

Homicidal Women, Personality, Crime Dynamics and Modus Operandi

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Abstract

Violent offending is the result of the combination of personality, cognitive and emotional elements that shape interpersonal styles. Violent aggression is a form of interpersonal interaction in which personality clues amalgamate internal elements and blend them into behavior. Current study explores personality models of 30 incarcerated female murderers. Participants were assessed with MCM-III. Aim of the research is to determine what kind of relation exists between personality and murder in women who kill. Severe Personality Disorders were diagnosed in 24 cases.

Keywords: Female murderers; Personality; Offending; Crime dynamics; Forensic assessment

Female Violent Offenders

Women are relatively less likely to be associated With a violent behavior and culturally they still benefit of a stereotype of being characterized by nurturing, mothering and caring, indeed when women commit violent crimes society tends to associate this behavior to a mental health problem rather than to a predisposition or a will to commit a violence Violence is less likely to be associated with female figures rather is strongly associated to male figures. Truth is that “violence is a universal pattern of living organisms. All organisms fight to eat and against being eaten” [1], women are able to act aggressively as their male counterparts. In western countries women who kill are on average 10% of murderers. In Italy women represented in the prison system account for about the 5.4% and specifically 2% of homicidal prisoners acquitted and condemned [2].

Female violent offenders are an understudied population [3], previous researches focused on typologies of victims of women such as children or partners, domestic context within crime happened or the correlation with psychiatric disorders [4-6]. Researchers demonstrated that women also injure their victims to achieve control [7,8], in terms of motivation to commit the offense, women kill mostly in self-defense or the offense is related to an economical factor or to jealousy [9].

Personality

Personality could be described as set of characteristics that derive from psychic dynamics that express in behavioral features as a product of the constellations of normal or pathological elements. Personality is a set of distinct and distinctive thoughts, emotions, behaviors that define the personal style with which the individual interacts with the physical and social environment [10].

There is no universally accepted definition of personality; the term is used very broadly and in different theoretical constructs. Personality is not a phenomenon clearly defined, according to Kluckhohn & Murray “every person is like all other persons, like some other persons, and like no other person”, individuals are organically integrated systems within the psychological domain this intrinsic cohesion is not just a construct but a substantial unity that is personality [11]. Disorders of personality are described in negative terms, Individuals with personality disorders have traits that influence their perception of feelings toward the environment altering their behaviour. Differential patterns in personality have been explored extensively, present study applies the theoretical frame of personology developed by Millon [12]. Socio-biology explores the interface between human functioning and

evolutionary biology [13], challenge to combine notions of evolution processes and individual differences and personality traits has developed into personology.

According to Millon any definition of pathological personality must be clearly distinguished from the classical psychiatric disorders since personality disorders (PD) are not medical conditions and the use of the term disorder is not appropriate rather it is and extrinsic and lasting model covering the entire matrix of the person that works in a non-successful adaptive way in response to environmental stimuli. There have been many efforts to distinguish between normal behaviour and abnormal behaviour, a clear distinction is not possible out of the pathological description frame, personality is the result of a complex system and some areas can function normally while others don't. Environmental circumstances influence and change behaviour as well as coping strategies, individuals that show functional models are characterised by flexibility in transactions with the environment, they can adopt appropriate and effective responses. The individual and the environment are dynamic systems that develop together. Such assumption integrates the idea of constructivist personality theory that defines personality as dynamically structured asset that can change in response to cues provided by others [14].

Personality and Violent Offending

A review of 22,790 inmates showed that 42% fulfilled criteria for diagnosis of personality disorders [15]. Mental disorders are commonly diagnosed among prisoners a study conducted in Brazil showed that personality disorders are associated with violent crimes such as murder in 37.8% of prison population [16]. In UK is estimated that between 60-70% of the prison population meets the criteria for at least one personality disorder. This is the first study that focuses on personality disorders and crime dynamics in female murderers.

Mental Sanity and the Italian Criminal Code

The Italian Criminal Code specifies different types of murder

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categorized in relation to the degree of responsibility, around the central concept that murder is the intentional or voluntary killing of a person committed with malice, according to Art. 575 of the Penal Code: "whoever causes the death of a human being is punishable by no less than 21 years in prison". Intentionality is the key element where degree of responsibility relies.

Jurisprudence, to attribute responsibility, when elements of doubt regarding incriminated suspect' mental state arise, relies on forensic psychiatrists that enter the criminal case to assess the mental state of the individual who committed the crime. Particularly, judges need to establish mental condition referred to the specific moment the crime has been committed. Psychiatric disorders as schizophrenia or psychotic disorders are recognized to diminish the capacity of appreciation of right and wrong and considered to be able to impair the decisional process of the subject, only in these rare cases, offence is causally determined by the mental disorder, indeed "no one may be punished for an act foreseen by the law as a crime, if at the time when it was committed the subject was not imputable". Statistically, a small percentage of individuals suffering of mental disorders (MD) engage in criminal activities, between 5% and 16% of murderers are diagnosed with a major psychiatric disorder.

Personality Disorders (PD) are not automatically associated with a mental impairment, to evaluate their role in terms of mental sanity and mens-rea is necessary to prove that the influence of PD's has produced with consistency, intensity and seriousness, an effect on the ability to understand and to will of the subject consequently impeding an appreciation of the consequences of his/her conduct. Any definition of pathological personality must be clearly distinguished since personality disorders are not medical conditions, rather are extrinsic and lasting models covering the entire matrix of the person that functions in a non- functional adaptive way in response to environmental stimuli.

In relation to SVPD issue around responsibility is still an open debate since internationally, Penal Laws, do not unanimously consider PD as a condition that can diminish the offender responsibility. Current research explores the existence of personality disorders in their most severe outcome as to understand relation between structured formations of the personality and violent offending.

Severe Personality Disorders

According to theory of personality developed by Millon, Borderline Personality Disorder, Paranoid Personality Disorder, Schizotypal Personality Disorder are defined as Severe Personality Disorders (SVPD) (Table 1).

Paranoid personality disorder

The influence of the disorder on interpersonal relations styles is evident, subjects diagnosed with PPD assume that others exploit them, harm them or deceive them, even when there is no evidence to support these expectations, such expectations make them anticipate behaviors that will not happen out of their minds and press them to react in an avoidant manner, since they tend to think that others are plotting against them and may attack suddenly without any reason they can fantasize about eliminate the threat they perceive. The aggression could be triggered by the will to eliminate the fear of an expected event. Specific traits of PPD females in the study will be analyzed in the crime context by exploring the motivational sphere of the homicide.

Borderline personality disorder

BPD generates a significant level of emotional instability and is characterized by a distorted image of self, subjects experience feelings of worthlessness and the idea of being fundamentally defective. Pervasive emotional states are characterized by intense anger, rage, grief, shame,

Borderline Personality Disorder	Schizotypal Personality Disorder	Paranoid Personality Disorder
A pervasive pattern of instability of Interpersonal relationships, self-image and affects and marked impulsivity beginning by early adulthood and present in a variety of contexts, as Indicated by five (or more) of the following:	A pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships. The disorder is also characterized by cognitive or perceptual distortions and eccentricities of behaviour. These begin by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:	A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:
Frantic efforts to avoid real or Imagined abandonment;	Idea of reference (excluding delusions of reference);	Suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her;
A pattern of unstable and Intense interpersonal relationship characterized alternating between extremes of idealization and devaluation;	Odd beliefs or magical thinking that influences behaviour and is inconsistent with subcultural norms (e.g., superstitions, belief in clairvoyance, telepathy, or "sixth sense"; in children and adolescents, bizarre fantasies or preoccupations);	Is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates;
Identity disturbance: markedly and persistently Unstable self-image or sense of self;	Unusual perceptual experiences, including bodily illusions;	Is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her;
Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, sex abuse substance abuse, reckless driving, binge eating);	Odd thinking and speech (e.g., vague, circumstantial, metaphorical, over-elaborate, or stereotyped);	Reads hidden demeaning or threatening meanings into benign remarks or events;
Recurrent suicidal behaviour, gestures, or threats or self-mutilating behaviour;	Suspiciousness or paranoid ideation;	Persistently bears grudges (i.e., is unforgiving of insults, injuries, or slights);
Affective instability due to a marked reactivity of mood (e.g., Intense episodic dysphoria, irritably or anxiety usually lasting a few hours only rarely more than a few days	Inappropriate and constricted affect;	Perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack;
Chronic feeling of emptiness;	Behaviour or appearance that is odd, eccentric, or peculiar;	Have recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner.
Inappropriate, intense anger, or difficulty controlling anger,(e.g. frequent displays of temper, Constant anger, recurrent physical fights);	Lack of close friends or confidants other than first-degree relatives;	
Transient, stress related paranoid ideation or severe dissociative symptoms	Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgements about self.	

Table 1: DSM-V criteria for SVPD.

panic, terror and a chronic feeling of emptiness and loneliness. BPD distinctive behavioural pattern is impulsivity linked to a condition of intolerable pain and urgency. Another feature is mood instability; sudden changes occur moving from dysphoric states to depressive ones.

Impulsivity can be of two types: self-destructive - as suicide attempts, self-mutilation, suicide attempt - and a more general form of impulsivity that expresses with substance abuse, eating disorders, verbal outbursts, reckless driving violent aggressions.

Schizotypal personality disorder

The subjects diagnosed of SPD are socially and emotionally detached, in the most severe form they may show oddities in thought, perception and communication like those detectable in schizophrenia. Although Schizotypal personality can sometimes precede the onset of schizophrenia, most adults with this personality disorder do not develop schizophrenia rather maintain a functional asset. Some people with SPD show signs of magical thinking that is the belief that one's thoughts or actions can control events and / or others without acting directly on them. People with a SPD may also have paranoid ideas. The essential feature of Schizotypal Personality Disorder (SPD) is the presence of a pervasive pattern of social and interpersonal deficits, exacerbated by an acute discomfort and a reduced ability to create and keep stable relationships as well as distortions and eccentricities of behavior [17-19].

Individuals with Schizotypal Personality Disorder often misinterpret both internal events and external events as if they have unusual meaning. These should be distinguished from delusion, in fact misinterpretation is more likely linked to the meaning associated to stimuli. Individuals with this personality model are often suspicious and may have paranoid-like ideation and interpret others' behaviors as malignant.

Functional subjects diagnosed with SPD show problems in dealing with others.

Inter-personal Experiences and Personality Correlates

Stern [20] considers contents of the mind as products of interpersonal experience, development of mental representations, possible pathways in which past interpersonal experience is internalized into mental structures. The process of structuring mental representations was approached by Benjamin who tried to explain how interpersonal experiences are internalized and how important is their role in defining the self as well as in guiding and managing future relationships. He proposed a copy processes model formed of three phases:

Identification: mirroring back others, by treating others as they treat us, reflects the basic of social learning and is often associated with the phase in which children identify with their caregivers;

Recapitulation: Maintaining a substantial stable style of relating to others based on the acquired model;

Introjection: Treating the self-copying the ways the self has been treated by others.

According to this theoretical approach failure to achieve to determined developmental goals may consistently influence the development of rigid relational style within the personality structure. Negative traumatic experience play a central role in the failure process, these may be experiences of physical abuse, sexual abuse, early loss of attachment figure, childhood injury or illness, consistently

with numerous studies that confirm how traumatic childhood has characterizes the life of a high percentage of criminals.

Sample

Sample of current research N=30 incarcerated and convicted female murderers. The Italian penal system is composed of three degrees of judgement and all participants went through third degree condemnation. The age range was 21-52 years old. In Italy around 800 homicides are committed per year, crimes are solved by a rate of 60%. Most of these homicides are committed by men. Female prisoners' population corresponds to 4% of the general prisoner's population corresponding to 1% of murderers convicted and in detention. Women are responsible for the 2% of the killings of men on a year base rate.

Demographic Questions

Participants were asked to answer to a set of demographic questions that allowed the picking of relevant data regarding familiar background and level of education, it was also possible to appreciate previous criminal convictions of participants. All participants are female over the age of 18. All offenders are White Caucasian (N=30, 100%) and of European ethnicities. The range of education background varied from none to a high school diploma. None of participants had a college education (Figure 1).

Regarding childhood, offenders when children lived with: N=2 in adoptive families, N=2 with father or mother, N=4 with other relatives, N=3 in orphanage, N=19 with both parents (Figure 2).

Instrument

The MCMI-III is a clinically oriented tool used to assess personality models and personality pathologies, its theoretical framework originates from the evolutionary theory and describes personality as evolutionary constructs arising from the interaction between individual and environment, behavior derives from this specific interaction [19], MCMI inventory was used in over 600 researches.

Three dimensions of personality are measured to assess specific models of personality: assets/liabilities, guidance on self/on others, motivation, pleasure /pain to assess specific models of personality.

MCMM-III distinguishes between:

1. **Personality styles:** that comes predominantly from within the individual;
2. **Symptomatic disorders:** 1) Characterized by the interaction between individual characteristics and environmental situations/

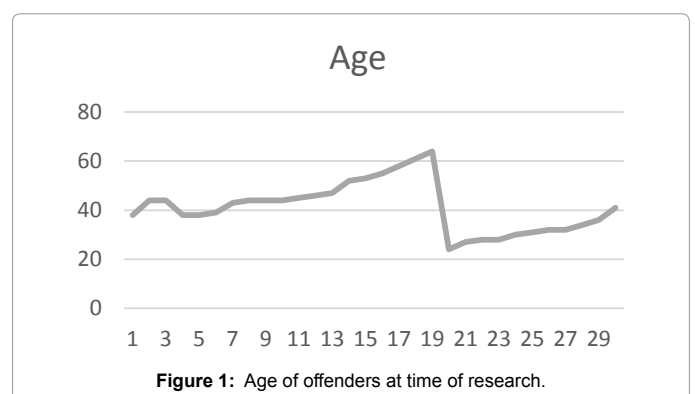


Figure 1: Age of offenders at time of research.

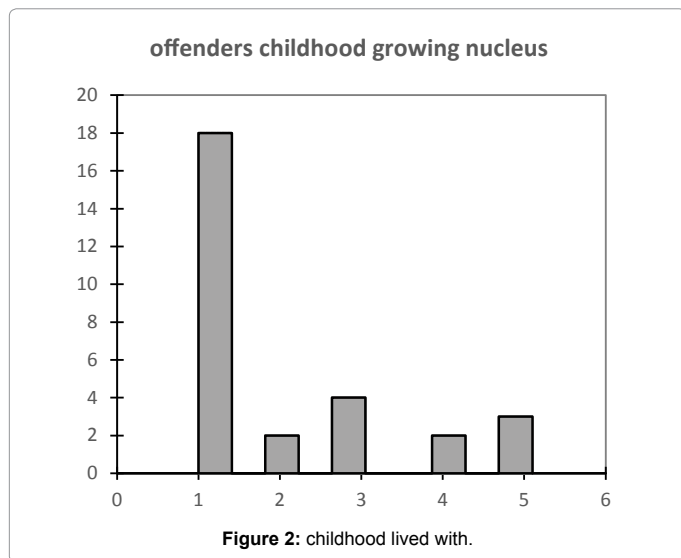


Figure 2: childhood lived with.

external events. 2) Characterized by adjustment reactions: pathologic responses to environmental events.

Structure of MCMI-III corresponds to DSM V parameters; clinical scales are grouped into categories of personality and psychopathologies specifications reflect distinctions made by DSM that distributes disorders in Axis I and Axis II.

The MCMI-III is a tool for self-assessment composed of 175 dichotomous response items: true / false.

The instrument provides 8 basic patterns of personality: Schizoid, Avoidant, Dependent, Histrionic, Narcissistic, Antisocial, Compulsive and Passive-Aggressive; it defines three structures of pathological personality: Paranoid, Borderline, and Schizotypal.

MCMI also generates nine clinical syndromes related to Axis I: Anxiety, Somatophorm disorder, Hypomania, Dysthymia, Alcohol Abuse, Drug Abuse, psychotic ideation, psychotic depression and psychotic delusions.

Ethics

Researcher personally assessed 30 female murderers. Access to group of offenders was authorized by the Penitentiary Administration and respected ethical guidelines of National Order of Psychologists Association. Participants were asked to consent on taking part in the research via a signature on the consent form. Participants were explained that they were free to withdraw from the interview at any time. Confidentiality was also explained before the collecting of data started. Participants were explained that all information release would be used in complete anonymity and for the sole and unique purpose of the study.

Results

Female offenders filled response sheets provided with the MCMI-III questionnaire and answered several biographical questions. Scores of 75-84 indicate a significant personality trait; scores 85 and higher indicate a personality disorder. The analysis and processing of the response resulted in a consistent frequency of diagnosis of SVPD: N=13 BDP, N=6 PPD, N=5 SPD, N=6 NO SVPD (20%) (Table 2 and Figure 3). For the N=6 participants who did not score above 85 the higher scoring

Type of Personality Disorder	Number of Diagnosis
Borderline Personality disorder (BPD)	13
Paranoid Personality Disorder (PPD)	6
Schizotypal Personality Disorder (SPD)	5
No Severe Personality Disorder (SVPD)	6

Table 2: Severe personality disorders diagnosis in N=30 female murderers.

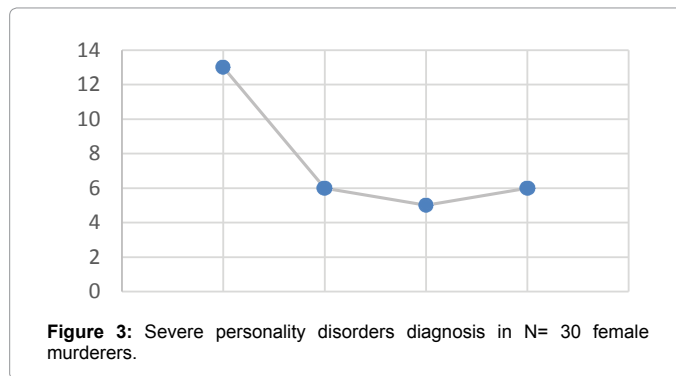


Figure 3: Severe personality disorders diagnosis in N= 30 female murderers.

resulted as follow N=2 Dependent, N=1 Avoidant, N=1 Negativistic, N=1 Antisocial, N=1 Narcissistic (Figure 4).

Personality disorders role in criminal behaviors

It was hypothesized that specific behavioral patterns of female murderers are consistent with the very violent nature of the criminal action it-self, research explored consistency and presence of personality models and interpersonal styles possibly to determine their role in violent behavior. N=24 female offenders were diagnosed with three major severe personality disorders [21].

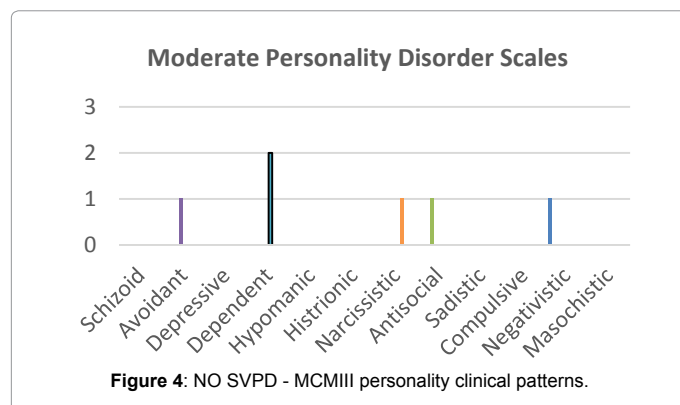
Particularly, Borderline Personality' Model is characterized by impulsivity, affective instability and anger reactions, violent offenders may be more likely diagnosed with BPD compared to other personality disorders. Logan and Blackburn found that women condemned for violent crimes, with higher degree of violence involved, were more likely to be diagnosed with BDP, in a sample of 95 women incarcerated, those diagnosed with BPD were four times more likely to have been associated with violent offenses [22]. BDP appears to be a parameter for predicting violence [23], present study confirms that BDP is more represented in women of the sample.

Crime dynamics and characteristics

Weapons: Interesting element to be analyzed relate to instruments or methods used to kill: N=8 firearms, N=8 knives/scissors, N=3 strangulation/ suffocation, N=9 mixed methods, N=1 unusual object, N=1 sleeping pills. No weapon has been chosen relevantly in comparison to others. Location - Homicides perpetrated by women generally occur at home [24], present research confirms previous findings, N=26 committed murder at home.

Body disposal: Regarding victims' body disposal after murder, N=28 left the body at the location where murder occurred, N=2 with the help of co-offenders tried to hide the body to avoid investigations from law enforcement officers.

Planning: Considerations are done on the planning of killings, according to results no direct correlation can be done between the presence of a SVPD and level of planning, indeed both affected and not affected offenders display patterns of planning. In three (3) cases offense occurred in presence of co-offenders. A crime may be the



result of a sudden impulse or rather be the result of a planning, the planning can be characterized by different levels of ideation, specific details may be previously conceptualized by the subject, in this second hypothesis is clear that preparation dimension cannot be associated with a mental state which inhibits control, crime planning is an element that reflects the degree of sophistication, which is non-consistent when subject suffers from serious mental disorders that inhibit a concrete and balanced evaluation of the circumstances. N=29 murders show a level of planning only N=1 case is a result of an impulse; this specific case relates to a BPD diagnosis [25,26].

Victims: Victims' relationship to the offender was obtained during the assessment. Victims of female offenders are more likely persons belonging to their interpersonal sphere. Emotions' role and internal processes linked to it play a central role in this group of criminals. Only in N=2 cases victim was a stranger, N=28 were intimate partners, victims were husbands, lovers, relatives. No young children were between the victims.

Discussion and Conclusion

High prevalence of diagnosis of Severe Personality Disorders is significant to the purpose of the study especially in relation to NON-SVDP. Murder has not a direct link with a Severe Personality Disorder except for the internal emotional dynamics involved. Murder is more closely linked to the way relationships are experienced than to the personality pathology that instead represents the layout and the frame in which they have evolved and structured over time. The percentage of women who have killed and who do not show signs of pervasive personality disorders demonstrate that personality disorder holds a secondary role and not a causative direct role in the will to kill. The inter-relational dimension is the intimate space where murder is built long before being materially committed. Present research confirms that female violent offenders offend more than men in the sphere of intimate relationships, elements linked to the way these offenders relate to their victims as well as the cognitive processes involved give insight to their motivational drive to kill. SVPD are characterized by pervasive patterns of imbalanced interpersonal functioning which express in a general inability in managing relations in a functional and stable way but the same emotional cognitive complexity is found in NON-SVPD offenders represented in the 20% of sample. Findings draw a line between pathological and functional. Murders are committed in N=29 cases show degree of planning and sophistication. Forensic implications can be drawn both on a psychiatric dimension and on a judicial dimension.

Murderous behavior arises from a continuous modelling and re-

modelling of interpersonal experiences that derive from experiences of satisfaction, safety and respect, projecting into patterns of personality. Transactions between persons and environment constitute specific patterns that unveil inner cognitive processes and working models offering an insight of personality and its expression in violent offending behavior.

Limitation of the Study

Limitation is represented by the small sample N=30, in this perspective is important to highlight that in Italy female offenders represent less than 5% of total criminal offenders and less than 2% of murderers. 30 respondents represent 25% of 120 homicidal women incarcerated in the national territory.

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