

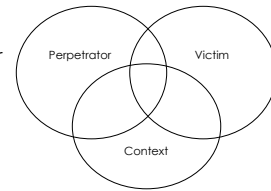
## FORENSIC PSYCHOLOGICAL ASSESSMENT, MEASUREMENT AND UNDERSTANDING OF LETHAL VIOLENCE

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## Conceptualization of Lethal Violence

All Three  
Required for  
Homicide

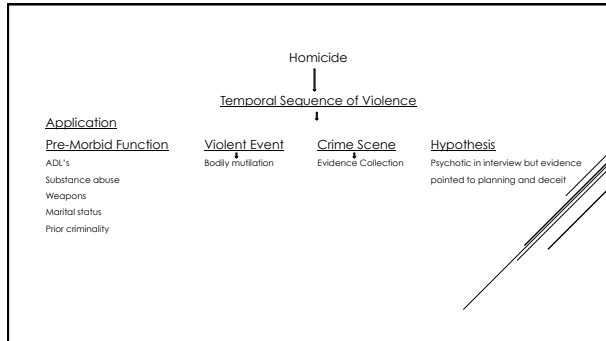


## COMMONLY NEGLECTED IN ASSESSMENT OF CRIMINAL RESPONSIBILITY

- Input of victims and contexts is downplayed
- Visiting the crime scene/ photographs of crime scene is critical
- Photographic and physical evidence contribute to reliability of data as they are closest to the time of the crime

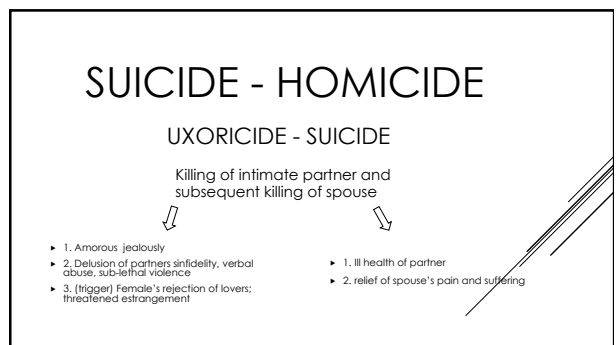
## CATATHYMIC HOMICIDES

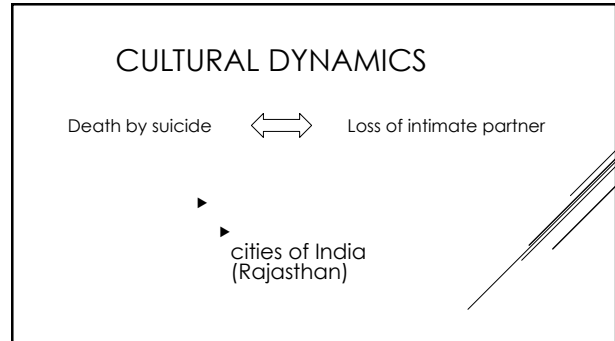
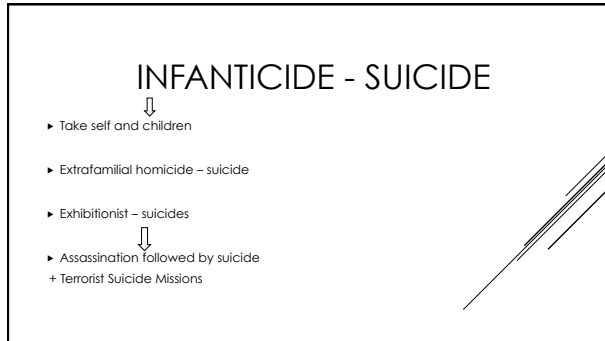
- Stages
  1. Initial thinking disorder
  2. Crystallization of plan – idea of violent act emerges into consciousness
  3. Emotional tension – extreme
  4. Violent crisis
  5. Violent act against self or other
  6. Tension relief
- A Cathalytic Infanticide (Meloy, 2010)



- ### PSYCHOMETRIC ASSESSMENT
- Antisocial behavior (RC4) →
  - →
  - hoeliness (HLP) – illusion of peaceful state
  - Anger proneness (ANP)
  - Aggression → physically aggressive behavior
  - Substance abuse (SUB) → marker of violence
  - Activation (hypomania) → increased excitation
  - Aggressiveness – revised (AGGR-r)
    - Instrumental aggression
    - Correlation with cluster B disorder (narcissistic, antisocial)
  - Disconstraint – revised (DISC-r)

- ### RORSCHACH
- - 
  - 
  - 
  -





### AUTHENTIC SATI

- ▶ through the flames to another world where they can be together (togetherness is emphasized)
- ▶ **Involuntary Sati**- Social pressure to force widow to join husband in the fire

### DEMOGRAPHICS (UXORICIDE – SUICIDE)

- ▶ (Polk 1994) – older men
- ▶ masculine control
- ▶ both should go together
- ▶ Partner should be part of their decision to end their life
- ▶ Related to SATI
  - ▶ Ancient Egyptian Kings in death, to retain in death what was held dear in life
- ▶ Depression is most common disorder (Rosenbaum 1990)

## INFANTICIDE

- ▶
- ▶
- ▶

## NEONATICIDE

- ▶ Do not survive first 24 hours

### MOTIVE

- One's own self-destruction- Children part of extended suicide (Nacke 1908)
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- Victim needs to be taken along in death
- Roman Times: "Patria Potestas": Father given right to dispose of his children as he had given them life
- (Harder- 1967)- Suicidal parents view death, not as annihilation, but doorway to another life

## MEDEA COMPLEX

- ▶ (Holdenthal 1996); Wilson et al 1995)
  - ▶ Ancient myth – Medea kills her two children to punish her husband, Jason, for leaving her for another woman
- ▶ Okumun & Kraus: 1996) – Narcissism of being hurt = extended suicide
  - ▶ Child killed to hurt estranged partner
- ▶ (Palermo 1944) – Extended suicide = prevents partner from having a relationship with anyone else

## PARENTAL OVERIDENTIFICATION

- ▶ (Stanton 2000) – child is a part of themselves so aggression projected onto child as part of themselves. Killing of child enables mother to destroy part of self she projects onto child
- ▶ Absence of stepparents among suicide – homicide perpetrators
  - ▶ Genetic link missing
  - ▶ Absence of identification of child with part of oneself Converse – stepparents over-represented among perpetrators of fatal child abuse; (Daly & Wilson 1966); Shackelford et al. 2005, 2008)

### CULTURAL DYNAMICS

- ▶ Japan
  - ▶ Homicide – suicide
  - ▶ Oyako Shinju
  - ▶ Parent – child suicide
  - ▶ Communal Guilt
  - ▶ Shared by whole group
- ▶ Western Culture
  - ▶ Guilt internalized
- ▶ Japan – parents unable to provide for child – shame – Severence from Larger Group (Doi, 1973) (Iga, 1978)

### NOSHI-SHINJU

- ▶ (Mother-perp by Oyaku Shinju)
- ▶ Suicide results from mother unable to maintain prescribed type of bond/she+child)

### FUSHI-SHINJU

- (Father-perp Oyaku Shinju)
  - Unable to support family
  - Restoration of family line

### FAMILICIDE

- ▶ Killing of multiple family members almost exclusively done by men

Motivation? Sociocultural/ Over Intimate Partner

<p>(I)</p> <ul style="list-style-type: none"> <li>• Murder by proxy</li> <li>• Victim ID with a primary target (revenge)- kill all children viewed as extension of spouse</li> <li>• Guilt/shame</li> <li>• Perp ends life</li> </ul>	<p>(II)</p> <ul style="list-style-type: none"> <li>• Suicide by proxy</li> <li>• HB feels despondant over fate of family unit</li> <li>• Motivated to protect family from future pain and suffering</li> </ul>
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### PSYCHOPATHOLOGY

- ▶ Depression; Psychosis preceding killing; Paranoid ideas (Burher et al. 2008, Ewing 1997)

## PARICIDE

- Killing of Parent
  - Matricide- murder of mother
  - Patricide- murder of father
- Few perpetrators commit suicide after homicide of parent
- Patricide by sons more frequent

### ADOLESCENTS

- Suicidal Ideas
  - Yarnini 1995)

Cultural Depression  
 Japan- child responsible for parental well-being  
 Falls- Ends his/her life/Parent's life (Takemura 1965)

## SIBLICIDE

- Killing of sibling

Fratricide (killing of brother)

Cain Complex-murder of brother, Abel by Cain

- Characterized by absence of suicidal behavior- symbolic killing of part of the self in killing the sibling

Muslim Culture- Sibling homicide-ritualistic honor of group

Sororicide (killing of sister)

Family Structure

- Family is highly patriarchal
- Children are henchmen/women of aggressive, dominant father

## Cultural Dynamics

Malaysia- Amok

Brooding Exhaustion/Amnesia (Heysel, 2000)

No prior violence- Homicidal Frenzy

Viking Warriors- Berserkers  
 → Sudden rage

## Mass Homicide/ Mass Murders (Fox + Lenn 2005)

Typology

- I. Power and cultural pseudo commands, furthering a cause
- II. Revenge- Individual or society
- III. Loyalty
- IV. Kill for profit
- V. Kill for terrorist aims

### Motives

- "Payback time"
- Workplace Homicide
- Feelings of Failure/ Loss of intimacy
- (Adol)- Interpersonal rejection
- Lester (2005)- 98 mass homicides-suicide more likely following homicidal with function of coworkers
- Inhibited as to how their actions will affect others
- Higher rate of psychosis (Vosekiss et al. 2000)

### Theories of Aggression

Neurobiology

- 19<sup>th</sup> Century, Cesare Lombroso
  - Criminality = Biological defects
  - Biological inferiority- Both homicide perpetrators and suicide victims find it difficult to compete successfully in life's struggles and play a useful part in society (Unnitham et al. 1994)
- Support for Biological Theory
  - ↓
  - Homicide-suicide occurs cross-culturally throughout all time

Diathesis- Stress Model

Neuropsychiatry

- Holds that individuals have predisposition for violent behavior towards self or others independent of psychiatric disorder

Neurobiology

Biochemistry

### Factors Influencing Diathesis

- Gender
- Religion
- Familial/ Genetic
- Childhood Experiences

Components—Suicidal/ Homicidal Behavior (Malinguist 2006, Mann 2003)

- Pessimism
- Aggression
- Impulsivity

<p><u>STRESSOR</u></p> <ul style="list-style-type: none"> <li>• Worsening of Psychological Disorder</li> <li>• Acute Psychological Crisis</li> </ul>	<p><u>CORRELATES</u></p> <ul style="list-style-type: none"> <li>• Malfunctioning of neurotransmitter systems</li> <li>• Lower serotonergic factors (Joiner et al. 2005, Mann, 2003)</li> <li>• Cerebrospinal Fluid 5-HIAA ↓ levels in subjects with aggressive/ suicidal behavior</li> </ul>
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### Remediating Treatment

L1CO3 ↓ aggressive and self-destructive behavior

↓ mania      ↓ depression (Rappaport & Thomas, 2004)

Strain Theories

- (Morton 1968)
- "Anomie"- state of discontent and dysregulation
  - ↓
  - Not possible for certain groups to attain a cultural value (wealth) via institutionalized means (work)
  - ↓
  - Leads to conformity, innovation, ritualism, retreatism, rebellion
  - Individual withdraws-isolates from social structure
  - Rebellion- responds to frustration by striking out against social structures and participants (recent YouTube shooting, Parkland shooting, Pulse Nightclub Shooting, Sandy Hook, etc.)

- Adler (1999)-Disproportional rate of homicides followed by suicides, primarily committed by working class individuals
- In turn of century, Chicago- lack of resources and standing with working class to achieve middle class status giving rise to desperate state- feeling of disgrace and helplessness
- Financial problems→
- ↓  
themselves at the edge of working class and middle class

Limitations

- Theories fail to explain characteristics of occurrence of homicide-suicide relative to homicide or suicide alone

Rationality-within- Irrationality Principle

- Acts of violence reach lethal proportions towards self and others when individual is driven by psychotic and paranoid feelings
- Individual feels threatened
- Internal controls compromised

Dependency

- Major role in homicide-suicide
- Breakdown threat to parent-child or intimate partner relationship → Homicide-Suicide

Homicide-Parasuicide  
Individuals commit homicides and afterwards, attempt to kill themselves, but fail to do so

Homicide-Parasuicide vs. Parasuicide  
Personality Disorder increases P of H-P

Child Homicide- Parasuicide

- Desperate, depressed parents; no prior outward aggression towards children
- Conjugal separation plays large role
- Narcissism- "media complex"

Limitations

- Selection bias
- Study was not blind
- Little studies of victims
- Lack of detail of events

Caution for Clinicians

- Majority of homicides- parasuicides were planned; clinicians cautioned against spontaneously uttered homicidal ideation

Threats to Detect Risk

- Individuals repeating S/I may be experiencing H/I they are not willing to repeat
- (Warren, 2008)- Those making threats to kill are at high risk of violence to self and others
- Patients repeating suicidal S/I may also be experiencing H/I

Preventative Measures

- Clinicians should be sensitive regarding presence in depression of mental health settings, including marital therapy
- When depressive illness is accompanied by real or perceived threats to child/ intimate relationships, conduct a full assessment of family relationships paying special attention to role of dependency in relationship between individual and family members.
- Medical providers, in cases of intimate partner homicide-suicide, motivated by ill health, need to be sensitive to deteriorating physical condition of older patient
- Trigger=Patient placed in nursing home, losing license to drive or being placed in permanent care (Nock & Merzuk, 1999)



### Prevention in Criminal Justice System

- manslaughter are in high risk category
- Court hearings themselves bring together adversarial parties
- Suicide-homicide frequency seen in the aftermath
  - In particular, high conflict family law matters

### Prevention by Firearm Legislation

- Intercultural comparison of homicide-suicides in Switzerland and U.S. reveals higher proportion of homicide-suicides which may be attributed to high level of private gun ownership
- (Kellerman 1993)- population-based case-control study→ ownership strongly and independently associated with HIGHER RISK of homicide; all risk entails homicide by family member or intimate acquaintance
- Australia and Great Britain- restrictive gun ownership laws reduced number of suicides by shooting (Salera et al. 2007)
- Source: (Liem et al. 2010)- Dissertation, Utrecht University, The Netherlands

### Often Overlooked Neurological and Psychological Disorders

#### Intermittent Explosive Disorder

- Aggressive behavior significantly disproportionate to perceptive event
- Associated with ↓ serotonin ↓ 5-HIAA in CSF
- May be associated with lesions in the frontal lobe and amygdala
- Poor glucose control= ↓ brain function

#### Traumatic Brain Injury (TBI)

- ↓ Control
- ↑ Irritability

#### Brief Reactive Psychosis

### STALKING BEHAVIOR AND LETHAL VIOLENCE

1. Erotomania and morbid infatuation
  - Behavior driven by acute paranoia and delusions; unresponsive to threats of legal action
2. Incompetent suitor
  - Generally stalks acquaintances
  - Poor social skills
3. Predatory stalker motivated to attack, usually sexually
4. Resentful stalker
  - Paranoid, irrational
  - Obsessive thinking
  - Revenge motive
5. Rejected stalker
  - Stalking after partner ends relationship