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Rivista di psichiatria 2022; 57: 273-281

Intimate Female Partner Homicide Suicide: demographic and psychopathology aspects of perpetrators and a potential not yet classified diagnostic entity

Analyses of data taken from newspapers in Italy from 2009 to 2019

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Summary. Introduction. The homicide of the female partner followed by suicide of the perpetrator (Intimate Female Partner Homicide Suicide - IFPHS) has been a growing phenomenon over last years, but its psychosocial and psychopathological aspects have not been analyzed in-depth yet. **Purpose.** The aim of this study was to investigate common psychopathological elements in different IFPHS and a specific risk profile for both the couple and the male partner, with the possibility to define a new serial mental condition not classified to date. **Methods.** A series of 50 cases of greater media coverage was reconstructed from the Italian newspapers in the period from 2009 to 2019 and information was collected through a predefined form. The characteristics of the perpetrators and the modalities through which the events occurred have been considered. **Results.** No definite mental disorder is present in the history of almost all cases. A more common psychological profile is found for the homicide/suicide male partner, mainly characterized by jealousy, possessiveness, mood reactivity, rage, and impulsiveness. **Conclusions.** It can be hypothesized that such a severe act may express a form of mental disorder not yet classified, with main features of an acute state of mixed depressive mood, emotional discontrol and aggressive impulsiveness, on a personality basis of jealousy and possessiveness, possibly reinforced by previous dependent traits of the female partner. But the methodological limitations of gathering information from the press make it necessary the study in depth, based on more direct and objective methodologies, of such a highly dramatic and heterogeneous phenomenon.

Key words. Daily news, femicide/suicide, Intimate Female Partner Homicide Suicide (IFPHS), mental disorders, new diagnostic category, risk factors.

L'omicidio della partner femminile seguito dal suicidio dell'autore: aspetti demografici e psicopatologici degli autori e potenziale entità diagnostica non ancora classificata.

Riassunto. Introduzione. L'omicidio della partner femminile seguito dal suicidio dell'autore (Intimate Female Partner Homicide Suicide - IFPHS) è, negli ultimi anni, un fenomeno in crescita, ma i suoi aspetti psicosociali e psicopatologici non sono stati ancora approfonditi. **Scopo.** Lo scopo di questo studio è stato quello di trovare elementi psicopatologici comuni nei diversi IFPHS e un profilo di rischio specifico sia per la coppia sia per il partner maschile, con la possibilità di definire una nuova condizione mentale seriale, a oggi non ancora classificata. **Metodi.** A partire dalle cronache dei giornali italiani, è stata ricostruita una serie di 50 casi, nel periodo dal 2009 al 2019, di particolare risonanza mediatica. Le informazioni sono state raccolte attraverso un form predefinito. Sono state considerate le caratteristiche degli autori, nonché le modalità attraverso le quali i fatti si sono verificati. **Risultati.** Nessun disturbo mentale definito è presente nella storia di quasi tutti i casi. Un profilo psicologico più comune si riscontra per il partner maschile dell'IFPHS, caratterizzato principalmente da gelosia, possessività, reattività dell'umore, rabbia e impulsività. **Conclusioni.** Si può ipotizzare che un atto di tale gravità possa esprimere una forma di disturbo mentale non ancora classificato, con caratteristiche principali di stato acuto di umore depresso misto, discontrollo emotivo e impulsività aggressiva, su una base di personalità di gelosia e possessività, eventualmente rafforzata da precedenti tratti dipendenti del partner femminile. Ma i limiti metodologici della raccolta di informazioni dalla stampa rendono necessario un approfondimento basato su metodologie più dirette e obiettive di un fenomeno così altamente drammatico ed eterogeneo.

Parole chiave. Cronaca quotidiana, disturbi mentali, fattori di rischio, femminicidio/suicidio, Intimate Female Partner Homicide Suicide (IFPHS), nuova categoria diagnostica.

Introduction

In recent years, we have witnessed a great deal of attention on the increase of femicide cases, i.e. homicide, more or less planned, of the female partner of a couple (Intimate Partner Homicide - IPH) by the male partner. The relevance of the phenom-

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enon may have been amplified by the increasing importance given by means of information, but it is undeniable that femicide (Intimate Female Partner Homicide - IFPH) represents a statistically increasing crime[1].

Numerous studies in different countries investigated the epidemiology of the Intimate Partner Homicide Suicide (IPHS) in Oklahoma, USA[2], in Israel[3] in Switzerland[4], in Jamaica[5], as well as the clinical aspects of the phenomenon in Norway[6] and the psychosocial ones in South Africa[7,8], even comparing them to other homicide/suicide cases in the household in Belgium[9].

The characteristics of perpetrators of IFPH have been investigated, concerning the homicide without resulting in suicide, in New Mexico[10], with older age and elevated use of alcohol, in the US[11], with higher couple conflict, in Norway[12] with previous criminal conduct, in Australia[13], without any specific differences.

Equally relevant seems to be the increase of homicide/suicide cases, in which the homicide of the female partner is followed by the male partner suicide (Intimate Female Partner Homicide Suicide -IFPHS). Overall, data are dispersive due to differences among the populations and the method of collection of information, including from media news[14]. Notwithstanding the above mentioned limitations, social and economic situation, often non-needy, previous elevated couple conflict, aspects of personality characterized by jealousy and depression and prior aggressive conduct[15] are the most commonly observed aspects in the IFPHS perpetrators. Firearms, guns in particular, are the most used tools used in both homicide and suicide.

In Italy, IFPHS typology was described[16] and in the field of familial homicide some types of femicide/suicide have been outlined, also with reference to children's involvement[17].

The relation between homicide/suicide in general and mental disorders has been the object of many studies, indicating a risk caused by the presence of disorders, especially depressive, but with no definite and sometimes negative conclusions with respect to a substantial positive correlation[15]. Revisions of the literature indicate, in the anamnesis of murder/suicide perpetrators, the prevalence of depression[18,19] and – in a minor measure – use of drugs and psychosis[19,20].

Three main IFPHS categories may be identified as follows:

1. murder committed by husband/partner on elderly and/or ill wife/partner, followed, impulsively or in a planned manner, by suicide. This case is mainly a compassionate or desperate act so that it is not possible to outline a personality of psychic pathology profile that may increase the risk;
2. non-planned murder, committed as the result of impulsive aggressive behaviour, often unpremeditated, followed by suicide, also committed impulsively and occurring in a context of great emotional involvement and discontrol. Also, in this case, it is impossible to hypothesize specific elements of psychopathology or previous alterations of personality, except for emotional and behavioural traits of impulsive discontrol;
3. planned homicide, committed in a programmed manner, often carried in an organized way and sometimes also extended to other members of the family – such as children – followed by suicide, also planned in a lucid way and carried out as previously decided.

The focus of our study is on the latter, where more important and specific considerations can be made regarding possible aspects of psychopathology of the perpetrator. At the present state of knowledge, there do not seem to be specific outlines of pre-existing personality or behavioural traits somehow indicative of a specific risk, nor it is possible to reconstruct constant psychologic dynamics which preceded the homicide.

This is also due to the main critical issue of the impossibility to carry out a direct investigation on the late couple, so to collect a homogeneous population for statistical analysis.

As a matter of fact, data provided by the media often represent the main source of information on single cases, even if not obviously collected with scientific methods and aims[21]. Nevertheless, this method was repeatedly used for an overall outline of the phenomenon[14,22].

In contrast with its extreme severity, the specific relevance of homicide/suicide is not often appropriately highlighted in the news by the media, which seem to consider the seriousness of the female partner homicide over the relevance of the suicidal event. Late collection of daily news information highlights in most cases a previous situation of "normality" of the perpetrator of the homicide/suicide, or at least the absence of specific behavioural risk indexes. The previous relationship issues of the couple are not always reconstructed as apparently so serious to indicate a real risk of homicide/suicide outcome. At present, though, an extremely serious behaviour such as IFPHS does not result in a univocal diagnostic framework, either in terms of categories or description of specific personality profiles.

The objective of the present study was the collection and the analysis of case law of episodes that occurred in Italy over 11 years, based on information provided by the press, to evaluate (from data reported in newspapers and therefore generally limited to behavioural description): a) the possibility to find common elements in different IFPHS cases, search-

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ing for possible pre-existing or current psychopathological, relational or behavioural anomalies of the perpetrators; b) possible concurrent factors of a specific risk profile for the male partner, exploring the possibility to define some general diagnostic criteria of a very severe mental condition, not classified to date.

Methods

The main methodological problem of the work was the lack of a clear and shareable definition of the sample collection. The sample was not recruited by strict clinical or behavioural criteria, neither a common source of information was used. Also aiming at considering as a not secondary factor the relevance attributed by the media to the cases, we simply collected data on the femicide/suicide cases which had greater news coverage, since a greater amount of information was available for them.

This method certainly led to an underestimation of the real number of events, both for the intentional exclusion of all the cases included of the above a) and b) categories and for the lack of registration of cases of the c) category with lower news coverage. As a demonstration of this, the paper by Roma et al. in 2012[22], carried out by similar but more precise methods of collection of data from the press from 1985 to 2008, reported a much higher number of cases, even if not all attributable to the type of femicide followed by the suicide of the male perpetrator.

Since the aim of the study was to search information that could be useful to obtain some behavioural, relational and clinical traits of the perpetrators, more available in cases that were more widely reported in the press, the sample was restricted, albeit in a not exactly predetermined way, to this type of cases.

Information on every single episode coming from different media sources has been collected through a predefined reading form related to each episode, including reachable information used to obtain a standardized series of elements describing the following:

- demographic characteristics of the perpetrator and of the victim of the homicide/suicide such as age, nationality, socio-economic status, job and place in which the event occurred;
- level of social adaptation of both perpetrator and victim of the couple as such;
- characteristics of the couple, such as type (marriage, engagement, cohabitation, etc.), length of the relationship, presence of children (from their or previous relationships), the present status of the couple (married, separated, ongoing separation, etc.), existence of other current relationships, length of relationship crisis (apparently absent, recent or old), length of separation, possible situation of rejected courtship;
- information on possible personality traits of the murderer – if retrievable – and possible psychiatric anamnesis (possible diagnoses, hospitalizations, treatments) or substance abuse both by the perpetrator and the victim;
- information regarding possible and specific previous behavioural anomalies, such as threats, aggressive conduct, previous homicide or suicide attempts and possible ongoing precautionary measures;
- circumstances of the homicide (impulsive or premeditated), circumstances of the approach of the victim, the identification of possible triggering factors, the presence of other victims, possible escape or mystification attempts, place of the homicide (home, street, etc.), weapon and circumstances of the homicide, possible action under the effect of drugs, the place of the suicide, time lapse between homicide and suicide, the weapon and the circumstances of the suicide;
- description of the emotional status apparently associated with the decision and the carrying out of the homicide/suicide.

Results

Demographic characteristics

The mean age of homicide/suicide perpetrators was 43,56 (DS 11,84). Of these, 43 were Italian and 7 of other nationalities (Romanian, Serbian, Moldovan, Indian, Tunisian, Moroccan, Brazilian).

The mean age of the victim was 38,20 (DS 11,84). Of these, 39 were Italian and 11 of other nationalities (Romanian:2, Polish, Serbian, Moldovan:2, Indian:2, Ivorian, Cuban, Venezuelan).

Forty couples were formed by members of the same nationality (among which a Moldovan couple, a Serbian couple and an Indian couple) and 10 couples were of different nationalities (6 of which with an Italian male partner and 2 with Italian female partners).

Social adjustment

The subjects are homogeneously distributed in the Northern, Central and Southern regions of Italy. Also, the work sphere seems to be a sufficiently and homogeneously distributed variable, with no specific prevalence. The datum that 18% of IFPHS perpetrators had a job as policemen or security guards is interesting, as this implies the detention of firearms such as guns, with which both the homicide and the suicide are committed. Only in 5 cases the perpetrator resulted unemployed, to confirm that socio-

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economic distress does not seem to play a central role in determining the event. Similarly to what observed in the couple, social adaptation seems normal in 68% of cases. Personal issues of adaptation are only referred to in 12% of cases (table 1).

Couple characteristics

The mean age of the couple partners (41.09 for the men, 36,11 for the women) indicates a net prevalence of young but mature couples, sufficiently homogeneous (80%) with respect to their ethnic composition.

Situations of a steady relationship over 5 years prevail for 46% in married, engaged or cohabiting couples in 94% of cases. Only in three cases do the event occur in non-official relationships.

The socio-economic status and the degree of social adaptation do not seem to be distributed in a particular way, with main prevalence of levels that may be defined as average.

It is especially frequent a substantial lack of information on the level of adaptation, that is deduced by late opinions given by friends and family, therefore subjected to their interpretation. There remain opinions on the good social integration and on the apparent "normality" of the couple, even if often characterized by marked privacy. In most reconstructions, the critical event is judged as totally surprising and unexpected, even with clear situations of couple crisis.

Surprisingly, information about first or second marriage, or cohabitation, previous relationships, etc., is totally insufficient. Only in six cases, there exists information on previous marriages or relationships. This must be very likely attributable to the printed sources, often impressionistic and with insufficient access to the anamnesis of the people involved.

The majority of couples (62%) has children of their own, spanning from 1 to 4. In 10% of cases there are children from previous relationships of one or both partners.

The couple status situation is distributed uniformly, with 32% of couples already separated, 26% separating and 42% of couples with the apparently steady relationship. In the case of separated partners, 28% of them got separated within the last two months, but in 64% of cases there is no previous information. In almost all cases, there is information about ongoing relationship crises, both old or more recent, or recently re-exacerbated. In one case only, IFPHS occurred for rejected courtship (table 2).

Table 1. Main demographic characteristics of IFPHS perpetrators.

Offender characteristics	*n*=50	Valid (%)	95% CI
Demographic characteristics			
Age: median (range)	43,56	(20-76)	
Italian	43	86%	76-96
Residence			
Northern Italy	21	42%	29-56
Central Italy	15	30%	18-43
Southern Italy	14	28%	16-41
Work status			
Unemployed	5	10%	2-19
Retired	4	8%	1-16
Employed	41	82%	72-93
Workers	11	22%	11-34
Manager/professional	6	12%	3-22
Police	5	10%	2-19
Security guard	4	8%	1-16
Office workers	4	8%	1-16
Medical doctor	1	2%	-1-6
Other	8	16%	6-27

Psychological characteristics of the IFPHS perpetrator

Traits of personality and emotional reactivity

About 50% of cases, with probable underestimation, refer to serious jealousy behaviours, described mainly as a personality trait, more or less aggravated by the couple crisis, but not openly based on it. There are also a few cases of the description of beliefs of jealousy with specifically delusional character. Possessiveness (14%) and hyper-control on the family life and on the partner in particular often emerge. Conducts, even violent, inspired by jealousy are recalled in several cases, even in periods that precede by far the critical event.

In an important number of cases (18%), aspects of affective intolerance to the loss of the partner are described, especially in situations in which the female partner seems to be the member of the couple that made the decision to separate, either due to a new partner or by mere decision to break up with a jealous and aggressive male partner. This inability of accepting the end of a relationship seems to cause the double or combined possibility of affective depressive reaction, with feelings of loss, pain and despair, or discontrolled aggressiveness. Clear separation-related depressive behaviour in male partners are recalled in 10% of cases.

Rage, associated to even violent aggressive impulsiveness, is another aspect of emotional reac-

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Table 2. Main couple characteristics.

Couple characteristics	*n*=50	Valid (%)	95% CI
Type of couple relationship			
Married	28	56%	43-70
Cohabiting	8	16%	6-27
Engagement	11	22%	11-34
Extramarital affair	3	6%	0-13
Lenght of the relationship			
<5 years	11	22%	11-34
>5 years	23	46%	33-60
No information	16	32%	20-45
Socio-economic status			
Excellent	2	4%	-1-10
Good	2	4%	-1-10
Fair	20	40%	27-54
Poor	10	20%	9-32
No information	16	32%	20-45
Social adjustment			
Excellent	6	12%	3-22
Good	1	2%	-1-6
Fair	17	34%	21-48
Poor	18	36%	23-50
No information	8	16%	6-27
Existence of children			
Of the couple	31	62%	49-76
From proceeding relationships	5	10%	2-19
No	14	28%	16-41
State of the couple			
Separation	18	36%	23-50
Ongoing separation	13	26%	14-39
Ongoing relationship	19	38%	25-52
Lenght of separation			
>2 months	14	28%	16-41
>1 year	4	8%	1-16
No information	32	64%	51-78
Couple problems			
Long-lasting crisis	30	60%	47-74
Recent crisis	36	72%	60-85
Rejected courtship	1	2%	-1-6
No information	3	6%	0-13

tivity present in many of these cases, either as a pre-existing personality trait or as a response to the situation of crisis. 10% of overt aggression behaviours are recalled.

This information is obviously collected by journalists at a later time and does not undergo adequate psychopathological in-depth analysis. It provides a general indication of a more common profile of emotional response, characterized by mixed stages of jealousy, possessiveness, depression, despair, rage and impulsive aggressiveness. In at least 20% of cases, these aspects are in contrast with the opinion of positivity and calm that is reminisced by friends in the couple's and partners' history.

Psychopathological and behavioural anamnesis

In only six cases, newspapers articles talk about pre-existing indefinite conditions of psychiatric interest. In the years preceding the fact, there is talk of two cases of "depression", one of "bipolarism", one of "hypochondria", and one of "anxiety". One case reports a previous Mandatory Medical Treatment for aspecific "suicidal intents". No further cases of psychiatric hospitalization are reported. Three cases only report seeking medical help in previous years. In one case only, the couple sought psychological help. These data are probably very much underestimated, not described in news articles due to possible reticence or for real lack of knowledge by the sources of information. In no case, disorders or mental or behavioural issues are recalled on the female partner.

As for the psychopathological condition at the time of the event, only in four cases a state of "depression" is reported, with two cases of "mood disorder" and "prostration". For three subjects, there is mention of the use of anti-depressants or anxiolytics. These data deeply contrast with the seriousness of the emotional and affective alteration connected to IFPHS, in many cases already testified by previous events or by emotional and behavioural reactions to the crisis of the couple.

In no case there is a description of substance use/abuse, including alcohol, by one of the partners of the couple. One case only reports a previous "Drug use".

In a relevant number of cases, there is talk about previous behavioural alteration by the IFPHS perpetrator towards his partners, such as stalking in 10% of cases, threats in 18% and battery in 16%. In one case, there had been a previous homicide attempt. Two people had been sentenced for previous offences, whereas only two were under restrictive measures and were forbidden to approach their partner.

Jealousy (20%), rage (36%) and despair for the break-up (24%) are referred to as the mental states that trigger the final event. These numbers are very likely much underestimated in the press reports (table 3).

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Table 3. Main psychopathological characteristics of IFPHS perpetrator.

Offender characteristics	*n*=50	Valid (%)	95% CI
Social adjustment			
Excellent	5	14%	4-25
Good	1	2%	-2-7
Fair	31	62%	48-77
Poor	6	12%	3-22
No information	7	14%	4-25
Emerging personality traits			
Jealousy	25	50%	21-48
Loss intolerance	9	18%	8-29
Possessiveness	7	14%	5-24
Depression	5	10%	2-19
Aggressiviness	5	10%	2-19
Previously committed violence			
Stalking	5	10%	-2-23
Threats	9	18%	3-34
Domestic violence	8	16%	2-31
Violence towards others	1	2%	-3-8
Homicide attempts	1	2%	-3-8
Last triggering factor reported			
Jealousy	6	12%	2-23
Partner's decision to interrupt the relationship	6	12%	2-23
Quarrel	26	52%	37-68
Emotional state at offence			
Jealousy	10	20%	8-33
Anger	18	36%	22-51
Intolerance to separation	12	24%	11-38

Characteristics of the event of homicide/suicide

In at least 70% of cases, there is clear evidence of premeditation of the homicide and of the following suicide. In 30%, this is less explicit, but it can be assumed by the circumstances in which the fact occurred. In 7 cases, other people are involved in the homicide (children of the couple, children of the female partner, others), also in a premeditated manner. Even the place (house, street or car) and the circumstances (date, ambush on the street, ambush at home, even during sleep) with which the homicide is committed confirm in most cases the programmed aspect of the event.

In most cases, a gun is the weapon used by the perpetrator to kill both the partner (56%) and himself (62%). A knife is used respectively in 18% and in 8% of cases. Strangulation/suffocation of the partner represents 20% of cases, whereas hanging represents the same percentage (20%) as a suicide method.

Suicide immediately follows the homicide in 70% of cases, with a few hours' delay (sometimes it occurs after an escape, diversion, or phone contacts) in 30% of cases. In two cases, the dynamics of the homicide/suicide have occurred simultaneously, through a voluntary car accident and defenestration (table 4).

Discussion

Notwithstanding wide and inevitable heterogeneity of the cases and the limitations of completeness and precision of journalistic sources, it is possible to make some general considerations on a phenomenon with such serious and dramatic aftermath but still underestimated in its psychopathological dimension.

A peculiar profile of a couple at risk may not be highlighted. Socio-economic distress does not seem to have a relevant role, apart the potential impoverishment of the couple separation generally involves.

Previous or ongoing separation seems to be a prevalent element in the history of the couple[23], with a concentration of critical events in case of recent separation. The high number of steady couples, though, must be considered, as here IFPHS represents an element that interrupts the aspect of apparent normality. The insufficient possibilities for a detailed study by newspaper articles play a central role in the lack or the inaccuracy of information. Data on psychological traits of the female partners were not collected, as a not primary object of the study. But what emerges from the chronicles allows some considerations based on the possible link between female traits and the data collected on the male partners and on their relationship as well, even if of course the data on the victims are absolutely insufficient to construct any clear relational model. The most common finding seems to be an asymmetric relationship between a male partner, characterized in almost all cases by emotional rigidity, jealousy, possessiveness and control tendency, also associated to affective vulnerability and intolerance towards the lesion of his image following the abandonment experience, and a female partner who, at least initially, accepts or undergoes such characteristics. While in the case of the male partner there can be descriptive aspects of personality traits/disorders of cluster A, paranoid, or cluster B, essentially borderline and narcissistic, in the case of the female partner, dependent personality traits seem to be the most common. But such observation is often contradicted by the fact that the couple crisis seems triggered just by the woman's decision to break up the relation-

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Table 4. Main offence characteristics.

Offence characteristics	*n*=50	Valid (%)	95% CI
Premeditation			
Premeditated	35	70%	58-83
Not explicitly premeditated	15	30%	18-43
Presence of other victims			
Children	3	6%	0-13
Children of victim	1	2%	-1-6
Others	3	6%	0-13
Attempted misdirection	6	12%	3-22
Location of the offense			
Shared home	30	60%	47-74
Victim's home	4	8%	1-16
Vehicle	12	24%	13-36
On the street	4	8%	1-16
Encounter mode			
Agreed encontuer/appointment	11	22%	11-34
Aggression outside the house	10	20%	9-32
Lurking outside the house	6	12%	3-22
No information	23	46%	33-60
Method of homicide			
Firearms	28	56%	43-70
Ordinance	9	18%	8-29
Illegally detained	10	20%	9-32
Sharp tool	4	8%	1-16
Suffocation	4	8%	1-16
Strangulation	6	12%	3-22
Stick	1	2%	-1-6
Defenestration	1	2%	-1-6
Vehicle	1	2%	-1-6
Method of suicide			
Firearms	31	62%	49-76
Sharp tool	4	8%	1-16
Self-poisoning	2	4%	-1-10
Hanging	10	20%	9-32
Fire	1	2%	-1-6
Vehicle	1	2%	-1-6
Defenestration	1	2%	-1-6
Time of suicide occurrence			
Simultaneously	2	4%	-1-10
Immediately after	35	70%	58-83
A few hours later	17	34%	21-48
Messages			
Mail	16	32%	20-45
Facebook post	4	8%	1-16

ship, thus distancing from the dependency/control by the man. Statistically, the presence of previous aggressive, violent or threatening behaviours by the male partner surely represents an indication of the risk of IPH[23], even if not specific respect to more serious aggressive conduct. In the absence of specific psychosocial factors of risk, it is just in this relational structure of the couple that elements of risk emerge, even if not so much linked to the structure of the relationship, but to the breaking of the stability pact connected to the female partner's decision to gain a more autonomous position. It must be underlined that such dynamics should not be considered exclusive of steady couples, but they are potentially even in new couples or couples to be.

Chronicle annotations trying to reconstruct the psychological characteristics of IFPHS perpetrators seem particularly interesting. It is naturally important to underline that these data are collected by journalists, based on late testimonies given by relatives and friends, so with no appropriacy of psychopathological terms or adequate in-depth behavioural analysis. Some prevalent emotional profiles can be reconstructed. It is nevertheless necessary to wonder whether a mere description given in terms of personality disorder or, in fewer cases, of conditions very close to delusional structure, may suffice to describe frames which are associated by a very serious level of individual and relational suffering and which lead to such a dramatic behavioural outcome. It could be interesting to carry out an in-depth analysis on the factors that actually influence the course of such unsuited frames of the personality of IFPHS perpetrators to intense emotional and affective states, in which coexistence of feelings of despair for the loss, intolerance for the narcissistic wound inflicted, anguish for the loss of control over the relationship, rage and aggressiveness become so mixed and serious that they lead to not just an aggressive and impulsive gesture, however violent, but to a destructive programme for both members of the couple. What characterizes such frames, in fact, is not the mere furious and violent conduct of the perpetrator, be it impulsive or programmed, but the lucid plan of self-destruction after destructing his partner, cause of his suffering. No official psychiatric diagnosis includes, to date, this category of serious psychopathology in a precise manner. This is not Major Depression, even if feelings of loss, pain and despair are almost always present, nor Disruptive Mood Dysregulation Disorder, not coinciding for both manifestation and course, nor is this a Psychotic Disorder, even if based on the monothematic delusion of jealousy, nor a mere Personality Disorder that, even if almost always present at least with relevant traits, it is not per se enough to trigger behaviours as described above. Data on previous or present psychopathological alterations by IFPHS perpetrators or their possible

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admission to therapy are clearly underestimated by the source of information. It is interesting to observe that these are actually situations in which, notwithstanding the intensely personal and environmental suffering and the seriousness of the related conduct, no psychiatric or psychological help is sought. This is to be probably attributed to the male partner's refusal, but also to a lack of recognition of the pathology of the situation, which may be not perceived as distinct from the relationship issues. Also, the datum of no drug abuse is probably much underestimated due to lack of information or to reticence or to lack of interest in the issue by journalists themselves. It is possible that even previously committed violence are underestimated with respect to reality. These behaviours clearly express the feeling of rage experienced by the subject and strongly indicate his propensity to turn this emotion into action, thus assuming a central role as risk indicators for more serious aggressive events. The last factor triggering homicide is almost always represented by an argument connected to jealousy or to the incapability to accept the end of the relationship by the male partner. Even when the homicide is planned, there is often the reconstruction of a previous moment of critical confrontation between the two partners. The existence of a violent reaction and the coexistence of more emotional factors seem to represent an element that largely combines most cases. Furthermore, the frequent absence of witnesses or survivors inevitably leaves room for uncertainty on the circumstances of the event, which can often be presumed only in relation to the reconstruction of the familiar context and of the crime scene.

In almost all cases, the homicide is very violent (firearm, stabbing, strangulation, suffocation), which hypothetically expresses the emotional state of rage which triggers the assault.

In contrast with what above stated, planning and cold blood appear as the psychic elements that associate the majority of cases. Even if emotional and affective responsiveness definitely plays a central role in motivating the violence, putting this into act seems part of a plan in which feelings of rage and aggressiveness are channelled in a lucid and controlled behavioural dictate, both for what concerns the violence towards the partner and that inflicted to himself. Such aspects of lucidity are confirmed in those cases in which, before the assault, the perpetrator leaves messages, either in written letters or on social media, in which he describes his feelings of rage and hate towards the partner and his aggressive intentions, etc. In particular, in those cases in which the incapability to accept abandonment represents the primary factor triggering the action, the message often seems to assume the meaning of an attempt at recovering, in other people's views, the integrity of his image after the wound suffered for being abandoned.

Limitations of the study

The available data have not been organized in a methodical file aimed at the analysis of the phenomenon. Information is found on newspapers, therefore influenced by all possible factors of inaccuracy or incompleteness associated with this source, such as the journalistic style, mainly limited to the homicide/suicide event, providing scarce information on the preceding life situations. The study of the psychological factors is mainly superficial, even due to objective difficulties of reconstruction of elements which may have contributed over time to the critical situation. The attention to the possible psychopathological condition of the protagonists is almost always absent, with no or little information leading to meaningful interpretation. The description of the emotional profile of the perpetrator or of the previous dynamics of the couple does not go beyond a generic indication of emotional conditions of jealousy, rage and desperation. The very low number of subjects with clinical anamnesis or consumption of drug therapies is in accordance with this lack of information. A second limiting factor is the method of collection, made by filling-in a predefined form of newspaper reading, with the aim of reducing the inevitable heterogeneity and dispersiveness of the information. This method can have contributed to a standardized vision of the elements of the chronicle, with loss of the peculiarity of the single cases. No consideration was given to the content of messages written in letters or on social media previously left by the homicide/suicide perpetrators. Their inevitable variability did not seem compatible with the description of a group of subjects associated with the homicide/suicide action, thus referring to a further study for the elaboration of more strictly psychological elements.

Conclusions

As in almost the majority of cases, rage and emotional overwhelming are the central points of the motivation of planning the homicidal/suicidal conduct and a future diagnostic entity may be outlined which acknowledges in an excess of rage its psychopathological nucleus, whose coexistence with mental structures of possessiveness, control and jealousy could support the development of heteroaggressive/homicidal conducts, and loss and pain that of self-aggressive/suicidal conduct. A more precise description of a potential new diagnostic category, based on the association of the above clinical aspects, seems no longer postponable, considering the increasing occurrence of such a dramatic event as the female homicide followed by suicide, as well as its extreme psychopathological implication.

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Moreover, it will be of primary relevance to outline potential psychopathological differences among perpetrators of homicide/suicide and of simple homicide (femicide) as well as of people who committed suicide. Some indications on this emerge from a previous report[24], but more informative data are necessary. Even if the data taken from newspapers articles provide substantially scarce information, they allow organizing single situations which would otherwise be dispersed in their analysis, thus allowing to underline interpretative hypotheses of an extremely severe psychopathological behaviour, not yet studied in-depth in its nature and dynamics. The simple evaluation of the rate of homicide/suicide in relation to the trend of suicides and homicides in recent years would not shed specific light on a phenomenon with clear aspects of singularity, neither hypothesis based on theories of interpersonal violence, even if adequate[25], can provide conclusive explanation for such a heterogeneous behaviour, that has been described as extremely complex, with a clear unmet need of specific public health strategies and of a greater alert of psychiatrists to fixed delusions and homicidal thoughts[14,26].

Notwithstanding the important methodological limitations listed above, it is possible to make some socio-demographic, psychological and clinical considerations, contributing to the scientific knowledge of such a dramatic phenomenon. But the method of data collection by press clearly limits every possible theoretical conclusion and refers to more in-depth studies based on more direct and objective assessment strategies.

Conflict of interests: the authors have no conflict of interests to declare.

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