

## Domestic estrangement and familicide: nothing is as it seems

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### Abstract

**Purpose** – *Mental health evaluation in criminal cases is a complex and challenging task. The purpose of this paper is to highlight the value of semi-structured interviews for diagnosis, the use of literature review to increase understanding of a case, and the importance of looking “beyond” the criminal offence itself.*

**Design/methodology/approach** – *The author conducted a forensic mental health assessment of a man who killed his wife and two young daughters. The case is presented in the order in which information reached the psychologist, so her clinical reasoning becomes apparent. Findings from the police file are integrated with psychological test results and a literature review on familicide and uxoricide.*

**Findings** – *The case analysis illustrates the perpetrator fits a personality profile found in empirical research on male spousal killers, who often suffer from dependent, avoidant and over-controlled personality pathology. Four mental health experts who previously reported on this case had not agreed on a diagnosis. Using a more structured approach to assessment, the current analysis sheds new light on the relationship between mental disorder and offence.*

**Practical implications** – *The use of semi-structured interviews for psychiatric diagnosis increases diagnostic reliability. Since there is so much at stake for the assessed in a criminal investigation, the importance of reliability and accuracy of diagnosis cannot be overestimated. Forensic mental health experts serve the court best by integrating findings from structured assessment instruments, file information and empirical research on comparable offender types.*

**Originality/value** – *This paper can be useful for teaching purposes and provides guidance to both novice and experienced forensic experts.*

**Keywords** *Mental health, Forensic practice, Psychology, Murder, Forensic assessment, Uxoricide, Familicide, Personality disorder*

**Paper type** *Case study*

There are cases in forensic psychological practice that stay in your mind long after you have submitted your mental health report and the court has given its final verdict. The case I present in here is one of them. It alerted me to a number of very important issues in forensic psychological assessment. First and foremost is the need to keep a neutral, objective stance, and to not be led astray by the nature of the crime. Seemingly “normal”, law-abiding individuals do commit heinous crimes. This point is particularly relevant if there have already appeared numerous media reports which have painted a particular portrait of the suspect’s psyche. Prejudice and cognitive bias are always at bay (Miller, 2004). Second, this case was evaluated by many different mental health experts, who could not agree on a diagnosis. This could be avoided by employing semi-structured interviews for DSM Axis I and II diagnoses, as suggested by different scholars in the field (Heilbrun *et al.*, 2008; Slobogin, 2007). And finally, the case illustrates that integration of empirical evidence with the findings from forensic psychological assessment of the individual increases our understanding of the perpetrator and his offence. This ultimately resulted in helping the offender gain insight into his offending behavior and the acceptance of his verdict.

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## Media reports on “The Zoetermeer Case”

The Dutch national evening news on Monday April 11, 2005 reported a wife and her two daughters were missing from their middle class home in the suburb of Zoetermeer, not far from The Hague. The wife was a kindergarten teacher who purportedly had called in sick that Monday. The daughters (five and three years old) had not appeared at their elementary school on Monday morning. Their father Richard H. a 33-year-old computer programmer, reports the three as missing at the local police station that Monday evening. He tells the police he has no idea why his wife would run away because “I can assure you our relationship is good” (p. 15, police file, interrogation notes of April 16, 2005).

The police investigation starts with the checking of Richard’s claims that he had spent the morning of Saturday April 9 with his family at the Tropicana swimming pool in Rotterdam. However, Richard nor his wife and children are seen on video footage entering the swimming pool. In the subsequent weeks, reports on the “disappearance” trickled down in the media, and what started as a tale of a sorrowful husband who claimed his family was kidnapped, ended in a story that included marital estrangement, an extra-marital affair with a Polish girlfriend and the brutal killing of the wife and daughters at the hands of their husband and father. Richard is charged with murder/manslaughter on Thursday April 21. He confesses having killed his wife and children in the night from Wednesday April 6 to Thursday April 7. Upon directions from Richard, police dig up the three corpses on Friday April 22 in a forest in the Southern province of North-Brabant, about 75 miles from the family home. The girls’ favorite stuffed animal was buried beside them. How could a loving father, as colleagues and friends had known Richard, suddenly have turned into a seemingly cold-blooded murderer? Had they missed something during all those years of their acquaintance with him?

Richard was put on trial before the regional criminal court of the city of The Hague. Two mental health experts, a psychologist (V.) and a psychiatrist (M.), were appointed by the court to conduct an assessment of criminal responsibility and future violence risk, including an advice on the possible need for psychiatric treatment to diminish the latter risk, if present. The media’s reports on the contents of these assessment reports were rather sketchy, but what they did make clear was that the two experts did not agree on Richard’s diagnosis. The psychiatrist saw nothing mentally wrong with Richard and considered him criminally responsible. However, the psychologist classified Richard with a personality disorder not otherwise specified, with borderline and dependent features, and considered him as having diminished criminal responsibility. This left the court with two opposing expert opinions, which led to a decision to admit Richard to the Psychiatric Observation Clinic (POC) of the Department of Justice.

The POC is a special remand prison, where suspects can be held for a period of seven weeks with the goal of performing a thorough mental health evaluation, including personality, neuropsychological, neurological (EEG, MRI) assessments. Suspects are housed in small living groups where they are observed by group workers. They attend sports and work activities inside the POC. A social worker from the POC conducts a social network investigation, including interviews with family members, friends, colleagues, former co-workers, etc. The social worker also collects relevant collateral information, including school records, records from possible previous mental health contacts, medical records. Police and criminal records are already available as part of the current criminal file. The outcome of the POC evaluation was somewhat equivocal. According to the evaluating team, Richard was suffering from a defective development of the personality. However, this could not be classified as a personality disorder, as the symptoms were not severe enough according to the team.

All experts, the first two and the ones from the POC, were heard at the criminal court in The Hague. Prosecution officer Beliën demanded a life sentence for Richard, because according to him, Richard had acted out of pure self-interest, and had killed his wife and children in a planned, premeditated manner in order to be able to receive his Polish girlfriend at his home. The defense pleaded to a time-limited prison sentence with or without a mandated treatment order on the basis of psychologist V.’s opinion who stated Richard was suffering from serious personality pathology, including lack of ego strength and problem

solving skills, and identity diffusion, which could be related to the offence. On March 31, 2006, Richard was sentenced to life imprisonment on three counts of murder and hiding corpses. It is important to note that a life sentence is very unusual in The Netherlands in case of a first offender like Richard. Life sentences are mainly given to repeat violent offenders, for whom previous prison sentences or judicial treatment orders have not helped to deter them from new violent offences.

### **A call from Richard's defense attorney**

Richard and his defense attorney went into appeal against the life sentence verdict. In the Summer of 2006, I received a telephone call from Richard's defense counsel. She described to me that neither Richard nor she recognized Richard's psychological problems as expressed in the different available mental health reports. Both felt Richard was represented as a cunning, manipulative person, who planned the killings in advance. This was not her impression. She wanted an independent psychological evaluation, and asked if I was willing to conduct this at the request of the Court of Appeals in The Hague. It is common in The Netherlands that expert witnesses are court-appointed. This is in line with the inquisitorial justice system (de Ruiter and Hildebrand, 2003). A defense counsel can submit a request for an independent evaluation to the court, explaining why he/she considers this necessary in relation to the case at hand. Subsequently, the court makes an argued decision to honor the request or to refuse it. In case the court refuses the request, the defense attorney can still enlist their own expert, but then the suspect would need to have the financial means to pay the expert's fee. Also, because The Netherlands has an inquisitorial system, some courts tend to be somewhat biased against "defense experts", assuming they are the proverbial "hired guns". This bias, of course, does not concur with the fact that experts are held to their professional ethics code (in the USA: American Psychological Association (APA), 1991, 2011; in The Netherlands: NIP, 2007).

In Richard's case, the Appeals Court refused the request of the defense for a new mental health evaluation. Thus, I was appointed by the defense counsel and received her list of questions by letter at the end of August 2006:

1. To what extent are the DSM-IV criteria for a personality disorder absolute?
2. Is it possible for a personality disorder to "slumber" during adolescence, but for one reason or another does not reveal itself clearly in contacts with other people?
3. Mr Richard H. stated during the trial and also during police interrogation that the idea to kill his wife came to him as an obsessional idea, which kept returning and became stronger over time. Is there literature about such obsessional thoughts (even in the absence of personality disorder, but possibly in case of high levels of stress)?

The defense attorney sent me a copy of all collateral information she had at her disposition. This included:

- Police file (pp. 1-837), amongst others containing verbatim reports of the interrogations of the suspect.
- Consultation report by psychiatrist A., May 3, 2005.
- Expert report Pro Justitia, by psychiatrist M., September 6, 2005.
- Expert report Pro Justitia, by psychologist V., September 6, 2006.
- Social network report by probation officer, September 6, 2006.
- Report POC, February 10, 2006.
- Answers of psychiatrist M., psychologist V. and POC experts to questions from the court, February 27, 2006.
- Notes from the Prosecution in the case against Mr R.H., March 3, 2006.
- Notes from defense attorneys, March 3, 2006.
- Process notes from the court sessions of the Regional Criminal Court of The Hague, on September 26, 27 and 30, 2006.

## Approach to the case: what I learned from the file information

First, I studied the police files and the previous mental health reports to gain a first impression of Richard's and others' statements about his life and his offence to the police, and to also obtain information on the type of test instruments previous experts had used. With this information in mind, I conducted a first interview with Richard, who was detained at the remand prison in The Hague. I met a somewhat skinny man, who looked young for his years. He was wearing jeans and a sweatshirt and his hair was short. Quite remarkable was his modest and insecure way of making contact. He offered a sweaty hand and was particularly grateful for this opportunity for a new evaluation. He came across as submissive and dependent. He stated he was experiencing a lot of guilt and shame over the offence and would like to understand why his life took this turn.

The file documentation I read, results in a mixed picture of Richard's behaviors before and after the alleged offence. During the first interviews with police, when he is not a suspect yet, he claims nothing is wrong in his life. But rather quickly, the police discover this rosy picture is not true: Richard has serious debts, because he spends more money than he earns; he has had a number of extra-marital affairs over the course of his relationship with his wife, the last one with a Polish woman, J. (initial used). He has visited her several times in Poland since the start of their affair in 2003, under the pretext of work obligations.

Richard states to the police that he came home from a side job around 11:45 pm on April 6. His wife was already in bed. He remembers lying in bed ruminating, and the thought to kill his wife as a solution to all his problems keeps entering his head. He starts hitting her with a heavy object (he claims it was a metal baseball bat, but the object was never found). When his wife stops making noises, he suffocates her. He says he burst out into tears after the killing. Subsequently, he goes to the girls' bedrooms, and suffocates them, claiming they "should be reunited with their mother in heaven". He puts the corpses into garbage bags and uses tape to keep their extremities together. With the three bodies in the trunk of his car, he drives to a forest near Alphen-Chaam, where he used to go camping with his parents when he was a child. He digs a grave and buries the dead bodies, including his daughter's favorite stuffed animal. After the drive home to Zoetermeer, he takes a shower, walks the dog and notifies his daughters' school that they are sick. He goes to work and his colleagues do not notice anything unusual about him.

After returning from work, he tries to clean the blood traces from the parental bedroom. He cuts a blood stain out of the mattress. The next morning, April 8, he picks up J. from the train station, and they spend the weekend together, making love in the same bed the homicide took place. J. departs to Poland in the evening of April 10. The next day, Richard reports his wife and children as missing.

During the police interrogations, Richard appears distraught and overwhelmed. He keeps posing questions to himself: "I still cannot believe that I was able to do this . . . taking three lives" (p. 621).

### *Previous mental health reports*

The mental health experts' reports in the file are mixed and contrary. According to the first psychologist who examined him, V., Richard was suffering from a personality disorder with borderline and dependent features. V. describes Richard as an overcontrolled, inhibited, avoidant, dependent, egocentric, anxious, hypersensitive but also submissive, docile and servile man who lacks contact with his inner feelings (p. 24, report). Just like his mother, Richard suffers from immense separation anxiety; he called or texted his wife several times a day, and was also afraid to lose J. or his children. Richard seems to need the love affairs with women to feel like being "somebody".

The first psychiatrist M. concludes that Richard does not have a mental disorder: "he is a man tending towards dependency, who is hungry for attention" (p. 22, report). M. states explicitly that "the profiles of perpetrators of uxoricide and familicide described in the literature show little agreement with the personality and behaviors of the examinee" (p. 23). According to the psychiatrist, Richard was fully criminally responsible at the time he killed his family.

The next experts (psychiatrist and psychologist) of the POC do not find evidence of a mental disorder, although they do report the presence of a number of remarkable personality traits, such as dependency, conflict avoidance, egocentrism, deficient problem solving skills and a negative self-image (pp. 49-50, report). Nevertheless, they advise the court to consider Richard legally responsible for the alleged offences.

### **A new forensic psychological assessment**

After the first brief interview, I conducted a full forensic psychological assessment, using the standard set of instruments I use in most pretrial cases. These include: *The Psychopathy Checklist – Revised* (PCL-R; Hare, 1991, 2003), MMPI-2 (Butcher *et al.*, 1989), Rorschach Inkblot Method (RIM) using the Comprehensive System (Exner, 2003) and a semi-structured interview for Axis II disorders (SIDP-IV; Pfohl *et al.*, 1994). Intelligence testing was not performed because this seemed superfluous because the two previous psychologists had already done this and Richard was of average intelligence. However, none of the previous experts had used a semi-structured interview for psychiatric classification on Axis II. This seemed an omission, because reliability, and thus validity, of psychiatric classification is seriously compromised when experts use unstructured clinical interviews to arrive at a psychiatric diagnosis (Heilbrun *et al.*, 2008). Since there is so much at stake for a suspect who is being evaluated as part of a criminal procedure, reliability of diagnosis is even more important than in the case of a clinical referral (Slobogin, 2007). I also decided to conduct a literature review on male perpetrators of uxoricide (i.e. the killing of a wife by her husband) and familicide, in order to examine whether such perpetrators are characterized by a specific personality profile. This would allow comparison of the findings from the present forensic mental health evaluation with what is known more generally about the personality and/or psychological characteristics of perpetrators of similar offences.

### **Literature review: perpetrators of uxoricide and familicide**

This literature review was performed with the purpose of learning what is known about the personality characteristics and psychopathology of men who committed uxoricide/familicide, to examine if this literature could shed light on Richard's case. Uxoricide is the term used for the killing of one's female spouse and familicide is a homicide in which the perpetrator kills a spouse and one or more children. Although Richard's offence is technically a familicide, it seems the killing of his wife is the main offence in the sense that he was highly emotionally motivated to kill her. Killing the children seemed to be a more secondary, subsequent act that Richard sees as an act of altruism, because he wanted to reunite the children with their mother. Notwithstanding, he may have felt pressured into killing the girls too, because his Polish girlfriend would soon arrive. For all these reasons, we will consider the research literature on both uxoricide and familicide.

A search was performed using the search engines PsychInfo, PubMed and Web of Science, with the following search terms: uxoricide, familicide, spousal homicide and personality, psychopathology.

#### ***Summary of the familicide literature***

When a familicide occurs, it is most likely that the perpetrator is male (Liem and Koenraadt, 2008; Wilson *et al.*, 1995). With regard to the motives underlying familicides, previous studies have shown that perpetrators are motivated by a sense of loss of control over their spouse as well as over family life (Ewing, 1997; Wilson *et al.*, 1995). The wife's (threat of) actual abandonment or psychological estrangement constitutes a threat to the male partner, and the lethal violence is an attempt to regain control. From this perspective, familicides resemble intimate partner homicides, as the primary object of aggression constitutes the spouse rather than the children.

Other studies (Ewing, 1997; Fox and Levin, 2005; Polk, 1994) found financial losses to be an important factor in familicide. Faced with overwhelming threat to their role as provider for their family, these men become desperate, homicidal and suicidal (Marzuk *et al.*, 1992).

Liem and Koenraadt (2008) conducted the most recent study on familicide perpetrators ( $n = 23$ ), comparing them to uxoricide perpetrators ( $n = 380$ ), assessed in the Department of Justice Psychiatric Observation Clinic in The Netherlands. They found that familicidal perpetrators were significantly more likely to suffer from a personality disorder (65 per cent), particularly dependent and narcissistic, in comparison to uxoricide perpetrators (33 per cent). The motives for familicides largely corresponded to the motives reported for uxoricides (most prevalent were fear of abandonment and narcissistic rage), although among familicides, killing out of a psychotic motive appeared more prevalent. However, the accuracy of determining a perpetrator's motive merely from file information, as was performed in this file-based study (Liem and Koenraadt, 2008), cannot be determined. Previous research has indeed shown that motives derived from file material do not correspond one-on-one to perpetrators' self-reported motives (Thijssen and de Ruiter, 2011). It should also be noted that the familicide sample was rather small compared to the uxoricide sample; thus, just a few cases may have determined prevalence rates.

### *Summary of the uxoricide literature*

Empirical research on the psychological profiles of perpetrators of uxoricide is more extensive compared to studies on familicide offenders. Dutton and Kerry (1999) found cluster C personality disorders were overrepresented in a sample of male incarcerated spousal killers ( $n = 90$ ) in Canada. Passive-aggressive personality disorder, avoidant personality disorder, self-defeating personality disorder, and dependent personality disorder were common. Individuals with these personality disorders are generally assumed to suppress rage and termed "over-controlled" personality types. A remarkable feature of the modus operandi of the partner killers was the degree of "overkill": these men had used much more violence than what was "necessary" to kill their victim. Overkill points to rage.

An earlier study by Showalter *et al.* (1980) found similar results; their work highlights that the personality disorders in men who killed their spouses were most likely to be dependent and passive-aggressive. They concluded that "especially significant was the fact that most of these men (spousal killers) lacked recorded histories of assaultive or other socially disturbing behaviour" (Showalter *et al.*, 1980, p. 125). Belfrage and Rying (2004) also found personality disorders common in a study of 164 male spousal homicide perpetrators from Sweden. They found 38 per cent of their sample fulfilled diagnostic criteria for a personality disorder, with depressive and borderline features most prevalent. These authors note a strikingly low prevalence rate of psychopathic personality disorder (7 per cent) in their spousal killers.

Dobash and Dobash (2011) examined 104 case files of British men who had murdered (i.e. all convictions were for murder, not manslaughter) their intimate partner by means of qualitative analysis of their cognitions in relation to the offence. Their findings indicate that the majority of the men who murdered an intimate partner had problems in intimate relationships and a history of serious, repeated violent abuse of the woman they killed. The relationships were characterized by conflict, abuse, and controlling behavior as well as jealousy and possessiveness in which men used violence to enforce rigid standards based on their beliefs about relationships between intimate partners. They denied agency and responsibility, often by placing blame elsewhere. The offender profile reported in this recent study does not seem to fit Richard's case, as he was not controlling and abusing, but rather submissive and avoidant in his relationship with his wife.

Dutton and Kerry (1999) report how an overcontrolled personality type can come to the killing of his wife. They describe how emotional overcontrol may culminate in a so-called catathymic crisis, characterized by a seemingly unsolvable psychic state of tension. The person projects responsibility for this tension state onto an external situation, in this case the spouse. Their perception is that killing is the only way out of this state. After ruminating and obsessing over it and an extended period of internal conflict, the act is carried out. When the act is completed, the perpetrator feels emotional relief and calmness.

Catathymia was first identified as a motivation for homicide by Wertham (1937; as reported in Meloy, 1992, 2010). In a forensic context, the term refers to a motivational pattern for homicide wherein a fixed idea, often rather obsessional, grows in intensity over the course

of time (from hours to days, weeks, months or even years) until the person feels compelled to kill to alleviate such psychic tension. In chronic catathymia, there are three identifiable stages: an incubation period during which the idea, initially unwelcome, becomes fixed in the mind of the person; a sudden, homicidal act, usually in the absence of any history of violence; and a post offence period of relief during which memory is fully preserved for the event (Meloy, 2010).

### **An independent forensic assessment**

Richard was assessed on three separate occasions in a visitor's room at the prison in October and November 2007. The evaluation started with the administration of the semi-structured biographical interview which belongs to the PCL-R. This interview is very well suited for pretrial assessments because in addition to more general biographical information on domains such as education, work, family history, relationships and mental health and substance use issues, it focuses on a number of domains highly relevant to forensic assessment, such as (early) history of antisocial behavior and an in-depth interview about the index-offence (including what led up to it, what the subject was feeling and thinking during the offence, and the psychological aftermath of the offence). This extensive discussion of the index-offence is obviously necessary to estimate the nature and degree of the possible relationship between behaviors expressed during the index-offence and symptoms/traits of mental disorder (if present), as needs to be performed for a judgment on degree of criminal responsibility (Rogers and Shuman, 2000). After this interview, the MMPI-2 and RIM were administered, and the last session was spent going through the questions of the SIDP-IV. In order to be able to code the SIDP-IV, a separate, two-hour interview with Richard's parents was conducted at the author's office. This allowed for concurrent validation of statements made by Richard about his personality traits, with the observations made by his parents. Research (de Ruiter and Greeven, 2000) has shown that sole reliance on self-report of personality in forensic assessments may lead to an underestimation of certain cluster B personality traits (e.g. narcissistic, antisocial, sadistic). Use of collateral sources (including interviews with significant others of the subject, information from other records) is of paramount importance in forensic psychological assessment, because cluster B personality disorders have high prevalence rates among subjects in forensic settings (Hildebrand and de Ruiter, 2004).

### *Clinical impressions*

Richard seems motivated to do his best during the evaluation. He tried to formulate his answers to the questions carefully and completely. In contrast to previous experts V. and M., I did not observe a manipulative or defensive attitude. On the contrary, Richard seems quite forthcoming and does not seem to want to hide or embellish the facts. When we discussed the actual killings, Richard shows a lot of grief and shame. At these times, he was trembling and crying, and it took time for him to recover. There was no callousness or flattened affect during the interviews, but his mood seemed subdued and down.

### *Biography*

*Family of origin.* Richard is born the second of two children. His sister was born 2.5 years earlier. Richard's mother lost her only sister while she was pregnant with Richard. This sister was her favorite sibling, but she says she still enjoyed Richard's baby years, despite the loss. She was an active mother who took her children on outings and she also helped out at school a lot.

When I asked his parents what type of child Richard was, his mother answered: "A very sweet boy, but extremely closed off". As a child, he would often play alone in his room, first with Lego, later with electronics stuff. Richard was also extremely shy according to both parents. For example, when they were camping in Italy one Summer, an Italian boy approached Richard, but he became so scared he escaped to the rest rooms and remained there for a long time, until his mother found him. Their daughter is more like her mother, much more extraverted and she wears her heart on her sleeve.

When Richard was 13 years of age, his parents divorced. There were a lot of conflicts before the separation. His mother was panicky about being alone in the house. On the day her

husband left, her new partner immediately moved in. During nights their mother was at home alone, the children had to sleep in the bed with her. From the stories Richard told about this period, it seems like his mother was suffering from a panic disorder.

Richard had friends during his childhood, but he did not belong to the real popular guys. He described himself as very shy. In a group, he kept in the background, afraid to say the wrong thing. At parties, people often said to him: "Oh, you are here also?!", because he was so quiet. Presentations before class were "a complete disaster"; he always obtained a bad grade for these. He says he would nearly explode from nervousness, stammering and not daring to look into the classroom.

*Intimate relationships.* Before Richard met his wife, he had a number of short lasting relationships. Sometimes, these relationships overlapped, for instance during vacations. He thought these "conquests" were quite cool, because they did not fit his insecure, shy self-image. When he met his wife, he became more serious. When asked what attracted him to her, he said: "Her appearance, her eyes, her long hair and her spontaneity; she was everything I am not". In the beginning of their relationship, Richard tried to please his wife as much as possible. He gave up a group of friends that he had been going on vacations with. Richard reported that his wife believed these friends had a bad influence on him, and she did not feel comfortable around them. Richard now says that he chose for her, but that he also missed his friends. His wife seems to have gotten the upper hand in their relationship, also because Richard was not standing up for himself. Richard's parents also noticed this.

The birth of the girls seems to have resulted in estrangement of the couple. His wife focused her attention on the children and Richard did not feel like he had a place anymore. Being a kindergarten teacher, Richard's wife seemed to be much more confident taking care of the girls; in her presence Richard felt an inadequate parent. However, when he was alone with the girls he enjoyed fatherhood; he taught them how to ride a bicycle and went on small outings with them. Richard's parents stated that his wife seemed overly strict with the girls, who were quite clinging to her. The grandparents would let the girls jump on the bed and things like that which were forbidden by their mother.

Since the birth of the children, the family had considerable financial problems. His wife started to work fewer hours, and expenses increased (for the children, but also on health insurance and a new car). The couple accumulated financial debts which were "covered" with new debts. Asked why they did not start to spend less money as a family, Richard said he tends to make impulsive buys, "to fill the void and to forget my problems". When he saw audio- or computer equipment he liked on the internet, he would go to the store and buy it. According to Richard this happened when he "wasn't feeling well". After a new purchase, he would feel a little better for a while. In hindsight, he thinks this was irresponsible behavior. He also binged on sweets and other junk food, to soothe feelings of emptiness and distress.

Their already strained relationship arrives at a new low after New Year's Eve 2001-2002, when Richard's wife kissed intimately with a male friend. This incident seems to have functioned as the last drop that made the bucket overflow. At least, this is how Richard views it, in hindsight. They kept getting into fights over the kissing incident, but never resolved it. During the course of 2002, Richard got into a relationship with an intern at his work. He says needs for attention and affection, which he did not get from his wife, were the driving forces behind the affair. Also, the kick of secret appointments gave him a pleasant feeling of thrill. One of his colleagues was a notorious infidel, and Richard was actually quite surprised when he found out how easy it was to have a secret affair. He fell in love with the intern, but she decided to stay with her boyfriend in the end.

Somewhat later, Richard got into a relationship with another colleague V. (initial used), and again a bit later, he starts a (simultaneous) relationship with a Polish woman named J. His feelings for V. were only superficial, but Richard says he "was really crazy about J". Thus, for almost two years of his marriage with his wife, Richard has an affair with both V. and J. Asked how he kept all these relationships secret, Richard answers he did this "through a web of lies and deceit". His contacts with his wife were minimal: they did not have sex for at least a year, they did not go out together anymore, and personal conversations were virtually absent.

Richard's parents also noticed something was wrong. For instance, grandma had organized a Christmas party for the grandchildren in 2004, which his wife cancelled at the last moment.

In answer to my question, if Richard ever discussed the option of divorce with his wife, he said: "I was too scared to do that. I started once, but it was off limits for her. And I also did not dare to reveal all my problems to my parents or my sister. I was very afraid of losing face". Richard seems to have avoided conflict in his relationship with his wife to an extreme extent: "She was in power, I did everything to keep things at peace". This resulted in Richard running the household (cooking, cleaning) and in his spare free time, he would go out with friends or people from work; his wife never came along. His colleagues and other friends used to make comments about his marital situation, but Richard always defended his wife, even though he knew deep down that the analysis his friends made was accurate.

*School and work.* Richard had to repeat a grade twice during his school career. He says this was because he was easily distracted in elementary school. Also, he preferred to spend time at home playing with his Lego, instead of doing his homework. At the lower vocational school (in Dutch: LTS; Electronics) he failed his exam the first time. He failed subjects such as Math, English and Physics, because he preferred to "work with his hands". The second time, he did manage to obtain his diploma. He skipped classes sometimes, but not very often.

He went into military service after high school, where his technical background was useful. However, after four months, he got increasingly bored, and called in sick for a couple of weeks. Later, he was sentenced to extra chores and a fine of 2,500 guilders for unlawful absence from military service. During this unlawful absence, Richard stayed in his parents' home while they were vacationing. His parents did not know about this until many years later.

Over the course of the years, Richard worked for several electronics companies (soft- and hardware). His last job, before his arrest, was at a community college in The Hague. Richard considers himself a hard working employee but he claims his bosses and colleagues called him a workaholic. During the last few years, he took on a lot of extra work, next to his regular job, partly as a way to earn some extra money.

*Medical history.* Richard did not have any major physical problems during his life. Also, he had never sought psychological help.

### *Test findings*

*MMPI-2.* Richard's profile is valid. He responded in a consistent manner Variable Response Inconsistency but his True Response Inconsistency raw score of 12 (T-score of 73) could indicate a yea-saying response style, however, the other scale scores do not suggest over-reporting. The F scale score of 64 reflects a level of distress and disturbance common in psychiatric populations. His score on the L scale is low, reflecting candor about revealing minor faults and failings, which could translate into a frank and open response to other content areas. The K score is low (T = 42), this suggests limited resources for coping with the stresses and demands of daily life. Thus, his MMPI-2 profile can be interpreted.

Richard's profile is a 62 profile with clinical elevations on scales 7 (Psychasthenia), 5 (Masculinity/Femininity) and 0 (Social introversion) also. Individuals with this MMPI-2 profile have difficulties expressing anger and collect psychological grievances. The person retreats in bitter silence to cope with his anger. Individuals with this profile type are extremely rational, having great difficulty letting go emotionally for fear of criticism or rejection. Depressive symptoms in the form of rumination, feelings of inadequacy and fatigue are often present. Coping skills to handle problems effectively are lacking.

The other elevated scales (7, 5 and 0) point at a lack of self-confidence and assertiveness, combined with a dependent stance in interpersonal relationships. The person has difficulty saying "No" to requests and overburdens himself with responsibilities. He is shy and insecure and places himself in a submissive position towards others.

*RIM according to the Comprehensive System.* Richard provides 37 responses to the RIM. He has elevations on two of the instrument's clinical indices: the Depression-Index and the Hypervigilance-Index. Interestingly, this finding concurs with the result on the MMPI-2,

where the Depression and the Paranoia scales were the highest in the profile. When different test methods (in this case, self-report and a performance-based test) provide corroborating evidence, diagnostic conclusions can be drawn with a higher degree of certainty compared to cases where different test methods do not converge as well (Meyer *et al.*, 2001).

The elevated Depression-Index indicates that Richard is vulnerable for the development of symptoms of depression. Because he is so extremely overcontrolled, his emotional distress will not be immediately apparent to people in his environment. The elevation on the Hypervigilance-Index points to an increased interpersonal sensitivity and marked reservations in contacts with others. His fear of criticism and rejection dominate his social encounters in general, but they also compromise his capacity for intimacy in a relationship with a partner in specific.

Richard's coping skills are underdeveloped. He tends towards simple solutions in response to complex problems. He avoids thinking about a problem which results in errors in judgment. He also suppresses his feelings by rationalization and intellectualization. These automatic defensive operations take energy and limit his capacity to act adequately. Like the MMPI-2, the Rorschach provides evidence for a tendency to build up resentments.

Inferiority feelings and a lack of self-confidence are compensated by (secondary) narcissistic features. This can be seen in Richard's history in his extramarital affairs and the impulsive buying of too many and expensive commodities. These compensatory acts seem to fill his empty, inadequate self, at least for the time being. Of note, on the positive side of his personality is Richard's openness to self-reflection. This is a prognostic factor for motivation to change.

*Psychopathy Checklist-Revised.* The coding of the PCL-R results in a total score below 10. Thus, Richard does not have psychopathic traits.

*SIDP-IV interview.* The outcome of the SIDP-IV interview is based on the interview with Richard, the collateral file information and the interview with Richard's parents. Richard fulfills diagnostic criteria for both Dependent and Avoidant Personality Disorder.

*Dependent Personality Disorder.*

- *Criterion 1:* finds it hard to take everyday decisions without an excessive amount of advice and reassurance by others. Richard reports leaving many decisions to his wife, for instance, booking a vacation, getting a mortgage on the house, selecting a school for the children. He prefers it when others take decisions for him.
- *Criterion 3:* finds it difficult to express a different opinion out of anxiety to lose support or approval. Richard says that he often pretends to agree with something, because he is too afraid to give his opinion. He is afraid of being "talked back to". At his work, he was too afraid of failing, so he did not talk about certain issues.
- *Criterion 4:* finds it hard to start something by himself (more a consequence of a lack of confidence in own abilities than a lack of motivation). For example, Richard does not dare to go into a realtor's office by himself: "People are watching me then". He is afraid of doing something wrong. This is why he does not do these kinds of things alone.
- *Criterion 5:* will go out of his way to receive care and support from others, can even offer to voluntarily do unpleasant things. Richard always says "yes" to a request for assistance, even if he does not have the time for it. This tendency too, was a source of conflict between him and his wife.
- *Criterion 6:* feels uncomfortable or helpless when he is alone, because of the excessive fear of not being able to take care of himself. Richard finds being alone hard to tolerate. When his wife left him emotionally, he immediately sought refuge with other women. In detention now, he has a pen friend, a woman who is detained at another facility. He is afraid she will ultimately drop him: "It is the fear that the emptiness, which she fills at this moment, will return".
- *Criterion 7:* looks tenaciously for another relationship to be taken care of and as a source of support when an intimate relationship ends. Richard tells he is completely devastated when a relationship ends. To feel good again, he starts a new relationship. Being single is unbearable. See also above under Criterion 6.

### *Avoidant Personality Disorder:*

- *Criterion 1:* avoids professional activities that involve important interpersonal contact because of his fear of being criticized, disapproved of, or rejected. Richard prefers to work alone. He cannot handle criticism. He says he was offered to become department manager, but he did not dare apply for the job, because it would have involved chairing meetings, which he was too afraid of.
- *Criterion 2:* is unwilling to get involved with people unless it is certain that they will like him/her. Richard acknowledges that he always feels inhibited to reveal what he thinks/feels in contact with others (also in relationships which are not new). He is shy and quiet in social situations and envies people who are not shy.
- *Criterion 3:* is reserved in intimate relationships out of fear to be humiliated or laughed at. Richard hardly dares to express his feelings, out of shame. He experiences this with family and friends to the same degree as with strangers. In his relationship with his wife, he put his feelings aside and avoided conflicts by submissive behavior.
- *Criterion 4:* is preoccupied with the thought of being criticized and rejected in social situations. Richard finds accepting criticism very difficult, he “shuts off”. He keeps thinking about the criticism, but does not use it, does not talk about it.
- *Criterion 5:* is inhibited in new interpersonal situations because of the feeling of coming up short. Richard is afraid to take up contact with other people, because of fear of rejection.

Psychiatric classification according to DSM-IV-TR:

- Axis I: no diagnosis (V71.09).
- Axis II: Avoidant Personality Disorder (301.82) and Dependent Personality Disorder (301.6).
- As III: no diagnosis.
- As IV: problems in the primary support group; he killed his wife and children. Problems related to the social environment; he is in prison with a life sentence. Problems with justice/police; he is incarcerated, awaiting appeal in his trial.
- As V: Global Assessment of Functioning = 51-60.

### **The offence**

The account the assessed provides of what happened before, during and after the offence, needs to be compared with all the available collateral information provided in the criminal file. In the present case, the statements Richard made in the interview with me, could also be compared to the experiences his parents reported to me. In the following, I will first summarize the account Richard gave of the events, along with observations his parents made in the days after the supposed “disappearance” of his wife and the children. Subsequently, I will discuss relevant information from the police file in order to gain a complete picture of what happened. Important incongruences will be noted.

Richard acknowledges he started to lose grip on his complicated life in January of 2005. He says this was when he had decided to continue with J. He had visited her several times during weekends in Poland in the previous year under the pretext of work projects. He had also had J. come over for a couple of days to The Netherlands once, when they stayed in a cottage in a state park. Richard visited J. in Poland that month of January and had resolved to finally admit to her he was married. But he was afraid of losing her. She had previously told him she had been terribly disappointed when a man she had been dating in the past told her later that he was married. She had told Richard she never wanted to be in such a situation again. Richard decided to tell her a “cover-up story” claiming his wife and children had been missing for years. J. seemed to believe the story, but kept insisting she wanted to come and visit his home. Richard felt he could no longer refuse and they set a date: on April 8 she would arrive by bus from Poland. The day J. would arrive kept coming closer and closer, and the tension inside Richard was building. He does not talk to his wife, nor to his parents, friends or colleagues about any of this.

Richard reports the thought to kill his wife suddenly arises in his mind when he is lying next to her in bed on the night of April 6. He is ruminating about the predicament he got himself into. The arrival of J. is impending. The thought of killing his wife overtakes him more and more. At first, he says, it scared him. But the thought became stronger and stronger; he could not think of anything else: "You have to do it, if your wife is gone, you are free!"

He starts hitting his sleeping wife with a baseball bat, which he claims they kept in the bedroom; all the while the above-mentioned thought keeps running through his head. He is experiencing anger and fear; he reports having heart palpitations and sweating excessively. Richard says he could not stop beating, he thinks he beat her five or six times: "It felt like an immense relief", he reports. While Richard is remembering all this, he is crying. He says he is angry with himself and feels ashamed to talk about this. According to him, the thought of killing his daughters arose only after he had killed his wife. He reports he "realized children belong with their mother, even if it is in heaven". Richard walks to the girls sleeping in their bedroom and kills them through suffocation. He says he did not feel any anger while doing this.

That same night, he puts the three corpses in his car, and drives to a spot he remembers from his childhood. He says it felt like he was acting like a maniac, displacing all the dirt as in frenzy. He arrives back home early the next morning. In the afternoon, neighbors witness him vacuuming and cleaning his car, but this was not unusual behavior for him. The next morning, he picks up J. at the bus station.

Subsequently, we discuss the period after the offence. Why did he not report himself to the police, but instead made up so many lies and pretended not to know anything, in front of his family and his in-laws? Richard says he was too afraid of the consequences, and felt very ashamed of what he had done. He postponed confronting the real issue, just like he had done in the many years before the offence. Ultimately, police investigators started to doubt the cover-up story Richard told them and they target Richard as a suspect. They find his wife's blood on the bedroom wall and soon after that Richard confesses.

At the time of my assessment of Richard, over a year and a half had passed since the crime. He still does not understand what got into him on that fatal night. He was never an aggressive man. He realizes now he avoided his problems, but he cannot relate this horrendous crime to himself. He has been looking for answers in books in the prison library, but has not found them yet.

When asked what he thinks he should change in himself, he says he wants to become less shy and anxious. He wants to learn to solve problems instead of avoiding them. He thinks he also has to learn to experience and express feelings, so he can manage them better. Richard's parents noted that Richard was very emotional during the ten days after (what later appeared to be) the offence, in contrast to his usual, walled-off personality. His father slept in his home during this time and his mother often visited during the day. His parents have not abandoned their son. Since he is detained, they visit him every three weeks. His mother has noted her son is showing his emotions more now. He cries in her presence sometimes. Richard believes his contact with his parents has improved and has become more personal since he is detained.

## Integration and conclusions

### *Relationship between mental disorder and offence*

The present forensic psychological assessment employed a semi-structured interview for DSM-IV personality disorders, the SIDP-IV, in contrast to the four previous evaluations which used only unstructured clinical interviews. The SIDP-IV was coded on the basis of all available data, including an interview with his parents, and confirmed Richard is suffering from a personality disorder. He fulfills diagnostic criteria for both Dependent and Avoidant Personality Disorder. Moreover, test findings from two independent instruments, the MMPI-2 and the RIM, are in line with the psychiatric classification derived from the SIDP-IV.

Is Richard's mental disorder relevant in understanding his offence? I think it is. Richard is a shy, socially anxious man who avoids conflicts to an extreme extent, because he is afraid of humiliation, criticism and rejection. This avoidant interpersonal style is fueled by his inferior

self-image, and expressed itself in all of his social contacts: at work, with friends and family, and to an even greater extent in his relationship with his wife. In order to keep arguments with her at bay, he gave up his male friendships, took care of most of the household chores, and swallowed his anger over all of this. Upon the arrival of his daughters, his feelings of inadequacy intensified, because his wife wanted to take care of them herself. Further estrangement set in, and the so-called kissing-incident on New Year's Eve 2001-2002 is followed by the start of Richard's extra-marital affairs. These affairs seem to fulfill a compensatory function: they provide the warmth and attention he misses at home. His negative self-image finds temporary boosts in impulsive purchases of luxury items and the thrill of dates with his extramarital affairs.

The affair with the Polish woman J. seems to have developed a kind of obsessive character over time, as the increasing frequency of their contact over the internet and via text messages shows. Richard's inability to discuss his feelings about this relationship with his wife and his possible wish for a divorce seems to be rooted in his personality pathology. His fear of criticism and his inability to share negative emotions such as anxiety, shame and particularly anger with others, take such extreme forms that it starts to limit his critical judgment. He does not deal with his problems; he lets them get out of hand. Extramarital affairs and spending sprees function as temporary escapes.

Ultimately, Richard ends up ruminating in the spousal bed about the now quite imminent arrival of J., on the evening of April 6, 2005; worries he had been able to keep at bay thus far. The thought to kill his wife arose in his mind as an obsessional idea: "You have to do it, then you are free". The thought became stronger and stronger; Richard could not get it out of his mind. The weapon, the baseball bat, was readily available. His wife was killed in a sudden outburst of devastating rage; the police records testify to the "overkill". The subsequent sense of relief is what struck Richard the most. The motive for the killing of his daughters seems to lie in their reunion with their mother in death. Perhaps his own dependent personality is a factor here; Richard could not imagine his daughters being without their mother. Just as Richard could not imagine being without a female partner.

The above sequence of events demonstrates a marked resemblance to cases of violent catathymia described in the scientific literature. The sense of calm Richard experienced after the offence, is corroborated by reports from individuals who encountered Richard during the subsequent days. After he had been with J. over the weekend, he seemingly continued his collected composure by spreading lies to hide what actually occurred. Richard says in this period, shame over what he had done overruled his preparedness to confess his crime. But he also says he always knew he would get caught in the end. His careless removal of traces of the crime in the home supports this.

Richard's personality pathology can be logically associated with his behaviors before, during and after the offence, as shown in the previous paragraphs. Furthermore, this association is confirmed by empirical findings from the existing research literature on male spousal killers, who suffer from similar dependent, avoidant and over-controlled personality pathology. On the basis of these two sources of evidence (i.e., findings of the present forensic mental health evaluation and the research literature), there seems to be a logical relationship between disorder and offence in Richard's case.

In the Dutch Criminal Code, any mental disorder (including a personality disorder) can be reason for diminished criminal responsibility. In the case of Richard, the Court of Appeals was advised there was a strong relationship between disorder and offence. This of course, was contrary to what three of the previous mental health experts had advised.

### *Conclusion and answers to the Attorney's questions*

- To what extent are the DSM-IV criteria for a personality disorder absolute?

The DSM-IV criteria are part of a consensus-based classification system, that is, psychiatrists and psychologists have agreed on a set of diagnostic criteria and on the number of criteria that must be met in order to diagnose an individual with a specific disorder. In principle, these criteria are absolute in the sense that a person does or does not meet a specific criterion. In practice, assessors may differ in terms of the threshold they use to consider a criterion met.

These inter-assessor discrepancies can be limited by using semi-structured interviews for the assessment of personality disorders, such as the SIDP-IV, as was done in the present evaluation.

- Is it possible for a personality disorder to “slumber” during adolescence, but for one reason or another does not reveal itself clearly in contacts with other people?

Personality disorders, by definition, do not reveal themselves until late adolescence, early adulthood. Before then, personality is still developing and less “crystallized”. Thus, it may very well be that a youngster who is deemed shy (as Richard was) but still functioning adaptively, may reveal maladaptive behaviors only until early/middle adulthood.

- Mr Richard H. stated during the trial and also during police interrogation that the idea to kill his wife came to him as an obsessional idea, which kept returning and became stronger over time. Is there literature about such obsessional thoughts (even in the absence of personality disorder, but possibly in case of high levels of stress)?

The sudden occurrence of obsessional violent ideation has been previously reported in the literature, as part of catathymic homicide, as already noted above. Often, the sudden outburst of violence follows years of suppressed rage and resentment. Meloy (2001) reported on the spousal homicide case of Mr A., with remarkable similarities to the Richard H. case, also in terms of the MMPI-2 findings. He concluded that “the paradox in this case is that the complete absence of conscious anger in Mr A. his inability to recognize and discuss his negative feelings, his lack of insight into his past, and his complete avoidance of all conflict, were important risk factors for a singular event of deregulated fury” (p. 397).

## Epilogue

Richard was convicted to 20 years imprisonment and a mandatory TBS-order, on April 13, 2007 (Court of The Hague, 2007). My report was excluded as evidence, even though I had been heard as an expert by the Court of Appeals on March 13, 2007. The Court ruled that because my report was requested by the defense and not by a justice authority and because I answered the defense’s questions, my report could not be considered equal to those of the four previous court-appointed experts. Also, the Court stated in its verdict that my use of the semi-structured interview SIDP-IV did not render the outcome of the others’ unstructured clinical interviews invalid (Court of The Hague, 2007, p. 3).

Despite the Court’s contempt for my diagnostic efforts in the case, they opted to follow the expert opinion of psychologist V., which was surprisingly close to my own conclusions on the case. V. considered Richard H. diminished responsible for the offences and advised mandated treatment in a forensic psychiatric hospital. Thus, Richard’s life imprisonment was overturned, and he was hopeful that he would be able to receive the psychological treatment he needs during the period of his treatment order.

Every year since this verdict, Richard has been sending me a Christmas card from prison, to express his gratitude for my evaluation in his case. He is eager to start treatment, but the law requires him to fulfill at least two-thirds of his prison term, before he can be transferred to a forensic psychiatric hospital. From a psychological treatment perspective, this is obviously an awkward arrangement, which can lead to demotivation and demoralization in individuals who should first and foremost be considered (forensic) psychiatric patients.

During his time in prison, other trials have crossed Richard’s path. Family members of his deceased wife were interviewed for a book (Fijen, 2010) and a related documentary entitled “The family drama of Zoetermeer”. The film was broadcast on April 5, 2010, the fifth anniversary of the events. Both works paint a one-sided, all-bad picture of Richard’s personality. Richard felt unfairly treated by the documentary maker, who only spoke with the victim’s blood relatives and not with anyone of his relatives. By not practicing ethical journalism, which entails working according to the principle of impartiality, the public was not presented with the real story. For the actual story, one needs to dig beneath the surface of violence.

### Implications for practice

- Since there is so much at stake for the mental health assessed in a criminal investigation, the importance of reliability and accuracy of diagnosis cannot be overestimated.
- Use of semi-structured interviews for psychiatric diagnosis increases reliability and validity and is the recommended practice in forensic mental health assessment.
- Forensic mental health experts serve the court best by integrating findings from structured assessment instruments, file information and empirical research on comparable offender types.

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