

Intimate Partner Homicides and the Battered Person Syndrome

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Abstract

Although intimate partner violence (IPV), also known as *domestic violence*, is a set of heterogeneous phenomena, with various causes, dynamics, and consequences, some forms of IPV, known as *battering* or *coercive-controlling violence*, can have a profound physical and psychological impact on victims. At the extreme end of these phenomena is intimate partner homicide (IPH), a crime that has been poorly understood and politicized. Attorneys, judges, and juries are asked to adjudicate a crime committed among intimate partners, a context that challenges traditional forms of jurisprudence and invites confusion and politicization. This review examines the causal and motivational factors for IPH in light of the scholarly research literature. It provides a critique of the *battered person syndrome*, routinely invoked by defense attorneys, particularly in cases involving female suspects. The role of perpetrator sex and gender is also examined.

Keywords: intimate partner homicide, domestic homicide, battered woman syndrome, battered person syndrome, battering, controlling-coercive violence

Intimate Partner Homicides and the Battered Person Syndrome

Intimate partner homicide (IPH) became a topic of social science research in the late 1970s, raising awareness about domestic violence, also known as intimate partner violence (IPV). This chapter, presents a comprehensive overview of research on the prevalence, context, risk factors, and motivation for IPH perpetration, including similarities and differences across the sexes, with implications for the judicial system, in particular prosecutors and defense attorneys tasked with adjudicating such cases. We argue that IPH is not a unitary phenomenon and requires consideration of different types of homicides. Such disaggregation of IPH into subtypes could help improve our understanding and assessment of, as well as responses to IPH.

The literature on the classification of different IPH cases is limited (Caman et al., 2017; Ioannou & Hammond, 2015). The main focus is on the sex of a perpetrator /victim and risk factors (Belknap et al., 2012; Spencer & Stith, 2020). Given close interpersonal relationships between any two parties involved in IPH, we discuss such cases along with major categories of couple-based IPV (Johnson, 2008). These types of IPH cases are not meant to fit neatly with certain IPV types but rather provide a framework for researchers and practitioners to consider a variety of IPHs. We also add the discussion of individual risk factors for IPH that can interact with couple-related risk factors. Different theoretical perspectives apply to different types of IPH. In this chapter, we focus on the feminist gender paradigm, evolutionary psychology, and social learning to explain cases of male perpetrated IPH. The critical examination of these perspectives allows for the explanation of other types of IPH, including the female-perpetrated intimate terrorism type of IPH and the male perpetrated violent resistance type of homicide. In

discussing personality-related risk factors, we focus on attachment theory to explain how the lack of secure attachment can lead to abandonment IPH.

We begin by reviewing research data on IPV, commonly known as *domestic violence*, which describes three prevalent types of aggression between intimate partners in dating, cohabitating and marital relationships, i.e., *Situational Couple Violence*, *Intimate Terrorism*, and *Violent Resistance*. Then we examine IPH as a subset of various IPV types. Finally, we move on to discuss the implications of these findings for the judicial system with the focus on the *Battered Woman Syndrome* that is sometimes used for self-defense pleas in homicide cases.

IPV has historically comprised a type of social problem that governments have found challenging because traditional norms of family protection and family privacy from the state clashed with each other (Pleck, 1987). Early in the 20th Century, Theodore Roosevelt advocated corporal punishment for “wife beaters” (Pleck, 1987), leading to new laws in three U.S. states. Throughout the rest of the century, there was a waxing and waning of criminal justice, and social work approaches enacted. Since the 1990s, there has been a vigorous criminal justice response to IPV, and the problem is no longer regarded as a private matter (Buzawa & Buzawa, 2003). An evolution in the legal system’s views of perpetrators and victims of IPV / IPH was reflected in the defense seeking to introduce expert testimony at trial on the psychological effects of IPV in 1979 (Paradis et al., 2020). In past decades, US and Canadian courts became more accepting of expert testimony on the behaviors known as *battered woman syndrome* (BWS) and *battered person syndrome* (BPS) (Paradis et al., 2020).

IPH, as a subset of IPV, is recognized as significant health problem in the world (Stöckl et al., 2013). Domestic homicide reviews suggest that many IPH cases appear predictable and preventable with hindsight, whereas only a minority are highly unexpected (Jaffe et al., 2020).

Many gaps in professional training and service delivery, and a lack of interagency cooperation are likely to hinder the prevention of IPH in similar circumstances in the future. This chapter highlights a variety of IPH situations and motives and critically reviews various explanations that expand our understanding of IPH.

IPV Types

As discussed at greater length elsewhere in this volume (e.g., Bates & Papamichail), rates of both physical and psychological IPV are comparable across the sexes. Based on a meta-analysis of 249 studies published from 2000 to 2010, Desmarais et al. (2012) found that in large population surveys, males reported more IPV victimization in the past year than did females. Past year victimization is generally considered the more reliable measure than lifetime victimization because of memory issues (Straus, 1999). According to the National Intimate Partner and Sexual Violence Survey (NISVS), the largest, most recent IPV survey conducted in the U.S., the total overall number of past-year combined physical and non-physical victims of IPV, including sexual abuse, were 23,560,000 women and 26, 239,000 men (Black et al., 2011). The majority of incidents involved psychological abuse and controlling behaviors. In his meta-analytic study of sex differences in IPV, Archer (2000) found women to be slightly more likely to be injured than men ($d' = .16$).¹

However, large surveys and meta-analyses such as these provide scant information about the complexities and dynamics of IPV. For this, we turn to a brief discussion of typology research.

¹ * d' is a measure of the difference between two distributions- of the size of an effect, a d' of .06 is 1/16 of a standard deviation difference between male and female distributions.

Situational Couple Violence. One of the most popular approaches to classifying different types of IPV is a couple-based approach developed by Johnson (2008, 2011). According to this classification, most IPV (66%-75%) consists of non-injurious physical assaults such as grabbing and pushing that are not likely to lead to serious injuries (Archer, 2002; Black et al., 2011; Hines et al., 2013). Although one or both partners can be violent, neither of the partners is particularly controlling of the other. It has been called *Situational Couple Violence* because it typically occurs during escalating conflicts among couples and is characterized by high levels of anger, poor communication skills, and a lack of impulse control (Johnson, 2008; 2011). Based on perpetrator typologies widely used in the field, men and women who engage in this type of behavior would fit best in a category called *Family or Partner Only*, consisting of individuals with no criminal histories and little, if any, mental health issues (Babcock et al., 2003; Holtzworth-Munroe & Stuart, 1994).

Intimate Terrorism. The most consequential type of IPV features a pattern of physical abuse, often severe, together with emotional abuse and various controlling behaviors, and is known as *Intimate Terrorism* (Johnson, 2008; 2011), *controlling-coercive violence*, or more commonly, *battering*. In these couples, it is often the case that one individual is violent and controlling and the partner is not, although other cases involve two intimate terrorists, known as *Mutual Violent Control*. In the Holtzworth-Munroe typology, batterers are categorized as *Dysphoric-Borderline* (low criminal history, highly possessive, insecure, and reactive) and *Generally-Violent/Antisocial* type (high criminal history and substance abuse, violence used instrumentally, distancing emotional style). Female perpetrators in such couples are categorized as *generally violent* women (Babcock et al., 2003).

Based on these definitions, national surveys in the United States and Canada have found comparable prevalence rates of both *situational couple violence* and *intimate terrorism* across sex (Jasinski et al., 2014; Laroche, 2005; Lysova et al., 2019). In cases of *intimate terrorism*, more commonly known as *battering*, sex differences in IPV impact are more pronounced. Although men and women incur minor injuries at comparable rates and women can also terrorize their partners emotionally, women sustain a larger share of serious injuries and express much greater fear of victimization due to their relatively lesser size and strength and difficulty defending themselves (Jasinski et al., 2014; Lawrence et al., 2012; Lysova et al., 2019). This is an important factor in understanding domestic violence dynamics, especially at extreme levels, e.g., in cases of repeated rape, kidnapping, forced prostitution, and homicide (Hamel & Russell, 2013; Stark, 2007). That being said, the rates of extreme IPV (“severe violence” on the Conflict Tactics Scale, the most common measure of victim reports) are quite low and are in the 4-5% range for reports of male violence by women (Stets & Straus, 1992). Aside from physical injuries, victims of intimate terrorism report high levels of anxiety and depression, low self-esteem, PTSD, and other evidence of trauma (Coker et al., 2002; Hines & Douglas, 2013, 2019; Williams & Frieze, 2005).

Violent Resistance. An additional type of IPV identified in Johnson’s typology is *Violent Resistance*. This is the type of couple violence where a noncontrolling partner can become violent to protect themselves and resist a violent and controlling partner (Johnson, 2008). It is often a response to *intimate terrorism*. Although some consider it an entirely woman’s type of violence (Johnson, 2008), male victims of intimate terrorism use violent resistance against their violent and controlling female partners much more often than previously thought (Hines & Douglas, 2019).

Gender Symmetry in IPV perpetration

Despite the findings mentioned above about the similar rates of perpetration of various types of IPV by men and women, many still find it difficult to explain female involvement in IPV other than violent resistance to IPV initiated by their male partners. One of the theories that shed light on the sex/gender symmetry in IPV perpetration by examining women's involvement in violence outside and inside the home is an evolutionary approach (Campbell, 2013; Wilson & Daly, 1993). Having evolved to compete for partners against same-sex rivals and amass resources, men are naturally more prone to take risks, display aggression, and overcome their fears of danger. In contrast, whereas women are wired to experience higher levels of fear to avoid situations that would threaten successful child-rearing (and the survival of the human species) (Campbell, 2013; Cross & Campbell, 2011). Not surprisingly, women are far less outwardly aggressive in general than men, who perpetrate the great majority of violent crimes and engage in the majority of public displays of aggression, including verbal aggression (Archer, 2004).

On the other hand, women have been shown to use comparable or higher rates of indirect aggression (Archer, 2004), such as using malicious gossip and ostracizing others from their social groups. In laboratory studies, women will engage in direct aggression (e.g., administering a series of electric shocks) when they feel justified or when they can do so anonymously (Frodi et al., 1977; Richardson, 2005). Furthermore, anger and hostile intentions are experienced at comparable levels between the sexes (Brody & Hall, 2008). When women use physical violence outside the home, it is generally against female rivals.

What then, from an evolutionary perspective, explains the symmetry among men and women in violence within the home and intimate relationships? It has been suggested that

women's normal fear instincts are disinhibited in the home, where they are motivated to defend their natural maternal and resource-seeking interests (Cross, et al., 2011; Saini et al., 2017; Straus, 1999). Emerging research indicates that the hormone oxytocin, involved in pair-bonding and childbirth, may also be involved through its stress and fear-reducing properties (Cross & Campbell, 2011). Cultural norms reinforce these tendencies. Greater societal tolerance for female-perpetrated IPV, combined with norms of chivalry and the greater disapproval of violence by husbands, may help motivate women to overcome their natural fears and defend their interests. Even in the most patriarchal societies, women regard the home as their domain.

There are, however, alternative explanations for the high rates of female perpetrated IPV. Among them are those from social learning theory. Boys and girls who witness IPV by either parent are at risk of acting out against peers; and later to perpetrate IPV against dating partners in adolescence and, later, in their adult intimate relationships (Ehrensaft et al., 2003; Kimber et al., 2018). Observational learning does not depend on the size and strength of the parties. In another line of research, Eriksen and Jensen (2006, 2009) found that boys in their teens were more likely to be punished for sibling violence than were girls. The boys' aggression was deemed more serious by their parents and was more severely punished. Consequently, the frequency of male sibling violence diminishes during the teen years while female sibling violence does not. This means females have higher rates of intimate aggression at an age where they first enter intimate relationships.

In addition, the research literature finds little support for the theory that men as a whole are motivated to batter their female partners to enforce traditional gender roles, at least in the United States (Sugarman & Frankel, 1996). Individuals arrested for domestic violence give a variety of reasons for assaulting their partners, among them self-defense, retaliation, failures in

communication and anger regulation, jealousy, and to exercise control, but common to all battering is a need to dominate one's partner, coupled with poor impulse control and beliefs that violence is acceptable (Capaldi et al., 2012; Dutton, 2006). Straus and colleagues' famous National Family Violence surveys in the 1980s (Straus & Gelles, 1990) found a positive correlation between IPV and household dominance by either the husband or wife. Also, in Straus' (2008) international survey of 13,601 university students in 32 countries, male and female respondents who endorsed such items as "my partner needs to remember that I am in charge" were equally likely to use severe violence against their partner. In fact, men and women attempt to control their partners for many reasons, having more to do with personality and circumstances than gender roles.

Bi-directional IPV

Victims of IPV may elicit sympathy from others, but often it is difficult to distinguish between victim and perpetrator, given that approximately 58% of physical IPV is bi-directional and initiated at similar rates across the sexes (Langhinrichsen-Rohling et al., 2012). Five independent large-sample U.S. surveys, totaling a combined sample size of 23,106, found that 50% of all IPV reported in victim surveys was bilateral, matched for level of severity (Dutton et al., 2016). The breakdown of perpetrator sex and bilaterality in these surveys were remarkably consistent, with age being the only demographic factor that had a large effect on IPV incidence². When emotional abuse and controlling behaviors are taken into account, the percentage of abusive relationships in which both partners engage in any type of abuse is even greater.

² Racial differences diminish when correlated factors such as network embeddedness are controlled (Cazaneave & Straus, 1992).

Furthermore, and of major significance for the adjudication of both IPV and IPH, male and female perpetrators report a similar array of motives and at comparable rates. These include a wish to control or punish the partner, in retaliation, as a means of expressing anger or to communicate, and sometimes in self-defense (Langhinrichsen-Rohling & McCullars, 2012).

Bi-directionality is often the case, even with victims who have entered a shelter. Approximately half of the women living in the first shelters established in the U.K. were co-batterers of violence towards husbands and or their children (Pizzey, 1982). Similarly, in the U.S. a shelter survey found that 67.1% of female victims had perpetrated severe violence at least once towards their male partners in the previous year (McDonald et al., 2009). In a large majority of abusive relationships, it is more accurate to view the parties neither as perpetrators nor victims but rather as co-perpetrators, particularly when non-physical forms of abuse are considered. When asked in another shelter survey about their relationship abuse, victimized women said their own violence was perpetrated in self-defense less than 50% of the time (Saunders, 1996). Research also found that the female partners of men arrested for domestic violence initiate physical assaults in 40% of the cases (Gondolf, 1996; Stacey et al., 1994). Abused men who seek help through domestic violence hotlines sometimes report having engaged in IPV of their own, mostly in self-defense (Cook, 2009; Douglas & Hines, 2011; Hines & Douglas, 2019).

Bi-directional IPV is not necessarily perpetrated at equal levels of severity or chronicity; often, one person is the dominant aggressor who drives the relationship abuse. Among couples who are bi-directionally violent but who call the police only when violence levels increase, it is the male member of the couple who is typically arrested, even in dual arrest states, and even when it is the man who experienced the most serious victimization (Capaldi et al., 2009).

Therefore, a history of abuse victimization must, be considered in the context of the entire relationship and the personalities of the parties involved. Attorneys litigating IPV cases should become familiar with the latest, most accurate information on the subject, including its prevalence, causes, characteristics, and consequences. They are advised to become familiar with findings from the National Intimate Partner and Sexual Violence Survey (Black et al., 2011; Smith et al., 2018), and the more comprehensive 2,687-page *Partner Abuse State of Knowledge Project*, a compendium of IPV research available for free online (www.domesticviolenceresearch.org). Helpful information and suggestions can also be found in Hamel (2016), especially for those practicing family law.

Prevalence Rates of IPH

A major distinction between lethal and non-lethal IPV is the much lower prevalence rates for the former in comparison with the latter. Wilson and Daly (1993) reported three larger data sets of IPH with baseline rates as follows: Chicago, male perpetrator 3.6/100,000 (PHT), female perpetrator 3.5 PHT; New South Wales, Australia, male perpetrator 7 PHT, female perpetrator 3 PHT; Canada, male perpetrator 8 PHT, female perpetrator 3 PHT. Since then, IPH rates have steadily abated, until recently, when the number of victims rose from 1,875 per year in 2014 to 2,237 in 2017 (Fridel & Fox, 2019) – a noticeable increase, yet nonetheless, IPH is a rare event.

Another important distinction between lethal and non-lethal IPV is that women are much more likely to be victims of male perpetrated IPH. One literature review, reporting data from 66 countries worldwide, found that IPH accounted for 38.5% of all female homicide victims, compared to 6.3% for male victims (Stöckl et al., 2013). In contrast to men, women are proportionately more likely to be killed by an intimate partner than a stranger and account for the large majority of IPH victims (Bourget & Gagne, 2012; Catalano, 2012; Crawford & Gartner

1992; Garcia et al., 2007; Spencer & Stith, 2020; Velopulos et al., 2019). In part, this is because homicide victimization rates outside of marriage are higher for men (Browne et al., 1998).

Crawford and Gartner (1992) reviewed 551 femicides in Ontario, Canada, from 1974 to 1990 and found that 61% to 78% of women were killed by intimate partners, depending on the specific definition of intimate femicide used. They identified one motive as dominant, i.e., rage over impending separation or suspected infidelity was present in 43% of the cases. Female perpetrators are far less likely than male perpetrators to overpower their victims physically and beat them to death, and use knives, guns, and other weapons instead (Cooper & Smith, 2011; Jurik & Winn, 1990; Mann, 1988; Mize et al., 2009; Mize & Shackelford, 2008; Smith et al., 2014; Swatt & He, 2006, Velopulos et al., 2019). They are also less likely to have a previous criminal record of violent crime (Block & Christakos, 1995; Jordan et al., 2012).

IPH Types

Male Perpetrated IPH in the Context of Intimate Terrorism. A prevailing set of assumptions, with roots in Marxist sociology (MacKinnon, 1989) and collectively known as the *gender paradigm* (Dutton et al., 2009; Dutton & Nicholls, 2005; Felson & Lane, 2010), views IPH as primarily male perpetrated, in order to enforce dominance over their female partners, assumed to be their right in a patriarchal society (Dobash & Dobash, 2011; Saunders & Browne, 2000; Serran & Firestone, 2004). Feminist analysis also views wife killing as an endpoint in escalating male domestic violence (Campbell et al., 2003). Interviews with perpetrators, and collateral interviews with relatives and others, indicate that possessiveness and jealousy, along with fears of abandonment, are significant motivators for male perpetrated IPH (Dobash & Dobash, 2011; Harden et al., 2019; Liem & Roberts, 2009). Dutton (2006) has argued that fear

of abandonment has psychological origins in the process of attachment, not the sociological origins implied by the gender paradigm.

Furthermore, the higher rates of suicide by male homicide perpetrators are thought to be an indication of guilt, although Dutton has argued that it is indicative of a more severe emotional reaction by males to feelings of relationship dissolution, overwhelming loss, or abandonment (Dutton, 2007). For every hundred thousand divorcing men in the U.S., four will kill their wives and, 207 will kill themselves, an eightfold increase (Kposowa, 2000). Comparable suicide statistics for females do not increase with separation. This seems to indicate that the more frequent target for abandonment aggression by males is the self, not the spouse. Feminist analysis does not consider male suicide statistics.

Another prevailing explanation for the male perpetrated IPH in the context resembling intimate terrorism is provided by a *proprietaryness theory*, a subset of the gender paradigm. These views were developed in evolutionary psychology within a broader theory known as *sexual selection theory* (Daly et al., 1982; Wilson & Daly, 1992). This theory holds that natural selection processes over the past 200,000 years have resulted in a differentiation between men and women in their reproductive strategies for ensuring descendants (Geary, 2010). Due to the prolonged period of gestation, a women's reproductive interests are best served to seek a mate, or mates, who will provide resources to enhance the survival of her offspring. Although men can mate with numerous partners, monogamous relationships are advantageous to men because an investment of resources in one partner increases the odds of the children surviving, with greater certainty of paternity (Harris, 2003; Miller & Fishkin, 1997). In selecting partners that will further their respective reproductive ends, men seek young and physically attractive women

because these features correlate with fertility, which is why women often complain of being treated as “sex objects.”

According to the *proprietaryness theory*, men will jealously guard their mates against other men and exercise control over partners whom they suspect of wanting to stray. When they suspect their partner might cheat on them or leave the relationship, men will employ various strategies in response to avoid losing the partner or being cuckolded (unwittingly having to raise another man’s child). Such “mate retention” strategies include working harder to earn more money, showering the partner with attention and gifts, and letting her have her way – as well as what is known as “mate guarding,” which involves a variety of possessive behaviors (Albert & Arnocky, 2016; Schmitt, 2004). In some circumstances, this control will escalate to physical violence, sometimes with lethal results (Daly et al., 1982; Wilson & Daly, 1992).

Killing one’s mate is clearly not a sound reproductive strategy because, at the very least, a dead partner can no longer reproduce. However, neither is suicide or any other number of human self-destructive behaviors. Evolution and sexual selection account for reproductive failures as well as success. In homicide cases, when a man is overwhelmed with jealousy, rage, and deep feelings of insecurity and hopelessness, such interests are negated, along with the customary norms of chivalry. Whatever self-restraint mechanisms he may once have had are overridden, perhaps due to a particularly disordered personality, mental illness, or substance abuse.

Female Perpetrated IPH in the Context of Violent Resistance. Within the *gender paradigm*, women who kill their intimate partners are presumed to do so in self-defense or after years of psychological and physical abuse. Based on the work of Lenore Walker, the term *battered woman syndrome* (BWS) was formulated to explain the effects of such abuse, wherein

victims become conditioned through a process of “learned helplessness” to stay in the most abusive relationships until the violence reaches a certain level of dangerousness. At that point, some of these victims will kill their abusers believing that this is the only way they have to prevent further assaults (Walker, 1983).

Several arguments have been put forth in support of the gender paradigm and BWS. Women who kill their intimate partners are statistically more likely than men who kill their intimate partners to report having been previously assaulted (Browne, 1987; Garcia et al., 2007; O’Keefe 1997; Saunders & Browne, 2000). Compared to men, women are more likely to kill their partners at some point during the relationship, possibly due to ongoing abuse, rather than after a break-up, thought to be due to pathological jealousy, and rarely commit suicide (Jordan et al., 2012, Wilson & Daly, 1993). Females may tolerate relationship dissolution better than males (Kposowa, 2000), and would not harm themselves if they had killed their partner in self-defense and sought safety from further abuse (Browne, 1987; Carmichael et al., 2018; Morton et al., 1998; Salari & Sillito, 2016). Feminist analysis also argues that the decreasing rates of female perpetrated IPH relative to those by men of the past several decades provide evidence for the self-defense motive, as the increased level of services for battered women has lessened their need to take matters into their own hands (Caman et al., 2017; Cooper & Smith, 2011; Dugan et al., 1999; Titterington & Harper, 2005).

Female Perpetrated IPH in the Context of Intimate Terrorism. Left out of this gendered account are the evolutionary forces that drive female behavior. Women, attracted to men who are physically fit and who can successfully compete with other men (socially, economically, politically, or physically) to secure needed resources, are predisposed to view men as “success objects.” Women will seek to improve their looks or grant more sexual favors to hold

on to their mates and the resources they provide and sometimes engage in the same mate guarding behaviors used by men. Mate retention tactics have been studied with a questionnaire known as the Mate Retention Inventory, or MRI (Shackelford et al., 2005). The MRI category known as Direct Mate Guarding includes the sub-categories of Vigilance (e.g., “called at unexpected times to see who my partner was with”), Concealment of Mate (e.g., “refused to introduce my partner to my same-sex friends”), and Monopolization of Time (e.g., “insisted that my partner stay at home rather than go out”). Results from mate retention studies conducted with married couples in the United States (Buss & Shackelford, 1997), Spain (De Miguel & Buss, 2011), and Croatia (Kardum et al., 2006) indicate that women use these tactics at rates at least equal to men, and in some studies at higher rates, that correlate with IPV.

The mate guarding tactics found in these studies among jealous, insecure men and women are roughly the same as those identified in the general population, among dating partners, and in clinical samples, including IPV offenders court-mandated to treatment (Black et al., 2011; Carney & Barner, 2012; Graham-Kevan & Archer, 2009; Hamel et al., 2015; Jasinski et al., 2014). Some IPH studies find similar rates of male and female perpetrated IPH motivated by sexual jealousy. For example, a review of 2,556 IPH cases in Chicago over several decades (1965-1993) confirmed the oft-cited finding that male perpetrated IPH is more likely than female perpetrated IPH to be due to a partner’s attempt to leave the relationship (13% versus 4%), but found sexual jealousy, whether imagined or involving an actual love triangle, to be the motive for about the same percentage of male and female perpetrators (Block & Christakos, 1995). One difference between the sexes is that women tend to use coercive mate retention tactics throughout the relationship. In contrast, men are more likely to use them when suspecting their partner of cheating, which explains why women are so often killed when they try to leave.

Another difference is that men score significantly in the Submission and Debasement category (e.g., “became a slave to my partner,” “gave in to my partner’s every wish.”).

Male Perpetrated IPH in the Context of Violent Resistance. There has been limited research on this type of IPH but given women’s involvement in intimate terrorism, some homicides perpetrated by men are motivated by violent resistance. In the large study based on interviews with a national sample of 2,124 male and female prison inmates, questions about victimization and perpetration experiences in childhood and adulthood at the hands of intimate partners and other adults were asked (Felson & Lane, 2010). Although not without methodological limitations (e.g., the results come from self-reports and do not include individuals outside the prison system or murder-suicides that skew in the male direction), this study yields findings that are in sharp contrast to other IPH studies that typically depend on criminal justice data (arrests, restraining orders) and therefore under-estimate the frequency of female perpetrated assaults:

Men and women who killed or assaulted their partners tended to be similar to other violent male and female offenders. The women who attacked their partners were not particularly likely to have been abused by their partners. Rather, we found that men who attacked their partners were particularly likely to have suffered partner abuse. This result challenges the idea that these women were responding to a history of abuse. Violence against partners and victimization by partners were strongly correlated for both men and women, which indicates that a considerable amount of mutual violence was present in the relationship (Felson & Lane, 2010, pp. 329-330).

A review of 45 IPH cases in another study in Sweden concluded:

We found that more than half of the female perpetrators had been threatened and physically abused by their male victims, as opposed to a minority of the male perpetrators. However, we also found that the majority of the male victims had been threatened, and half of them physically abused by the female perpetrators (Caman et al., 2016, p. 31).

Female and Male Perpetrated IPH: Couple Conflict and Self-Defense

While disentangling the various motives and circumstances around IPH is a difficult task, a clearer picture emerges from a broader reading of the empirical research literature, which, as a whole, does not support the gender paradigm and male proprietariness theory in cases of IPH and finds self-defense to be a much less common motive for female perpetrated IPH than commonly thought. Although “the literature does not provide a detailed contextual picture of female offenders” (Jordan et al., 2012, p. 429), it does indicate, as one research team has observed, that “intimate partner homicide is not simply a dual phenomenon, with aggressive men and defenseless women driven under the worst of interpersonal circumstances to kill one another. To adequately address the issue in both sociological and psychological terms, it must be understood more fully” (Titterington & Harper, 2005, p. 86).

Research studies have questioned the gender paradigm and have found a broad range of motives for female perpetrated IPH. The review by Mann (1988) of 145 randomly selected cases of female perpetrated IPH in several U.S. cities indicated that 58.3% were pre-meditated, and 30% of the defendants had previously been charged with a prior felony assault. The review of female perpetrated IPH cases between 1985 and 1995 in the province of Victoria, Australia found that 59% of the offenders had “killed partners in response to their violence” (Kirkwood, 2003, p. 158); however, some of the women killed their partners in response to “non-physical

forms of abuse, such as lack of support in parenting and in pregnancy” (p. 158). According to an analysis of court records and presentence reports of 158 IPH cases in Arizona, in 56% of cases involving female perpetrators, there was no reported history of physical abuse against the defendant (Jurik & Winn, 1990) undermining claims of self-defense. Moreover, a previous study found that 60% of women who murdered their partners had previous criminal records and that only 21% of the homicides were preceded by a history of previous abuse or threats of abuse by the partner (Jurik & Gregware, 1989).

An analysis of 276 IPH cases from 1991-2010 in Quebec, Canada (Bourget & Gagne, 2012) found evidence of previous assaults by the male victim in only 26.2% of the female-perpetrated homicides, no evidence for assaults in 21.4% of the cases, and previous assaults could not be determined in another 40.5%. The presence of intent to kill was found for 45% of the female perpetrators and 62% for the male perpetrators among cases in which information about intent was available. A history of previous assaults as a precipitant for IPH could not be found in about half of the 207 London cases reported by Sebire (2017), neither for the male nor the female perpetrators. In a Colorado study of 117 IPH cases (Belknap et al., 2012), approximately half of the female-perpetrated homicides were found to not have been committed in self-defense; the others involved proxy killings where women, previously abused by ex-partners, took out their rage against a current mate, or were driven by purely instrumental motives (e.g., financial gain) or by jealousy. “Future research and policy,” the authors suggested, “needs to acknowledge the issue-problem that prior victims of IPH may be at risk of killing future partners, especially if these partners are at all abusive, and that sexual proprietary killings of mates are not restricted to men” (Belknap et al., 2012, p. 373).

In Finland, an investigation of police records and psychiatric interviews of 145 IPH cases

adjudicated during the period 1994-2005 revealed that about 78% of the male perpetrators and 89% of the female perpetrators to have killed their partner in the context of a quarrel (Weizmann-Henelius et al., 2012). A higher rate of female-perpetrated IPH than male-perpetrated IPH was committed in self-defense (36.0% versus 1.1%), but again, as other studies have shown, the majority of IPH, by either sex, is perpetrated for other reasons.

The analysis by Felson and Messner (1998) of 2,058 partner homicide cases in 33 of the most populated U.S. counties found that 54% of female spousal murderers had not been physically assaulted by their partner before the incident, and less than 10% were judged to have acted strictly in self-defense. By comparison, 10% of male murder victims had suffered previous assaults, and in very few cases (0.5%) were the homicides deemed to be in self-defense. Unfortunately, the authors were unable to distinguish between the violence perpetrated immediately before the homicide from violence perpetrated in the past, thus leaving unclear which cases might be explained by some version of battered person syndrome and which cases involved simple retribution in a cycle of mutual abuse.

The survey by Velopulos et al. (2019) was somewhat more illuminating. As with other major surveys, reported percentages of female IPH victims were much larger than male victims (79% versus 21%). Escalating violence was rare: only 5.0% of the male victims and 0.8% of the female victims had assaulted their partner in the month preceding the homicide, and very few cases were categorized as justifiable self-defense – certainly for male perpetrators (0.1%) but also for female perpetrators (6.4%). Jealousy was a motive in a small number of cases (10.5% of the male perpetrators, 6.4% for female perpetrators). In only 22.8% of cases was there evidence of prior IPV against female victims, and only 10% for male victims. Hence, the majority of cases involved no prior domestic violence, nor was it escalating.

Some have proposed that non-lethal and lethal IPV are similar enough phenomena to be conceptualized as being on a continuum:

Fatal and non-fatal IPV may not necessarily differ meaningfully, and perhaps to better understand violence involving intimate partners we must stop being distracted by the search for risk factors that differentiate or predict fatality. There has been tremendous attention on lethality and femicide. Instead, we should focus on severity, frequency, and imminence of IPV. When evaluating risk, the concern should be for determining risk for the presence and severity of future violence, by using broad-based IPV risk assessments... Fatality may be merely as result of where the knife struck or where the gun was directed. There is no doubt that the intention of the perpetrator was to harm, perhaps even to kill the victim, but the dividing line between an act that is fatal vs. not-fatal may also be arbitrary (Jung & Stewart, 2019, p. 165).

Nonetheless, much of the prior research on IPH finds that a history of IPV does not always precede the IPH (Bourget & Gagne, 2012; Felson & Messner, 1998; Jurik & Winn, 1990; Sebire, 2017; Velopoulos et al., 2019). This suggests that IPH may have more than one profile with different factors involved in homicides preceded by IPV than those with no IPV. Clearly, the guilt or innocence of a defendant facing IPH charges cannot be assumed on a lack of previous IPV alone.

Risk Factors and Personality as Predictors of IPH

In addition to IPH types based on couple violence dynamics, various risk factors and personality characteristics of IPH perpetrators and victims can interact with couple aggression dynamics. With the notable exception of offender sex, risk factors for non-fatal and fatal IPV overlap considerably. Younger age is one prominent risk factor for IPH victimization, with male

and female victims alike at greatest risk between ages 20-29 (Garcia et al., 2007). One literature review found evidence of previous battering behavior in 22% of male-perpetrated cases (Kivisto, 2015). Other significant risk factors include abuse of alcohol and drugs, unemployment, a history of violence outside the home, and having previously stalked the victim, forced her to have sex, or threatened to kill her (Aldridge & Browne, 2003; Harden et al., 2019; Saunders & Browne, 2000; Spencer & Stith, 2020). According to a survey of men who contacted a national domestic violence hotline, abused men appeared to be at greater risk of life-threatening violence when in a relationship with a partner who is low-income and has been psychologically and physically abusive, and when the man has sought help in the past (Hines & Douglas, 2013). Block and Christakos (1995), in their large-scale study of homicide in Chicago, found that African American males were the most likely victims of spousal homicide (annual rate 5.8/100,000 (PHT)), followed by African American females (3.9 PHT), Latinos, and White. The rate for White female victims was (.9 PHT) and for White males (0.1PHT). These findings, which can largely be explained according to lower socioeconomic status among marginalized ethnic minority groups, were later confirmed in a more extensive review of the national violent death reporting system (Velopulos et al., 2019).

Defendant's personality, which may provide clues to motive, is a crucial element in the adjudication of any criminal case and cannot be dismissed, particularly when it comes to sentencing. Longitudinal studies trace adult IPV in both male and female perpetrators to a history of anti-social behavior arising from a combination of genetic predisposition and family dysfunction in childhood (Dutton, 2006; Ehrensaft et al., 2004). Men and women who engage in battering behavior have been found to evidence personality traits or a personality constellation often associated with interpersonal aggression, including borderline, anti-social, narcissistic,

histrionic, and sadistic traits that are stable and consistent across relationships (Henning et al., 2003; Johnston & Campbell, 1993; Simmons et al., 2005).

A major prison study (Jordan et al., 2012) found that male and female perpetrators of lethal as well as serious non-lethal IPV were equally likely to have mental health issues, although the women were less likely to have had problems with alcohol and drugs. The recent and comprehensive survey of 6,131 IPH cases reported through the National Violent Death Reporting System (Velopulos et al., 2019) found mental illness an equally contributing factor (about 7%) among both male and female perpetrators. The Quebec study mentioned above (Bourget & Gagne, 2012) determined that 42% of the women and 53% of the men had what the researchers termed a “psychiatric/pathological motive” for the killings (not fully explained). Sebire’s (2017) study of 207 IPH cases in London, based on police reports covering the years 1998-2009, reported a higher percentage of mental illness among female perpetrators (29.4%) than male perpetrators (19.7%). It is not clear whether mental illness assessments in these studies included personality disorders.

Few studies have reported on the specific personality characteristics of IPH offenders, as measured by validated assessment instruments. One of the few studies to investigate the personalities of both male and female intimate IPH perpetrators, drawing on a very small sample (Kalichman, 1988), reported higher ratings for females compared to males on the MMPI (Minnesota Multi-Phasic Personality Inventory) on scales for paranoid, anti-social, and dependency traits. A classification scheme for male offenders, based on a file review of 90 male prison inmates in the U.K. who were incarcerated for killing their partners between 1975 and 2003, was proposed by Dixon and colleagues (Dixon et al., 2008), akin to the one developed by Holtzworth-Munroe and Stuart (1994) for male IPV perpetrators. About 15% of the men were

placed in the *Low Criminality/Low Psychopathology* category, roughly the same as the *Family Only* type. Among the rest, 48.6% best fit the category of *High Criminality/Low-Moderate Psychopathology* (similar to Generally-Violent/Antisocial), and 36.1% best fit the category of *Moderate-High Criminality/High Psychopathology*, akin to the Dysphoric-Borderline classification, but reflecting the higher number of criminal histories in the IPH sample.

Dutton and Kerry (1999) interviewed 90 men incarcerated for spousal homicide in Canadian prisons and 50 non-lethal spouse abusers in a court-mandated treatment group and reviewed their prison and criminal records. Spousal killers had a higher incidence of personality disorders, although not of the type typically expected. So-called “overcontrolled” personalities (Passive-Aggressive, Dependent, and Borderline on the MCMI) were more frequent in the spousal killer group, while antisocial PD was more frequent in the non-lethal batterer group. When Antisocial PDs did kill, it was typically to gain a monetary advantage, such as life insurance. When overcontrolled PD killed, it was typically a type of abandonment killing (more about this below) and frequently accompanied by a suicide attempt. These individuals tend to be emotionally dependent on partners and react poorly to perceived or actual abandonment. After reviewing the IPH literature, Kivisto (2015) proposed a typology of male IPH offenders that included, aside from the overcontrolled types, an *under-controlled/dysregulated* category consisting of men with mostly borderline personality disorder; *chronic batterers*, with antisocial and narcissistic personalities; and a *mentally ill* group of offenders with no discernable Axis II diagnoses (i.e., personality disorders).

Attachment Theory. One of the theories that fare well at explaining rare events, such as IPH, and focuses on the internal events (cognitions, emotions, learned behaviors patterns, etc.) that generate violence has been the attachment theory. Attachment theory has been demonstrated

as having some specificity and predictive ability with aggression and intimate aggression (Dutton et al., 1994; Dutton & White, 2013). Unlike broad-based theories, it assesses individual differences in attachment security and has empirically related these to aggression.

Attachment theory, as originally developed by Bowlby (1969, 1973, 1977, 1980), held that attachment to a stronger other was the primary human motive necessary for survival in a being that had a prolonged period of dependency on another. Based in sociobiology and psychoanalysis and tested through lengthy observation of children separated from their parents during the Battle of Britain, attachment theory held that an “attachment behavioral system” developed, based on aversive arousal when an “attachment object” (typically a mother) was not visually present. The aversive arousal could only be ameliorated by locomotion toward and physical reunification with the attachment object. Failure to re-attach led to what Bowlby called “an anger born of fear” and may be the prototype for later abandonment rage (Dutton, 2007, 2008; Dutton et al., 1996; Dutton et al., 1994). Since attachment is so essential in infancy, it was initially thought to only apply to infants.

However, a landmark study in 1987 (Hazan & Shaver, 1987) found that adult attachment styles (personality traits that manifest in intimate relations) were distributed similarly to infant styles. Eventually, empirical studies connected insecure attachment styles to adult behaviors (Mikulincer & Shaver, 2007), adolescent aggression (Fearon et al., 2010; van IJzendoorn et al., 1999), and the frequency and severity of IPV (Dutton et al., 1994; Mauricio et al., 2007). Dutton (2006) showed that certain DSM personality disorders (e.g., borderline PD and dependent PD) were attachment-based and related to expression of aggression. Borderline personality is highly emotionally unstable, undergoes cyclical swings in mood, and perspective and is highly reactive to potential abandonment by an intimate other (Lieb et al., 2004). Borderline personality is in

fact, the psychological basis for the “cycle of violence” reported by Lenore Walker’s respondents in describing their perpetrators (Walker, 1979) and is now considered to be a general “g” factor in psychopathology (Sharp et al., 2015). In short, borderline personality is a broad-based psychological deficit with special problems in emotional management, ego stability, and intimate relationships. Assessments of court-mandated batterers have found a high incidence of borderline personality in these groups (Dutton & Starzomski, 1993; Mauricio et al., 2007). Given its reactivity to abandonment, borderline personality is also a risk factor for the perpetration of IPH (Dutton & Kerry 1999). Insecure attachment and borderline personality generate extreme affective reactions to abandonment, due, in part, to inherited neural deficits in borderlines (Lieb et al., 2004; Lis et al., 2007; Schmahl et al., 2004). These reactions can be so extreme as to generate transitory, abandonment-precipitated psychotic states (Lieb et al., 2004). The case against using borderline PD as a defense is the lack of familiarity the general public has with the diagnosis and the term borderline, which refers to the border between neuroticism and psychoticism.

Attachment is based on a complex neurological set of connections involving emotion governing neural structures (Dutton, 2002; Schore, 1994, 2003), many of which exhibit rapid growth during the first two years of life. Severe disruptions of secure attachment during that time can lead to affective dysfunction throughout life (Pynoos & Eth, 1985; Schore, 2003). Dutton (2002) argued that attachment dysfunction interferes with the development of the orbitofrontal cortex, a center for emotional control. These disruptions can be caused by childhood exposure to family violence (Cicchetti et al., 1990; Godbout et al., 2009; Sroufe et al., 2005) or major family conflicts. Lyons-Ruth and her colleagues (Lyons-Ruth, 1996, 2008; Lyons-Ruth & Jacobwitz, 2008), as part of the Harvard Family Pathways Study, found that with lifetime trauma exposure

and genetic factors controlled, the quality of mother-child interaction did contribute to the variance of later aggression. Serbin (Serbin et al., 2004) found that aggression in girls measured as early as Grade 1 predicted the likelihood of their later perpetration of IPV and physical child abuse. A lifelong profile termed Negative Emotionality, which shares many standard features with borderline personality, is a predictor of life course anti-sociality (Magdol et al., 1997; Moffitt et al., 2001). Dutton (2006) argued that exposure to abuse in the family of origin led to a propensity for abusiveness not so much through behavioral modeling as through the development of dysfunctional emotionality, especially in intimate relationships.

One notable subset of IPH related to the lack of secure attachment is *abandonment homicide*. A significant trigger for male-perpetrated IPH is abandonment by his spouse (Wilson & Daly, 1993) or what Wilson and Daly called “estrangement,” based on an examination of police records for three large samples. It is abandonment (being left behind); however, that is the trigger – not estrangement. Abandonment homicides are described as highly emotional and involving overkill, violence beyond that would be necessary to kill the victim (Crawford & Gartner, 1992), and appear to generate high levels of physiological arousal in the perpetrator (Dutton, 2002). This view is consistent with Schore’s developmental emphasis on failures in the “automodulation of rage” (Schore, 2003) as having early origins. These psychological factors, not “proprietaryness” (men’s presumed desire to control their wives to maintain male privilege) that generates abandonment IPH.

Risk Assessment and Domestic Violence Fatality Reviews

Classification schemes may be helpful, but determining risk with any particular victim is not an exact science. The most popular instrument for predicting lethality in IPV cases, the Danger Assessment (DA) Scale, at best predicts an attempted or completed murder in less than

50% of cases (Campbell et al., 2009). The DA Scale was developed from a risk study by Campbell and her associates (Campbell et al., 2003) that examined 220 female homicide victims and non-lethal battered woman controls. The victims were represented by a best friend to collect police and medical research data. The battered women controls were drawn from the same metropolitan area as the homicide victims. Unfortunately, the levels of abuse reported by the control were fairly low (e.g., only 25% reported controlling behaviors by their partner, 15% reported threats to kill); consequently, virtually every “risk factor” examined in the study was found to be significant, but what they were confusing was lethality with severe abuse. As a rare event, IPH may be better explained using clinical or psychopathological factors than the more common forms of IPV. IPH may reveal a perpetrator profile consistent only with severe (and rarer) IPV. Consideration of various types of IPH based on a couple’s violent dynamics can also prove helpful.

Beginning in the early 1990s, various domestic violence stakeholders have formed domestic violence fatality review teams (DVFRTs) in the U.K. and more than 20 U.S. states, at both the local and state levels, to learn more about the nature; and causes and consequences of IPH. The purpose of these domestic homicide reviews, as articulated by Hope et al. (in press) in their assessment of 22 male homicide victim cases in the U.K, is to “establish the involvement of multiple agencies (where there was knowledge of the abuse) in terms of understanding any missed opportunities and to establish what lessons can be learned from this.” Their review found systemic failures across institutions in preventing female-perpetrated homicides due to prevailing beliefs about men as perpetrators. In the United States, only about half of fatality reviews in the U.S. have provided specific details about the cases examined (aside from basic demographic information). One report found that only 43% of cases reviews included information about abuse

perpetrated before the homicide. Those reports that included case details provided information only about legal outcomes (Marsh-Pow et al., 2015). Specific information about defendant motives, the most pertinent in adjudicating these cases, was not reported. Echoing Hope et al. (in press), Marsh-Pow et al. (2015) stressed the “inherent value of conducting fatality reviews in that the comprehensive review process can highlight places where victims ‘slipped through the cracks’ and where opportunities for potentially valuable intervention may have been missed (p. 215).

The Battered Woman Syndrome

Having discussed the research on the prevalence, context, and risk factors of various types of IPH, we proceed to review the literature on the Battered Woman Syndrome (BWS). As discussed in an earlier section on theories of male entitlement, the term was coined by Lenore Walker to describe a constellation of reactions to chronic battering culminating in self-defensive homicide of the abuser, commonly used as a legal strategy to explain why an abused woman may resort to deadly force in situations in which she is not at imminent risk of a physical assault, in the legal definition (Follingstad, 2003; Walker, 1979; 1984, 2009). The syndrome consists of lowered self-esteem, lack of initiative to leave the relationship, abnormal attachment, and trauma symptoms (Dutton & Painter, 1981, 1993a, 1993b). The paradoxical emotional attachment was an added reason for the woman’s inability to leave the relationship (Griffing et al., 2002), what Walker termed “learned helplessness,” a term borrowed from previous laboratory research (Walker, 1984).

As Follingstad (2003) pointed out, however BWS was introduced in courts before it had been empirically validated. By 2003, about 20 years after its first use in court, the syndrome still had not been conceptually clarified. The one empirical study conducted (Dutton & Painter,

1993a) showed merely a concurrence of symptoms (lowered self-esteem, heightened attachment, and trauma symptoms). BWS does not present a coherent model whereby aggression, even self-defensive aggression, would be used, given the high prevalence of bidirectional violence among abusive couples. It does attempt to explain certain cognitions (e.g., the likelihood of receiving severe violence, the impossibility of escape, etc.). However, even given these cognitions, other responses are available and are often used, including psychic freezing and other “passive” reactions (Turan & Dutton, 2010). According to legal scholars (Faigman et al., 2020):

In most legal cases, the relevant question is, of those people who have been battered, which ones manifest a "state of mind" that is relevant to the fact in issue. Certainly, not all battering victims respond identically to the violence. Since the research provides no diagnostic criteria, it is impossible for any expert, judge, or jury to determine which victims of battering have developed the legally relevant state of mind and which have not. In short, because the research is definitional and not diagnostic, once a woman is defined as battered, she, ipso facto, is diagnosed as suffering from the battered woman syndrome. Courts have confused definition with diagnosis, concepts that should be kept entirely separate and which are ordinarily distinct in the scientific lexicon (p. 373).

While the term *battered person syndrome* has gained favor as a gender-neutral version of BWS (Russell et al., 2012), there is weak evidence for an actual syndrome or its ability to meet Daubert testimony standards (Dahir et al., 2005; Russell, 2010) for relevance and reliability. The term is vague, never operationally defined, or confirmed by replication studies (Dutton, 1996). E.g., a definition of “battering” includes not only threats to harm or constant monitoring of the partner but also lesser slights such as coming home late (Downs & Fisher, 2005). Walker’s theory was in fact, based on a self-selected sample of subjects who were asked leading questions

and whose responses were subjectively interpreted, and none of the women's partners were interviewed. Walker failed to provide comparison groups to gauge levels of BWS symptoms between abused and non-abused women or differences between abused women who have BWS and those who do not (Dixon & Dixon, 2003); specific criteria are lacking for measuring symptoms such as "low self-esteem"; and the theory fails to account for symptom variance due to mediators of psychological effects of battering (e.g., vulnerability factors, resources, support, other stressors, the severity of the abuse; Follingstad, 2003). There is, in fact, inconsistent support for an actual cycle – e.g., less than 50 percent of subjects experienced all three phases, no time frame was proposed for the duration of a cycle, and no data provided on how often the tension stage does not lead to a battering incident, or why some men (e.g., psychopaths) can strike without a tension build-up and never offer a third phase apology (Faigman, 1986).

These and other flaws in BWS have been amply documented elsewhere (Coughlin, 1994; Downs & Fisher, 2005; Faigman et al., 2020; Russell, 2010; Schopp et al., 1994). Notably, it has been criticized for providing an unconvincing "abuse excuse" for the defendant and lack of justice for the victim:

In self-defense law, the devil properly lies in the details. For example, while intentional homicides are committed for a variety of motives, BWS tends to reduce the abuse victim's motivation to kill to simplistic terms. Though fear of an attack and a sense of futility about escaping are predominant, other motives may also enter the picture... Other motives include anger over finding out about the abuse of their children, jealousy and simple greed. Anyone who has studied cases in this area has encountered all of these motives for homicide. Battered women are human beings like the rest of us, and the use of BWS should not obscure the fact that battered women, despite the sympathy they

deserve for their plights, sometimes kill for reasons that the criminal law cannot excuse or justify (Downs & Fisher, 2005, p. 247).

Additionally, a defense strategy based on BWS can backfire, because some features of the syndrome – particularly, learned helplessness – conflict with the legal standards of “reasonableness.” This is especially true in cases involving non-confrontational situations (e.g., the woman shoots her batterer while he is sleeping), even though these are far less prevalent than the confrontational ones (Osthoff & Maguigan, 2005). In this regard, juries may be sympathetic to female IPH defendants, even when they do not conform to the stereotype of a passive, helpless woman, when their defense is mounted within the framework of what psychologists call *social agency* theory, a better fit for imperfect self-defense cases not involving an immediate threat (Buchhandler-Raphael, 2017; Ramsey, 2010; Russell, 2010; Terrance et al., 2012). The focus of this theory, within the legal system, is on “social framework evidence,” a clearer and more credible way to explain the actions of someone with a history of IPV victimization:

Courts have recognized that past violence by an aggressor toward the defendant influences the defendant’s assessment of the current danger posed by the aggressor’s actions. The evidence is routinely received in murder trials, because most homicides involve people who were either acquainted with each other or in family relationships. A defendant in such a circumstance uses his or her experience with the decedent as a basis for evaluating whether the decedent posed an imminent threat of serious injury (Osthoff & Maguigan, 2005, pp. 231-232).

In contrast to BWS, Post-Traumatic Stress Disorder is an accepted diagnosis, supported by a wealth of compelling social science data finding high rates of trauma-related disorders among victims of IPV, and providing a much more solid empirical basis for mitigating factors in

cases involving both male and female victims who fight back against an abuser. It has been estimated that 31 to 84 percent of battered women experience PTSD (M. Dutton & Goodman, 1994), depending on whether the diagnosis is based on formal DSM-V criterion or the more expansive definitions inherent in the increasingly popular diagnosis of Complex PTSD (Courtois, 2008). Surveys have found abused men to experience PTSD at a rate more than 15 times that of men in the general population, as evidenced by a clinically significant cut-off score for PTSD on the PTSD Checklist for DSM-5 (PCL-5). As with female victims (Johnson & Leone, 2005), the highest scores are reported by victims of battering rather than situational violence (Hines & Douglas, 2015). Focusing on trauma symptoms has many advantages, both diagnostically and legally. PTSD and Complex PTSD are well-defined terms, referring to actual behaviors, known etiologies, and the predictable existence of relevant symptoms, with a correlation between levels of violence suffered and PTSD symptoms (Terrance & Matheson, 2003).

Trauma-related categories better account for research findings on the consequences of battering on male and female victims, including the relatively gender-neutral impact of emotional abuse. When included in a social framework evidence defense, they more accurately explain the various types of battering phenomena, including memory lapses, aggressive episodes and other contradictions that might otherwise compromise a BWS defense (e.g., the victim is thought to be helpless but can accurately predict future acts of violence and seek support). Thus, the constellation of mitigating factors included in the term “battered woman syndrome,” and presented in expert testimony, can be better described as “testimony on battering and its effects” (Osthoff & Maguigan, 2005, p. 230), and may make the difference between manslaughter, rather than, murder, conviction. Excellent discussions on the complexities of BWS can be found

among the publications listed in the reference section, from the point of view of forensic psychologists (e.g., Russell, 2010) and legal scholars (e.g., Faigman et al., 2020), including how research and existing legal codes may be applied in classic self-defense, diminished capacity, duress, and other legal defenses and strategies. The reader is also directed to the chapter by Russell & McKimmie in this volume, on jury decision-making. Basic research-informed guidelines, from Hamel (2018), can be found in the Appendix.

Conclusions

There is now a convincing body of research to indicate that both women and men are capable of experiencing severe and sometimes lethal IPV at the hands of their intimate partners. The findings discussed above are especially compelling given growing concerns around the concept of BWS and the proliferation of research on the role of trauma. Even if the Felson and Lane (2010) prison study previously cited is dismissed as an outlier, the body of evidence indicates that rates of previous violence by IPH victims may not differ across sex as much as commonly assumed. It is not always clear, in any particular case, exactly what effects previous abuse may have on IPH perpetration, and there is no agreed-upon calculus available to dependably determine that role, especially given the multiplicity of possible motives and situations. The research makes it quite clear that female victims of IPV are, on the whole, more physically and emotionally impacted than male victims, providing perhaps more robust support for the consideration of mitigating circumstances in those cases. However, sex differences are relative, not absolute. While a person's sex "plays a role in determination of incidents as IPV, arrest, trial, conviction, and dispensations from the court, ultimately these considerations fail to address the relational context of these incidents" (Carney & Barner, 2012, p. 161).

Life-threatening and lethal IPV is perpetrated for various reasons other than self-defense, including jealousy, financial gain, revenge, and the desire to maintain control over one's partner and relationship, with roots deep in cultural practices and evolutionary principles. Some individuals who kill their partners (more often, but not always, women) have experienced previous abuse at the hands of the victim. However, even when such a history has been established, its relevance will vary depending on the nature of that history, the particular dynamics of the abuse, the motives and mindset of the parties involved, and the circumstances surrounding the incident.

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Appendix: Questions relevant to the adjudication of IPH

Questions regarding the event:

1. Did the defendant plan to assault the victim?
2. Did the assault occur during a confrontational situation, and if so, what was the defendant's role in the confrontation – e.g., did he/she initiate violence or contribute to the escalation process?
3. Was there an intent to injure or kill?
4. If there was such an intent, did the defendant believe he/she was in imminent danger of unlawful bodily harm?
5. To what extent was this belief based on objective evidence of imminent danger, and not simply subjective? For example, did the defendant have a naturally anxious or paranoid personality? Was the fear of harm based on memories of past abuse by others? In other words, did the victim's behavior (e.g., arguing, yelling), not previously associated with serious, life-threatening abuse, trigger an exaggerated fear response in the defendant?
6. Did he/she use only a reasonable amount of force to counter the perceived danger?
7. Was either party under the influence of drugs or alcohol?
8. What unusual circumstances did the defendant and victim face at the time of the assault?
9. What other motives, aside from fear, may have driven the defendant's actions – such as revenge for something the victim did (e.g., have an affair) or might do (leave the relationship, report them to law enforcement for past or current abuse), to avoid spousal or child support payments, collect on a life insurance policy, or for other monetary gain?

Questions regarding defendant and victim histories:

1. Was the defendant previously subjected to a pattern of battering, consisting of physical assaults leading to serious bodily harm, threats to seriously injure or kill her or family, and/or emotionally abusive and controlling behaviors?
2. To what extent was the defendant under the influence of the victim throughout the course of their relationship? To what extent was this influence due directly to the victim's physical and psychological abuse, threats, and controlling behaviors, as opposed to situational or personality differences (e.g., lack of assertiveness, emotionally dependent)?

3. Is there confirmation of such a pattern of battering and influence aside from the defendant's self-report – e.g., prior calls to police, arrest reports, eyewitnesses, medical reports, or trauma symptoms?
4. Does the defendant evidence signs of trauma, and how are these symptoms relevant to the defendant's actions against the victim?
5. How have these symptoms impacted how the defendant has been able to present him/herself in court, and perhaps undermined his/her credibility?
6. Does the defendant have a history of prior trauma (in childhood or previous relationships) that might account for these symptoms (rather than abuse at the hands of the victim)?
7. Was the defendant able to predict, based on the victim's pattern of violence against him/her, when he/she would be violent again?
8. How often when he/she recognized signs of impending violence did violence actually occur?
9. When previously assaulted, or threatened with assault by the victim, did the defendant make efforts to seek help? If not, is there evidence of previous life-threatening threats by the victim?
10. If he/she did seek help, was help available? For example, was the local shelter full, police slow to respond, a restraining order issued but ignored, etc.?
11. If there is evidence of prior bi-directional abuse between the defendant and victim, was there a dominant aggressor? Bi-directionality, by itself, does not necessarily imply mutual culpability.
12. Is there a record of the defendant, or the victim, perpetrating any previous battering behavior upon other partners?
13. What are the characteristics of the defendant's personality? Does he/she present with characteristics typical of perpetrators rather than victims – e.g., angry temperament, need to dominate and control, jealous, impulsive, with borderline, narcissistic, paranoid or antisocial traits?
14. What are the characteristics of the victim's personality? Does he/she present with characteristics typical of perpetrators rather than victims?

15. Did the defendant subject the victim to a pattern of battering, consisting of physical assaults leading to serious bodily harm, threats to seriously injure or kill her or family, and/or emotionally abusive and controlling behaviors?
16. Is there confirmation of such a pattern of battering aside from the victim's self-report – e.g., prior calls to police, arrest reports, eyewitnesses, or medical reports?