

# Forenzička obilježja počinitelja ubojstva intimne partnerice

## / *Forensic Traits of Intimate Partner Femicide Perpetrators*

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Prevenција partnerskog nasilja kao i počinjenja kaznenih djela ubojstva prema intimnoj partnerici stalni su izazov u otkrivanju rizičnih faktora i prepoznavanja vjerojatnosti da se dogode uz pružanje što ranijih intervencija kako bi se spriječili. Cilj rada je dati pregled dosadašnjih istraživanja koja se odnose na počinitelje ubojstava intimnih partnerica, kako od tipologije počinitelja, ranijeg nasilnog ponašanja, postojanja psihičkih poremećaja, utjecaja alkohola i droga, tako do utjecaja depresije i suicidalnih ideja na počinjenje ubojstva ili ubojstva-samoubojstva. Zaključno se ističe važnost prepoznavanja mogućih počinitelja od stručnjaka s kojima počinitelji potencijalno dolaze u susret, iz područja zdravstva, policije, socijalne skrbi, pravosudnog sustava, kao i važnost edukacije javnosti o potencijalnoj opasnosti i mogućim fatalnim posljedicama najtežih kaznenih djela kako bi se pružile što ranije zaštitne i terapijske intervencije žrtvama partnerskog nasilja.

*/ Prevention of intimate partner violence and the criminal offense of intimate partner femicide represent a constant challenge for identifying the risk factors and recognizing the likelihood of their occurrence, while providing the earliest possible interventions in order to prevent them. The aim of this paper is to present an overview of the previous studies addressing the topic of intimate partner femicide perpetrators, both in terms of the typology of perpetrators, their previous violent behavior, existence of mental disorders, the influence of alcohol and drug abuse, as well as the influence of depression and suicidal ideations on the perpetration of homicide or homicide-suicide. In conclusion, the importance of professionals recognizing the possible perpetrators among those they potentially encounter is emphasized, whether from the areas of health, police, social welfare or the judicial system, along with the importance of educating the public about the potential danger and the possible fatal consequences of the most serious criminal offenses, in order to provide protective and therapeutic interventions to the victims of intimate partner violence as soon as possible.*

### ADRESA ZA DOPISIVANJE /

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Obiteljsko nasilje i borba protiv nasilja stalno je u fokusu zakonskih i drugih intervencija društva, kako bi se pružila zaštita žrtvama i preveniralo nasilje. – Prema Savezu za prevenciju nasilja (*Violence Prevention Alliance*, VPA) Svjetske zdravstvene organizacije, a definirano u Svjetskom izvješću o nasilju i zdravlju (*World Report on Violence and Health*, WRVH), nasilje je „namjerna uporaba fizičke sile ili moći, prijetnje ili stvarne, protiv sebe, druge osobe ili protiv skupine ili zajednice, što rezultira ili postoji velika vjerojatnost da će rezultirati ozljedama, smrću, psihičkim ozljedama, lošim razvojem ili uskraćenošću“ (1). Kod žrtava partnerskog nasilja, naročito kod kontinuiranog zlostavljanja može doći do brojnih posljedica na mentalno zdravlje žrtve kao što su razvoj depresije, suicidalnosti i posttraumatskog stresnog poremećaja (2). Počinjenje kaznenih djela prema intimnoj partnerici izazov je za prevenciju i identifikaciju faktora rizika te prepoznavanja opasnosti da se dogode, kao i pružanja što ranijih intervencija kako bi se spriječila. Najteža kaznena djela počinjenja pokušaja ubojstva ili ubojstva, kao i ubojstva-samoubojstva u obitelji, predstavljaju posebno tragične događaje nakon kojih se postavljaju pitanja da li je počinitelj imao neki od psihičkih poremećaja (3), da li je od ranije bilo postojanja nasilja i određenih specifičnosti kod počinitelja koji su mogli pomoći prepoznavanju i sprječavanju mogućeg zločina. S jedne strane, moguće je da se nasilje odvija prema ponavljajućem obrascu agresivnosti i može, ali i ne mora, završiti ubojstvom, dok je s druge strane moguće da se ubojstvo dogodi bez prethodnih epizoda nasilja (4). Obiteljska ubojstva su fatalan oblik obiteljskog nasilja i tragičan događaj (5). Ubojstva se često događaju nakon intenzivne interakcije žrtve i počinitelja, što daje mogućnost prepoznavanja određenih pokazatelja koji mogu dovesti do ubojstva, kao što su dinamika odnosa sa žrtvom, prethodna povijest nasilja, ovisnost o alkoholu i drugi čimbenici (6), a kumulacijom

Domestic violence and fight against violence are constantly the focus of legal and other interventions in the society, all with the aim of providing protection for the victims and to prevent violence. According to the WHO Violence Prevention Alliance (VPA), and as defined in the World report on violence and health (WRVH), violence is “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (1). Experiencing intimate partner violence, particularly on a continuous basis, can lead to numerous consequences for the mental health of the victims, such as depression, suicidality and post-traumatic stress disorder (2). The commission of criminal offenses against one’s intimate partner is a challenge for the prevention and identification of risk factors, and for recognizing the danger of their occurrence, as well as the provision of the earliest possible interventions in order to prevent them. The most serious criminal offenses of attempted homicide or homicide, as well as family homicide-suicide, are especially tragic events after which questions arise as to whether the perpetrator suffered from a mental disorder (3), whether there were earlier occurrences of violence and certain specificities as regards the perpetrator which could have helped recognize and prevent the possible crime. On the one hand, it is possible for violence to occur according to a repeating pattern of aggression, and it can, but does not have to, end in homicide, while on the other hand, it is possible for homicide to occur without previous episodes of violence (4). Family homicides are a fatal form of domestic violence and a tragic event (5). Homicides are often the result of an intense interaction between the victim and the perpetrator, which enables us to identify certain indicators that may lead to their occurrence, such as the dynamics of the relationship with the victim, previous history of violence, alcohol addiction and other factors (6), while a cumulation of various previous forms

prethodnih različitih oblika zlostavljanja postoji rizik za počinjenje ubojstva bliske osobe (7).

Počinjenje ubojstva intimnog partnera je namjerno ubojstvo sadašnjeg ili bivšeg intimnog partnera (8). Teški oblici nasilja, kao i počinjenja pokušaja ili izvršena ubojstva intimne partnerice tragični su događaji. Dok se desetljećima primjećuju trendovi pada stopa ubojstava, stope ubojstva intimne partnerice ostale su stabilne (3), a istraživanja iz europskih zemalja o stopama i karakteristikama relativno su rijetka. Ubojstvo intimne partnerice i ubojstvo-samoubojstvo predstavlja ozbiljan društveni, kaznenopravni i javnozdravstveni problem (9).

U svrhu ovog narativnog preglednog rada procjena su istraživanja o počiniteljima ubojstava i ubojstava-samoubojstava intimnih partnerica koristeći se bazama PubMed, SCOPUS i Google Scholar za literaturu objavljenu od 2000. do danas. Ključne riječi bile su „*homicid*“, „*homicide-suicide*“, „*intimate partner*“, „*femicide*“, „*mental health*“, „*domestic violence*“, „*forensic*“, „*psychiatric*“, „*perpetrators*“, „*depression*“. Izdvojena su relevantna istraživanja važna za razumijevanje forenzičkih karakteristika počinitelja u svrhu boljeg razumijevanja rizičnih faktora te dobivanje uvida u neke od trenutnih spoznaja u navedenom području, što bi moglo pomoći u svakodnevnom stručnom interdisciplinarnom radu u prevenciji najtežih kaznenih djela prema intimnim partnericama.

## SOCIODEMOGRAFSKE KARAKTERISTIKE POČINITELJA I SITUACIJSKI RIZIČNI FAKTORI

Istraživanje Cechova-Vayleux i sur. (10) pokazalo je da je prosječna dob 32 počinitelja ubojstva intimne partnerice bila 37,8 godina, uglavnom su bili fizički radnici. U 69 % ispitanika bilo je evidentirano ranije psihijatrijsko liječenje i ranije kažnjavanje (31 %), a depresija i suicidalne ideje bile su češće nego kod poči-

of violence represents a risk for the occurrence of family homicide. (7).

Intimate partner homicide is the intentional killing of one's current or former intimate partner (8). Serious forms of violence, as well as attempted or committed intimate partner femicide, are tragic events, however, while downward trends in homicide rates have been observed for decades, intimate partner femicide rates have remained stable (3) and studies addressing their rates and characteristics in European countries are relatively rare. Intimate partner femicide and homicide-suicide represent a serious social, criminal justice and public health issue (9).

For the purpose of this narrative review, studies on the perpetrators of intimate partner femicide and homicide-suicide were analyzed using the databases PubMed, SCOPUS and Google Scholar for the literature published since 2000. The key words used were "*homicide*", "*homicide-suicide*", "*intimate partner*", "*femicide*", "*mental health*", "*domestic violence*", "*forensic*", "*psychiatric*", "*perpetrators*", "*depression*". Relevant studies important for the understanding of the forensic traits of perpetrators were singled out for the purpose of providing a better understanding of the risk factors, as well as to gain insight into some of the current findings in this area, which might help in the daily professional interdisciplinary work in terms of preventing the most serious criminal offenses against female intimate partners.

## SOCIODEMOGRAPHIC TRAITS OF PERPETRATORS AND SITUATIONAL RISK FACTORS

A study conducted by Cechova-Vayleux et al. (10) revealed that the average age of the 32 monitored intimate partner femicide perpetrators was 37.8 years, and they were mainly manual workers. A total of 69% of respondents had undergone previous psychiatric treatment and had previous convictions (31%), while depression and suicidal ideations were more common than in non-do-

nitelja ubojstva izvan obitelji. Kod polovine počinitelja postojao je traumatični događaj prije osamnaeste godine. U odnosu na počinitelje ubojstva izvan obitelji rjeđe su imali raniju kažnjavanost. U najvećem broju slučajeva ubojstvo se dogodilo u večernjim satima, u kući žrtve, dok je počinitelj bio u alkoholiziranom stanju, uz ostajanje na mjestu zločina. Pavliček i sur. (6) također navode da su u preko 90 % slučajeva počinitelji odmah poznati i u pravilu zatečeni na mjestu događaja, priznaju počinjenje kaznenog djela. Ubojstva u obitelji u pravilu se čine situacijski, u manjem broju slučajeva je postojala namjera za počinjenje ubojstva tijekom duljeg razdoblja uz pripreme radnje. Dostupnost vatrenog oružja i odvajanje od žrtve faktori su rizika za počinjenje ubojstva intimne partnerice (11,12), što je u pojedinim profesijama i dostupnije, a vatreno oružje povećava rizik i za počinjenje samoubojstva nakon ubojstva. Ljubomora, svađe i sukobi te nesposobnost prihvaćanja prekida veze mogu biti čimbenici odnosno motivi počinjenja ubojstva intimne partnerice (9,12).

Znatan udio počinitelja evidentiran je zbog ranijeg nasilja prema žrtvi, koje je bilo u domeni prekršajne odgovornosti, ali i kaznenih djela (6). Vezano za karakteristike počinitelja ubojstva Soria i sur. (4) navode njihovu potrebu za prikazivanjem društvene slike „dobre obitelji“ te su imali jače nezadovoljstvo neostvarenim idealom žene, koristili manje verbalnih prijetnji tijekom napada te nisu skloni objašnjavati unutarne sukobe para i obitelji široj obitelji i drugima.

U odnosu na muškarce počinitelje ubojstva kod kojih je jedan od najčešćih motiva prijetnja prekida veze, žene najčešće ubijaju svog intimnog partnera nakon dugotrajnog zlostavljanja, a ubojstvo je reakcija na nasilje (13,14). Istraživanje u Švedskoj objavljeno 2024. godine (15), koje je provedeno od 2000. do 2016. g. o počiniteljima ubojstva intimnog partnera pokazuje da su muški počinitelji imali značajno

mestic homicide perpetrators. Half of the respondents had experienced a traumatic event before the age of 18. Compared to non-domestic homicide perpetrators, previous convictions were less common. In the majority of the cases, the homicide occurred in the evening, in the victim's home, while the perpetrator was intoxicated and remained at the crime scene. Pavliček et al. (6) also state that the perpetrators are immediately known in 90% of the cases and are generally found at the crime scene, admitting to having committed the criminal offense. Family homicides are typically situational, while a smaller number of cases involved intent to commit homicide over a longer period of time and included preparatory actions. The availability of firearms and separation from the victim are risk factors for the commission of intimate partner femicide (11, 12), and they are more accessible in some professions, while the possession of firearms also increases the risk of suicide after committing homicide. Jealousy, arguments and conflicts, as well as inability to accept the termination of a relationship, can be factors i.e. motives for intimate partner femicide (9, 12).

A significant share of perpetrators already had criminal records due to previous acts of violence against the victim which fell under the category of misdemeanor, but also criminal offenses (6). In relation to the traits of homicide perpetrators, Soria et al. (4) point to their need for presenting a social image of a “good family” and stronger dissatisfaction with an unfulfilled female ideal, use of verbal threats during attacks and refusal to explain the internal conflicts of the couple and family to the extended family and others.

As opposed to male perpetrators, for whom the main motive is usually the threat of ending the relationship, women most often kill their intimate partners after being subjected to violence for long periods of time, and homicide is a reaction to the violence suffered (13, 14). A study addressing the perpetrators of intimate partner homicide which was conducted in Sweden in the period between 2000 and 2016 and was published in 2024 (15), indicates that male perpetrators had significantly



više registriranih zdravstvenih kontakata i psihičkih poremećaja ili poremećaja ponašanja u mjesecu i godini prije ubojstva uključujući i dan ubojstva te da su osim kontakta s primarnom i specijaliziranom ambulantom bili nezaposleni i primali socijalnu pomoć.

## TIPOLOGIJA POČINITELJA

U literaturi postoje različite podjele na tipologije počinitelja ubojstava u obitelji. Tako npr. Holtzworth-Munroe (16) navodi podjelu počinitelja na one bez jasne psihopatologije i poremećaja ličnosti kod kojih je moguća niska do umjerena razina depresije i zloraba psihoaktivnih tvari te umjerena razina ljutnje (17). Kod disforično/graničnog tipa uočava se često granična ili shizoidna ličnost uz veće razine ljutnje i visoku vjerojatnost dijagnoze depresije, a kod antisocijalnih počinitelja sa sklonošću konzumaciji psihoaktivnih tvari rijetka je depresija, a stupanj ljutnje je srednjeg intenziteta. Kivisto (8) muške počinitelje partnerskog ubojstva dijeli na osobe sa psihičkim smetnjama, nedovoljno kontrolirane/disregulirane, kronične zlostavljače i pretjerano kontrolirane/katatimične. Osobe sa psihičkim smetnjama često u vrijeme počinjenja djela iskazuju simptome bolesti, a od ranije pokazuju rijetko nasilno ponašanje ili zlorabu sredstava ovisnosti. Kod nedovoljno kontroliranog/disreguliranog podtipa može biti prisutna dijagnoza poremećaja raspoloženja ili anksioznosti, no s manje akutne psihopatologije. Kod takvih osoba postoje i znakovi graničnog poremećaja ličnosti sa značajnom disregulacijom raspoloženja, uz afektivno uzrokovano nasilje sa strahovima od napuštanja i osjećajima ljubomore. Kod njih je vjerojatnija ranija zloraba sredstava ovisnosti te je moguć umjereni rizik od pokušaja samoubojstva nakon ubojstva. Podtip kroničnog zlostavljača pokazuje manje afektivne disregulacije te su to često osobe s dijagnozom disocijalnog ili narcističkog po-

more registered medical contacts and mental disorders or behavioral disorders in the month and year prior to the homicide, including the day it was committed, and in addition to contacts with primary and specialized health clinics, they were unemployed and received social welfare assistance.

## THE TYPOLOGY OF PERPETRATORS

There are different classifications in the literature as regards the typology of domestic homicide perpetrators. Thus, for example, Holtzworth-Munroe (16) classifies perpetrators to those without clear psychopathology and personality disorders, for which there is a possibility of low to moderate level of depression and psychoactive substance abuse, and a moderate level of anger (17). In the dysphoric/borderline type, a borderline or schizoid personality often occurs, with a higher degree of anger and high likelihood of being diagnosed with depression, while depression is rare in antisocial perpetrators with a tendency to use psychoactive substances and their degree of anger is of medium intensity. Kivisto (8) classifies male perpetrators of intimate partner homicide into the mentally ill, the undercontrolled/dysregulated, chronic batterer, and overcontrolled/catathymic subtypes. Individuals who are mentally ill often present symptoms of illness while committing the crime, and have on rare occasions presented with violent behavior or addictive substance abuse before. In the undercontrolled/dysregulated subtype, they could be diagnosed with mood or anxiety disorder, however, with less acute psychopathology. In such individuals, there are also signs of borderline personality disorder with significant emotional dysregulation, in addition to affective violence accompanied by the fear of abandonment and feelings of jealousy. They are more likely to have had a history of addictive substance abuse and there is a moderate risk of a suicide attempt after committing homicide. The chronic batterer subtype shows

remećaja ličnosti. Napuštanje je čest uzrok ubojstva, a moguć je i rizik od samoubojstva. Pretjerano kontrolirani muški počinitelji imaju bolju razinu funkcioniranja, minimalnu psihopatologiju te dijagnozu ovisnog ili shizoidnog poremećaja osobnosti. Ranije nasilje postoji u malom broju slučajeva, a neočekivani eksplozivni ispad impulzivnog, često destruktivnog ponašanja razumljiv je u smislu nesvjesne motivacije (8). Vignola-Lévesque (18) navodi podjelu na napuštenog partnera, općenito ljutitog/agresivnog, kontrolirajućeg nasilnog partnera te nestabilno ovisnog partnera. Također ističe doprinos postojanja aleksitimije kod počinitelja.

## PSIHIČKI POREMEĆAJI KOD POČINITELJA UBOJSTVA INTIMNE PARTNERICE

Kada se govori o psihološko-psihijatrijskom aspektu nasilja, podrazumijeva se nasilje osoba sa psihičkim poremećajima, no osobe sa shizofrenijom i sličnim poremećajima najčešće nisu nasilnici, nego su to osobe iz skupine sa psihičkim poremećajima u dijagnostičkoj kategoriji poremećaja ličnosti kao što su npr. disocijalni, granični i paranoidni (19).

Počinitelji ubojstva intimne partnerice obično su manje emocionalno stabilni, odnosno imaju visoki neuroticizam kao i nisku ekstraverziju, pokazuju sklonost bizarnosti, agresivniji su ili manje empatični odnosno imaju visoki psihoticizam (20). Istraživanje Caman i sur. (3) provedeno u Švedskoj na 179 ubojstava od 2007. do 2009. godine počinjenih od muškaraca od kojih su 26 % bila ubojstva partnerica pokazala je da je jedna trećina počinitelja, bez obzira na vrstu ubojstva, imala od ranije dijagnosticiran psihički poremećaj nekad u životu (isključujući poremećaje povezane s uzimanjem psihoaktivnih tvari), uz niske stope ozbiljnih mentalnih poremećaja u obje skupine (11 %). Počinitelji ubojstva žena imali su manju uče-

less affective dysregulation and often involves individuals diagnosed with dissocial or narcissistic personality disorder. Termination of the relationship is a common cause of homicide, and the risk of suicide is also present. Overcontrolled male perpetrators have a better level of functioning and minimal psychopathology, and can be diagnosed with dependent or schizoid personality disorder. A history of violence exists in a small number of cases, while unexpected outbursts of impulsive, often destructive behavior are present in terms of unconscious motivation (8). Vignola-Lévesque (18) classified perpetrators into abandoned partner, generally angry/aggressive partner, controlling violent partner and unstable dependent partner. She also pointed to the fact that the existence of alexithymia contributes to the actions of the perpetrators.

## MENTAL DISORDERS IN INTIMATE PARTNER FEMICIDE PERPETRATORS

In terms of the psychological-psychiatric aspect of violence, it is implied that the act of violence is committed by individuals with mental disorders, however individuals with schizophrenia or similar disorders are most commonly not violent and instead pertain to the group of individuals with mental disorders in the diagnostic category of personality disorders, such as dissocial, borderline and paranoid personality disorder (19).

Intimate partner femicide perpetrators are usually less emotionally stable, that is, they display high neuroticism and low extraversion, they are prone to bizarreness, they are more aggressive or less empathetic, i.e. they have high psychoticism (20). In a study conducted in Sweden, Caman et al. (3) analyzed a total of 179 homicides perpetrated by men from 2007 to 2009, of which 26% were intimate partner femicides, and the results showed that one third of the perpetrators, regardless of the type of homicide, had been at some point in their lives diagnosed with a mental disorder (excluding disorders relating to psycho-

stalost poremećaja iz skupine korištenja psihoaktivnih tvari. „Ubojstvo-samoubojstvo“ bilo je relativno često kod počinitelja femicida (20 %). Pavliček i sur. (6) su kod počinitelja obiteljskih ubojstava našli da se kod počinitelja koji su prije ili nakon kaznenog djela pokušali samoubojstvo nalazi znatan udio onih s dijagnosticiranim nekim oblikom duševne bolesti.

Počinitelji sa disocijalnim poremećajem ličnosti, koji su inače često zastupljeni kod nasilnih kaznenih djela, manje su učestali kod počinitelja ubojstva supružnika gdje je češće prisutan granični ili narcistični poremećaj ličnosti, depresivno disforični poremećaj (depresija), konzumacija alkohola ili droga (21,22). Strah od napuštenosti, odnosno prekida veze, može utjecati na emocionalnu nestabilnost te potencijalni razvoj depresivnosti kod osoba koje imaju predisponirajuće osobine ličnosti.

## PSIHOTIČNI POREMEĆAJI

Posebnu pažnju u dijagnostičkoj i terapijskoj forenzičkoj evaluaciji treba obratiti postojanju psihotične ljubomore (23) koja je povezana s najvećim stupnjem opasnosti kod paranoidne psihoze i paranoidne shizofrenije (24). „Abnormalna“ ljubomora može postojati kod osoba s poremećajem ličnosti, psihoorganski uvjetovanim poremećajima, psihogenim afektivnim reakcijama, zlorabom alkohola ili droga i sl., ali ne dostiže kvalitetu psihotičnog poremećaja. Psihotična (patološka, bolesna) ljubomora je stanje kod kojeg su prisutne sumanute ideje ljubomore. Posebno je važna ljubomora koja se može javiti kod ovisnika o alkoholu (24). Također, pojava uhođenja žrtve može biti u korelaciji s nasiljem nad ženama i, zajedno s fizičkim napadom, može se smatrati čimbenikom rizika za najteža kaznena djela (25). Paranoidne ideje koje dosežu razinu sumanutosti mogu biti rizik za nasilje, naročito

active substance abuse), while the rates of serious mental disorders in both groups were low (11%). There was a lower incidence of disorders from the psychoactive substance use group among the perpetrators of femicide. “Homicide-suicide” was relatively common among femicide perpetrators (20%). Among family homicide perpetrators, Pavliček et al. (6) found that a significant share of those who attempted suicide before or after the criminal offense was diagnosed with some form of mental illness.

Perpetrators with dissocial personality disorder, which are generally often among those committing violent crimes, were less common among spousal homicide perpetrators, where borderline or narcissistic personality disorder, depressive dysphoric disorder (depression), and alcohol or drug use were more commonly present (21, 22). Fear of abandonment, i.e. termination of the relationship, can affect emotional instability and potentially lead to depression in individuals with predisposing personality traits.

## PSYCHOTIC DISORDERS

In diagnostic and therapeutic forensic evaluation, special attention should be paid to the existence of psychotic jealousy (23) which is associated with the highest degree of danger in cases of paranoid psychosis and paranoid schizophrenia (24). “Abnormal” jealousy can exist in individuals with personality disorders, psycho-organic disorders, psychogenic affective reactions, alcohol or drug abuse etc., but does not reach the quality of a psychotic disorder. Psychotic (pathologic, sick) jealousy, is a state of having delusional dimensions of jealousy. Particularly important is the jealousy that can manifest in alcohol addicts (24). Furthermore, stalking the victim may be correlated with violence against women and, in addition to physical assault, can be considered a risk factor for the most serious criminal offenses (25). Paranoid ideas reaching the level of delusion can be a risk factor for violence, particularly when they are comorbid with antisocial personality disorder (26).

kada su komorbidne s antisocijalnim poremećajem ličnosti (26).

U Engleskoj i Walesu oko 10 % počinitelja ubojstava imalo je simptome psihičkog poremećaja u vrijeme ubojstva. Od 1.180 počinitelja partnerskog ubojstva 20 % je imalo simptome psihičkog poremećaja u vrijeme djela, od toga 7 % simptome psihoze, a 13 % depresije, dok je 30 % počinitelja sa simptomima psihičkog poremećaja bilo u kontaktu sa službama za mentalno zdravlje u godini prije kaznenog djela (27).

U istraživanju provedenom na Odjelu za forenzičku psihijatriju Neuropsihijatrijske bolnice „Dr. Ivan Barbot“ Popovača (28) na nebrojivim shizofrenim počiniteljima obiteljskog ubojstva vidi se da su češće žrtve bili roditelji i siblicidi. Kod osoba sa shizofrenim i sumanutim poremećajima česta je pri ubojstvu uporaba oštarih predmeta (29). Moguće je da su ubojčaje ni simptomi poremećaja iz spektra shizofrenije, kao što su paranoidne ideje povezane s općim nasiljem, ali ne nužno s nasiljem nad intimnim partnerima. Veći postotak počinitelja obiteljskog nasilja ima dijagnozu shizofrenije nego počinitelji ubojstva intimne partnerice (30). Dijagnoze shizofrenije, shizoafektivnog poremećaja, bipolarnog poremećaja i/ili depresije sa psihotičnim simptomima nisu bile ranije učestalo evidentirane u okviru psihijatrijskog praćenja prije kaznenog djela ubojstva (3).

Počinitelji obiteljskih ubojstava imali su znatno veće stope psihijatrijskih dijagnoza, dok su počinitelji partnerskog ubojstva bili češće bez psihijatrijske dijagnoze. Počinitelji obiteljskih ubojstava koji su u skrbi stručnjaka mentalnog zdravlja imaju tendenciju dugotrajnijih problema mentalnog zdravlja i veće korištenje timova za mentalno zdravlje u zajednici i forenzičkih i skrbičkih usluga za mentalno zdravlje, dok su počinitelji partnerskog ubojstva imali povijest korištenja psihoaktivnih tvari, povijest ranijeg kažnjavanja, samoozljeđivanja i suicidalnih pokušaja (30).

Around 10% of homicide perpetrators in England and Wales presented symptoms of a mental disorder at the time of the homicide. Out of the 1180 intimate partner homicide perpetrators, 20% presented with symptoms of a mental disorder at the time of committing the crime, out of which 7% had symptoms of psychosis and 13% had symptoms of depression, while 30% of the perpetrators who displayed symptoms of a mental disorder had contact with mental health services in the year before committing the crime (27).

A study conducted at the Department of Forensic Psychiatry in the Neuropsychiatric Hospital “Dr. Ivan Barbot” in Popovača (28) addressing the mentally incompetent schizophrenic perpetrators of family homicide showed that more commonly parents were the victims, or the crime involved siblicide. Individuals with schizophrenic and delusional disorders often use sharp objects to commit homicide (29). It is possible that common symptoms of schizophrenia spectrum disorders, such as paranoid ideation, are associated with general violence, but not necessarily with intimate partner violence. A higher percentage of domestic violence perpetrators is diagnosed with schizophrenia when compared to perpetrators of intimate partner femicide (30). In the past, the diagnoses of schizophrenia, schizoaffective disorder, bipolar disorder and/or depression with psychotic symptoms were not frequently recorded in the course of psychiatric monitoring before the criminal offense of homicide (3).

The rates of psychiatric diagnoses were significantly higher among family homicide perpetrators, while the perpetrators of intimate partner homicide were more frequently without a psychiatric diagnosis. Family homicide perpetrators under the care of mental health professionals tend to suffer from long-term mental issues and utilize mental health teams within the community more frequently, as well as the forensic and mental health care services, while among the perpetrators of intimate partner homicide there was a history of psychoactive substance use, previous convictions, self-harm and suicide attempts (30).



## ALKOHOL I DROGE KAO KRIMINOGENI FAKTORI

Štetna uporaba ili ovisnost o alkoholu često pridonosi partnerskom nasilju i femicidu (31). Korištenje psihoaktivnih tvari i poremećaj ličnosti kao osnovne ili komorbidne dijagnoze povećavaju rizik za počinjenje nasilja u svim dijagnostičkim kategorijama (32). Alkohol je od ranije poznat kao kriminogeni faktor koji doprinosi počinjenju nasilnih kaznenih djela, posebice fatalnom između intimnih partnera (33–35) te su prevencija alkoholizma i adekvatan tretman ovisnika o alkoholu važan element posredne prevencije ubojstva intimnih partnera. Na važnost utjecaja alkohola te važnost preventivnih programa ukazuju i druga istraživanja. Počinitelji koji koriste alkohol imaju osam puta češću vjerojatnost da će zlostavljati svoje partnere i dva puta veću vjerojatnost da će ubiti partnera (36).

Korištenje droga (amfetamina, opijata, heroina, kokaina) također je rizik za nasilje kao i kombinacija droga s alkoholom. Konzumacija kokaina je rizik za nasilje pa tako i ozbiljno nasilje u odnosu na partnericu. Osim što može potaknuti nasilje farmakološkim učincima, može pomoći oslobađanju agresije kod osoba s poremećajem ličnosti, naročito kod disocijalne ličnosti (21).

## DEPRESIJA I RIZICI ZA NASILJE

Doprinos depresivnosti na počinjenje ubojstva posebno je značajan kao rizik za počinjenje ubojstva-samoubojstva. Pokazalo se da su takvi počinitelji obično stariji te da su i ranije iskazivali prijetnje ili pokušaje samoubojstva, uz anamnezu zlostavljanja u djetinjstvu (37) pa se suicidalne ideje moraju smatrati važnim čimbenikom rizika za bračna ubojstva. Fazel navodi da su kod počinitelja u depresivnim podskupinama s anamnezom ranijih nasilnih zločina i zlorabe supstancija ili samoozljeđi-

## ALCOHOL AND DRUGS AS CRIMINOGENIC FACTORS

Harmful use of alcohol or alcohol addiction often contribute to the occurrence of intimate partner violence and femicide (31). Psychoactive substance use and personality disorder as the primary or comorbid diagnoses increase the risk of committing violence in all diagnostic categories (32). Alcohol has long been known as a criminogenic factor which contributes to the commission of criminal offenses, especially fatal among intimate partners (33-35), therefore the prevention of alcoholism and adequate treatment of alcohol addicts represent important elements in the indirect prevention of intimate partner homicide. Other studies have also pointed to the importance of alcohol effects and its preventive programs. Perpetrators who consume alcohol are eight times more likely to abuse their partners and two times more likely to murder their partners (36).

Drug use (amphetamines, opiates, heroin, cocaine) also represents a risk factor for violence, as well as combining drugs with alcohol. Cocaine consumption is a risk factor for violence, also including serious violence against one's female partner. In addition to potentially inducing violence through pharmacological effects, it can also help release aggression in individuals with personality disorders, especially in case of dissocial personality disorder (21).

## DEPRESSION AND RISK OF VIOLENCE

The contribution of depression to homicide is particularly significant as a risk factor for committing homicide-suicide. It has been shown that such perpetrators are usually older and have a history of threats or attempted suicide, along with a history of childhood abuse (37), therefore suicidal ideation must be considered as an important risk factor for marital homicide. Fazel reports that among perpetrators in the depressive subgroups with a history of previous violent crimes and substance abuse or self-harm, violent crime rates are higher

vanja, stope nasilnih zločina veće od 15 % tijekom otprilike 3 godine praćenja, dok je kod muškaraca s dijagnozom shizofrenije to događa u oko 10 % (38). Depresivnost i suicidalne ideje mogu biti rizični faktor za počinjenje ubojstava i samoubojstava.

## UBOJSTVO-SAMOUBOJSTVO

Barbieri i sur. (39) opisuju da je ubojstvo-samoubojstvo „dvostruka smrt“ s kriminološkog stajališta te da može biti pokazatelj jake emotivne veze između ubojice i njegove žrtve, straha od izdaje i gubitka objekta. Kod ubojstva-samoubojstva počinitelj ubija najmanje jednu žrtvu i tada učini suicid, u većini slučajeva odmah nakon ubojstva. Počinitelji su uglavnom muškarci, u braku, izvanbračnoj zajednici ili nedavno rastavljeni od svoje partnerice, a žrtva je obično sadašnja ili bivša partnerica (40,41). Osim što se najčešće dešavaju u obitelji (91 %) i unutar para (60 %), mogu obuhvatiti djecu (21 %) ili roditelje (5 %) počinitelja (42). U istraživanju Malphurs i Cohen (43) vidi se da su četvrtinu počinjenih ubojstava-samoubojstava počinile osobe u dobi od 55 godina i starije.

Počinitelji koji su počinili samoubojstvo nakon ubojstva češće to čine nakon dovršenih zločina nego pri pokušaju ubojstva te kada je ubijeno više žrtava (6). Istraživanje Larchet i sur. (42) pokazalo je da je manje vjerojatno da će počinitelji obiteljskih ubojstava-samoubojstava biti pod utjecajem alkohola, biti od ranije poznati policiji i imati anamnezu o psihijatrijskom, liječenju od onih koji nisu počinili samoubojstvo nakon ubojstva, a najčešće se koristi vatreno oružje.

## RASPRAVA

U prevenciji kaznenih djela ubojstva intimne partnerice trebalo bi obratiti pažnju na prepoznavanje rizika počinjenja nasilja kod osoba s

than 15% in the period of approximately 3 years of monitoring, whereas in men diagnosed with schizophrenia this occurs in about 10% of cases (38). Depression and suicidal ideations can be a risk factor for committing homicides and suicides.

## HOMICIDE-SUICIDE

Barbieri et al. (39) observed that homicide-suicide is a “double death” from a criminological point of view, and can be an indicator of a strong emotional connection between the murderer and his victim, a fear of betrayal and loss of the object. In cases of homicide-suicide, the perpetrator murders at least one victim and then commits suicide, in most cases immediately after the crime. The perpetrators are generally men, either married, cohabitating or recently divorced from their partner, while the victim is usually the current or former partner (40, 41). The crimes mostly occur within the family (91%) and between a couple (60%), but can also include children (21%) or parents (5%) of the perpetrator (42). In a study conducted by Malphurs and Cohen (43) it was evident that one quarter of the homicides-suicides was committed by individuals 55 years old or older.

The perpetrators who commit suicide after homicide more often do so after having completed the crimes rather than while attempting homicide, as well as in cases when multiple victims have been killed (6). In a study conducted by Larchet et al., it was observed (42) that perpetrators of family homicide-suicide are less likely to be under the influence of alcohol, to be previously known to the police or to have a history of psychiatric treatment as compared to those who did not commit suicide after homicide, while firearms are the most frequently used weapon.

## DISCUSSION

In the prevention of intimate partner femicides, attention should be paid to identifying the risk of violence in individuals with a history of treatment for alcohol or drug problems, self-harm or

anamnezom liječenja zbog problema s alkoholom ili drogama, samoozljeđivanja ili pokušaja samoubojstva te ranijim kažnjavanjem. Posebno forenzičko značenje za nasilno ponašanje mogu imati granične, narcistične i antisocijalne karakteristike ličnosti (44), uz postojanje konzumacije alkohola ili droga, no da li će se nasilje dogoditi ovisi o međusobnoj interakciji predisponirajućih osobina i precipitirajućih čimbenika.

Počinjene ubojstva intimne partnerice često je kulminacija dugotrajnog nasilja, a u svrhu prepoznavanja rizika mogu se koristiti ljestvice za procjenu rizika opasnosti kao što su *Spousal Assault Risk Assessment Guide* (SARA), *Historical Clinical and Risk Management 20* (HCR-20) (45), *Short-Term Assessment of Risk and Treatability* (START) (46), *Danger Assessment Revised 20-item* (DA-R20) (47), *Severe Intimate Violence Partner Risk Prediction Scale* (SIVPAS) (48). Prethodno nasilje te ranija prekršajna ili kaznena kažnjavanost za partnersko nasilje faktori su rizika za počinjenja i težih kaznenih djela (49). Stoga je važna interdisciplinarna suradnja i prepoznavanje rizika od svih službi uključenih u zaštitu od nasilja (50). Važni faktori su i vrsta odnosa između žrtve i počinitelja te obiteljska dinamika, dok na razini zajednice čimbenici rizika uključuju kulturu i njezina prevladavajuća uvjerenja o nasilju, prethodne preventivne kampanje i pravne definicije i zakonske mjere prema počiniteljima (51).

## ZAKLJUČAK

Rizični faktori za počinjenje najtežih kaznenih djela prema intimnoj partnerici su osim ranije počinjenog partnerskog nasilja osobine ličnosti počinitelja, problem sa konzumacijom alkohola i/ili droga, dostupnost vatrenog oružja, narušena partnerska dinamika uz neprihvatanje raskida partnerske veze, prijatnije ubojstvom ili samoubojstvom te poteškoće mentalnog zdravlja. U cilju što bolje prevencije potrebna

suicide attempts, as well as those with previous convictions. Borderline, narcissistic and antisocial personality traits (44) can be of special forensic significance in terms of violent behavior, along with the existence of alcohol or drug consumption, however, whether violence will occur depends on the mutual interaction of predisposing traits and precipitating factors.

Intimate partner femicide is often a culmination of long-term violence, and hazard risk assessment scales that can be used for the purpose of risk identification include *Spousal Assault Risk Assessment Guide* (SARA), *Historical Clinical and Risk Management 20* (HCR-20) (45), *Short-Term Assessment of Risk and Treatability* (START) (46), *Danger Assessment Revised 20-item* (DA-R20) (47), *Severe Intimate Violence Partner Risk Prediction Scale* (SIVPAS) (48). Previous acts of violence and earlier misdemeanor or criminal convictions for intimate partner violence represent risk factors for the occurrence of more serious criminal offenses (49). Interdisciplinary cooperation and risk identification by all services involved in the protection against violence are, therefore, very important (50). The type of relationship between the victim and the perpetrator, as well as the family dynamics, are important factors as well, while risk factors at the community level include the culture and its prevailing beliefs about violence, previous preventive campaigns and legal definitions, as well as legal measures against perpetrators (51).

## CONCLUSION

In addition to previous acts of intimate partner violence, risk factors for the commission of the most serious criminal offenses against female intimate partners also include the personality traits of the perpetrator, alcohol/drugs consumption issues, availability of firearms, disrupted partner dynamics and refusal to accept the termination of the intimate partner relationship, homicide or suicide threats and mental health difficulties. In order to achieve the best possible prevention, interdisciplinary cooperation of all services involved in

je interdisciplinarna suradnja svih službi koje sudjeluju u zaštiti od partnerskog nasilja, procjena rizika i otkrivanje rizičnog ponašanja, liječenje psihičkih poremećaja te sankcioniranje počinitelja i praćenje psihosocijalnim i drugim zaštitnim i sigurnosnim mjerama liječenja. Kako bi se prevenirale posljedice nasilja i smanjila vjerojatnost najtežih kaznenih djela važna je edukacija profesionalaca koji dolaze u kontakt s mogućim počiniteljima nasilja i teških kaznenih djela proizašlih iz partnerskog nasilja, edukacija, zaštita i pružanje terapijskih intervencija žrtvama te edukacija javnosti, uz informacije o dostupnim službama ako postoji nasilje ili prijetnja od počinjenja nasilja.

the protection against intimate partner violence is necessary, in addition to risk assessment and detection of risky behavior, treatment of mental disorders and sanctioning of perpetrators, and monitoring by means of psychosocial and other protective and safety measures of treatment. In order to prevent the possible consequences of violence and reduce the likelihood of the most serious criminal offenses, it is important to educate professionals coming into contact with the possible perpetrators of intimate partner violence and serious criminal offenses, as well as to educate and protect the victims, and provide them with therapeutic interventions, in addition to educating the public and publishing information on the available services in case of violence or threats of violence.

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