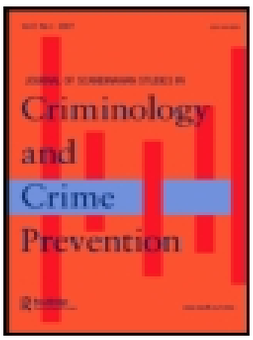

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Intimate partner homicide, immigration and citizenship: evidence from Norway 1990–2012

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ABSTRACT

Intimate partner homicides (IPH) are fatal violent attacks perpetrated by intimate partners. Immigrants are overrepresented in the IPH statistics as both perpetrators and victims. If explanatory factors for this are not studied, immigrants may be stigmatized. The present study investigates whether IPHs committed by immigrant perpetrators have characteristics that differentiate them from IPHs committed by the native majority of IPH perpetrators. All IPHs in Norway from 1990 to 2012 (N = 177) were included. Quantitative data were extracted through structured investigation of court documents. Information concerning risk factors (previous intimate partner violence and sociodemographic, contextual and clinical factors) was drawn from three validated risk assessment instruments. Univariate analysis and multivariate logistic regression analyses were conducted. When adjusted for other group differences, very few differences remained in the multivariate models. IPHs perpetrated by immigrants differed from cases with native perpetrators on modus operandi and ascribed motives and resulted in longer sentences than IPHs with native perpetrators. This study indicates considerable similarities in IPHs perpetrated by immigrants and natives. Findings indicating that IPHs by immigrants were perceived differently in the justice system need further investigation.

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Intimate partner homicide; femicide; ethnicity; immigration; risk assessment; intimate partner violence

Introduction

Intimate partner homicides (IPH) are fatal violent attacks perpetrated by intimate partners, often restricted to current or former married partners or cohabitants. A systematic review of the global prevalence of IPH indicates that one in seven homicides is committed by an intimate partner. On a global basis, men outnumber women as perpetrators of IPH by a 6:1 ratio (Stöckl et al., 2013). In Norway, National Criminal Investigation Service (NCIS) statistics show that IPH constitutes 24% (224) of the total 916 homicides committed during the period 1990–2016. The majority (89%) of these IPHs involved a male perpetrator and a female victim (Vatnar, Friestad, & Bjørkly, 2017).

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Although IPH rates have decreased, immigrant women, poor women and young women remain at a risk for IPH (Campbell, Glass, Sharps, Laughon, & Bloom, 2007; Echeburùa, Fernândez-Montalvo, deCorral, & Lôpez-Goni, 2009; Edelstein, 2013, 2016; Frye et al., 2008; Garcia & Hurwitz, 2007; Sabri, Campbell, & Dabby, 2016; Taylor, 2009). Systematic reviews of the literature show that IPH committed by immigrants is *not* a major contributor to the overall prevalence of IPH, as most IPHs are committed by and towards the majority population. Still, because several studies have shown that immigrants are proportionally overrepresented in the IPH statistics (see, e.g. Echeburùa et al., 2009; Edelstein, 2016; Garcia & Hurwitz, 2007; Sabri et al., 2016), further empirical knowledge about IPH among immigrants is called for.

Some researchers have raised concerns that focusing on crime among immigrants might lead to an increased stigmatization of this group of people (e.g. Sarnecki, 2006). Others assert that established psychological and criminological theories of IPH should be expected to generalize across population groups, covering both immigrant and native populations (e.g. Skardhamar, Aaltonen, & Lehti, 2014). To be sure, if certain groups are found to have greater involvement in registered crime, then increased attention to those groups is warranted. The alternative would be to neglect a possible risk factor and leave a vulnerable group of intimate partner violence (IPV) victims at increased risk. However, a higher risk among foreign citizens, both as perpetrators and as victims, might be due to contextual factors such as barriers to help-seeking faced by both perpetrators and victims who possibly fear involving the police and potentially jeopardizing their immigration status, as well as to sociodemographic and contextual factors pertaining to being an immigrant. At the same time, there might be some specific risk factors associated with immigrants or some immigrant groups, even after adjusting for other group differences. Investigating this possibility warrants multivariate analyses to control for possible group differences.

Immigration and IPH in a Norwegian context

Norway had its first wave of immigrants from outside the Western world in the late 1960s and 1970s. Since then, immigration has increased, and the flows have shifted from among various regions of the world. Immigration from certain parts of the world is often associated with crises in those areas. A large number of immigrants also immigrate to marry a person in a host country (Skardhamar et al., 2014). The definition of *immigrant population* varies considerably among studies. Some studies analyse all persons having an immigrant background, regardless of their country of origin, whereas others make various distinctions between larger groups, regions or countries. Some studies include descendants with one or two immigrant parents as part of the immigrant population, while others treat these as a separate group. Whether the definition of *immigrant* includes inhabitants without citizenship in the country where the crime occurred also varies. In the present study, we distinguish between *naturalized citizen* (a person with a previous non-Norwegian citizenship, who held a Norwegian citizenship at the time of a crime), *foreign citizen* and *native citizen* perpetrators.

Foreign citizens, e.g. irregular immigrants and asylum seekers, are usually not included in studies of immigrants and crime (Skardhamar et al., 2014), but previously published findings from the present study showed that these formally non-resident persons were a significant group, both as perpetrators and as victims of IPH (Vatnar et al., 2017). Nonetheless, the majority of both perpetrators and victims of IPHs were native Norwegians. Naturalized

citizens accounted for nearly 10% of the perpetrators (Vatnar et al., 2017), which is a slight overrepresentation of this group in the total population, which was 4% by January 2015 according to Statistics Norway. Naturalized citizens amounted to 6% of the victims, which is more in accordance with this group's proportion in the total population (4%). Foreign citizens accounted for 24% of perpetrators and 22% of victims, implying an overrepresentation of this group compared to its percentage of the total population, which, by January 2015, was only 10% of residents in Norway (Statistics Norway, personal correspondence). The majority of IPHs in Norway (89%) were committed by men against a female victim (Vatnar et al., 2017). There were no same-sex IPHs. Accordingly, the skewed gender distributions must be addressed in any study of IPH, including this investigation.

Individual and contextual risk factors for IPH

Intimate partner violence is a major risk factor for IPH: 65–80% of IPH victims had been *previously* subjected to intimate partner violence by the partner who killed them (see, e.g. Campbell & Glass, 2009; Campbell et al., 2007; Dobash & Dobash, 2015; Nicolaidis et al., 2003). In addition to immigration, several sociodemographic characteristics that distinguish perpetrators of IPH from nonfatal IPV have been identified (Eliason, 2009; Garcia & Hurwitz, 2007; Liem, 2010). IPH occurs more frequently among both perpetrators and victims who are younger than 40, have low levels of education, are unemployed and/or have financial and other problems associated with social and economic disadvantage (Barrett & St Pierre, 2011; Dobash & Dobash, 2015; Dobash, Dobash, & Cavanagh, 2009; Goodman, Smyth, Borges, & Singer, 2009). Alcohol and drug intoxication and abuse increase the risk for both perpetrating and becoming a victim of IPH (e.g. Aldridge & Browne, 2003; Eliason, 2009). Some IPH perpetrators, especially homicide-suicide perpetrators, suffer from mental illness, with depression being the most commonly cited disorder (Liem, 2010).

Although several of the sociodemographic and contextual risk factors described above can be related to immigration and ethnic minority status, a person's national, religious and ethnic background is often considered an important and *independent* risk factor for IPH (e.g. Campbell et al., 2007; Echeburùa et al., 2009; Garcia & Hurwitz, 2007; Taylor, 2009). It has been asserted that IPHs committed by immigrants (mainly from patriarchal cultures) have unique characteristics such as jealousy-oriented triggers, methods of killing and use of excessive force ('overkilling') that differentiate them from other sociodemographic low status groups (e.g. Campbell et al., 2007; Edelstein, 2013; Sabri et al., 2016). However, it may be that social and economic disadvantage, rather than ethnicity or immigration per se, are the actual, underlying issues and risk factors for IPH among immigrant groups (Barrett & St Pierre, 2011; Dobash & Dobash, 2015; Dobash et al., 2009; Vatnar & Bjørkly, 2010).

Professional approaches to estimating violence risk

To determine who have the greatest need for services and which services are most needed, criminal justice, health and victim support professionals need information about, for example, which subgroups of men are most likely to assault their partners or might even escalate to commit life-threatening violence (Kropp & Hart, 2015). One approach to answering questions like these is risk assessment (also referred to as *threat* or *lethality assessment*). Risk assessment is a cornerstone of effective case management in contemporary policing,

corrections and forensic mental health (Andrews & Bonta, 2006; Guy, Douglas, & Hart, 2015). IPV risk assessment may be defined as *the process of gathering information about people to make decisions regarding their risk of perpetrating intimate partner violence* (Kropp & Hart, 2015, p. 2). The structured professional judgement (SPJ) approach to violence risk assessment is advocated as representing the currently best combination of scientific knowledge and professional experience (Kropp & Hart, 2015). In SPJ, decision-making is assisted by guidelines recommending what information should be gathered and how, which risk factors should be considered, as well as what qualifications are required of the professional in order to conduct a comprehensive assessment. The decisions reached in such assessments are not simple predictions of whether or not a person will commit IPV. The concept of risk is inherently contextual, varying according to the risks posed as well as the conditions under which a person is likely to live (Kropp & Hart, 2015).

To make judgements about risk for IPV, evaluators must have access to information about the presence of and the changes over time in individual risk of IPV such as perpetrator risk factors and victim vulnerability factors. Ideally, this kind of information should be gathered from a diverse set of sources: (1) an interview with the primary perpetrator and any secondary perpetrators (such as other relatives); (2) an interview with the primary victim and any secondary (such as victim's or perpetrator's children) victims; (3) interviews with collateral informants, including family members and friends of the primary perpetrator and victim; (4) a review of collateral records, including police reports, victim statements, statements made by the perpetrator, the perpetrator's criminal record and so forth; and (5) a psychological or psychiatric assessment if this appears relevant to the case in question (Kropp & Hart, 2015). In practice, evaluators must focus on information that is both necessary for reaching an opinion regarding risk in a case and reasonably accessible, given the constraints under which they operate. In our study of IPH, court documents were a feasible alternative to the information that ideally should be gleaned from a combination of sources listed above.

Theoretical framework: interactional perspectives on intimate partner violence

Due to several limitations in existing IPV theories such as feminist theory, power theory, situational theories, personality theories and social learning theories, new theoretical frameworks have been developed to replace or improve upon them (e.g. Bell & Naugle, 2008; Dixon, Browne, & Hamilton-Giachritsis, 2009; Emery, 2011; Winstok, 2007, 2011). Some limitations are specific to certain IPV theoretical approaches; others are pertinent to most of the IPV theories. Of the latter, one limitation across theories seems to be the failure to adequately capture the complexity of IPV. Recent studies highlight the apparent heterogeneity of IPV, including variability in IPV types (physical, sexual, psychological), severity (minor, major, lethal), function (threats, situational, continuous) and victim/perpetrator role (mutual, intimate terrorism) (Bell & Naugle, 2008; Winstok, 2011).

Improvements to IPV theory and research need to be made to fully take into account the complexity and diversity of IPV (Arriaga & Capezza, 2005; Bell & Naugle, 2008; Briere & Jordan, 2004; Cano & Vivian, 2001; Winstok, 2007). A multi-disciplinary interactional perspective, which takes into consideration the characteristics, perspectives and interplay of both perpetrators and victims has been proposed as a more comprehensive theoretical approach. This perspective on IPV may enhance theoretical understanding of the mechanisms involved

by including contextual factors. IPV theories also need to become more ideographic and address the significant heterogeneity of IPV more scrupulously (Bell & Naugle, 2008; Winstok, 2007). From this perspective, the traditional person–situation dichotomy has been questioned and replaced by an emphasis on the mutual impact of the two variables (Funder, 2006). The main idea is that violence involves an influential and continuous interaction between individuals and the various situations or contexts they encounter, like immigration. The situation or context is defined as an actual situation as it is perceived, interpreted and assigned meaning in the mind of a participant (Magnusson, 1981). Interactional perspectives on IPV provide a framework that may enhance theoretical understanding of some of the mechanisms involved in IPH (e.g. Arriaga & Capezza, 2005; Briere & Jordan, 2004; Cano & Vivian, 2001; Garcia & Hurwitz, 2007).

Regarding the framework of an interactional perspective, researchers have emphasized the importance of addressing the context and proximal events associated with IPV episodes, such as immigration status, alcohol or substance use or intoxication and previous IPV (Bell & Naugle, 2008; Emery, 2011; Vatnar & Bjørkly, 2008; Winstok, 2011). Applying an interactional perspective to IPH implies focusing on the intimate partner homicide process, on investigating previous IPV incidents, contextual factors, clinical factors (such as diagnosis and symptoms), sociodemographic factors, IPH characteristics (such as homicide–suicide, filicide) and sentencing issues (such as ascribed motives, length of sentence). Theories developed so far, intended to scrutinize perpetrators and the circumstances of IPH, have been criticized as disregarding immigrant aspects both concerning contextual (e.g. citizen status, source of income), clinical (e.g. possible trauma), IPH characteristics, and thus for not being applicable to immigrant perpetrators (e.g. Edelstein, 2016; Sabri et al., 2016). In the present study, these shortcomings in the existing literature are addressed by applying an interactional perspective to an investigation of differences between IPHs committed by immigrants and native citizens in Norway. We split immigrants into two subgroups: immigrants who had obtained Norwegian citizenship and those without Norwegian citizenship to explore possible differences related to immigrant status. Based on information from IPH court documents from 1990 to 2012, we specifically investigated the extent of significant differences between IPH incidents committed by native citizens, naturalized citizens and foreign citizen perpetrators pertaining to (a) IPH characteristics and sentencing issues, (b) sociodemographic, contextual and clinical factors and (c) previous IPV incidents.

Method

This study was part of a mixed methods study that combined quantitative and qualitative data in a convergent parallel design (Vatnar et al., 2017). This article is delimited to findings from the quantitative analysis of data concerning immigrant and citizenship differences. This issue has not been addressed in previous publications arising from this IPH project. In the qualitative part of the study, help-seeking previous to the IPH and the bereaved's perceptions of risk factors were scrutinized (Vatnar et al., 2017). The study was approved by the Norwegian National Research Ethics Committee. The Norwegian Higher Prosecuting Authority provided access to the court documents.

Materials

Since 1990, IPH has been specified as an independent category of homicide (violation of penal code, section §233 the law of culpable homicide and murder in the first degree) in the official NCIS statistics. All IPHs in Norway from 1990 to 2012 that had received a final judgement by the end of data collection December 2013 ($N = 177$) were included in the study, including cases involving homicide–suicide (25%) and cases with insane perpetrators, unfit to plead (12%). The quantitative material was extracted from the court documents pertaining to these 177 cases. Court documents contain all documents and information collected and used during the court trial, including forensic expert witness reports.

Procedures

Quantitative data were collected from each police county/district in charge of a case by manually going through the set of court documents for each case and coding the information according to a predefined codebook consisting of variables from NCIS statistics of murder and risk factor items drawn from three risk assessment tools: Danger Assessment Revised 20-item (DA-R20) (Campbell & Glass, 2009), Spousal Assault Risk Assessment Guide (SARA) (Kropp & Hart, 2000) and Severe Intimate Violence Partner Risk Prediction Scale (SIVPAS) (Echeburùa et al., 2009). The reliability of this procedure was supported by results from an inter-rater reliability test – Intra Class Correlation, average measures = .835, CI (.714–.923) – based on two independent raters' coding of data from 20 randomly selected cases.

Measures

Based on the definitions provided in the court documents, *naturalized citizen* was operationalized as a person who previously had non-Norwegian citizenship, but who held a Norwegian citizenship at the time of the crime. *Foreign citizen* referred to a legal or illegal resident who did not have Norwegian citizenship. *Native citizen* was a person born a Norwegian citizen. There were no perpetrators descending from one or two naturalized citizen parents in this data-set.

Variables and measures of IPH characteristics such as modus operandi, motive and sentence issues and sociodemographic and contextual factors were drawn from NCIS statistics and from three risk assessment tools (see Tables 1–3). Only diagnoses (ICD-10) made by health professionals qualified to make mental health diagnoses (clinical psychologists and medical doctors) were included in the variables *diagnosis perpetrator* and *diagnosis victim*. Risk factor items were taken from three validated risk assessment instruments of IPH. Most IPV risk assessment instruments aim at measuring risk of IPV, not IPH. The predictive validity of risk assessment for IPH is lower than for IPV instruments due to the low base rates of IPH. In a preliminary review of the IPH literature, we found three validated risk assessment instruments with items on IPH (Vatnar & Bjørkly, 2011): Danger Assessment Revised 20-item (DA-R20) (Campbell & Glass, 2009), Spousal Assault Risk Assessment Guide (SARA) (Kropp & Hart, 2000) and Severe Intimate Violence Partner Risk Prediction Scale (SIVPAS) (Echeburùa et al., 2009).

The Danger Assessment (DA) Revised 20-item is an instrument that assists in determining the level of danger an abused woman has of being killed by her intimate partner. This tool

was originally developed by Campbell in 1996, with consultative and content validity support from battered women, shelter workers, law enforcement officials and other clinical experts on battering, based on retrospective studies of IPH or serious IPV injuries (Campbell & Glass, 2009). The 20-item instrument uses a weighted system to score yes/no responses to risk factors associated with intimate partner homicide. The DA was the first such instrument designed for determining risk of IP lethality only (Campbell et al., 2007).

The Spousal Assault Risk Assessment Guide 2nd Ed. (Kropp, Hart, Webster, & Eaves, 1995) is a structured professional judgement risk assessment and management tool for IPV. Research on the reliability and validity of judgements concerning risk for violence using this instrument indicated that offenders were quite heterogeneous with respect to the presence of individual risk factors and to overall perceived risk. Inter-rater reliability was high for judgements concerning the presence of individual risk factors and for overall perceived risk (Kropp & Hart, 2000).

The Severe Intimate Violence Partner Risk Prediction Scale was developed to predict intimate partner femicide and severe violence. Psychometric properties of reliability and validity are quite good (Echeburùa et al., 2009). Cut-off scores have been proposed according to sensitivity and specificity estimates. This easy-to-use tool appears to be suitable for the requirements of criminal justice professionals and is intended for use in safety planning (Echeburùa et al., 2009).

The DA-R20 and SIVPAS are drawn from the actuarial tradition, and the SARA from the structured professional judgement (SPJ) tradition. This study is conducted in the SPJ tradition. Hence, no total scores on measures were computed. All risk factors were measured like in SARA: *yes, partially, no or unknown/omit*. Some of the risk factors identified by our preliminary review of the literature are included in all three instruments, whereas other factors were only included in one of the scales. Together they cover a substantial number of possible risk factors of IPH (Vatnar et al., 2017). The SPJ guidelines have been developed to reflect the 'state of the discipline' with respect to scientific knowledge and professional practice. SPJ is an approach that attempts to bridge the gap between the unstructured clinical judgement and actuarial decision-making approaches. It appears to be a viable approach to assessing risk for intimate partner violence and to be suited to the requirements of criminal justice professionals (Kropp & Hart, 2015).

Sample

In the majority of IPH cases from 1990 to 2012, both perpetrator and victim were native citizens (62.7%, $n = 111$). In 23.2% ($n = 41$), neither perpetrator nor victim was a native citizen. Ten percent (10.1%, $n = 18$) of IPHs in Norway were perpetrated by a foreign citizen or a naturalized citizen and had a native citizen victim. About 4% (3.9%, $n = 7$) of the IPHs were committed by a native perpetrator against a foreign citizen or naturalized citizen victim.

Immigrant perpetrators included naturalized citizens (9.6%, $n = 17$) or foreign citizens (23.7%, $n = 42$). Naturalized citizen perpetrators were from 12 different countries of origin. Eight countries had only 1 perpetrator each, while Iran, Israel, Sri Lanka and Tunisia had 2. Foreign citizen perpetrators came from 28 countries of origin: Iran (5 perpetrators), Iraq (4) and Somalia (4) had the highest rates, and Afghanistan, Congo, Poland and Vietnam each had 2 perpetrators. Three perpetrators were stateless.

Among the IPH victims, 5.6% were naturalized citizens, and 21.5% were foreign citizens. Naturalized citizen victims came from 9 countries of origin. Only Sri Lanka (2) had more than one victim. Foreign citizen victims had 22 countries of origin. Countries of origin with more than 1 foreign citizen victim were Iran (5), Somalia (5), Morocco (4), Iraq (3), Afghanistan (2), Ethiopia (2) and Germany (2). The majority of IPHs (88.6%) were committed by men against a female victim.

Analyses

Univariate and multivariate logistic regression analyses were used to measure the association between risk factors and the dependent variable: (1) IPH incidents with foreign citizen perpetrators vs. native and naturalized citizen perpetrators and (2) IPH incidents with naturalized and foreign citizen perpetrators vs. native perpetrators. Initial comparisons of IPHs by native citizen, naturalized citizen and foreign citizen perpetrators were conducted by simple cross-tabulations. The Kruskal–Wallis test was used to estimate possible independent group differences for variables with nonparametric score distributions for more than two independent groups (Step 1).

The stepwise options recommended for logistic regression for small samples were used (Altman, 1991; Pallant, 2010). In the first multivariate analyses (Step 2), variables with significant univariate differences when comparing IPHs by foreign citizen, naturalized citizen and native citizen perpetrators were adjusted for other significant group differences *within the aim categories*: (a) IPH characteristics and sentencing issue (see variables and sub-categories in Table 1), (b) Sociodemographic, contextual and clinical factors (see variables and sub-categories in Table 2) and (c) Previous IPV (see variables and sub-categories in Table 3). According to recommendations for logistic regression for small samples, significant differences from Step 2 were forwarded to Step 3 where they were adjusted for all group differences, including year of crime in Categories A, B and C. Suitability for multivariate logistic regression analysis was investigated by the Hosmer–Lemeshow test. Cox and Snell *R* Square and Nagelkerke *R* Square were used to estimate the proportion of explained variance in the multivariate models that were tested (Altman, 1991; Pallant, 2010). Values were estimated as model fit indices for the regression models (see notes in Tables 4 and 5). Statistical analyses were performed using the statistical program package SPSS, version 23.0.

Results

The univariate analyses indicated several (20) significant differences (see Tables 1–3) between IPHs committed by native citizen, naturalized citizen and foreign citizen perpetrators. However, few remained significant in Step 2 when adjusted for other significant differences within the same aim categories: (a) IPH characteristics and sentencing issues, (b) Sociodemographic, contextual and clinical factors and (c) Previous IPV. When adjusted for all other group differences, very few significant differences between native citizen-, naturalized citizen- and foreign citizen-perpetrated IPH remained in the multivariate models in Step 3.

Table 1. IPH characteristics and sentencing issues for IPH perpetrated by native citizen, naturalized citizen and foreign citizen perpetrators ($N = 177$).

Independent variable		Perpetrator native citizen ($n = 118$) % (n)	Perpetrator naturalized citizen ($n = 17$) % (n)	Perpetrator foreign citizen ($n = 42$) % (n)	Total ($N = 177$) % (n)	p
IPH including suicide	No	69.5 (82)	94.1 (16)	83.3 (35)	133 (75.1)	.033
	Yes	30.5 (36)	5.9 (1)	16.7 (7)	24.9 (44)	
Sentences	Culpable homicide	38.1 (45)	29.4 (5)	23.8 (10)	33.9 (60)	.005
	Premediated murder/with malice aforethought	11.9 (14)	35.3 (6)	33.3 (14)	19.2 (34)	
	Voluntary manslaughter	5.9 (7)	.0 (0)	.0 (0)	4.0 (7)	
	Involuntary manslaughter	.8 (1)	.0 (0)	.0 (0)	.8 (1)	
	Insane	6.8 (8)	17.6 (3)	23.8 (10)	11.9 (21)	
	Perpetrator dead	35.6 (42)	17.6 (3)	19.0 (8)	29.9 (53)	
	Other	.8 (1)	.0 (0)	.0 (0)	.8 (1)	
Length of sentences (years)	Mean (SD)	9.6 (4.2)	12.9 (3.4)	13.1 (4.5)	10.7 (4.5)	.001
Scene of crime	Couple's home	61.9 (73)	47.1 (8)	54.8 (23)	58.8 (104)	.018
	Victim's home	13.6 (16)	17.6 (3)	21.4 (9)	15.8 (28)	
	Perpetr.'s home	9.3 (11)	.0 (0)	2.4 (1)	6.8 (12)	
	Cottage	3.4 (4)	5.9 (1)	.0 (0)	2.8 (5)	
	Public place	5.9 (7)	17.6 (3)	16.7 (7)	9.5 (17)	
	Other	5.9 (7)	5.9 (1)	2.4 (1)	5.1 (9)	
	Unknown	.0 (0)	5.9 (1)	2.4 (1)	1.1 (2)	
Modus operandi	Knife	28.0 (33)	58.8 (10)	61.9 (26)	39.0 (69)	≤.000
	Axe	1.7 (2)	.0 (0)	4.8 (2)	2.3 (4)	
	Gun	35.6 (42)	5.9 (1)	2.4 (1)	24.9 (44)	
	Blunt force	12.7 (15)	5.9 (1)	4.8 (2)	10.2 (18)	
	Prescription drugs	.8 (1)	.0 (0)	2.4 (1)	1.1 (2)	
	Poison	.0 (0)	5.9 (1)	.0 (0)	.6 (1)	
	Choking	19.5 (23)	23.5 (4)	19.0 (8)	19.8 (35)	
	Drowning	1.7 (2)	.0 (0)	.0 (0)	1.1 (2)	
	Other	.0 (0)	.0 (0)	2.4 (1)	.6 (1)	
	Unknown	.0 (0)	.0 (0)	2.4 (1)	.6 (1)	
Motive	Dispute	29.7 (35)	.0 (0)	16.7 (7)	23.7 (42)	.001
	Jealousy	37.3 (44)	52.9 (9)	42.9 (18)	23.7 (42)	
	Revenge	1.7 (2)	5.9 (1)	19.0 (8)	6.2 (11)	
	Fear	2.5 (3)	.0 (0)	.0 (0)	1.7 (3)	
	Other	12.7 (15)	5.9 (1)	9.5 (4)	11.9 (21)	
	Unknown	16.1 (19)	35.3 (6)	9.5 (4)	16.4 (29)	
Victim's substance influence at time of crime	No	44.1 (52)	76.5 (13)	83.3 (35)	56.5 (100)	≤.000
	Alcohol	30.5 (36)	11.8 (2)	4.8 (2)	22.6 (40)	
	Illegal drugs	4.2 (5)	5.9 (1)	.0 (0)	3.4 (6)	
	Prescription drugs	5.1 (6)	.0 (0)	.0 (0)	3.4 (6)	
	Alcohol and drugs	15.3 (18)	5.9 (1)	4.8 (2)	11.9 (21)	
	Unknown	.8 (1)	.0 (0)	7.1 (3)	2.3 (4)	

(*Continued*)

Table 1. (*Continued*).

Independent variable		Perpetrator native citizen (n = 118) % (n)	Perpetrator naturalized citizen (n = 17) % (n)	Perpetrator foreign citizen (n = 42) % (n)	Total (N = 177) % (n)	p
Perpetrator's substance influence at time of crime	No	28.8 (34)	58.8 (10)	45.2 (19)	35.6 (63)	.001
	Alcohol	38.1 (45)	11.8 (2)	11.9 (5)	29.4 (52)	
	Illegal drugs	4.2 (5)	5.9 (1)	.0 (0)	3.4 (6)	
	Prescription drugs	6.8 (8)	.0 (0)	11.9 (5)	7.3 (13)	
	Alcohol and drugs	16.1 (19)	5.9 (1)	7.1 (3)	13.0 (23)	
	Unknown	5.9 (7)	17.6 (3)	23.8 (10)	11.3 (20)	
Conflict of custody	No	85.3 (99)	64.7 (11)	61.9 (26)	77.7 (13)	.005
	Partly	5.2 (6)	.0 (0)	14.3 (6)	6.9 (12)	
	Yes	5.2 (6)	29.4 (5)	16.7 (7)	10.3 (18)	

Notes: The Kruskal–Wallis test was used to test for possible independent group differences for variables with nonparametric score distributions for more than two independent groups. The chi-square test was used for nominal data and unrelated groups. As a measure of nonparametric correlation for ranked variables, Kendall's tau-b was used. Police county, year of murder, categories of IPH, IPH including murder of children, IPH including more than one victim, victim intention to break-up/separate were tested with non-significant results. Section §233, first subsection = culpable homicide; Section §233, second subsection = premediated murder; Sections §228–234 = voluntary manslaughter; Section §239 = involuntary manslaughter.

IPH characteristics and sentencing issues

IPHs by foreign citizen perpetrators had some IPH characteristics and sentencing issues that differed from those of native citizen and naturalized citizen perpetrators when adjusted for all other group differences in multivariate analysis (Table 4). Guns and blunt force were less often the modus operandi in foreign-perpetrated IPHs. For IPHs resulting in prison sentences, different motives were ascribed to foreign citizen perpetrators than to native and naturalized citizen perpetrators: foreign perpetrators were 30 times more likely to have the motive of revenge ascribed to them and fear was never the ascribed motive (Table 4).

When adjusted for all other group differences, the merged categories of IPHs perpetrated by foreign citizen or naturalized citizen differed from those of native perpetrators on some characteristics and sentencing issues (multivariate analysis, Table 5). The verdicts for immigrant (foreign and naturalized citizen) perpetrators involved other modus operandi, were ascribed different motives and resulted in longer sentences than was the case in IPHs committed by native perpetrators. Compared to those of native perpetrators, these IPHs were less often committed with the use of blunt force, and only one case involved a shotgun, in contrast to 42 cases among the native citizens. Revenge was more than 10 times (p = .001) more likely to be ascribed to immigrant perpetrators as a motive, and jealousy was 4 times (p = .050) more likely to be ascribed to immigrant perpetrators as a motive. In no single IPH by an immigrant perpetrator was fear classified as the motive. Naturalized- or foreign-perpetrated IPHs with previous IPV were more than 3 and 5 times, respectively, more likely to be ascribed as having 'other' or 'unknown' motives compared to native-perpetrated IPH (Table 5).

Table 2. Sociodemographic, contextual and clinical factors for IPH perpetrated by native citizen, naturalized citizen and foreign citizen perpetrators ($N = 177$).

Independent variable		Perpetrator native citizen ($n = 118$) % (n)	Perpetrator naturalized citizen ($n = 17$) % (n)	Perpetrator foreign citizen ($n = 42$) % (n)	Total ($N = 177$) % (n)	p
Perpetrator's age	Mean (SD)	42.1 (14.4)	39.3 (7.7)	34.6 (7.1)	40.1 (12.8)	.015
Victim's age	Mean (SD)	40.9 (14.3)	37.0 (10.4)	32.7 (10.9)	38.5 (13.6)	.001
Victim's origin	Native	94.1 (111)	41.2 (7)	26.2 (11)	72.9 (129)	≤.000
	Naturalized	1.7 (2)	29.4 (5)	7.1 (3)	5.6 (10)	
	Foreign	4.2 (5)	29.4 (5)	66.7 (28)	21.5 (38)	
Marital status	Married	35.6 (42)	52.9 (9)	57.1 (24)	42.4 (75)	.001
	Cohabitant	41.5 (49)	11.8 (2)	16.7 (7)	32.8 (58)	
	Separated	4.2 (5)	29.4 (5)	11.9 (5)	8.5 (15)	
	Divorced	3.4 (4)	5.9 (1)	4.8 (2)	4.0 (7)	
	Former cohab.	15.3 (18)	.0 (0)	9.5 (4)	12.4 (22)	
Perpetrator's children	No	29.3 (34)	11.8 (2)	21.4 (9)	25.7 (45)	.013
	Mutual child	41.4 (48)	76.5 (13)	64.3 (27)	50.3 (88)	
	Previous part.	29.3 (34)	11.8 (2)	11.9 (5)	23.4 (41)	
	Other	.0 (0)	.0 (0)	2.4 (1)	.6 (1)	
Perpetrator's source of income	Employed	48.3 (57)	41.2 (7)	31.0 (13)	43.5 (77)	.030
	Unemployed	9.3 (11)	23.5 (4)	21.4 (9)	13.6 (24)	
	Student	.8 (1)	5.9 (1)	7.1 (3)	2.8 (5)	
	Homemaker	.0 (0)	.0 (0)	2.4 (1)	.6 (1)	
	Social security	33.1 (39)	29.4 (5)	28.6 (12)	31.6 (56)	
	Retirement	5.9 (7)	.0 (0)	.0 (0)	4.0 (7)	
	Other	1.7 (2)	.0 (0)	9.5 (4)	3.4 (6)	
	Unknown	.8 (1)	.0 (0)	.0 (0)	.6 (0)	
Perpetrator's substance abuse	No	35.0 (41)	52.9 (9)	76.2 (32)	46.6 (82)	.006
	Alcohol	25.6 (30)	17.6 (3)	4.8 (2)	19.9 (35)	
	Illegal drugs	6.8 (8)	11.8 (2)	2.4 (1)	6.3 (11)	
	Prescription drugs	2.6 (3)	5.9 (1)	2.4 (1)	2.8 (5)	
	Alcohol and prescript. drugs	7.7 (9)	.0 (0)	2.4 (1)	5.7 (10)	
	Alcohol and illegal drugs	15.4 (18)	11.8 (2)	4.8 (2)	12.5 (22)	
	Other	.0 (0)	.0 (0)	2.4 (1)	.6 (1)	
	Unknown	6.8 (8)	.0 (0)	4.8 (2)	5.7 (10)	
Victim's substance abuse	No	47.0 (55)	88.2 (15)	85.7 (36)	60.2 (106)	.001
	Alcohol	18.8 (22)	.0 (0)	4.8 (2)	13.6 (24)	
	Illegal drugs	4.3 (5)	.0 (0)	2.4 (1)	3.4 (6)	
	Prescription drugs	.0 (0)	.0 (0)	.0 (0)	.0 (0)	
	Alcohol and prescript. drugs	12.8 (15)	.0 (0)	.0 (0)	8.5 (15)	
	Alcohol and illegal drugs	7.7 (9)	11.8 (2)	2.4 (1)	6.8 (12)	
	Unknown	9.4 (11)	.0 (0)	4.8 (2)	7.4 (13)	
Victim's diagnosis	No	33.3 (39)	64.7 (11)	73.8 (31)	46.0 (81)	≤.000
	Symptoms, no diagnosis	26.5 (31)	5.9 (1)	2.4 (1)	18.8 (31)	
	Diagnosed	27.4 (32)	29.4 (5)	19.0 (8)	25.6 (45)	
	Unknown	12.8 (15)	.0 (0)	4.8 (2)	9.7 (17)	

Notes: The Kruskal–Wallis test was used to test for possible independent group differences for variables with nonparametric score distributions for more than two independent groups. The chi-square test was used for nominal data and unrelated groups. As a measure of nonparametric correlation for ranked variables, Kendall's tau-b was used. Perpetrator's gender, perpetrator's diagnosis, partnership duration, break-up duration, victim's children, perpetrator's and victim's education and victim's source of income were tested with non-significant results.

Table 3. IPV previous the IPH for IPH perpetrated by native citizen, naturalized citizen and foreign citizen perpetrators ($N = 177$).

Independent variable		Perpetrator native citizen ($n = 118$) % (n)	Perpetrator naturalized citizen ($n = 17$) % (n)	Perpetrator foreign citizen ($n = 42$) % (n)	Total ($N = 177$) % (n)	p
Psychological IPV	No	27.3 (21)	18.8 (3)	6.1 (2)	20.6 (26)	.041
	Yes	72.7 (56)	81.3 (13)	93.9 (31)	79.4 (100)	
Time span between first IPV and IPH	≤6 months	13.0 (10)	6.3 (1)	9.1 (3)	11.1 (14)	≤.000
	6–12 months	23.4 (18)	.0 (0)	15.2 (5)	18.3 (23)	
	1–2 years	18.2 (14)	.0 (0)	24.2 (8)	17.5 (22)	
	2–4 years	14.3 (11)	43.8 (7)	24.2 (8)	20.6 (26)	
	4–6 years	3.9 (3)	25.0 (4)	9.1 (3)	7.9 (10)	
	6–8 years	3.9 (3)	.0 (0)	15.2 (5)	6.3 (8)	
	8–10 years	1.3 (1)	12.5 (2)	.0 (0)	2.4 (3)	
	≥10 years	22.1 (17)	12.5 (2)	3.0 (1)	15.9 (20)	

Notes: Analyses of characteristic of IPV previous IPH only includes cases with previous IPV ($n = 126$).The Kruskal–Wallis test was used to test for possible independent group differences for variables with nonparametric score distributions for more than two independent groups. The chi-square test was used for nominal data and unrelated groups. As a measure of nonparametric correlation for ranked variables, Kendall's tau-b was used. Previous IPV in general, previous physical IPV, previous sexual IPV, mutual IPV, IPV registered by authority, forwarded IPV information were tested with non-significant results.

Sociodemographic, contextual and clinical factors

Cases involving *only* foreign citizen perpetrators as well as those involving both foreign and naturalized immigrants differed from those of native perpetrators on the same variables related to sociodemographic, contextual and clinical factors: victim's origin and perpetrator's source of income. In fact, 94% of IPHs perpetrated by a native had a native victim, and 67% of IPHs committed by a foreign citizen perpetrator had a foreign citizen victim (Table 2). Foreign citizen perpetrators were 5 times more likely than Norwegian citizens to be unemployed. Retirement pensioners were only found among native perpetrators (Tables 2 and 4). Native citizen perpetrators who had *previously* subjected the IPH victim to IPV were significantly more often substance abusers compared to foreign citizen perpetrators who had previously subjected a victim to IPV (Table 4). Concerning perpetrators' gender, no significant differences between the groups were observed even in the univariate analyses (Table 2, Note). In detail, 88% ($n = 104$) of IPH committed by native citizens were committed by males with females victims, and 12% ($n = 14$) were committed by females with male victims. For IPH committed by foreign citizens, the gender distribution was exactly the same; 88% ($n = 37$) were committed by males and 12% ($n = 5$) were committed by females. For IPH committed by naturalized citizens, 94% ($n = 16$) were committed by males and 6% ($n = 1$) by females. However, this was a non-significant difference ($p = .759$).

Previous IPV

There was no multivariate significant difference concerning previous IPV either when comparing Norwegian citizenship or not, nor native origin or not (Tables 4 and 5). Even in the univariate analysis, there were only two significant differences concerning previous IPV; prevalence of previous physical IPV was 81.3% for naturalized citizen-perpetrated IPH, 93.9% for foreign citizen-perpetrated IPH and 72.7% for native-perpetrated IPH (Table 3).

Table 4. The association between IPH characteristics for IPH committed by foreign citizens ($n = 42$) and native and naturalized citizens ($n = 135$) (baseline), multivariate logistic regression.

Independent variables	Adj. odds ratio (OR)	95% CI	*p*
Model 1 $n = 177$			
Modus operandi			.013
Knife/Axe	.215	.020–2.266	.201
Gun	.003	.000–.109	.002
Blunt force	.017	.010–.584	.024
Choking	.099	.008–1.243	.073
Other (baseline)			
Source of income perpetrator			.030
Employed/student (baseline)			
Unemployed	5.463	1.097–27.199	.038
Social security	3.790	.825–17.404	.087
Retirement pensioner	*		*
Other	68.686	4.369–1079.834	.003
Perpetrator's substance abuse	.136	.038–.483	.002
Model 2 $n = 104$ (cases including length of sentences)			
Motive			.022
Dispute (baseline)			
Jealousy	1.642	.341–7.911	.537
Revenge	29.568	4.072–214.705	.001
Fear	*	*	*
Other	*	*	*
Unknown	.833	.100–6.939	.866
Year of crime			ns
Length of sentence (years)			ns
Model 3 $n = 126$ (cases including previous IPV)			
Perpetrator's substance abuse	.210	.072–.612	.004
Modus operandi			.011
Knife/Axe	.264	.036–1.950	.192
Gun	.012	.001–.214	.003
Blunt force	.027	.002–.445	.012
Choking	.063	.020–1.225	.092
Other (baseline)			
Psychological IPV (previous)			ns

Notes: Multivariate Binary Logistic Regression, Forward Stepwise (Wald). Adj. odds ratio = Adjusted odds ratio. OR = odds ratio. CI = Confidence Interval. * = no NoNC or no N with this score. Model 1, Cox and Snell *R* Square = .466; Model 2, Cox and Snell *R* Square = .398; Model 3, Cox and Snell *R* Square = .405. Substance addiction perpetrator and substance influence at time of crime victim were dichotomized in these models. The models were adjusted for victim's origin, significant sociodemographic and clinical group differences.

Discussion

Main findings

Based on information from IPH court documents from 1990 to 2012, we specifically investigated the extent to which there were significant differences between IPH incidents committed by native citizen, naturalized citizen and foreign citizen perpetrators pertaining to (a) IPH characteristics and sentencing issues, (b) sociodemographic, contextual and clinical factors and (c) previous IPV incidents. Although several sociodemographic and contextual risk factors are related to immigration and ethnic minority status, certain national, religious and ethnic backgrounds are often considered as important and *independent* risk factors for IPH groups (e.g. Campbell et al., 2007; Edelstein, 2013; Sabri et al., 2016). According to an interactional perspective, adjustment for immigration-related factors is warranted to scrutinize significant differences between IPH incidents committed by native citizens, naturalized citizens and foreign citizen perpetrators.

Table 5. The association between IPH characteristics for IPH committed by naturalized and foreign citizen perpetrators ($n = 59$) and native citizen perpetrators ($n = 118$) (baseline), multivariate logistic regression.

Independent variables	Adj. odds ratio (OR)	95% CI	*p*
Model 1 n = 177			
Modus operandi			.073
Knife/Axe	.262	.037–1.860	.180
Gun	*	*	*
Blunt force	.011	.001-.252	.005
Choking	.191	.024–1.488	.114
Other (baseline)			
Motive			.640
Dispute (baseline)			
Jealousy	4.693	.881–24.991	.070
Revenge	*	*	*
Fear	*	*	*
Other	3.198	.364	.295
Unknown	4.326	.564	.159
Model 2 n = 103 (cases including length of sentences)			
Length of sentences (years)	1.209	1.008–1.449	.041
Motive			.080
Dispute (baseline)			
Jealousy	4.693	.881–24.991	.002
Revenge	*	*	*
Fear	*	*	*
Other	3.198	.364	.083
Unknown	4.326	.564	.073
Year of crime			ns
Model 3 n = 126 (cases including previous IPV)			
Motive			.030
Dispute (baseline)			
Jealousy	3.846	1.001–16.920	.050
Revenge	10.495	4.095–296.643	.001
Fear	*	*	*
Other	3.965	1.035–75.305	.046
Unknown	5.519	1.446–459.274	.019
Modus operandi			ns
Psychological IPV (previous)			ns

Notes: Multivariate Binary Logistic Regression, Forward Stepwise (Wald). Adj. odds ratio = Adjusted odds ratio. OR = odds ratio. CI = Confidence Interval. * = no immigrants or no native Norwegians with this score Model 1, Cox and Snell *R* Square = .551; Model 2, Cox and Snell *R* Square = .493; Model 3, Cox and Snell *R* Square = .402. Substance addiction perpetrator and substance influence at time of crime victim were dichotomized in these models. The models were adjusted for victim's origin, significant sociodemographic and clinical group differences.

To sum up, when adjusted for all other group differences, very few differences between native citizen-, naturalized citizen- and foreign citizen-perpetrated IPH remained in the multivariate models. In the adjusted analyses, modus operandi (less use of guns and blunt force by immigrants) and ascribed motive (immigrants taking revenge and never fear) were the only two IPH characteristics that differed between foreign citizen perpetrators and native and naturalized citizen perpetrators. In the adjusted analysis, IPHs perpetrated by immigrant (foreign and naturalized citizen) perpetrators also differed from cases with native perpetrators on modus operandi and ascribed motives on the same factors and resulted in longer sentences than IPHs with native perpetrators. Concerning sociodemographic, contextual and clinical factors, cases with foreign citizen perpetrators and cases with naturalized citizen perpetrators differed from other IPHs on the same variables in the adjusted analyses: victim's origin; perpetrator and victim belonged to the same immigrant/citizen group and perpetrator's source of income; higher prevalence of unemployed among immigrants. There was

no multivariate significant difference concerning previous IPV in the adjusted analyses, neither when comparing citizenship nor native origin.

IPH characteristics and sentencing issues

A recent study of IPHs among ethnic sub-groups of Asian Americans found that stabbing was the most frequent method of killing, whereas most IPHs in the United States are committed by the use of guns (Sabri et al., 2016). This concurs with our results, as stabbing was the major modus operandi of IPH among naturalized and foreign citizen perpetrators, with guns being the most common modus operandi among native perpetrators. The ease of access to or availability of knives or sharp objects in the home combined with lack of access to guns and legal restrictions on gun ownership may explain why the use of guns in foreign- and naturalized citizen-perpetrated IPHs was rare. The difference related to modus operandi remained significant after adjusting for the stage of the relationship (ongoing or ended at the time of the homicide) and perpetrators' age and gender. In previous studies, gender has been found to interact with methods of killing, such as male perpetrators having more variation in methods of killing than females who used shooting or stabbing (Campbell et al., 2007; Dobash & Dobash, 2015; Sabri et al., 2016).

Jealousy and extreme rage towards partners who leave have been associated with IPH in other studies (e.g. Campbell et al., 2007; Dobash & Dobash, 2015; Serran & Firestone, 2004), as well as with men resorting to killing their partners in an excessively violent manner (Edelstein, 2016; Sabri et al., 2016). Edelstein (2016) analysed court decisions and revealed that triggers containing jealousy components were responsible for a higher rate of IPHs among some ethnic groups. Edelstein's study also identified a positive correlation between motive (jealousy), modus operandi (stabbing) and 'overkilling' (excessive force), and triggers containing jealousy components accounted for 83% of femicides committed by immigrants, compared to 77% by native perpetrators.

Although the literature identifies a woman's intention to separate or break-up as the *primary* cause of IPH among immigrants (e.g. Edelstein, 2016; Sabri et al., 2016), this intention should be viewed only as a risk indicator, not as a validated risk factor. If a woman's intention to separate or break-up was a primary cause and validated independent risk factor for IPH, IPH would have been a more frequent occurrence, given the high prevalence of break-ups and divorces, even among immigrants. In the same way, issues related to acculturation stress should be viewed only as risk indicators, not independent risk factors; otherwise, if acculturation stress per se were an independent risk factor for IPH, the prevalence of acculturation stress among immigrants should indicate a greater prevalence for IPH in this population than it does.

Our findings from the verdicts for immigrant perpetrators, which revealed that these cases involved different modus operandi, were ascribed different motives and resulted in longer sentences than was the case in IPHs committed by native perpetrators, need to be discussed in more detail. These differences remained after adjusting for year of crime, which was done in order to control for the fact that sentence length for homicide had increased in Norway, as had the proportion of foreign and naturalized citizen IPH perpetrators. As well, the perception of what is ascribed and deemed as motive is a challenge for the court in IPH cases and in cases with an immigrant perpetrator, in particular. By and large, Spinoza maintained that the way jealousy is experienced and expressed is culturally dependent and mainly

includes anger and fear (Spinoza, 1677/1948). The three sub-categories of motive, retrieved from the official NCIS statistics, distinguishing between jealousy, revenge and fear, might be different aspects of the same motive. To put it more simply, what is perceived and ascribed as fear in one court might be perceived and ascribed as revenge in another, depending on other factors that characterize an IPH, the perpetrator, the victim or the context. If perceptions of perpetrators' motivations differ depending on the perpetrators' cultural backgrounds (immigrant vs. native citizen) and these perceptions and ascribed motives influence the length of sentences, then such perceptions might be interpreted as indicating racial bias in the justice system or discrimination in society in general.

Sociodemographic, contextual and clinical factors

Interracial relationships may elevate the risk for IPV and IPH (Brownridge, 2016). Despite interracial relationships having become more common, monoracial relationships are still the norm in both majority and minority groups (Brownridge, 2016). This is the case in our findings: mostly, perpetrator and victim belonged to the same immigration or citizen group – foreign, naturalized or native citizen.

In Norway, immigrants from several countries often lack formal education and professional skills. As a result, their unemployment rate is high. Accordingly, a significant increased risk of unemployment among immigrant perpetrators (foreign and naturalized citizens) compared to native Norwegian perpetrators was found, even when only 44% of all IPH perpetrators in Norway were employed (Vatnar et al., 2017). Some argue that for a husband raised in a culture in which he is the sole provider and the one who sets the family budget, the transfer of these functions sometimes to his wife significantly threatens not only his status as the man of the house but also his own self-perception and public image (e.g. Edelstein, 2016). It seems evident that if welfare deficiencies *accumulate* among naturalized and foreign citizen perpetrators, so, in addition to cultural factors, IPH needs to be addressed at a more sociodemographic level as well. Our findings of perpetrator's source of income (unemployed) as a risk factor in IPH by foreign and naturalized citizen perpetrators concurs with studies indicating that social and economic disadvantage, rather than ethnicity or immigration per se, are the actual underlying issues and risk factors for IPH (Barrett & St Pierre, 2011; Dobash & Dobash, 2015; Dobash et al., 2009; Vatnar & Bjørkly, 2010). Related to demographic factors, the finding that gender distribution among native and foreign perpetrators was identical is intriguing. Hence, our research failed to replicate previous findings of a more skewed gender distribution for naturalized citizens (e.g. Edelstein, 2016; Sabri et al., 2016).

Previous IPV

Our previous study showed that about 70% of all IPH victims in Norway were *previously* subjected to intimate partner violence by the partner who killed them (Vatnar et al., 2017). In 5 out of 10 IPHs, there were more than five previous incidents of intimate partner violence. In 86.9% (n = 154) of IPH cases, there was information about physical IPV; in 79.4% (n = 140), psychological (e.g. threats and intimidation) IPV; and, in 19.5% (n = 35), sexual IPV. These categories were not mutually exclusive (Vatnar et al., 2017). Our current study confirmed that there was no multivariate significant difference concerning previous IPV when either citizenship or native origins were compared. Accordingly, IPV as a major risk factor for IPH

is true for immigrants as well – for both foreign and naturalized citizen perpetrators. Despite the fact that IPH is usually preceded by IPV and that leaving a relationship heightens a victim's lethality risk (e.g. Taylor, 2009), research on immigration, ethnicity and IPH seldom provides an accurate context concerning the dynamic of IPV and the interactional IPV process.

Prevalence of IPH among immigrants

There are a variety of unresolved and largely unexplored issues and views related to the study of the prevalence of IPH among immigrants (Sarnecki, 2006; Skardhamar et al., 2014). As stated earlier, some worry that investigation of the prevalence of this crime among immigrants might stigmatize that group of people and thus there seems to be some pressure to avoid studying this topic. However, our research indicates that such study is useful and even indicates that immigrant status per se may not account for the overrepresentation of this group in the statistics. That, rather, socioeconomic factors likely play a significant role, as with other groups of citizens. In addition, there are also indications that, for a variety of possible reasons, immigrants may be discriminated against in the legal system. All of these indicators point to the need for further exploration of this topic.

So, are there unique risk factors and triggers among immigrants that lead to their significantly higher rate of IPH (e.g. Edelstein, 2016; Sabri et al., 2016)? Within the framework of an interactional perspective, addressing the context, previous IPV, sociodemographic factors, IPH characteristics and sentencing issues, our 22-year cohort study of IPH generally found very few immigration and ethnicity differences and a large proportion of similarities across citizenships. When all other group differences have been adjusted for, like social and economic disadvantage, our study of IPH generally indicates very few differences and considerable similarities in IPHs perpetrated by foreign, naturalized and native citizen perpetrators. However, those findings that indicate that IPHs by immigrants are ascribed different motives and interpreted differently in the justice system need further investigation.

Limitations

The variables used in the present analysis of native, naturalized and foreign perpetrators of IPH did not cover all possible risk factors of IPH. Among variables that we had no measure for were some aspects of immigration that have been claimed to be important with respect to IPH, such as duration of stay and acculturation stress during assimilation into the host society (e.g. Edelstein, 2016; Sabri et al., 2016). Criminal case documents relating to each of the 177 IPHs were the only source for obtaining quantitative data for this study. The term *criminal case documents* refers to the total amount of documentation used for illuminating a criminal case. These documents are produced for purposes other than research and consequently did not provide exhaustive data to illuminate our research questions such as identifying risk factors. Accordingly, there may be a risk of false negatives like omitting identification of previous IPV, though the use of this source of data carries only a small amount of risk for identifying false positive risk factors for IPH. Some findings may be underestimates due to a lack of information from the victim, particularly related to exposure to IPV. The court documents lacked information about previous intimate partner violence in about 20% of the cases. Though this may be a limitation in our study, it is not a major threat to the reliability and validity of our findings.

Even though this was a 22-year cohort study, the number of foreign-perpetrated IPHs ($n = 42$) and foreign- or naturalized citizen-perpetrated IPHs ($n = 59$) was small, increasing the risk for statistical Type II errors – accepting a false negative result. The naturalized citizen group ($n = 17$) was too small for recommending separate analysis. The odds ratios were large for some associations. Still, wide confidence intervals indicate that these findings should be interpreted with caution. The investigation covered the total prevalence of IPH in Norway within the actual time period. This strengthens the external validity of the findings, at least for IPH in Norway. The Hosmer and Lemeshow tests confirmed that the data were highly suitable for multivariate logistic regression. The model fit indices were high for the models in the multivariate analyses. This enhanced the internal validity of the study.

Clinical, policy and research implications

Given that *accumulated* welfare deficiencies relate to the prevalence of IPH and that these problems are greater among immigrant populations, then this is an issue that needs to be addressed in order to mitigate immigrant-perpetrated IPHs. This is also needed if a part of the phenomenon stems from racial bias in the justice system. Detailed empirical descriptions of court documents of IPHs among immigrants would promote more precise and nuanced explanations, particularly in relation to different IPH characteristics and sentencing issues like ascribed motives, modus operandi and length of sentences. If immigrants are given longer sentences than native perpetrators because different motives for IPH are being ascribed to them, then this is a pressing issue.

Though searching for a theoretical explanation for immigrants' higher level of IPH is warranted, we advise against simple answers to an evidently interactional and complex social phenomenon. Established psychological and criminological theories should be expected to generalize across population groups, covering both immigrants and the native population (Skardhamar et al., 2014). However, there might be some specific risk factors associated with immigrants or some immigrant groups. It might be that such factors as acculturation stress, due to immigrant couples living at different levels of acculturation and assimilation into the host society, immigrants' welfare deficiencies and ethnic discrimination are important aspects of the explanation of immigrants' overrepresentations in the IPH statistics. Overall, it is urgent for future studies to conduct comparative analyses, with multivariate methods that adjust for other group differences to identify potential independent risk factors for immigrants.

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