

Realistic Consideration of Women and Violence is Critical

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Violent offending by women has been on the rise in recent decades. Women perpetrate relationship violence, child physical and sexual abuse, and stalking. They commit approximately half of the cases of filicide, and nearly all neonaticides. Like men, women may be aggressive and have rational though unsavory reasons for horrific offenses. Yet, propensity toward violence is often perceived as a masculine rather than a feminine trait. We have limited language to explain women and crime. An understanding of the intersection of women's lives and crime is crucial for forensic psychiatrists, because of their roles in evaluations and treatment, and as expert instructors of jury and judge. Forensic psychiatrists cannot be blind to the potential for women to be violent, else they allow violence to continue, underestimate risk, and produce inappropriate courtroom testimony.

Female Psychopathy

Not only are female psychopaths common in today's crime dramas, but they appear in soap operas, fantasy television, reality television, and comedies. The Hollywood *femme fatale* captivates us: "Perhaps our fascination with these characters stems from their proclivity for defying our stereotyped expectations of how women think and act while simultaneously advancing the idea that women are seductive, unstable, and sometimes downright dangerous" (Ref. 1, p 233). Although it is possible that women have less psychopathy than men, it is also certainly possible that there are different clinical presentations for male and female psychopaths.² In our culture, female psy-

chopaths tend to use social manipulation (spreading rumors and gossip, ostracizing, or stigmatizing others, such as their sexual rivals) and verbal relationship aggression, whereas male psychopaths more often use threats or physical aggression to achieve their goals.¹ Female psychopaths have deficits in empathy just as their male counterparts do.

Hervy Cleckley described case studies of female psychopaths in his landmark 1941 monograph, *Mask of Sanity*.³ Yet, female psychopaths remain the focus of less research than male psychopaths. There is less experience in using structured tools such as the Psychopathy Checklist-Revised (PCL-R) in evaluations of women. Further, most research into violence and risk assessment is based on male research models. When forming opinions about women's risk of violence (such as in presentence reports or disposition reports), we should be mindful of this gender bias and the limited science available on which to base female risk assessments.

Women's Prisons

Overall, men are more likely to be violent than women, but violent women are increasingly reported. Women are less likely to be arrested, charged, found guilty, and incarcerated than are men. Every step of the way, women benefit from societal disbelief about their potential for violence. Incarcerated women are more likely to have serious mental illness than are women in the general population, and rates of personality disorders are also elevated.

Female Stalkers

Depending on the sample type studied, approximately 10 to 25 percent of stalkers are noted to be women.^{4,5} However, here too, women are less commonly prosecuted than men. Their victims are taken

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less seriously than are victims of male stalkers. Similar to men who stalk, women may stalk because of anger, loneliness, obsession, or feelings of abandonment. Personality disorders (particularly borderline) are diagnosed more frequently in female stalkers.^{4,5} Female stalkers, like their male counterparts, may also have an erotomanic delusional disorder. They may pursue men or other women. The range of motives is similar to that of male stalkers and includes desire for intimacy or rejection, among others. Like male stalkers, female stalkers may threaten their victims and engage in violence. Violence by female stalkers has been reported to be more likely in cases of prior sexual intimacy.⁵

Strand and McEwan⁴ found that, for both genders, there is an approximately 80 percent chance of violence if the stalker has the following three characteristics: prior intimacy, approaching behavior, and making threats. Indeed, female and male stalkers may be more similar than they are different. Potential differences include victim choice (same-gender victims being more common among female than male stalkers), and rates of borderline personality disorder. Clearly, female stalkers should be taken seriously, and their risk of violence should not be underestimated.

Female Sex Offenders

Research suggests that approximately 15 to 20 percent of sex offenses against children is at the hands of women.⁶ Whereas male sex offenders most commonly offend against female victims, female sex offenders offend against victims of both genders. However, female sex offenders are underrepresented, not only in incarcerated samples but also in the research literature. Perhaps because of our societal misconceptions, they are often able to avoid detection and prosecution. Few studies have considered the treatment needs of female sex offenders. This gender bias can allow them to continue unchecked in offending against vulnerable victims.

Partner Violence and Homicide

Decades of studies have indicated that rates of initiating and perpetrating intimate partner violence are similar for men and women.^{2,7} Women in relationships can be violent in self-defense, but they can also be violent aggressors, and take part in mutual bi-

directional relationship violence. There is a danger in conceptualizing women only as victims.

Battered woman syndrome is a legal construct to help explain why some women with long histories of being abused by their partner at some point strike out and kill their abuser. It is used as an affirmative defense in these cases. However, a syndrome should not be defined by law, but by the medical community. Any defense based on gender is problematic. The argument can also be advanced that the battered woman syndrome defense implies both that women who respond in other ways to male violence are more blameworthy for their acts, and that women lack free agency.

Cross and Campbell² have noted that the proportion of murders committed by women in which the motive is jealousy is higher than the proportion committed by men with the same motive. We hear about it less, probably because the absolute number of murders committed by men is higher. One must be cognizant that jealousy can be a motive for a woman's fatal violence.

Similar to sex offender treatment programs, most treatment programs for batterers presume a male perpetrator.⁷ Very little research has considered treatment of female perpetrators of partner violence. By not accepting the repeated research findings about women and violence, we lose perspective. Partner violence does not always involve a woman who is victimized by a man. As a society and profession, we need to know the true rates and true motives, so that we can consider prevention of all family violence, not just violence against women.

Mothers Who Kill

Perhaps the most bewilderment centers on women who kill their children. This act is antithetical to our deeply ingrained notion of mothers putting their children above all else. In actuality, a woman is most likely to be violent within the home. Chronic abuse or neglectful actions beget death under some circumstances. Women too may kill their children because of pathologic anger at a partner, as an attempt to make the partner suffer psychologically.⁸ Narcissistic mothers use their children to advance their own goals, and may not even view them as separate beings with their own needs. The most common motive when newborns are killed by their mothers is that the child is unwanted. This killing usually occurs after an entire pregnancy has been denied or concealed and is

usually unrelated to serious mental illness. Suddenly, the reality of the infant hits home and something must be done.⁹ These motives are strongly antithetical to society's beliefs about motherhood.

Early investigations of filicide focused on available data from psychiatric populations, but it has become clear over time that most mothers who kill their children do not do so because of altruistic, loving motives, but because they have abused or neglected the child.⁸ As forensic psychiatrists, it is critical for us to understand the research literature when conducting evaluations of female defendants, as it is often up to us to explain the perpetrators' motivations to the court. When new studies are released about topics such as gender in filicide, we should consider what these studies are really able to say in light of the sample type and methodological limitations. For example, if one reads a study of women tried for filicide and found not guilty by reason of insanity, a sample that represents only a subpopulation of offenders whom the court has found to be insane at the time of the act, one would expect to find high rates of serious mental illness, and caution should be used not to misconstrue the findings.

Stepping back from our profession, it is difficult for the general population to fathom that women can intentionally harm their children. Society has less difficulty in conceptualizing men as violent. Infanticide laws have been passed in more than two dozen nations to decrease the culpability of women who kill their children. Yet, fathers who kill their offspring do not have this legal option. This gender bias in the infanticide laws appears to attach reduced significance to the lives of children murdered by women.¹⁰ In addition, fathers who commit infanticide are more likely to be found guilty and less likely to be found insane than are mothers.

There are rational, though disturbing, motives for both men and women who kill their children. These behaviors occur not only in humans today, but have occurred for thousands of years throughout the animal kingdom.¹⁰ For example, animals who are born during the wrong season, when resources are scarce, or those who are unwanted or defective, are killed or left alone to die.

In modern human society, identification and treatment of mental illness plays an important role in maternal filicide prevention. An understanding of how commonly thoughts of harming or killing one's newborn occur can help in postpartum treatment planning

for women. Psychiatrists must not be reticent to inquire about such thoughts. In many cases, postpartum depression or psychosis is diagnosed among mothers who kill their infants, but these diagnoses are often only a piece of the puzzle, with many other stressors present as well. An understanding of reproductive psychiatry is invaluable to the expert completing an evaluation of a mother who has killed her infant.

Women Who Abduct Infants

Neonates have been abducted from hospital neonatal units and have been stolen by nonmedical cesarean section. These cases often shock our sensibilities. However, characteristics of women who steal infants have been described, at least dating back to the 1970s. D'Orban¹¹ described several different groups of women who steal infants. These include not only women with psychosis, but also those who kidnap a child for their own narcissistic needs. D'Orban described four categories of baby snatchers: those of low intellect who kidnapped an infant to play with; those with psychosis who kidnap as a result of delusional thinking; those with psychopathic personalities who are preoccupied with having children; and those who are manipulative and are attempting to influence others: for example, those who are trying to rescue an insecure relationship with a man, possibly after a miscarriage.

To be a mother in our society is often to receive special privileges and to be admired by others. These perpetrators may often have similar (nonpsychotic) narcissistic drives.¹² However, as a society, we are often confused by these cases, first thinking that the woman must have had a severe mental illness. It is actually, however, often women with characteristics similar to factitious disorder who perpetrate these criminal acts.¹² Most planned their crime well. They faked a pregnancy for months prior and were able to manipulate their victims, although some abducted or stalked them. As psychiatrists know, on the surface, people with factitious disorder can be very convincing, whether about a supposed physical illness or a pregnancy. Rather than wanting to be a mother, these perpetrators often want to receive the benefits of the role of mother.¹² By understanding the common motives for these female-dominated crimes, psychiatrists can make progress in understanding individual defendants and in explaining the actions of defendants to the courts, and they can ultimately play a role in prevention.

Conclusions

If the potential of women to engage in violence is misunderstood, we are at risk of misinterpreting both individual cases and larger patterns. We must understand the research evidence, and equally important, we must consider our own potential biases. We must suspend our disbelief: even the ancient mythical Medea killed her children, not because of mental illness, but because of anger and a desire for revenge.

Contemporary forensic psychiatry needs to understand women as aggressors, not just presume them to be victims. Otherwise, we cannot objectively understand cases that we evaluate, and we cannot develop appropriate treatment programs and prevention strategies. Denying that women can be violent helps no one. We must recognize the risks, complete objective assessments, and be equipped to explain them to the court properly, so that myths are not perpetuated.

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