

# Intimate partner homicide: victims and the dynamics of victim – perpetrator relationship

Andreia Matias, Mariana Gonçalves, Marlene Matos & Cristina Soeiro

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**Discussion and conclusions:** This research points to an association between the existence of positive experiences in the infant-juvenile phase and the development of empathy in adulthood. Some studies corroborate our results, demonstrating that the experiences in the first stages of life will have long-term repercussions on their social-emotional development [3]. Since empathy and positive experiences interfere in child development, that's important to promote, reinforce and safeguard these experiences throughout the stages of the life cycle.

CONTACT Carolina Duarte  [carol.dumiguez@gmail.com](mailto:carol.dumiguez@gmail.com)

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## Intimate partner homicide: victims and the dynamics of victim – perpetrator relationship

Andreia Matias<sup>a</sup>, Mariana Gonçalves<sup>b</sup>, Marlene Matos<sup>c</sup> and Cristina Soeiro<sup>d</sup>

<sup>a</sup>School of Psychology, Universidade do Minho, Braga, Portugal; <sup>b</sup>Universidade do Minho, Braga, Portugal; <sup>c</sup>Universidade do Minho, Braga, Portugal; <sup>d</sup>Instituto Universitário Egas Moniz (IUEM), Egas Moniz Cooperativa de Ensino Superior, Caparica, Portugal

### ABSTRACT

**Introduction:** Intimate partner homicide is considered one of the most extreme forms of interpersonal violence, where one in seven homicides is perpetrated by an actual or former intimate partner. The aim of this study is to analyse the characteristics of the intimate partner homicide (IPH) victims as well as the dynamics of victim - perpetrator relationship.

**Materials and methods:** The data used in this study were obtained through the analysis of IPH criminal cases on Portuguese courts, that were finalised and handed down and/or sentenced between 2010 and 2015. The relevant authorizations were obtained from several courts, after the approval of this project by the Ethics Committee of Minho University —Subcommittee on Ethics for Social and Human Sciences (SECSH 060/2016). The criminal cases were consulted in several courts at national level – Lisboa and Vale do Tejo ( $n = 53$ ), Vila Real ( $n = 5$ ), Braga ( $n = 4$ ), Vila do Conde ( $n = 3$ ), Aveiro ( $n = 3$ ), Ponta Delgada ( $n = 3$ ), Póvoa do Varzim ( $n = 2$ ), Viana do Castelo ( $n = 1$ ) and Maia ( $n = 1$ ). Our sample was composed by 75 cases, in which 63 (84%) IPH were perpetrated by men and 12 (16%) by women. From those, 19 were homicides-suicides (25%) and 5 homicides-suicide attempts (7%).

**Results:** IPH victims were aged between 30 and 50 years, mostly were professionally active ( $n = 40$ ; 63%) and from undifferentiated professions ( $n = 43$ ; 74%). Most of them did not present substance abuse ( $n = 61$ ; 81%) or psychiatric history ( $n = 60$ ; 80%). Only in 31% ( $n = 23$ ) there was records danger perception. Regarding the relationship between the IPH perpetrator and the victims, it had an average duration of 13.4 years, with a difference of ages of 6.7 months. There were in total 66 children involved in these cases. The relationships were mostly current ( $n = 52$ ; 69%) and formal ( $n = 68$ ; 91%). Of all the analysed cases, although the majority (72%) presented previous history of intimate partner violence (IPV), there was a relevant proportion of cases (28%) without any reported or registered IPV. In 79% ( $n = 59$ ) of cases, the men were the primary aggressors (five women and one man perpetrated IPH in sequence of an history of previous victimization). In 21% ( $n = 16$ ) of cases the reported IPV was bidirectional. Regarding the types of IPV, in 91% ( $n = 68$ ) of the cases registered the presence of previous psychological violence, 61% ( $n = 46$ ) physical violence, 46% ( $n = 35$ ) stalking and 44% ( $n = 33$ ) control behaviours. In 83% ( $n = 62$ ) there were co-occurrence of different types of violence. In 39% ( $n = 29$ ) of the cases with IPV records there were only registers of psychological violence and/or stalking and/or control behaviours.

**Discussion and conclusions:** These results obtained allowed to conclude that intimate homicide victims don't have a stereotyped profile. Also, these data demonstrate that the victims do not have characteristics that allow them to anticipate their vulnerability. Although most cases of IPH occurred mainly as the culmination of a repeatedly history of prior

violence and in situations in which physical violence was a common feature, there is a strong occurrence of psychological violence in IPH. Therefore, the results obtained allow us to identify some essential areas for prevention and intervention. The practical implications of the results are discussed in order to improve the professional practices of the various systems, integrated in the technical and social systems that must intervene in IPV context.

CONTACT Andreia Matias  [andreiamatias@gmail.com](mailto:andreiamatias@gmail.com)

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## Preliminary validation of bumby RAPE and MOLEST scales: Exploratory factorial analysis

Ricardo Ventura Baúto<sup>a,b,c,d</sup>, Jorge Cardoso<sup>b,d,e</sup> and Isabel Leal<sup>a</sup>

<sup>a</sup>William James Center for Research – ISPA-IU, Lisboa, Portugal; <sup>b</sup>Centro de Investigação Interdisciplinar Egas Moniz (CiiEM), Egas Moniz Cooperativa de Ensino Superior, Caparica, Portugal; <sup>c</sup>Laboratório de Ciências Forenses e Psicológicas Egas Moniz (LCFPem), Centro de Investigação Interdisciplinar Egas Moniz (CiiEM), Egas Moniz Cooperativa de Ensino Superior, Caparica, Portugal; <sup>d</sup>Laboratório de Psicologia Egas Moniz (LabPSI-EM), Centro de Investigação Interdisciplinar Egas Moniz (CiiEM), Egas Moniz Cooperativa de Ensino Superior, Caparica, Portugal; <sup>e</sup>Escola Superior de Saúde Egas Moniz (ESSEM), Caparica, Portugal

### ABSTRACT

**Introduction:** Cognitive distortions are considered an important element to understanding the support mechanisms of sexual aggression. Different Instruments have been developed for the assessment of sexual abuse and rape. In 1996, Bumby [1] developed two scales to assess cognitive distortions in these typologies of aggressors, MOLEST and RAPE. This paper aims to present the exploratory factor analysis of both instruments in a forensic sample and presents a proposal of factor structure with subscales, based on the conceptual models of Ward and Keenan [2] and Ward [3].

**Materials and methods:** The data for this study were collected at Prison in Lisbon District (Portugal) between 2017-2019 after prior approval of the Directorate General for Reinsertion and Prison Services (DGRSP). From a total of 266 individuals (male) convicted by sexual abuse and rape, it was possible to obtain  $N=71$  (Age:  $M=43.8$   $SD=11.69$ ; relations: 47.9% was married or in union; 32.4% has High School Education). Were excluded initially from sample, analphabets and non-Portuguese's. All individuals were invited to participate in the study being explained that it was confidential and would not be benefitted or harmed for participate. The instruments used were MOLEST (38 items) and RAPE (36 items), both developed by Bumby (1996, Portuguese version by Baúto, Cardoso & Leal, 2014). For the data treatment was used IBM® SPSS® Version 20. All ethical principles have been considered and approved by the Portuguese Prison Services.

**Results:** Significant levels of reliability and validity for both Scales were found. Regarding MOLEST Scale we tested the possibility of subscales, generated by grouping of items based on the varimax rotation method with principal component analysis. In the case of MOLEST, five sub-scales were defined and, in the RAPE, four sub-scales, categorised according to the Ward & Keenan [2] and Ward [3] models and defined as implicit theories. With reference to MOLEST we found a  $KMO=0.607$  (mediocre) with good Cronbach alphas for each of the five sub-scales ( $\alpha=0.912$ ;  $\alpha=0.859$ ;  $\alpha=0.856$ ;  $\alpha=0.868$ ;  $\alpha=0.799$ ). These five subscales explain 44.85% of total variance. The RAPE has a  $KMO=0.658$  (mediocre) and four subscales have been defined which also have good Cronbach alphas ( $\alpha=0.867$ ;  $\alpha=0.877$ ;  $\alpha=0.839$ ;  $\alpha=0.906$ ). This sub-scale proposal explains 42.45% of the variance.

**Discussion and conclusions:** The exploratory factorial analysis presents itself as promising, and it is necessary to use in the next phase a confirmatory factorial analysis that allows to test the consistency of the proposed model. The categorisation of the scale enhances its use in clinical practice, allowing the identification of primordial modes of functioning by the evaluated subjects.

CONTACT Ricardo Ventura Baúto  [rbauto.lcfpem@egasmoniz.edu.pt](mailto:rbauto.lcfpem@egasmoniz.edu.pt)

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