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Heterosexual Intimate Partner Homicide: Review of Ten Years of Clinical Experience

ABSTRACT: Most of the literature on intimate partner homicide addresses violence between the two partners, spousal abuse, and family violence. There is less focus on the relationship of mental illness, intellectual functioning, and drug and alcohol abuse to these homicides. We investigated this type of homicide in a collection of forensic cases seen by the first author over a period of 10 years. Twenty-eight patients who underwent forensic psychiatric evaluation for heterosexual intimate partner homicide from August 1993 to June 2003 were studied using a retrospective case review methodology. We found that firearms were used as the method of killing more often by females than by males. We also compared method of killing with substance abuse and intoxication at the time of the homicide. Educational status indicates that this group of accused perpetrators is functioning at higher intellectual levels compared with a previously studied sample of filicides. We also found significant presence of serious mental illness in our sample of accused perpetrators of heterosexual intimate partner homicide.

KEYWORDS: forensic science, homicide, murder, domestic violence, intimate partner, serious mental illness, substance abuse

Heterosexual relationships are complex psychological phenomena and the factors influencing the outcome of a relationship can be many and varied. Some relationships terminate in violence and some of these result in the death of one of the persons in the relationship. Spousal violence is astonishingly common and is found in all cultures and all societies. This prevalence is even larger when marriage-like, intimate relationships between unmarried partners are included. The U.S. Department of Justice, for example, reported that in 1998 about 1 million violent crimes were committed against persons by their current or former spouses, boyfriends or girlfriends, and 1,830 of these crimes were murders (1). Intimate partner violence made up 22% of violent crimes against women between 1993 and 1998. By contrast, during the same period, intimate partners committed only 3% of the violent crimes against men .

There is a vast literature on intimate partner violence. In the present study we focus on violence resulting in homicide, specifically with attention to instances in which the relationship was marital, marriage-like, or ex-marital by some legal definition, and include only heterosexual relationships and ex-relationships. We narrowed our focus further in that we collected our sample from intimate partner homicide defendants who received a forensic evaluation of their mental condition in an inpatient setting. Our focus is also on the interplay between psychopathology and marital or other forms of intimate partner homicide.

In an Australian study, Easteal analyzed intimate homicide data from courts and national crime statistics to determine who is involved, why they resort to homicide, the gender biased responses of the judicial system, differential sentencing of men and women who commit domestic homicides, and factors contributing to the offense (2). Contributing factors included prior physical violence, use of alcohol and other drugs, jealousy, separation, physical illness and psychiatric illness. Easteal concluded that no simple cause-effect relationships were evident and that domestic homicide is, not surprisingly, multifactorial in origin. Aldridge and Browne reviewed studies of spousal homicide and noted a similar array of risk factors, including prior exposure to family violence, drug and alcohol use, sexual jealousy, separation or threat of separation, and personality disorder (3).

Shackleford pointed out that men in cohabiting relationships are 10 times more likely to be killed by their partners than are married men. Risk to cohabiting men also increases as they approach middle age, and with greater age discrepancy between themselves and their younger female partners (4).

Prior partner abuse is often a part of the relationship history prior to homicide, and is a risk factor for both female and male victims. Female homicide victims experience a pattern of abuse prior to their deaths, and male homicide victims are often found to have abused the female partner before being killed by her (5).

Human violence occurs within the family circle more than anywhere else in our society. In *Behind Closed Doors,* Strauss, Gelles, and Steinmetz compared wives and husbands with respect to differential characteristics of intimate partner violence, including homicide (6). They found that the experience of violence during childhood, either as a victim or as a witness, potentiates violence in adulthood. People imitate what they see and experience as children, thus reenacting in adult life their family experiences as children. The authors assert that the majority of today's violent couples are those who were brought up by parents who were violent toward each other. The partner who plays the dominant role in the family and who is the wage earner is more likely to be the perpetrator of violence (7). Schafer, Caetano and Cunradi linked childhood physical abuse—along with impulsivity and alcohol abuse—to later partner violence (8).

Kalmuss and Straus discussed the frequently observed relationship between spousal violence and the dependency of the woman in the relationship (9). They suggested that women high in marital dependency have few viable alternatives to marriage, which forces

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them to be more tolerant of negative treatment from their husbands. These authors argued that the rate of severe violence increases as wives' marital dependency increases, but acknowledged that other researchers have produced findings to the contrary.

Straus examined the link between stress and violence (10). He asserted that a major cause of high rates of family violence is the high level of stress and conflict characteristic of violent families. It was found that the respondents with the least amount of stress had the lowest rate of assault.

Straus and colleagues also discussed research on the impact of children on marital satisfaction, which consistently shows that levels of marital satisfaction and marital adjustment decrease precipitously after the birth of the first child, never to return to their former levels until the last child leaves home (11). Spouse abuse was low for couples with no children, increased for each additional child up to six, and was non-existent in homes with six or more children.

Marzuk and associates maintain that murder-suicide within couples should be distinguished from the murder of one partner by the other (12). They pointed to amorous jealousy, mercy killing (the partner being in declining health), altruistic or extended suicide, retaliation and financial motives as contributing factors in spousal murder-suicide.

Gondolf and colleagues focused on the decision-making process regarding psychiatric admissions, comparing family violent with non-family violent patients (13). During the admission process, psychiatric staff appeared more likely to consider family violence as provoked and, therefore, less impulsive than non-family violence cases. Consequently, family violence patients as a group were considered less subject to psychiatric intervention. Furthermore, among perpetrators of family violence, patients who abused their siblings or adolescent children were three-times as likely to be admitted to a psychiatric hospital as those who abuse their wives or girlfriends. Rosenbaum and Bennett reported that homicidally depressed patients are more likely to have a personality disorder, to abuse alcohol, to be physically abusive, and to have a chaotic childhood (14). Interestingly, these populations typically do not meet commitment criteria to be hospitalized before they commit the violent act.

The purpose of the present investigation was to study spousal and intimate partner homicide in a sample of forensically evaluated patients seen during ten years of clinical experience. While there is an extensive literature on intimate partner violence, physical and emotional abuse, and family violence, there has been little attention paid to the relationship between mental illness and these phenomena. We focused on this relationship and on weapons used during intimate partner homicide. In addition, we examined intellectual functioning, psychoactive substance use by the accused perpetrators, and the presence of various setting circumstances in the interpersonal context of the homicide.

The data for this investigation were derived from the work of the first author in her experience of forensic psychiatry in the state of Tennessee.

Method

Subjects

Subjects were drawn from retrospective case reviews of intimate partner homicide from August of 1993 to June of 2003. We included spouse, ex-spouse, girlfriend, and boyfriend as intimate heterosexual partners. There were no same-sex intimate partners in our sample. Criminal or circuit courts of the State of Tennessee referred these defendants for pretrial evaluations. This pretrial evaluation mainly focused upon the defendant's mental condition regarding competency to stand trial, mental state at the time of the crime and the necessity of future psychiatric treatment. The evaluation process involved a multidisciplinary effort with assessments by specialists in psychiatry, psychology, social work, nursing, recreational therapy, and dietetics. The data for our study were collected from these assessments and also from the legal files. Our sample contained only those individuals whom the judge, defense attorney, and/or prosecution referred for forensic mental health evaluation, so it may not necessarily be representative of those who commit heterosexual intimate partner homicide, or even those with mental disorders and/or substance abuse.

Procedures

Our investigation involved a retrospective case review without use of any identifying data to follow the strict confidentiality regulations of the hospital. Diagnoses were based upon criteria set forth in the version of the American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorders* in use at the time of each examination, i.e., *DSM-III* (15) in 1993 and *DSM-IV* (16) since 1994. The senior author received Institutional Review Board approval from the Research Committee of Middle Tennessee Mental Health Institute (MTMHI).

Results

We conducted retrospective chart reviews of 28 cases of intimate partner homicide. In total, 21 male and 7 female subjects were included in the sample. The subjects ranged in age from 22 years to 66 years, with a median age of 43 years. Seventeen of our subjects were white, 10 were African American, and 1 was Asian American.

A markedly wide range of educational and intellectual attainment was represented in this sample. Three subjects had only a sixth-grade education, and 2 had diagnoses of borderline intellectual functioning or mental retardation. Nevertheless, this sample was comparatively well educated given their status as criminal defendants. The median level of education was twelfth-grade. Eight subjects (29% of the sample) were educated beyond the twelfth grade, 3 were college graduates and 1 had a post-graduate professional degree.

A wide range of psychiatric diagnoses was represented in the sample. Out of our 28 subjects, 8 were suffering from schizophrenia, 1 from schizoaffective disorder, and 4 from psychotic disorder, not otherwise specified. Five of the subjects were having primary problems with drug or alcohol abuse or dependence. Cyclothymia, elective mutism and posttraumatic stress were diagnosed in 1 subject each. One subject did not have any diagnosis of mental disorder, and one had no Axis I diagnosis but qualified for malingering. Twelve of the defendants also had an Axis II diagnosis of personality disorder.

Drug or alcohol diagnoses were entered as secondary diagnoses in 7 subjects. Thus, a total of 12 subjects, 42% of the sample, received either a primary or secondary drug or alcohol use disorder diagnosis.

Consistent with past research on intimate homicide, prior abuse of the victim was common, and was predominately a male phenomenon (Fisher's exact test, $p = .02$). It was definitely present in 13 of the 28 homicides, and clearly absent in only 7.

As we reviewed available information about the circumstances of each homicide, we qualitatively identified setting conditions that appeared to contribute to the homicide. The following conditions were identified: (1) psychotic symptoms at the time of the offense; (2) substance use/intoxication; (3) jealousy or threat of

relationship dissolution; (4) conflict about children; and (5) accusations of criminal behavior or other wrongdoing.

In line with the high proportion of substance abuse diagnoses in this sample, substance use/intoxication near and prior to the time of the alleged homicide and psychotic symptoms at the time of the offense were the two most common contributing factors identified, each appearing in 10 (36%) of the homicides. (Although 13 defendants were discharged with psychotic diagnoses, not all of these were experiencing psychotic symptoms at the time of the offense.) Psychotic symptoms and intoxication overlapped in 2 of these cases. The next most frequent potential factor, appearing in 9 (32%) of the homicides, was jealousy or threat of relationship dissolution. Seven subjects reported conflicts about children, and 5 subjects reported varying accusations of wrongdoing between partners.

We also examined method of killing by gender. Among female defendants, 6 of 7 used a firearm and 1 used a knife to kill their victims. There was considerably greater variability of method among the male defendants. Eleven of 21 male subjects used guns, 7 stabbed their victims, and the remaining 3 cases were divided between blunt force, burning and strangulation.

We then analyzed the relationship between homicide method and the most frequent contributing factors, particularly substance abuse/intoxication. We found a sizable though statistically nonsignificant trend toward more varied homicide methods when the use of intoxicants was present (Fisher's exact test, $p = .08$). Nonintoxicated defendants employed a firearm in 13 of 18 cases (72%). Intoxicated defendants, by comparison, employed some method other than gunshot—strangulation, blunt force, stabbing, or burning—in 6 cases out of 10 (60%).

Out of these 28 examinees, an insanity defense was supported in 3 cases—11%. Unsurprisingly, all were diagnosed with a psychotic disorder: 1 with schizophrenia, 1 with schizoaffective disorder, and 1 with a psychotic bipolar disorder. Intoxication at the time of the offense was absent in all 3 cases.

Discussion

The present sample was limited to subjects who had been referred for inpatient forensic psychiatric evaluation within one state, and included only heterosexual intimate partner homicides. Thus the representativeness of the sample may be limited.

Our data showed that female defendants were more likely to use firearms as the means of killing than by males. This is not particularly surprising given that firearms equalize any disparity in physical strength. In suicides the reverse occurs, such that males are significantly more likely to use firearms than females (17). Analysis of gender differences relative to intoxication at the time of the offense revealed intoxication in only 1 of 6 female defendants, but nearly half (43%) of 21 male defendants had used alcohol or drugs. (We should also note that in homicides committed by an intoxicated male defendant, it was not uncommon for the homicide to occur in a situation where both the accused and the female victim were using alcohol or drugs.) As noted above, in this sample substance abuse/intoxication was associated with a wider range of homicide methods. Therefore, the emphasis on firearm use among female defendants may relate in part to their comparatively lower likelihood of intoxication at the time of the offense.

We found significant presence of serious mental illness in our sample, i.e., 46% were suffering from a psychotic disorder. This prevalence rate is substantially higher than among the general population. However, our results would be in line with findings like those of Viljoen and Zapf (18), who found that over 40% of a sample of defendants referred for trial competence evaluation had a primary diagnosis of a psychotic disorder. Similarly, Fazel and Grann (19) found that approximately 25% of a large sample of Swedish homicide offenders given psychiatric examinations were found to have a psychotic disorder of some type. Serious mental disorder has been associated with an increased risk of violent behavior, including domestic violence and homicide, and this appears especially true when substance abuse or medication noncompliance is present (20, 23).

Aside from substance use/intoxication, psychosis and jealousy/relationship dissolution were the two most common factors identified. However, jealousy/relationship dissolution and psychosis overlapped in only 3 of 13 cases where one or both conditions was present, and the statistical correlation between the two variables was near zero. It therefore appears that these two factors contributed independently. With respect to relationship dissolution, previous research has shown that women who are attempting to leave a relationship are at heightened risk to become victims of homicide compared with women in intact relationships (3,24).

The proportion of this sample deemed insane at the time of the offense (11%) is comparable to the general rate of support for insanity defense at our facility. With respect to the rate of insanity findings in this sample, it is important to note that Tennessee has a stringent insanity law, providing only for inability to appreciate the nature and/or wrongfulness of one's act due to severe mental illness. Under an inability-to-conform prong, more of these defendants undoubtedly would have been deemed legally insane. Furthermore, even though our staff routinely returns an opinion on insanity after each inpatient evaluation, in many instances the principal question is the additional one of competence to stand trial. In this regard, it is noteworthy that 9 of these defendants (32%) were found incompetent to stand trial.

It is interesting to observe that educational attainment is higher in this group when compared to our own work with filicidal individuals, in whom we have found a high rate of borderline intellectual functioning or mental retardation (25).

In a review of this limited sample of heterosexual intimate partner homicide defendants, forensic examinees revealed commonalities with the general population of intimate partner homicides. When the offender is male, a prior history of abuse of the victim is far more common than is true when the offender is female. Furthermore, substance abuse or intoxication at the time of the offense was common in this sample. There was a high proportion of psychotic disorder in this group, certainly substantially higher than in the population at large. This is to be expected in a group of offenders referred for forensic psychiatric examination. At the same time, however, at least one large-scale epidemiological study has shown a markedly high prevalence of schizophrenia-spectrum disorder among male perpetrators of partner violence (21).

Fortunately, rates of intimate partner homicide have decreased since the mid-seventies, although the decrease has been much greater for male victims than for female victims (26). Nevertheless, psychiatric practitioners should be keenly attuned to the risk of intimate partner violence in dyads where risk factors are present. Among these are substance abuse, and particularly so in relationships where jealousy or the threat of relationship dissolution are part of the interpersonal dynamics (27). A presenting history of partner abuse, a serious concern in its own right, may be even graver in combination with jealousy or substance abuse. As the present study illustrates, the outcome may be fatal. How substance abuse and psychosis may interact as contributors to intimate partner homicide requires further research.

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