases, perpetrators and victims cohabit, and 49–73% of offenders employ firearms. Among family annihilators who die by suicide following the homicide, rates approximate one-half, excluding studies focusing solely on homicide-suicide cases or those not differentiating between attempted and completed suicides; one-third leave suicide notes (Karlsson et al. 2021).

The literature underscores the heterogeneity of male perpetrators of intimate partner homicide, necessitating distinct typologies. Adams (2007), in the seminal U.S. study employing in-depth interviews with domestic homicide offenders, proposed five categories: jealous, substance-using, financially motivated, suicidal, and career criminal perpetrators. Elisha et al. (2010) identified three principal perpetrator profiles—betrayed, rejected, and domineering—based on recurring thematic characteristics. Betrayed perpetrators exhibit no prior intimate partner violence but commit homicide to punish partners perceived as destabilizing the family structure. Rejected perpetrators are often borderline personality types, exhibiting dependency, with separation or rejection serving as homicide triggers. Domineering

perpetrators are emotionally unstable, control-oriented, and possess antisocial tendencies, committing homicide in response to perceived threats to their dominance.

Kvisto (2015) delineated four subtypes: psychotic, uncontrolled/erratic, chronic harasser, and over-controlled/catatonic. Psychotic offenders are the least similar to other subtypes, predominantly presenting with psychotic or mood disorders and displaying acute symptomatic violence at the time of the crime. They are typically older and exhibit minimal pre-crime substance use; relational and motivational characteristics such as jealousy and fear of abandonment are infrequent, even if present. Uncontrolled/erratic offenders display episodic and emotional violence toward partners and others, with marked fears of abandonment and jealousy, probable prior substance misuse, and moderate post-homicide suicide risk. Chronic harassers demonstrate lower emotional dysregulation, generally lack Axis I diagnoses, and often possess antisocial or narcissistic personality traits, exhibiting instrumental violence toward partners and others; separation serves as a common homicide trigger and elevates suicide risk. Over-controlled/catatonic offenders often function at high pre-crime levels, rarely possess Axis I diagnoses, and typically exhibit dependent or schizoid personality traits. Their violent acts are minimal but can escalate impulsively through catastrophic crises; envy is elevated relative to jealousy.

Vignola-Lévesque and Léveillé (2022) proposed an alternative psychosocially based typology: recently abandoned partner-prone, generally angry/aggressive, violent-controlling, and unstable-dependent. The recently abandoned profile exclusively includes perpetrators of intimate partner homicide, all of whom have experienced relationship dissolution and at least one lifetime suicide attempt. Half have a known criminal history, and two-thirds exhibit mild alexithymic traits. The angry/aggressive profile includes both homicide and non-homicide intimate partner violence perpetrators, all with a criminal record, over half with prior separation experiences, and a majority with at least one suicide attempt; alexithymia is pervasive. The violent-controlling profile comprises one-third of homicide offenders and two-thirds of IPV perpetrators, with two-thirds having criminal records, one-third with suicide attempts, and most displaying mild alexithymic traits. The unstable-dependent profile includes a minority of homicide offenders (13%) and a majority of non-homicidal IPV perpetrators (87%), none with prior separations or criminal histories. This group rarely exhibits extradyadic violence, uses low-to-moderate force, and is uniformly alexithymic, demonstrating difficulty in emotion regulation, expression, and coping, with nearly half having attempted suicide at least once (Laloyaux et al. 2015).

Examining prior criminal justice interactions is crucial, yet data remain limited. Estimates of offenders' previous criminal records vary widely, and offense types are often unreported (Zeoli et al. 2021). In a Turkish study analyzing 1,000 femicide cases (2010–2017), victims had reported prior violence by the perpetrator in 45 cases (24 to prosecutors, 21 to police). In 39 cases, this occurred once; in 6 cases, at least twice. Punitive measures were applied in 22 of these 45 cases. Among all 1,000 cases, 464 perpetrators were apprehended, 177 fled, 146 surrendered, and 211 committed suicide. Only 40 cases contained information regarding prior criminal records (Koç 2022), indicating minimal prior recognition by the justice system.

A significant subtype of intimate partner homicide involves perpetrators who die by suicide post-homicide. Men experiencing relationship dissolution or rejection frequently have at least one lifetime suicide attempt. Those reporting relationship disruption within the past year are 82% more likely to report suicidal ideation in the preceding two weeks, highlighting the necessity of monitoring suicidal ideation in men with recent relationship breakdowns, particularly if no prior ideation is documented (Vignola-Lévesque and Léveillé 2022, Wilson et al. 2025).

Men Who Commit Suicide Following Intimate Partner Homicide

Intimate partner homicide-suicide (IPHS) represents a complex and tragically rare phenomenon, despite systematic investigations across psychology, sociology, and criminal justice disciplines. Its infrequency renders it an underexplored research area, and existing studies tend to adopt descriptive approaches. Research in this domain has not advanced at the same pace as quantitative developments in epidemiology and the social sciences. The contextual influence on IPHS remains largely unexamined. Although patterns and characteristics of homicide followed by suicide vary across countries and regions, some recurring

motifs and similarities have been observed. Perpetrators predominantly employ firearms post-homicide and often possess psychotropic substances prior to the act. While homicides may arise from altercations, they frequently occur within the context of familial conflict, possessiveness/jealousy, revenge, separation, or divorce. The majority of subsequent suicides occur immediately after the homicide, with more than half being premeditated (Spencer and Stith 2018, Rouchy et al. 2020, Kafonek et al. 2022, Vatnar et al. 2022, Zimmerman et al. 2022, Cavlak et al. 2023, Gonçalves et al. 2023, McCoy et al. 2023, Oya et al. 2023, Borsay et al. 2025). Offenders are generally male, and victims predominantly female, with victims being younger than perpetrators (Demirbaş 2019, Peker Güneş and Tülü 2024).

Risk factors most strongly associated with IPHS include gender, being in or undergoing a separation, history of violence and conflict with a partner, involvement in legal disputes, minority ethnic status, prior criminal records, and personality traits or disorders (Prévost and Léveillé 2025). More than half of perpetrators exhibit psychiatric problems. Approximately one-fifth of female homicides involve IPHS, wherein the offender kills the spouse and/or mother and then themselves (Johnston et al. 2024). Offenders in IPHS cases are more likely to target known individuals, and these acts predominantly occur within familial settings, with spouses and/or children most frequently victimized. Consequently, the closer the relationship between offender and victim(s), the higher the IPHS risk. Killing a family member increases the likelihood of subsequent suicide by 294%. Biographical factors often reveal histories of childhood psychological trauma and recent exposure to stressful or traumatic events immediately preceding the offense. Perpetrators who prefer firearms and premeditate their actions are often driven by motivations oscillating between jealousy and self-perceived sacrifice. Offenders vacillate between intense desires for violent closeness, possession, and control of the partner, and equally intense impulses to reject and annihilate them. The acute negative emotions experienced while attempting to eliminate the partner can precipitate violent behaviors, culminating in homicide and, in some cases, suicide or homicide-suicide (Sachmann and Johnson 2014, Fridel and Zimmerman 2019, Rouchy et al. 2022).

Understanding the prevalence, patterns, and etiology of IPHS is crucial for informing interventions aimed at preventing intimate partner femicides and expanding policymakers' conceptual frameworks regarding these events. Although intimate partner homicide-suicides have increased in parallel with female homicides in Türkiye, research on this topic remains extremely limited. In a recent study examining media reports, 226 IPHS cases occurring between 2000 and 2019 were identified in Türkiye, representing 13% of female homicides. One-fifth of suicide attempts occurred immediately post-homicide. In 59% of cases, perpetrators were the victim's current, separated, or former spouse; 48% were over 40 years old; 68% had at least a high school education; and 35% were employed as laborers. Criminal histories included homicide ($n = 37$, 23%), attempted homicide ($n = 13$, 8%), assault causing injury ($n = 24$, 15%), spousal assault with battery ($n = 13$, 8%), drug trafficking ($n = 50$, 31%), and theft ($n = 13$, 8%). The majority of IPHS cases (84%) involved firearms. In 67% of incidents, multiple shots were fired, and the victim's head was specifically targeted in 58% of cases (Cavlak et al. 2023).

Women Who Die as a Result of Intimate Partner Homicide

According to the United Nations Office on Drugs and Crime (UNODC 2021), approximately 47.000 women and girls worldwide were killed by an intimate partner or other family member in 2020. This corresponds to an average of one woman or girl being killed by a family member every 11 minutes. The United Nations Women (UNODC 2025) reports that this figure increased to approximately 51.100 in 2023. Femicide constitutes a global crisis affecting women and girls in every country and region. The recent report indicates that in 2023, Africa recorded the highest absolute and relative number of intimate partner and family-related femicides, with an estimated 21.700 victims (2.9 per 100.000). The United States and Australia also reported high rates of intimate partner/family-related femicide in 2023 (1.6 and 1.5 per 100.000, respectively). In contrast, rates in Asia and Europe were substantially lower, at 0.8 and 0.6 per 100.000, respectively (UNODC 2025).

Globally, approximately one-third of women killed are murdered by their current or former spouse or intimate partner; however, intimate partner femicide rates vary significantly between countries. In the United States, 3.991 women were killed by intimate partners between 2018 and 2021 (Rowh and Jack 2024).

In Austria, 111 women were killed between 2018 and 2020, the majority by intimate partners. In Germany during the same period, 378 women were killed by former partners, while in Switzerland, 63 women were killed by former partners or family members (Wetzstein et al. 2024). In Australia, between 1989 and 2024, 1.735 women fell victim to IPH (Miles ve Bricknell 2025). In Türkiye, between 2010 and 2019, 2.534 women were killed, 78% by an intimate partner; 67% of perpetrators were current spouses and 11% former spouses (Ulukaya and Uçan 2023).

Counting femicides is fraught with methodological challenges, and relying on such statistics to infer the nature and scope of global violence against women is complex. These counts can obscure variations in counting practices, definitional issues, and data gaps. None are complete, consistent, or fully comparable. Each reveals different dimensions of femicide and presents a distinct picture of the phenomenon (Fitz-Gibbon and Walklate 2023).

Women are six times more likely than men to be killed by an intimate partner. While men are predominantly killed in public spaces by acquaintances, women are most often killed at home, where they are expected to feel safest. Data indicate that victims typically do not possess identifiable characteristics that would allow them to anticipate their vulnerability. Age-specific analyses suggest that intimate partner homicide rates are similar for both young and adult women. Women who fall victim to homicide are, on average, 42 years old and are younger than their perpetrators. In relationships lasting approximately 13 years, almost all cases involve psychological abuse, with more than half also experiencing physical abuse. Victims are more likely to belong to lower socioeconomic classes and have lower education levels compared to women who experience non-lethal intimate partner violence. Most victims do not have any psychiatric disorder (Stöckl et al. 2013, Matias et al. 2021, Lengerli Topçu et al. 2022, Pineda et al. 2023, Caman and Skott 2024, Gu and Zhong 2024, Vinas-Racionero et al. 2025).

Positive societal attitudes toward male perpetrators in Türkiye have contributed to some public awareness of this serious problem. Since the 1980s, women's movements and subsequent campaigns by women's organizations, increasing media attention to rising femicide cases, and new legislation aimed at protecting women and prosecuting offenders have been implemented (Özdemir-Sarigil and Sarigil 2024). However, intimate partner homicide remains relatively exceptional compared to other forms of domestic violence, and prevention programs remain insufficiently addressed (Haouari et al. 2024).

As previously noted, cross-national differences in femicide statistics likely underestimate the prevalence of intimate partner homicide, given that reports do not consistently record victim-offender relationships, murders by former partners may be excluded, and death data may be incomplete or of poor quality (Stöckl et al. 2013). Therefore, accurately assessing the risk of homicide in the context of intimate partner violence—i.e., conducting proper risk assessments—is critically important for the safety of both victims and society.

Risk Assessment

Numerous risk assessment tools have been developed to identify high-risk cases of intimate partner violence (IPV) and to guide timely intervention. However, a synthesized instrument specifically designed to measure severe violence perpetrated by male partners against women has not been established. This type of violence possesses unique characteristics compared to other forms of spousal abuse and requires individualized attention (Garcia-Vergara et al. 2022). Risk assessment in the context of intimate partner violence is relatively recent, and in environments where formal tools are unavailable, proxy instruments are commonly employed. When selecting an appropriate risk assessment tool for a specific setting, factors such as context, outcomes, assessor expertise, and access to information should be considered alongside estimated validity (Messing and Thaller 2012).

To differentiate between potentially lethal and non-lethal IPV incidents, assessment tools capable of predicting homicide are necessary. Specialized risk assessment instruments for intimate partner homicide evaluate the likelihood that one partner may commit a lethal attack against the other (Graham et al. 2021, Garcia-Vergara et al. 2022). These tools include the Danger Assessment (DA), Danger Assessment

for Immigrants (DA-I), Danger Assessment for Law Enforcement (DA-LE), Danger Assessment-5 (DA-5), Taiwan Intimate Partner Violence Danger Assessment (TIPVDA), Severe Intimate Partner Risk Prediction Scale (SIVIPAS), Lethality Screen, and the H-Scale. These instruments are predominantly used in the United States to predict homicide and attempted homicide (Garcia-Vergara et al. 2022). Given the large number of available tools, this text focuses on the widely used Danger Assessment (DA).

The DA, originally developed by Campbell (1986), was the first risk assessment instrument of its kind. The initial version comprised 15 items, which was later expanded to 20 items. The DA assesses a woman's risk of being killed by a current or former partner and is divided into two sections. The first section includes five items: three concerning physical violence over the past year, and two regarding threats or use of a weapon. This section also records approximate dates of victimization. The second section consists of 20 "yes/no" items, such as "Has the frequency or severity of physical violence increased in the past year?" "Has he threatened to kill you?" and "Do you believe he could kill you?" Based on the number of affirmative responses, the DA categorizes risk into four levels: variable danger (≤ 7), increased danger (8–13), severe danger (14–17), and extreme danger (≥ 18). The DA training module, available at www.dangerassessment.org, provides guidance on scoring, interpretation, and recommendations for each risk level. The DA has also been adapted into several languages, including English, Canadian French, Portuguese, and Spanish (Garcia-Vergara et al. 2022, Alliance for HOPE International 2023).

Over time, numerous studies have investigated risk assessment tools for intimate partner homicide, incorporating updates, cultural adaptations, and contextual modifications. However, most research has been conducted in the United States, limiting the generalizability of findings to other global contexts. Thus, additional research is needed in diverse countries considering local social and cultural characteristics (Garcia-Vergara et al. 2022). Furthermore, government agencies that recommend or mandate the use of such assessments within the criminal justice system must understand the psychometric properties of these tools, select the most contextually appropriate instrument, and establish intervention programs for high-risk cases within their policies (Graham et al. 2021).

Prevention Programs

Efforts to prevent intimate partner homicide often focus on law enforcement interventions, primarily because victims typically report incidents to authorities before a lethal event occurs. Tools such as the Lethality Assessment Program (LAP), Arizona Intimate Partner Risk Assessment Instrument System (APRAIS), and Domestic Violence High Risk Teams (DVHR) are used to identify high-risk victims and perpetrators and to guide interventions (Messing et al. 2021b). Some risk assessments aim to detect any potential future violence regardless of severity, while others focus specifically on repeated victimization and risk of death. Lethality-focused assessments are designed to raise victim awareness of potentially fatal violence in their relationships and connect them with appropriate preventive services. A widely implemented example is the Lethality Assessment Program (Richards et al. 2020).

The LAP operates under the principle of "Respond. Assess. Connect." It begins when a trained, certified first responder arrives at the scene of a domestic violence call. If the responder believes the victim is in danger or suspects the victim may face a life-threatening situation, the victim is asked to answer 11 evidence-based questions in a "yes/no/no answer" format. These questions are straightforward (e.g., "Has he ever used a weapon against you or threatened you with one?") and focus on the likelihood of serious injury or death at the hands of the intimate partner. This phase constitutes the "Respond" component. If the victim's responses indicate risk according to the LAP scoring system, the responder informs the victim that they are at risk of serious harm and provides information about local community-based domestic violence services. This represents the "Assess" stage. Finally, if the victim is deemed at extreme risk, the responder immediately contacts the hotline to develop an emergency safety plan and connects the victim with local domestic violence prevention services—this is the "Connect" stage (Maryland Network Against Domestic Violence [MNADV] 2025).

The assessment process consists of two stages: the first occurs when the victim agrees to speak with the hotline attorney, and the second when the victim declines. If the victim chooses the first option, the

attorney conducts a brief, structured conversation lasting no more than ten minutes to develop a safety plan for the first 24 hours. Depending on the action plan discussed during the call, the first responder may collaborate with both the attorney and the victim to support the safety plan—for example, by transporting the victim to a shelter or to a police station to obtain an emergency protective order. If the victim chooses the second option, the first responder still contacts the hotline, offers the victim another opportunity to speak with the attorney, and, if declined again, the attorney develops a safety plan for the victim through the first responder. The first responder reviews the risk factors associated with potential homicide, encourages the victim to connect with the local community-based domestic violence prevention program, and may follow additional protocol measures to ensure the victim's safety. Because the Lethality Assessment Program (LAP) is based on an empowerment model, direct communication with an attorney always remains the victim's choice. Importantly, even victims assessed as "not at high risk" during a service call, and who may not be ready to seek help, often benefit from the LAP. The program provides them with awareness of early warning signs that violence in the relationship is escalating (MNADV 2025).

Despite the availability of validated screening tools for intimate partner violence (IPV) and lethality risk, IPV assessments and referrals to appropriate services remain inconsistent within healthcare settings. In the context of preventing intimate partner homicide, the LAP does not focus solely on law enforcement but also engages emergency department personnel, recognizing the health-related consequences of violence. Thus, the LAP is a feasible protocol in healthcare settings to increase IPV awareness, provide high-risk victims with real-time access to needed services, and potentially reduce IPV-related homicides. In this regard, emergency department staff—particularly nurses—who are adequately trained and certified, demonstrate high effectiveness in preventing intimate partner homicide, in addition to community-based domestic violence program personnel (Howard et al. 2025).

Intervention Programs

The debate regarding the effectiveness of interventions for intimate partner violence (IPV) primarily focuses on the two most widely used approaches: the Duluth model (Dm) and cognitive-behavioral therapies (CBT). Duluth-style interventions generally adopt a psychoeducational framework and emphasize the gendered dynamics of power and control within relationships (Travers et al. 2021). The Dm is commonly implemented in the United States and Canada for offenders convicted of domestic violence-related crimes. Notably, the model was developed by activists rather than professionals. Because the Dm has become the dominant intervention model despite lacking a solid scientific foundation, it is considered problematic and has faced extensive criticism. Effective implementation of the Dm requires practitioners to recognize and acknowledge cultural variations, including race, ethnicity, gender, and sexual orientation, while remaining aware of their own belief systems. However, the Dm is narrow in scope, designed exclusively for heterosexual relationships involving offenders of Central Asian, African American, Native American, and Latino descent. As such, it excludes female offenders, same-sex relationships, and offenders of other racial backgrounds. Furthermore, because the Dm was created by activists, is not grounded in scientific research, does not require ongoing professional training, and was designed for delivery by non-professionals, there is little evidence that it provides culturally competent services. The Dm applies only a limited segment of the behavioral sciences, relying almost exclusively on feminist theory and the sociocultural concepts of power and control, without integrating other behavioral science disciplines or theoretical explanations of domestic violence. One of the model's most criticized features is its outdated nature and its failure to incorporate contemporary research beyond feminist theory (Bohall et al. 2016).

By contrast, CBT interventions focus more on skill development and the modification of dysfunctional cognitions and behaviors. Both Dm and CBT are typically delivered in group settings (Travers et al. 2021). In a study assessing the effectiveness of CBT in reducing IPV, and comparing it with integrated cognitive-behavioral and psychodynamic psychotherapy (Lawson 2010), post-treatment outcomes were examined across attachment dimensions, interpersonal problems, psychological/behavioral functioning, and overall symptom and relationship distress. Findings revealed that integrated cognitive-behavioral and psychodynamic therapy produced significantly greater improvements in partner violence reduction,

attachment, and interpersonal problems compared to CBT alone. Conversely, CBT demonstrated significantly greater improvements in psychological/behavioral functioning and overall symptom and relationship distress. In terms of recidivism, integrated cognitive-behavioral and psychodynamic therapy was associated with the lowest likelihood of reoffending.

Although CBT is typically implemented in group settings, its effectiveness tends to be higher when delivered in this format compared to individualized treatment. Flexible, case-formulation-based, individualized CBT approaches that incorporate motivational interviewing techniques have been shown to be more effective for IPV perpetrators than standardized, group-based CBT. In one study (Murphy et al. 2017), 42 men seeking services at a domestic violence agency were randomly assigned either to 20 sessions of individualized CBT integrating motivational interviewing techniques or to a 20-week group-based CBT program. Treatment engagement and session attendance were significantly higher in the individualized CBT group. However, the group-based CBT produced consistently greater overall benefits. Self-reports indicated significant reductions in violent behavior and injury in both groups, with no substantial differences. Victim reports, however, revealed statistically significant differences in psychological violence between groups, favoring group-based therapy. Group-based interventions also demonstrated stronger effects on cognitive distortions compared to individualized CBT. While individualized CBT posed challenges in setting session agendas, assigning homework, and teaching relationship skills, findings suggest that the mutual support and positive social influence inherent in group interventions may be particularly beneficial for IPV offenders.

In addition to mandated treatment, therapeutic programs have also been developed to support individuals who voluntarily seek help for recurrent IPV. However, the effectiveness of these interventions remains less clear. In a study comparing group-based CBT with mindfulness-based stress reduction (MBSR) group therapy among voluntary help-seekers who had perpetrated IPV (Nesset et al. 2020), 67 participants were assigned to group-based CBT, which included two individual sessions followed by 15 group sessions, while 58 participants engaged in MBSR, which included eight group sessions and two individual sessions (one pre- and one post-treatment). A total of 125 male participants and 56 female partners provided data at baseline and at 3-, 6-, 9-, and 12-month follow-ups. Results indicated no significant differences in effectiveness between the two groups. However, both interventions led to substantial reductions in physical violence after 12 months, supporting the efficacy of both group-based CBT and MBSR for voluntarily treated IPV perpetrators.

A meta-analysis evaluating the impact of intervention programs on IPV prevention (Alsina et al. 2023) found that such programs exert a protective effect. Interventions targeting both men and women, or men alone, were more effective than those targeting only women. The study identified five main intervention strategies: (1) individual support/counseling, (2) small-group counseling, (3) economic empowerment, (4) community mobilization, and (5) IPV screening and referral. Individual support/counseling interventions included single- or multi-session programs delivered by trained counselors or healthcare staff, weekly home visits to pregnant or new mothers conducted by trained peers, and mobile phone-based applications. Small-group counseling involved programs delivered by trained facilitators, ranging from two to 21 sessions, and typically emphasized motivation and skill-building. Economic empowerment interventions often consisted of microfinance programs supplemented by additional components such as couple, group, or community activities and survivor support services. Community mobilization interventions included training community activists and leaders to promote critical reflection, equipping outreach workers to facilitate discussion sessions, engaging male champions, and delivering multi-component strategies targeting individual, relational, and societal levels. By contrast, women-only interventions largely consisted of individual counseling and IPV screening in healthcare settings, which were less aligned with key determinants of IPV compared to community mobilization or group counseling approaches.

Overall, no significant differences were observed in the effectiveness of different community- or group-based intervention models for IPV reduction. However, interventions targeting adolescents, those addressing substance use, and those with a parental component were associated with significantly greater reductions in IPV. Furthermore, there is some evidence that longer-duration programs yield larger

reductions in violence. Taken together, interventions that combine community mobilization with direct programming for women, men, and couples appear equally effective in reducing IPV (Leight et al. 2023).

Discussion

Intimate partner femicide against women arises from men's inability to accept their partners' autonomy within a patriarchal society, where gender roles are clearly defined, and is perpetrated as men strive to maintain dominance (Gregoratto 2017). Approximately 85% of femicides are committed by current or former partners (Enander et al. 2022, Lengerli Topçu et al. 2022, Gonçalves et al. 2024, Treves-Kagan et al. 2024).

According to Graham et al. (2022), the causes of intimate partner homicide can be analyzed through four theoretical perspectives: feminist, evolutionary, sociological/criminological, and integrative. From the feminist perspective, intimate partner homicide is rooted in gender norms, power, control, and patriarchy. The evolutionary perspective suggests that male-perpetrated homicide represents an evolved response aimed at ensuring the transmission of genes to offspring. The sociological/criminological perspective emphasizes a wide range of individual, relational, and societal factors. The integrative perspective considers culture-specific psychological and sociocultural factors, including cultural transition (from the culture of origin to a new culture) and acculturation (assimilation into a new culture), to explain intimate partner homicide among male immigrants.

Femicide is one of the leading causes of death among women in Türkiye. The number of femicides has been increasing, with 315 cases recorded in 2023 and 394 in 2024 (Kadın Cinayetlerini Durduracağız Platformu, 2025), and 256 cases reported in the first seven months of 2025 (Anıt Savaş, 2025). Identifying the drivers behind this alarming increase, which has cost many women their lives due to violence, is essential (Zara et al. 2019). In Türkiye, the overwhelming majority of gender-based crimes are committed by men, and patriarchal values and orientations shape societal attitudes toward intimate partner femicide. Specifically, stronger patriarchal orientations increase the likelihood of favorable judgments toward male offenders (Lengerli Topçu et al. 2022, Özdemir-Sarıgil and Sarıgil 2024).

Risk processes may vary depending on the type of relationship between the victim and perpetrator (e.g., known or unknown, intimate or familiar) (Zara et al. 2019). Very little is known about risk factors for intimate partner femicide in Türkiye, and existing studies remain scarce. Atakay (2014) identified jealousy and the desire for separation as risk factors. Yılmaz et al. (2015) found young age to be a risk factor. Tütüncüler et al. (2015) reported separation or refusal to reconcile, jealousy, desire for divorce, threats, psychological violence, physical violence, and concerns about suicide as risk factors. Erden and Akdur (2018) identified low education, economic difficulties, and patriarchal social structures as risk factors.

Karbeyaz et al. (2018) found that women's desire for divorce or ongoing divorce processes were significant risk factors. Çalışkan (2019) reported separation desire, refusal to reconcile, disputes, fights, assault, economic hardship, and psychological problems as risk factors. Lengerli Topçu et al. (2022) identified physical violence as the most significant risk factor. More recently, Kurtuluş Dereli et al. (2024) highlighted jealousy, separation, economic difficulties, and criminal history as risk factors. These findings are crucial for identifying culturally specific risk factors. To expand the knowledge base on relational and situational risk factors, studies must explore the diverse and complex life circumstances of both victims and perpetrators across different groups (Messing et al. 2021b).

In Türkiye, most existing studies are descriptive analyses of femicides based on newspaper reports, primarily focusing on victims rather than perpetrators. Recent increases in femicide, coupled with changes in the criminal justice system and related institutions, highlight the urgent need for national-level identification of risk factors for both intimate partner violence and femicide. Even when risk factors are known, some women remain in violent relationships. Women adopt diverse coping strategies in response to abuse, including attempting to appease their partners, resisting, or fleeing. Other strategies include self-defense and seeking support. Women who rely on avoidance strategies often take little or no action, usually to protect themselves and their children. Factors such as fear of retaliation, financial dependence,

concerns about children, and hope for change in the partner can hinder women from acting to end violence. When faced with the decision to act, survivors weigh potential outcomes. Positive outcomes may include access to counseling or complete escape from violence, while negative outcomes may involve retaliation. However, continued inaction can also result in persistent negative consequences. Survivors base their decisions on past experiences of violence and their expectations about the likely outcomes of action. High expectations of retaliation combined with low perceived benefits of intervention reduce the likelihood of help-seeking. The increase in femicides committed by current or former partners supports the argument that men experience heightened stress and a sense of lost control when confronted with divorce demands, escalating violence to lethal outcomes (Sayem et al. 2013, Pisanelli 2025, Rezaei et al. 2025).

At the same time, family and social support are among the most critical factors encouraging victims to seek help. Strong support networks encourage women in violent relationships to adopt coping strategies (Waldrop and Resick 2004). Conversely, poor relationships with parents, family estrangement, lack of family support, and inadequate social support contribute to lifelong victimization and, ultimately, fatal outcomes (Dias et al. 2019, Lengerli Topçu et al. 2022, Rezaei et al. 2025).

Perpetrators often claim memory loss regarding the homicide. In their statements to law enforcement, they typically make remarks such as “my reconciliation offer was rejected,” “she insulted me,” “I lost control,” or “I do not remember” (Altınova et al. 2023), attributing responsibility to the victim or external factors (Senkans et al. 2020). These narratives frame violence as uncontrollable or unintentional behavior influenced by external circumstances, reflecting a tendency to avoid personal accountability (Cunha et al. 2022). Individuals may make internal attributions, assigning responsibility to themselves, or external attributions, shifting blame to others or situational conditions. Such judgments shape perceptions of self and others, influencing social interactions (Seidel et al. 2010). These processes are shaped by intrapsychic factors, situational opportunities, and cultural norms, which together impose perceived constraints (Moskowitz et al. 2021).

Most perpetrator narratives frame aggression and violence as justifiable and acceptable, often using conditional “if-then” reasoning. Such relational scripts also serve as excuses for denial and minimization, reinforcing rigid schemas that create stable behavioral patterns conducive to conflict and intimate partner violence. These maladaptive schemas increase negative arousal, distort situations toward conflict, and enable individuals to justify aggressive, controlling, or violent responses as reasonable reactions to perceived violations (Senkans et al. 2020). Some perpetrators attribute violence to weak self-control, emotional dysregulation, or external factors beyond their control, while in other cases, they report provocation by the victim as the main trigger. Disputes, often described as arguments or shouting, frequently escalate into physical violence. In such contexts, femicide can be understood as the culmination of escalating IPV, with disputes and fights serving as key precursors (Enander et al. 2022, Zara et al. 2019, Altınova et al. 2023).

Nearly half of female femicide victims are killed with unlicensed firearms in homes, streets, workplaces, or vehicles (Fridel and Fox 2019, Taştan and Küçüker Yıldız 2019, Lengerli et al. 2022, Altınova et al. 2023). Limiting firearm access not only reduces the lethality of IPV but also lowers the likelihood of perpetrator suicide following femicide (Zimmerman et al. 2022). Prior contact with the justice system is also relevant; individuals registered for IPV should have firearm access revoked. Although Türkiye restricts firearm possession in IPV-related cases, there is no specific legislation directly addressing this issue. However, Law No. 6284 on the Protection of the Family and the Prevention of Violence Against Women, enacted in 2012, encourages judicial oversight, including the surrender of firearms, and prevents firearm licensing for individuals with domestic violence convictions. This underscores the explicit inclusion of firearm access as a restricted category within domestic violence regulations (Zeoli et al. 2020).

Research on intimate partner femicide can inform prevention strategies and the development of early intervention programs. Combining mortality data with evidence-based programs and policies allows for community-focused solutions that address historical and societal risk factors (Treves-Kagan et al. 2024). Gender-specific considerations must be central when investigating femicides and designing prevention and intervention programs. Protective strategies are easier to implement in public spaces than in private

homes, underscoring the need for societal, law enforcement, and legislative attention to femicides (Walz et al. 2025).

Legally, the most decisive step toward prevention would be criminalizing coercive control exerted by men over their intimate partners (Tyson 2020). However, the mere enactment of domestic violence laws may not be sufficient to change societal attitudes that tolerate or condone femicide. Effective enforcement, adequate resources, and public awareness—particularly among women—are essential (Park et al. 2025). While many countries have enacted laws to address domestic violence, women in some contexts remain inadequately protected, increasing their risk of femicide (Subramaniam and Krishnan 2016).

Protective measures and incarceration often prove ineffective in preventing violence both during intervention (e.g., when the perpetrator is imprisoned or subject to a restraining order) and after intervention ends (e.g., upon release or expiration of orders). This ineffectiveness reinforces women's perceptions that they must fight for their basic safety, that violence is tolerated, and that abusers exploit societal acceptance to continue harassment. Consequently, women internalize the notion that they must learn to live with ongoing abuse (Bonomi 2011, Avieli 2025).

Ultimately, women remain in violent relationships due to a complex interplay of psychological, relational, socioeconomic, attitudinal, and family-related factors, including entrapment, fear of loneliness, conflicting emotions, PTSD, life-threatening fear, low self-esteem, recurrence of violence, presence of children, parental modeling, poor family relations, lack of family support, social stigma, social isolation, inadequate mental health services, financial dependence, ineffective justice systems, insufficient institutional support, normalization of violence, learned helplessness, feigned happiness, lack of awareness, shame, and hope for change (Rezaei et al. 2025).

Conclusion

Femicide in Türkiye is steadily increasing and remains a serious threat to women's safety. This trend highlights the urgent need for prevention programs targeting intimate partner violence in the country. In this regard, adapting existing risk assessment tools to the Turkish context—or developing country-specific instruments—would facilitate the early identification of high-risk cases. Such tools would also support the work of healthcare professionals, law enforcement, and victim assistance organizations.

Establishing healthy family relationships plays a pivotal role in preventing intimate partner violence and, consequently, intimate partner femicide. This approach involves not only the primary prevention of harmful behaviors but also the promotion of positive and healthy relationship dynamics. Developing culturally competent, evidence-based educational programs aimed at preventing violence can enhance the effectiveness of risk assessments and interventions, while also reshaping the way services addressing domestic violence are delivered (Messing et al. 2021a).

In conclusion, reducing intimate partner femicide requires comprehensive policies that integrate justice, economic, educational, healthcare and social service systems.

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