

**PSYCHOLOGICAL AUTOPSY OF MALE PERPETRATOR
AND FEMALE VICTIM INTIMATE PARTNER MURDER-
SUICIDE IN A RURAL COMMUNITY IN LIMPOPO
PROVINCE**

By

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DECLARATION

I declare that the thesis hereby submitted to the University of Limpopo, for the degree of Doctor of Philosophy in Psychology has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged



12 July 2021

Muthivhi, E (Miss)

Date

DEDICATION

This thesis is dedicated to

- Surviving family members of intimate partner murder-suicide
- The Government of the Republic of South Africa
- South African citizen

.....Together we can beat intimate partner murder-suicide in our
country.....

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LIST OF ABBREVIATIONS AND ACRONYMS

DoH	:	Department of Health
DVA	:	Domestic Violence Act 116 of 1998
FPS	:	Forensic Pathology Service
FVCPS	:	Family Violence, Children Protection and Sexual Offences unit
GBVCC	:	Gender Based Violence Command Centre
HPCSA	:	Health Professions Council of South Africa
IP	:	Intimate Partner
IPMS	:	Intimate Partner Murder-Suicide
LPDOH	:	Limpopo Provincial Department of Health
MS	:	Murder-suicide
PA	:	Psychological Autopsy
SAPS	:	South African Police Service
TPB	:	Theory of Planned Behaviour
TMA	:	Theory of Multiple-attribute Attitude
TCA	:	Thematic Content Analysis

ABSTRACT

Though it is difficult to determine the prevalence of intimate partner murder-suicide (IPMS), it does appear that this phenomenon is reported in different parts of the world. The psychological consequences of this phenomenon to the surviving family members have also been widely reported. The aim of the study was to conduct a psychological autopsy (PA) on male perpetrators and female victims of IPMS in a rural community in Limpopo Province. The research objectives were; 1) To understand the psychological intent, motives and behaviour of male perpetrators and female victims in IPMS; 2) to identify role played by male perpetrators and female victims in effecting their death; 3) To investigate multiple trajectories (that is, psychological, social, environmental and cultural/historical context) contributed to IPMS; 4) To identify other factors or events that may have triggered fatal behaviour of both male perpetrators and female victims of IPMS; 5) To understand circumstances around IPMS; 6) To develop guidelines to assist in responding to IPMS.

The study was qualitative in nature. In particular, the case study design was used. Interpretative phenomenology approach was adopted. The study was informed by the Theory of Planned Behaviour. Purposive sampling used to select cases of intimate partner murder-suicide. Snowball sampling used to select participants and archival sampling was used to select archived record. Thematic Content Analysis (that is, inductive analysis) was used to identify patterns of meaning across the datasets in order to provide answers to the research objective. The research revealed five major themes. These themes are psychological profile of perpetrators, psychological profile of victims, multiple trajectories towards IPMS, possible triggers in IPMS and circumstance around IPMS.

Research findings suggest that although IPMS came as a total surprise there were psychological intent, motive, behaviour on the part of male perpetrators and female victims. The study recommends the need for further PA studies to shed the light on the psychological intent of male perpetrators and female victims of IPMS. The psychological intent of male perpetrators and female victims of IPMS heighten the urgency for policy makers to develop IPMS prevention strategies and policies.

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 Introduction

The purpose of this study was to conduct a psychological autopsy on male perpetrator and female victims of IPMS. The study focused on the psychological intent, motive and behaviour of male perpetrators and female victims of IPMS. Multiple trajectories (psychological, social, environmental and cultural/historical context) directed male perpetrators and female victims towards IPMS. Certain events triggered the fatal behaviour of both male perpetrators and female victims of IPMS and the role played by male perpetrators and female victims in effecting their death. This chapter mainly looks at the background, problem statement, research questions, significance of the study and operational definitions.

1.2 Background of the study

Murder-suicide (MS) among intimate partners is rare (Langleng, 2012; Adinkrak, 2014; Townsend, 2003) but continues to occur yearly (Violence Policy Centre, 2018). Though it is difficult to determine the prevalence of intimate partner murder-suicide (Violence Police Centre, 2018; Adinkrak, 2014; Biskupski et al., 2010), it does appear that this phenomenon is reported in different parts of the world. For instance, a study by Langleng (2012) estimated that 642 IPMS cases occurred in the United States of America in the year 2009 and 2011. The Violence Policy Centre (2018) estimated 1500 IPMS cases occurred in the United States of America in the year 2018. Eight states had 10 or more MS cases in a six-month period. In order, these states were: Texas had 37, California had 29, Florida had 25, Pennsylvania had 18, Illinois had 11, Ohio had 11 and Tennessee had 11. A recent study conducted by Adinkrak (2014) estimated that 13 IPMS cases occurred in Ghana from 1990 until 2005.

In South Africa, Mathews (2010) estimated 25 cases of IPMS, Skead (2010) 328 cases and Van Den Heever (2017) 38 cases. Two studies estimated regional statistics of IPMS: Townsend (2003) estimated 21 cases in Durban (KwaZulu Natal); Jena et al (2009) 118 cases in the Pretoria region and printing media reports by Nengovhela (2019); Kimmie (2019); Tshikhudo (2016); Wicks (2016); Hlungwani (2018); African News Agency (2017); Nengovhela (2015); Nengovhela (2017) estimated 30 in Limpopo province.

1.3 Problem statement

According to the Violence Policy Centre (2018), murder-suicide (MS) among intimate partners appears to be increasing, for which it is usually recognized that there is a need for psychological autopsy (PA) studies in the United States of America and Switzerland. Rao (2014); Andreas (2016); Ronald, Brain and Michael (2011); Antoon, Peter and Deborah (2008) also found an increasing tendency amongst male partners to kill their female partners before taking own lives in the United States of America. Knoll and Hatters-Friedman (2015) also found an increasing tendency in intimate partners whose lives were ended through murder-suicide in Dallas.

In the South African context, murder-suicide among intimate partners appears to be increasing (South African Police Service, 2018, Skead, 2010; Van Den Heever, 2017). Jena et al (2009) also found an increasing tendency of intimate partner whose lives were ended through MS in Pretoria region. Townsend (2003) also found an increasing tendency of IPMS in Durban, KwaZulu Natal. In Limpopo Province, Nengovhela (2019); Kimmie (2019); and the African News Agency (2018) found an increasing tendency of intimate partners whose lives were ended through MS between 2015 and 2019. Although printing media reports by Nengovhela, (2019); Kimmie, (2019); Tshikhudo, (2016); Wicks (2016); Hlungwani, (2018); African News Agency (2017); Nengovhela, (2015) found an increasing tendency of intimate partners whose lives were ended through MS in both rural and urban communities, no systematic research that exclusively focuses on male perpetrators and female victims of IPMS since ever existed either in rural or urban communities. IPMS is not limited to Pretoria in Gauteng and Durban in the KwaZulu Natal region province, but stretches across the entire South Africa (South African Police Service, 2018).

In this kind of death, bereaved families, children, friends and community experience feeling of shock, denial, guilt, anger, bewildered with emotions, and struggle to understand what happen. They are left traumatised with unanswered questions such as why? Why now, why in this way?. Unfortunately, there is limited understanding of what was happening in the mind of those IPs whose lives were ended through MS, particularly in Limpopo Province. The understanding of psychological intent, motive, and behaviour of either perpetrator or victim in IPMS, including the multiple trajectories, events and circumstance around IPMS is also limited. A need therefore arose to conduct a PA study of male perpetrators and female victims of IPMS in a rural community of Limpopo province. PA contributes to a clear understanding of what was happening in the mind of IP whose lives were ended through MS, including the psychological intent, motive, behaviour, multiple trajectories, events and circumstance around IPMS.

1.4 Purpose of the study

1.4.1 Aim of the study

The present study aims to conduct a psychological autopsy (PA) on male perpetrators and female victims of IPMS in rural community of Limpopo Province, South Africa.

1.4.2 Objectives of the study

The study pursued the following objectives:

- To understand the psychological intent, motives and behaviour of male perpetrators and female victims in IPMS;
- To identify the roles played by male perpetrators and female victims in IPMS;
- To examine multiple trajectories (that is, psychological, behavioural, social, environmental and cultural/historical context) that may have contributed to the IPMS of both male perpetrators and female victims;
- To identify other factors or events that may have triggered the fatal behaviour of both male perpetrators and female victims in IPMS;
- To identify circumstances around IPMS; and
- To develop psychological guidelines to assist in responding to IPMS.

1.4.3 Research questions

In this study, the following research questions formed the basis of enquiry:

- What are the psychological intent, motive and behaviour of perpetrators and victims in IPMS?
- What is the role played by male perpetrators and female victims in IPMS?
- What are the multiple trajectories (these includes, psychological, social, environmental and cultural/historical factors) that may have contributed to IPMS?
- What are events or other factors that may have triggered fatal behaviour of both male perpetrators and female victims in IPMS?
- What are the circumstances around IPMS?
- What are the psychological guidelines to assist in responding to IPMS?

1.5 Significance of the study

The study provides greater insights into the psychological intent, motives and behaviour of perpetrators and victims in IPMS. The study also makes a contribution by, among others: a) adding to the existing literature on the topic of psychological autopsies, particularly in cases of MS; b) providing greater insights about the role played by male perpetrators and female victims on effecting their death; c) providing greater insights about the multiple trajectories (that is psychological, social, environmental and cultural/historical context) that may have contributed to IPMS; d) helping policy makers to develop strategies and policies that will take into account the psychological intent, motives and behaviour in IPMS that could help to reduce these kinds of death; e) helping decision makers to develop an awareness campaign that will take into account the psychological intent and motives associated with the IPMS phenomenon; f) providing greater insights into the other factors or events that may have triggered the fatal behaviour of both male perpetrator and female victim; and, g) providing greater insight into the circumstances around IPMS.

1.6 Operational definitions

1.6.1 Intimate partner (IP)

This is defined as a person with whom one has a close personal relationship that can be characterised by emotional connectedness, regular contact, on-going physical contact and sexual behaviours (Salari, 2007). For example, a current or former spouse, boyfriend or girlfriend, dating partner or sexual partner could be regarded as an IP. In the context of the present study, an IP was understood to carry the same meaning.

1.6.2 Intimate partner murder-suicide (IPMS)

This is defined by Kozoil-Mclaim et al. (2006), as an act where a male partner kills his female partner and then kills himself. Harper and Voigt (2007) refer to it as intimate/domestic lethal violence suicide whereby a person kills a lover, ex-lover, girlfriend, or spouse and then him- or herself. The same meaning was applicable for the present study.

1.6.3 Murder-suicide (MS)

This is defined as the act where one individual kills someone or some people, and shortly thereafter commits suicide (Harper & Voigt, 2007). According to Roberts, Wassenaar, Canette and Pillay (2010), MS is an act where an individual, within a short period of time usually within a week or less, kills another person or persons and shortly thereafter commits suicide. In the context of the present study, an MS was understood to carry the same meaning.

1.6.4 Psychological autopsy (PA)

This is defined as a behavioural, scientific and impartial investigation of the psychological intentional aspects of a particular death, based on face-to-face interviews with significant others such as surviving family members, friends and others who had contact with the deceased before death. PA also involves the review of the deceased's archival documents such as police and medical reports, suicide notes, diaries and letters that are relevant to the individual's death (Schneidman, 1976). In the context of the present study, PA was understood to carry the same meaning.

1.7 Organisation of thesis chapters

In order to achieve the aim and objectives of the study, nine chapters were developed.

Chapter one gives a brief background of the study, including the problem statement, purpose and significance of the investigation, as well as the operational definitions of relevant terms.

In Chapter two, the literature describes the phenomenon of intimate IPMS focusing on both the international and South African contexts. The chapter also gives an outline of the demographic characteristics of perpetrators and victims of IPMS, including the psychological profile of perpetrators and victims in IPMS. In Chapter three, psychological theories of IPMS applied to psychological autopsy case studies are discussed. In Chapter four, the theoretical framework used as a lens to understand IPMS is discussed

In Chapter five the study methodology that was followed is presented. Aspects such as the choice of the research methodology, research design, the recruitment of participants, measures, procedures, data analysis strategy employed, ethical considerations and quality criteria form part of this chapter. In Chapter six results and analysis of in-depth interviews and archival records data are presented. In this chapter a narrative description of the findings in relations to the research objectives are discussed.

In chapter 7, proposed guidelines to assist mental health professionals in responding to intimate partner murder-suicide are discussed. In this chapter the psychological profiles of perpetrators and victims in IPMS, multiple trajectories towards IPMS possible triggers in IPMS, circumstances around IPMS, legal issues in handling IPMS and response in IPMS was detailed.

In Chapter eight, detailed interpretation and description of significance of the research finding in light of what was already known about the research problem are discussed in this chapter. In Chapter nine, Summary, Implication, Limitations and Conclusion are presented.

CHAPTER 2

THE PHENOMENON OF INTIMATE PARTNER MURDER-SUICIDE (IPMS)

2.1 Introduction

This chapter presents a literature review on the phenomenon of IPMS. The review starts by describing the demographic characteristic of perpetrators and victims in IPMS. The second part of the review describes the psychological profile (these include psychological intent, motive and behaviour) of perpetrators and victims in IPMS. The third part of the review provide multiple trajectories (that is, psychological, social, environmental and cultural factors) towards IPMS. The fourth part of the review provides possible triggers in IPMS. The fifth part of review provide circumstances around IPMS. Special attention is paid to international and South African studies which investigated the phenomenon of IPMS.

2.2 Demographic characteristics of perpetrators and victims in IPMS.

A study conducted by Knoll and Hatters-Friedman (2015) found that the typical characteristic of perpetrators were often middle-aged male who usually suffocate or stab their former/current wives, girlfriends and mistress and hang themselves. A typified range was 18 to 60 years old. A study by Klinoff, Van Hasselt and Black (2015) found that the typical perpetrators were often male state police officers who shot their female partner and then shot himself. A typified range was 21 to 65 years old.

Another study conducted by Adinkrank (2014) found that an overwhelming majority of IPMS are committed by males with female partners substantially more likely to be the victims. The perpetrators and victims were generally of low socioeconomic status. Haper and Voigt (2007) found that perpetrators were often found to be male partners who shoot their female victims in the back or back of the head which demonstrates the theory of a surprise attack.

Van wormer (2008) indicated that IPMS typically constitutes a husband usually killing his ailing spouse before committing suicide to relieve pain associated with chronic illness. The other characteristic was of elderly couples who have been married for

many decades who are both suffering from significant illness, financial problems and social isolation. An important limitation of this study is that the mean age of both perpetrators and victims is not reported. Salari (2007) reported that perpetrators of IPMS were older than their wives and in some cases decades older. Liem (2010) reported that most of the perpetrators belong to the age group 31-40. None of the perpetrators above the age of 50 years were involved in IPMS. The maximum number of victims belong to 31-40 years. There were no elderly victims' recorded. Although these study made a significant contribution on understanding the demographic profiles of perpetrators in IPMS, the finding cannot be generalized to the entire international countries, the authors concluded that IPMS is a real phenomenon in domestic relationships. Further studies on IPMS were recommended.

In the South African context, Mathews, Abrahams, Jewker, Lorna, Lombard and Vetten (2008) reported that the majority of perpetrators were white males employed as professional or white-collar than blue-collar. An important limitation of this study is that the typical characteristics of victims are not reported. A study conducted by Van Den Heever (2017) reported the typical characteristics were reported to be of the male partners who killed their female partners. Typical perpetrators were likely to be a black African male who is 35 years old with grade 12 education, holding the rank of a constable and had a history of domestic violence. A study conducted by Skead (2010) found that typically perpetrators were likely to be 37 years of age, male and black African. The perpetrators are likely to be employed in the security sectors and victims are typically 25 years old, an IP of perpetrators. Although these studies made a significant contribution to understanding the demographic profile of perpetrators, the finding cannot be generalized to the entire South African population. The authors concluded that IPMS is a real phenomenon in domestic relationships. Further studies on IPMS were recommended.

A pilot study conducted by Townsend (2003) in Durban KwaZulu Natal reported that the typical perpetrators were likely to be black male aged 32-years old with at least a secondary school education and currently unemployed. Perpetrators were typically the boyfriend or spouse of the victims. The typical profile of victims were found to be a black female aged 26 years with at least a secondary school education and currently unemployed. A study conducted by Jena et al. (2009) in Pretoria found that the typical

perpetrators were likely to be a young black male shooting his girlfriend and himself at home. Other perpetrators were found to be elderly couples, a married Caucasian male shooting his wife and himself at home. Nengovhela (2015) reported that the typical perpetrators were likely to be a black male 39-years old with at least a secondary school education and currently self-employed in Limpopo Province.

Perpetrators were typically the husband of the victims. The typical profile of victims was found to be a black female aged 27 years with at least a secondary school education and currently unemployed. Nengovhela (2018) reported that perpetrators were likely typified by black 65 years old male with secondary school education and currently a pensioner who stabbed his 19 years old girlfriend to death in Limpopo Province. The African News Agency (2017) reported that perpetrator was likely to be black male aged 41-years old who stabbed his 30-years old girlfriend to death. The perpetrators were typified to be the boyfriend of the victim. The authors concluded that IPMS is a real phenomenon in domestic relationship. Further studies on IPMS were recommended.

2.3 Psychological profile of perpetrators and victims in IPMS

2.3.1 Psychological intent in IPMS

Malle et al. (1997) defines psychological intent as an action to accomplish a desired goal on the belief that the course of action will satisfy a desire. Astington (1993) defines psychological intent (knowledge of wrongdoing or wilful) as a subjective state of mind accompanied the act or action of a certain crime to constitute a violation. This state of mind ranges from thoughts, explicit plans, fantasizing about plan, tracking effort and obtaining a weapon to complete intimate partner murder-suicide (Astington (1993). Searle (1983) labelled psychological intent as intention-in-action carried out by an individual in order to reach a goal. Although there is no systematic research studies conducted that linked psychological intent with IPMS, the definition of psychological intent by Malle et al. (1997); Astington (1993) and Searle (1983) made a significant contribution in understanding the psychological intent in IPMS. The question remains “what is the psychological intent of male perpetrators and female victims in IPMS?”. This study serves as the pilot study to form a foundation of psychological autopsy

studies with the aim to understand psychological intent of perpetrator and victim in intimate partner murder-suicide.

In South African context, no PA studies reflected the psychological intent of either perpetrator or victim in IPMS. The definitions by Malle et al. (1997); Astington (1993) and Searle (1983) serve as the foundation to understand psychological intent of male perpetrators and female victims in IPMS.

2.3.2 Psychological motive in IPMS.

Psychological motive is defined by Martin (2019) as a state of psychological arousal in the mind which influences how people behave. Martin (2019) classified psychological motive as an “intervening variable” that cannot be directly observed because it resides within a person’s mind and intervenes between stimulus and response. This includes cognitive and emotional arousal. Cognitive arousal, also called thinking or mental stimulation, is defined by Mukundan (2018) as a state where human beings explore learning and discover interesting things. Mukundan (2018) is of the opinion that people are driven into this cognitively aroused state by curiosity, novelty and general interest.

Emotional arousal is defined by Mukundan (2018) as a state of heightened physiological activities. This includes having strong emotions like anger and fear. Mukundan (2018) pointed out that people go through emotional arousal states in response to daily experiences. For example, the fight, flight or freeze response is a state of emotional arousal. Santiago and Antonio (2007) pointed out that unpleasant cognitive and emotional arousal plays an important role in the genesis of violent and criminal behaviour. Santiago and Antonio (2007) suggest that many perpetrators have difficulties in managing conflictive everyday situations which may lead them to emotional dis-control and aggression towards other people verbally and physically. Novaco, Ramm and Black (2001) is of an opinion that lack of skills in managing difficult situations, inadequate interpretation of interactions (e.g. attributing bad intention) and cognitive, and emotional exasperation increase criminal behaviour towards others and self, resulting in IPMS.

2.3.3 Behaviour

Studies by Hyatt (2007) and White (2018) are of an opinion that individual behaviour played a great role in IPMS. The studies were qualitative in nature. Post interviews with surviving family members were employed to generate data. Hyatt (2007) is of an opinion that individual behaviour (unconventionality, perfectionism, relationship difficulties and suicidal idealism) directed perpetrators towards IPMS. White (2018) found impulsive behaviours such as aggression, ant-social behaviour, a lack of empathy and violence behaviours manifesting early in perpetrators as a behaviour directed perpetrators towards IPMS. The authors concluded that research focused on the behaviour linked to IPMS are limited internationally, therefore there is a need to conduct more in-depth research to understand the behaviour which directed perpetrators and victims towards IPMS. These studies serve as the foundation to understand type of behaviour directed male perpetrators in IPMS.

In South African context, unfortunately there is no specific studies identifying behaviour or individual characteristics which directed perpetrators or victims towards IPMS. Therefore the studies by Hyatt (2007) and White (2018) serve as the foundation to understand behaviour or individual characteristic directed male perpetrators and female victims in IPMS.

2.4 Multiple trajectories towards IPMS.

2.4.1 Psychological factors

White (2018); Cross et al. (2018) and Hyatt (2007) suggested psychological factors as multiple trajectories towards IPMD. They identified mental illness and personality disorders as psychological factors towards IPMS. This presumption was supported by studies on murder-suicide presented by Bourget et al. (2002); Lewis and Bunce (2003); as well as Leveille et al. (2007) who are of an opinion that the majority of perpetrators suffering from severe types of mental illness are likely to commit IPMS. A study conducted by White (2018) suggested that certain mental disorders and type of personalities, criminal behaviour directed perpetrators towards IPMS. This study found depression, anxiety, aggression, ADHD, low intelligence, emotional abuse (that

is, insults, belittling, constant humiliation, and intimidation), threat of harm, threats to take away children as psychological factors which directed perpetrators towards IPMS.

Cross et al., (2002) found depression, mania, schizophrenia, anxiety, panic, paranoid, impulsivity, borderline personality, low self-esteem, and hopelessness as psychological factors which directed perpetrators towards IPMS. Hyatt (2007) is of an opinion that feeling hopeless and helpless and an attitude of ambivalence influence individuals to complete IPMS. Hyatt (2007) pointed out the risk of IPMS is greatly magnified by feelings of hopelessness and helplessness that life circumstances around the perpetrators will not improve and consider IPMS as solution.

Although these studies made a significant contribution to understanding the mental illness and personalities which directed perpetrators towards intimate partner murder-suicide, the finding cannot be generalised worldwide. The question remains “What are the psychological factors directing male perpetrators and female victims towards intimate partner murder-suicide?”

In the South African context, the press study by Skead (2010) found psychiatric illness in some of the cases of IPMS, but unfortunately the media reports did not clearly identify types of psychiatric illness. The author concluded that research on IPMS is very limited both nationally and internationally, therefore more studies need to be conducted, particularly in developing countries for effective prevention strategies.

2.4.2 Social factors

A study by Milter, Ginsburg and Mulligan (2012), Roberts, and Buka (2008); White (2018) and Marris (2018) reported social factors as multiple trajectories towards IPMS. The studies were qualitative in nature and during interviews with survivors. Milteer et.al. (2012) and Robert (2008) found that low socioeconomic status including poverty, low-income, and lack of resources directed perpetrators towards IPMS. A study by Kizza, Kinyanda and Hjelmeland (2012) suggested low self-control and sensation seeking, life events and lifestyle as social factors that have directed perpetrators towards IPMS. Bonta and Andrews (2017) suggest that the social factors influence how our biological predispositions are expressed in behaviour. However just because certain factors have a biological basis does not mean that behaviour is predetermined. A study by Bonta and Andrews (2017) is of the opinion that the path

to IPMS depends more on what happens as the individual grows up than on what capacities the individual was born with. The authors suggest that there is a hereditary component in criminal behaviour that interacts with the social environment.

In the South African context, unfortunately there are no specific studies identifying social factors linked to IPMS. The studies by Milteer et.al. (2012) and Robert (2008) Marripedia (2018); and White (2018) serve as foundation to understand social factors linked to IPMS in South Africa.

2.4.3 Environmental factors

A study by Kizza, Kinyanda and Hjelmeland (2012) suggest family and neighbouring surroundings as environmental factors linked to IPMS. Bura (2012) is of the opinion that family exerts deep influence in the life of individual, it not only gratifies an individual's essential and nonessential needs, but it also transmits cultural values which socialize and train him in survival patterns. However, family situations vary between individuals. A study by Marripedia (2018) suggested that loss of capacity of fathers and mothers to be responsible in caring for their children they bring to the world lead to criminal behaviour that may direct individuals to IPMS. This loss of love and guidance at the intimate levels of marriage and family has broad social consequences for the wider community (Marripedia, 2018).

The author also suggests that many young men and women from broken families tend to have a much weaker sense of connection with their IP and are prone to exploit them to satisfy their unmet needs or desire (Marripedia, 2018). A study by White (2018) is of the opinion that peer pressure predicts perpetrators criminal behaviours leading to IPMS. This study found that those individuals with weak social relationships, whether within the family or friends, were more likely to exhibit criminal behaviour associated with IPMS. In the South African context, unfortunately there are no studies focusing on the environmental factors which directed the perpetrators or victims towards intimate partner murder-suicide. International studies by Kizza, Kinyanda and Hjelmeland (2012) Bonta and Andrews (2017) serve as the foundation to understand environmental factors directed male perpetrators IPMS.

2.3.4 Cultural factors

Bourget, Gagne and Whitehust (2010) endeavoured to study one aspect of the puzzling occurrence of single MS, providing a cross-cultural picture of older IPMS offenders in Canada. In this article Bourget et al. (2010) have contributed to a culturally nuanced discussion and added to our understanding of the complexity of IPMS, which have similarities and differences between the various contexts and cultures. Cultural factors such as gender roles and men's quest for their lost masculinity were found to have directed perpetrators towards IPMS (Wi-Ching, 2006; Olliffe, Drummond & Bottorff, 2014).

Olliffe, Drummond and Bottorff (2014) suggest domestic desperation, workplace justice and school retaliation and cultural factors are linked to IPMS. Olliffe, Drummond and Bottorff (2014) inductively derived finding on cultural factors revealed three themes: a) domestic desperation, b) workplace justice and, c) school retaliation. Cases in the domestic desperation theme were characterised by the murder of a family member(s) e.g. spouse, and were often underpinned by men's self-perceptions of failing to provide economic security. Workplace justice cases emerged from men's grievances around paid work, job insecurity and perceptions of being bullied and or marginalized by co-workers or supervisors who turn out to be his girlfriend or mistress (Olliffe, Drummond & Bottorff, 2014). The school retaliation cases were strongly linked to payback against individuals and/or society, wife/girlfriend for the hardships endured by male perpetrators.

Prevailing across the three themes was men's loss of control in their lives, hopelessness and marginalized masculine identities. Also were men's alignments to hegemonic masculinities in reasserting one's masculine self by protesting the perceived marginalization invoked on them. Overall the findings give pause to consider the need for men-centred murder-suicide prevention strategies to quell the catastrophic impacts of this long standing but understudied men's health issue.

In the South African context, unfortunately there are no studies focusing on the environmental factors which directed the perpetrator or victims towards intimate partner murder-suicide. International studies by Bourget et al. (2010); Olliffe, Drummond and Bottorff (2014) serve as the foundation to understand cultural factors

which directed the male perpetrator and female victim towards IPMS. Although the international studies made a significant contribution to understanding multiple trajectories (that is, psychological, social, environmental and cultural factors) which directed perpetrators towards IPMS, the findings cannot be generalized to the entire world. The question remains, “what are the multiple trajectories which directed male perpetrators and female victims towards IPMS in South Africa, particularly in Limpopo province?”

2.5 Possible triggers in IPMS.

A study by Haper and Voigt (2007) found jealousy, dependency and unequal relationships as possible triggers in IPM. Suspicion of infidelity, sexual jealousy, augments, threatened divorce, separation initiated by female intimates are major possible triggers in IPMS (Adinkral, 2014). Owen (2012) is of an opinion that coincidental wish to kill, wish to be killed and wish to die triggered IPMS on the part of perpetrators. Perpetrators’ wish to kill was so much broader than that of most suicidal people, their first tragedy was against themselves. Blame heaped on perpetrators and divorce process. Possible Asperger’s and undiagnosed schizophrenia by school system, gun control policies, violence in video games, movies and rock music, copycat effect by earlier school shooting, and possible brain disorders were noted by Owen (2012) as possible triggers in IPMS.

Ronald, Brain and Michael (2011) reported that a long term pattern of lacking empathy, denial, blame, self-centeredness, use of firearms for threats, destruction of the perpetrators’ home, violations of protection order, intimidation, victim contact with family members, friends, co-workers through social media, text and email messages, perceived or real extramarital relationship increases the chances of IPMS. A study by Mullen (2004) found retaliation, rejection, failure and loss of anger, revenge for real or imagined slightly by killing those responsible and then himself increases chances of IPMS.

Another study by Werlang(2012); Michaelson(2013); Koziol-Mclain et al.(2006); Salari(2007); Flynn, Gask, Appleby and Shaw(2016); Salari,(2016); Canetto and Hollenshead (2000); Marzuk et al. (1992); Goodwin (1991) identify possible triggers in

IPMS. In these studies, multiple cases of IPMS were analysed. The studies were quantitative in nature. Telephone interviews with close family members, face-to-face with surviving family members, newspaper articles and newscast scripts were used to generate information about the phenomenon of IPMS.

Amorous jealousy or jealous rage involves belief, real or delusional, of the partner's infidelity, often accompanied by verbal abuse and lethal physical abuse suggested by Werlang (2012); Salari (2007); Michaelson (2013); Flynn, Gask, Appleby and Shaw (2016) are possible triggers in IPMS. For Flynn, Gask, Appleby and Shaw (2016), revenge following real or perceived infidelity, relationship breakdown, altruism or mercy killing, financial problems and mental disorder are possible triggers in IPMS. Salari, (2007) is of opinion that suicidal behaviour (for example, feelings of sadness, suicidal ideation, confusion, and severe health problems), may be exacerbated by drug and alcohol use. Koziol-Mcalain et al. (2006) points out that although some relationships are typified by abuse and actual infidelity, in others, the suspicions may be indicative of the "Othello syndrome". The Othello syndrome refers to a situation where a delusion of infidelity leads to irritability, depression and aggression. Logan et al. (2008) are of the opinion that individuals who commit intimate partner murder-suicide are often loners preoccupied with real or imagined past harm done to them.

In the South African context, Mathews (2010); Van Den Heever (2017) and Skead (2010) identify possible triggers in IPMS. These studies were quantitative in nature and multiple cases were analysed by the researchers. Using telephone interview with death investigators, death registers and mortuary files, Mathews (2010) found that gun ownership, unemployment, traumatic childhood experience, inferiority, suppression of emotions and powerlessness are possible triggers of IPMS. Van Den Heever (2017) pointed out that heated arguments, quarrels and access to pistols increases chances of IPMS. A study conducted by Skead (2010) suggest that a quarrel with a girlfriend/lovers/ex-girlfriend (usually involving the loss or perceived loss of the non-marital partner), marital conflict (including impending divorce, domestic violence and divorce), family stress/dysfunction, jealousy and financial stressors may be possible triggers in IPMS. Although these studies made a significant contribution on understanding possible triggers in IPMS, the findings cannot be generalised to the

entire South Africa. The question remains “what are the possible triggering factors or events in IPMS?”

2.6 Circumstances around IPMS

In general, stabbing, hacking, suffocating and gunshots were the principal method of murder identified by Rao (2014); Andreas (2016) and Susan et al. (2008). Whilst gunshots, hanging, and food poisoning were reported as primary methods of suicide. Ligature suspension and gunshot wounds were reported by the Department of Forensic Medicine (2014); Salari (2007) and Adinkrak (2014) as principal methods of IPMS. Handguns, knives, rope, machetes/pangas and rope were found to be the weapon of choice used for both murder and suicide. The location of the incident was likely to be the home of the perpetrators and victims’ house and also in the bush (Rao, 2014; Andreas, 2016; Department of Forensic Medicine, 2014). Salari (2007) is of an opinion that most victims were surprisingly attached, and some seemed as they were sleeping, eating or resting.

In the South African context, Van Den Heever (2017); Jena et al. (2009); Skead (2010); Mathews (2010) and Townsend (2003) reported that the majority of perpetrators and victims died by gunshots wounds. Handguns were reported as the weapon used for both murder and suicide. Nengovhela (2017; 2015, 2018, 2019) and African Agency (2017) reported that the majority of perpetrators died by gunshot wound and hanging. Victims were likely to die by stab wounds, hacking wounds and gunshot wounds. The weapons used were likely to be a butcher knife, hammer, handgun and machete. The location of the incident was likely to be the home of the perpetrators and the house of the victim, school, public place and workplace. The authors concluded that there is a need for further studies on intimate partner murder-suicide in different parts of South Africa.

2.7 Chapter summary

The chapter has offered insight about the phenomenon of IPMS. Special attention was paid to international and South African studies investigating the phenomenon of IPMS.

The focus was on the perpetrators of IPMS in urban areas. The pre-existing literature shows little evidence about the phenomenon of IPMS because there is no comprehensive national database or tracking system to systematically document the toll of IPMS worldwide. This challenge made IPMS to be regarded as a rare phenomenon, but which has lasting affects for surviving family members, friends, co-workers of the deceased and for the communities involved. The lack of a tracking system hinders studies on IPMS and allows little exploration into preventative strategies. Despite the challenges, international pre-existing literature shows that, although IPMS occurs as a total surprise, there is psychological intent, motive, behaviour, including multiple trajectories and possible triggers on the part of perpetrators. Furthermore, there is no evidence demonstrating the possible role played by perpetrators and victims in IPMS.

Although pre-existing literature made a significant contribution to understanding the psychological intent, motive, behaviour, including multiple trajectories and possible triggers in IPMS, the findings cannot be generalized in the entire world. The questions remain “what are the psychological intent, motive, behaviour, including role played by perpetrators and victims, multiple trajectories and possible triggers of IPMS in rural communities?”

In the South African context, there is no relevant existing literature linked to psychological intent, motive, behaviour, the role played by perpetrators and victims, including multiple trajectories with IPMS. The pre-existing literature highlighted possible triggers in IPMS on the part of perpetrators in urban area. Although pre-existing literature made a significant contribution on understanding possible triggers in IPMS, the findings cannot be generalized to the entire South Africa. The question remains “what are the psychological intent, motive, behaviour, multiple trajectories and possible triggers in IPMS in rural communities?” This implies that the current psychological autopsy study on male perpetrators and female victims of IPMS in rural communities would be the port of reference for all future studies both in rural and urban communities, particularly in Limpopo, South Africa.

CHAPTER 3

PSYCHOLOGICAL THEORIES ON INTIMATE PARTNER MURDER-SUICIDE

3.1 Introduction

In this chapter relevant psychological theories used by previous researchers to understand IPMS are discussed. The first is the psychodynamic theory with the emphasis on instinctive drives. The second is the cognitive theory and its emphasis on learning behaviour. The third is the Strain Theory and its emphasis on stressors of life. The fourth one is the psycho-evolutionary theory and its emphasis on mental illness and personalities. The theoretical framework for the present study will be discussed in chapter 4.

3.2 Psychological theories used by previous authors to understand IPMS.

3.2.1 Psychodynamic theory

Psychodynamic theory is a psychological theory, widely used in the field of psychology to understand criminal behaviour associated with intimate partner murder-suicide in our society. However, psychodynamic theory has not given attention to psychological autopsy studies. The theory was developed by Sigmund Freud between 1890s and 1930s.

Psychodynamic approaches to criminal behaviour focus on factors that may have influenced on intimate partner's death by murder-suicide, such as childhood experiences increasing aggressive behaviour (Glassman & Hadad, 2009). These approaches give emphasis to the subconscious mind where aggression behaviour is housed. The psychodynamic approach sees the individual as helpless, driven by aggressive urges and hence unable to control destructive impulses (Freud, 1965). Psychodynamic approaches view aggression behaviour as a contributing factor towards intimate partner murder-suicide.

A common belief throughout psychodynamic theory is the idea that conflict is the origin of all aggression when remaining in the subconscious (Glassman & Hadad, 2009). Psychodynamic theory founded by Sigmund Freud believed that human aggression is

an instinctive drive, one that springs from the person rather than the situation and is therefore an unavoidable part of human life (Glassman & Hadad, 2009). Freud posits that all humans possess two basic drives from birth that contribute to their personality development and behaviour, namely the drive for aggression (Thanatos) and the drive for pleasure (Eros). Thanatos expresses itself in aggression towards self and others. Moreover the two primitive forces of the life and death instincts seek constant expression and satisfaction, while at the same time opposing one another in our subconscious.

Freud viewed the aggressive drive as part *Id*, the part of the psyche that motivates behaviour, while ego, our rational self and superego, our ideal image of ourselves, oppose or repress the aggressive impulses. The conflict between the different parts of personality's mechanisms or ways of coping with and blocking conscious awareness of this conflict. Thus, according to Freud's theory, one can never eliminate aggression but can only try to control it by channelling it and striving for symbolic gratification results in catharsis, or the release of drive energy and a failure to do so leads to aggressive behaviour (Freud, 1965).

Freud stressed the presumption that suicidal persons fail to express their aggressive impulses outwardly, instead turning them inward on themselves. Recognizing the similarities between both murder and suicide, he argued that there is no murder without suicidal thought. In this psychodynamic model, the ego is battling with the superego and outside world. Freud believed that individuals who experience these problems may turn to murder-suicide in an effort to express aggressive behaviour.

However, it is difficult to scientifically test the claims of the psychodynamic approach. There is no existing scientific evidence to support Freud's theory of aggression nor can it be empirically investigated. Thus even though it describes aggression as innate, resulting from a conflict between different structures of the personality, it does not give a concrete source for it, and there is no way to prove or disprove this claim. Also, Freud based most of his work on case studies made largely of pathological middle class patients, which makes generalizations to the wider population difficult (Pervin, 1990). His idea of catharsis as a control mechanism for aggression has also been disproved, with more studies showing that opportunities for catharsis increase, rather than decrease, aggression. In one study, participants who were given shocks and

asked to retaliate later showed increased aggression despite the initial opportunity to retaliate (Molapour, Lindstrom and Olsoon (2016); Glassman & Hadad, 2009). Moreover, by suggesting the symbolic release of aggressive drive, he even ascribes nonviolent actions to aggressive motive (Glassman & Hadad, 2009).

Lastly, not only does the psychodynamic perspective ignore the thought processes involved in aggressive behaviour, but also the role of multiple pathways (psychological, individual characteristic, sociological, biological, environmental, cultural/historical context) towards intimate partner murder-suicide, psychological intent, motive and the role played by the intimate partner in effecting own death. In claiming that aggressive drive is an innate drive that we cannot eliminate, the psychodynamic approach seems too deterministic and leaves little room for the ideas of personal free will.

3.2.2 Cognitive theory

Cognitive theory is a psychological theory, widely used in the field of psychology to understand criminal behaviour associated with intimate partner murder-suicide in our society. The theory was developed by George Miller in 1960s

Cognitive approaches to criminal behaviour focus on factors that may have influences on intimate partner's death by murder-suicide, such as exposure to aggressive behaviour, along with reinforcement (Bandura, 1999). This approach emphasises that indirect reinforcement can encourage a child to learn aggressive behaviour and increase the likelihood of individuals to act aggressively towards self and others (Bandura, 1999). George Millers (1960) emphasised that lack of adequate problem-solving skills by an intimate partner could lead to developing aggressive behaviour, negative attitude and feeling of hopelessness.

A common belief throughout cognitive theories is the idea that when an aggressive model is reinforced by praise of wrongdoing, children learn that aggressive behaviour is acceptable (Bandura, 1999; Parker, 2018). Liu, Lewis and Evans (2013) did an observational learning study which found that children who are exposed to violence in the family are more likely to grow up to become aggressive themselves.

Bandura (1999) also claims that experience causes cognitive schemata to develop in the individual's mind and affects the possibility of aggression. A field study by Moylan,

Todd, Cindy, Emiko and Roy (2010) on street culture found that behaviour influenced by schema that forms a set of informal rules for public behaviour encourages the use of violence to respond, if not challenged. A study by Benjamin, Kepes and Bushman (2018) found that individuals shown pictures of guns were more willing to punish another person than those shown neutral objects.

Albert Bandura, a theorist who pioneered the social learning theory, viewed aggression as learnt behaviour and emphasises the thought process that contributes to learning it. Since Bandura sees aggression as learned behaviour, an individual is seen as actively involved in this process. Human beings are considered neither inherently good nor bad, but their actions depend on learning (Glassman et al.,2009). Thus, according to Bandura's theory, any type of behaviour can be shaped by modifying the environment to block limitation of aggressive models and schemas and by rewarding and punishing consequences.

George Miller (1960) believed that aggressive behaviour contributed to ups and downs in intimate relationships. He further believed that, even though every relationship has its ups and downs, intimate partners should learn how to manage the bumps by avoiding aggressive behaviour. Failure could lead to a negative attitude, lack of adequate problem-solving and feelings of hopelessness. Such feelings can result in suicide or murder in some cases. Studies by Speckens & Hawtown (2005); and Abdoliahi (2016) found a lack of adequate problem solving and hopelessness as common factors of murder and suicide. The TOTE (test-operate-test-exit) Model was recommended to assist intimate partners in solving their challenges in a relationship. Miller suggested that the TOTE model replace the stimulus response as the basic unit of behaviour. In a TOTE unit a goal is tested to see if it was achieved and if not, an operation is performed to achieve the goal.

Cognitive approaches have undergone several elaborations since it was first presented and continues to exert a strong influence in psychology and sociology. Cognitive theories of crime explain criminal behaviour as a defect in moral thinking, thought process and mental development. It also helps to understand how individual personality and intelligence level linked to crime. However, it is difficult to scientifically test the claim of the cognitive behaviour approach because it is not unified enough. It has also focused on rational and cognitive aspects of behaviour, e.g. it does not

explain why people who are not normally aggressive sometimes behave uncharacteristically aggressive in some situations. Another limitation was that the children who acted aggressively in the experiment tended to be those rated as aggressive anyway, implying that factors such as emotions and personality are ignored by this approach. Also, it is difficult to generalize its findings to real life, as most of experiments are done in a lab. However, research by Benjamin, et.al (2018) on the relationship between watching violence in the media and real-life aggression support Bandura.

Ethical constraints limit field studies as exposure to aggression, in whatever form, is likely to increase the potential for violence in observers and this has serious implications (Glassman et al., 2009). The cognitive approach by Bandura (1999) recognises biological factors without regarding them as the direct cause of aggressive behaviour. It assumes that a person's genetic endowment creates potential for aggression while specifics of aggressive behaviour are acquired through experience (Bandura, 1999). The cognitive approach by George Miller (1960) recognised a lack of adequate problem solving and hopelessness without regarding them as factors or the direct cause of aggressive behaviour in an intimate relationship. Another limitation is that the TOTE (test-operate-test-exit) Model was recommended to assist intimate partners in solving their challenges in a relationship without explaining instructions on how to apply the TOTE model and practical examples on how it would work to solve the intimate partners' problem. It was indicated that it is tested to see if it has achieved the goal.

Lastly, cognitive perspectives ignore the role of multiple pathways (psychological, individual characteristic, sociological, environmental, cultural/historical context), towards intimate partner murder-suicide, psychological intent, motive and role played by intimate partner in effecting own death. In claiming that aggressive behaviour is likely increased leading individuals to act aggressively towards self and others, the cognitive behaviour seems to leave little room for ideas of psychological intent, motive, multiple trajectories and role played by the deceased in effecting own death. Furthermore, in claiming that lack of adequate problem-solving skill by intimate partner leads to aggressive behaviour resulting in murder-suicide, the cognitive approach also leaves little room for ideas of other triggering events behind intimate partner murder-

suicide. Despite the technical limitations most studies are consistent with their claims and the general aggression model in particular has great potential for future research.

3.2.3 Strain theory

Strain theory of crime developed by Robert King Merton (1957). Strain theory is a sociological theory, widely used in the field of psychology and sociology among other fields to understand criminal behaviour influence intimate partner murder-suicide in our society. However, strain theory has not given attention to psychological autopsy studies. The strain theory states that society pressure to achieve social accepted goal lead individuals to commit crime like intimate partner murder-suicide.

Strain approaches to criminal behaviour focus on factors that may influence intimate partner murder-suicide crime, such as social and economic circumstance (Merton, 1957; Durkheim, 1951), psychological strains (Zang, Dong & Zhou, 2009), and cultural norms (Agnew, 2001). These approaches give emphasis to the unconscious mind where the strain is housed.

A common belief in strain approaches is the idea that strain or stressors are likely to increase intimate partner murder-suicide. These strain approaches believed that stressors experience by individuals lead to negative emotions, such as frustration and anger. These emotions create pressure for corrective action and intimate partner murder-suicide crime is one possible response. Strain theories believe that intimate partner murder-suicide may be used to reduce or escape from strain by getting revenge against the source of strain or related targets or alleviate negative emotions.

Strain theory, as seen by Agnew (2001), stresses the presumption that when two conflicting social values or beliefs are competing in an individual's daily life, the person experiences value strain. Agnew (2001) posits that two conflicting social factors are competing personal beliefs internalized in the person's value system. For example, intimate partners may experience strain if the mainstream culture and religion are both considered important in the intimate relationship. Another example found in developing countries was of differing values of traditional collectivism and modern individualism. When the two conflicting values are taken as equally important in a person's daily life, the person experiences great strain that may lead to intimate partner murder-suicide. When one value is more important than the other, there is then little strain or no strain.

Strain theory as described by Zhang et al. (2009) views intimate partner murder-suicide crime as usually proceeded by psychological strain. Zhang (2009) posits that psychological strain can be a consequence of differential values, discrepancy between aspiration and reality, relative deprivation and lack of coping skills for crisis. Zhang et al. (2009) stressed that psychological strain in the form of consequences of differential value, discrepancy between aspiration and reality, relative deprivation and lack of coping skills for crisis have been tested and supported with a sample of suicide notes in the United States and in rural China through psychological studies.

The psychological strains were based on the theoretical framework previously established by sociologists (Durkheim, 1951; Merton, 1957; Agnew, 2001) and preliminary tests done with American (Zhang & Lester, 2008) and Chinese data (Zhang, 2010; Zang, William, Wiczokek, Conwell & Tu, 2011).

Strain approaches continue to exert a strong influence since it was first presented. However, strain theories fail to explain white collar crime, the perpetrators of whom have many opportunities to achieve through legal and legitimate means. Strain theory fails to explain intimate partner murder-suicide crime based in psychological intent and motive behind the crime. Merton (1957) deals with individual forms of crime response instead of group activity which crime involves. Merton's (1957) is not very critical of the social structures that he says generate the strain. Strain theory has weak empirical evidence. Strain theories neglect the inter- and intra-personal aspect of crime. Strain approach best applies only to the lower class as they struggle with limited resources to obtain their goal in life, in failure turning to suicide or murder.

Lastly, strain perspectives ignore the role of multiple pathways (psychological, individual characteristic, sociological, environmental, cultural/historical context), towards intimate partner murder-suicide, psychological intent, motive and role played by intimate partner in effecting own death. In claiming that crime is usually proceeded by strain experienced by the individual in daily life, strain approaches seem to leave little room for ideas of strain in intimate partner murder-suicide. Furthermore, in claiming that individuals from rural communities in the United States and China are likely to experience strain in life, strain theory also leaves little room for ideas of strain experienced by rural communities in South Africa. Despite the technical limitations, most studies are consistent with its claims and has particularly great potential for future

research. An example of these studies was a study done by Hirschi (1969) that explored how societal strain and stress can lead to drug use by individuals, in particular how one's neighbourhood environment can affect one's susceptibility to drug abuse. The study found that the more disadvantaged a neighbourhood is, the more its residents abuse drugs.

3.2.4 Psycho-evolutionary theory

Psycho-evolutionary is a psychological theory, widely used in the field of psychology among other field to understand criminal behaviour influence intimate partner murder-suicide in our society.

Psycho-evolutionary approaches to criminal behaviour or immoral behaviour focus on factors that may influence intimate partner murder-suicide crime, such as hereditary criminal behaviour (Darwin, 1872; Gaulin & McBurney, 2003; Neil, 2004; Caporael & Brewer, 1991). These approaches give emphasis to human's genetic determination from childhood that may later progress to violent or serious criminal acts later in life, particularly intimate partner murder-suicide.

A common belief in psycho-evolutionary approaches is the idea that genes are likely to influence individuals to become a life-course persistent offender, which is characterised by social emotions, cognition, personality traits and mental illness (Darwin, 1872; Gaulin & McBurney, 2003; Neil, 2004; Caporael and Brewer, 1991)).

Psycho-evolutionary theory was founded by Darwin (1872) and Gaulin & McBurney (2003) posits that genes influence social emotions (fear, sadness, happiness, anger, empathy, embarrassment, guilt, envy, jealousy, shame and pride and disgust) that may be likely to motivate criminal behaviour. Wright (1995) views social emotions as a rewards system in social interaction especially in intimate relationships. Wright (1995) pointed out that children as young as 2 to 3 years of age can express emotions resembling guilt, envy, embarrassment and remorse.

Darwin (1872); Gaulin and McBurney (2003) view individuals' cognition or mental action as strategies, generally used to solve problems that humans routinely face, particularly cheating. Gaulin and McBurney (2003) pointed out that humans are far more likely to solve logic problems that involve detecting cheating without encountered random events. Gaulin and McBurney (2003) also pointed out that individuals are

cognitively predisposed to correctly detect patterns of cheating without random sequences of events. Humans find it far easier to make diagnoses or predictions using frequency data than when the same information is presented as probabilities or presumably because humans lived in relatively small tribes (usually with fewer than 150 people) where frequency information is more readily available.

Psycho-evolutionary theory founded by Darwin (1872) and as used by Gaulin & McBurney, 2003; Neil, 2004; Caporael and Brewer, 1991) stressed that personality traits and mental illness encourages criminal behaviour, particularly intimate partner murder-suicide. The authors posit that children present antisocial personality behaviour resembling criminal behaviour as young as 2 to 9 years that later progress to violent or serious criminal act later in life, such intimate partner murder-suicide. Regarding mental illness Darwin (1872); Gaulin and McBurney, 2003; Neil, 2004; Caporael and Brewer, 1991 suggested that schizophrenia and bipolar disorder may reflect a side effect of genes resembling criminal behaviour, but with fitness benefits, such as creativity. Gaulin and McBurney (2003) found that individuals with bipolar disorder are especially creative during manic phases and the close relatives of people with schizophrenia have been found to be more likely to have creative professions. Mild depression was found to be an adaptive response to withdraw from situations that have led to a disadvantageous outcome (Gaulin & McBurney, 2003). Sociopathic behaviour was found to be an evolutionary stable strategy used by sociopathic individuals, for example, when a small number of people cheat on social contract benefit in a society consisting mostly of non-sociopaths (Gaulin & McBurney, 2003). The evolutionary psychology model of extended social groups selecting for modern human brain was recommended.

Psycho-evolutionary approaches continue to exert a strong influence since it was first presented in 1872. However, evolutionary psychology promotes genetic determinism and the idea that all behaviour is inherited. In claiming that crime is usually proceeded by genetic factors, it seems to leave little room for ideas of other circumstances that may have increase criminal behaviour, as well as intention and motive of individuals towards intimate partner murder-suicide.

Despite the technical limitations most studies are consistent with its claims and in particular has great potential for future research. Psycho-evolutionary approaches

remain relevant to psychology today. For example, Synder (1970) writes that Darwin's little-known experiments are a forerunner of modern psychology experiments on people who cannot properly recognise that they have a mental problem. Psycho-evolutionary psychology is almost the same technique and even uses stimuli to evaluate emotional recognition in a variety of psychiatric diseases, like autism and schizophrenia.

3.3 Chapter summary

This chapter has outlined several psychological theories of IPMS (these include psychodynamic, cognitive, strain and psycho-evolutionary theories). Each of the theories discussed provides basic understanding of multiple trajectories and possible triggers of IPMS.

From a psychodynamic point of view, IPMS is more likely to occur when death instincts strongly force the individual to direct aggressive acts against the society and environment to save themselves from self-destruction. From the cognitive point of view, IPMS is more likely to occur when indirect reinforcement (learned behaviour) from society and family strongly forces the individual to direct aggressive acts against other and self to escape pain. From a strain point of view, pressures of life might prompt the individuals to commit crimes such as IPMS. From psycho-evolutionary point of view IPMS is more likely to occur when psychopathological factors are involved that obscure his/her evolutionary pursuit.

CHAPTER 4

THEORETICAL FRAMEWORK FOR PRESENT STUDY: THEORY OF PLANNED BEHAVIOUR

4.1 Introduction

This chapter details the theoretical framework used to understand the IPMS phenomenon. Of great importance and heavily influencing this study is the Theory of Planned Behaviour (TPB) which advocates for understanding IPMS. The origin, evaluation, and application of Theory of Planned Behaviour as well as the implications in the present study are discussed.

4.2 Theory of Planned Behaviour (TPB)

4.2.1 Origin of Theory of Planned Behaviour (TPB)

The Theory of Planned Behaviour (TPB) is a social psychology theory, widely used in the field of management, nursing, marketing, psychology, criminology and sociology, among other fields. However, TPB has not given attention to psychological autopsy studies. The Theory of Planned Behaviour was developed by Icek Ajzen (1985) through his article "from intention to action". TPB is derived from the Theory of Multi-attribute Attitude (TMA) proposed by Ajzen and Fishbein in 1973 and the Theory of Reasoned Action (TRA) which was proposed by Martin Fishbein together with Icek Ajzen in 1980. The Theory of Planned Behaviour (TPB) approach focuses on cognitive processing that may have influences on IPMS. This theory focuses on behaviours from childhood that may later progress to violent or serious criminal acts in life, particularly IPMS.

A common belief throughout Theory of Planned Behaviour approaches is the idea that behavioural belief, behavioural or psychological intention, subjective norm, attitude and perceived behavioural control increase the likelihood of committing IPMS (Zhang, 2018). The Theory of Planned Behaviour founded by Ajzen (1985) stressed that although a person's snap into IPMS may come as a total surprise, in most cases there was behaviour and psychological intentions to this point started by thinking, explicit

planning, fantasised planning, tracking effort and obtaining a weapon to commit acts (Astington, 1993).

Ajzen (1985); Ajzen and Fishbein (1977) pointed out that psychological intent and behaviour at a specific time, within a specific context and with specific objectives may increase the likelihood to perform a particular act, such as IPMS. Martin (2019) suggested that an internal hidden element (psychological arousal) in the mind of individuals, such as cognitive and emotional arousal may motivate an individual to commit IPMS. Ajzen (2006) stressed that the more favourable the attitude towards belief behaviour, subjective norms, perceived behavioural control, psychological intent and behavioural intention, the more likely the person is to perform the act, such as IPMS. Ajzen (2006) pointed out that when an individual has a sufficient degree of actual control over the behaviour and intent, he/she is expected to carry out his/her intentions when the opportunity arises.

The Theory of Planned behaviour views behavioural belief as the subjective probability interest to complete IPMS (Ajzen, 1985; Zhang; 2018). Psychological intent, motive and behaviour problems are viewed as accurate implementation of intentions that predict accrual behaviour in IPMS better than the general behavioural intention (Ajzen, Czassch & Flood, 2009). Psychological intent and behaviour are viewed as the tendency of individuals on pursuing IPMS, which can also be called the subjective probability of individuals in seeking to engage in particular acts, such as IPMS (Fishbein & Ajzen, 1975; Ajzen et al, 2009). Malle et al (1997) views psychological intent as the action to accomplish a desired goal based on the belief that the course of action will satisfy a desire. Searle (1983) labelled psychological intention as intention-in-action. Astington (1993) outlined the connections between psychological intentions and action carried out by an individual in order to reach a goal. These connections are referred to as the international chain (Astington, 1993).

The Theory of Planned Behaviour views subjective norms as social pressures from culture, family and community that direct individuals to complete particular acts, such as IPMS (Ajzen, 1985). Ajzen and Fishbein (1975) pointed out that the subjective norm is the very significant element that influences negative behaviour, such as IPMS. Attitude is suggested as the most powerful predictor of the behavioural intention of individual who completed IPMS (Ajzen & Fishbein, 1975). Ajzen and Fishbein (1975)

pointed out that individual attitude in IPMS is influenced by factors, events, trajectories, individual nature and the impact of society.

The Theory of Planned Behaviour perceived behavioural control as the controllable degree that individuals feel when taking particular acts such as IPMS, which depend on capabilities, resources and opportunities (Ajzen, 1985). Ajzen (1985) suggested that when individuals have more capacities, resources and opportunities, they are more likely to perform the act, such as IPMS. Ajzen (1985) pointed out that when people have past experience in completing or attempting to complete an act, such as IPMS it makes them to believe that it is not difficult to implement such act. Ajzen (1985) further suggested that when there is less expected obstacle and stronger the perceived behavioural control, individuals may have a strong intention to carry out the act. TPB also posits that people are much more likely to enact IPMS when they feel that they can enact it successfully (Zhang, 2018).

Perceived behavioural control was generally considered to derive from Self-Efficacy Theory (Bandura, 1977). Self-efficacy refers to the individual's belief in his own ability to organize and perform an act, such as IPMS in order to reach some achievements (Bandura, 1977). Rodgers, Conner and Murray (2008) refers to self-efficacy as the perception of the individual on disposable internal elements and the extent to utilize the internal element to perform a particular act. The important role of self-efficacy in performing an act has been proved by many empirical studies (Rodgers et al., 2008; Wang, 2009).

Theory of Planned Behaviour (TPB) approaches posit that internal hidden elements (psychological arousal) in the individual's mind are the psychological motive behind IPMS (Martin, 2019). Contrary to other theories in IPMS (these include psychodynamic, cognitive, strain, and psycho-evolutionary), the Theory of Planned Behaviour suggests there is not just one factor that encourages IPMS, but multiple pathways to this criminal act (Ajzen, 1985). Strains or pressures in individual life were found to have increased likelihood to complete IPMS (Ajzen, 1985). Robert (1938) suggested that individuals who experience strain become upset and they may turn to MS in an effort to cope with strain. TPB stressed that red flags in intimate partner relationship increased the likelihood for individual to perform IPMS (American Association of Suicidology, 2017). Martin (2018) suggested that intimate partners may

have played a role in their death by ignoring red flags in the intimate relationship. Martin (2018) pointed out that when intimate partners fall in love, they are influenced by hormones that create an intense attraction, but also cloud the red flags.

4.2.2 Evaluation of Theory of Planned Behaviour (TPB)

4.2.2.1 Strength: The Theory of Planned Behaviour can cover people's volitional behaviour, which cannot be explained by psychodynamic, cognitive, strain and psycho-evolutionary behaviour because it's able to explain IPMS from intention to action. Several studies (Corbett, 2002; Doll & Ajzen, 1992; Beck & Ajzen, 1991, Sweitzer, Brillee, Roberts, Hoelscher, Harrist, Staske & Almansour, 2011) found that TPB helps to better explain the intention, motive, behaviour and actions of individuals whose lives were ended through murder-suicide.

The Theory of Planned Behaviour can explain psychological intent in IPMS by considering "psychological or behavioural intention" as an important variable. This theory can also explain the psychological motive in IPMS by considering "psychological arousal (emotional and cognitive arousal)" as an important variable. In addition, the Theory of Planned Behaviour can explain individual behaviour by considering "social norms" as an important variable. This theory can also explain pathways to IPMS by considering "multiple trajectories towards IPMS" as an important variable. TPB can also explain the other triggering factors or events associated with IPMS by considering "stressors or strain of life" as important variable. This theory can also explain individual role in effecting own death by considering the "role played by intimate partners in IPMS" as an important variable.

4.2.2.2 Limitations: The Theory of Planned Behaviour (TPB) continues to exert a strong influence since it was first presented in 1985. Many results of empirical studies by Corbett (2002); Rodgers et al. (2008); and Wang (2009) have proved that TPB is a theory with considerable predictive power that connects intention with behaviour and acts. However, TBP lacks evidence based on psychological autopsy studies. The psychological autopsy or post death evaluation is regarded as the promising avenue to determine the psychological intention, motives, behaviour, and role of perpetrators and victims in IPMS and other circumstances surrounding IPMS (Scheidmand, 1976; Siddamstty et al., 2014; Salari, 2016). Such evaluations or psychological autopsy

usually help to better understand what was going on in the mind of those intimate partners whose lives were ended through MS (Sundararaman, 2017).

Claiming that IPMS is usually preceded by psychological intent, motive, negative behaviour and multiple pathways towards IPMS seems to leave little room for ideas of psychological autopsy studies. In addition, claiming that strain of life or stressors may trigger IPMS seems to leave little room for ideas of psychological autopsy studies. In claiming that individuals played a role in effecting own death, it seems to leave little room for the role played by intimate partners in effecting their death by murder-suicide.

4.2.3 Application of Theory of Planned Behaviour (TPB)

Despite the technical limitations of the Theory of Planned Behaviour, most studies are consistent with its claim and it has great potential for future psychological autopsy studies. So far, the Theory of Planned Behaviour has more than 1200 research bibliographies in academic databases, in fields such as nutrition, online business and communication, among others. Intentions to behave in a certain way are mediated by goals rather than need. For example, the goal of a study conducted by Sweitzer et al (2011) was to understand the nutritional values in food. TPB was utilized to encourage parents to include more fruits, vegetables and wholegrain in packed lunches of preschool children. Behavioural control, self-efficacy, perceived behaviour control, subjective norms and intentions were measured to see the effect on behaviour. Behavioural constructs of TPB were used to develop nutritional intervention strategies.

Although there are no psychology studies related to IPMS used the Theory of Planned Behaviour, few empirical studies in fields of nutrition, online business and communication, are consistent with its claim and serve as great potential for future psychological autopsies studies.

4.2.4 The implications of the Theory of Planned Behaviour (TPB) for the present study

The researcher in the present study adopted the Theory of Planned Behaviour (TPB). Through this theory, the researcher hopes to that IPMS deaths are influenced by variables such as psychological intent, motive, behaviour, multiple trajectories, possible triggering events or factors and the role played by perpetrators and victims in IPMS. This study was a response to challenges met by the researcher when dealing

with the bereaved surviving family members in counselling sessions. Some of these challenges included answering questions raised by surviving family members such as why their loved died through murder-suicide. Unfortunately, the counselling strategies available to the researcher at the time were mostly ineffective and unresponsive when applied to the cases of IPMS. The shortcomings of the counselling strategies, particularly in IPMS, was that some cases continued to happen, while some surviving family members failed to cope with the tragedy and government may have difficulty to address IPMS.

This study was also a response to challenges faced by researchers during research studies on the root cause of crime, particularly murder, suicide and motor vehicle accidents. Amongst others was when the participants challenged the researcher to conduct studies that better understand the intention and motive behind the IPMS. Usually the South African Police Service (SAPS) and Forensic Pathology Service (FPS) reported that intention, motive and circumstance surrounding apparent IPMS is unknown. The media's explanations of intention, motive and circumstances leading to IPMS death are usually subjective, speculative and non-scientific in nature (Liem, 2010). Unfortunately, the research strategies available to the researcher at the time were mostly ineffective and unresponsive when applied to the cases of IPMS. These shortcomings of research interventions, particularly psychological autopsy, means the government may have difficulty in reducing or preventing IPMS across the country.

This study was a response to challenges faced by researchers during research studies on human rights issues and implementation of the Domestic Violence Act 116 of 1998 (DVA). One such challenge was when the participants challenged the purpose of DVA. They pointed out that the DVA played a small role in addressing these tragedies because it focuses on protection order. The participants suggest that the DVA should include intention and motive associated with IPMS. Unfortunately, the research strategies available to the researcher at the time were mostly ineffective and unresponsive when applied to the cases of IPMS. These shortcomings in research interventions, particularly psychological autopsy, means the government may have difficulty in developing strategies, policies and awareness campaigns taking into account psychological intent and motive on IPMS. It has therefore become imperative for the researcher to consider different orientations to conceptualising and conducting

the present study. It is for this reason that the TPB became a guiding framework for the present study.

The death of a loved one by IPMS is a harsh reality that thousands of South African citizens and the government experiences every day (Department of Forensic Medicine, 2019), shaped primarily by individual behavioural intentions, motive, trajectories, events or other circumstances surrounding intimate relationships, including the role played by IP in effecting own death (American Association of Suicidology, 2017). These experiences have a profound impact on the bereaved surviving family members' coping mechanisms and the greater community. It is important for counselling and research interventions related to strategies, policies, awareness campaign on intimate partner murder-suicide to be relevant. This led the researcher in the present study to adopting the TPB, which enabled her to understand male perpetrators and female victims of IPMS and its related behaviours in the context of the rural community of Limpopo Province, South Africa, taking their belief system into account. The psychological themes that emerged from this study added a new dimension towards understanding and management of IPMS counselling, research context and communal level.

4.6 Chapter summary

This chapter outlined the Theory of Planned behaviour (TPB). TPB has outlined several strands used to understand psychological or behavioural intent, motive, multiple trajectories, and other factors or events associated with IPMS, as well as the role played by the intimate partner in effecting own death. From a TPB point of view, IPMS is likely to occur when the perpetrators and victims have strong behavioural or psychological intention and motive to kill others (murder) and to kill self (suicide). Secondly, from a TPB point of view IPMS is likely to occur when certain paths direct perpetrators and victims to commit IPMS quicker and at a higher rate than others. Thirdly, from a TPB point of view IPMS is more likely to result in fatal behaviour when certain intimate relationship pressures are involved. Lastly, from a TPB point of view ignored red flags in intimate relationship might prompt the perpetrators and victims to commit IPMS.

CHAPTER 5

METHODOLOGY

5.1 Introduction

In this chapter, the methodology employed in the present study will be discussed. In the first part, the philosophical assumptions underpinning qualitative research paradigms are presented, so as to give a context for the methodology that the researcher has adopted. The rationale for choosing the present study in the qualitative paradigm is present in the second part of this chapter. In the third part of this chapter, the research design that guided the present study is presented and motivated. The fourth part of this chapter focuses on the issue related to setting, sampling and populations. In the fifth part, data collection procedures are outlined. Here the researcher outlines the data collection process, data collection instruments, interview process and archival review process. The sixth part of this chapter discusses data analysis techniques and presents the steps followed in this process. Issues of validity and reliability in the context of the qualitative study are discussed in the seventh part of this chapter. Ethical issues that guided the researcher in conducting the study are covered in the last part of the chapter.

5.2 The philosophical underpinning of qualitative research

Qualitative research is based on some underlying philosophical assumptions about what constitutes valid research and which research method(s) is/are appropriate for the development of knowledge in a given study. Most quantitative research studies are underpinned by positivist and post-positivist approaches. However, qualitative research is informed by positivist and post-positivist, constructivist, interpretivist, and critical paradigms. The feminist and postmodern approaches have also staked their claims (Neuman, 2000; Patton (2002).

The goals of qualitative research are the usual point of departure from traditional quantitative methods (Jaye, 2002). While quantitative research explores the relationship between discreet measurable variables and outcomes, qualitative research is used to explore meaning and patterns, inconsistencies and conflicts in

peoples' thought and behaviour (Lapan, 2011; De Vos, Strydom, Frouche, & Delport, 2011; Jaye, 2002).

In order to conduct research it is therefore important to know what these assumptions are. In essence, the understanding and choice of a paradigm sets the tone for a researcher to subsequently make appropriate choice regarding the methodology. Jaye (2002) suggested that a careful selection of research paradigms guide the researcher towards the intended aim and help ensure that its products are useful and well received. De Vos et al. (2011) classified research paradigms into six philosophically distinct categories as positivism, post-positivism, constructivism, interpretivism, critical postmodernism and feminism. These six philosophical perspectives are popular in social science and management of research. The key features of these perspectives including the worldviews, nature of knowledge pursued and different means by which knowledge is produced and assessed within each paradigm or worldview are discussed below.

5.2.1 Positivism

The positivist paradigm view is that the nature of the world and its facts are a reality that exist a priori and is also measurable. Empiricism, observation and measurement are the core of the scientific endeavour in this paradigm. The positivist social reality is based on the philosophical ideas of the French Philosopher August Comte. According to him, observation is the best way to understand human behaviour. True knowledge is based on experience by the senses and can be obtained by observation and experiment. This means that there is no place for phenomena that cannot be observed either directly through experience and observation or indirectly with the aid of instruments. At the ontological level, positivists assume that the reality is objectively given. Meaning that knowledge is objective and quantifiable. At the epistemological level, positivists assume observation is the best way to discover scientific method with the assistance of the researcher. At the methodology level, positivists assume that classic ethnography and phenomenology is the best method. Data gathering tools are usually participants' observation and interviews.

Description of day-to-day events experienced in the field, realist tales in an authorial, supreme voice to represent and interpret the other's story were recommended as the writing/reporting style. According to Bryman (2000) the positivist positions maintain that scientific knowledge consists of facts that can be fed into the theoretical edifice pertaining to a particular domain of knowledge. Thus the theory expresses and reflects the accumulated findings of empirical research. Positivism sees scientific theories as a black cloth to empirical research, in a sense that hypotheses of empirical research are derived from scientific theories and then submitted to empirical test (De Vos et al, 2011).

Positivist thinking maintains that science is deductive, seeking to extract specific proportions in reality. Positivism regards human behaviour as passive, controlled and determined by the external environment. Although positivist paradigm continued to influence social science research for decades, its dominance was challenged by critics from five alternative paradigms, post-positivism, interpretivism, constructivism, critical and feminism, due to lack of subjectivity in interpreting social reality. According to its critics, objectivity needs to be replaced by subjectivity in the process of scientific inquiry. Post-positivism, interpretivism, constructivism, critical and feminism offer alternative theoretical, methodological and approaches to research.

5.2.2 Post-positivism

Post-positivism is a metatheoretical stance that critiques and amends positivism (Bergan, 2016). The post-positivist social reality is based on the philosophical ideas of the French philosophers Heri de Saint-Simon and August Comte in the 1920s and 1930s (Miller, 2007). As was indicated above, the positivist paradigm views empiricism, observation and measurement as the core of the scientific endeavour. However, post-positivists hold the view that humans are biased in their perceptions of reality and that hence we can approach the truth of reality but can never explain it fully. At the level of epistemology post-positivists believe that human knowledge is based not on a priori assessments from objective individuals (Soini, Kronqvist & Gunter, 2011) but rather upon human conjectures. At the level of ontology, post-positivists believe that a reality exists, but unlike positivists, they believe reality can be known only imperfectly (Miller, 2007), and probabilistically (Robson, 2002). Post-positivists also draw from constructionism in forming their understanding and definition of reality

(Alexander, 1995; Moore, 2009). A post-positivist theory also includes empirical indicators to connect the theory to observable phenomena and hypotheses that are testable using the scientific method (Miller, 2007). Miller argued that Thomas Kuhn challenged positivism for its logical positivism by advancing falsification in lieu of the logical positivist idea of verification (Miller, 2007). Thomas Kuhn argues that it is impossible to verify belief about universal or unobservable truth if it is phrased in a way amenable to falsification, though it is possible to reject false belief. Thomas Kuhn's idea of paradigm shifts offers a broader critique to logical positivism, arguing that it is not simply individual theories but whole worldviews that must occasionally shift in response to evidence (Miller, 2007). According to Thomas Kuhn, a post-positivist theory can be assessed on the basis of whether it is accurate, consistent, has broad scope, parsimonious and fruitful.

5.2.3 Constructivism

The constructivist philosophical paradigm is described by Honobein (1996) as an approach that asserts that people construct their own understanding and knowledge of the world through experiencing things and by reflecting on those experiences. In other words, constructivism views the world and its facts as fundamentally interpreted and constructed by individuals within a social group. From a constructivist point of view, researchers seek to understand a phenomenon under study from the experiences or angle of the participants using different data collection tools. The constructivist philosophy portrays the idea that data is gathered by means of interviews, participants' observations, human documents, personal narratives, lived experience, poetic representations and functional text.

The constructivist philosophy views participants as active role-players and involved in all the phases of the process and indeed become partners in the total endeavour. Creswell (2007) pointed out that in this manner participants can influence the course of the total process and have a say in everything that takes place in research projects, such as choosing and formulating the problem to be studied and in helping to formulate the measuring instrument and strategies be followed in the project. Glicken (2003) suggests that constructivist philosophy may be regarded as a radical departure from positivism in the sense that the philosophy has changed from tight control over the total process to full empowerment of the participants. The constructivist philosophy

portrays the idea that the outcome or results of the project is enhanced and more accurate when participants are involved throughout. The challenges attached to constructivism is that it is time consuming, has a high drop-out figure of participants, and dominant participants in the process (Creswell, 2007; Glicken, 2003).

5.2.4 Interpretivism

The interpretivist social reality is based on the philosophical ideas of the sociologist Max Weber in 1854 and the 1920s. Interpretivist paradigm is associated with hermeneutics, a theory of meaning that originated in the 9th century. The interpretivist philosophical paradigm is described as a phenomenological approach that aims to understand people (Babbie & Mouton, 2001). At the level of ontology, interpretivism believes that the real world can be discovered by means of a systematic, interactive methodological approach. At the level of epistemology, interpretivism believes that knowledge arises from an understanding of symbols and meaning. Interpretivist thinking maintains that all human beings are engaged in the process of making sense of their world and continuously interpret, create, give meaning, define, justify and rationalise their daily action (Babbie & Mouton, 2001). This process has been described as descriptive-inductive to distinguish it from the hypothetico-deductive means of drawing results in quantitative research (Jaye, 2002). According to Jaye (2002) this analytical process involves interpreting the meaning, value, experience, opinions and behaviours of other people (Jaye, 2002).

The interpretivist philosophy portrays the idea that data is gathered by means of participants' observations, human documents and interviews. De Vos et al. (2011) pointed out that in interpretivist paradigm the researcher often uses participants' observations and field research, which are techniques where many hours and days are spent in direct contact with participants. From an interpretivist point of view, review of text, which could refer to a conversation, written words or pictures, can help the researcher to discover meaning embedded within the text and bring subjective experience to a text. Interpretivists believe that review of a text helps the researcher to absorb or get inside the viewpoint it presents as whole and then develop a deep understanding of how its parts relate to the whole. Interpretivist thinking maintains that the meaning is rarely simple or obvious on the surface. Neuman (2003) pointed out that researchers can reach it only through a detailed study of the text, contemplating

its many messages and seeking to find a connection among its parts. The interpretivist philosophy portrays the idea that transcripts, conversations and video tapes may be studied in detail, in order to gain a sense of subtle non-verbal communication or to understand the interaction in its real context. Willis (1995) views interpretivist philosophical approaches as anti-foundationalism, which believes that there is no single correct root or particular method of knowledge. Walsham (1993) argues that in the interpretivist philosophy approach there are no correct or incorrect theories. Instead they should be judged according to how interesting they are to the researcher as well as those involved in the same field. From an interpretivist point of view, researcher reports should provide insights into the behaviour displayed and the meaning and interpretations that subjects give to their life world.

5.2.5 Critical paradigm

The critical paradigm refers to a perspective approach which addresses social inequalities. The critical paradigm was developed by the Frankfurt School in Germany, and based on the German philosophical and political thought of Marx, Kant, Hegel and Max Weber (Gephart, 1999). Critical researchers assume that social reality can be criticised and challenged by human reasoning (Blaikie, 2007; Myers, 2009). A critical approach admits to bias being present in every action of a human being and hope findings will support that bias (Glicken, 2003). However, a critical approach suggests that the researcher should continue to be as objective as possible and must scrupulously conduct the project so that personal bias does not affect the finding. Babies and Mouton (2001) pointed out that the critical approach is part and parcel of the everyday life world of the people to be studied.

5.3 Philosophical approach adopted in the present study

Following the above discussions, the philosophical assumptions underlying this study came mainly from interpretivism. However, the study has also footprints of the other perspectives (that is, constructivist and critical approach). The researcher's ontological position in psychology is that of someone sharing knowledge with others to understand what was going on in the mind of intimate partners whose lives were ended through murder-suicide. The central point of this research is to reconstruct the mental state

and behaviour of the deceased before and at time of death that may have played a major role in intimate partner murder-suicide within the rural community in Limpopo Province.

The interpretivist approach also enables the researcher to spend hours and days in direct contact with the participants by conducting fieldwork. Through the interpretative approach the researcher was able to spend hours and days studying in detail the deceased's archival records in order to gain a sense of subtle non-verbal communications that were not revealed by participants during face-to-face interviews. The interpretivist approach enables the researcher to gain access to the life experiences of the deceased through post interviews with surviving family members and those who had contact with the deceased prior to death. By using the interpretative approach the researcher was able to become part of the research and fully gauge and understand the surviving family members' opinions on whether the intimate partner murder-suicide was intentional or not.

The interpretivist approach enabled the researcher to observe participants' emotions as the reality of the death was coming out. The interpretivist approach enables the researcher to build a good relationship with people, to enable the knowledge they have and to come together in order to understand intimate partner murder-suicide in the rural community. The interpretivist approach also enabled the researcher to use the theory she believes to be interesting in guiding the study in order to clearly understand the psychological and behavioural activities associated with intimate partner murder-suicide. Walsham (1993) argues that in the interpretivist philosophy approach there are no correct or incorrect theories.

Furthermore, the literature presented in the literature review of intimate partner murder-suicide suggests intimate partner murder-suicide as a reality that thousands of South African citizens experienced everyday (Department of Forensic Medicine, 2019). More so because intimate partner murder-suicide death is associated with behavioural or psychological intentions, motive, trajectories and events. Intimate partners are viewed as active role-players in their death by murder-suicide. Hence the researcher employed the interpretative approach to explore into the area of intimate partner murder-suicide in a new context which previous studies have not covered.

5.4 Rationale for a qualitative study

The psychological autopsy studies on intimate partner murder-suicide cause a concern among suicidologists, psychological autopsy investigators, researchers, other professionals and the general public (Association of Suicidology, 2017). Several suicidologists, researchers and psychological autopsy investigators (e.g. American Association of Suicidology, 2017; Marzuk, 2013; Knoll & Hatters-Friedman, 2015; Kumar, 2007) argued that psychological autopsy of IPMS is best researched by qualitative methodology. This approach was called to better understand the IPMS phenomenon (Marzuk, 2013).

The psychological autopsy or post-death evaluation is regarded as a promising avenue to determine the psychological intention, motive, behaviour, role played by perpetrators and victims in IPMS, multiple trajectories towards IPMS, possible triggers in IPMS and circumstances surrounding IPMS (Scheidman, 1976; Siddamstty et al., 2014). Such evaluations or psychological autopsies usually help to better understand what was going on in the mind of those intimate partners whose lives were ended through MS (Sundararaman, 2017).

Previous studies into IPMS tend to adopt a quantitative approach (Andreas, 2016). Part of these studies was to understand risk factors behind IPMS. (Knoll & Hatters-Friedman, 2015). The quantitative approach has increased scrutiny by Marzuk's (2013) report calling for in-depth psychological autopsies research to better understand IPMS phenomenon. Marzuk (2013) argued that the quantitative approach has reached a dead end, in terms of coming up with a better method to prevent IPMS. Jaye (2002) suggests that the qualitative research method is usually a point of departure from traditional quantitative methods. Jaye (2002) and De Vos et al. (2011) pointed out that quantitative research explores the relationship between discreet measurable variables and outcomes, while qualitative research is used to explore meaning, patterns, inconsistencies, conflicts in peoples thought and behaviour. Fridel and Gregory (2019) pointed out that IPMS is understudied due to methodological and statistical limitations. However, there is merit to a quantitative approach, in particular learning about the risk factors that surviving family members consider to be connected with the intimate partner murder-suicide (American Association of Suicidology, 2017; Marzuk, 2013; Knoll & Hatters-Friedman, 2015). Marzuk (2013) emphasises that

qualitative psychological autopsy research into IPMS could be the way forward. Part of this study should be to understand the brain or mind of both perpetrators and victims (Marzuk, 2013). Jaye (2002) suggests that qualitative methodology is interpretative in nature. Babbie and Mouton (2001) pointed out that a qualitative approach maintains engaging of participants in the process of making sense of their world and continually interpreting, creating, giving meaning, defining, justifying and rationalising daily action. Similarly, the researcher employed qualitative methodology because this study was positioned in interpretative philosophical approach with the aim to engage participants in the process of making sense of the deceased's world before death. Further, the researcher continued to interpret and give meaning of the deceased's social world and justify why the IP's lives ended through murder-suicide.

Many scholars (e.g. Babbie & Mouton, 2005; De Vos, 2002; De Vos et al., 2011; Jaye, 2002; Sani, Kronquist & Huber, 2011; Ritchie & Lewis, 2003; Dooley, 1994; Neuman, 2006) suggest that choosing research methodology according to the phenomenon investigated is the key of successful research study aiming to understand the phenomenon. This study is about the PA of male perpetrators and female victims of IPMS. The central point of this study is to understand the IPMS phenomenon. The researcher employed qualitative methodology to achieve a deep understanding of a phenomenon that has been widely explained by quantitative research, but is still under-investigated. Qualitative approaches help the interpretative researcher to reconstruct the mental state and behaviour of the deceased before and at time of death that may have played a major role on IPMS. It also helps the researcher to understand the views and perceptions of participants towards the death of their loved one by IPMS and to gain information from archival records that may not have been revealed by participants during the interview sessions. Lastly, qualitative methods help the researcher to observe participant's gestures, postures and body language and identify participant's emotions during face-to-face interviews and review of archival records in order to provide them with necessary support.

Furthermore, the choice of qualitative methodology was influenced by international studies such as those by Padubidri, Rao, Dutt, Shetty and Bolor, (2015), Nadaf, Mugadlimath, Chidananda and Manjunath (2014), Chachamovich, Haggarty, Cargo, Hicks, Kirmayer and Turecki (2013), Kizza, Kinyanda and Hjelmeland (2012),

Hjelmeland (2011), Khan, Anand, GowriDevi and Murthy (2005), Hawton, Mlmborg and Simkin (2004), Andrew and Chewen-Chen (2000), Zhang, Wieczorek, Jiang, Li Zhou, Shuhua, Sun, Shenghua and Conwell (2002), and Puranik, Paul and Krishnamurthy (2015). All these studies utilised qualitative methodology in psychological autopsy studies to understand the suicide phenomenon.

The central point of these studies was to understand the mind of individuals whose lives were ended through suicide as well as the intention and motive of suicide. Results show that although suicide came as a total surprise there are psychological intentions behind suicide death. These studies made a significant contribution towards understanding psychological intentions and motive of IPMS. The purpose of this study is to conduct PA on male perpetrators and female victims of IPMS without deceiving participants. The focus is on the psychological intent and motive of perpetrators and victims on IPMS. Multiple trajectories towards IPMS, including the events which triggered the fatal behaviour of perpetrators and victims of IPMS, and the role of both perpetrators and victims in effecting own death.

The essential process in the present study included, understanding, examining, identifying, investigating IPMS phenomenon as well as documenting in detail the psychological intents and motive of male perpetrator on IPMS, including the multiple trajectories and triggering events directed male perpetrators and female victims towards IPMS. Lastly, to document in detail the role played by both perpetrators and female victims in effecting own death. The researcher found qualitative inductive analysis of surviving family members, people who had contact with deceased prior to death, and the deceased's archival records as most appropriate for this study because these procedures enhanced objectives which would be lost if quantitative strategies were applied.

5.5 Research design

Research design can be understood as the framework or essential supporting structure that sheds light on how the study will be conducted in order to find answers to the research questions. Cresswell (2014) defines research design as a set of methods and procedures used in collecting and analysing measures of variables

specified in the researched problem. Descriptive case study was adopted as the research design for the present study in order to describe, analyse and interpret IPMS phenomenon, in order to detailed descriptions of these cases. In the context of the study, a unit of analysis for descriptive case study was a MS case comprising of IP who died through MS. However, the study also has footprints on an instrumental case study aiming to understand psychological intent, motive, trajectories, events towards IPMS, including the role played by the IP in effecting own death, to inform strategies and policy development process. Yin (2003) refers to a descriptive case study, also called an intrinsic case study, as a case study that strives to describe, analyse and interpret a particular phenomenon such as IPMS. Mark (1996) refers to an instrumental case study as a case study that strives to explore and describe particular phenomenon such as IPMS, with the aim of gaining new knowledge, which may inform policy development.

5.5.1 Origin of descriptive and instrumental case study

Descriptive and instrumental case study design originated from a case study approach applied in the qualitative method (De Vos et al., 2011; Neuman, 2006). Members of the Chicago School, including Ernest W, Burgess, Herbert Blumer, Louis Worth, Robert Redfield and Everett C, Hughes, interested in unemployment, poverty, delinquency and violence among immigrant groups shortly after their arrival in North America, is regarded as the pioneer in the field of this case study approach (Babbies & Mouton, 2001). Case study design was suggested as a methodological framework wherein researchers have ample choice of what to study, such as life history, phenomenology, grounded theory and ethnographic research (De Vos et al., 2011). Barney, Glaser and Strauss (1967); and Schram (2006) pointed out that a researcher can also consider case study design to conceptualize human behaviour or merely as a way of encapsulating it. Schram (2006) stressed that the strategic value lies in its ability to draw attention to what can be learned from the single case. De Vos et al. (2011) pointed out that the case study design can be adopted by qualitative researchers to gain meaning of the live experience of the participants, by immersing in single case or a small number of cases studied.

5.5.2 Descriptive and instrumental case study design as method

As highlighted above, the purpose of descriptive and instrumental case study design in this study is to explore, describe, analyse and interpret the intimate partner murder-suicide phenomenon (Mark, 1996; Yin, 2003). The researcher achieved this goal by having narrative accounts from participants' opinion and perceptions related to the death of the intimate partners by murder-suicide and reviewing of deceased's archival records. The results are in a form of critical reflection and interpretation of the narrative accounts and reviewed archival records to reveal what was in the mind of the intimate partners whose lives were ended through murder-suicide (American Association of Suicidology, 2017).

The naïve descriptions were obtained through open-ended questions. In this process the researcher uses a probing technique (penetration, exploration and explanation questions) to achieve in-depth answers from the participants (Ritchie & Lewis, 2003). Secondly, the researcher does a follow-up to obtain a deeper and fuller understanding of the participants' opinion of the IPMS (Ritchie & Lewis, 2003). Thirdly, the researcher scrutinised personal and confidential records of the intimate partners whose lives were ended through MS (Cresswell, 2003; Jupp, 2006; Ritche & Lewis, 2003). Through personal documents the researcher understands the deceased views and expression in committing IPMS (Babbie & Mouton, 2001), their life experience and the way they engaged in their social world (Jupp, 2006). Lastly, the researcher scrutinised the confidential or official documents of the deceased to understand factors and trajectories that may have contributed to IPMS (Babbie & Mouton, 2001). These processes are detailed in the data collection subsections.

5.6 Setting and population

5.6.1 The setting



Figure 1. A map showing the approximate geographical area of South Africa where the rural community in Limpopo Province is located. The area is indicated in light pink in the northern tip of the country (Statistics South Africa, 2011)

The study was conducted in Limpopo Province, South Africa. (See the light pink coloured area in the map). Limpopo Province is comprised of urban communities (that is, cities and towns) managed by local government, and rural communities (that is, informal settlement or villages) managed by traditional leaders (chiefs). The rural communities are in a geographic area located outside towns and cities in Limpopo Province. As the custodians of tradition and cultures of people in rural areas, traditional leaders are the rightful leaders of their own constituencies, which are communities in their area of jurisdiction. Limpopo is one of the poorest regions of South Africa with a big gap between poor and rich residents, especially in rural communities. The province is divided into five district municipalities, namely Capricorn district, Mopani district, Sekhukhune, Vhembe and Waterberg district municipality.

The district municipalities are divided into twenty-five local municipalities (BaPhalaborwa, Bela-Bela, Blouberg, Elias Mtsaedi, Ephraim Mogale, Fetakgomo,

Greater Giyani, Greater Letaba, Greater Sekhukhune, Greater Tubatse, Lepelle-Nkumpi, Lephhalale, Makhado, Makhudutamaga, Maruleng, Modimolle, Mogalakwena, Molemole, Mookgopong, Musina, Mutale, Polokwane, Thabazimbi and Thulamela).

The population of the rural communities in Limpopo Province consists of several groups distinguished by culture, language and race. 97.3% of the population is black African, 2.4% is white, 0.2% is coloured and 0.1% is Indian/Asian. The Northern Sotho people make up the largest percentage of the black population, being 52% of the province. The Tsonga people comprise about 24.0% of the province. The Vhavenda people make up about 16.7%. Limpopo Province borders Botswana, Zimbabwe and Mozambique and makes it a good starting point to explore those regions of Africa.

IPMS, among other things, has been suggested as one of the underlying causes of unnatural death in rural communities (Statistics South Africa, 2015). It constituted 5% of 3951 of unnatural deaths in the years 2010 and 2015. Other underlying causes of un-natural death include accidents, which constituted 53.6% of 3951 unnatural deaths, internal self-harm (suicide) 0.3%, murder 7.3%, complications of medical and surgical care 1.8%, and consequences of external morbidity and mortality 0,1% (Statistics South Africa, 2015). In the years 2015 and 2019 IPMS has been suggested as an underlying cause of unnatural death in both rural communities (Department of Health, 2019). It constituted 10% of 2435 unnatural deaths. Other underlying causes of unnatural deaths include motor vehicle accidents, which constituted 60% of 2435 of unnatural deaths, internal self-harm (suicide) 20% of 2435 unnatural deaths, medical and surgical care, undetermined death constituted 2% of 2435, murder constituted 7% of 2435 of unnatural deaths (Department of Health, 2019). Blunt force (assault/abuse) was suggested as the causes of IPMS in Limpopo Province. Followed by hanging, sharp trauma, gunshot and physical agents including stab wounds (Maimela et al., 2012; Department of Health, 2019).

5.6.2 Population

The population for the study were all cases of IPMS in rural community that have occurred at home, work, school or those connected with domestic violence in Limpopo Province that occurred between 2015 and 2020. The population of this study was drawn from Limpopo Province, particularly rural communities.

5.7 Sampling procedure

For this study, purposive, snowball and archival sampling were used as a sampling technique to obtain IPMS cases comprising of male perpetrators and female victims, potential participants and archival records of the deceased. The purposive sample consisted of IPMS cases used in the study. The snowball sample consisted of participants who had contact with intimate partners prior to death by murder-suicide. The archival sample consisted of archival records of both male perpetrators and female victims. This is in line with the recommendation by the American Association of Suicidology (2017) that indicated that the sample for psychological autopsies should be generated using purposive, snowball and archival sampling techniques.

5.7.1 Purposive sampling

Purposive sampling is a type of non-probability sampling which entails selection of research subjects based on the knowledge of the researcher and the purpose of the study (De Vos et al., 2011). In the present study, purposive sampling procedure was used to select IPMS cases. Through this procedure unnatural death cases linked to IPMS were selected. Two IPMS cases comprised of male perpetrators and female victims were selected for analysis in this study. The sample of this study was drawn from Limpopo Province. In particular, the IPMS cases were drawn from the rural communities. The IPMS cases were sampled through purposive sampling using the forensic death register from Department of Health Forensic Pathology mortuary. These cases were limited to IPMS cases in a rural community in Limpopo province happening between January 2015 to December 2019 with an ethnic African background and aged between 21 and 65 years. The age 21 years was used in the study as cut-off point as it is regarded as the minimum age at which a person is allowed by law to be married or involved in intimate relationship without the parent/next of kin/guardian's consent (Marriage Act, 1961).

5.7.2 Snowball sampling

De Vos et al. (2011); Ritchie and Lewis (2003); Babbie and Mouton (2005) stated, snowball sampling involves using existing study subjects to recruit or suggest other subjects for the study. For instance, Snowball sampling (also known as chain referral) was used as a sampling technique to get the potential participants for the present

study through witnesses (family members) registered on the forensic death register from Department of Health Forensic Pathology mortuary. Through this method, witnesses (family members) asked to suggest other people who may participate in the study. People suggested by family members were also requested to suggest other people who may participate in the study. These steps were repeated until needed sample found. The participants of this study were drawn from two IPMS sampled for the purpose of the study. In particular, participants were drawn from both male perpetrators' and female victims' side. The participants were the surviving family members (that is biological father, mother, siblings and guardians) of both male perpetrators and female victims, and other people who had contact with male perpetrators and female victims before death. The inclusion criteria for the participants were only those who are 21 years old and above and that have agreed to participate in the study. Though an estimated number of twenty (ten from perpetrators' and ten from victims' side) participants were envisaged, sampling was however to continue until data saturation occurs and no new information about the deceased is revealed (American Association of Suicidology, 2017). Eighty two (82) participants were interviewed. The participants were limited to surviving family members and other people who had contact with the male perpetrator and female victim before death. These included biological parents, siblings (brothers and sisters), ordinary friends, mistresses, boyfriends, girlfriends, neighbours, forensic officials, death investigators, police officers, co-workers, uncles, cousins, traditional leaders, street leaders, block leaders, aunts, friends, general practitioners, social workers, ex-boyfriends, ex-girlfriends, grannies, educators and in-laws.

5.7.3 Archival sampling

The sample of this study was drawn from both male perpetrators' and female victims' archival records. Archival records for both male perpetrators and female victims were sampled through archival sampling using the case number registered on the forensic death register, date and year recorded on personal records. As Kepleng, Karen and Requard (1992), Marlow (2005); Babbie and Mouton (2001) stated, archival sampling involves the selection of available archival records (files) from government agencies, institutions, organizations, personal records and other entities limited to the study. This sampling technique helps to reduce bulk information and retains the best (Kepleng, Karen & Requard, 1992).

For instance, in the present study the researcher sampled archival records of both male perpetrators and female victims from the Department of Health records management, deceased's homes, offices and surviving family members' homes. The South African Police Service was excluded because it was discovered that as from April 2006 the forensic mortuaries was transferred from the South African Police Service to the authority of provincial Departments of Health including personnel, equipment, archival records (files) and other logistical service. Archival records (files) were limited to medical records (these include medical history, brain scan report, physical examination, treatment provided and opinion suggested), psychiatric and psychological records (these include psychiatric past history and family psychiatric history, psychotherapy and counselling reports). Additional information was also gleaned from death records (this includes death certificate and physician report) and forensic autopsy records (these include medico-legal report "internal and external examination, evidence collected and opinion by forensic pathologist", laboratory data, toxicology report, digital photos of crime scene). Social media such as WhatsApp and Facebook messages were also accessed. In addition, financial statements, arts and crafts work, pictures, policies, testament (will), employment reports, bride price/wealth records, motor vehicle accident reports, funeral programs, and Instagram messages).

As Mason (2011) stated, this archival data helps the researcher to gain information that may not have been revealed by participants during the interview sessions. Medical records helped the researchers to gain information on what happened to the male perpetrator and female victim since birth. As a result it gives clues on surgical history, obstetric history, medications and medical allergies, family history, social history, habits, immunization, growth, developmental history, physical examination, history of present illness, assessments and plans at the time of death. Psychiatric and psychological records provide the researcher with the information about the mental status of the perpetrators and victims since birth. Death records provide the researcher with a full explanation of events that may have contributed to the death of the perpetrator and victim. Forensic autopsy records provide information about the cause, mode of death and health status of both the perpetrators and victims before incidence of IPMS, missing body part, if any, toxicology and DNA results, method used to commit IPMS, instrument used to commit IPMS, profile of male perpetrators and female victims and overview of IPMS. Police records provide the researcher with explanation

about IPMS. Personal records provide the researcher with a full history of what the male perpetrators and female victims were thinking, feeling, planning and how they executed the plan. Furthermore, it provides the researcher with a full explanation of the intention, lifestyle, character/behaviour, psychological problems or disorders, and dreams of male perpetrators and female victims.

In order to access the archival records, the researcher visited the archival repository of the Department of Health in Limpopo province, with the permission letter to conduct research from the Head of the Department of Health. The docket number, body number, date of death, identity number, cause and manner of death recorded on the forensic laboratory death register were used to retrieve male perpetrator and female victim archival records from the archival repository of the Department of Health in Limpopo Province. The archival repository of the South African Police Service was excluded because in April 2006 the archived records related to unnatural death, including IPMS were transferred to the Department of Health. Police records related to the male perpetrator and female victim were also obtained from the archival repository of the Department of Health in Limpopo Province, in particular forensic mortuary and administration. Other official records of the male perpetrators and female victims were retrieved from the deceased's home and family doctors.

For personal records of both male perpetrators and female victims the researcher visited the surviving family and those who had close contact with the male perpetrator and female victim before death, with the permission letter to conduct research from the Head of the Department of Health. The personal records were retrieved from the houses of both the perpetrator and female victim, particularly their bedroom, visitor's room, study room, dining room, storeroom, computer, vehicle garage, backroom, smartphone mobile phone.

In addition, personal records were retrieved from friends, next-of-kin, siblings, mistress, and boyfriend's and girlfriend's mobile phone. The information was also retrieved from both male perpetrators and female victim's parents' and siblings' houses, storerooms, dining rooms and visitor's rooms. The review of all possible archival records was unique in that it followed the perpetrator and victim across their lives and stages (that is, conception and till the day of incident). Though an estimated number of twelve (six from perpetrator and another six from victim side) archival

records were envisaged, sampling however continued until data saturation occurred and revealed no new information about the deceased (American Association of Suicidology, 2017).

5.8 Data collection

Neuman (2006) defines qualitative data collection as a systematic process of gathering and measuring information on studied variables to answer research questions. De Vos et al. (2011) pointed out that interpretative researchers in qualitative case studies attempt to derive their data through direct interaction with phenomenon. Similarly, in this study the researcher gathered information about the IPMS, in order to answer research questions and hypothesis on the study.

Knoll (2008) and De Vos et al. (2011) pointed out that the interpretative qualitative researcher derives data from participants' observations, focus group discussion, in-depth interviews and document analysis. Similarly, the researcher in this study derived data from in-depth interviews with participants and analysis of all the deceased's relevant information from archival records with a particular focus on the intentions, motive, trajectories, as well as events and role played by IP in effecting own death. Full details about the instruments, data sources process are presented below.

5.8.1 Data collection instruments

For this study, data was generated in two ways. Firstly, in-depth semi-structured interviews recommended for PA studies by Shneidman (1976) were utilised as instruments for data collection from participants (see Appendix for Interview guide). Lastly, two types of PA data capture sheets as recommended by Ebert (1987) were utilised for data collection from deceased's archival records (that is, data capture sheet for the deceased's medical, psychiatric, psychological, forensic autopsy, and police files; data sheet for deceased personal documents) (See Appendix). This is in line with the recommendation by Shneidman (1976) and Siddamsetty et al. (2007) who pointed out that data for PA should be generated using extensive interviews of surviving family members and other close intimates, as well as the review of all possible personal

documents, medical reports, police reports, forensic reports and other relevant documents of the deceased.

5.8.2 Data collection sources

This is a qualitative field study. Through field study the researcher obtains first-hand information about the IPMS phenomenon, detailed information about intimate partners' and social context shaping their lives experience, which may have been lost using other methods. DePoy and Gilson (2008) pointed out that qualitative interpretative researchers obtain information through direct interchange with an individual expected to possess the knowledge they seek.

This study utilised in-depth interviews and documents analysis for collecting primary and secondary data. DePoy and Gilson (2008) refers to interviews as a predominant mode of data collection in qualitative interpretative research. DeJong (2005) stressed interviews as social relationship designed to exchange information about the phenomenon studied between the participants and researcher. Ritchie and Lewis (2003) refers to documentary analysis as the study of existing documents, to understand their substantive content or illuminating deeper meaning which may be revealed by their style or coverage. The in-depth interview and documental analysis process are discussed below.

5.8.2.1 In-depth interview process: Prior to the in-depth interview, forensic pathology officials located at the forensic pathology mortuaries (operating in the Department of Health) were approached to get access to witnesses from whom the statements about IPMS case were taken. The forensic pathology officials were approached first through phone and later visited by the researcher with the list of IPMS cases that occurred in their jurisdiction. A permission letter to conduct research obtained from the Limpopo Department of Health was also shared with the forensic pathology officials. The traditional leaders were also identified as the suitable subjects to be approached first before the commencement of interviews to get access to the community members under their jurisdiction. The traditional leaders were approached first through phone and later visited by the researcher with the list of IPMS that occurred in their jurisdiction. A permission letter to conduct research obtained from the Limpopo Department of Health was also shared with the traditional leader. The block and street leaders who know about the IPMS were requested by traditional leaders to pass the

verbal messages about the study to the surviving family members who were asked to pass along the message to friends/next-of-kin/neighbours and others who may also be interested in the research under no obligation.

Furthermore, the block and street leaders assigned by the traditional leader who knows about the case, visited the bereaved family with the researcher to clearly inform the family about the study and to reach the agreement to conduct the interview. The researcher, block and street leaders were welcomed by the surviving family members who then consented to participate and recruit friends/next-of-kin/neighbours to participate without obligations. After the mutual agreement between the researcher and bereaved family, an appointment was made for the researcher to conduct the interview. Participants in this study were interviewed by a well-trained researcher highly skilled in PA in-depths interviews and capturing the response from the participants. Furthermore, the researcher had experience with a background in behavioural science, counselling and PA investigation. This is in line with the American Association of Suicidology's recommendation (2017) that the in-depth interview of PA studies must be conducted by a researcher who has been trained and certified as a PA investigator.

During interviews, the researcher was flexible and handed over the scheduled questions to the participants prior to the commencements of the interviews (Smith et al, 1995) and read scheduled questions together with the participants (De Vos et al., 2011). Each participant was allowed to determine how the interview should proceed, while the researcher occasionally monitored the coverage of the scheduled questions. Before the commencement of the study, the researcher explained a brief overview of the study, its ethical aspects, and the nature of the interview. The participants were then given the consent letter (See Appendix 4A) and form (See Appendix 4B) to read through and sign.

Participants were interviewed by a researcher who speaks their mother tongue. Using participants' language helps them to relax and interact with the researcher without fear. Potential participants were invited to the interview no less than one year after the incident to allow them to mourn, and not more than five years to avoid recall limitation. At this time, more rituals and ceremonies related to mourning were carried out to liberate the surviving family members from the deceased and re-integrated them into

the society to begin the normal life. The attempt to decipher the mind of the deceased through a fortune-teller (*dibia*) were also done, if there were some things left out during mourning which might attract the wrath of the deceased to discomfort the family members and those who had close contact with deceased before death (Okorie, 1995). The interview guide allowed the participants to bring up new ideas during the interview. However, the specific topic or questions that the researcher wanted to explore during the interview were developed.

The researcher encouraged participants to be interviewed at the forensic pathology centre (operating within the Department of Health). However, participants insisted on being interviewed at their home or other places including office, police station, and restaurants because they want to preserve their anonymity. The major advantage of having the interview at the forensic pathology centre (operating within the Department of Health) is that, if a crisis occurred during the interview (i.e. emotional outburst) support from other staff at the centre will be markedly accessible. Thus, the mobile support and crisis team comprising of forensic pathology officials, police officers, medical doctors, forensic investigator officials, social workers, psychologists, registered counsellors, nurses and emergency service officials was established by the researcher to assist participants in times of crisis during and after the interview.

During the interview the majority of participants were observed to be severely distressed and briefing counselling was provided by the researcher during the interview period. Brief intervention helps the participants to relax, break silence and concentrate on finding closure of male perpetrators and female victim's death by MS. The interview process lasted for six months, from August 2019 to January 2020 (three months for participants from the perpetrators side and three more months from victim's side). The interview lasted from 40 minutes to one hour per participant. They participated from the first day of interview till the end of interview and no participants were referred for either psychological or psychiatric service or medical attention. The participants were interviewed periodically depending on their availability.

During the interview process, the researcher consciously turned her attention to the phenomenon under investigation with each participant to established psychological intent, motive, behaviour, multiple trajectories towards IPMS, possible triggering factors or events in IPMS and role played by perpetrators and female victims in IPMS.

The guiding questions that were put forth to each participant attached as Appendix 1(A): Individual interview guide. After establishing the psychological intent and motive of male perpetrators and female victims in IPMS, including trajectories that led them towards IPMS, events that may have triggered the perpetrator's and victim's fatal behaviour and the role they played in effecting own death, through these questions and probing, the researcher gains understanding of the meaning attached to the IPMS.

The interview process was treated with caution by suspending presuppositions that could have unduly influenced participants' descriptions of their life experience with the intimate partner prior to death. To ensure that no significant data was lost during the interview, the researcher recorded fieldwork data in the notebook which was also reviewed during data analysis. During this process the exact quotes that related directly with the purpose of study were recorded. Upon completion of the interview, the researcher thanked the participants for their generosity and selfless sharing of their intimate, often painful memories of the intimate partner murder-suicide of their loved one. Participants appreciated the researcher's efforts and the study to help them understand why their loved one lives ended through murder-suicide.

5.8.2.2 Document analysis process: Prior to the document analysis process, the researcher approached the bereaved family and informed them about the process and kind of information needed to be reviewed. Further, the bereaved families were clearly informed about the importance and benefits of the review of archival information of the deceased. Archival records used in the study covered years of the male perpetrators' and female victims' lives before death and the time of death by MS.

Review of archival records was done from August 2019 to January 2020 (six months). Three hundred and sixteen archival records were reviewed with the assistance of surviving family members, forensic pathology officials, record management officers, forensic investigators, administration officers, mental health officials, social service officials and medical officers. The archival records reviewed were old (more than two years and less than forty years), tracking male perpetrators and female victim's life from childhood into adulthood. The age and authenticity of the archival records, particularly official records, were verified by date, date stamp, professional or PR number, signatures, institution logos and location, the deceased's identity number and personal details. Personal records' authenticity was verified by having the deceased's

handwriting confirmed by surviving family members as authentic, cell phone number, password number, identity number, salary number, personal details, account number, ticket stubs number, and dates.

The reviews were done at the forensic pathology centre (operating within the Department of Health), the homes of male perpetrators and female victims (in town and in rural area), surviving family members (that is biological parents, sibling), next-of-kin (uncles, aunts and cousins, and in-laws), friends, and in offices and restaurants. The Family Violence, Children Protection and Sexual Offences Unit (FVCPS) operating within the South African Police Service (SAPS) was excluded because since 2006 forensic pathology services and medico-legal mortuaries were transferred to the Department of Health (DoH) and the SAPS retain full responsibility for criminal investigations and jurisdiction over the crime scenes. The review was done by a researcher who had experience in the review of deceased persons' archival records for psychological autopsy research studies. According to Mason (2011), archival data helps the researcher to gain information that may not have been revealed by participants during the interview sessions.

During the document analysis process, the researcher consciously turned her attention to the phenomenon under investigation with each archival record. The guiding questions that were put forth to each archival record are attached as Appendix 2(A): Data capture sheet for deceased medical, psychiatric, psychological, forensic autopsy and police records (files) and Appendix 2(B): Data capture sheet for deceased personal documents. After establishing the psychological intent and motive of male perpetrators and female victims in IPMS, including multiple trajectories towards IPMS, events triggering the male perpetrators' and female victims' fatal behaviour and the role they played in effecting their own deaths. The researcher gained complex meaning attached to IPMS that was not covered before.

The information about male perpetrators and female victims was extracted from official and personal records. Official information was extracted from a variety of sources that, among others include the following: medical records, psychiatric and psychology records, forensic autopsy records and police records.

Personal or private information of male perpetrators and female victims were extracted from suicide notes, diaries, journal, notebooks, letters, farewell notes, school reports,

computers, phone and email messages, WhatsApp, tweets, Facebook, financial statements, art and craft work/drawing, pictures, policies, testaments (will), employment reports, bride price/wealth records and Instagram, funeral programmes and obituaries). During document analysis, Jupp (2006); Henning (2004) suggested four techniques that the interpretative researchers may use to extract information from official, mass media, archival material and personal records. Jupp (2006) and Henning (2004) identifies content, textual, semiology and linguistic technique analysis techniques to extract information from archival records. Jupp (2006) and Henning (2004) pointed out that depending on the goal of the study, a combination of the techniques can be used for analysing documents.

Taking into account the above, this study combined content, textual, semiology and linguistic analysis techniques to extract information from the archival records of the male perpetrators and female victims (official and personal documents). The content and textual analysis gave the researcher an indication of frequency and potency. Semiology and linguistic analysis give the researcher a complex meaning of words, signs, images and phrases used by the male perpetrators and female victims.

During this process, the researcher started by extracting similar words and images within the achieved records of male perpetrators and female victims. According to Jupp (2006) this process is called content analysis wherein the document tends towards a systematic and enumerative approach in order to quantify the frequency of elements within documents (such as words or images) or quantify similar types of document. Monette et al. (2002) refers to content analysis as the method of transforming the symbolic content of document, such as words or other images, from qualitative, unsystematic form into a quantitative systematic form. Typically this kind of analysis is concerned with the manifest content of a document and is usually associated with a positivist approach.

Secondly the researcher interpreted the meaning carried by archived records of the male perpetrators and female victims. According to Jupp (2006) this process is called textual analysis techniques. Jupp (2006) suggested that textual analysis is a qualitative and interpretative tradition. Jupp (2006) emphasizes that textual analysis focuses more on interpreting the meaning carried by documents and less on the numbers and frequency of occurrences.

Thirdly, the researcher identified signs, words and images that have complex meaning beyond the surface of the text. Jupp (2006) views this process as semiology, the study of signs, identifying words and especially images as signs that offer complex meaning or significance beyond the surface of the text. Finally, the researcher explored the use and meaning of words and phrases in the archived records of male perpetrators and female victims. Jupp (2006) views this process as linguistic analysis techniques that explore the use and meaning of words and phrases in the documents.

Information extracted from male perpetrators' and female victims' archival records was treated with caution by suspending presuppositions that could have unduly influenced archival descriptions of the deceased's life experience. To ensure that no significant data was lost during review of archival records, the researcher recorded the field work date, which was also reviewed during data analysis. Upon completion of the review of archival data, the researcher thanked the surviving family members for their generosity and selfless sharing of official and archival records of the deceased, and often-painful memories in IPMS of their loved one. Participants appreciated the efforts of the researcher and the study in investigating the mystery of their loved one's death by MS.

5.9 Data analysis

Schwandt (2007) defines qualitative data analysis as a range of processes and procedures where the researcher moves from collected data into some form of interpretation of phenomenon and finding meaning beyond the collected data. Kreuger and Neuman (2006) suggest that interpretative qualitative data analysis is less standardised. Babbie (2007) refers to qualitative analysis as non-numerical examination, but interpretation of observations, for the purpose of discovering underlying meaning and patterns of relationship. Gibbs (2007) refers to qualitative data analysis as a transformation process started with some (often voluminous) collection of qualitative data, which is then processed through analytic procedures into a clear, understandable, insightful, trustworthy and even original analysis.

Braun and Clarke (2006) suggest that before the qualitative researchers engage in thematic analysis, they must consider which approach they want to follow. For example, researchers can choose to follow an inductive or deductive or thematic or a

latent approach during thematic analysis. Braun and Clarke (2006) pointed out that qualitative researchers using inductive analysis approach allows data to determine the themes, while researchers following a deductive approach analyse data with some preconceived themes he/she expects to find reflected there, based on theory or existing knowledge. In a thematic approach, the researcher analyses the explicit content of the data, while researchers using a latent approach are interested in the statements and what their statements reveal about the assumptions and social context.

This study chose an inductive approach. During data analysis the researcher was flexible and allowed the collected data to determine the themes. For both the in-depth interviews and archival data, the researcher used thematic content analysis (TCA). This is in line with the recommendation by Shneidman (1976) who pointed out that thematic content analysis is useful in psychological autopsy studies to identify patterns of meaning across a dataset that provides an answer to the research objectives being addressed. The TCA steps as outlined by Braun and Clarke (2006) are discussed below.

5.9.1 Familiarising oneself with the data and coding.

In this step, the researcher read and reread the interview transcripts or field notes, underlining key words, phrases and providing codes in the margins based on the collected data as suggested by Braun and Clarke (2006). For the archival data, the researcher read and re-read the gleaned documents, underlining key words, writing codes and comments in the margins based on the collected data as suggested by Braun and Clarke (2006).

5.9.2 Searching for themes

In this step, the researcher wrote the names of each code and provided a brief description of the main themes and sub-themes, based on the collected data. In this inductive analysis, as described by Braun and Clarke (2006) the researcher began by initially identifying themes relevant to the intimate partner's possible psychological intent, motive, behaviour, psychological factors, social factors, environmental factors, cultural factors and circumstances around IPMS. Further, the researcher identifies

factors or events which may have triggered the fatal behaviour of intimate partners and the role played by an intimate partner in effecting own death.

5.9.3 Reviewing and refining themes

During this step, the researcher is expected to review all the coded data extracts for each theme to form coherent patterns of themes as suggested by Braun and Clarke (2006). Similarly, in this study the researcher reviewed all the coded data extracts for each theme to form coherent patterns of themes as suggested by Braun and Clarke (2006). In this process the researcher returns to data sets and compared themes, followed by verifying if the themes are not missing anything and ensuring that identified themes are really present in the data. The researcher split themes, combined some, discarded others and created new themes that were useful and accurate.

5.9.4 Defining and naming the themes

During this step, the researcher is expected to review all the coded data extracts for each theme to define and title the final theme that will be used in the analysis, as well as identify the story related to the study research questions to ensure that there is not too much overlap between the themes (Braun & Clarke, 2006). Similarly, in this study, the researcher went back to collated data extracts for each theme to define and title the final theme used in the analysis. In addition, the researcher identified each story related to the study psychological intent and motive in IPMS, including multiple trajectories towards IPMS and events that triggered the fatal behaviour of the intimate partners as well as the role played by intimate partners in effecting own death. This was to ensure that there is not too much overlap between the themes as suggested by Braun & Clarke (2006).

5.9.5 Producing the report

As Braun and Clarke (2006) suggested, the researcher should (after defining and giving titles to the final themes) begin writing up a thematic analysis to tell the complicated story emerging from the data. This should be done in a way that enables the reader to understand the psychological intent, motive and multiple trajectory associated with the intimate partner murder-suicide, and the role played by the

deceased in effecting their own death. A similar process was followed by the researcher in the present study.

5.10 Quality criteria

Quality criteria refers to trustworthiness of qualitative research findings (Korstjens & Moser, 2018). Shenton (2004) defined trustworthiness as the quality of being authentic and reliable, and trustworthiness was the term proposed by Lincoln and Guba (1985) and is often referred to as criteria which is parallel to the term rigor in quantitative research. Korstjens and Moser (2018) suggest that the trustworthiness of quantitative research depends on the validity, measurement validity and reliability. Lincoln and Guba (1985) proposed four sets of criteria which determine the trustworthiness of qualitative research, including credibility, transferability, dependability and conformability. In addition, Korstjens and Moser (2018) suggest that flexibility can also determine the trustworthiness of qualitative research. Flexibility refers to an integral part of ensuring the transparency and quality of the qualitative research (Korstjens & Moser, 2018).

For this study, the researcher takes cognisance of these augments and prefers to use the term trustworthiness as suggested by Lincoln and Guba (1985); Korstjens & Moser (2018); and Shenton (2004). In order to facilitate trustworthiness in this study, the researcher ensured that the research findings are credible, transferable, confirmable and dependable.

5.10.1 Credibility

Credibility is defined as the confidence that can be placed in the truth of the research findings (Anney, 2014). According to Shenton (2004) credibility establishes whether the research findings represent plausible information drawn from the participants' original data and is a correct interpretation of the participants' original view. Lincoln and Guba (1985) refers to credibility as a confidence that can be placed in the truth of the research findings. According to Korstjens & Moser (2018) credibility establishes whether the research findings represent plausible information drawn from the participants' original data and is a correct interpretation of the participants' original

views. Based on Lincoln and Guba (1985) strategies for ensuring credibility are prolonged engagement, persistence observation, triangulation and member check

As suggested by Lincoln and Guba (1985) credibility in this study was established triangulation (that is the in-depth interviews and document analysis), and frequent debriefing sessions with the supervisors and verifying/confronting interview notes with participants. In this study, interviews with participants and review of deceased archival records lasted for six months. During interview sessions, several questions were asked regarding the IPMS. Furthermore, participants (surviving family members and those who had contact with intimate partners' before death) were encouraged to support their statement with examples and researcher asked follow-up questions. According to Lincoln and Guba (1985) triangulation aims to enhance the process of qualitative research by using multiple approaches. In this study methodological triangulation was used by gathering data using in-depth interviews, document analysis and field notes). Data triangulation was secured by using data sets that emerged throughout the thematic content analysis process (these include familiarising with data, coding, generating themes, reviewing and refining themes, defining and naming theme). Due to the sensitive nature of the study, audio-tape records were excluded because the participants were not willing to be taped during interview sessions, even though the researcher stated that the audio tape records will assist in transcribing the data. They were concerned about their confidentiality and the anonymity of the male perpetrators and female victims. Participants were comfortable to participate in the study without audio tape and were comfortable with field notes taken by the researcher instead of being taped. The researcher and participants agreed that audio tape must be excluded during interview session and notetaking during interview sessions was accepted.

Furthermore, member check was used to established credibility in this study. To facilitate the member check process the researcher went back to the field for participants' feedback. All transcripts of the interviews and documents analysis were discussed face-to face with the surviving family members enabling them to correct the interpretation and challenge what they perceived to be wrong interpretations about the deceased's life experiences. Because prior to the in-depth interviews and document analysis participants requested that the researcher discuss transcripts face-to-face

instead of sending them through email or post because they were concerned that the transcripts may end up with the wrong person. In addition, halfway through the study period, meetings were held with individuals who had participated in the in-depth interviews and documents analysis (e.g. friends, co-worker, neighbour, etc.) enabling them to correct the interpretation and challenge what they perceived to be wrong interpretations about the intimate partners' life experiences prior to death. The member check process lasted for one month.

Frequent debriefing sessions with the supervisors were done from the planning phase of the research project and were reviewed every month. The aim of these debriefing sessions was to identify challenges experienced by the researcher during the psychological autopsy exercise. For example, due to the sensitive nature of the study, surviving family members were concerned about their confidentiality and the anonymity of the deceased. They requested the researcher not to mention the name of the participants and the deceased's personal details, the locations participants and deceased were born, the forensic mortuary where physical autopsy was conducted, and copying deceased archival records. It was agreed that the name of the participants and the deceased's personal details, the locations participants and deceased were born, the forensic mortuary where the physical autopsy was conducted, and the location where the intimate partner murder-suicide happened would not be revealed in the report. Instead of copying the deceased's archival records, the researcher spent time in the field and reviewed archival records in the presence of participants. This process lasted for six months. These processes are considered to have added credibility to the study.

5.10.2 Transferability

Transferability refers to the degree in which the results of qualitative research can be transferred to other contexts with other participants. It is the interpretive equivalent of generalizability (Lincoln and Guba, 1985; William, 2006). In order to facilitate transferability in the present study, the researcher ensured that the geographical area in which the fieldwork was carried out was reported in detail. Furthermore, the researcher provided a rich account of descriptive data, including sample, sample size, sample strategy, inclusion and exclusion criteria, interview procedures, interview guide, data capture sheet for document analysis and document analysis procedures.

The study in this report was primarily conducted in a rural community in Limpopo Province, South Africa. The study may not necessarily be generalizable outside this group. However, considering the scientific nature of the study and all the relevant procedures and methods employed, it can be suggested that the results of the study can be useful in other settings. It is further suggested that the findings can be used as a basis for further psychological autopsy studies of male perpetrators and female victims of IPMS in South Africa and other countries.

5.10.3 Confirmability and dependability

Confirmability refers to the degree to which the results of the inquiry could be confirmed or corroborated by other researchers (Lincoln and Guba, 1985; William, 2006). This is the strategy to ensure that data and interpretations of the findings are not figments of the inquirer's imagination, but are clearly derived from the data (Tobin & Begley, 2004). Dependability refers to consistency or stability of a finding over time (Korstjens & Moser, 2018; Lincoln & Guba, 1985).

According to Korstjens and Moser (2018), and Lincoln and Guba (1985) the strategy needed to ensure dependability and confirmability is known as an audit trail. In the present study, confirmability was established by using this audit trail. As Shenton (2004); Lincoln and Guba (1985); Korstjens and Moser (2018) has pointed out, an audit trail is evidenced by giving full details of the research design, sampling procedures, instruments used to collect data and the process followed to analyse data. Such a trail enables the readers to understand how the data that eventually led to the findings and the recommendations was gathered and processed during the course of the study. The study in this report presented a step-by-step guideline employed in the study. Philosophical approach, research design, methodology and analysis process in line with the accepted standard of psychological autopsies studies were elaborated in detail. Some of the protocols followed by the researcher (e.g. permissions to conduct study and research instruments) are appended in the annexure sections. The researcher also highlighted that during data collection, she took field notes. The field notes were revisited during each interview and documents analysis explication and they serve as basis for reflections and a source of reminder to the researcher about the interview and document analysis process. These measures taken by the researcher serve as bases of dependability and confirmability of this study.

5.10.4 The researcher's background

The researcher is currently working in the research unit of the Limpopo Provincial Department of Transport and Community Safety, previously called the Department of Safety, Security and Liaison. She is also a qualified registered counsellor with the Health Professions Council of South Africa (HPCSA), psychological autopsy investigator and suicidologist with research experience in the root causes of crime, human rights, policies, strategic development, and psychological autopsy. This background, in terms of the qualifications and current work environment can serve as base for the trustworthiness of the study. It can be suggested that the finding of the study can be useful in developing strategies and policies and an awareness campaign that could help to reduce death by IPMS.

5.11 Ethical considerations

Research ethics are based on the mutual trust, acceptance, cooperation, promises and well-accepted conventions and expectations between the researcher and participants involved in the study (De Vos et al., 2011). Given that psychological strain may be imposed on the participants and researcher, the American Association of Suicidology (2017), Hawton et al. (1998) and Scheidman (1976) stressed that the ethics of conducting PA studies must be seriously considered. The American Association of Suicidology (2017) emphasises that great care is important when approaching surviving family members of IPMS. For this study, ethical considerations that were central in conducting PA study of male perpetrators and female victims of IPMS are discussed below.

5.11.1 Permissions to conduct study

Before the study commenced, ethical clearance was sought and obtained from the Turfloop Research and Ethics Committee (TREC). In addition, permission was sought from the relevant authorities such as the Limpopo Provincial Department of Health (see Appendix 3a), the South African Police Service (see Appendix 3b) was excluded because since April 2006 forensic mortuaries/laboratories were transferred from South African Police Service to Department of Health. In addition, traditional leaders were

approached to gain access to surviving family members of intimate partner murder-suicides in their jurisdictions. Verbal permission was granted to the researcher, the block and street leadership was assigned by the traditional leader to assist the researcher to gain access to the surviving family members of both male perpetrators and female victims of intimate partner murder-suicide. Furthermore, permission was sought and obtained from the surviving family members (i.e. parents, guardian or next of kin); friends and work colleagues (see Appendix 3c-English version).

5.11.2 Voluntary participation and informed consent

Before the in-depth interviews and document analysis were conducted, the participants were informed about the nature of the study and that their participation and revelation of deceased archival records is voluntary. Furthermore, care was taken to ensure that participants fully understand why they were recruited for the study. This helped the participants to acquaint themselves with the study and at the same time, assist them in making informed decisions as to whether or not to participate in the study. Participants were given informed consent forms to read and sign before they were interviewed (See Appendix 4a, Informed consent letter - English Version; and Informed consent form–English version). The researcher emphasised the participants' right to refuse to be interviewed and to withdraw from the interview at any point. All participants signed the informed consent form. Participants were willing to participate in the study and none withdrew from the interview. They participated from the first day to the end of the study.

5.11.3 Respect and dignity

Due to the sensitive nature of the topic under investigation, it was possible that participants may have refused to participate in the study at the time of interview as the truth of the death of their loved one were beginning to take hold. Therefore the researcher respected the dignity of the participants by respecting any refusal to participate in the study, making all effort to minimize feelings of guilt.

Furthermore, the researcher respected the integrity of deceased persons in the way that information about the deceased persons that the participants did not want to be revealed were not revealed without their written consent. As suggested by participants,

their names and the deceased's personal details, the locations participants and deceased were born, the forensic mortuary where the physical autopsy was conducted are not revealed in this study report. The researcher avoided copying the deceased's archival records, and instead she spent time in the field, reviewing the deceased's documents in the presents of the participants. All gathered data was securely processed in accordance with guidance from the supervisor.

5.11.4 Privacy, anonymity and confidentiality

A safeguard of the deceased and study participants' confidentiality was assured in the way that their confidential biographic information was not disclosed without written permission of the interviewee. Confidentiality regarding the identities of the deceased identities was maintained by the exclusive use of the death register number for retrieval of all information. All gathered data was securely processed in accordance with guidance from the supervisor.

5.11.5 Benefits and risk/harm

Before the study commenced, the researcher informed the participants that the study will be of no immediate or direct benefit to them. However, the results of the study could benefit the broader society to certainly reduce and prevent these kinds of death. Due to the sensitive nature of the topic under investigation, it was possible that some participants may have showed some psychological reactions.

Thus, an arrangement for crisis management and psychological support by psychologists, registered counsellors, and social workers were made in local hospitals where they were expected to be taken through a debriefing session. Upon completion of the study, none of participants needed any form of intervention. All participants remarked that IPMS death was not easy to accept. The psychological autopsy study helped them to find meaning, closure and healing through participation in this study. The study also helped them to better understand the intention, motives, and pathways to IPMS. The participants also remarked that ever since the intimate partner died by murder-suicide, they were left with unanswered "why? why now, why in this way?" questions, and the study addressed those questions and they found clear answers by participating in the study.

5.11.6 Mental health of researcher

Due to the sensitive nature of the topic under investigation, it was possible that the in-depth interviews and document analysis would not only put demands on the participants, but also on the researcher (American Association of Suicidology, 2017; Callahan, 2000). The American Association of Suicidology (2017) recommended that a PA investigator needed a quiet room for “crying time” when the pressure caused by a PA study became overwhelming. As recommended by American Association of Suicidology (2017) and Callahan (2000), the researcher in this study frequently consulted a medical doctor and psychologist who helped her to offload the emotional strain accumulated during in-depth interviews and document analysis. Furthermore, debriefing sessions with supervisors helped the researcher to integrate the personal and professional gain inherent in the psychological autopsy work.

5.12 Chapter summary

This chapter detailed the methodology employed, including the philosophical assumptions underlying the study and the rationale for choosing qualitative research methodology. The chapter also covered a description of the setting where the study took place, the individuals who participated in the study, the archival records reviewed and how they were selected. Data collection and data analysis methods, including the quality criteria and the ethical issues applicable were covered.

CHAPTER 6

RESULTS OF THE STUDY

6.1 Introduction

This chapter discusses the results of the study, limiting the presentation to step 6 (writing thematic analysis drawn from data collection) as suggested by Bruan and Clarke (2006). The demographic details of participants and reviewed archival records are presented first, after which a summary of themes that emerged during data analysis will be presented. Thirdly, the themes will be discussed, and lastly, a summary of the chapter will be presented.

6.2 Demographic details of participants and reviewed archival records

6.2.1 Demographic characteristic of study participants

The frequency tables below present the demographic characteristics of the study participants. The study comprised of 82 participants who lost a loved one through intimate partner murder-suicide (IPMS). The gender distribution of participants was 41 male and 41 female. Participants aged 25-30 comprised of 8; the age category 31-40 comprised of 26; 41-50 age comprised of 21; 51-60 age comprised of 18 and the last category 61 and above comprised of 9. With regards to level of education, participants in possession of primary schooling comprised of 2; secondary schooling comprised of 4 and tertiary studies comprised of 76. In terms of the racial composition, 82 of the participants were Black African. With regards to nationality, 82 of participants were South African citizens from rural area in Limpopo Province.

Table 1. Demographic characteristics of participants

Demographic characteristics of participants	#
Gender	
Male	41
Female	41
Age groups	
25 - 30 yrs.	08
31 - 40 yrs.	26
41 - 50 yrs.	21
51 - 60 yrs.	18
61 yrs. & above	09
Residential area	
Rural	82
Race	
Black African	82
Level of education	
Primary schooling	02
Secondary Schooling	04
Tertiary Studies	76
Period of bereavement after IPMS	
0 -2 yrs.	05

Note. (n = 82; females = 41; Male=41; mean_{age} = 61 years,

6.2.2 Demographic characteristic of deceased's archival records.

The frequency tables below present demographic characteristic of deceased's archival records reviewed. The study comprised of 242 textual archival records of deceased's recorded before death. Archival records age categories of 0-10 comprised 223, 11-20 comprised of 07 archival records. The last age category 21-30 comprised of 12 archival records. In terms of archival type, 72 were official records and 170 were personal records. With regards of archival records size, 5 were thick record and 237 were thin records. In line with the phenomenon being investigated, all archival records were accumulated over the course of the intimate partners' lifetime to show the functionality of intimate partners prior to death.

Table 2. Demographic characteristic of deceased’s archival records

Demographic characteristic of deceased’s archival records	#
Archival records type	
Textual	242
Archival records age groups	
0 - 10 yrs.	223
11 - 20 yrs.	7
21 - 30 yrs.	12
Archival type	
Official records	72
Personal records	170
Archival records status	
Old	242

Note.

6.3 Summary of themes and sub-themes

This section mainly focuses on the themes emerging from in-depth interviews with participants and archival records analysis. In this section the researcher closely examines the data to identify the common themes that came up repeatedly. The various steps to conducting thematic analysis were followed as suggested by Bruan and Clarke (2006). In this section five steps of conducting thematic analysis as suggested by Bruan and Clarke (2006) were followed:

Step 1 & 2 (Familiarising oneself with the data and coding): In this step the researcher read and reread the interviews transcripts or field note underline key words, phrases and provide codes in the margins based on the collected. For the archival data, the researcher read and reread the gleaned documents, underlying key words, writing codes and comments in the margins based on the collected data.

Step 3 (Searching for themes): In this inductive analysis as described by Bruan and Clarke (2006) the researcher began by initially identifying themes relevant to male perpetrators and female victims of IPMS.

Step 4 (Reviewing themes): During this step, the researcher reviewed all the coded data extracts for each theme to form coherent patterns of themes as suggested by Bruan and Clarke (2006). In this process the researcher returns to data sets and

compared themes followed by verifying if the themes are not missing anything and ensuring that identified themes are really present in the data. The researcher split the themes, combined some, discarded others and created new themes that were useful and accurate.

Step 5 (Defining and naming the themes): The summary of themes and sub-themes is limited to this step. Guided by Bruan and Clarke (2006), the researcher went back to collected data extracts for each theme to define and title the final theme used in the analysis. The step was also intended to identify the story related to the male perpetrators and female victims of IPMS to ensure that there is not too much overlap between the themes as suggested by Bruan and Clarke (2006). Five major themes which emerged from the data are: a). Psychological profile of perpetrators in IPMS, b). Psychological profile of victims in IPM, c). Multiple trajectories towards IPMS, d). Possible triggers in IPMS, e).Circumstances around IPMS. All themes presented incorporate the units of relevant meaning that were extracted during each interview with participants and from archival records analysis. The final themes and sub-themes are presented in Table 3 below.

Table 3: Themes and sub-themes

Theme number	Theme	Subtheme
1	Psychological profile of perpetrator in IPMS	<ul style="list-style-type: none"> • Psychological intent • Motives • Behaviours • Possible role played by perpetrators
2	Psychological profile of victim in IPMS	<ul style="list-style-type: none"> • Psychological intent • Motives • Behaviours • Possible role played by victims
3	Multiple trajectories towards IPMS	<ul style="list-style-type: none"> • Psychological factors • Social factors • Environmental factors • Cultural factors
4	Possible triggers in IPMS	<ul style="list-style-type: none"> • Non-verbal communication

		<ul style="list-style-type: none"> • Murder attempts • Prior suicide attempts • Suicidal ideation • Relationship breakups • Sexual attraction and orientation • Sexual abuse • Extramarital affairs • Dispute about payment of child maintenance • Love triangle • Criminal activity • Traumatic brain injury
5	Circumstances around IPMS	<ul style="list-style-type: none"> • Messaging (e.g. were there messages left before IPMS) • Means of IPMS (e.g. strangling, guns, knives, etc.)

6.4 Presentation of the themes

This section is guided by the themes which emerged from in-depth interviews with study participants and archival records analysis. As Braun and Clarke (2006) suggested, the researcher (after defining and giving titles to the final themes) began writing up a thematic analysis to tell the complicated story emerging from data. This thematic analysis report is limited to step 6 (producing the report/writing up report) as suggested by Braun and Clarke (2006).

This section is divided into two parts. In part A, the themes are discussed to provide clear understanding of male perpetrators in IPMS. In part B, the themes will be discussed to provide a clear understanding of female victims in IPMS. Based on this information, the researcher will then develop an IPMS guideline that will assist the surviving family members, government and professional to deal with IPMS.

6.4.1 PART A: MALE PERPETRATORS OF IPMS

6.4.1.1 Psychological profile of the male perpetrator in IPMS: The first most common theme to emerge from all study participants and archival records reflect the psychological profile of perpetrators in IPMS. A psychological profile of male perpetrators in IPMS provide a clear understanding of perpetrators whose lives were ended through IPMS, particularly male perpetrators. The sub-themes drawn from the psychological profile of male perpetrators in IPMS are psychological intent, motives, behaviours and possible role played by perpetrators in IPMS.

a) Psychological intent: The study participants reported that male perpetrators had psychological intent to complete IPMS several time in their lives. There were different stages suggesting they had psychological intent or planned to complete IPMS as reported by all participants. They were all found to have had a unique thoughts to complete IPMS. They were also found to have effective strategies to deliver their intent. Regardless of their thoughts and strategies, male perpetrators were found to be willing to kill their female intimate partner and themselves by accessing dangerous weapons to compete IPMS before the act. Sub themes drawn from the psychological intent theme are vivid violent insight thoughts to complete IPMS, long term planning to complete IPMS, tracking efforts and preparing weapon of choice used to complete IPMS.

i). Violent thoughts for IPMS: The study participants reported that male perpetrators have had violent thoughts before they completed IPMS. These includes those in which male perpetrators had vivid insight thoughts of killing their female intimate partner and themselves several times in their lives. They envisioned themselves killing their wives or girlfriends because of their attitude towards the male perpetrators. They also envisioned killing their wife or girlfriend because they were not faithful in the intimate relationship. They also envisioned killing their wife or girlfriend because the male perpetrators were tired of living. The following extracts illustrate male perpetrators had violent thought to complete IPMS as reported by participants:

“Three years before the incident my son told me that he thought of killing his wife and himself because he is tired of her negative attitude. He told me that she don’t respect him. He cannot take it anymore. He expressed the feeling of low self-esteem, feeling of excessive worry. I thought he was joking” (Male participant 2).

“At the age of thirty my brother told me that he is tired of living. He thought of killing his wife and himself because she is not faithful. He was in emotional distress and blaming himself for not listening and taking his parents advice about his wife’s behaviour. A day before the incident he expressed feeling hopeless and anxious. I was worried after I learned that he killed his wife and himself.” (Male participant 12).

“Two days before the incident, he [my brother] stressed that he cannot take it anymore. It is better for him to die with the woman he loves. Action speaks louder than the word. People don’t know what is in his mind. Now is time for them to know what he was thinking for many years. A day before the incident he was so calm, sad and looked stressed. In the morning I heard that he has killed his wife and hanged himself in the house” (Female participant 22).

The reviewed archival records revealed that male perpetrators have had violent thought before completing IPM. They envisioned themselves killing their wife or girlfriend after several break-ups in their marriages. They also envisioned themselves killing their wives or girlfriend because they told them that they’re childless. They also envisioned killing their wives or girlfriends after they received a message from their wife’s or girlfriend’s ex-boyfriend claiming that there in a romantic relationship with them. They envisioned killing their wives or girlfriends because they shouted and said they are not man enough. They cannot satisfy them. The following extracts illustrate violent thoughts of male perpetrators as in male perpetrators archival records:

“Five years before the incident, he thought of killing himself and his wife several times in life after several break-ups in their marriage. He complained about anxious thoughts. He had a history of excessive fear, low self-esteem and panic attacks” (Archived record 40).

“A year before the incident, he thought of killing himself and his long-time girlfriend several times after she told him that he is childless, the son he was proud of is not his biological son. He hated himself for not having his own biological son. He had a history of excessive worry and anxiety. He expressed loss of hope and control in his marriage” (Archived record 42).

“After three years in marriage, he thought of killing his wife and himself after he received a message from his wife’s ex-boyfriend claiming that he is in a romantic relationship with her and accused him of stealing his girlfriend and son. He expressed the feeling of hopeless and helpless in his marriage” (Archived record 44).

“After ten years in intimate relationship, he thought of killing his wife and himself after she shouted and said he is not man enough several times. He cannot satisfy her. He blamed himself for marrying his estranged wife. He expressed feelings of sadness and panic attacks when thinking about his wife” (Archived record 207).

Based on the above extracts it appears that replaying vivid violent thought about IPMS led to excessive anxiety, low self-esteem, feeling of loss of self-control, self-blame, self-loathing, excessive worry on the part of male perpetrators. It also appears that replaying vivid violent thoughts may have also led to anxious thoughts, excessive fear, panic attacks, hopelessness, sadness, helplessness on the part of male perpetrators and female victims.

ii) Long term planning for IPMS and tracking efforts: The study participants reported that male perpetrators engaged in long term planning for IPMS before they complete act. These long term planning include those in which male perpetrators plan to stab, hang, shoot and bludgeon their wives or girlfriends. They planned not to change their mind no matter what. To accomplish the plan, they reconciled with their female intimate partners, engaged their female intimate partners, paid lobola (bridal price) and set the date for the wedding ceremony. The also issued out invitations for the ceremony, bought wedding rings, invited their intimate partner to spent a night with them, had supper with their intimate partners. In some cases, they invited their intimate partners to their place to make final arrangements for the wedding. The following extracts illustrate the theme of male perpetrators’ explicit plan to complete IPMS as reported by study participants:

“Four weeks before the incident my son reconciled with his wife after being separated for four months, and set a date for celebrating their reconciliation. A month before the incident he issued the invitation. A week before the incident he invited his girlfriend to make final arrangement. To my surprise he was so

aggressive towards his girlfriend and she left. We were all surprised about his behaviour. She left and came back on Friday. On Monday evening he killed her and hanged himself” (Male participant 2).

“The day of the incident my nephew said he is planning to get engaged with his girlfriend. He is extremely excited to start a family. He showed me the ring. His behaviour was questionable, the girlfriend refused several times to meet him. He was impatient he pushed her until she agreed to meet him. On Thursday he went to his girlfriend’s place for the weekend. On Sunday evening he killed her and hanged himself” (Male participant 21).

“Four years before the incident my son payed lobola. A year before the incident he started with the preparation for the wedding ceremony. Three weeks before the incident my lovely son came home with a butcher knife, a goat, white twisted rope and three chickens. When I asked him, he said it’s for the wedding day. I was excited that indeed we are going to celebrate. A day before the incident he was calm, sad and looked frustrated. Unfortunately my happiness turned into frustration, blame, lamentation, weeping. The butcher knife to slaughter the goat on the wedding day, was used to slaughter my daughter in law and the white twisted rope used to hang himself” (Female participant 1).

“A year before the incident my cousin engaged his lifetime girlfriend and set the date for a traditional wedding. Three days before the incident my cousin was cleaning the knife, when I asked him, he said don’t be afraid, a knife is used for cutting, dicing, slicing and chopping. In the afternoon he invited his girlfriend to sleep over. Around 6pm the girlfriend arrived. A day before incident he was excited. In the morning I heard that he chopped his girlfriend in the house and hanged himself” (Female participant 18).

The deceased’s archival records also revealed that male perpetrators had long term planning for IPMS and tracking efforts to kill their wives or girlfriend. These long term planning and tracking efforts includes those in which male perpetrators planned to stab, shoot and bludgeon their wives or girlfriends in the house, garage and bedroom. They also planned to hang their intimate partner in the bush. They planned not to change their mind no matter what, it’s their promise. To accomplish the plan, they reconciled with their female intimate partners, engaged their female intimate partners,

paid *lobola* (bridal price), set the date for the wedding ceremony, issued invitations for the wedding ceremony and bought a wedding ring. The following extracts illustrate the theme of male perpetrators' long term planning and tracking efforts for IPMS:

“Three years before the incident he planned to hang his wife and himself in the bush. He planned to use a brown twisted rope. He planned not to change his mind no matter what. To accomplish the plan he requested his wife to accompany him to the bush to fetch the firewood. He had a history of aggressiveness and anti-social behaviour.” (Archived record 44). *“On the day of his death he was found hanging in the bush and his wife was also found hanging from a brown twisted rope” (Archived record 31).*

“A year before the incident he planned to bludgeon his wife to death with a hammer and hang himself in the garage. He planned not to change his mind. To fulfil the plan, he requested his wife to go to their other house to celebrate his birthday” (Archived record 42). *“On the day of his death he was found hanging in the garage and next to him was the body of his wife and hammer used to bludgeon his wife. Noted he did not care what people think about him” (Archived record 33).*

“Six months before the incident he planned to stab his wife with a sharp knife and hang himself in their bedroom at around 2 to 3pm, after lunch. He set the date to celebrate their reunion. He planned to pretend that he was tired and wanted to rest in the bedroom. He planned not to change his mind no matter what, it is a promise to himself. To accomplish the plan, he reconciled with his wife and attacked her as per his plan. A day before the incident he expressed the feeling of sadness but excited that he was reunited with his wife” (Archived record 208). *“On the day of his death he was found hanging in the bedroom and next to him was the body of his wife with multiple stab wounds. He noted that he is not ashamed of what he did. People must stop judging him.” (Archived record 32).*

“Two years before the incident, he planned to kill his girlfriend and himself on payday. He planned to die by vehicle accident. To accomplish the plan he invited his girlfriend for supper and promised to pick her up at around 4pm. He was involved in a vehicle accident around 7pm with his girlfriend. He had history

of anti-social behaviour. He was always beating and kicking his girlfriend. He had a history of emotional distress, revenge and coercive control” (Archived record 58). “They were declared dead on the scene” (Archived record 22). “The vehicle rolled five times. He was determined to kill himself and others. He had a history of self-defence” (Archived record 160).

Long term planning led to a lack of remorse or pity, aggressive behaviour and anti-social behaviour on the part of the male perpetrators. It also appears that long term planning also led to emotional distress, revenge, anger and loneliness on the part of male perpetrators. Long term planning may have also led to determination and coercive control over the victims on the part of male perpetrators.

iii) Prepared weapon of choice used to complete IPMS: The study participants reported that male perpetrators were willing to kill their wives or girlfriends. They bought knives, hammer, rope and firearm before completing the act as reported by study participants. Male perpetrators used sharp knives to stab their wives or girlfriends and subsequently hang themselves. They used a hammer to bludgeon their wives or girlfriends and subsequently hang themselves. They used a firearm to shoot their wives or girlfriend and subsequently shot themselves. Suicide was completed by rope. Male perpetrators hung themselves after stabbing, bludgeoning their wives or girlfriends. The following extracts illustrate the how male perpetrators accessed the weapons of choice used to complete IPMS as reported by study participants:

“Two weeks before the incident, my son bought a hammer he used to bludgeon his wife and rope to hang himself. A day before the incident he was impulsive. He complained that he doesn’t know why he bought the hammer. He said but anyway he will use it” (Male participant 3).

“He [my friend] bought the butcher knife used to kill his wife. A day before the incident he was having a lot of energy. He said he has all the power in his hand.” (Male participant 65).

“He [my nephew] bought rope used to hang his wife and himself. He had history of lack of control and impulsivity. A day before the incident he was calm.” (Male participant 82).

The deceased's archival records also revealed that male perpetrators had prepare weapons of choice used to complete IPMS before the act. They bought knives, hammers, rope and firearm before completing the act as revealed by archival records. Male perpetrators used sharp knives to stab their wives or girlfriends and subsequently hanged themselves. They used a hammer to bludgeon their wives or girlfriends and subsequently hanged themselves. They used a firearm to shoot wives or girlfriends and subsequently shot themselves. Male perpetrators used rope to hang themselves after stabbing, bludgeon their wives or girlfriends. The following extracts illustrate the theme of male perpetrators prepare weapon of choice used to complete IPMS:

"A month before the incident, he bought brown twisted rope used to complete IPMS. A day before incident he was very angry and said no one must touch him or stopped him to do what he want to do." (Archived record 161).

"A day before incident, he bought the hammer used to bludgeon his wife and white twisted rope to hang himself. A day before the incident he was calm and said he had a fear that something bad might happen anytime. He was acting impulsively and his actions were difficult to understand. He had history of impulsivity and tendency of acting in a way difficult to understand" (Archived record 162).

"Three weeks before the incident, he bought a butcher knife to kill his wife, and white twisted rope to hang himself. A day of incident he expressed feeling of lack of self-control, sadness and mistrust of the people around him" (Archived record 166).

Preparing the weapon of choice used to complete IPMS in advance led to impulsivities, heightened inclination and authoritarian personality on the part of the male perpetrators. Impulsivities may have led lack of remorse. Heightened inclination may have led to anger. An authoritarian personality may have led to mistrust. It also appears that preparing a weapon of choice may have led to calmness, lack of self-control, sadness and excessive fear on the part of male perpetrators.

b) Psychological motive: The study participants reported psychological arousal as motive behind IPMS. Male perpetrators were found to have experienced a strong psychological arousal as reported by study participants. These include emotional and

cognitive arousal. Sub-themes drawn from the psychological motive behind IPMS are unpleasant emotional arousal and unpleasant cognitive arousal.

i) Unpleasant emotional arousal: The study participants reported that male perpetrators had experienced strong unpleasant emotional arousal in their intimate relationship. These include those in which the male perpetrators were easily irritated, quick to get angry, defensiveness, being easily upset, unable to relax, particularly under threatening condition. The following extracts illustrate the unpleasant emotional arousal behind IPMS as reported by study participants:

“It was difficult to live with him. He [my friend] was easily irritated and quick to get angry. Despite how his girlfriend tried to explain or give reason to justify her whereabouts. For example, if he called her or came to her place and found that she is not available. I’m telling you, he would spend the whole month not talking to her or always kept reminding her about her mistakes” (Male participant 26).

“My nephew was defensive, being easily upset and his answers were always inappropriate especially when things did not go his way” (Female participant 21).

“He [my neighbour] was unable to control his emotions and unable to relax especially when there was misunderstand between him and his wife. He had tendency of shouting, moving around the yard fast and promising to kill the whole family and those who tried to stop him” (Male participant 35).

The reviewed archival records also reported psychological arousal as motive behind IPMS. These include those in which male perpetrators were found to have experienced strong unpleasant emotional arousal in their intimate relationship, particularly when thing did not go their way. Male perpetrators were found to be easily irritated, quick to get angry, unsettled, always furious, easily upset, unable to relax, excessive worries especially when thing did not go their ways. The following extracts illustrate some of the unpleasant emotional arousal as revealed by archival records:

“He had a history of intense anger, irritability, restlessness, inability to relax and worries especially when thing did not go his way. He had history of mind block and excessive worry especial after fighting or arguing with his girlfriend” (Archived record 17).

“He was unsettled and always furious, especially if he did not get what he wanted. He had a history of anxious thought, feeling hopeless and mental strain” (Archived record 184).

“He had a history of beating his wife. For example, he has beaten his wife after she came home late on her birthday. She repeatedly explained that she was with her twin sister and mother. He refused to listen to her and kept saying he knows that she was enjoying herself with her boyfriend” (Archived record 186).

“He was easily upset and commented that he is not at all afraid to die. He had history of being nervous and disagreement under threatening situations” (Archived record 174).

Unpleasant emotional arousal led to anxious thought, strange anger, loss of emotional control, upset, hopelessness, mental strain, nervousness and disappointment on the part of male perpetrators. It also appears that unpleasant emotional arousal may have led to defensiveness, disagreement, inappropriate answers, restlessness, worry, being unsettled and furious.

ii) Unpleasant cognitive arousal: The study participants reported that male perpetrators had experienced strong unpleasant cognitive arousal in their lifespan. These include those in which the male perpetrators had poor concentration, experienced confusion, mood swing, restlessness, trouble with thinking especially when things did not go their ways in their intimate partner relationship. Unpleasant cognitive arousals were found to have motivated the male perpetrators to complete IPMS. The following extracts illustrate the theme of unpleasant cognitive arousal:

“My ex-partner was confused, had trouble thinking and mood swings when thing did not go his way. It was difficult to live with him. I was always on guard that anything can happen to me. I was relieved when he ended our intimate relationship two years back before he killed his wife and hanged himself” (Female participant 28).

The deceased’s archival records also revealed that male perpetrators experienced strong cognitive arousal in their intimate relationship. These include those in which the male perpetrators were found to have experienced blank spots in their memory, trouble with thinking especially when things did not go their way in their intimate partner

relationship. The following extracts illustrate some of the unpleasant cognitive arousal as reported by all study participants:

“He expressed difficulty breathing, blank spots in his memory, mind block and poor concentration, especially under threatening condition. He had history of anxious thought, chronic worries, despair and mood swing” (Archived record 21).

“He expressed trouble with thinking, anxious thought and fearful anticipation that his wife will live him. He had history of distress, poor concentration, restlessness and being confused” (Archived record 61).

Unpleasant cognitive arousal led to anxious thought, trouble thinking, poor concentration, mood swing, confusion and fearful anticipation thoughts on the part of male perpetrators. It also appears that unpleasant thoughts led to despair, chronic worries and distress. Unpleasant cognitive arousal also led to restlessness, excessive anxiety, mental strain and frustration.

c) Behaviour: The study participants reported that male perpetrators were suffering from controlling behaviour. They were found to have controlled their wife or girlfriends. These include those in which the male perpetrators were spending time scrolling through their wife’s cell phone reading their text to check if they were texting another man. Male perpetrators had a tendency to stop their wife spending time with their friends and family members. They had a tendency of showing up without informing their wives. Further, male perpetrators were found to have reminded their wives or girlfriend about what they will lose if they leave, such as expensive gifts, pocket money and sleeping at a hotel. Furthermore, they suffered from terrified nightmares related to IPMS in their lifespan. They were also found to have been living in a dream world because they spend time talking about their death and their funeral arrangements. Sub themes drawn from the behavioural theme are possessive behaviour, manipulative behaviour, dream-enacting behaviour and fantasy prone behaviour.

i) Controlling behaviour: The study participants reported that male perpetrators controlled their wives or girlfriends. These include those in which the male perpetrators were found tendency of scrolling through his wife’s cell phone reading her texts. They have tendency showing up at the very place where their wives or girlfriends was without

letting them know. Had history of losing temper and getting angry when things did not go his way. The following extracts illustrate some of the controlling behaviour of male perpetrators as reported by all study participants:

“My brother had a tendency of scrolling through his wife’s cell phone reading her texts. When she asked him what he is doing. He said, he checked if she was texting another man. He was jealous of the time she spent with friends and family members. He had a history of excessive power over his wife. He was always reminding her that she is married and she must spend time with him not with other people” (Male participant 77).

“My ex-lover was not bothered by what other people thought or said about his behaviour. He had a history of insecurity, dissatisfaction and mistrust of his girlfriend. Had a tendency of showing up at the very place I was with my friend without letting me know. For example, one time I went to a restaurant to meet my male co-worker. Huh, I was shocked my boyfriend was in the same restaurant with his male friend. When he saw he came to my table, kissed me and told my co-worker that he’s my boyfriend” (Female participant 79).

“I have never seen a man that loses his temper like my son. He was always getting angry when things did not go his way. When my daughter in law told him that she didn’t want to go out for the weekend, eehh he will get angry and told her that whether she like it or not she will go with him. My son disgraced me. He was always shouting at his wife and told her that she is ugly and he has done her a favour by marrying her. No man would ever think of marrying her. He had a history of insecurity, lack of self-confidence and fear of rejection” (Male participant 73).

The deceased’s archival records also revealed that male perpetrators had controlling behaviour in the romantic relationship. These include those in which the male perpetrators were found to have monitored their wife because they have paid the bride price. They have a tendency of scrolling through their wives’ or girlfriend’s phone to check if they were texting to intimate partners. They usually made insulting remarks to their girlfriends or wives. The following extracts illustrate some of the controlling behaviour as revealed by male perpetrators archival records:

“Commented that he had rights to monitor and control his wife because he had paid the bride price. No one can stop him. Whether his wife likes it or not, she had to learn to accept him the way he was. He had a history of excessive power, insecurity, fear of rejection and lack of self-confidence” (Archived record 75).

“Commented that he had the right to scroll his girlfriend phone to check if she was texting to her male friend. He made insulting remarks to his girlfriend: You are nothing. Who do you think you are? You cannot tell me what to do and what not to do in your life. Don’t dare think of leaving me. He had history of insecurity, self-doubt, dissatisfaction, control behaviour, excessive power over other people” (Archived record 173).

Controlling behaviour may have led to exercise power, insecurity, mistrust, fear of rejection on the part of male perpetrators. Controlling behaviour may have also led to lack of self-confidence, dissatisfaction and frustration on the part of male perpetrators.

ii) Manipulative behaviour: The study participants reported that male perpetrators have had manipulative behaviour. These include those in which male perpetrators were found to have tendency of making their wives or girlfriend/lovers to feel shame and embarrassed in the intimate relationship. They had tendency of blaming their intimate partners for their wrong doing and coerce them to do thing they don’t want or not willing to do. They also have a tendency of refusing that their intimate partner get a job and they spoiled them with expensive gifts and money. The following extracts illustrate some of the manipulative behaviour as reported by participants:

“He [my son in law] had refused to let his wife get a job. He did not trust my daughter. He was anxious that she will leave him if she accept job. When she tried to apply for a job, he would make sure that she did not accept the job. He spoiled her with expensive gifts. Giving her money every month and taking her to a hotel” (Male participant 3).

“My [brother] had a tendency of raising his voice when talking to his wife. He had a tendency of blaming his wife for his cheating. For example, his wife found him in bed with another woman. He told her that he is cheating because she is overweight and failed to satisfy him sexually. A day before the incident he expressed feelings of guilt, shame for cheating” (Male participant 47).

“He [my friend] had a tendency of making his wife agree to something she was not really okay with, because he married her. Like spending the night drinking alcohol at the bar. He always reminded her about her past relationship. For example she had a child before they get married, but he kept on reminding her about the father of the child. He kept on saying her ex-boyfriend left her because she is not fun enough. He had history of anxiety and distress” (Male participant 59).

The deceased’s archival records also revealed that male perpetrators had manipulative behaviour in the romantic relationship. These include those in which male perpetrators were found to have a tendency of making their wives or girlfriend/lovers to feel shame and embarrassed in the intimate relationship. They had a tendency of blaming their intimate partners for their wrongdoing and coerce them to do thing they don’t want or not willing to do. They also have a tendency of refusing their intimate partner to get job and they spoiled them with expensive gifts and money. The following extracts illustrate manipulative behaviour reviewed from male perpetrators archival records:

“He had a history of giving his wife money, buying expensive gifts, taking her to hotels for a week or weekend and always reminded her about what she will lose if she leaves him. He had a history of uncertainty, excessive fear, and lack of trust” (Archived record 104).

“He had a history of blaming his wife for him having children outside wedlock. He made the excuse that he had children outside the wedlock because she failed to give birth to a baby boy. He had a history of impulsivity and low self-esteem” (Archived record 44).

Manipulative behaviour led to low self-esteem, lack of trust, uncertainty and excessive anxiety on the part of male perpetrator. It also appears that manipulative behaviour may have led to feelings of guilt, shame, impulsivity, distress and excessive fear on the part of male perpetrators.

iii) Dream-enacting behaviour: The study participants reported that male perpetrators experienced severe nightmares related to mysterious death. They were found to have screamed and called aloud the name of people who died years ago as

reported by all study participants. These include those in which the male perpetrators were found to have dreamed about the death of their family members, friends, co-worker and neighbours who died through IPMS. The following dream extracts illustrate some of the dream-enactments reported by the participants.

“He [my son] was sleeping. He screamed calling his sister’s name who died five years ago. Her death was associated with IPMS. Her husband stabbed her to death and hung himself in the house. In his dream he expressed feelings of guilt because he failed to protect his sister. Now he did the same, he stabbed his wife and hanged himself. I’m shocked and distressed because my two children died the same way. Heey, I don’t know what would happen to the last one, whether he will do the same or not” (Male participant 2).

“He [my son] was sleeping. He spoke aloud. He was talking about his close friend from the childhood who died two ago. His death was associated with IPMS. He hacked his girlfriend to death and hung himself in the bush. He lamented and asked why his friend left him. He is suffering because no one on earth understood him except his dead friend. Heey, I don’t know what to do. I am hurt. I always asked myself why he killed his girlfriend and self. I don’t have answers” (Female participant 1).

The deceased’s archival records also revealed that male perpetrators had experienced severe nightmares in their lifespan. These include those in which the male perpetrators were found to have dreamed about the death of their family members, friends, co-worker and neighbours. Their deaths were associated with suicide, IPMS and motor vehicle accident. The following dream extracts illustrate some of the dream-enactments revealed by archival records.

“He noted that he has dreamed about his nephew who died three year ago. His death was associated with suicide. He was found hanging in the house. He also dreamed about his friend who shot his wife to death and shot himself in the bedroom. His friend shot his wife and himself after he discovered that his wife had extramarital affairs. He expressed feelings of anger and a desire to kill towards women. He said that his friend did the right thing. Women who cheated deserve to die. If he found out that his wife is cheating he’ll do the same. A day

before the incident he was agitated. He expressed feelings of guilt, panic attack, excessive anger and distress” (Archived record 150).

“He noted that he dreamed about his cousin. His cousin died five years ago. His death was associated with a motor vehicle accident. He wished to die like him. His cousin was involved in a car accident with his wife. They were declared dead at the scene. He expressed feelings of guilt, anger and panic attack. He also dreamed about his neighbour who died three year ago. His death was associated with IPMS. He stabbed his wife to death and hanged himself. He expressed that his neighbour wife deserve to be killed. How could she cheat on her husband after he has paid lobola? He expressed a desire to die, a desire to kill, excessive worry and excessive anger. A day before the incident he was distressed and felt worried” (Archived record 156).

Based on the above extracts it appears that dreams about mysterious death led to panic attacks, feeling angry, excessive anxiety, confusion, frustration, a desire to kill and a persistent desire to die on the part of male perpetrators. Dream-enacting behaviour may have led to excessive worry, agitation, anger, sadness, fear, agitation, feeling distress, and feeling guilty on the part of male perpetrators.

iv) Fantasy-prone behaviour: The study participants reported that male perpetrators had fantasy prone behaviour related to death. These include those in which the male perpetrators were found to have spending time talking about their death and funeral arrangements. They were also found to have spending time preparing their funeral program tombstone. They were described as crazy people because they were envious of the dead people and their funeral arrangements. The following extracts illustrate some of the fantasy-prone behaviours emanating from archival records:

“My nephew was crazy. He was always talking about his death and funeral arrangements. He usually attended funerals in the village. After a funeral he would say, do you hear what people say about the deceased? Did you hear what the pastor said to the family members? He laughed and said even though a person was a thief people said good things about him or her. He wished it was his funeral. A day before the incident he was frustrated. Expressed the feeling of hopelessness and helplessness” (Male participant 81).

“My brother was like a mad person. He was always talking about dead people. He was always saying he is not afraid of death, because everybody will die, the unfortunate part is that we don’t know how and when. He was always talking about his funeral arrangements, tombstone, and funeral program. He was always listening to radio, especial announcement of dead people. After listening he shared with us [family member] how many people dead. The ones he knew and those whom he did not know. He laughed and said he is the next. Quickly he took a blank page and wrote a funeral program. He laughed and asked his family members what they are planning to say on his funeral. Three days before incident he complained about fatigue and emotional pain” (Female participant 5).

The deceased’s archival records also revealed that male perpetrators had fantasy-prone behaviour related to death. These include those in which the males were found to have spending time writing funeral messages that they thought their family members, friends, pastors, civic, school representative would say on their funeral day. The following extracts illustrate some of the fantasy-prone behaviours emanated from archival records:

“He wrote funeral messages, that he thought his family members and friends would say on his funeral day. Your flesh is being buried today but your spirit went back to the creator, we’ll meet in the morning, you are the best friend, wishing you were here, see you on the other side. Expressed feelings of hopelessness, helplessness and sadness. Noted dissatisfaction with her husband” (Archived record 156).

“He wrote funeral messages, that he thought his family members and friends would say on his funeral will be missing you, goodbye my friend, your good works will be remembered always, you will be in my heart forever, indeed death do us part, thank you for being my brother, child and friend, death robbed us. Expressed feeling angry, sadness and anxious thought (Archived record 153).

Fantasy prone behaviour related to death led to hopelessness, fatigue, anxiety, helplessness and emotional pain on the part of the male perpetrators. It also appears that fantasy-prone behaviour may have led to hallucination, feeling of anger, dissatisfaction and sadness on the part of male perpetrators.

v) Fearlessness behaviour: The study participants reported that male perpetrators were fearless of death in their lives. These include those in which the male perpetrators were found to be not afraid to die at any given moment. They were found to have appreciated death and encourage family members to accept their death. The following extracts illustrate some of the fearless behaviours as reported by all participants.

“My brother always said that one day he will die. Family members must accept his death. He knows death is coming and he doesn’t fear it. He is grateful for the life and love he shared with family members and friends. Complained that he had problem with thinking and feeling overwhelmed all the time” (Male participant 15).

“My friend always said, his family lifespan is more than 50 years. He cannot live beyond 40 or 50 years. He prefers to die strong than to stay strong. He didn’t know what he was going to add in life. A day before the incident he expressed feeling intense, hopelessness and helplessness. Complained about emotional stress and feeling anguished” (Male participant 67).

The deceased’s archival records also revealed that male perpetrators had no fear of death. These include those in which the male perpetrators were found to be not afraid to die at any given time. They were found to have encouraged their family members to accept their death. The following extracts illustrate some of the fearless behaviours emanated from male perpetrators archival records:

“He noted that he is perfectly content with life. His brother and nephew died at the age of 30. He is content to die at the age of 40. People can’t say it wasn’t interesting and enough, his life achievement is what they have seen. He is grateful for the life and love he shared with family members and friends. People must accept it. He expressed a depressive mood, desire to die, intuitive thought and helplessness” (Archived record 56).

“He noted that he is not afraid to die. He knows death is coming and doesn’t fear it. He didn’t expect to die anytime soon, but it could happen at this moment, while he is writing. Expressed difficult in thinking, feeling overwhelmed, hopeless and helpless in life” (Archived record 152).

Fearlessness led to depressive moods, intuitive thought, depressive thinking and desire to die on the part of male perpetrators. Fearlessness also may have led to feeling overwhelmed, feeling anguished, emotional stress, and hopelessness. It also appears that fearlessness may have led to emotional stress, intense and frightening feelings.

d) Possible role played by perpetrator: Male perpetrators were found to have played active role in IPMS as reported by all the study participants. Sub themes drawn from the possible role played by perpetrators are cruel murderer and selfishness.

i) Cruel murderer: The study participants reported that male perpetrators were found to be cruel killers and had desire to inflict physical pain in their wives/girlfriend. These include those in which the male perpetrators were found to have stab and shot their wives or girlfriend to death and hung themselves in broad daylight. The following extracts illustrate some of the cruelty as reported by study participants:

“He [my co-worker] shot his wife to death in a broad daylight. She suffered multiple gunshot wounds. After killing her, he covered her body with blanket. She was found lying in the floor. He was also found lying next to his body’ wife with a gunshot wound. A day before the incident expressed feeling overwhelmed, feeling rejection and feeling angry.” (Female participant 63).

“He [my brother] stabbed his wife to death in a broad daylight and hung himself. She suffered multiple stab wounds. He used a butcher knife to kill her. Even when she ran and screamed for help, he continued stabbing her. She was found lying outside the house. Three weeks before the incident, he expressed feelings of abandonment, excessive fear and panic attack” (Male participant 15).

The deceased’s archival records also revealed that male perpetrators were found to be cruel murderers and had a desire to inflicted physical pain on their wives/girlfriend. These include those in which the male perpetrators were found to have stab and shot their wives or girlfriend to death and hung themselves in broad day light. The following extracts illustrate some of the murderous cruelty as emanated from the archival records:

“He shot his wife to death in a broad daylight. She suffered multiple gunshot wounds. Two in the heart and three in the chest. It seems it was a

predetermined killing. After killing, he changed her clothes, clean up the place and cover her body with blanket. She was found lying on her right side on a well prepared floor. Her head and neck were supported by pillow. He was found lying next to her body. He had history of sleeping disturbance and trouble concentrating. Expressed feelings of abandonment, feelings of shame and excessive worries” (Archived record).

“He stabbed his wife to death in broad daylight and hung himself. She suffered multiple stab wounds. Five in the heart, six in the chest. Eight in the back. He used a butcher knife to kill her. She was found lying on her face outside the house. He had a history of isolation, irritability and panic attack.” (Archived record).

Cruelty led to feelings of anger, feelings of rejection, and excessive worry on the part of male perpetrators. Cruelty may have also led to feelings of abandonment, sleep disturbance, irritability, panic attack, trouble concentration and anxiety. It also appears that cruelty may have led to feelings of shame, self-isolation, feeling stuck on the part of male perpetrators.

ii) Selfish murderer: The study participants reported that the male perpetrators were selfish murderers. These include those in which male perpetrators were found to attended marital counselling and anger management pretending to restore their broken marriages. The following extracts illustrate some of the selfishness as reported by all study participants:

“He [my friend] was attending marital counselling and anger management with his wife but continued to see his mistress and girlfriend. Five days before the incident he was not fine. He expressed feeling frustrated and confused about his life. A day before the incident he said to me I must look for him and his wife in the graveyard. On the day of the incident he repeatedly hit his wife with a hammer. Yooo, I was shocked, frustrated and confused” (Male participant 65).

“He [my brother] attended anger management trying to get control over his emotions towards his wife. He reconciled with his wife after they broke up for twelve months. On the day of the incident he stabbed his wife to death in broad daylight and hanged himself. She suffered multiple stab wounds. He used a

butcher knife to kill her. Even when she ran and screamed for help, he continued stabbing her. She was found lying outside the house” (Male participant 15).

The deceased’s archival records also revealed that male perpetrators were selfish murderers. These include those in which male perpetrators were found to bludgeon and hacked their wives because they don’t want them to benefit from their policies and life insurance. The following extracts illustrate some of the selfishness as emanated from the archival records:

“He bludgeoned his wife to death with a hammer and hanged himself in a broad daylight. On the day of the incident he expressed that he has killed his wife. If she thinks he will divorce her so that she will enjoy his policies with her boyfriend, she can forget it. If she thinks she will benefit from life insurance, she can forget it. Noted that he is frustrated in his marriage, feeling confused all the time and wish to die. Expressed the feeling of hopelessness and helplessness and excessive anger and blame himself for not taking his parents advice.” (Archived record 35).

“He hacked his wife to death in a broad daylight and hanged himself. She suffered multiple stab wounds. On the day of incident he expressed that he cannot take it anymore. Seeing his girlfriend walking and sleeping with other men. Enough is enough. Expressed feelings of self-blame, feelings of guilt and criticised himself for being in relationship with his girlfriend” (Archived record 327).

Selfishness led to feeling of guilty, frustration, confusion, self-blame and self-criticism on the part of male perpetrators. Selfishness may have also led to helplessness, hopelessness, excessive anger and wish to die and kill on the part of male perpetrators.

6.4.1.2 Multiple trajectories towards IPMS: The second most common theme to emerge from all study participants and archival records reflects multiple trajectories which in IPMS. Multiple trajectories helped to understand underlying factors influencing IPMS on the part of male perpetrators. The sub-themes drawn from

multiple trajectories towards IPMS are psychological factors, social factors, environmental factors and cultural factors:

a) Psychological factors: Psychological factors were reported by study participants as multiple trajectories towards IPMS. They were found to have influenced IPMS as reported by all study participants. Sub themes drawn from the psychological factors are emotional pain, emotional stagnation, emotional abuse and emotional exhaustion.

i) Emotional pain: The study participants reported emotional pain as psychological factor influencing IPMS. These include those in which male perpetrators were found to have been threatened and humiliated by their wives/girlfriends all time in their intimate relationship. Male perpetrators were found to have expressed feelings of guilt for agreeing to marry their intimate partners, but continue to stay with them. They feel broken and disappointed by their wives/girlfriends' behaviour in their marriages, but chose to accept and live with it for the sake of children. The following extracts illustrate some of the emotional pain endured by male perpetrators in their intimate relationship as reported by study participants:

“He [my friend] always complained that his wife threatened to divorce him all the time. She kept on telling him that he is not men enough. He doesn't know how to treat women. She regrets why she agrees to marry him. He said he doesn't know how to leave her because he is afraid of losing parental hood. They are sleeping in separate rooms. He expressed the feeling of shame, guilt, brokenness, disappointment about his wife's behaviour. He wished she can change her behaviour. No matter what, he cannot leave her. He is called father because of her” (Male perpetrator 26).

“Complained that his girlfriend had an affair with one of the richest men. He expressed the feeling of being crushed, feeling of emptiness, sadness, angry and anxiousness. He doesn't know how to stop her. He [my brother] felt crushed all the time when he sees his girlfriend. He chose to love her no matter what. She is beautiful. He expressed feelings of being misunderstood and unappreciated by his girlfriend no matter how he tried to impress her” (Female participant 34).

The deceased's archival records also revealed that psychological factors seems to have influenced IPMS. These include those in which male perpetrators were found to have threatened and humiliated all time by their wives/girlfriend/lover, but choose to continue to love them. The following extracts illustrate some of the emotional pain endured by male perpetrators in their intimate relationship recorded on archival records:

“He wished his wife would die sooner rather than later. He hated her big time. She is nothing to be proud of. He married her, but she continued to see her ex-boyfriend. He expressed feeling miserable, demoralized, hopelessness, feeling of loneliness and shame caused by his wife. There is nothing he can do but to act like nothing happened. He expressed feeling of emptiness, feeling of rejection, embarrassment and excessive fear of living with his partner. He chose to accept her” (Archived record 70).

“He noted that his girlfriend often broke his heart. He felt crushed, empty, embarrassed, ashamed, frustrated, feeling overwhelmed all the time when thinking about his girlfriend. She is like a slap in his face. She told him he is not man enough, he doesn't know how to treat women and he is not fun enough. He expressed feelings of guilt, deep sorrow, intense distress and panic attack about leaving her because he feared the judgement from the family members and called a coward. There is nothing he can do but to act like nothing happened and choose to stay with her. He had a history of low self-esteem, poor thinking and poor problem solving.” (Archived record 231).

Emotional pain led to low self-esteem, excessive fear, feeling guilty, feeling broken, feeling crushed, feeling empty, feeling sad and feeling anxious and lonely on the part of male perpetrators. Emotional pain may have also led to excessive frustration, panic attacks, feeling demoralized, misunderstood, hopelessness, feeling shame and feeling of rejection on the part of male perpetrators. It also appears that emotional pain may have led to deep sorrow, intense distress, frustration and feeling overwhelmed on the part of male perpetrators.

ii) Emotional stagnation: The study participants reported emotional stagnation as psychological factors influencing IPMS. These include those in which male perpetrators were found to have lost interest in their wives/girlfriend/lover, but

compromised because staying with them is better than being single. The following extracts illustrate some of the emotional stagnation as reported by study participants:

“My friend repeatedly said his girlfriend is a thorn in his life. He complained about mood swings, depressive thinking and destructive emotion. But staying with her is better than staying with his sibling and parent. He is a father because of her” (Male participant 23).

“My friend repeatedly said he is deeply uninterested in his wife. He expressed feelings of resentment, despair, sighing and feeling angry all the time. Their marriage was not based in love. It was organised by his religious leader. But he compromised because he is afraid to be rejected by his religious leader and congregation” (Male participant 26).

The deceased’s archival records also revealed that feeling stagnant seems to have influenced IPMS. This includes those cases in which male perpetrators were found to have loss interest in their wives/girlfriend/lover, but compromised since staying with them is better than being single. The following extracts illustrate some of the emotional stagnation endured by male perpetrators in their intimate relationship as recorded on archival records:

“Noted nonexistence of intimacy and loss of intimate interest in his lover, but cannot let her go because she is beautiful and admired by many men. Being with her is better than being single. At least she made him a father and husband. He had a history of malignant behaviour, feeling resentment and depressive thinking.” (Archived record 73).

“He expressed that his wife did not care for him. He considered leaving her, but he is afraid that people will judge him as a coward. Complained about mood swings, feeling angry all the time, destructive emotion and despair all the time” (Archived record 57).

It appears that emotional stagnation may have led to despair, sighing, resentment and depressive thinking on the part of male perpetrators. Emotional stagnation may have also led to malignant behaviour, mood swings, destructive emotion, and feeling angry on the part of male perpetrators.

iii) Emotional exhaustion: The study participants reported emotional exhaustion as a psychological factor which influenced IPMS. This includes those cases in which male perpetrators were found to feel stressed all the time when thinking about their wives/girlfriend/lover. They were also found feeling physically exhausted from spending time with their wives/girlfriend/lover. The following extracts illustrate some of the emotional exhaustion as reported by study participants:

“My co-worker repeatedly said his wife doesn’t want to assist him. She is working and earning a good salary. He is doing everything alone. He paid bonds, school fees, the family vehicle, food, clothes and the help. She used her money for her clothes and hairstyle. She always reminded him that he is the head of the family, his duties is to provide for the family. He constantly felt stressed and physically exhausted when thinking about her. He opted to spend time drinking with friends rather than to spend time with her. He had a history of chronic procrastination, loneliness, feeling disillusioned and feeling shame”
(Male participant 26).

The deceased’s archival records also revealed that emotional exhaustion as a psychological factor influenced IPMS. These cases include those in which male perpetrators were found to have felt stressed all the time when thinking about their wives/girlfriend/lover. They were also found to feel physically exhausted from spending time with their wives/girlfriend/lover. The following extracts illustrate some of the emotional exhaustion experienced by male perpetrators in their intimate relationship as recorded on archival records:

“He expressed feeling emotionally drained, feeling physically exhausted, extensive stress, being disillusioned and feelings of shame in the intimate relationship. He had lost all intimate stimulus in his wife. He expressed feelings of being emotionally trapped, feeling unmotivated, low self-esteem, low self-efficacy, feeling overwhelmed when thinking about his wife. He opted to spend time drinking with friends rather than to spend time with her. She is better than nothing. He expressed feelings of guilt, lack of concentration. She spends all her money buying clothes, shoes, handbags and hairstyle. He paid bonds, school fees, family vehicle, food, cloth and the help. He had a history of chronic

procrastination, anxiousness, lack of concentration, excessive stress, feeling trapped, social isolation and lack of remorse” (Archived record 87).

Being emotionally drained may have led to constantly feeling stressed, constantly feeling physical exhausted, loneliness, mood swings, feelings of shame, feeling guilty, chronic procrastination, feeling disillusioned and hopelessness on the part of male perpetrators. It also appears that emotional stagnation may have led feeling overwhelmed, feeling unmotivated, low self-esteems, anxiousness and feeling trapped. Further, enduring emotional drained may have led to excessive stress, low self-efficacy, sadness, lack of remorse, social isolation on the part of male perpetrators.

b) Social factors: Social factors were reported as multiple trajectory influenced IPMS as reported by all study participants. The focus was on the challenges that hindered a good social life within the intimate relationship. Sub themes drawn from the social factors are financial pressure, lack of physical and sexual attraction, excessive use of psychoactive drugs and intimate partner terrorisms.

i) Financial pressure: The study participants reported that financial pressure as social factor influenced IPMS. These include those in which male perpetrators were found to have being indebted as result of gambling, credit card and loan (*Matshonise*). The following extracts illustrate some of the financial pressure as reported by study participants:

“He [my friend] was indebted. He had a tendency of disappearing every Friday and coming back on Sunday evening or Monday morning just to rest and go to work. A day before the incident he expressed that he is tired, life is not fair. He expressed feeling of distress, problem with thinking, feeling angry and frustrated. He can’t see where his money is going. He is like he is not working. His salary advice is a shame, he only sees zero-zero at the end of the month” (Male participant 66).

“He [my co-worker] he was always absconding from work. Especially end of the month. He was running away from the people he borrowed money from. Expressed feelings of guilt, shame, distress, worry and frustration. I remember vividly, the day I found him under the table in the office, hiding from the loan

shack owner because he promised to kill him. It was bad, he was trembling. I called the security to intervene” (Female participant 60).

The deceased’s archival records also revealed that financial pressure as social factor influenced IPMS. These include those cases in which male perpetrators were found to have been indebted as result of gambling, credit card and loan (*Matshonise*). They were found to have a tendency of spending their salaries in gambling. The following extracts illustrate some of financial pressure as recorded on archival records:

“He spent close to R10 000-00 for gambling. He expressed that he lost sense of control. He felt guilty, worried, distressed and frustrated for starting gambling because what started as pleasure cost him his life. He expressed a lack of interest in intimate relationship and felt ashamed to tell people about his financial problem. He wished to get somebody who can assist him” (Archived record 137).

“He borrowed R60 000-00 from loan sharks. R30 000-00 from credit card and spent R30 000-00 in gambling. Expressed feelings of anger, frustrated and depressive thinking. He regretted that his bank card and identity document was taken by the loan shack. He had a history of borrowing money from friends and other family members, failing to repay the money. He had a gambling schedule and budget of R2 000-00 per day. He had a history of absconding from work because of gambling and running away from people he owed money. Expressed feelings of guilt” (Archived record 212).

Financial pressure may have led to feelings of distress, depressive thinking, and excessive worry on the part of male perpetrators. It also appears that financial pressure may have led to feeling shame, feelings of guilt and feeling angry on the part of male perpetrators. Self-generated and financial pressure may have led to frequent frustration of being bankrupt and excessive anger.

ii) Lack of physical and sexual attraction: The study participants reported lack of physical and sexual attraction between intimate partners as social factors influenced IPMS. These include those in which male perpetrators were found to have excessive augments about their physical and sexual attraction to their wives/girlfriends. The

following extracts illustrate some of the lack of physical and sexual attraction as reported by study participants:

“He [my client] complained that he lost physical and sexual interest in his wife. He expressed feelings of frustration, depressive thinking and emotional pain. I remember he complained that his wife is not fun enough in the bed. He married her by mistake. These was daily arguments” (Male participant 32).

The deceased’s archival records also revealed lack of physical and sexual attraction between intimate partners as social factors influenced IPMS. These include those cases in which male perpetrators were found to have excessive arguments about their physical and sexual attraction to their wives/girlfriends. The following extracts illustrate some of the lack of physical and sexual attraction as recorded on archived records:

“He lost sexual desire and physical interest in her wife. This problem was there before they tied the knot. He married her because his biological clock was ticking and because of pressure from the family members. He thought maybe after the marriage things will change but it got worse” (Archived record 198).

He did not think that physical and sexual bond is important in a romantic relationship. He stayed in relationship because he was afraid of losing parental rights of his son and judgement from family members, friends and community members” (Archived record 200).

Lack of physical and sexual attraction may have led to frustration, depressive thinking, emotional pain and cruel remarks on the part of male perpetrators. Excessive arguments about lacking physical and sexual bond in intimate relationship led to emotional harm, low self-esteem, poor communication, lack of confidence and self-doubt.

iii) Excessive use of psychoactive drugs: The study participants reported that excessive use of psychoactive drugs as a social factor influenced IPMS. These include those cases in which male perpetrators were found to excessively drink alcohol, smoke dagga and cigarettes. The following extracts illustrate some of the excessive use of psychoactive drugs as reported by study participants:

“He [my nephew] was a psychopath. He had a tendency of threatening to kill his wife especially when he was under the influence of alcohol and dagga. I

*was worried because he spent his money on the alcohol and dagga. He was known in all the shebeen/alcohol outlets around his village. Yooo, it was difficult to tolerate him, but when he is sober you would not believe that he was the one who spends the whole night shouting and threatening and shoving his wife. He complained about his wife behaviour. He had a history of hearing voices, excessive anxiety and excessive worries. A day before the incident he went to the shebeen drinking with his friends. He came home around 12h00 midnight. He was drunk and smelling of dagga. She started an argument with her husband. As usually I ignored their argument, little did I know that is their last day, he strangled his wife and hung himself. He covered her mouth with heavy cloth to muffle her screams” (**Female victim 80**).*

The deceased’s archival records also revealed that excessive use of psychoactive drugs as social factor influenced IPMS. These include those cases in which male perpetrators were found to excessively drink alcohol, smoke dagga and cigarettes. The following extracts illustrate some of excessive use of psychoactive drugs as recorded on archived records:

*“He was under the influence of alcohol and dagga. A day before the incident he went to a shebeen with friends. They drunk until midnight. He told them his grave and coffin is ready. They must look for him in the graveyard. Immediately he went home. On his arrival, he had an argument with his wife, saying you are not a serial killer right, you are a good person right. He strangled his wife and hung himself. He covered her mouth with heavy cloth to muffle her screams. He had a history of hallucination, paranoid behaviour, and anti-social behaviour, excessive anger, excessive need of control, emotional dysregulation, excessive worries, social victimization, feeling shame, aggressive behaviour and excessive anxiety” (**Archived record 173**).*

Excessive use of psychoactive drugs may have led to temporary hallucination and paranoia behaviour on the part of male perpetrators. Temporary hallucination may have led to anti-social behaviour and aggressive behaviour. Temporary paranoid behaviour may have led to excessive anxiety and feeling a need to control. Feeling a need to control may have led to emotional pain, excessive anger that may have gradually ate away their happiness in romantic relationship. Excessive use of

psychoactive drugs may have led to social victimization that may have given rise to shame, and emotional dysregulation.

iv) Intimate partner terrorism: The study participants reported intimate partner terrorism as social factor influencing IPMS. These include those in which male perpetrators were found to have repeatedly pushed, kicked, knocked and stomped their wives/girlfriend. They were also found to have threatened to kill them if they leave them. The following extracts illustrate some of the intimate partner terrorism as reported by study participants:

“I can’t forget, my son in law once knocked and stomped my daughter. I was afraid that she was dead. He was always promising to shoot her if she left him. I was tired of his [my son-in-law] behaviour and worried that one day he would kill her. I requested her to come back home because I don’t want to lose her. She agreed. Once she called a family meeting and apologized, saying she regretted the role she played of not respecting and listening to her husband. She asked family members to stop interfering in her romantic relationship with her husband. I was shocked and disappointed. He had a history of poor physical health, negative emotions, feeling shame and feeling guilty” (Female participant 3).

“Oooh, I can’t forget the day that my brother in law pushed and kicked my sister while she was eight months pregnant. He was always threatening to chop her with machetes if she left him. I advised her to open a case against him. She agreed and promised to open the case the following day. To my surprise after two days, she blamed me for interfering in her relationship. She told me that I must stop accusing her husband of beating her. She must be the one to be blamed, not her husband because she was lying when she said he pushed and kicked her. I think he threatened to kill her. It was difficult for him to maintain a good intimate relationship.” (Female participant 7).

“He [my subject] was always fighting, insulting and calling her names. He was always chasing and threatening his wife with a panga. The case was reported by their neighbour who was concerned about my subject’s behaviour. I summoned them to my place in order to solve their problem. Eeeeh, I have never seen that before, they were defensive and protecting each other. I was

told to tell the neighbours who reported the case to stop interfering in their romantic relationship. The woman hugged, kissed the husband and left. Had a history to maintain good intimate relationship, excessive fear, self-harm and low self-esteem” (Male participant 48).

The deceased’s archival records also revealed intimate partner terrorisms as social factor influencing IPMS. These include those cases in which male perpetrators were found to have repeatedly pushed, kicked, knocked and stomped their wives/girlfriends. They were also found to have threatened to kill them if they leave them. The following extracts illustrate some of intimate partner terrorism as recorded on archival records:

“He pushed and kicked his partner in the stomach while she was pregnant. He had a history of threatening to kill her with machetes. He commented that people must stop pointing the fingers to him for loving his wife, trying to blackmail her that he would kill her. If they think they will take his wife, forget it. Know that we love each other. We are ready to show you how much we love each other. Watch this space. He had a history of self-harm, low self-esteem, inability to trust others, excessive fear, poor physical health and difficulty maintaining good intimate relationship” (Archived record 67).

“He noted that there is difference between loving someone and being in love. Loving someone disappears. But being in love continues until the end. He chose to discipline and shaping his wife because he want her to be a good wife. He chose to love her no matter what may come on their way. He will keep on loving her. People must stop accusing them. He had a history of depressive mood, dissociation, feeling guilty and feeling shame, impulsivity and hostility” (Archived record 92).

Intimate partner terrorism may have led to feelings of guilt or shame, dissociation, impulsivity and aggression. Intimate partner terrorisms may also have led to feelings of guilt or shame, low self-esteem, self-harm and other. It also appears that intimate partner terrorisms led to an inability to trust others, excessive fear and depressive mood. Long-lasting intimate partner terrorism may have led to poor physical health, difficulty in maintaining a good intimate relationship and hostility.

c) Environmental factors: Environmental factors reported by study participants as multiple trajectory influenced IPMS. Sub themes drawn from the environmental factors are family surrounding traumatic events, family surrounding violence and community surrounding violence.

i) Family traumatic events: The study participants reported that family traumatic events as environmental factors which influenced IPMS. These include those in which male perpetrators were found to have been raised and growing up in a families dominated by brutally killing. They were found to have witnessed their father brutally stabbing their mothers to death and hanging themselves. The incidents happened in their homes and they were found to be the only survivors. The following extracts illustrate some of the family traumatic events as reported by study participants:

“Heey, He [my nephew] stabbed his girlfriend to death in her mother’s house and hung himself in the bush. I think he copied his behaviour from his father. His father hacked his mother to death in the house. He was found hanging in the toilet. My nephew was in the house when his father brutally murdered his mother and subsequently killed himself. He was the only survivor. He had a history of excessive anger, feeling sad, excessive fear and worry about intimate relationships. After the funeral he moved into my place because there was no one to take care of him. Little did I know that he will do exactly what his father did. Yooo, I was at work when I received a call from his neighbour saying my nephew stabbed his wife to death in broad daylight and hung himself. Yooo, I was shocked. I didn’t know what to say” (Male participant 48).

The deceased’s archival records also revealed family-based traumatic events as an environmental factor which influenced IPMS. These include those in which male perpetrators were found to have been raised and growing up in families dominated by brutally killing. They were found to have witnessed their father brutally killed their wives and hung themselves. They were found to be the only survivors. The following extracts illustrate some of the traumatic events as recorded in the archival records:

“He documented that intimate partners are dying like flies. Romantic relationships are chaotic and both men and women are vulnerable. No one cares about it. He noted that he cannot forget his parents’ death. It was Saturday around 9am. He was with his mother eating breakfast. His father

arrived. In his arrival he started arguing with his mother. Suddenly he heard multiple gunshots. He hid under the table. He was the only survivor. He wished to have died with his parents. He is suffering, nothing seems to go right in his life. He is divorced. His wife took all his valuable things (children, house and vehicle). He is left with nothing. Now he understand why his father killed his mother. Women are cruel. He married her with nothing, but when challenges came she took everything. He cannot stand for it. Why can't he do the same? Like father like son. Expressed feelings of emotional strain, chronic stress, excessive fear, inability to rest, loss of emotional control and lack of concentration" (Archived record 25).

Family traumatic events led to chronic stress, feeling worried and feeling angry on the part of male perpetrators. Chronic stress may have led to feelings of sadness and emotional strain and excessive fear on the part of male perpetrators. Lack of concentration and feeling angry may have led to loss of emotional control and inability to rest on the part of male perpetrators.

ii) Family violence: The study participants reported that family violence influenced IPMS. These include those in which male perpetrators were found to have raised and growing up in families dominated by physical and emotional abuse. They were found to have witnessed their grandfather, father and uncles abusing their wives. The following extracts illustrate some of the family surrounding violence as reported by study participants:

"Eeeh. He [my subject] was a terrible and aggressive man. He had a history of beating his wife and children. I have regularly received complaints about his behaviour from his wife and neighbours. He had a tendency of beating his wife with a sjambok. If she managed to escape, she would run naked to her neighbour for protection" (Male participant 47).

"I think he copied his behaviour from his father, grandfather and uncles. His grandfather, father and uncles had a history of beating their wives, locking them inside the house and not allowing them to socialize with other people. His grandfather hired a bodyguard to monitor his wife. They were known for abusing their wives. On the day of the incident he [my subject] beat his wife to death. His wife screamed for help, but I ignored it because this was their daily thing,

especially Fridays and end of the month. I didn't think he would kill her. I think he copied his behaviour from his grandfather, father and uncles. Expressed feeling of low self-esteem, anxiousness and feeling of rejection" (Male participant 47).

The deceased's archival records also revealed family violence as environmental factors that have influenced IPMS. These include those in which male perpetrators were found to have been raised and growing up in a families dominated by physical and emotional abuse. These include those in which male perpetrators were found to have witnessed their grandfather, father and uncles abusing their wives/girlfriends. The following extracts illustrate some of the family violence as recorded in the archival records:

"He was raised in an abusive family. He had a history of beating and kicking his girlfriend and children with equipment. He had a history of beating his wife in public three times and in the presence of her friends and family members. Always saying he can do whatever he wants, without negotiating with anyone. He once hit his girlfriend with a wheelbarrow and pretended it was a mistake. He had a history of dissociation. He was always reminding his girlfriend that she is a woman and she must be submissive. He hired four bodyguards to monitor his wife's whereabouts. He paid a bodyguard R2 000-00 per month for monitoring his wife. He had a history of negative attitude towards women, feeling annoyed, destructive emotions, aggressive behaviour, emotional pain, low self-esteem, insecurity and feeling rejected" (Archived record 327).

Family violence led to chronic low self-esteem, anxiousness and feeling of rejection on the part of male perpetrators. It also appears that family violence may have led to excessive fear, insecurity, negative attitude towards other, deep emotional pain and destructive emotions. Further, family violence may have led to feeling annoyed, dissociation, feeling overwhelmed and aggressive behaviour on the part of male perpetrators.

iii) Community violence: The study participants reported that community surrounding violence as environmental factor that have influenced IPMS. These include those in which male perpetrators were found to have been exposed to community violence in their village. They were found to have witnessed someone

beating, killing, doing drugs and hearing gunshots in their village as reported by participants. They were also found to have witness someone completing suicide, murder and murder-suicide. The following extracts illustrate some of the community surrounding violence as reported by study participants:

“I was worried ever since I heard he [my subject] stabbed his wife to death and hung himself. I think his behaviour was influenced by other IPMS cases that happened in his village. I can say, maybe he copied his behaviour from his peers. The majority of his friends died the same way. He had history of feeling worried, feeling angry and easily irritated. This is not the first incident of murder-suicide in this community. This kind of death happens almost every year. It’s like men who experience marital problem resorted to murder-suicide. I remember we had three incidents of intimate partner murder-suicide. The perpetrators had a history of easily getting angry, frustration, inability to rest, excessive fear and loss of emotional control. He was the program director for three murder-suicide that happened in his village previous year. In another case a man slaughter his wife, and children to death and killed himself in the house”
(Male participant 47).

The deceased’s archival records also revealed community violence as an environmental factor influencing IPMS. These include those cases in which male perpetrators were found to have been exposed to community violence in their village. They were found to have witnessed someone beating, killing, doing drugs and hearing gunshots in their village as reported by participants. They were also found to have witnessed someone completing suicide, murder and murder-suicide. The following extracts illustrate some of the community violence as recorded in the archived records:

“He noted that intimate partners in his village are dying like flies. Romantic relationships are chaotic. Both men and women are vulnerable in his village. No one cares about it. He expressed that he lost interest in his intimate relationship like other village men who killed their wives and themselves. He kept media reports of intimate partner murder-suicide that had happened in his village and other villages around South Africa. He kept the copy of the funeral program for three intimate partner murder-suicide that happen in his village. He also kept the media reports of suicide and murder cases that had happened in

his village. He also kept the funeral programs of those people whose lives were ended through suicide and murder. He had a history of chronic stress, feeling sad, emotional strain, sleeping problem, loss of emotional control, inability to rest, easily frustrated, excessive fear and excessive worry” (Archived record 275).

Exposure to community violence may have led to feeling worried, lack of concentration, irritation, feeling angry, chronic stress, feeling sadness, emotional strain, and sleeping disturbance. Further, exposure to community violence may have also led to excessive fear, frustration, inability to rest and loss of emotional control on the part of male perpetrators.

d) Cultural factors: Cultural factors were found as multiple trajectories that have influenced IPMS as reported by all study participants. Sub-themes drawn from the cultural factors are a high bride price (lobola) and traditional ceremonial costs.

i) High bride price (Lobola): The study participants reported that a high bridal price (*Lobola*) as cultural factor that have influenced IPMS. These include those in which male perpetrators were found to have divorced/separated with their wives after paying a high bridal price for them. They were found to have worked more days a week to afford to pay the bridal price. They were also found to have taken a second job to pay the bridal price. Another one took a loan from a loan shack (*Matshonise*) to afford to pay bride price. The following extracts illustrate issues relating to the bride price as reported by study participants:

“He [my nephew] complained that he paid the bridal price, now his wife is having affairs with other men. He worked seven days a week to afford to pay the bridal price. He was emotionally stuck, tortured, feeling trapped and frustrated about bridal price. After everything, his wife threatens to divorce him. He expressed the feeling of despair, low self-esteem, feeling of angry and anxiousness He cannot take it anymore” (Male participant 81).

The deceased’s archival records also revealed a high bride price as a cultural factor that influenced IPMS. These cases include those in which male perpetrators were found to have divorced/separated with their wives/girlfriend after paying a high bride price for their wives. They were found to have worked more days a week to afford to

pay the bridal price. They were also found to have taken a second job to pay the bridal price. Male perpetrators were also found to have taken loan to pay high bride price. The following extracts illustrate some of the high bride price as reflected on archival record:

“He noted that he has paid R50 000-00 bridal price. He took a loan to afford to pay the bridal price. Expressed the feeling of being emotionally wounded. After everything, his wife threatens to divorce him. No one will have his wife. He can do whatever it takes. Expressed feelings of despair, feeling trapped, anxiousness, emotionally tortured, emotionally stuck, isolated, frustrated, low self-esteem and excessive fear, loss of sense of self, worthlessness and self-loathing” (Archived record 159).

A high bridal price may have led to low self-esteem, emotionally stuck, emotional torture, excessive fear, frustration and feeling trapped. It also appears that a high bridal price lead to feeling wounded, a loss of sense of self, self-doubt, worthlessness and self-loathing on the part of male perpetrators. It also appears that high bride price may have led to feeling despair, anxiousness and isolation on the part of male perpetrators.

ii) Traditional ceremonial costs: The study participants reported traditional ceremonial costs as a cultural factor which influenced IPMS. These include those cases in which male perpetrators were found to have paid for a traditional wedding, white weddings, and venue for weddings, catering, wedding clothes and gifts for the bride’s family. It seems they have almost given all they have to the bride family. They were found to have worked more days a week to afford to cover traditional ceremonial costs. They were also found to have taken a second job to cover traditional ceremonial costs. Male perpetrators were also found to have taken loans to cover the cost of the traditional ceremony. The following extracts illustrate some of the traditional ceremonial costs as reported by participants:

“Heey [my son] was indebted. After paying the bridal price, his mother and father-in-law refused to hand over the bride to my son without a traditional and white wedding ceremonies. Yooo, it was painful, he paid a bridal price like he is buying a house. After all that, they wanted him to cover all the cost for ceremonies. He was very angry. Expressed feeling of wounded. I and his sibling raised money to assist him to pay some costs. Heey, my son was broken. He

took a loan from loan sharks to pay for the ceremonial cost and failed to repay it. His bank card and identity document was taken by loan sharks owner” (Male participant 3).

The deceased’s archival records also revealed that traditional ceremonial costs as cultural factor that have influenced IPMS. These include those in which male perpetrators were found to have paid for a traditional wedding, white wedding, and venue for the weddings, catering, wedding clothes and gifts for bride family. They were found to have worked more days a week to afford to cover traditional ceremonial costs. They were also found to have taken a second job to cover traditional ceremonial costs. Male perpetrators were also found to have taken loan to cover traditional ceremonial costs. The following extracts illustrate some of the traditional ceremonial costs paid by male perpetrators as reflected on archival record:

“He expressed that he felt ashamed, frustrated, and disappointed to tell people about his financial problem. He wished to get somebody who can assist him to get out of debts. He expressed feeling guilty that his identity document and bank card was taken because he failed to repay money he used to cover the cost of the traditional ceremony. He expressed feelings of hopelessness, worthlessness, resentment, inability to sleep and panic attacks. He paid R30 000-00 for traditional wedding. R10 000-00 for the in-laws’ gift. R60 000-00 for the white wedding. R40 000-00 for venue and catering. R20 000-00 bride clothes for wedding day. He noted that after everything his wife threatened to divorce him because he is poor. She forget that he has given almost all he had to her parents. He cannot take it anymore. He expressed feeling insulted and feeling anxious. A day before the incident he was impulsive. He was upset and overwhelmed” (Archived record 158).

Traditional ceremonial costs may have led to excessive anxiety, feeling insulted, impulsivity, brokenness, and inability to sleep on the part of male perpetrators. It also appears that traditional ceremonial cost may have led to excessive disappointment, resentment, feeling overwhelmed, panic attacks, hopelessness, worthlessness and anxiousness on the part of male perpetrators.

6.4.1.3 Possible triggers of IPMS

The third most common theme to emerge from all study participants and archival records reflects possible predisposing factors or events that trigger IPMS. These possibly helped to understand underlying factors or events triggers the fatal behaviour of male perpetrators towards IPMS. The sub-themes drawn from possible triggers in IPMS are non-verbal communication, murder attempts, prior suicide attempts, suicidal ideation, relationship breakups, sexual attraction and orientation, sexual abuse, extramarital affairs, love triangle, criminal activity and traumatic brain injury.

a) Non-verbal communication: The study participants reported non-verbal communication as possible psychological distress triggers in IPMS. These include those in which male perpetrators were found to have drawn scary and violent pictures. They were found to have drawn a picture of men and women hugging and kissing each other, next to them was a coffin and graveyard. They were also found to have drawn a picture of a man and woman in a pool of blood. The following extracts illustrate some of the scary pictures drawn by male perpetrators as reported by participants:

“Oooh, my son always drew scary and violent pictures of people killing each other. He drew a picture of a man and women in a pool of blood. I was scared that something would happen to him all the time when thinking about his drawing. He was always angry, loss emotion, frustrated, stressed when asked about the pictures. Five days before the incident, said he had fear that something bad might happen. Expressed feeling of emotional strain, sadness, feeling irritated without the reason. A day before incident, he expressed lack of concentration, inability to rest and sleeping problem.” (Female participant 4).

“Heey, he [my son] spent time drawing disturbing pictures. He drew a picture of men beating women. He also drew a picture of a man pointing a firearm at a woman. Noted that why are you crying, you deserve it. It is over for you. He had history of strange anger, worry, lack of concentration, excessive fear, in ability to rest and frustration, loss of emotional control. Complained that he is unable to sleep, he usually wakeup during the night and feel stressed all the time” (Male participant 72).

The deceased’s archival records also revealed non-verbal communication as possible triggers in IPMS. These include those in which male perpetrators were found to have

drawn scary and violent pictures. They were found to have drawn a picture of men and women hugging and kissing each other, next to them was a coffin and graveyard. They were also found to have drawn picture of a man and woman in a pool of blood. The following extracts illustrate some of the non-verbal communication drawn by male perpetrators recorded on archival record:

“He drew a picture of a man and woman in a pool of blood. Noted that which will not bend, must break and that which can be destroyed by truth should never be spared demise. He had history of worry, lack of concentration, irritation, feeling angry, chronic stress and emotional strain. Four days before the incident, he expressed the feeling of misery, embarrassment, feeling loneliness and isolated” (Archived record 116).

“He drew a picture of men and women hugging and kissing each other. Next to them was a coffin and graveyard. Noted why not, no reverse, forward we go and backward never. He cannot stand for it. He cannot live without her. He had history of being easily frustrated, excessive anger, inability to rest, sleeping disturbance and excessive fear. Ten days before the incident he was isolated. Expressed the feeling of confusion and sense of helplessness. The day of the incident he was upset without reason” (Archived record 113).

Scary and violent drawing led to feeling worried, lack of concentration, irritation, feeling angry, chronic stress, feeling of sadness, emotional strain and excessive fear. It also appears that scary and violent drawing may have led to sleeping disturbance, feeling angry, loss of emotional control, inability to rest and frustration on the part of male perpetrators. Scary and violent pictures may have also led to feeling miserable, excessively anxious, feeling embarrassment, feeling isolated, unsettled, confused, upset and helplessness on the part of male perpetrators.

b) Murder attempts: The study participants reported murder attempts as possible triggers in IPMS. They were found to have strangled their wives or girlfriend and were rescued by family members. The following extracts illustrate some of the murder attempts as reported by participants:

“My son strangled his wife. She was rescued by her sister in law who happened to come early from work. He apologise and said he was not thinking of killing

her. I was scared and feared that he will kill her. What he did to his wife, reminded me the day his father strangled and kicked me. I was unconscious for more than an hour. My mother-in-law took me to a hospital. Two days before the incident he expressed feeling guilty, feeling uncertain, bad memories and feeling lonely. On the day of the incident he strangled his wife to death and hung himself in the house. He had a history of mood swings, fear of losing independence, feeling overwhelmed all the time” (Female participant 1).

“He [my brother] shot at and missed his wife. He acted like he was cleaning the gun. I was scared that one day he will kill her. On the day of the incident, he shot his wife and himself in the house. She was found with multiple gunshot wounds. He shot himself in the mouth. He had a history of bad memories, mood swings, feeling helpless, lack of confidence and feeling overwhelmed” (Female participant 77).

The deceased’s archival records also revealed murder attempts as possible triggers in IPMS. These include those in which male perpetrators were found to have shot at and missed their wives. They were found to have strangled their wives or girlfriend and were rescued by family members. The following extracts illustrate some of the murder attempts recorded on archival record:

“He had a history of shooting at and missed his wife two times. He acted like it’s a mistake, was not thinking of killing her but cleaning the gun. He had history of bad memories, feeling guilty, uncertainty, fear of loss of independence, feeling of unreality.” (Archived record 243).

“He had a history of strangling his wife. She was rescued by her sister in law who happened to come home early from work. He had a history of losing his temper, feeling lonely, loss of self-confidence, bad memories, mood swings, insincere apologies and feeling uncertain” (Archived record 239).

Based on the above extracts it appears that attempted murder led to feelings of guilt, feeling uncertain, bad memories, insincere apology, mood swings, and feeling helplessness. It also appears that attempted murder may have led to fear of losing independent, loneliness, low self-confidence, feeling overwhelming on the part of male perpetrators.

c) Prior suicide attempts: The study participants reported prior suicide attempts as possible triggers in IPMS. These include those in which male perpetrators were found hanging and were rescued by a community member who happened to pass by. The following extracts illustrate some of the prior suicide attempts as reported by participants:

“Eeeh, my neighbour one day came running to my place urgently asking for rope. He was still a young boy then. I thought his mother or sibling had sent him. I didn’t know that he wanted to kill himself. He had a history of self-blame and anxiousness and wishing to die. In the evening I heard that he tried to kill himself. I was shocked” (Female participant 36).

“He [my brother] was found hanging on the mango tree and was rescued by a community member who happened to pass by. He had a history of suicidal thought, anxiousness, blaming himself, feeling devastated and feeling overwhelmed all the time” (Male participant 12)

The deceased’s archival records also revealed prior suicide attempts as possible triggers in IPMS. These include those in which male perpetrators were found hanging and rescued by community member who happen to pass by. The following extracts illustrate some of the prior suicide attempts recorded on archival record:

“At the age of 10 he was found hanging in the house. The incident happened after he was molested and bullied by boys older than him. He was rescued by his brother who happened to come home early. He expressed the wish to die. He had a history of feeling worthless, ashamed, imperfect, feeling anxious and always blaming himself.” (Archived record 179).

“At age of 18 he was found hanging in the tree and rescued by a community member who happen to pass by. The incident happened after he discovered that his biological father was an extramarital lover to his biological mother. At the time he was born, his mother was married to another man and had two sons. He had a history of blaming himself for being born, wishing to die, feeling devastated, feeling worthless” (Archived record 202).

Prior suicide attempts led to self-blame, anxiety, feelings of self-imperfection, self-devaluation and feeling worthless. It also appears that prior suicide attempts may have led to self-shaming, self-blaming and wishing to die.

d) Suicidal ideation: The study participants reported prior suicidal ideation as possible triggers in IPMS. These include those in which male perpetrators were found to express wishes to reunite with dead people and discussed their policies and testament with family members. The following extract illustrate some of the suicidal ideation as reported by participants:

“He [my nephew] expressed wishes to reunite with his grandfather and grandmother who died six year ago. Their deaths were associated with natural causes. He expressed the feeling of disappointment, sense of loss, feeling suicidal” (Male participant 81).

“A day before the incident, my son discussed his policies and testament with me. I was shocked and I asked myself many questions. He said in case he died, I must take care of his children. In the morning I received a call from my granddaughter that my son stabbed his wife and hung himself. I was shattered. I wasn’t surprised because he had a history of attempt suicide, feeling disconnected, feeling suicidal and sense of loss” (Female participant 73).

The deceased’s archival records also revealed suicidal ideation as possible triggers in IPMS. These include those cases in which male perpetrators were found to express wishes to reunite with the dead people and feel disconnected. The following extracts illustrate some of the suicidal ideation recorded on archival record:

“He noted, these days he feels disconnected from family members and wife. No one cared about him, even those who are close to him. He does not feel he belongs and often feels like an outsider in his family and community. People in his life would be better off if he is gone. People in his life will be happier without him because he failed them. He feels like a burden on them. He’s better dead. He had a history of sense of loss, despair, frustration, feeling trapped, feeling worthless, helplessness, feeling suicidal and being disappointed in life” (Archived record 205).

“He is preoccupied with fears, worries and unbearable truth, meaninglessness and regret. Complained about emotional pain. Failed to embrace what would come on his way, such as arrest, court process, stigma and questions from surviving family members. He can’t fight it anymore. Death do us part. We are married in community of everything, not in property alone. Everything means everything including death. He had a history of a sense of failure, feeling angry all the time, feeling disappointment about the intimate relationship, hopelessness, helplessness and feeling overwhelmed” (Archived record 214).

Suicidal ideations led to feelings of hopelessness, worthlessness, feeling trapped, despair and feeling suicidal. Suicidal ideations also led to excessive fear, worries, regrets, unbearable truth and feeling meaningless on the part of male perpetrators. It also appears that suicidal ideations may have led to feeling disappointed, helpless, frustrated and emotional pain on the part of male perpetrators.

e) Relationship breakups: The study participants reported relationship breakups as possible triggers in IPMS. These include those cases in which male perpetrators were found to have broken up with their girlfriends/wives several times in their intimate relationship. It seems they have tried to restore their intimate relationship, but failed. The following extract illustrates some of the relationship breakups as reported by participants:

“It was difficult for my son to be in a romantic relationship with one woman. He brought different women into my house. After two to three months or years he showed me another one. When I asked about the first one. He said, aah, Mama that one, we break up. A day before the incident, he said Mama, it’s better to die with the woman or man you love than to allow her to be married to other men” (Female participant 1).

“My friend broke up with many girlfriends. Eeeh, he would always introduce me to his new girlfriends. I remember, he broke up with his girlfriend after dating for some few years. He complained that he found out that she was dating other men. She told him that he is not man enough. He is poor. Expressed the feeling of disappointment and anger” (Male participant 66).

The deceased's archived records also revealed relationship breakups as possible triggers in IPMS. These include those in which male perpetrators were found to have breakup with their girlfriends/wives several time in their intimate relationship. It seems they have tried to restore their intimate relationship, but failed. The following extracts illustrate some of the relationship breakups recorded on archival record:

“He broke up with his wife several times. In 2012 they separated for three months, in 2013 for four months, in 2014 for two months, in 2015 for two months, in 2016 for three months, in 2017 for four months. He noted that he cannot take it anymore. He tried to save his marriage but failed. He can't afford to lose her. If it's come to death, he will rather die with her. He expressed the feeling of disappointment, angry, sadness, wishing to die, feeling scared and loss of motivation in the intimate relationship” (Archived record 238).

“At the age of 21 he broke up with his 18 years old girlfriend after dating her for three years. At the age of 25 he broke up with his 19 year old girlfriend after dating her for two years. At the age of 27 years he broke up with his 30 years old girlfriend after dating for two years. He expressed the feeling of disappointment, emptiness, loss and feeling suicidal. He is better than nothing. He doesn't see the value of living. He failed his family. All of his sibling are married. He is the only one who doesn't have a wife” (Archived record 245).

Relationship breakup led to loss of motivation in intimate relationship, feelings of sadness, feeling scared and feeling of emptiness on the part of male perpetrators. Relationship break-ups may also have led to feeling suicidal, feeling angry, disappointment, wishing to die and sense of loss on the part of male perpetrators.

f) Sexual attraction and orientation: The study participants reported sexual attraction and orientation as possible triggers in IPMS. These include those in which male perpetrators were found to identify themselves as bisexual and fear to disclose their sexual identity to their female intimate partner. The following extract illustrates some of the sexual attraction and orientation as reported by participants:

“My ex-boyfriend asked me if I can tolerate dating a man who is attracted to both men and women. Quickly I said no, I can't. I was shocked. After two month he end the relationship. He had a history of homophobia, feeling of shame,

feeling of discrimination, feeling suicidal, purposeless and feeling isolated”
(Female participant 28).

The deceased’s archival records also revealed sexual attraction and orientation as possible triggers in IPMS. These include those in which male perpetrators were found to identify themselves as bisexual and fear to disclose their sexual identity to their female intimate partner. The following extract illustrates some of the sexual attraction and orientation recorded on archival record:

“He identified himself as bisexual. He feared to disclose his sexual identity to his wife. He feared that she may not enjoy him sexually if she knows that he is sexually attracted to both male and female partners. Fear of being insulted, rejected and hated by homophobic people. He had planned to divorce his wife and enjoy his both female and male sexual partner. The plan failed several times because he was afraid of losing parental rights to his son, the divorce process and judgement from family members and society. He noted death do us part. He had a history of low self-esteem, feeling rejected, excessive worries, poor coping skills, fear of stigmatization, feeling of discrimination and feeling of shame” **(Archived record 125).**

Fear to disclose sexual attraction and orientation led to homophobia, feeling of shame, excessive worries, despair, isolated, fear of discrimination, and stigmatized on the part of male perpetrators. It also appear that fear to disclose sexual attraction and orientation may have also led to feeling of purposelessness, suicidal feelings, poor coping skills, feeling of rejection, low self-esteem on the part of male perpetrators.

g) Childhood Sexual abuse: The study participants reported childhood sexual abuse as possible triggers in IPMS. These include those in which male perpetrators were found to have been molested and forced to have sexual acts and exposed to adult videos. The following extract illustrate some of the sexual abuse as reported by participants:

“He [my brother] once complained that there was a boy who always touched his private parts. No one took him seriously. He had a history of excessive fear, feeling of shame, confusion, excessive anger, feeling guilty and nightmares”
(Female participant 77).

The deceased's archival records also revealed childhood sexual abuse as possible triggers in IPMS. These include those in which male perpetrators were found to have been molested and forced to have sexual acts and exposed to adult videos. The following extracts illustrate some of the sexual abuse as recorded on archival record:

“At the age of seven he was bullied, molested and physically abused by boys older than him. At the age of ten he was forced to have sexual acts with girls older than him. Expressed feeling ashamed, feeling embarrassed, lack of self-control, anxiousness and self-blame” (Archived record 130).

“At the age of 12 he was exposed to adult videos by boys older than him. They forced him to have sexual acts with a girl and to molest a boy younger than him. He had a history of mistrusting people, self-isolation, feeling dissociated, feeling of intensity, feeling sad and feeling vulnerable” (Archived record 181).

Childhood sexual abuse may have led to excessive fear, feelings of shame, confusion, excessive anger, nightmares, and feelings of self-blame, feelings of embarrassment, low self-esteem and sadness on the part of male perpetrators. Childhood sexual abuse may also have led to embarrassment, self-isolation, feeling vulnerable, dissociation, lack of control and shock.

h) Extramarital affairs: The study participants reported extramarital affairs as possible triggers in IPMS. These include those in which male perpetrators were found to have children with different women outside their marriage. The following extracts illustrate some of the extramarital affairs and child maintenance as reported by participants:

“My daughter in law always complained that her husband [my son] had affairs with school girls. She even beat five women she suspected of being in love with her husband. He had a history of excessive worries, being argumentative, a lack of sleep, and lack of confidence in life” (Male participant 3).

“I was shocked when my daughter in law showed me my son's financial statement. The statement confirmed that he had affairs. He had four children outside wedlock. He complained that he is emotionally stuck in life, he doesn't know whether he is going in or out. He expressed feeling guilty, and angry about

his wife. He had a history of excessive anxiousness, lack of sleep and shock” (Female participant 71).

The deceased’s archived records also revealed extramarital affairs as possible triggers in IPMS. These include those in which male perpetrators were found to have children with different women outside their marriages. The following extracts illustrate some of the extramarital affairs as reported by all study participants:

“He is confused because his mistress pressured him to divorce his wife or to marry her in customary marriage because she is tired of being his side chick and for the sake of children. He had two sons age 5 and 3, and a daughter aged 1 year old. He had a history of excessive worry, feelings of guilt, feeling angry, feeling emotionally stuck and anxiousness” (Archived record 135).

“He expressed the feeling of stagnation. He wanted to start a family, but was afraid and confused of who to marry because he has eight girlfriends. He had eight children with different mothers. He expressed the feeling of guilt, excessive anger, lack of sleep and nightmares” (Archived record 105).

Extramarital affairs led to emotional exhaustion, confusion, shock, nightmares, feeling angry, feeling guilty on the part of male perpetrators. Extramarital affairs may have led to feelings of distress, lack of sleep, argumentativeness, excessive worry, lack of confidence and excessive anxiety on the part of male perpetrators.

i) Dispute about the payments of child maintenance: The study participants reported dispute about the payments of child maintenance as possible triggers in IPMS. These include those cases in which male perpetrators were found to have been pressured to pay child maintenance by their girlfriend or mistress. The following extracts illustrate some disputes about payments of child maintenance as reported by participants:

“My friend complained that he had seven children with different mistresses and they were pressuring him. He complained about prolonged frustration, catastrophic loss of finance and feelings of disappointment” (Male participant 3).

“I was shocked when my daughter in law showed me my son’s financial statement. The statement confirmed that he had affairs. He had four children

and paid child maintenance. He loaned money to afford to pay child maintenance. He complained about a lack of money, feeling miserable, feeling sadness and feeling anger” (Female participant 71).

The deceased’s archived records also revealed that disputes about payments of child maintenance triggered IPMS. They were also found to have paid child maintenance to their girlfriend or mistress. They were also found to be in arrears of child maintenance. The following extracts illustrate some of the disputes about payments of child maintenance as reported by all study participants:

“He is confused, sad, miserable, angry, and disappointed because his mistress pressured him to divorce his wife or to marry her in customary marriage because she is tired of being his side chick and for the sake of children. He had two sons age 5 and 3, and a daughter aged 1 year old. He paid R1500-00 for each child. He regretted having affairs. He had extramarital affairs for emotional support and sexual gratification. He kept on receiving texts from his mistress to remind him about the payments. On the day of the incident he noted that enough is enough” (Archived record 135).

“He had been embroiled in a dispute with his mistress, following child maintenance. He had a daughter aged 12 and son aged 15. He paid R3 000-00 child maintenance for each child. He was in arrears for outstanding payments. He expressed the loss of finance, feeling angry at his mistress’ behaviour. He noted why continue to suffer?” (Archived record 105).

Dispute about the payment of child maintenance led to prolonged frustration, catastrophic loss of finances and marriage, feeling disappointment, feeling anger and sadness in male perpetrators. It appears that dispute about the payment of child maintenance led to feeling miserable and feeling inadequacy on the part of male perpetrators.

j) Love triangle: The study participants reported love triangles as a possible trigger of IPMS. This includes those cases in which male perpetrators were found to have been married and also in an intimate relationship with another married woman. They were also caught red handed with the man’s wife in the house. The following extract illustrate some of the love triangles as reported by participants:

“He [my friend] was married but also in a relationship with another married woman. I don’t know how many times I rebuked him, but he was adamant. A husband caught him red handed with the man’s wife in the house. My friend was beaten, handcuffed and locked in the house for two days, naked and without food. He manage to escape on the evening of the third day” (Male participant 65).

“He was assisted by a community member who happened to meet him on the road. He gave him a cell phone and he managed to call me. As a friend I located and picked him up. He expressed feeling overwhelmed, separation anxiety, fear of loneliness and frustrated in intimate relationship” (Male participant 65).

The deceased’s archived records also revealed love triangles as possible triggers of IPMS. These include those in which male perpetrators were found to have been married and also in intimate relationship with another married woman. The following extracts illustrate some of the love triangles as reported by all study participants:

“He was with his girlfriend. The man who happened to be in love with his girlfriend arrived. He claimed to have been in a relationship with the woman for a decade. They started fighting for her. The fight was stopped by tenants in the house, who happened to hear the woman screaming. He had a history of feeling sad, frustrated, feeling angry, and fear of loneliness” (Archived record 131).

“He was with his girlfriend. Another woman who happened to be in romantic relationship with him arrived. She found him eating with the girlfriend. She screamed and punched the girlfriend. She pushed the table over and broke some equipment. The fight was stopped by a security guard. He complained about emotional overwhelming, separation anxiety, feeling grief and resentment” (Archived record 330).

Love triangles led to being emotionally overwhelmed, separation anxiety, resentment and fear of loneliness on the part of male perpetrators. It also appears that love triangles may have led to excessive anger, frustration and feeling of grief.

k) Criminal activity: The study participants reported criminal activity as a possible trigger of IPMS. These include those cases in which male perpetrators were found to have been allegedly arrested several times in connection with theft, house breaking,

rape, assault, murder, domestic violence as reported by all study participants. They were also found to have been released with a warning, fine and bail. The following extract illustrate some of the criminal activity and activities as reported by participants:

“Eeeh my neighbour was a criminal. He was arrested several times in connection with theft and house breaking. I remember he broke into my house and stole money, TV and music radio. He was arrested but released the same day. I was scared of him. He was also arrested in connection with assault. He beat my daughter several times because she refused to be in an intimate relationship with him. His parent were tired about his criminal behaviour. I have confronted him and his parents several time for beating my daughter. The day I heard he is dead, I celebrated for his death because he was a problematic neighbour. But I was disappointed because he slaughtered his girlfriend. I was not surprised because he had tendency of threatening her with a gun and promised to kill her several times. He had a history of aggressiveness and impulsivity” (Male participant 40).

“He [my brother] was terrible. He was always committing crime in the area. He was always beating and kicking his wife. He was arrested in connection with domestic violence, assault and attempted murder. He was release with a warning, because his wife withdrew the case. The community was tired of his criminal behaviour. At the age of twelve he was arrested in connection with rape. He raped his cousin who had a mental problem. The case was pushed under the carpet because of his age. He was released with a warning, because his wife cancel the case because the family members believe he is young and assume he would change his behaviour. The day I heard that he strangled his girlfriend and hung himself, I was not surprised. He was anti-social and aggressive” (Male participant 48).

The deceased’s archived records also revealed criminal activity as possible triggers of IPMS. These include those in which male perpetrators were found to have been arrested several times in connection with theft, house breaking, rape, assault, murder, domestic violence as reported by all study participants. They were also found to have been released with a warning, fine and bail. The following extracts illustrate some of the criminal activity as recorded in archival records:

“He had a history of domestic violence, attempted murder and assault. He was arrested before and released with a warning because there was no sufficient evidence. He had a history of aggressiveness, anti-social behaviour and paranoia behaviour” (Archived record 30).

“He had a history of house breaking, assault and murder. He was arrested after punching and beating his girlfriend. She suffered severe injuries and succumbed to death after two days. He was released because of lack of evidence. He was also arrested in connection with house breaking and release by bail. He had a history of impulsivity, excessive anger, inhibitions, hopelessness, social isolation and helplessness” (Archived record 178).

Criminal activity may have led to excessive anger, fear, lack of sleep, social isolation, and helplessness on the part of male perpetrators. It also appears that criminal behaviour may have led to feeling of anxiety, worries about victimisation, hopelessness, anti-social behaviour, aggressiveness, impulsivity and paranoia behaviour on the part of male perpetrators.

I) Traumatic brain injury: The study participants reported traumatic brain injury as possible triggers IPMS. These include those cases in which male perpetrators were found to have been involved in terrible car accident, fall, being hit by a stone and suffered head injury. They were also found to have multiple fractures in the skull and brain swelling. Their anterior temporal lobe was affected. The following extracts illustrate some of the traumatic brain injury as reported by participants:

“At the age of 10, his [my son] friend hit him on the forehead with a stone. He suffered a head injury. Ever since he was hearing voices when no one has spoken. My son was involved in a terrible car accident six years before the IPMS. I thought he was dead. He was unable to speak and walk for 6 months. Ever since, he was forgetful, mentally confused and easily losing his temper. He had history of feeling emotional overwhelmed, delusion. He was not thinking straight, I assume he had a memory problem” (Male participant 72).

“My brother was involved in a terrible car accident five years before the IPMS. Ever since he was struggling to control his anger and emotions. He experienced persistent headaches” (Male participant 12).

The deceased's archival records also revealed traumatic brain injury as possible triggers of IPMS. These include those cases in which male perpetrators were found to have been involved in terrible car accident, fall, being hit by a stone and suffered head injury. They were also found to have multiple fracture in the skull and swelling brain. Their anterior temporal lobe were affected. The following extracts illustrate some of the traumatic brain injury as reported by all study participants:

“He had a history of falling from a tree. He suffered a minor head injury. He was involved in a car accident. He suffered severe head injury. He had multiple fractures in the skull and brain swelling. His anterior temporal lobe was affected. Ever since he was confused, hearing voices when no one has spoken. He experienced persistent headaches, easily losing his temper and being emotionally overwhelmed, excessive anger, feeling of persecution, and loss of emotional control” (Archived record 4).

“He was hit by a stone on the forehead. He suffered a head injury. He had a fracture in the skull. He had a history of falling from a tree and suffered head injury. He was also involved in a car accident. He suffered severe head injury and his temporal lobe was affected. He had certainly never complained about severe headache and loss of concentration. But ever since, he struggled with persistent headaches and hallucinations. He easily lost his temper, was easily irritated, had problems thinking, delusion and memory problems” (Archived record 52).

Based on the above extracts it appear that traumatic brain injury led to being emotional overwhelming, mental confusion, hallucination and delusion on the part of male perpetrators. It also appears that traumatic brain injury may have led loss of temper tantrums, frustration, anger, agitated and acting upset. Further, traumatic brain injury may have led to poor problem solving, loss of concentration, delusion, feeling of persecution, mood swings and being easily irritated.

6.4.1.4 Circumstances around IPMS

The fourth most common theme to emerge from all study participants and archived records reflects circumstances surrounded IPMS. Circumstance around IPMS help to understand the principal method of IPMS. It also helps to understand thoughts and

feelings that male perpetrators were unable to express in life. The sub-themes drawn from circumstance around IPMS are means of IPMS and messages left before IPMS:

a) Means of IPMS: Multiple stab wounds with butcher knife/panga, gunshot wounds with firearm, blunt force trauma with hammer, stabbing wound with machetes, and hanging with rope were found to be the means of IPMS as reported by all study participants. These include those cases in which male perpetrators were found to have killed their wives or girlfriends and themselves. Hanging with rope and gunshot wounds were found to be the means of both murder and suicide. The preferred location of IPMS was the perpetrators home in the bedroom, garage and dining room. The following extracts illustrate some of the means of IPMS as reported by participants:

“My son and his wife were found dead in their bedroom. He stabbed his wife to death with a butcher knife. She was found with multiple stab wounds. He was found hanging from the roof. He used brown twisted rope to hang himself. It was sad. I did not think my lovely son might kill his wife and himself” (Male participant 15).

“Heey, my friend disappointed me, he hacked his girlfriend to death with a machete in his house. He chopped her like an animal. Eeeh, I’m shocked. He was found hanging in the bush. He used brown twisted rope to hang himself” (Male participant 65).

The deceased’s archival records also revealed multiple stab wounds from a butcher knife/panga, gunshots wounds from a firearm, blunt force trauma from a hammer, stabbing wound from machetes, and hanging with rope as means of IPMS. These include those cases in which male perpetrators were found to have used butcher knife, firearm, hammer, machetes and axe to kill their wives or girlfriends/ and themselves. Hanging with rope and gunshot wounds were found to be the means of both murder and suicide. The preferred location of IPMS was perpetrators’ home in the bedroom, garage, and dining room. The following extracts illustrate some of the means of IPMS as reported by all study participants:

“A man was found hanging from the roof of his bedroom. He was found with ligature marks on his neck. He used brown twisted rope to hang himself. Next to him was the body of a woman with multiple stab wounds. A butcher knife

used to stab the woman was found next to her body. No sign of ritual murder. Their internal and external body was confirmed to be in a right position. IPMS cannot be ruled out” (Archived record 23).

“Intimate partners found dead in the house. A man allegedly shot his wife and committed suicide in the house. Next to him was the body of woman with multiple gunshot wounds. The handgun with blood stains was found next to him. The house was locked. No sign of forced entry. No sign of ritual murder” (Archived record 34).

Sharp and blunt force killing may have led to excessive anger and fear, sleeplessness and flashback on the part of participants. It appears that sharp and blunt force death led to excessive anxiety, worries and loss of trust in male intimate partner.

b) Message left before IPMS: The study participants reported death notes as messages left before IPMS. These include those cases in which male perpetrators were found to have expressed their thoughts and feelings before dying by IPMS. The following extracts illustrate some of the messages left by male perpetrators before IPMS as reported by participants:

“After complained about having violent thoughts several time in his life, my son killed his wife and himself. He left a death note. His note read: “You are less than nothing. Don’t dare think of leaving me. You don’t deserve me. Don’t know why I married you” (Male participant 70).

“After complaining about having violent thoughts several time in his life, my son killed his wife and himself. He left the death note. His note read: “I am not afraid of death. It is better to burn out than to fade away. After all the pain I have suffered. Everything is gone away because of her. I don’t deserve this” (Female participant 73).

“After suffering from violent thoughts several time in his life, my brother killed his girlfriend and himself. He left a death note. His note read: “Remember me not. Whatever you want to do, do it now” (Female participant 15)

The deceased’s archival records also revealed messages left by male perpetrators before IPMS. These include those cases in which male perpetrators were found to have expressed their thoughts and feelings hidden in their mind before dying by IPMS.

The following extracts illustrate some of the messages left by male perpetrators before IPMS as recorded in archived record:

“After suffering from violent thoughts, feelings and emotional breakdowns several times in his life, He killed his 47-year old wife and himself. He was only 46 at the time of his death. His note read: “I am haunted by vivid memories of killing. I have decided, I won the race. I am tired, I think too much. I always care but get hurt. If my ancestors did it, why not me. It was intended that we die together. Good bye” (Archived record 45).

“After suffering from violent thoughts, feelings and emotional break downs several time in his life, my brother killed his 35 year old girlfriend and himself. He was 40 years old at the time of death. His note read: “I and my partner we are one. I will never stop loving my wife even if I am abused and treated like nothing. Love never dies. I don’t want to hurt anybody, I and my partner we are at peace. Delete us from your life. Be still and know we are in good hands. Peace be unto you. It is better to die with the woman you dearly love. See you on the other side. Good bye” (Archived record 289).

Keeping their true thoughts, feelings and emotions hidden may have led to emotional dependence. Emotional dependence may have led to excessive fear to leave the intimate relationship. Excessive fear to leave the abusive intimate relationship may have led to hopelessness, helplessness and loneliness on the part of male perpetrators. It also appears that excessive hopelessness, helplessness and loneliness may have led to destructive behaviour.

6.4.2 PART B: FEMALE VICTIMS OF IPMS

6.4.2.1 Psychological profile of the female victims of IPMS.

The first most common theme to emerge from all study participants and archival records reflect the psychological profile of female victims who also had thoughts of committing IPMS. A psychological profile of female victims in IPMS provide a clear understanding of mental status of female victims in IPMS. They were found to have unique thoughts, feelings and emotions which led them to complete IPMS. Regardless of their hidden thoughts, feelings and emotions were found to have related differently,

behaved differently and possessed different sets of values and attitudes. The sub-themes drawn from the psychological profile of female victims in IPMS are psychological intent, motives, behaviours and possible role played by female victims in IPMS.

a) Psychological intent: The study participants reported that female victims had the psychological intent to complete IPMS several times in their lives. There were different stages suggesting they had psychological intent or planned to complete IPMS as reported by all participants. They were all found to have had a vivid violent insight of killing their male intimate partner and themselves several times in their lives. They envisioned themselves stabbing, shooting and poisoning their husband/boyfriend. They were also found to have long term planning on how to execute IPMS. Regardless of their violent thoughts and long term planning, female victims were found to have been willing to kill their husband/boyfriend and themselves. They were found to have prepared weapons of choice to complete IPMS before the act. Sub themes drawn from the psychological intent theme are violent thoughts to complete IPMS, long term planning to complete IPMS and preparing weapon of choice used to complete IPMS.

i) Violent thoughts for IPMS: The study participants reported that female victims have had violent thoughts to complete IPMS before they act. These include those in which female victims were found to have had vivid violent thoughts to kill their husband/boyfriends and themselves several times in their lives. They envisioned themselves stabbing, shooting and poisoning their husband/boyfriends and themselves. The following extracts illustrate some of the violent thoughts to complete IPMS as reported by participants:

“After four year of marriage she [my friend] often wanted to kill herself and her husband. But she told herself that she could not do that to her children. She complained about her violent insight thought. She envisioned herself killing her husband and self-several times. She envisioned herself stabbing her stubborn husband and hanging herself in the bush. I encouraged her to seek professional help but she refused” (Female participant 23).

“After ten years of marriage, she [my twin sister] asked me how she can stop thinking about killing herself and her husband. She told me that this thought tormented her several times. She envisioned her shooting her estranged

husband and herself in the bedroom. I was shocked because to my knowledge she doesn't own a gun. She complained about loss of hope, feeling helpless, loss of self-control and self-loathing. I asked her if she bought a firearm, she laughed" (Female participant 6).

The archived records revealed that female victims have had violent thoughts before completing the act. These include those in which female victims were found to have had violent thoughts to kill their estranged husband/boyfriends and themselves several times in their lives. They envisioned themselves stabbing, shooting and poisoning their estranged husband/boyfriends and themselves. The following extracts illustrate violent thoughts recorded on the archived records:

"Noted that she often wanted to kill her husband and herself. But she told herself she could not do it to her lovely children. Noted that she does not have peace of mind, she always thought of killing her estranged husband. She suffered from the violent thought several times in her life. One time she felt at high risk of killing him and herself was after he kicked and beat her while she was pregnant. She complained about feeling anxious though, excessive fear, low self-esteem and panic attacks. A day before the incident she expressed the feeling of hopelessness, helplessness, and excessive anxiety. She had a history of emotional distress about the intimate relationship" (Archived record 43).

"Noted that she often wanted to kill her husband and herself. But she told herself she could not do it to his girlfriend. Noted that it's better for her to die with her estranged husband because everything in their marriage is fake. She actually had nothing to make her happy. Concerning her romantic relationship, she is extremely unsuccessful in this area. She had no passion, purpose to live. Expressed the feeling of loss of self-control, excessive worries, self-hatred, excessive fear and anxious thought. A day before the incident she was very excited and everything is going to be all right. No pain." (Archived record 208).

Overthinking about IPMS led to emotional distress, anxious thought, excessive fear, low self-esteem, panic attack and self-hatred on the part of female victims. Replaying violent thought may have led to excessive worries, anxiety, helplessness, hopelessness and loss of self-control on the part of female victims.

ii) Long term planning and tracking efforts: The study participants reported that female victims have had long term planning to complete IPMS before the act, including tracking efforts. These include those in which female victims were found to have planned to pour poison in the food, shoot and stab their estranged husband and themselves in the house. They were found to have planned not to change their mind no matter what. The following extracts illustrate some of the long term planning on completing IPMD as reported by participants:

“As part of her daily life she [my friend] always criticised people who failed to execute their plan in life. She always commented that her [husband] is so stupid. She said if you want to kill a person you must have a good plan, make sure that you will not miss it. Do it once and for all. People would be shocked and not believe it’s you. Expressed that whatever she planned, she would implement. It does not matter how long it may take. She had a history of aggressive behaviour, anti-social behaviour and lack of remorse. A day before the incident she was sad” (Female participant 25).

“What’s surprising is that my sister was always saying that she is a good planner. No one noticed, even to kill a person and self is nothing for her. She told me that when she planned to do thing, she won’t change mind no matter what. She had a history of aggressiveness, sadness, lack of remorse, strange anger and antisocial behaviour. Three days before the incident she was calm” (Male participant 15).

The archived records revealed that female victims have had long term planning to complete IPMS. These include those in which female victims were found to have planned to poured poison in the food, shooting and stabbing their estranged husband and themselves in the house. They planned not to change their mind no matter what. The following extracts illustrate explicit planning and strategies to complete IPMS as recorded on the archived records:

“She planned to poison her husband and herself on their son’s birthday celebration. To accomplish the plan she poured poison in their food an hour after the other family members went to sleep. The plan failed because her mother who was attending her son’s birthday party was involved in a vehicle accident. Instead of eating they rushed to the scene. The helper threw the food

away. She was very angry. She expressed feeling worried, anxious thought, excessive fear and panic attacks. A day before incident she was very excited. Expressed that she is determined on everything she does. She is always a winner” (**Archived record 40**).

“Four years after getting married, she planned to shoot her husband and herself in their home around 8pm on his arrival from work. She planned to switch off the light and hide in the garage. On his arrival she pulled the trigger of the gun and released the bullet. Unfortunately she missed him. He managed to grab the gun, shoot her and subsequently shot himself. She had a history of coercive control, emotional stress and loneliness. She had a history of self-defence and being determined on everything she does” (**Archived record 207**).

Long term planning and tracking efforts led to a lack of remorse, calmness, being excited, self-defence on the part of female victims. It also appears that long term planning may have also led to aggressive behaviour, antisocial behaviour, feelings of revenge and excessive anger on the part of female victims. It also appears that it may have strengthened the female victim’s capacity to complete IPMS without concern about moral consequences.

iii) Prepared weapon of choice used to complete IPMS: The study participants reported that female victims prepared the weapon of choice used to kill their husband/boyfriends and themselves. These include those cases in which female victims were found to have bought a handgun and poison to kill their estranged husband/boyfriends and themselves in their matrimonial home. The following extracts illustrate the preparation of weapon of choice used to complete IPMS as reported by all study participants:

“Two months before the incident my sister bought a handgun. I believe she was in possession of an illegal firearm because she did not have a licence. I asked her why she bought the handgun, and she said it’s for her protection. To my surprise she hid the gun in the garage. I asked if her husband is aware that she had a gun. She just laughed. On the day of the incident she used the same handgun I saw in the garage. Unfortunately she missed him. He managed to grab the gun, shoot her and subsequently shot himself. He had a history of impulsiveness, inclination and excessive anger” (**Female participant 75**).

“I remember I was cleaning the house. I found Terminix in the kitchen cupboard. I asked her about the Terminix, she [my daughter-in-law] laughed and said she wanted to get rid of Norway rats. To my surprise, there was no sign of rats in the house. I confronted her, she said don’t worry mama. On the day of the incident she used the same Terminix to attempt to kill her husband and herself. She had a history of mistrust, lack of self-control. A day before incident she was calm” (Male participant 9).

The deceased’s archived records also revealed that female victims prepared weapons of choice used to complete IPMS before the act. These include those in which female victims were found to have bought handgun and poison to kill their estranged husband/boyfriends and themselves in their matrimonial home. The following extracts illustrate how they prepared the weapon of choice to complete IPMS as revealed by archived records:

“She bought a black semiautomatic handgun, an AR-15 that loaded cartridges from a detachable magazine located in the grip. The gun uses a single chamber. She also bought training material. She had a history of impulsivities, authoritarian personality and lack of self-control” (Archived record 164).

“Two weeks before the incident, she bought rodent bait rodenticides. This is the chemical used to kill the rats. Expressed feeling of excessive anger, excessive fear and mistrust” (Archived record 167).

Preparing weapon of choice led to excessive fear, impulsivities, self-defence, sadness, mistrust, excessive anger and authoritarian’s personality on the part of female victims. It also appears that preparing weapon of choice led to heightened inclination and impulsivities.

b) Psychological motive: The study participants reported psychological arousals as psychological motive were behind IPMS. These include those in which female victims were found to have experience strong unpleasant emotional and cognitive arousals in their intimate relationship especially under threatening situation. Sub themes drawn from the psychological motive unpleasant emotional and cognitive arousal.

i) Unpleasant emotional arousal: Unpleasant emotional arousal was found to have motivated female victims to attempt to complete IPMS as reported by all study participants. These include those cases in which female victims were found to have experienced strange anger, restlessness, irritability, a defensive mood and being unable to control their emotions. The following extracts illustrate some of the unpleasant emotional arousal as reported by study all participants:

“She [partner] was easily angered by small things in the relationship. Eeeeh, she [partner] was a dramatic person. Specifically, in the threatening condition she presented strange anger. I remember she came to my place. She found me chatting with my neighbour. She started shouting, pointing at me with her finger. She accused me of having an affair with my neighbour. Heey, I stop the relationship. After three month she told me she is in relationship with the guy I know. I felt pity for the guy. I felt sorry for the poor guy. If he will manage to stand the heat. I thank God that I am out of her for good. I believe her strange anger, defensiveness may have motivated her husband to complete IPMS. She had a history of being easily irritated, quick to get angry, inability to relax, defensive mood and unable to control anger” (Male participant 33).

“It was difficult to live with her. She [my friend] was easily irritated and quick to get angry. I remember she poured hot water on her husband. Heey, I saw a drama that day, I regret visiting them. Eeeh, I didn’t believe, she shouted and pointed at her husband with her finger. I didn’t know how to cool her down because she was running around the house, saying she wished her husband would die because he is nothing to be proud off. This incident happen after her husband came late from the church” (Female participant 22).

She stated accusing him of having affair with some ladies in the church. She was known for her dramatic behaviour and her answers was always inappropriate and always in disagreement with what other people say. She was always furious. She had a history of feeling nervous, unsettled, worries, and unable to control anger” (Female participant 22).

The reviewed archival records also revealed unpleasant emotional arousal as psychological motive behind IPMS. These include those in which female victims were found to have experienced strong emotional arousal in their intimate relationship. The

following extracts illustrate some of the unpleasant emotional arousal as revealed by archival records:

“She was easily irritated, upset and unable to control her emotions. She had a history of strange anger and defensive mood. She had a history of attending anger management sessions. She quit before completing the sessions. Commented that she is just wasting time. She can tolerate a lot of more pain than most of people. She is not afraid of death. She had a history of strange anger, restlessness, irritability, defensive mood, poor concentration, anxious thought, and unable to control” (Archived record 18).

“She had a history of defensiveness and always being fussy. Especially when her husband would try to correct her. She told him to stop accusing her. She can do whatever she wants, it’s her life. Her husband must stop policing her, she is an adult, and she has a brain. She had this behaviour from her childhood. It was difficult for her parents to correct her. She was unsettled, restlessness, unable to relax and always furious, especially if she did not get what she wanted. She commented that things which scared most of the people do not scare her. The sight of her blood does not bother her. She expressed feeling anxious, hopelessness, feelings of disappointment and excessive worry and mental strain” (Archived record 201).

Unpleasant emotional arousal may have led to excessive anxiety, being easily irritated, strange anger, defensive mood, inability to control emotions, inability to relax, poor concentration and mental strain on the part of the female victims. Unpleasant emotional arousal may have also led to fear, feeling nervous, feeling of disappointment always furious, and hopelessness on the part of female victims.

ii) Unpleasant cognitive arousal: Unpleasant cognitive arousal were found to have been the psychological motive behind IPMS as reported by all study participants. The study participants reported that female victims experienced strong cognitive arousal in their intimate relationships. These include those cases in which the female victims were found to have expressed sadness, poor concentration and losing their mind under the threatening situation. The following extracts illustrate some of the cognitive arousal as reported by participants.

“Eeeeh, it was boring. My neighbour was always fighting with her husband. She had a history of punching him and pushing him. I was used to my neighbour fighting. After punching her husband she ran to my place trembling and rapidly breathing and nervous. When I asked what happened, she said she can’t think straight, and it’s like she lost her mind. She scared me. She had a history of poor concentration, confusion, mood swing, restlessness, distress, despair, chronic worries and feeling frustrated all the time. On the day of the incident she expressed feeling sad, having trouble thinking and fearful anticipation”
(Female participant 37).

The deceased’s archived records also revealed unpleasant cognitive arousal as psychological motive behind IPMS. The record revealed that female victims experienced strong unpleasant cognitive arousal in their intimate relationship. These include those in which the female victims were found to have express sadness, poor concentration and losing their mind under threatening situations. The following extracts illustrate some of the unpleasant cognitive arousal as reported by all study participants:

“She reported loss of concentration, trouble thinking, anxious thought and fearful anticipation under threatening condition. She had a history of feeling nervous, and anxious thought especially after heated argument with husband. She experienced rapid heartbeat and breathing especially when she is with her husband. She complained about constipation, terrible headaches and high blood pressure under threatening condition” **(Archived record 15).**

Unpleasant cognitive arousal led to chronic worries, poor concentration, confusion, mood swings, restlessness, trouble thinking, fearful anticipation and distress on the part of female victims. It also appears that unpleasant cognitive arousal may have led to headaches, difficulty concentrating, anxious thought, frustration, excessive anger and exhaustion. Excessive distress may have led to difficulty making decisions and elevated level of the stress hormones and irritability. Strange thinking and fearful anticipation in the intimate relationship may have led to intense negative emotions and fighting on the part of male perpetrators.

c) Behaviour: Behaviour was found to have influenced IPMS as reported by all study participants. These include those in which the female victims were found to have been spending time scrolling through their husband/boyfriends phone reading their texts to check if they were texting another woman. They were found to have a tendency to stop their husband/boyfriend spending time with their friends and family members. They were also found to have experienced terrified dreams related to IPMS. They were also found to have spent time talking about their death and funeral arrangements. Sub-themes drawn from the behavioural theme are controlling behaviour, manipulative behaviour, dream-enacting behaviour and fantasy prone behaviour.

i) Controlling behaviour: The study participants reported extremely controlling behaviour that have influenced IPMS. These include those in which female victims were found to have a tendency of scrolling through their intimate partner's cell phone reading their texts to check if they were texting to other women. They were also found to have a tendency of stopping their husband visiting and spending time with their family members, friends and co-workers. The following extracts illustrate some of the controlling behaviour as reported by study participants:

"She [my mistress] was difficult. She had a tendency of stealing her husband's phone. I remember, she once came to my place with her husband's phone. We spent the night together. To my surprise in the middle of the night she started scrolling through her husband cell phone reading his texts. When I asked her, she said she checked if her husband was texting to his girlfriend. I said in my heart meaning that I am the victim. This shows that she did the same with my phone. After three weeks I ended the relationship and said she must go back to her husband. She was angry. She had the history of excessive power, insecurity, mistrust and fear of rejection" (Male participant 63).

"She [my sister-in-law] was always demanding an account of how her husband spent time with who, what they were talking about, what they were doing. She was always checking her husband's phone, if he had called a woman, she didn't care whether they were family members. She sent strange messages to warn them to stop talking to her husband. The boring part, she also used her husband's phone to send messages, acted like it's her husband who sent the message. She had a history of insecurity, lack of self-confidence and

dissatisfaction in the marriage. She was four year older than my brother”
(Female participant 23).

The deceased's archived records also revealed extremely controlling behaviour which influenced IPMS. These cases include those in which the female victims were found to have a tendency of scrolling through their intimate partner's cell phone reading his texts, checking if they were texting to other women/girlfriends. They were found to have a tendency of stopping their husband visiting and spending time with their family members, friends and co-workers. The following extracts illustrate some of the controlling behaviour as revealed by archived record:

“She commented that she had the right to scroll through her husband's phone to check if he was texting to his girlfriend. She made insulting remarks to women in her husband's phone: Who do you think you are? Don't dare think of stealing my husband. You are stupid, thinking my husband will marry you. You don't know how to dress. You are from a poor family. You want to clean up your poverty by stealing my husband? She had a history of excessive power, low self-esteem, dissatisfaction, insecurity and fear of rejection” **(Archived record 55).**

“She commented that she had the right to stop her husband speaking to his family members because he is married. He must spend time with her. She followed him everywhere he goes. No one can stop her telling her husband not to visit his family members, whether his mother, father, sister and brother, they cannot. They must go to hell or get married and have their own husband or wives. She had a history of self-doubt, insecurity, excessive power, mistrust, fear of rejection and lack of confidence” **(Archived record 44).**

Controlling behaviour led to excessive power, insecurity, self-doubt, mistrust and fear of rejection on the part of female victims. It also appears that controlling behaviour may have also led to low self-esteem, dissatisfaction, lack of self-confidence on the part of female victims.

ii) Dream-enacting behaviour: The study participants reported dream-enacting behaviour which influenced IPMS. Female victims were found exhibit dream-enacting behaviour in their lives associated with mysterious death. They were found to have

been sleeping and in their dream, they called names aloud. These included family members, friends, neighbours and co-worker who died mysteriously. Their death were associated with IPMS. The following extracts illustrate some of the dream-enactments reported by the participants.

“I vividly remember she [my daughter] was sleeping. She screamed her cousin’s name who died three years ago. Her death was associated with IPMS. Her husband stabbed her to death and he hung himself in the bush. She lamented, expressed the feeling of guilt, distress, frustration, worry, confusion and dread that she failed to assist them. Five days before the incident she complained about panic attack, sadness, desire to die, and fear that her husband will kill her” (Male participant 80).

“She [my friend] told me that she always dreamed about the death of her boyfriend and her funeral. I took it for granted. One day I visited her, while sleeping in the midnight hour, she called her boyfriend’s name. She screamed, she will die with him. If he plan to leave her, he must forget it. They will be buried together. I was scared and quickly woke her up. She was trembling, confused, anxious, and frustrated. Ten days before the incident she expressed the feeling of guilt, distressed and feeling of anger. On the day of the incident she was agitated and shocked. She had a history of excessive anxiety, desire to die, panic attacks” (Female participant 67).

The deceased’s archival records also revealed dream-enactments as behaviour that influenced IPMS. Female victims were found to have experienced severe nightmares associated with mysterious death in their lives. These include those in which the female victims were found to have dreamed about the death of their family members, friends, co-worker and neighbours. In their dream female victims were found to have been screaming and calling their names aloud. Their deaths were associated with suicide, IPMS and motor vehicle accidents. The following extracts illustrate some of the dream-enactments revealed by archival records.

“She had a history of dreaming about her cousin who died eleven years ago. Her death was associated with IPMS. She expressed feelings of guilt, distress, shock and dread that she failed to assist them. Eight days before the incident

she had the same dream. She expressed the feeling of anger, excessive worry, and desire to die and desire to kill” (Archived record 148).

A day before the incident noted that she is confused, frustrated and feeling agitated. On the day of the incident she expressed the feeling of sadness, fear, desire to die and panic attack,” (Archived record 148).

“She noted that she always dreamt about the death of her estrange husband. In her dream she saw a women shooting her husband and shot herself. They were buried in one grave. Commented that it was a great funeral. She wished all husband and wife buried in one grave. She had a history of desire to die, desire to kill, excessive anxiety, excessive fear, excessive anger and excessive shock” (Archived record 150).

Dream-enacting behaviour about mysterious death led to feeling distressed, feeling angry, panic attacks, excessive anxiety, excessive fear and persistent wish to die mysteriously on the part of male perpetrators. It also appears that dream-enacting behaviour may have also led to excessive worries, agitation, excessive anger, and desire to kill on the part of female victims. Dream-enacting behaviour may have also led to sadness, confusion, frustration and dread on the part of female victims.

iii) Fantasy prone behaviour: The study participants reported fantasies as behaviour influenced IPMS. Female victims were found to have exhibited fantasy-prone behaviour related to mysterious death in their lives. These include those in which female victims were found to have spent time talking about mysterious death of their intimate partners and themselves, including funeral arrangement. They were also found to have spending their time preparing funeral program and tombstone. They were described as crazy people because they were envious of the dead people and their funeral arrangements. The following extracts illustrate some of the fantasies prone behaviours as reported by study participant’s records:

“My friend was crazy. She was envious of dead people. If there is a funeral in the village. She would call and said my friend did you hear what happened this weekend, one of the community members is dead. We won’t cook this weekend. We eat at the bereaved family. Indeed came the funeral day, we dress smart, all black. After funeral she would say, my friend this funeral was

great. Did you hear the song? Especial the one says I am going home. Wooo, girl indeed the deceased went home” (**Female participant 67**).

“Did you see the program, coffin and the attendance? Did you hear the messages? Wooo, it was good message. Especial when the friend of the deceased said goodbye, we will meet in the other side. She laughed and she wished it was her funeral. She wished she can die and be buried with her boyfriend. During our friendship I have noticed that she is happy sometimes and other times sad. It was difficult to predict her. Sometime she would say she lost hope in life and felt helpless in her boyfriend. She had a history of fatigue, hallucination, feeling dissatisfaction. Complained about emotional pain. On the day of the incident she complained that she had mood swings and feeling of sadness” (**Female participant 67**).

The deceased’s archival records also revealed fantasies as behaviour influences IPMS. Female victims were found to have exhibit fantasy prone behaviour in their lives. These include those in which the female victims were found to have spending time writing funeral messages that they thought their family members, friends, pastors, civic and school representative would say on their funeral day. The following extracts illustrate some of the fantasy prone behaviours revealed by archival records:

“Three years before the incident, she drafted funeral messages that she thought her family members, friends, pastor, civic, school representative would say on her funeral day: you are gone but your spirit is with us, you are my treasure, always stay in our memories. She expressed the feeling of hopelessness, helplessness, fatigue, hearing voices and sadness” (**Archived record 147**).

“Five year before the incident, she organised a funeral program, coffin, and farewell message and funeral undertaker. She said she was ready for everything. Life is a stopping place, death is a permanent place. Home sweet home. Three weeks before the incident she drafted her obituary. It read she passed away peacefully. She was a beautiful girl loving people. She truly lived life to the fullest through simple pleasure chatting with friends and family members. She is survived by her husband, brothers, sister’s mother, father, grandfather and grandmother. She expressed the feeling of helplessness,

purposiveness, sadness, dissatisfactions, and emotional pain. She had history of hallucination, excessive anger and anxiety” (Archived record 149).

Fantasy-prone behaviour related to mysterious death led to hopelessness, emotional pain, excessive anxiety, feeling angry and sadness on the part of female victims. It appears that dissatisfaction, fatigues, helplessness, mood swing and sadness on the part of female victims.

iv) Fearless behaviour: The study participants reported fearlessness as behaviour influencing IPMS. Female victims exhibited fearlessness behaviour in their lives especially under threatening situation. These include those in which the female victims were found to have no fear related to death in their lives. They were also found to have prepared, appreciated and encouraged family members to accept their death. The following extracts illustrate some of the fearless behaviours as reported by all participants.

“My sister always said that she is not afraid of death. She accomplished what she wanted in life. She told me that I should not panic if she died. Her achievement is what I have seen. She went to school and completed her degree. She is working. If she died anytime, family members must accept it. She had a history of depressive mood, desire to die, emotional stress, frightening feelings” (Female participant 74).

“She [my daughter] always asked me how I would feel if she died younger. She doesn’t want to die old. She doesn’t want to be a burden to her children and grandchildren. She had already made arrangement for her burial. All is in place, coffin, undertaker and money to buy food. She expressed the feeling of hopelessness, feeling of overwhelming, feeling of helplessness, depressive thinking. A day before the incident she expressed the feeling of intense, intuitive thought and feeling anguished” (Female participant 4).

The deceased’s archival records also revealed fearlessness as behaviour influencing IPMS. These include those in which the female victims were found to have been in no fear of death at any time. They were also found to have been encouraging their family members to accept their death. The following extracts illustrate some of the fearless behaviours as reported by archived records:

“She is perfectly content with life. It’s better to die strong than stay strong. She accomplished what she wanted in life. She didn’t know what she was going to add in life. She didn’t want to live longer. Her cousin and aunt died at the age of 50. She is content to do the same. She expressed the feeling of hopelessness, helplessness, depressive thinking, feeling overwhelmed, and a desire to die at any given moment” (Archived record 154).

“She said that she is not afraid of death. She is not the first one to die. She might die at any given time. She doesn’t really exist, why continue to live. People must respect the way she chose to escape the world. You can’t stop me going home where I belong. Goodbye see you on the other side. She complained about her depressive moods, intuitive thought, emotional stress, feeling intense and frightening feelings” (Archived record 71).

Fearless behaviour led to depressive moods, depressive thinking, feeling overwhelmed, feelings of hopelessness, a desire to die and feeling anguished on the part of female victims. It also appears that being fearless of death may have led to emotional stress, feeling of helplessness and frightening feelings on the part of female victims.

d) Possible role played by female victims: Female victims were found to have played an active role in IPMS as reported by all the study participants. Sub-themes drawn from the possible role played by female victims in IPMS are wanting to end pain and wanted to be free from pain.

i) Wanted to end emotional pain: The study participants reported wanting to end emotional pain as possible role played by female victims in IPMS. Female victims were found to have wanted to end emotional pain caused by fallouts of intimate relationships. These includes those cases in which female victims were found to have been suffering emotional fallouts of divorce or separation with their intimate partners. The following extracts illustrate some of the need to end emotional pain caused by fallouts of intimate relationships as reported by all study participants:

“She [my co-worker] was devastated after her 50 year boyfriend told her that he would not live his wife of 15 years for her. She was 30 years old the time of IPMS. She expressed that she didn’t want to be human anymore. She wanted

to be loved, unfortunately love turned into pain. If she had died long time ago it would have saved a lot of pain. She expressed the feeling of disappointment, feeling shame, loss of identity, residual anger, hurt, confused, and self-blame. She had history of insomnia, excessive anger and excessive worry (Female participant 60).

“She [her cousin] was devastated after her husband served her with divorce papers. Her husband moved out of the matrimonial house and stayed across the street with a woman twenty years younger than him. She always said that when the divorce struck she would rather die with the man she loved than to carry the pain of divorce. Life is unbearable for her. She swore to God that it was definitely a positive thing to die. She expressed the feeling of shame, feeling of disappointment, loss of identity and blaming herself that she didn’t do enough to protect her marriage. She had a history of sleeping problems, feelings of excessive anxiety, excessive worries, excessive anger, emotional pain and feeling hurt” (Female participant 19).

The deceased’s archival records also revealed wanting to end pain as a role played by female victims in IPMS. Female victims were found to have wanted to end emotional pain caused by fallouts of intimate relationships. These include those in which the female victims were found to have been devastated after fallouts of their intimate relationship with their intimate partner. The following extracts illustrate some of the emotional pain caused by fallouts of intimate relationship as revealed by archival records:

“She said that life is unbearable. She cannot live without her boyfriend. She wanted love. The rewards became the opposite. Love turned into unbearable pain. She blamed her boyfriend for ruining her life because of forcing her to get an abortion. Now he cannot leave his wife of 15 years for her. What a pain. She expressed that she didn’t want to be a human anymore. If she had died long time ago it would have saved a lot of pain” (Archived record 198).

She can’t do it otherwise. She expressed the feeling of disappointment, feeling shame, loss of identity, residual anger, hurt, confused, and self-blame. She had history of insomnia, excessive anger and excessive worry” (Archived record 198).

“She said that her husband served her with divorce papers. What a disgrace. He moved out of the matrimonial house and stayed across the street with a woman twenty years younger than him. She swore to God that it was definitely a positive thing to die with the man you love. Rather a happy death than carrying pain for the rest of her life. Something must be done quickly. Divorce pain, being humiliated and laughed at by her enemies is unbearable for her. Dying together would save a lot of pain. She is capable. She cannot do otherwise. She expressed the feeling of shame, feeling of disappointment, blaming herself and loss of identity that she didn’t do enough to protect her marriage. She had a history of sleeping problem, feeling of excessive anxiety, excessive worries, excessive anger, emotional pain and feeling hurt” (Archived record 190).

Wanting to end emotional pain caused by fallouts of intimate relationship led to feelings of disappointment, feeling shame, hurt, loss of identity, excessive anger, residual anger, excessive worries that may have led to desire to end emotional pain on the part of female victims. It also appears that fallouts of intimate relationship may have led to insomnia, confusion and self-blame that may have given desire to die and kill others on the part of female victims.

ii) Wanting to be free: The study participants reported wanting to be free as a role played by female victims in IPMS. Female victims were found to have a desire to be free from intimate relationship suffering. These includes those in which female victims were found to have been experiencing emotional suffering after the intimate relationship break-ups. The following extracts illustrate the need to be free as reported by all study participants:

“She [my sister] was devastated after her 45 year old boyfriend dumped her and reunited with his wife after they have been divorced for six years. She expressed that she is not a suicide or murder freak but she wants to be free from intimate relationship problems. If she ever had a problem that would affect her mind, she would end it immediately without negotiation. She expressed feelings of helplessness and purposiveness in intimate relationships. On the day of the incident, she was found dead in her bedroom with her husband. IPMS was not ruled out” (Female participant 74).

“She [my aunt] was increasingly lonely and isolated in a month prior to IPMS. She told me that she feared losing her estranged husband. She had reportedly argued with her husband over allegedly cheating. He had told her he no longer loved her. She expressed that she cannot force him to love her, what she wants is to be free. If opportunity came she would use it. She expressed feeling of despair and worthlessness in the intimate relationship. On the day of the incident she was found dead in the house with gunshot wound in her mouth and her husband. IPMS was not ruled out” (Female participant 7).

The deceased’s archival records also revealed wanting to be free as a role played by female victims in IPMS. Female victims were found to have wanted to be free from intimate relationship problems. These includes those in which female victims were found to have been experiencing emotional suffering after intimate relationship break-ups. The following extracts illustrate some of the need to be free as revealed from the archival records:

“She said she was devastated after her 45 year old boyfriend dumped her and reunited with his wife after they had been divorced for six years. She expressed that she was not a suicide or murder freak but she wanted to be free from marital problems. If she ever had a problem that would affect her mind, she would end it immediately without negotiation. Rest assured she cannot die alone. She expressed feelings of hopelessness, worthlessness, helplessness, despair, excessive fear and excessive anger, a desire to die with her boyfriend. On the day of the incident she was found dead in the house with a gunshot wound in her mouth and her husband. IPMS was not ruled out” (Archived record 197).

“A month prior to IPMS, she said that she was increasingly lonely and isolated. She expressed fear of losing her husband after arguing with him over allegedly cheating. He had told her he no longer loved her. She expressed that she would do whatever it takes. If opportunity came she would use it. She expressed that she was not a murderer, what she wanted is to be free from marital problems. She expressed the feeling of purposiveness, helplessness, excessive anger and devastated. She had a history of difficulty in making decisions alone and her husband was the one who made decisions in their marriage. She had a

desire to die with her husband. On the day of the incident she was found dead in the house with a gunshot wound in her mouth and her husband. IPMS was not ruled out” (Archived record 203).

Wanting to be free from emotional suffering led to feelings of helplessness, feelings of purposiveness, feelings of hopelessness, feelings of worthlessness and feelings of despair that may have given rise to desire to die with their intimate partners. It also appears that emotional suffering may have led to difficulty in making the right decision to proceed in life.

6.4.2.2 Multiple trajectories towards IPMS

The second most common theme to emerge from all study participants and archival records reflects multiple trajectories towards IPMS. Multiple trajectories helped to understand the underlying factors influencing IPMS on the part of female victims. The sub-themes drawn from multiple trajectories towards IPMS are psychological factors, social factors, environmental factors and cultural factors:

a) Psychological factors: The study participants and archival records reported psychological factors as multiple trajectories towards IPMS. Sub themes drawn from the psychological factors are emotional pain, emotional stagnation, and emotional exhaustion.

i) Emotional pain: The study participants reported emotional distress as psychological factors influenced IPMS. These include those cases in which female victims were found have been enduring emotional suffering induced by their intimate partners. The following extracts illustrate some of the emotional distress endured by female victims as reported by study participants:

“She [my mistress] repeatedly said she didn’t have any interest in her husband, but with him is better than being a single woman. She repeatedly said her husband is a thorn in her life, but staying with him is better than staying with her sibling and parent. She is a mother because of him. She can’t leave him. She expressed feelings of sadness, loneliness, shame, desire to die, desire to be killed and anxious all the time when thinking about her husband” (Male participant 63).

“She [my friend] expressed feeling guilty, extremely angry, lonely, disappointed, frustrated, feeling hurt and shame for marrying her husband. He doesn’t know how to treat women, but they continued to live together. She complained that her husband threatened and humiliated her in public and even in the presence of family members and friends. She chose to accept it and live with it for the sake of the children. She can’t leave him because he is rich. He is able to spoil her” (Female participant 27).

The deceased’s archival records also revealed emotional distress as psychological factors which influenced IPMS. These include those cases in which female victims were found to have been enduring emotional distress induced by their intimate partners. The following extracts illustrate some of the emotional distress endured by female victims as recorded on archived records:

“She expressed feeling of loneliness, sadness, and disappointment and anxious in romantic relationship with her boyfriend. He always humiliated, pushed and told her she is stupid in the presence of family members and friends. She wanted to leave him, but she chose to accept the pain and live with it for the sake of the children. She had a history of feeling anxious, feeling of guilty, feeling of shame. On the day of the incident she expressed feeling extremely angry about her intimate partner, panic attack, feelings of worthlessness, feeling empty and a desire to be killed” (Archived record 187).

“She expressed feeling extremely angry and hurt, feeling of emptiness when thinking about her husband. He is always nagging her. She chose to stay with him because he is financially stable. She can’t run away, wished he can die soon” (Archived record 221). She had a history of feeling of sadness, anxiety, angry, shame, worthlessness and guilty in their intimate relationship. On the day of incident she expressed feeling of frustration, feeling of hurt, emptiness and desire to be killed

Enduring emotional distress led to feelings of sadness, anxiousness, guilt, shame, loneliness, disappointment, feeling extremely angry on the part of female victims. Further, enduring emotional distress may have led to feeling empty, hurt, worthless, frustration, panic attack, a desire to die and a desire to be killed on the part of female victims.

ii) Emotional stagnation: The study participants reported that emotional stagnation influenced IPMS. These cases include those in which female victims were found to have stayed or succumbed in the intimate relationship because they feared to be negatively judged by other people. The following extracts illustrate some of the emotional stagnation as reported by study participants:

“My sister repeatedly said she does not have any interest in her husband, but being with him is better than being a single woman. She wanted to quit her marriage, but she was afraid that her mom and relative said God and ancestors would punish her. She complained about mood swings and depressive thinking” (Female participant 6).

“My co-worker repeatedly complained that her husband had affairs with her best friend. She complained about non-existent sexual intimacy in their intimate relationship. They were staying together like a brother and sister. She expressed loss of intimate interest and passion in her husband. She considered leaving him, but she afraid that people will judge her. She expressed the feeling of disappointments and frustration and resentment” (Female participant 45).

The deceased’s archival records also revealed emotional stagnation as psychological factors which influenced IPMS. These cases include those in which female victims were found to have been staying or succumbing in the intimate relationship because they feared to be negatively judged by other people. The following extracts illustrate some emotional stagnation as recorded on archival records:

“Noted nonexistence of intimacy and loss of intimate interest in her husband, but she compromised because he is a great provider and is financial stable. Being with him is better than being single. At least he made her a mother and wife. She expressed feeling disappointed, frustrated, having depressive thoughts, sighing. She had a history of excessive anger, mood swings and destructive emotions” (Archived record 40).

“She noted that her husband is abusive. She does not have any interest in her husband, but being with him is better than being a single woman. She expressed the feeling of despair, frustration, destructive emotions” (Archived record 313).

Emotional stagnation led to despair, sighing, depressive thinking, resentment, destructive emotions on the part of female victims. It also appears that succumbing to emotional stagnation may have led to feeling angry, feeling disappointed, frustration, and mood swings on the part of female victims.

iii) Emotional exhaustion: The study participants reported that emotional exhaustion as psychological factors influenced IPMS. These cases include those in which female victims were found to have succumbed in intimate relationship despite the repeated emotional stress induced by their intimate partners. The following extracts illustrate some of the emotional exhaustion as reported by study participants:

“She [my friend] felt trapped in the relationship. Her husband was having affairs. She was tired of his behaviour. She wanted to quit the marriage. She always said that she doesn’t love her husband anymore. She felt despair. She didn’t know how to escape. Unfortunately she couldn’t afford to pay back the money he spent on her and her siblings. It’s do or die. She expressed feeling unmotivated, feeling guilty, loneliness, feeling sad and feeling overwhelmed. She had a history of mood swings, constantly feeling stressed, lack of remorse and social isolation. Ten days before the incident, she complained about feeling anxious, low self-esteem and feeling trapped. Commented that everything is possible. Even death” (Female participant 67).

The deceased’s archival records also revealed that emotional exhaustion as psychological factors influenced IPMS. These include those in which female victims were found to have succumbed in intimate relationship despite the repeated emotional stress induced by their intimate partners. The following extracts illustrate some of emotional exhaustion as recorded on archival records:

“She experienced mental tiredness and being emotionally trapped in the intimate relationship, unfortunately she did not have control over the situation and her husband, but continued to stay with her lover like nothing was wrong. She expressed lack of energy and poor sleep. Although she wanted to leave her partner, this was impossible because her lover is everything to her. She expressed feeling ashamed, mood swings, lack of concentration, being socially isolated. She had a history of low self-efficacy, low self-esteem, feeling unmotivated all the time, feeling lonely and lack of remorse. A day before the

incident she expressed feelings of guilt, feeling sad, excessive worries”
(Archived record 84)

Being emotionally worn-out led to feelings of shame, mood swings, lack of concentration, social isolation, low self-esteem, low self-efficacy, feeling unmotivated and loneliness on the part of female victims. It appears that being emotionally worn-out may have led to a lack of remorse, feeling guilty, feeling sad, excessive worries, feeling anxious, feeling trapped and constantly feeling stressed on the part of female victims.

b) Social factors: The study participants reported social factors as multiple trajectory towards IPMS. Sub themes drawn from the social factors are financial pressure, lack of physical and sexual attraction, excessive use of psychoactive drugs and intimate partner terrorism.

i) Financial pressure: The study participants reported being financially drained as a social factor influenced IPMS. These include those in which female victims were found to have been indebted as a result of gambling, credit cards and loans. The following extracts illustrate some of the financial pressure as reported by study participants:

“She [my friend] was unemployed, but living a lavish lifestyle. She had a history of borrowing money from friends, family members and loan sharks, and then failing to repay the money. She had a history of using her credit card to buy expensive clothes. She had had more than four boyfriends financing her lifestyle. She was demanding money from them. She kept a telephone list to call boyfriends every month, especially towards the end of the month, on the 15th, 22nd 27th and 30th, reminding them to deposit money. Unfortunately they dumped her. She expressed feelings of distress, depressive thinking and frustration” (Female participant 4).

“She [my sister] had a history of gambling. Her husband was not aware because she was hiding it. She was always visiting the gambling place around 11am and 3pm every day. She was always using family money for gambling and pretending that she was robbed. Her husband decided not give her money. She took a loan from loan sharks and failed to repay it. Her bank card and identity

document was taken by the loan shack. She expressed feeling frustrated, feeling guilty, excessive worries” (Female participant 67).

The deceased’s archival records also revealed that financial pressure as social factor influenced IPMS. These include those in which female victims were found to have been indebted as a result of gambling, credit cards and loans. The following extracts illustrate some of financial pressure as recorded on archival records:

“She noted that she is tired of life, because everywhere she goes people wanted their money. Her bank card and identity document were taken by a loan shack, because she failed to repay money. She noted that she tried to gamble thinking she will be lucky. Unfortunately she failed and the creditors threaten to kill her. She wished to die. She had a history of self-isolation. She expressed feelings of distress, depressive thinking, excessive worries, frustration, and feelings of shame. A day before the incident, she expressed that creditors must search for her in the graveyard” (Archival record 144).

Self-generated financial pressure led to frequent frustration of being bankrupt, excessive worries, frustration, and excessive anger on the part of female victim. It also appears that self-generated financial pressure may have led to depressive thinking, hopelessness, helplessness, self-isolation, feeling shame, feeling of guilt on the part of female victims.

ii) Lack of physical and sexual attraction: The study participants reported that lack of physical and sexual attraction among the intimate partners as social factor influence IPMS. These cases include those in which female victims were found to constantly argue about lack of physical and sexual attraction towards their husband/boyfriends. The following extracts illustrate some of the excessive arguments as reported by study participants:

“She [my neighbour] was overloaded with emotion and lack of listening skill. She had a tendency of nagging her husband. She was not bothered by what people thought or said about her behaviour. I remember, she was always criticising her husband about his manhood and the lack of intimacy with her husband. She complained that she lost physical and sexual interest in her husband. There is nothing happening in the bedroom. He is good at sleeping.

She always threatened to divorce him. When her husband attempted to give her constructive criticism, she would always scream and get angry. Complained that her husband insulted her. Her husband would get angry and call her names. In most cases their arguments ended up in fighting. She expressed the feeling of frustration. She had a history of cruel remarks, poor communication” (Female participant 38).

The deceased’s archival records also revealed that lack of physical and sexual attraction among the intimate partner as social factors influenced IPMS. These include those in which female victims were found to have constant arguments about lack of physical and sexual attraction to their husband/boyfriend. The following extracts illustrate some of the lack of physical and sexual attraction as recorded on archived records:

“She lost physical and sexual interest in her husband. She lacked sexual desire, was unable to become sexually aroused and experienced pain during sexual intercourse. She blamed her husband for lack of knowledge of sexual stimulation. She enjoyed more sexual intimacy with her boyfriend than her husband. She married her husband for financial benefit. She cannot live without him because he is a good provider. She expressed feeling ashamed, self-doubt, depressive thinking, emotional harm and frustration” (Archived record 41).

Lack of physical and sexual bond in the intimate relationship led to frustration, depressive thinking, lack of confidence, self-doubts on the part of female victims. It also appears that lack of physical and sexual bond may have led to poor communication skills and cruel remarks on the part of female victims.

iii) Excessive use of psychoactive drugs: The study participants reported that excessive use of psychoactive drugs as a social factor influenced IPMS. These cases include those in which female victims were excessively drinking alcohol, smoking dagga and cigarettes. The following extracts illustrate some of the excessive use of psychoactive drugs as reported by study participants:

“Yooo, my friend was a psychopath. Especially when she is under the influence of alcohol and dagga. She had a tendency of shouting, kicking her husband and promised to beat him, especially when she was under the influence of

alcohol and dagga. She had a history of lack of empathy, hallucination, excessive anger and aggressive behaviour.” (Female participant 25).

“A day before the incident my daughter went to a liquor outlet and bought wine. We enjoyed ourselves as usual and take some bottle of wine. She had a history of anti-social behaviour and paranoia behaviour. She was always accusing her boyfriend of cheating. She had a history of a need to control. She was always commanding her boyfriend to do things he is not willing to do. Always saying he must accept her the way she is. No one can change her. She had a history of excessive anger, emotional dysregulation, hallucination, paranoia, excessive anxiety. On the day of the incident she was drunk, smelling of alcohol and dagga” (Female participant 71).

The deceased’s archival records also revealed that excessive use of psychoactive drugs as social factor influenced IPMS. These include those cases in which female victims were excessively drinking alcohol, smoking dagga and cigarettes. The following extracts illustrate some of the excessive use of psychoactive drugs as recorded on archived records:

“She noted that she can’t live without drinking alcohol, smoking cigarettes and dagga. Drinking and smoking helped her to forget about marital problems. Noted that she had a tendency of drinking 6 cans of alcoholic beverage per day. She also drank traditional beer because it’s cheaper. She smoked twelve cigarettes a day. She smoked dagga twice a week. She expressed feelings of excessive anger, aggressive behaviour, hearing voices, excessive anxiety, need of control, excessive worries about intimate relationship, anti-social behaviour and accusing her husband for cheating especial under the influence of alcohol” (Archived record 306).

Excessive use of psychoactive drugs led to temporary hallucinations, aggressive behaviour, excessive anger, anti-social behaviour, emotional dysregulation, feeling need of control and excessive worries on the part of female victims.

iv) Intimate partner terrorism: Intimate partner terrorism was found to be a social factor influencing IPMS as reported by all study participants. These include those cases in which female victims were found to have repeatedly beaten and shoved their

husband. The following extracts illustrate some of the intimate partner terrorism as reported by study participants:

“Mmmmm, I was shocked the day I saw my sister in law beating my brother with an iron, hairdryer and plate. She had a tendency of shoving and kicking her husband, especially when they were under the influence of alcohol. I was scared, I requested the family members and some of his close friends to intervene. Instead he told his friends and family members to stop interfering in his romantic relationship. He requested that they stop blaming his wife for his mistakes. Otherwise he will deal with them in a harsh way. She had a history of depressive mood, impulsivity, self-harm, excessive fear and mistrust” (Female participant 6).

The deceased’s archival records also revealed that intimate partner terrorisms influenced IPMS. These include those cases in which female victims were found to have repeatedly beaten and shoved their husband. The following extracts illustrate some of the intimate partner terrorisms as recorded on archival records:

“She had a history of beating, kicking and pushing her husband especially when both of them were under the influence of alcohol and dagga. Her husband suffered minor injuries. She promised to change her behaviour. She had a history of self-harm, low self-esteem, depressive mood, impulsivity and lack of emotional control. A day before the incident she expressed feeling guilty, feeling ashamed” (Archived record 256).

“She smashed his [boyfriend’s] vehicle window and slashed the tires two times. He defended her by asking people to stop accusing her [his girlfriend], telling people that they must mind their own business. He loved her, no one can stop them. He requested family members and friends to respect the decision he made to be in love with her [girlfriend] and stop talking about his private life. She had a history of difficulty maintaining good intimate relationships, hostility, mistrust, self-harm, dissociation, poor physical health” (Archived record 85).

Intimate partner terrorisms led to depressive mood, feelings of dissociation, impulsivity, hostility and lack of emotional control. Long lasting intimate terrorisms may

have led to low self-esteem, self-harm, difficulty maintaining good intimate relationship, excessive fear, feelings of shame and guilt on the part of female victims.

c) Environmental factors: The study participants and archival records reported environmental factors as multiple trajectory towards IPMS. Sub themes drawn from the environmental factors are family traumatic events, family violence and community violence:

i) Family traumatic events: The study participants reported family traumatic events as environmental factor which influenced IPMS. These include those in which female victims were found to have been in families dominated by brutal killing. They were found to have witnessed their uncles brutally shoot and bludgeon their wives/girlfriends to death and hanging themselves. These incidents happened in their homes and they were found to be the only survivors. The following extracts illustrate some of the family traumatic events as reported by study participants:

“Heey, it was bad. Female victim was 14 years old when her uncle stabbed his girlfriend and himself in the house. She [my cousin] was in the house when her uncle stabbed his girlfriend and hanged himself. Her uncle adopted her after she lost her parents. Her parent’s death were associated with natural death. She had a history of excessive anger, chronic stress, excessive anger and inability to rest” (Female participant 18).

The deceased’s archival records also revealed that family traumatic events as environmental factor influenced IPMS. These include those in which female victims were found to have been raised and grownup in a families dominated by brutal killings. They were found to have witnessed their uncles/father brutally shoot and bludgeon their wives/girlfriends to death and hang themselves. The incidents happened in their homes and they were found to be the only survivors. The following extracts illustrate some of the family traumatic events as recorded in the archival records:

“She noted that she cannot forget the day her uncle stabbed his girlfriend and hanged himself. She said that her uncle was cruel, a devil, Satan and a monster. How can he kill his girlfriend? He was supposed to leave her rather than to kill her. She said that who knows, maybe she is next. It’s like this is the way husbands/boyfriends escape the world. Now is the time for women to stand

and fight or kill their estranged husband/boyfriends. She expressed the desire to kill. She had a history of excessive anger, excessive worries, lack of concentration, loss of emotional control, inability to rest, excessive fear, chronic stress and excessive worries. A day before the incident she expressed the feeling of sadness and emotional strain” (Achieved record 37).

“She expressed that she lost interest in life after her cousin’s death. Her cousin was killed by her husband, who subsequently killed himself. She kept her funeral programs and a copy of her death certificate. Noted that she did not know what to do, maybe she is next to die by murder-suicide. She expressed feelings of sadness, excessive worries, chronic stress, inability to rest, desire to die and to kill” (Achieved record 39)

Family traumatic events led to chronic stress, feeling of worry, feelings of anger, emotional strain, feelings of sadness, lack of concentration, loss of emotional control, inability to rest, excessive fear, and desire to kill and to die, feeling angry on the part of female victims.

ii) Family violence: The study participants reported family surrounding violence as environmental factor influenced IPMS. These include those in which female victims were found to have been raised and growing up in a family dominated by physical and emotional abuse. They were found to have witnessed their father, stepfather, mother’s boyfriend beating, stabbing, threatening, insulting, mocking and calling their mothers names. They were also found to have witnessed their mother beating, insulting, mocking and calling their father names. The following extracts illustrate some of the family violence as reported by study participants:

“Eeeeh. She [my daughter-in-law] was dangerous, rebellious and defensive. Her husband was always complaining to me about her conduct. She threatened to kill him several time in their marriage. She had history of stabbing her husband in the back after having a heated argument. I believe she copied this behaviour from her father. She had a history of insecurity and feeling rejected” (Male participant 9).

“My cousin was aggressive. She had a history of intimidating, beating and stabbing her boyfriends with a sharp knife. She once beat her boyfriend in front

of his friend, accusing him of having an affairs. I was so embarrassed. She was known for beating her boyfriend. Her mother was frequently beating her father and pretend like she is not the one. She had a history of feeling rejected, feeling annoyed and aggressive behaviour. She expressed the deep feeling of emotional pain and low self-esteem” (Male participant 18).

The deceased’s archival records also revealed family violence as environmental factors which influenced IPMS related behaviour. These include those in which female victims were found to have been raised and grown up in a family dominated by physical and emotional abuse. They were found to have been witness their father, stepfather, mother’s boyfriend beating, stabbing, threatening, insulting, mocking and calling their mother names. They were also found to have witnessed their mother beating, insulting, mocking and calling their father names. The following extracts illustrate some of the family violence as recorded in the archival records:

“She was raised in an abusive family. Her stepfather frequently beat, shouted at, insulted, mocked and called her mother names. Her mother and her siblings. Her mother and stepfather separated. Her mother entered into another abusive relationship. Her mother’s boyfriend threatened her with a gun and promised to kill the whole family. She got married at a young age. She had a history of stabbing her husband in the back with a sharp knife after having a heated argument. He sustained a minor injury. She had a history of beating her husband. She expressed feeling angry all the time, low self-esteem, feelings of rejection, insecurity” (Achieved record 255).

“Her mother was abusive. She was frequently insulting and mocking her father in the presence of family members and friends. She also abused her husband. She had a history of making her husband a subject of jokes. She had a history of mocking and insulting her husband that he is childless. The child he is proud of is not his biological child. Her husband expressed the feeling of insanity and grief after the paternity test confirmed that indeed he is not the biological father of the son he is proud of. She struggled to control her emotions. She had a history of a negative attitude towards herself and others, aggressive behaviour and dissociation. She expressed the feeling of rejection, feeling annoyed, low self-esteem” (Achieved record 251).

Family violence may have led to low self-esteem, insecurity, anxiety, feeling of rejection, deep emotional pain, feeling annoyed, dissociation, negative attitude towards self and other on the part of female victims.

iii) Community violence: Community violence was found to be an environmental factor which influenced IPMS as reported by all study participants. These include those in which female victims were found to have been exposed to community violence. They witnessed someone being beaten, seeing someone doing drugs and hearing gun shots. They saw someone get threatened with beating and stabbing as reported by all study participants. The following extracts illustrate some of the community violence happened as reported by all study participants:

“Heey, it was painful when I heard that she [my subject] was stabbed to death by her boyfriend who subsequently hanged himself. She is not the first woman to be killed by her boyfriend. Heey, it is hard to live in this community. We had several cases of intimate partner murder-suicide in the community. I believe the community violence in this village increased the rate of intimate partner murder-suicide. This community is dominated by different kinds of violence ranging from drug dealers, beatings, gangs, murders, assaults, shootings, suicides and murder-suicides. When we were young, we thought that men are the only people who commit crime, but these days women in this community are becoming criminal. Another challenge is that people in this community don’t want to go to school, both male and female. They spend most of their time drinking and smoking dagga. When they are under the influence of alcohol and dagga, they do as they wish. She expressed feeling worried, lack of concentration, irritation, feeling of anger and chronic stress. She had a history of sleeping disturbances, excessive anger and emotional strain” (Female participant 49).

The deceased’s archival records also revealed community violence as an environmental factor which influenced IPMS. These include those cases in which female victims were found to have been exposed to community violence. They were found to have witnessed a beating, seeing someone abuse drugs, hearing gun shots and seeing someone get threatened with beating and stabbing as revealed by archived records.

“She comes from a community dominated by violence ranging from drug abuse, alcohol abuse, assault, murder, suicide, family murder-suicide and intimate partner murder-suicide. She had a history of drinking alcohol and smoking dagga. She had history of beating, stabbing, intimidating her boyfriend with a sharp object. Frequently grabbing and pushing learners into a wall, she stamped, kicked and hit them with her fist. Had a history of carrying dangerous weapons like a sharp knife in her school bag and hand bag. She had a history of excessive worries, irritation, lack of concentration, loss of emotional control, frustration, sleeping problems, chronic stress, inability to rest, excessive anger. A day before the incident she expressed the feeling of sadness, excessive fear, sleeping problem, frustration and inability to rest” (Archived record 254).

Repeated exposure to community violence may have led to aggressive behaviour, emotional strain, excessive anger, loss of emotional control, chronic stress, feeling of sadness, emotional strain, frustration, sleeping disturbance on the part of female victims. It also appears that community violence may have led to a lack of concentration, excessive worries, irritation and excessive fear on the part of female victims.

d) Cultural factors: The study participants and archival records reported cultural factors as multiple trajectory towards IPMS. Sub-themes drawn from the cultural factors are forced marriage and bride kidnapping.

i) Forced marriage: Forced marriages were found to be a cultural factor which influenced IPMS as reported by study participants. These include those in which female victims were found to have a boyfriend/partner but their parents tell them to stop seeing their boyfriend and marry someone else loved by their parents. The following extracts illustrate some of the forced marriage as reported by study participants:

“Heey, I missed my lovely twin sister. She was my friend, we were able to share everything happening around us including our intimate relationship. I remember very well, my twin sister was having a lovely boyfriend. Her boyfriend was from a poor family. He did not have a fancy job. He was the firstborn in his family. Surviving with four sibling. His parents survive on grants. These two birds were in love. She introduced him to our parents. I remember it was Friday evening

when they called her separately. My parents were very angry, they told her to stop seeing him. They also told the guy to stop seeing my twin sister. It was painful. She literally cried. After three to four months they organized another guy from another village to marry her. She was told that if she doesn't agree to married the guy she will be hurt because the ancestors will be angry. Quickly they arranged a wedding ceremony. The guy was abusive, I remember he beat and locked her in the house while she was pregnant. She gave birth to a premature baby boy. She was unable to communicate her marital challenges fearing that no one will believe her. She was also fearing to come back home because my mother told her not to come back home. She was always reminding her that she is married, she must stay with her husband. It was hard. After four years of marriage my twin sister died. Her husband strangled her in the house and subsequently killed himself. I hate my parents, I hate them, I can't forgive them. She expressed feelings of shame, anger, hopeless, frustration, self-blame. A day before the incident she expressed feelings of sadness, panic attack, depressive thinking and helplessness" (Female participant 74).

The deceased's archival records also revealed that forced marriage seems to have influenced IPMS. These include those in which female victims were found to have a boyfriend/partner but their parents tell them to stop seeing their boyfriend and marry someone else loved by their parents. The following extracts illustrate some of the forced marriage as reflected on archival record:

"She blamed her parents for forcing her to marry the man she did not love, but loved by them. She noted that she was in love with a lovely man. God-given man. But her parents destroyed her love and sold her to a monster because of money. Now she is living in hell with a man who can kill her at any given time. She expressed feelings of boredom, lack of interest and imbalance in her marriage with her husband. She was frustrated in the intimate relationship because of her husband's behaviour. She cannot take it anymore. She complained that she experienced emotional waves. Her husband had a history of multiple intimate partners, but accused her that she was planning his downfall. She complained about lacking physical and sexual attraction to her husband. She anticipated that her husband would kill her. She was ready for everything because this world is not her home. She had a history of excessive

anxiety, depressive thinking, suicidal thought, frustration and social isolation, and self-blame” (Archived record 252).

Forced marriage may have led to depressive thinking, feelings of shame, excessive anxiety, excessive anger, suicidal thought, frustration, hopelessness, helplessness, social isolation, self-blame, feeling of sadness and panic attack on the part of female victims.

ii) Bride kidnapping/abduction: Bride kidnapping was found to be a cultural factor which influenced IPMS as reported by study participants. These include those in which female victims were not ready to get married. They were also found to have been kidnapped by their boyfriend/partners assisted by the bride and groom’s parents. The following extracts illustrate some of the bride kidnapping as reported by study participants:

“I regret what happened to my daughter-in-law. I can’t even face her parents, after what my son did. I remember my daughter-in-law was not ready for marriage. My son tried several time to propose to her but she refused and said she wanted to finish her studies. I remember my son told me that he has tried to propose to her several times and she refused saying she wanted to finish her studies” (Female participant 10).

“I laughed and said to my son, in our day if a bride refused to get married, the man kidnapped her. The groom’s family will request permission to marry the bride from the bride’s family after she has stayed with the man for two to three weeks. After six months he managed to kidnap her. I did not take time, the following day I organized people to go to bride family to asked permission to marry her. I was happy that I have daughter-in-law. Who does not want to have a daughter-in-law? They have been married for 20 years and are survived by four children. Yes, they were having marital challenges but we tried to solve them. Little did I know that one day he would kill my daughter-in-law. Even today I can’t believe what I have seen. He stabbed her to death and hung himself in their bedroom. She was found with multiple stab wound. I regret, why I have refused when she said she wanted to go back home three year before the incident. She had a history of fatigue, social isolation, loss of interest in marriage” (Female participant 10).

The deceased's archival records also revealed bride kidnapping as a cultural factor which influenced IPMS. These include those cases in which female victims were kidnapped by their boyfriend with the assistance of the bride and groom's parents. The following extracts illustrate some of the bride kidnapping as reflected on archival record:

"Noted that she never said yes. She refused several times to get married although she was in the intimate relationship with her boyfriend. Her parents and boyfriend were aware about their intimate relationship. She was 18 years old. Her boyfriend was 35 years old. She could not forget the day her boyfriend kidnapped her. It was Friday around 3pm. She was coming home from the school, she met him on the way. He gave her a lift and promised to take her home. Instead of dropping her at her place, he went to his place with her. She expressed feeling disappointed and feeling angry about what her boyfriend did. In the evening his parents told her that she didn't have to worry about what happened" (Archived record 18).

The elderly people would go to her parents to request permission for marriage. She expressed feelings of guilt and worry of being in the relationship with her boyfriend. She said that she cannot forget this whole nightmare that broke her life. She cannot forgive all the people who participated in this whole thing including her parents, who instead of supporting her became the accomplices of this whole thing. She noted that she is a drop out, with five children. She is unemployed and she suffered with her children. Her husband beat and forced her to sexual activities that she is not comfortable with. He forced her to use a sex booster if she couldn't cope with his sexual needs. She wished to die, but don't know how. She is tired of life. She expressed feelings of guilt, worries, disappointment, hopelessness, helplessness, sadness and loss of interest. She had a history of fatigue and social isolation" (Archived record 18).

Bride kidnapping led to feelings of sadness, feeling guilty, self-harm, feeling disappointed, feeling angry, excessive worries, self-harm, hopelessness, helplessness, social isolation and loss of interest on the part of female victims.

6.4.2.3 Possible triggers in IPMS

The third most common theme to emerge from all study participants and archival records reflects possible predisposing factors that trigger IPMS. These possible triggers helped to understand the underlying factors or events triggering the fatal behaviour of female victims in IPMS. The sub-themes drawn from possible triggers in IPMS are non-verbal communication, murder attempts, prior suicide attempts, suicidal ideation, relationship breakups, sexual attraction and orientation, sexual abuse, extramarital affairs, love triangle, criminal activity and traumatic brain injury.

a) Non-verbal communication: The study participants reported non-verbal communications as a possible psychological distress that triggers IPMS. These include those cases in which female victims were found to have drawn scary and violent pictures of men killing women, another picture was of a man holding a gun, chasing a woman. The following extracts illustrate some of the scary and violent pictures drawn as reported by participants:

“Heey, my daughter loved to draw disturbing pictures of men killing women. For example, she drew a picture of a woman being cut by an angry man while sleeping. I was very worried about her drawing. A day before the incident she showed me a drawing, and asked me to comment about it. I was so disturbed, I didn’t know what to do. She commented that men are after women, women are powerless. Death can strike at any time. She expressed feelings of anxiety, loneliness, confusion, upset and helplessness. She had a history of social isolation and feeling unsettled. On the day of the incident, she was found dead in her bedroom with multiple stab wounds. Her husband stabbed her to death and hanged himself” (Female participant 73).

“Heey, my friend loved drawing and art work. Sometimes her art or drawing was scary. I remember she had drawn a picture of a man holding a gun, chasing a woman. I asked her if her husband threatened her with a gun. She shook her head, smiled and said no. I was so worried, I asked her to stop drawing scary pictures. She said she can’t because what she drew is what is in her mind. She expressed the feeling of anger, feeling miserable, embarrassed and upset. On the day of the incident, she was found dead with multiple gunshot wound in her

rental room. Her boyfriend shot her to death and subsequently shot himself” (Female participant 64).

The deceased’s archival records also revealed that scary and violent picture triggered IPMS. These include those cases in which female victims were found to have drawn scary and violent pictures of a man killing a woman. Another picture was of a man holding a gun, chasing a woman. The following extracts illustrate some of the scary and violent pictures drew by female victims recorded on archival record:

“She drew a picture of a woman being cut up by an angry man while sleeping. She commented that men are after women, women are powerless. Death can strike at any time. On the day of the incident, she was found dead in her bedroom with multiple stab wounds. Her husband stabbed her to death and hanged himself. She also drew a picture of a man and woman in a dark place. She said that children, spouses, women, and family members are killed by people they love. Who knows, maybe she is next. She expressed a sense of helplessness, feeling lonely, confused, embarrassed and upset” (Archived record 114).

“She drew a picture of a man holding a gun, chasing a woman. She said that it’s better to be single than to marry a monster. She is scared of her husband all the time. On the day of the incident she was found with multiple gunshot wounds. Her husband shot her to death and subsequently shot himself in the mouth. He was confirmed dead on the scene. She expressed the feeling of miserliness, having excessive anxiety, feeling lonely, easily upset, embarrassed, and feelings of excessive anger” (Archived record 150).

Scary and violent drawing led to cognitive miserliness, excessive anxiety, feeling angry, feeling embarrassment, feeling loneliness, feeling of isolation, unsettled, confusion, upset and sense of helplessness on the part of female victims

b) Murder attempts: The study participants reported murder attempts as a possible trigger in IPMS. These include those cases in which female victims were found to have poisoned their husband and hired a hitman to kill their husband. The following extracts illustrate some of the murder attempts as reported by participants:

“My sister in law poisoned her husband. He was rescued by his younger brother who happen to came home early from school. I was shocked. She apologised. She expressed feelings of guilty, feelings of uncertainty and feelings of helplessness. She had a history of mood swings and bad memories” (Female participant 76).

“My daughter-in-law hired a hitman to kill her husband because she wanted money. I was shocked. These days there is no love. Eeeeh, our sons are in trouble. She had a history of mood swings and fear of losing independence. She expressed feeling sadness” (Male participant 9).

The deceased’s archival records also revealed murder attempts as possible triggers in IPMS. These include those in which female victims were found to have poisoned their husband and hired a hitman to kill their husband. The following extracts illustrate some of the murder attempts as recorded in archival record:

“She hired a hitman to kill her husband. She pledged to pay R30 000-00. The hitman fired two bullets which unfortunately missed because the husband fired back at the hitman. She expressed feeling guilty, feeling uncertain, feeling helpless and excessive fear of losing independence. She had a history of mood swings and loneliness” (Archived record 246).

“She poisoned her husband after finding out that he had updated the will and she is no longer a primary beneficiary. He was rescued by his younger brother who happened to came home early from school. He called the neighbour for assistance. He was taken to a hospital. She expressed feeling overwhelmed, feelings of loneliness, feelings of helplessness and mood swings” (Archived record 243).

Based on the above extracts it appear that attempted murder led to feelings of guilt, feeling uncertain, mood swing, helplessness, loneliness, feeling of overwhelming, bad memories and loss of self-confidence on the part of female victims.

c) Prior suicide attempts: The study participants reported prior suicide attempts as possible triggers in IPMS. These include those cases in which female victims attempted to kill themselves several times in their lives. The following extracts illustrate some of the prior suicide attempts as reported by participants:

“My sister tried to kill herself several times. I was always worried about her. People around the village were always making jokes about her. Calling her ghost. She expressed a wish to die, self-shaming and feeling worthless. She had a history of excessive anger” (Male participant 15).

“She [my neighbour] tried to kill herself three times. I didn’t understand what was going on in her mind. I remember her running into the bush with a rope. Luckily her mother screamed for help. She was rescued by a community member. She expressed feeling of imperfect, and feelings of self-devaluation and self-shaming. She had a history of wishing to die” (Male participant 40).

“She [my granddaughter] drank paraffin trying to kill herself. Luckily I came home early from the field. When I opened the house I found her sleeping in the bedroom. Next to her was a bottle of paraffin. I quickly called my neighbour who took her to a hospital. She expressed a desire to die, self-blame and excessive anxiety” (Female participant 83).

The deceased’s archival records also revealed that prior suicide attempt triggered IPMS. These include those cases in which female victims were found to have attempted to kill themselves several time in their lives. The following extracts illustrate some of the prior suicide attempts recorded on archival record:

“At the age of 12 she was found hanging from a tree and rescued by a community member who happened to pass by. The incident happened after she discovered that her biological mother was a mistress to her biological father. At the time she was born, her father was married to another wife and had two sons. She expressed feelings of self-blame, self-imperfection, feeling of worthlessness, and feeling of shaming” (Archived record 202).

“At the age of 18 she ate rat poison after she was accused by her boyfriend’s wife that she is a thug. A thief that specialized in breaking marriages instead of breaking houses. She expressed a wish to die, feelings of shame and self-devaluation and self-blame” (Archived record 216).

“At the age of 15 she drank paraffin after she discovered that she is three months pregnant by her mother’s boyfriend, and he forced her to abort the child. He gave her money and booked her for abortion. She was rescued by her

grandfather who happened to come home early from the field. She expressed a wish to die, excessive anxiety and self-imperfections” (Archived record 176).

Prior suicide attempts led to self-blame, excessive anxiety, wishing to die, self-blame, self-imperfection, self-devaluation, feeling worthlessness and self-shaming on the part of female victims.

d) Suicidal ideation: The study participants reported that suicidal ideation triggers IPMS. These include those cases in which female victims were found to have given away their belongings, withdrew from the social contact and regretted being born. The following extract illustrate some of the suicidal ideation as reported by participants:

“She [my daughter] loved buying and replacing household equipment. She loved buying expensive equipment. When I asked her about the household equipment she already had in the house, she complained that they are old. To my surprise five days before the incident she had given away those expensive household equipment. A day before the incident she expressed a wish to sleep and never wake up the next day. Life is too short to predict when and how a person can die. She expressed feeling of hopelessness, anger, feelings of worthlessness, frustration, despair” (Female participant 71).

“Two weeks before the incident, she [my mistress] was not answering her phone and responding to phone messages. She increased the use of alcohol. She wished to be alone. She complained that she is feeling hopeless, disappointed, sense of loss, regret, frustrated all the time, she wished she wasn’t born” (Male participant 33).

The deceased’s archival records also revealed suicidal ideation as possible triggers in IPMS. These include those in which female victims were found to have given away belongings, withdrew from social contact and regretting the day they were born. The following extracts illustrate some of the suicidal ideation recorded on archival record:

“She said she can’t fight anymore. No more pain. She had a list to give away her possession. Two days before the incident she gave her neighbour a dining table, TV, radio and blankets. She gave her cousin her best dresses, trousers and shoes. She noted wake me no more, bye-bye, she expressed the feeling

of hopelessness, feeling of disappointment, feeling of disconnect, feeling trapped, feeling of despair,” (Archived record 217).

“She said that she regretted being born. She cursed the day she was born. Expressed the feeling of hopelessness, regret and helplessness. She noted that she wanted to be alone. She wished she was dead. She had a history of excessive fear, worries and regrets“(Archived record 215).

Suicidal ideations led to feelings of hopelessness, worthlessness, helplessness, feelings of despair, frustration, feeling trapped, and a sense of loss on the part of female victims. It also appears that suicidal ideations led to a feeling of disappointment, feeling of disconnectedness, excessive fear, excessive worries and regrets on the part of female victims.

e) Relationship breakups: Relationship breakup was reported as possible triggers in IPMS as reported by participants. These include those cases in which female victims were found to have experienced break-up in the intimate relationship. The following extract illustrate some of the relationship break up as reported by participants:

“Heey, my daughter broke up with many boyfriends. Eeeh, she would always come home late. Sometimes she disappeared for a month with different men. She was always changing boyfriends. She expressed a loss of motivation in intimate relationships, feeling sad and feeling empty, feeling disappointed all the time” (Female participant 71).

“My [mistress] had a history of dating older men for money. She broke up with several of them after she accumulated money. I found out about her dating history after I dated her for two years. I was also a victim of breakup. She expressed feelings of anger, sadness, fear” (Male participant 63).

The deceased’s archived records also revealed relationship break-up as a possible triggers in IPMS. These include those in which female victims were found to have experienced break-up with their husband/boyfriends several time in the intimate relationship. The following extracts illustrate some of the relationship break-up recorded on archival record:

“At the age of 30 she broke up with her 50 year old boyfriend after dating for 15 years. At the age of 18 she broke up with her 45 years old boyfriend after dating

for two years. She expressed feelings of sadness, feeling of emptiness, feeling angry, feeling disappointed, a loss of motivation and wished to die” (Archived record 206).

“At the age of 35 she broke up with her 35 year old boyfriend after dating for 10 years. At the age of 45 she broke up with her 50 year old husband after being married for 15 years. She expressed feelings of being scared, a sense of loss and feeling emptiness” (Archived record 203).

Relationship break-ups led to loss of motivation, feeling of sadness, fear, feeling of emptiness, feeling guilty, feeling disappointed and wishing to die on the part of female victims.

f) Sexual attraction and orientation: Sexual attraction and orientation were reported as possible triggers in IPMS by study participants. These include those cases in which female victims were found to have identified themselves as asexual. The following extract illustrates some of the sexual attraction and orientation as reported by participants:

“She [my friend] told me that she lacked interest in sex. She doesn’t know how to tell her husband about it, she still feels emotionally closer to her husband. I didn’t know how to help her. She expressed the feeling of shame, fear of stigmatization, fear of discrimination, and fear of homophobia. I encouraged her to seek professional help, she refused. She had a history of low self-esteem and excessive worries” (Female participant 28).

The deceased’s archival records also revealed sexual attraction and orientation as a possible triggers in IPMS. These include those in which female victims were found to have identified themselves as asexual and feared to disclose their sexual identity to their male intimate partner. The following extracts illustrate some of the sexual attraction and orientation as recorded on archival record:

“She identified herself as asexual. She was ashamed and completely confused to disclose that she is asexual. She was afraid to disclose her sexual identity to her husband. She feared that he may dump her and she would lose financial benefits. She is deeply uninterested in sex, but still feels emotionally closer to her husband. She expressed the feeling of shame, feeling of rejection, poor

coping skills, excessive worry and purposelessness. She had a history of poor coping skills, homophobia, and self-isolation” (Archived record 138).

Fear to disclose sexual attraction and orientation led to homophobia, feeling of shame, fear of stigmatization, feeling of hopelessness, poor coping skills, feeling of rejection, low self-esteem, purposiveness, and feeling of excessive worry, self-isolation and wish to die on the part of female victims.

g) Childhood sexual abuse: Childhood sexual abuse was reported by some study participants as possible triggers in IPMS. These include those cases in which female victims were found to have been raped and molested by close relatives. The following extract illustrate some of the childhood sexual abuse as reported by participants:

“She [my sister] was sexually abused by her mothers’ boyfriend for years. Relatives took the side of the mother’s boyfriend and accused her of lying. She expressed the feeling of excessive fear, feeling of shame, confusion, excessive anger and nightmares” (Female participant 74).

“I discovered that my daughter was molested and raped by her stepfather for years. I didn’t believe it. I was devastated and desperate for money. I requested her not to open the case against the stepfather. She expressed feeling embarrassed, low self-esteem, excessive anxiety, lack of control and excessive fear” (Female participant 70).

The deceased’s archival records also revealed childhood sexual abuse as possible triggers in IPMS. These include those in which female victims were found to have been raped and molested by close relatives. The following extracts illustrate some of the sexual abuse as recorded on archival record:

“Her stepfather raped her frequently for years. He took nude photos and videos without her consent. He threatened to kill her if she disclosed that her stepfather raped her. She expressed feeling sad, feeling vulnerable, mistrust, feeling of intensity, lack of control, feeling guilty, excessive anger and confusion” (Archived record 142).

“She had sexual acts with her mother’s boyfriend every Friday. He gave her R1000-00 after sex and another R1000-00 at the end of the month. She

expressed the excessive fear, feeling of shame, feeling of sadness, feeling of vulnerability, lack of control, feeling of embarrassment” (Archived record 128).

Childhood sexual abuse may have led to feeling of excessive fear, feeling of shame, confusion, excessive anger, feelings of guilt, nightmares, feelings of self-blame, feelings of embarrassment, low self-esteem, lack of self-control, mistrust, self-isolation, feelings of intensity, feelings of sadness and feelings of vulnerability on the part of female victims.

h) Extramarital affairs: Extramarital affairs were reported as possible triggers in IPMS. These include those cases in which female victims were found to be married but engaged in sexual activities with their lovers and boyfriends. The following extracts illustrate some of the extramarital affairs as reported by participants

“I was shocked when my son showed me a paternity test. The paternity test confirmed that he is not the biological father of his son. He was furious that his wife cheated on him. He expressed feeling of distress, confusion, feeling of guilty, lack of sleep and excessive anxiety” (Female participant 71).

“My [daughter] disappointed me. She was married to a man who really loved her. She cheated on him with her husband’s best friend. She had two sons with him. She expressed feeling of excessive worry, feeling angry, feeling distress” (Female participant 3).

The deceased’s archived records also revealed extramarital affairs as possible triggers in IPMS. These include those in which female victims were found to have been married but engaged in sexual activities with their lovers and boyfriends. The following extracts illustrate some of the extramarital affairs recorded by archival records:

“She noted that her husband did not meet her sexual expectations. They lived like brothers and sister. She doesn’t feel him anymore. She wished to quit her marriage but didn’t know how to tell her parents. They did not believe in divorce. They were always saying God is against divorce. She expressed feeling guilty, angry, confusion, excessive worry, feeling distress. She had a history of lack of sleep, lack of sense of confidence, nightmares, emotional exhaustion” (Archived record 144).

“She noted that her husband is always drunk. Nothing happened in the bedroom. She had a boyfriend for sexual gratification and emotional support. She had a daughter aged 6 year old with her boyfriend. Expressed feelings of anger, feelings of distress, feelings of guilt, excessive anxiety” (Archived record 108).

Extramarital affairs led to confusion, feeling of distress, lack of sleep, excessive anxiety, feelings of guilt, nightmares, feelings of anger, excessive worry, lack of sense of confidence, emotional exhaustion, and confusion on the part of female victims.

i) Love triangles: Love triangles were reported as possible triggers in IPMS. These include those cases in which female victims were found to be in a romantic relationship involving two or more intimate partners. The following extracts illustrate some of the love triangle as reported by participants:

“My friend was caught red handed by her husband in the hotel with her boyfriend. Her husband was attending a five days conference when he accidentally met her with her boyfriend in the corridors. They started quarrelling and fighting. The fight was stopped by the security who were called by room attendants. Expressed the fear of loneliness, frustration, feeling of sadness and emotionally overwhelmed” (Female participant 22).

“She [my sister] was married but also had boyfriends. One day she was in the house with a man she claimed was her friend. Her husband happened to arrive to drop off my younger brother from school. The husband caught her red handed in the sexual act with her boyfriend. The husband was furious. They started fighting. The fight was stopped by her mother and neighbour. Expressed feeling of grief, frustrated, resentment, fear of loneliness” (Female participant 5).

The deceased's archived records also reported love triangles as possible triggers in IPMS. These include those cases in which female victims were found to be in a romantic relationship involving two or three intimate partners. The following extracts illustrate some of the love triangles as reported by archival records:

“She was with her boyfriend, who happened to be the close friend of her husband. Her husband arrived. The husband cross-questioned her and his

friend about the intimate relationship. He punched and kicked the wife and the boyfriend. The fight was stopped by a security guard. Expressed the feeling of emotional overwhelmed, fear of loneliness, frustration, feeling of sadness, resentment” (Archived record 136).

“She was with her husband. She accidentally met her boyfriend. The boyfriend followed, grabbed and punched her. He demanded to know the man she is walking with. The boyfriend asked her to choose between her husband and him or to be killed. Expressed feeling of frustration, sadness, separation anxiety and emotional overwhelming” (Archived record 142).

Love triangles led to being emotionally overwhelmed, fear of loneliness, resentment, feeling of anger, frustration, feeling of sadness, feeling of grief and separation anxiety on the part of female victims.

j) Criminal activity: Criminal activity was reported as a possible trigger in IPMS. These include those in which female victims were found to have been allegedly arrested in connection with assault and murder as reported by study participants. They were also found to have been released on bail, with a fine and parole as reported by study participants. The following extract illustrate some of the criminal behaviour as reported by participants:

“My daughter was arrested in connection with an assault case. She had beaten her husband and threatened to kill him. She [my daughter] apologised to her husband and was released with a fine. She had a history of anti-social behaviour, aggressiveness, sleeping problems and impulsivity. She expressed feelings of hopelessness, social isolation and excessive fear” (Female participant 72).

“She [his cousin] was cruel. She killed her child and stuffed her in the plastic bag. She was arrested and served a prison sentence. She was released on parole. But she did not change her criminal activity. Expressed the feeling of excessive anger, excessive fear and excessive anxiety” (Male participant 81).

The deceased’s archived records also reported criminal activity as possible triggers in IPMS. These include those in which female victims were found to have been arrested in connection with assault and murder. They were also found to have release with a

warning or on bail/parole. The following extracts illustrate some of the criminal behaviour as recorded in archival records:

“She was arrested before in connection with assault after harassing, slapping, hitting and shoving and punching her boyfriend. She was released with a warning. She expressed feeling of helplessness, excessive fear and excessive anger” (Achieved record 28).

“She was arrested before in connection with theft, child neglect and murder after killed her child, stuffing him in a plastic bag. The child was found in the plastic bag with no heartbeat. She was granted parole. She had a history of anti-social behaviour, aggressiveness, excessive anger, lack of sleep, impulsivity inhibition and excessive worry” (Archived record 37).

Criminal activity may have led to sleeplessness, impulsivity, aggressiveness, paranoia, hopelessness, excessive worry, excessive anger, helplessness, social isolation, inhibitions, and excessive fear on the part of female victims.

k) Traumatic brain injury: The study participants reported traumatic brain injury as possible triggers in IPMS. These include those cases in which female victims suffered a head injury after they were involved in a terrible car accident, fell or were hit by a stone. The following extract illustrate some of the traumatic brain injuries as reported by participants:

“My daughter was involved in a terrible accident with her boyfriend. She was unable to walk and speak for 3 months. She used a wheelchair for a year. Ever since she experienced a persistent headache and loss of concentration. She had a history of hearing voices, delusion, mood swings, feeling of being persecuted, agitated and easily upset” (Female participant 4).

“My cousin was involved in serious car accident. Ever, since she was struggled to control her emotion. She was forgetful. Easily losing her temper, throwing things, screaming and punching her peers. Sometime she became extremely happy without any cause to be happy. It was painful and disturbing especially to me as her cousin” (Female participant 74).

“At the age of 5, she [my daughter] was hit by a car with her friend. She was unable to speak for a month. Ever, since she was mentally confused and forgetful” (Male participant 2).

The deceased’s archival records also reported traumatic brain injury as possible triggers in IPMS. These include those cases in which female victims suffered head injury after they were involved in a terrible car accident, fall, being hit by a stone and suffered head injury. Their anterior temporal lobe were affected. The following extracts illustrate some of the traumatic brain injury as reported by all study participants:

“She had severe head injury after she was hit by a car. She was unable to speak for a month. She had fracture in the skull and brain swelling. Her ventromedial frontal cortex was affected. She was unable to talk for four months and unable to walk and had coordination problem for year. Ever since the accident she had persistent severe headache, delusion, euphoria, unable to control her emotions and anger. She had history of losing concentration, easily irritated, hallucination and delusion” (Archived record 249).

“She had severe head injury after head-on-collision. She had fracture in the skull and brain swelling. Her anterior temporal lobe and amygdala were affected. Ever since the accident she had memory problems, muscle pain and complained about lack of concentration and lack of emotional control. She was always throwing tantrums and had mental confusion and memory problem” (Archived record 250).

Traumatic brain injury led to being emotional overwhelming, mental confusion, hallucination, lack of emotional control, loss of concentration, excessive anger, being easily irritated, feeling of being persecuted, memory problems and delusion on the part of female victims. It also appears that traumatic brain injury led to muscles pain and loss of temper tantrums

6.4.2.4 Circumstances around IPMS

The fourth most common theme to emerge from all study participants and archived records reflects circumstances surrounding IPMS. Circumstance around IPMS help to understand the principal method of IPMS. It also help to understand thought and

feeling that female victims were unable to express in life. The sub-themes drawn from circumstance around IPMS are means of IPMS and messages left before IPMS:

a) Means of IPMS: Food poison and strangling were reported as the principal method of IPMS. These include those in which female victims were found to have used to attempt to kill their husband/boyfriends. Food poison was found to be the principal method for both murder and suicide. Strangling was found to be the principal method of attempted murder and hanging was found to be the principal method of attempted suicide. The preferred location of IPMS was the perpetrator's home in the bedroom and garage. Public places and the bush were also found to be the location of IPMS. The following extracts illustrate some of the means of IPMS as reported by participants:

"I'm still struggling to understand what was going on my sister-in-law head. My [sister-in-law] poisoned her husband and herself. They were found sleeping in the bedroom foaming at the mouth. They were rescued by his younger brother who happen to came home early from school. She apologised and promised that it would never happen again" (Female participant 76).

"I was baffled as to why she [my friend] would want to kill her boyfriend. I was baffled by her strangling attempt. My friend attempted to kill her boyfriend in the street after he dumped her and pledged to marry another woman from the same village. He was rescued by community members who happened to pass by. She ran to the bush to hang herself. She was rescued by community member who happen to chase her and took the rope" (Female participant 24).

The deceased's archival records also revealed that food poison and strangling were reported as the principal method of IPMS. These include those cases in which female victims were found to have attempted to kill their husband/boyfriends and themselves. Food poison were found to be the principal method for both murder and suicide. The preferred location of IPMS was perpetrators' home in the bedroom and garage. Public places were also found to have been the preferred location for murder and bush found to be the preferred location for suicide. The following extracts illustrate some of the traumatic brain injury as reported by all study participants:

“She poisoned her husband and herself after finding out that he had updated the life insurance policies and she is no longer a primary beneficiary. They were found in their bedroom foaming at the mouth. They were rescued by his younger brother who happen to came home early from school. They recovered after 10 days in a hospital. She confessed that she had poisoned her husband and herself after founding out that he has updated life insurance and she is no longer a primary beneficiary” (Archived record 39)

“She strangled her boyfriend in the street after he dumped her and pledged to marry another woman from the same village. He was rescued by community members who happened to pass by. She ran to the bush to hang herself. She was rescued by a community member who happened to chase her and took the rope” (Archived record 35).

Failure to complete IPMS may have led to excessive anger and fear and emotional flashback on the part of female victims. Excessive anger and fear may have led to resentment, disappointment and feeling thwarted. Emotional flashback may have led to feeling helplessness and severe self-criticism on the part of female victims.

b) Message left before IPMS: Death note left before the IPMS as reported by all the study participants. These include those cases in which female victims were found to have expressed their thoughts and feelings before IPMS. The following extracts illustrate some of the messages left by female victims as reported by participants:

“After complaining that her husband was having an affair with his co-worker and they had a child together, she [my friend] attempted to complete IPMS. She poisoned her husband and herself. She left a death note. Her note read: “Sleep well my love”. “Together we are one”. “Call me no more”. “I am in a better place” (Female participant 61).

After complaining that her boyfriend dumped her and pledged to marry another woman from the same village. She [my friend] attempted to complete IPMS. She strangled him in the street and ran to the bush to hang herself. She left a death note reading “I don’t want to hurt you. Please forget about us”, Love never dies”. “I would never stop loving my husband to be, even if he dumped me”. “I

can't live without him. He is all I need. No one will snatch him away from me”
(Female participant 26).

The deceased's archival records also revealed messages left by female victims before attempting to complete IPMS. These include those in which female victims were found to have expressed thoughts and feelings hidden in their mind before attempting to complete IPMS. The following extracts illustrate some of the messages left by female victims as recorded in archived record:

After suffering from emotional breakdown several times, she attempted to kill her 50 year old husband and herself after she had found out that her husband is having an affair with his co-worker and they had a child together. She was 35 at the time of attempted IPMS. She poisoned her husband and herself in the house. They were found foaming at the mouth. She was only 35 at the time of attempted IPMS. She left a death note reading “It was my intention to die with my husband, no one can stop us. Delete us in your memory. You will see us no more. Good night” **(Archived record 40).**

“After suffering from emotional breakdown several times, she attempted to kill her 45 years old boyfriend and herself after he dumped her and pledged to marry another woman in the same village. She was 29 years old at the time of the attempt. She left a death note reading, “My boyfriend just dumped me after dating for five years. But it's going to be okay” I will fix it not for them, but for us”. “The enemy you see today, you will see them no more” “We are going home. No more return back” **(Archived record 64).**

Keeping their true thoughts, feelings and emotions hidden may have led to emotional dependence on the part of female victims. Emotional dependence may have led to excessive fear to break intimate relationship. Excessive fear to leave abusive intimate relationship may have led to hopelessness, helplessness and loneliness on the part of male perpetrators. It also appears that excessive hopelessness, helplessness and loneliness may have led to destructive behaviour.

6.5 Chapter summary

This chapter detailed the results of the study drawn from the study participants and archival records during data collection. The research findings of the current study provided significant data to achieve the five major objectives of the study. The research objectives were to: 1) understand the psychological intent and motives of male perpetrators and female victims of intimate partner murder-suicide; 2) investigate multiple trajectories (that is psychological, social, environmental and cultural/historical context) contributed to intimate partner murder-suicide; 3) identify other factors or events that may have triggered fatal behaviour of both male perpetrators and female victims of intimate partner murder-suicide; 4) identify the role played by male perpetrators and female victims in effecting their death; and, 5) develop a conceptual model/guideline for IPMS prevention in rural community.

The overall results provide supporting evidence that IPMS occurs due to a complex interplay of psychological intent, motive, behaviour and the role played by both perpetrators and victims. The results also highlighted the multiple trajectories that have influenced male perpetrators and female victims in IPMS, including the possible triggers in IPMS. Lastly, the circumstances around IPMS were also highlighted.

CHAPTER 7

DISCUSSION

7.1 Introduction

This chapter provides a discussion of the main findings drawn from the current psychological autopsy research on male perpetrators and female victims of intimate partner murder-suicide (IPMS). Where applicable the research outcomes will be linked to the literature, theoretical framework and other sources of information. This discussion will be in four main parts:

- i. Psychological profile of perpetrators and victims in IPMS-this area will cover the psychological intent, motive, behaviour and possible role played by perpetrators and victims in IPMS.
- ii. Multiple trajectories towards IPMS-this area will cover psychological factors, social factors, environmental factors and cultural factors.
- iii. Possible triggers in IPMS
- iv. Circumstance around IPMS-this area will cover the means of IPM and messages left before IPMS.

7.2 Psychological profile of perpetrators and victims in IPMS

7.2.1 Psychological intent

Study participants and archival records reported that IPMS occurred due to psychological intent/plan. It seemed to be male perpetrators' and female victim's psychological intent/plan to end their lives through IPMS as reported by study participants and deceased archival records. Although there is a lack of explanation on the psychological intent linked to IPMS in the literature review the current research findings confirmed the psychological intent linked to IPMS and its mental sequelae on the part of male perpetrators and female victims. The findings of current study were anchored by the Theory of Planned Behaviour (TPB) by considering psychological or behavioural intention/plan as an important variable. Several studies (Corbett, 2002; Doll & Ajzen, 1992; Beck & Ajzen, 1991, Sweitzer, Brilley, Roberts, Hoelscher, Harrist, Staske & Almansour, 2011) found that TPB helps to better explain the intention and

actions of individuals whose lives were ended through murder-suicide. This state of mind ranges from thoughts, explicit plans, fantasizing about plan, tracking efforts and obtaining a weapon to complete intimate partner murder-suicide (Astington, 1993). However, TBP lacks evidence based on psychological autopsies studies. The psychological autopsy or post death evaluation is regarded as the promising avenue to determine the psychological intention, motives, behaviour, and role of perpetrators and victims in IPMS and other circumstances surrounding IPMS (Scheidman, 1976; Siddamstty et al., 2014; Salari, 2016). Such evaluations or psychological autopsy usually help to better understand what was going on in the mind of those intimate partners whose lives were ended through MS (Sundararaman, 2017).

Based on the analysis of the study, there are different stages, suggesting it was male perpetrators and female victim's psychological intent/plan to end their lives through IPMS. Their psychological intent/plan stages range from insight thinking that help them to do the long term planning on how they would complete IPMS, followed by tracking efforts and obtaining weapons of choice to complete IPMS before the act.

7.2.1.1 Violent thoughts: Violent thoughts on the part of male perpetrators and female victims were reported as psychological intent in IPMS. Male perpetrators and female victims used to have vivid violent thoughts of killing their intimate partners and themselves several time in their intimate relationship. In terms of male perpetrators, they were found to have violent insight thoughts of stabbing, hanging, shooting and bludgeoning their wives/girlfriends/partners and subsequently hanging or shooting themselves. Whilst female victims used to have violent insight thoughts of shooting, stabbing and poisoning their husband/boyfriends/partners and subsequently shooting, poisoning and hanging themselves.

For example, three years before the incident one male perpetrator expressed thoughts of killing himself and his wife several times after several break-ups in their marriage. He expressed feeling of worry, self-blame and self-loathing in the romantic relationship. Another expressed thoughts of killing his wife and himself after he received a message from his wife's ex-boyfriend claiming that he is in a romantic relationship with her and accused him of stealing his girlfriend and son. He expressed feeling of distress, panic attack and hopelessness in intimate relationship. On the part of female victims, a female victim expressed thoughts of killing herself and her

husband. She noted that it is better for her to die with her estranged husband because everything in their marriage is fake. She actually had nothing to make her happy. Concerning her romantic relationship, she is extremely unsuccessful in this area. She had no passion, purpose to life. She expressed feelings of anxiousness, loss of control, feeling bad about herself.

The excessive vivid violent thoughts led to excessive anxiety and low self-esteem in the male perpetrators and female victims. Excessive anxiety may have taken root in the mind of the male perpetrators and female victims, which may have given way to feelings of loss of control and considering IPMS as solution. Low self-esteem may have increased self-blame, self-loathing, excessive worry that may have given way to IPMS. Overthinking about IPMS may have given way to emotional distress. Emotional distress may have led to being unable to think about positive solutions other than IPMS. Replaying destructive thoughts may have taken a toll in male perpetrators' and female victims' mental well-being, considering IPMS as solution. Negative dwelling on the past or being pessimistic may have given way to panic attacks and considering IPMS as a solution. A constant state of worry and anxiety may have given way to hopelessness and considering IPMS as solution.

7.2.1.2 Long term planning: Long term planning before completing IPMS was reported as psychological intent in IPMS on the part of male perpetrators and female victims. After much thought and consideration of IPMS in their mind, they were found to have engaged in long term planning on how they would complete IPMS. This long term planning lasted for six to seventy-two months. They used to carry out their plans in secret, so that their intimate partners would not see or know or notice their plan to complete IPMS. Sadly, they planned not to change their mind no matter what, it's a promise to them. Invoking their plans, they reconciled, became engaged with their girlfriends/partner, payed the bridal price (lobola), set the date for wedding ceremony or reconciliation ceremony, bought a wedding ring and set the date for celebrating their child's birthday.

For example on the part of male perpetrators, one perpetrator planned to stab his wife with a sharp knife and hang himself in their bedroom at around 2 to 3pm six month before the incident. He set the date to celebrate their reunion. He planned to pretend that he was tired and wanted to rest in the bedroom. He planned not to change his

mind no matter what, it was a promise to himself. To accomplish the plan, he reconciled with his wife and attacked her as per his plan. On the day of his death, he was found hanging in the bedroom and next to him was the body of his wife with multiple stab wounds. On the part of female victims, four years after getting married, she planned to shoot her husband and herself in their home at around 8pm, on his arrival from work. She planned to switch off the light and hide in the garage. On his arrival she pulled the trigger of the gun and released the bullet, but she missed him. He managed to grab the gun, shoot her and subsequently shot himself.

Long term planning seemed to have strengthened perpetrators' capacity to complete IPMS without concern about legal, moral and social consequences. It also appears that long term planning and tracking efforts led to a lack of remorse or pity in the male perpetrators and female victims. Lack of remorse may have given way to aggressive behaviour and anti-social behaviour and considering IPMS as solution. Long term planning may have led to self-defence and considering IPMS as solution.

7.2.1.3 Tracking efforts: Tracking efforts were reported as psychological intent in IPMS on the part of male perpetrators and female victims. After long term planning, they tracked the movement of their intimate partners. They located them in the shopping complex, at school, restaurants, workplace and residences. After tracking efforts, they call and send messages apologising and asking to get their love back, pretending like they wanted to restore their relationship. They made the intimate partners relax, feel special and comfortable by frequently invited them to their place for sleeping over, eating supper or dinner, celebrating a birthday, planning the wedding, finalizing arrangements for the wedding ceremony and celebrating their child's birthday.

For example, on the part of one of the male perpetrators, he invited his girlfriend for dinner and celebrating his birth. He told her that he was alone in the house since she has moved out. He is lonely, no one can fill the gap. He requested her to move in anytime she want. He is ready to start again. He promised not to harm her. Another invited his girlfriend to sleep over to finalize their wedding arrangement. He told her that he cannot wait to celebrate their love and reconciliation. He is tired of living alone.

On the part of female victims, one frequently invited her boyfriend to celebrate their son's birthday. She told him that her parents were out of town attending five day long

church conference. She had all this time they can use to rebuild their broken relationship and plan for the future. He can come over. Yet another female victim invited her ex-husband to sleep over after several breakups. She told him that her four children went to visit their grannies for school holiday. She is ready to give him a second chance and restart the relationship. He can come over. He agreed, they started visiting and spending time together.

7.2.1.4 Weapon of choice: After successfully tracking perpetrators were found to have prepared the weapon of choice used to complete IPMS before the act. For example, a month before the IPMS a male perpetrator bought a brown twisted rope to hang his intimate partner and himself. Another bought a hammer to bludgeon his intimate partner and brown twisted rope to hang himself two weeks before IPMS. Three weeks before IPMS yet another bought a butcher knife to stab, machetes to hack the intimate partner and brown or white twisted rope to hang himself. Accessing dangerous weapons before the act may have led to impulsivities, heightened inclination and authoritarian personality. Impulsivities may have led to them completing IPMS without remorse. Heightened inclination may have led to anger and considering IPMS as solution. An authoritarian personality may have led to mistrust and considering IPMS as solution. Access to a dangerous weapon led to fear in the female victims. Excessive fear may have led to self-defence and considering IPMS as solution.

7.2.2 Psychological motive

Study participants and archival records reported the psychological arousal as motive behind the IPMS. Although there is a lack of explanation on the psychological arousal linked to IPMS in the literature, the current research findings confirmed the psychological arousal linked to IPMS and its mental illness sequelae on the part of both male perpetrators and female victims. The findings of the current study were anchored by Theory of Planned Behaviour (TBB) by considering “psychological arousal (emotional and cognitive arousal”. Theory of Planned Behaviour (TPB) approaches posit that internal hidden elements (psychological arousal) in the individual’s mind are the psychological motive behind IPMS (Martin, 2019). However, TBP lacks evidence based on psychological autopsies studies. The psychological autopsy or post death evaluation is regarded as the promising avenue to determine

the psychological intention, motives, behaviour, and role of perpetrators and victims in IPMS and other circumstances surrounding IPMS (Scheidmand, 1976; Siddamstty et al., 2014; Salari, 2016). Such evaluations or psychological autopsy usually help to better understand what was going on in the mind of those intimate partners whose lives were ended through MS (Sundararaman, 2017). Based on the analysis of the study, the common psychological arousal motivated male perpetrators and female victims in IPMS were likely to be unpleasant emotional and cognitive arousal.

7.2.2.1 Unpleasant emotional arousal: Unpleasant emotional arousal were reported as psychological arousal motivated the male perpetrators and female victims in IPMS. They seemed to have experienced a strong unpleasant emotional arousal resulted in heightened physiological activities, especially after several break-ups. These includes being easily irritated, quick to get angry, defensive, being easily upset, unable to relax and their answers were always inappropriate. They were always fighting, unable to control emotions, unsettled, always furious and suffering from excessive worries, especially if they did not get what they wanted in the romantic relationship.

For example, on the part of male perpetrators, one had a history of beating his wife, intense anger, inability to relax and excessive worries. He had beaten his wife after she came home late on her birthday. She repeatedly explained that she was with her twin sister and mother. He refused to listen to her and kept saying he knows that she was enjoying herself with her boyfriend. Another was defensive, unable to control his emotions, easily upset, unable to relax especially when there was misunderstanding between him and his wife. He had a tendency of shouting, moving around the yard fast and promising to kill the whole family and those who tried to stop him.

On the part of female victims, one had a tendency of getting angry and easily irritated especially when her husband came home late from the church. She had a history of pouring hot water on her husband, she shouted and pointed at her husband with her finger, saying she wished her husband would die because he is nothing to be proud of. She accused him of having an affair with some ladies in the church. Another female victim was easily irritated, upset and unable to control her emotions. She had a history of strange anger and defensive mood. She attended anger management sessions and quit before completing the session. She commented that she was just wasting her time. She can tolerate a lot more pain than most people. She is not afraid of death.

Unpleasant emotional arousals seemed to have led to physical abuse that may have possible connections with intense anger, inability to relax and considering IPMS as solution. Unpleasant emotional arousals may have possible give rise to excessive worries, upset and considering IPMS as solution.

7.2.2.2 Unpleasant cognitive arousal: Unpleasant cognitive arousals reported as psychological arousal motivated male perpetrators and female victims to complete IPMS. They seemed to have experienced heightened mental actions especially when thing did not go their way. They used to experience poor concentration, confusion, mood swing, trouble in thinking and restlessness, especially when things did not go their way in the romantic relationship. They used to experience anxious thoughts, mind blocks and fearful anticipation thought under threatening condition.

For example, a husband expressed difficulty breathing, mood swings, and poor concentration after several break-ups. Another expressed trouble with thinking, anxious thoughts and fearful anticipation that his wife will leave him. Unpleasant cognitive arousals seemed to have led to excessive anxiety and mental strain in the male perpetrators and female victims. In female victims, excessive anxiety may have taken root in their mind, which may have given way to troubled thinking, poor concentration, anxious thought, fear, anger, hopelessness and considering IPMS as solution. Mental strain may have led to nervousness, disappointments, disagreement, mind block and considering IPMS as solution.

7.2.3 Behaviour

The results of the study indicated that male perpetrators and female victims whose lives were ended through IPMS have had behavioural problems as reported by study participants and deceased's archival records. These findings were encored by Hyatt (2007) and White (2018) who suggested that individuals' behaviour is the genesis of IPMS. Although there is supporting evidence that behaviour is the genesis of IPMS in the literature, the previous studies' results were different to the results of the current study and lacks evidence based on psychological autopsies studies. The previous study by Hyatt (2007) found unconventionality, perfectionism, bullying, relationship difficulties and suicide idealization as behavioural problems behind IPMS. White

(2018) found impulsive behaviour such as aggression, anti-social behaviour and lack of empathy as genesis of criminal behaviour, resulting in IPMS on the part of male perpetrators.

Based on the analysis of the current study controlling behaviour, manipulative behaviour, dream-enacting behaviour, fantasy-prone behaviour and fearlessness behaviour were found to be the genesis criminal behaviour resulting in IPMS on the part of male perpetrators and female victims.

7.2.3.1 Controlling behaviour: Controlling behaviour was reported as the genesis of criminal behaviour resulted in IPMS on the part of male perpetrators and female victims. They were found to have had a tendency of scrolling through their intimate partner's cell phone reading their text to check if they were texting another intimate partner. They use to show up at the place where their intimate partner were without letting them know and make insulting remarks to them. They used to stop their intimate partners visiting and spending time with their family members, friends and co-workers. Controlling behaviour and attempts to exercise excessive power over their intimate partner led to insecurity and low self-esteem on the part of male perpetrators and female victims. Insecurity may have given rise to fear of rejection and considering IPMS as solution. Low self-esteem may have possible connections with lack of self-confidence, self-doubt that may have given rise to dissatisfaction in intimate relationship and considering IPMS as solution.

7.2.3.2 Manipulative behaviour: Study participants and archival records reported manipulative behaviour as a genesis of criminal behaviour resulted in IPMS on the part of male perpetrators and female victims. They were found to have had a tendency of spoiling their intimate partner's with expensive gifts, money and taking them to expensive hotels. They had a tendency of preventing their intimate partner's to accept promotions or getting jobs in another province or district. They used to remind their intimate partner about things they would miss if they accepted a job or promotion in another province or district. They have had a tendency of blaming their intimate partner for their wrongdoing and coercing them to do things they do not want in the intimate relationship.

For example, a husband was found in bed with his girlfriend. He told his wife that he had cheated because she is overweight and she is not satisfying him sexually. Manipulative behaviour led to lack of trust that may have possible connections with uncertainty and persistent distress and considering IPMS as solution. It also appear that manipulative behaviour led to excessive anxiety that may have given rise to feeling of guilty or shame and considering IPMD as solution.

7.2.3.3 Dream-enacting behaviour: Study participants and archival records reported dream-enacting behaviour as a genesis of criminal behaviour resulting in IPMS. Male perpetrators and female victims seemed to have experienced severe nightmares associated with mysterious death. They used to scream, calling aloud the names of people who died years ago in their dream. The death of these people was associated with IPMS, suicide and murder.

For example, a male perpetrator had mysterious dreams. In several dreams, he screamed and called the name of his sister who died five years ago. Her husband stabbed her to death and hanged himself in the same house used by perpetrator. He expressed feeling of guilt because he failed to protect his sister. His dreams lasted for three to four year before the IPMS. A day before the incident he had the same dream. On the day of the incident he stabbed his wife to death and hanged himself. He said that he and his wife would join his sister and brother-in-law.

Female victims also had mysterious dreams several times during the night. In her dream she screamed and called the name of her cousin died three years ago. Her cousin's husband stabbed her to death in their matrimonial house and hanged himself in the bush. In her dream she lamented, trembling, confused, frustrated and expressed feeling of guilt, distress and dread that she failed to protect her cousin. Her mysterious dreams lasted for more than two years. A day before the IPMS, she expressed the feeling of fear and sad that her husband can kill her. On the day of the incident she was found dead in the house. Her husband stabbed her in their matrimonial house and hanged himself in the bush.

Dream-enacting behaviour led to excessive anxiety and feeling anger on the part of male perpetrators and female victims. Excessive anxiety and feeling ager may have possible rooted in their mind that may have possible connections with persistent fear, feeling of distress, confused, frustrated, agitated and considering IPMS as solution.

7.2.3.4 Fantasy-prone behaviour: Fantasy-prone behaviour were reported by study participants and deceased archival records as genesis of criminal behaviour resulting in IPMS on the part of male perpetrators and female victims. They seemed to have spent most of their time talking about their death and funeral arrangement. They used to prepare their funeral program, tombstone, and funeral messages that they thought their family members and friends would say on their funeral day. For example, some funeral messages read: “your flesh is being buried today but your spirit went back to the creator”, “we’ll meet in the morning”, “you are the best friend, wishing you were here”. These fantasies and thoughts about death may lead to hopelessness and emotional pain in the male perpetrators and female victims. Hopelessness may have possible connections with physical pain and anxiety that may have given rise to feeling angry, sad and considering IPMS. Emotional pain may have possible connections with dissatisfaction about life and considering IPMS as the solution.

7.2.3.5 Fearless behaviour: Fearless behaviour in male perpetrators and female victims was reported as a genesis of criminal behaviour resulting in IPMS. Male perpetrators and female victims seemed to say they were not afraid of death and were prepared to die at any given moment. They appreciated death and encouraged family members to accept the ways in which they wanted to depart or escape the world. For example, they preferred not to live beyond 40 or 50 because their brother and nephew died at the age of 30. They highlighted that people can’t say it wasn’t interesting and enough, their achievement are visible to all. They are grateful for the life and love they share with family members and friends. Fearlessness of death may have given rise to depressive thinking in of male perpetrators and female victims. Depressive thinking may have possible connections with feeling overwhelmed in the intimate relationship, which may have given rise to hopelessness, helplessness and considering IPMS as solution.

7.2.4 Possible role played by perpetrators and victims in IPMS

The analysis of the study indicated that male perpetrators and female victims played a possible role in IPMS. Although there is a lack of explanation on the possible role played by male perpetrators and female victims linked to IPMS in the literature review, the current research findings confirmed the possible role played linked to IPMS and its mental illness sequelae on the part of both male perpetrators and female victims.

Based on the analysis of the current study finding, cruel murderer, selfishness, wanting to end pain and wanting to be free were found to be the possible role played by male perpetrators and female victims in IPMS.

7.2.4.1 Cruel murderer: Murderous cruelty was reported as role played by male perpetrators in IPMS. They were found to have a desire to inflict physical pain on the intimate partners by stabbing, shooting, hanging and bludgeoning them in a broad daylight. They made sure that their intimate partners are actually dead before they killed themselves. For example, a husband stabbed his wife to death. She was found with multiple stab wounds. Five in the heart, six in chest, eight in the back and four in the vagina. After killing her, he changed her clothes, cleaned up the place and covered her stabbed body with a blanket. He supported her head with a white pillow. On the day of IPMS he expressed feelings of anger, worry, rejection and flashback. The emotional problems seemed that made him overwhelmed and killed his wife.

Another male perpetrator hacked his wife to death in a broad daylight and hanged himself. She suffered multiple wounds. Three day before the incident he expressed feelings of shame, panic attacks and feeling isolated. He complained about sleeping disturbances, trouble concentrating and irritability. On the day of the IPMS he expressed that he cannot take it anymore. Seeing his girlfriend walking and sleeping with other men. Enough is enough. Feeling of anger may have possible connections with feelings of abandonment, excessive anxiety and considering IPMS as solution.

Feelings of rejection may have given rise to feeling shame, social isolation, panic attacks and considering IPMS as solution. Flashbacks may have possible rooted in their mind that may have given rise to excessive worries, sleeping disturbance, irritability, and trouble in concentration and considering IPMS as solution.

7.2.4.2 Selfishness: Study participants and archival records reported selfishness as a role played by male perpetrators in IPMS. They used to attend marital counselling and anger management trying to restore their broken romantic relationship. It seemed they used these sessions to cover their intent or plan to compete IPMS. For example, a day before the incident he was supposed to attend counselling and anger management sessions, but missed the sessions. Late in the evening, he was found dead in the house. He bludgeoned his wife to death and hanged himself. He noted that he has killed his wife, no one can take him to court. If she think of divorcing him

and enjoy his policies and life insurances with her boyfriend, she must forget. He blamed and criticised himself for marrying his wife. He expressed feelings of helplessness, hopelessness, excessive anger, frustration and confusion in romantic relationship. Selfishness seemed to have strengthened the capacity of male perpetrators to complete IPMS. It also appears that selfishness led to self-blame that may have possible connections with self-criticism, helplessness, hopelessness that have given rise to excessive anger, frustration, confusion and considering IPMS as solution.

7.2.4.3 Wanting to end pain and be free: Wanting to end pain, and to be free were reported by study participants and in the archival records as role played by female victims in IPMS. For example, one female victim stabbed her 50-year old boyfriend after he told her that he would not leave his wife of 15 years for her. He managed to escape and took his firearm, shot her to death before turning the gun on himself. She said she didn't want to be human anymore. She wanted to be loved, unfortunately love turned into pain. If she had died a long time ago it would have saved a lot of pain. She expressed feelings of disappointment, helplessness, hopelessness, worthlessness, loss of identity and feelings of shame. Another stabbed her 45-year old boyfriend after he dumped her and reunited with his wife after they have been divorced for six years. However, the boyfriend grabbed the butcher knife and stabbed her to death and hung himself. She said that she is not a suicide or murder freak but wanted to be free. If ever she had a problem that would affect her mind, she would end it immediately without negotiating with anyone. Wanting to end pain seemed to have led to feeling of disappointment and shame in female victims. Feeling disappointment may have given rise to loss of identity, anxiety and insomnia. Feelings of shame may have possible connections with excessive anger and worries of losing intimate partner and considering IPMS as solution. It also appears that wanting to end emotional pain and be free led to feelings of helplessness, hopelessness and worthlessness on the part of female victims. Feelings of helplessness, hopelessness and worthlessness may have given rise to feeling of despair, difficulty making the right decisions and considering IPMS as solution.

7.3 Multiple trajectories towards IPMS

7.3.1 Psychological factors

Study participants and archival records reported psychological factors, emotional pain, emotional stagnations and emotional exhaustion as pathways towards IPMS on the part of male perpetrators and female victims. However, these findings are not consistent with those by White (2018); Cross et al. (2002) and Hyatt (2007) who are of the opinion that mental illness and personality traits are psychological factors which influenced IPMS.

White (2018) suggested depression, anxiety, aggression, ADHD, and low intelligence as pathways towards IPMS. Emotional abuse such as insults, belittling, constant humiliation, intimidation, threat of harm, threats to take away children were also highlighted as pathways towards IPMS (White, 2018). The study by Cross et al (2002) suggested depression, schizophrenia, anxiety, panic, paranoia, impulsivity, borderline, low self-esteem and hopelessness as pathways to IPMS. Hyatt (2007) is of an opinion that feeling hopelessness, helplessness are pathways towards IPMS. The press study by Skead (2010) reported mental illness as psychological factors influencing male perpetrators towards IPMS. Unfortunately the media report did not clearly identify the type of mental illness linked to IPMS.

Although there is support from previous studies in the literature review that psychological factors are pathways to IPMS, the previous studies' results differ from those of the current study and lacks evidence based on psychological autopsies studies. Based on the analysis of the current study findings, emotional pain, emotional stagnation and emotional exhaustion were found to be psychological factors influenced IPMS.

7.3.1.1 Emotional pain: Emotional pain was found to be a psychological factor influencing IPMS as reported by study participants and archival records. In terms of emotional pain, male perpetrators and female victims were found to have been suffering from emotional stress. They were threatened, humiliated and belittled by their intimate partners. It seemed that the love was gone and everything that felt so right was wrong, but they continued to stay in the relationship because of children. They

constantly complained about feelings of guilt, brokenness, disappointment, feeling crushed, empty, sad, angry and anxious in the romantic relationship. They stayed in the toxic romantic relationship because their intimate partner were rich and able to spoil them. They feared to leave their intimate partner because they are called father or mother because of them. They also feared to leave the intimate partner because they are beautiful and admired by many men and feared to be judged by family members.

For example, a boyfriend noted that his girlfriend often broke his heart. He felt crushed all the time when thinking about her. She is like a slap in his face. She always told him, he is not man enough. He doesn't know how to treat women and he is not fun enough. He felt guilty about leaving her because he feared the judgement from family members and called coward. There is nothing he can do but to act like nothing happen and chose to stay with her. A female victim expressed loss of interest in her husband, but said being with him was better than being a single woman. She expressed feelings of sadness, being anxious all the time when thinking about him. She expressed feelings of guilt and shame for marrying him. She commented that he doesn't know how to treat women. She also complained that her husband was threatening and humiliating her in public and even in the presence of family members and friends. She chose to accept and live with it for the sake of the children. She can't leave him because he is rich. He is able to spoil her.

Accepting emotional pain led to feelings of being misunderstood and demoralized in male perpetrators and female victims of IPMS. Feeling misunderstood and demoralized may have possible connections with hopelessness, feeling guilty, feeling empty, loneliness that may lead to shame, rejection, embarrassment, excessive fear, considering IPMS as a solution. It also appears that emotional pain may have caused excessive anger, disappointment and considering IPMS to escape emotional pain. Enduring emotional pain may have impaired their thinking creativity and problem solving skills, considering IPMS as solution. It also appears that emotional pain may have given rise to deep sorrow, intense distress, frustration, feeling worthless, panic attacks and considering IPMD as solution.

7.3.1.2 Emotional stagnation: Emotional stagnation reported by study participants and deceased archival records as psychological factors that influenced IPMS. Male

perpetrators and female victims seemed to have been emotionally stuck in the romantic relationship. Fear of rejection by family members, the religious leader and church congregation were found to be common reasons for stagnation in the intimate relationship. Male perpetrators and female victims complained about nonexistence of intimacy and loss of intimate interest, but convinced themselves that staying with their partners is better than staying with their siblings and parents.

For example, a husband expressed that his wife is like a thorn in his life. But staying with her is better than staying with his sibling and parents. He expressed nonexistence of intimacy and loss of intimate interest in his lover, but cannot let her go because she is beautiful and admired by many men. Being with her is better than being single. Another expressed being deeply uninterested in his wife. He always complained that their marriage was not based in love. It was organized by his religious leader, he compromised to marry his wife because he is afraid to be rejected by his religious leader and congregation. A female victim repeatedly said she does not have any interest in her husband, but being with him is better than being a single woman. She wanted to quit her marriage, but she was afraid that her mom and relative said God and the ancestors would punish her. She complained about non-existent sexual intimacy in the romantic relationship and feelings of resentment, destructive emotions. She expressed a loss of intimate interest in and passion in her husband. She considered leaving him, but she is afraid that people will judge her.

Dwelling on emotional stagnation may have led to resentment in male perpetrators and female victims of IPMS. Resentment may have possible connections with destructive emotion that may have influenced the failure to recognise their mistakes. Destructive behaviour may have possible connections with mood swings that may have led to feeling angry and considering IPMS as solution. It also appears that succumbing to silence may have possibly led to despair, sighing, depressive mood and considering IPMS as solution.

7.3.1.3 Emotional exhaustion: Emotional exhaustion was reported by study participants and deceased archival records as a psychological factor influencing IPMS. Male perpetrators and female victims seemed to have experienced emotional exhaustion as a result of unrealistic expectations of financial assistance from intimate partner. They constantly feel stressed all the time when thinking about their intimate

partner's failures to assist them financially. They used to be economical dependent on each other, when one intimate partner withdrew or failed to assist financially, they lost all intimate stimulus in their intimate partners. They felt physically exhausted from spending time with their intimate partners.

For example, a husband expressed feeling emotionally drained and extensive stressed romantic relationship. He expressed feelings of being emotionally trapped and a mental block when thinking about his wife. He expressed feeling physically exhausted all the time when thinking of spending time with his wife. He opted to rather spend time drinking with friends than to spend time with her. HE commented that she is better than nothing. She spends all her money on clothes, shoes, handbags and hairstyles. A female victim expressed feeling trapped in the relationship because her husband is having affairs. She commented that she is tired of his behaviour. She was in despair. She wanted to escape. Unfortunately she can't afford to pay the money he spent on her and her siblings. She expressed mental tiredness. She did not have control over the situation and her husband, but continued to stay with him like nothing was wrong. She expressed a lack of energy and poor sleep. Although she wanted to leave her partner, this was impossible because he is everything to her.

Enduring emotional exhaustion may have led to chronic procrastination, feeling disillusioned, and loneliness in the male perpetrators and female victims of IPMS. Chronic procrastination may have possible connections with mood swings that may have given rise to shame, guilt, feeling overwhelmed and possibly freaked out, considering IPMS as a solution. It also appears that enduring emotional stagnation led to feeling unmotivated, low self-esteem, anxiety and uninspired in male perpetrators and female victims.

These feelings of being unmotivated and uninspired may possibly be linked to a lack of concentration, feeling trapped, excessive stress, which may have caused a mental block. Further, enduring emotional stagnation may have led to low self-efficacy that may cause increased feelings of sadness, shame and considering IPMS as a solution. Disillusionment may have possible connections with lack of remorse and considering IPMS as a solution. Loneliness may have given rise to social isolation, which may have caused increased vulnerability toward IPMS.

7.3.2 Social factors

The analysis of the study indicated social factors as multiple trajectory towards IPMS as reported by all study participants and deceased archival records. These findings were endorsed by Bura (2012) who is of an opinion that social factors contributed towards IPMS. The study by Bura (2012) found low socioeconomic status, poverty, low-income, and lack of resources as social factors which directed male perpetrators towards IPMS. Although there is support from previous studies in the literature review that social factors influenced IPMS, the previous studies' results differ from the results of the current study lacks evidence based on psychological autopsies studies. Based on the analysis of the current study, self-generated financial pressures, excessive use of psychoactive drugs, intimate partner terrorism, and lack of physical and sexual attraction in romantic relationship were reported as social factors directed both male perpetrators and female victims towards IPMS.

7.3.2.1 Self-generated financial pressure: Self-generated financial pressure was found to be a social factor which influenced IPMS, as reported by study participants and archival records. Male perpetrators and female victims seemed to have been indebted as a result of gambling, credit card and loan shacks (*matshonise*). Three years before the IPMS their debts were close to R200 000-00. They had a tendency of spending their salaries and family grocery money on gambling. They used to buy expensive clothes using their credit card and failed to repay the money, and borrowed money from the loan shack (*matshonise*) and failed to repay it. They expressed lost self-control, and feeling guilty for gambling because what started as pleasure cost their lives. Their bank cards and identity document taken by the loan shack owner because they failed to repay the money.

For example, a husband expressed lost sense of control over gambling. He had a tendency of disappearing every Friday and coming back home on Sunday evening or Monday morning just to rest and go to work. He owed R60 000-00 to a loan shack. R30 000-00 for credit card and spent R30 000-00 on gambling. A day before the incident he said that he cannot take it anymore. He is ashamed of his salary, it's like he is not working. At the end of the month he sees zero-zero. He was always absconding from work, especially at the end of the month to hide from the loan shack owner. A female victim owed R40 000-00 to a loan shack. R20 000-00 for her credit

card and she spent R20 000-00 on gambling. She noted that she is tired of life because everywhere she goes people want their money. A day before the incident, she expressed that creditors must search for her in the graveyard.

Self-generated financial pressure may have led to feelings of distress in male perpetrators and female victims. Feeling distressed may have possible connections with depressive thinking that may have given rise to excessive worry about financial status and considering IPMS as solution. Self-generated financial pressure may have connections with frequent frustration of being bankrupt that may have given rise to anger and considering IPMS as solution. It also appears that compulsive gambling behaviour may have connections with denial that may have given rise to inadequacy.

7.3.2.2 Excessive use of psychoactive drugs: Study participants and archival records reported excessive use of psychoactive drugs as a social factor which directed male perpetrators and female victims towards IPMS. The common psychoactive drugs which directed male perpetrators and female victims towards IPMS were found to be alcohol, dagga and cigarettes. Male perpetrators and female victims seemed to have spent plenty of time drinking beer, wine, and traditional beer (*Mahafhe*), smoking dagga (*Mbanzhe*) and cigarettes. They used to be called drunkards (*tshidakwa*) and weed smokers (*lidahambanzhe*). Sadly, psychoactive drugs changed their mood, behaviour and perceptions towards their intimate partner. They were usually arguing with, shouting at, or kicking, beating their intimate partner, and threatening to kill them, especially when they were under the influence of psychoactive drugs.

For example, a day before IPMS a male perpetrator went to the shebeen with friends. They drunk and smoked until midnight. He told them that his grave and coffin is ready. They must search for him and his wife in the graveyard the following day. On his arrival, he had a heated argument with his wife. Shouting and saying you are not a serial killer right, you are a good person. He strangled his wife and hung himself in the bedroom. Her body was found lying on the floor. Her mouth was covered by heavy cloth to muffle her screams.

One female victim had a history of drinking beer, smoking dagga and cigarettes. She had a tendency of telling people that she drink 6 cans of beer per day, smoke twelves cigarette a day and dagga twice a week. She also drank traditional beer [*mahafhe*] because it's cheaper. Five days before the incident she beat and kicked her husband.

He sustained minor injuries. She was under the influence of alcohol, dagga and cigarettes. A day before the incident she went to the shebeen with friends as usual, drunk traditional beer, smoked dagga and cigarettes. The same day, she had heated arguments with her husband, shouting and accusing him of cheating and sleeping around with young women. On the day of the incident she was found dead in the bedroom with heavy cloth in her mouth to muffle her screaming. Her husband's body was found hanging from the roof.

Excessive use of psychoactive drugs may have led to temporary hallucination and paranoid behaviour on the part of male perpetrators and female victims. Temporary hallucinations may have possible connections with anti-social behaviour that may have given rise to aggressive behaviour in the IR and considering IPMS as solution. Paranoid behaviour has possible connections with excessive anxiety that may have given rise to social victimization, feeling shame, emotional dysregulation and considering IPMD as solution. Feeling a need of control may have possibly ate away happiness in romantic relationship that may have given rise to excessive worries of sexual dissatisfaction and considering IPMS as solution.

7.3.2.3 Intimate partner terrorism: Intimate partner terrorism was found to be a social factor which directed male perpetrators and female victims towards IPMS, as reported by study participants and archival records. Male perpetrators and female victims seemed to have repeatedly pushed, beat, kicked and stomped and threatened to kill their intimate partner if they leave them. The victims of these beatings were then found to be defending and protecting the abuser. For example, a husband pushed and kicked his wife while she was eight months pregnant. He was always threatening to chop her with machetes if she left him. She was advised to open a case against him. Instead, she blamed her family members for interfering in her IR. She told them to stop accusing her husband of beating her. She must be the one to be blamed, not her husband because she was lying when she said he pushed and kicked her. Another female victim had a tendency of beating her husband with an iron, hairdryer and plate. The family members and friends tried to intervene. Instead he told his friends and family members to stop interfering in his romantic relationship. He requested them to stop blaming his wife for his mistakes. Otherwise he will deal with them, absolutely and in a harsh way.

Defending intimate partner terrorism may have led to post-traumatic stress disorder (PTSD) in male perpetrators and female victims of IPMS. PTSD may possibly connect with depression and dissociation, which may have caused male perpetrators and female victims to consider IPMS as solution. Chronic and prolonged exposure to intimate terrorism may have caused impulsivity and aggression that may have possible connections with negative emotions and considering IPMS as a solution.

7.3.2.4 Lack of physical and sexual attraction: Study participants reported a lack of physical and sexual attraction as a social factor which directed male perpetrators and female victims towards IPMS. Male perpetrators and female victims seemed to have excessive arguments about lack of physical and sexual attraction in their intimate partners. For example, a husband complained about a lack of physical and sexual attraction to his wife. He expressed that this problem was there before they tied the knot. He married her because his biological clock was ticking and because of pressure from the family members. He thought maybe after the marriage things will change but it got worse. He didn't think that physical and sexual bond is important in a romantic relationship. He stayed in relationship because he was afraid of losing parental rights to his son and judgment from family members, friends and community members.

Another female victim expressed a loss of physical and sexual interest in her husband. She lacked sexual desire for her husband. She was unable to become sexually aroused and experienced pain during sexual intercourse. She blamed her husband for his lack of knowledge of sexual stimulation. She enjoyed more sexual intimacy with her boyfriend than her husband. She married her husband for financial benefit. She cannot live without him because he is a good provider.

Lack of physical and sexual attraction in intimate partner may have led to frustration, depressive thinking and emotional pain on the part of male perpetrators and female victims. Frustration may have given rise to emotional harm and low self-esteem. Emotional harm may have possible connections with controlling behaviour that may have given rise to cruel remarks in intimate relationship and considering IPMS as solution.

7.3.3 Environmental factors

The environmental factors were reported by study participants and deceased archival records as pathways towards IPMS. The common environmental factors were family traumatic events, family violence and community violence. These findings were anchored by Bura (2012); Kizza, Kinyanda and Hjelmeland (2012) and Marrison (2018) who are of an opinion that environmental factors influence IPMS. The common environmental factors were family and community violence (Bura, 2012; Kizza, Kinyanda & Hjelmeland, 2012 & Marrison 2018). The study by Bura (2012) suggested that family exerts deep influence in the life of individual. Bura (2012) emphasises that family not only gratifies an individual's to essential and nonessential needs, but also transmits, trained individual in criminal behaviour that may results in IPMS. Marrison (2018) emphasises loss of parenting by both fathers and mothers to their children they bring in the world leads to criminal behaviour that may direct individual to IPMS. Bonta and Andrews (2017) of an opinion that IPMS depends more how an individual has been raised in both family and in community.

Although there is support from previous study in the literature review that environmental factors influences IPMS, the previous studies results differ from the results of the current study and lacks evidence based on psychological autopsies studies. Based on the analysis of the finding of current study family events, family violence and community violence were found to be the environmental factors directed male perpetrators and female victims towards IPMS as reported by study participants and archival records.

7.3.3.1 Family traumatic events: Study participants and archival records reported family traumatic events as environmental factors which directed male perpetrators and female victims towards IPMS. Male perpetrators and female victims seemed to have been raised and grown up in a family dominated by brutal killing. The male perpetrators and female victims seemed to have witnessed their close family members stabbing, hacking, and shooting their intimate partners and themselves. The incident happened in the house and they were the only survivors of IPMS. Sadly, male perpetrators and female victims also brutally killed their intimate partners and themselves. For example, three years before the incident, an IPMS survivor noted that she can't forget the day her uncle stabbed his girlfriend and hung himself in the house. She was 14 years old

when her uncle brutally killed his girlfriend and himself. She said that her uncle was cruel, a devil, Satan and a monster. He was supposed to leave his girlfriend rather than killing her. She commented that who knows, maybe she is next.

It seemed like this is a way that intimate partners escape the world. She commented that now is the time for women to stand and fight or kill estranged intimate partner. If time permits, she would do exactly what her uncle did. She is tired of her estranged husband. She was found dead a day before her anniversary and the body of her husband was found next to her. A male participant stabbed his girlfriend to death. It was believed he copied his behaviour from his father. His father hacked his mother to death in the house and hung himself in the toilet. He was 6 years old when his father brutally killed his mother and himself. At the age of 18 years old he documented that intimate partners are dying like flies. Romantic relationships are chaotic and both men and women are vulnerable. No one cares about it. A day before incident, he noted that he cannot stand it. Why can't he do the same? Like father like son.

Witnessing a brutal killing may have led to excessive anger that may have possible connections with excessive worries in the intimate relationship that may have given rise to emotional strain, chronic stress and considering IPMS as solution.

7.3.3.2 Family violence: Study participants and archival records reported family violence as environmental factors influencing male perpetrators and female victims towards IPMS. Male perpetrators and female victims seemed to have been raised and grown up in a family dominated by physical and emotional abuse. They seemed to have witnessed their close family members beating and threatening their intimate partner. For example, male perpetrators and female victims used to witness their grandfathers, father, uncles and mother beating their intimate partner with a sjambok. The family members had a tendency of hiring bodyguards to monitor their intimate partner's whereabouts. Sadly, male perpetrators and female victims of IPMS used to behave like their family members. They used to beat their intimate partners with a sjambok. They also hired bodyguards to monitor their intimate partner's whereabouts. For example, he had a history of terrorising and beating his wife with sjambok. If she managed to escape, she would run naked to her neighbour for protection. He once hit her with a wheelbarrow and pretended it was a mistake. He hired four bodyguards to monitor his wife's whereabouts. He paid a bodyguard R2 000-00 per month for

monitoring his wife. Another victim had a tendency of insulting her husband saying that he is childless. The child he is proud of is not his biological child. Her words were confirmed by a paternity test that indeed her husband is not the biological father of their child.

Witnessing physical and emotional abuse may have led to low self-esteem and anxiety in the male perpetrators and female victims of IPMS. Low self-esteem and anxiety may have caused regular feelings of rejection and negative attitudes towards self and others. It also appears that repetitive emotional abuse may have inflicted deep pain in male perpetrators and female victims, leading them to consider IPMS as solution. Further, emotional pain appeared to have led to poor emotional intelligence skills that may have possible connections with the lack of awareness of destructive emotion that may have led to feeling annoyed and considering IPMS as solution.

7.3.3.3 Community violence: Study participants and archival records reported community violence as an environmental factor influencing male perpetrators and female victims towards IPMS. Male perpetrators and female victims seemed to have been exposed to community violence from a young age. They apparently witnessed someone beating, stabbing, threatening, shooting, intimidating or someone doing drugs in their villages. It seemed they apparently witnessed someone committing murder, suicide and family murder-suicide in their villages. Sadly, they also participated in some of the community violence happening in their village, by threatening, intimidating, stabbing, beating or shooting their intimate partner.

For example, a victim had a history of beating, stabbing and intimidating her boyfriend. Frequently grabbing and pushing him into a wall, stamping, kicking and hitting him with her fist. She had a history of carrying dangerous weapons like a sharp knife in her hand bag. On the day of the incident she was found with multiple stab wounds. Next to her was the body of her boyfriend with one stab wound in the chest. Another perpetrator noted a loss of interest in his intimate partner like other village men who killed intimate partners and themselves. He kept media reports of IPMS and murder that had happened in his village and others around South Africa. He kept a copy of the funeral program for people whose lives were ended through IPMS in his village. He also kept funeral programs for those who committed suicide in his village. On the

day of the incident he was found hanging. Next to him was a body of a woman with multiple stab wounds.

Exposure to traumatic events and violence may have led to feeling worried, lack of concentration, irritation and feeling angry in the male perpetrators and female victims. Chronic stress may have caused feelings of sadness and emotional strain and excessive fear. Chronic stress may have possible connections with sleep disturbances, irritation, and feeling angry, which may have given rise to loss of emotional control, inability to rest, frustration, and considering IPMS as solution.

7.3.4 Cultural factors

Study participants and archival records reported cultural factors as pathways towards IPMS. These findings were endorsed by Whi-ching (2006); Olliffe, Drummond & Bottorff (2014) pointed cultural factors as pathways towards IPMS. The finding of the previous studies differed from the findings of the current study. Whi-ching (2006); Olliffe, Drummond & Bottorff (2014) found gender roles and men's quest for their loss of masculinity as the pathways towards IPMS on the part of male perpetrators. Men's loss of control, hopelessness and marginalized masculine identity were suggested as pathways towards IPMS by Whi-ching (2006); Olliffe, Drummond & Bottorff (2014).

Although there is a support from previous study in the literature review that cultural factors influences IPMS, the previous studies results differ from the results of the current study lacks evidence based on psychological autopsies studies. Based on the analysis of the finding of this study, bride price, traditional ceremonial costs, forced marriage and bride kidnapping were found to be the cultural factors directing male perpetrators and female victims towards IPMS as reported by study participants and archival records.

7.3.4.1 Bride price and traditional ceremonial costs: Bride price and traditional ceremonial cost were found to be the cultural factors which directed male perpetrators and female victims towards IPMS. The fee to take a bride and covering traditional ceremonial costs were found to be between R50 000-00 to R140 000-00 as reported by study participants and archival records. Male perpetrators seemed to have worked more days a week to afford to pay the bridal price and covering traditional ceremonial costs related to marriage. One took a second job and a loan from a loan shack to

afford to pay the bridal price and to cover the traditional ceremonial cost. After paying a high bridal price and covering all the traditional ceremonial costs, male perpetrators seemed to be under the impression that female victims would not leave the marriage or divorce them because they had taken all they had to the bridal parents. Their bank card and identity documents were taken by loan shack owner (*matshonise*) because they failed to repay money.

The biggest surprise was finding out that female victims planned to divorce or withdraw from the marriage or to see another intimate partner. This didn't sit well with the male perpetrators and they failed to handle the pressure of divorce or separation. For example, he noted that he has paid R50 000-00 bridal price. He took a loan to afford to pay bridal price. After everything, his wife threatened to divorce him. He complained that he worked seven days a week to afford to pay the bridal price. On the day of the incident he expressed that no one would have his wife. He can do whatever it takes. He cannot take it anymore. In terms of traditional ceremonial costs, he paid R30 000-00 for the traditional wedding, R10 000-00 for in-laws gift, R60 000-00 for the white wedding, R40 00-00 for venue and catering, and R20 000-00 for wedding clothes. He noted that after everything his wife threatened to leave him because he is poor. She forgot that he has almost given everything he had to her parents. He cannot take it anymore. Do or die.

A high bridal price and traditional ceremonial costs related to marriage led to low self-esteem, overwhelming and emotional torture in male perpetrators and female victims low self-esteem may have given rise to feelings of fear, isolation and considering IPMS as solution. Feeling overwhelmed may have possible connections with frustration and feeling trapped, which may have given rise to tantrums, threats and despair and considering IPMS to escape stagnation in marriage. Emotional torture may have possible connections with anxiety and impulsivity that may have given rise to feeling insulted, feeling wounded, loss of sense of self, self-doubt, worthlessness, self-loathing, and considering IPMS as solution.

7.3.4.2 Forced marriage: Forced marriage was also reported by the study participants and archival record as the cultural values and norms which influenced male perpetrators and female victims towards IPMS. Female victims were found to have a boyfriend and felt free to be around him. Sadly, their parents threatened them and

stopped them seeing their boyfriend. They were forced to marry the men loved and organized by parents. This didn't sit well with the female victims, but they proceeded with marriage because they feared their parents. After forced marriage, female victims felt like they are living in hell and everything seemed to be falling apart.

For example, a victim blamed her parents who forced her to marry a man she did not love, but was loved by them. She said she was in love with a lovely man, a God-given man. But her parents destroyed her love and sold her to a monster because of money. She is living in hell with a man who can kill her at any given time. She expressed the feeling of boredom, lack of interest, frustration and imbalance in her marriage with her husband. She cannot take it anymore. She complained that she experienced emotional waves. Her husband had a history of multiple intimate partners, but accused her that she was planning his downfall. She mentions her lack of physical and sexual attraction to her husband. She anticipated that her husband would kill her. She was ready for everything because this world is not her home. Forced marriage may have led to depressive thinking, shame and excessive anxiety on the part of male perpetrators and female victims. Depressive thinking may have given rise to excessive anger and suicidal thought. Feeling shame or guilt may have possible connections with frustration that may have given rise to hopelessness, helplessness, isolation and considering IPMS as solution. Excessive anxiety may have led to self-blame, distrust that may have possible connections with sadness, panic attacks, flashback and considering IPMS as solution.

7.3.4.3 Bride kidnapping: Bride kidnapping/abduction was reported by the study participants and archival records as the cultural values and norms which influenced male perpetrators and female victims towards IPMS. Female victims seemed to have boyfriends who proposed for marriage but they were not ready for marriage because they wanted to complete their studies first. Male perpetrators seemed to have informed their parents and the bride's parents that she refused the proposal, who then secretly come up with the idea of kidnapping the bride. The kidnapping process was organized by the groom, groom's parents and bride's parents. This didn't sit well with the female victims, but they agreed to continue with marriage because did not want to disappoint the groom's parents. After marriage, female victims felt like they are living in hell and everything seemed to be falling apart.

They were uncomfortable in the marriage. It seemed they felt like they are just doing a job of being wife and mother in the intimate relationship. For example, she expressed feeling disappointed, feeling angry, feeling guilty and worry of being in the intimate relationship with her boyfriend. She said that she cannot forget this whole nightmare that broke her life. She cannot forgive all the people who participated in this whole thing, including her parents, who instead of supporting her became the accomplices of this whole thing. She noted that she is a dropout, with five children. She is unemployed and she suffered with the children. Her husband beat and forced her to do sexual activities she is not comfortable with. He forced her to use a sex booster if she cannot cope with his sexual needs. She wished to die, but didn't know how. Bride kidnapping/abduction led to feelings of disappointment, feeling of anger, feelings of guilt and worry in the intimate relationship.

Feelings of disappointment may have given rise to feelings of sadness, self-harm and considering IPMS as solution to end the pain. Feeling of guilt may have possible connections with feelings of hopelessness, helplessness may have given rise to loss of interest in intimate relationship and considering IPMS as solution. Excessive worries may have given rise to anger, constant fatigue, suicidal thought, isolation and considering IPMD as solution.

7.4 Possible triggers in IPMS

Study participants and archival records reported risk factors or events believed to have triggered the fatal behaviour of male perpetrators and female victims in IPMS. This finding lends support to previous studies such as those by Haper and Voight (2007); Adinkral (2014); Solomondec (2012); Ronal, Brain and Michael (2011); Mullen (2004); Werlang (2012); Michaelson (2013), Koziol-Mclain et al (2006); Salari (2007); Flynn, Gask, Appleby and Shaw (2016); Salari (2016); Canetto and Hollenshead (2000), Marzuk et al. (1992), Goodwin (1991); Werlang (2012); Michaelon (2013); Koziol-Maclain et al (2006), Mathews (2010); Van Den Heever (2017); and Skead (2010).

Previous studies also found that dependency and an unequal relationship (Haper & Voight (2007), suspicion of infidelity, sexual jealousy, arguments, threatened divorce, separation (Adinkrak, 2014) were possible triggers for IPMS. Furthermore, other

studies found a wish to kill or a wish to be killed (Owen, 2012), lack of empathy, denial, blame, and self-centredness were also possible triggers for IPMS. Retaliation, rejection, failure and loss of anger, revenge (Mullen, 2004), amorous jealousy, delusional of the partner's infidelity, verbal abuse, lethal physical abuse (Werlang, 2012; Michaelson ,2013; Koziol-Mclain et al., 2006; Salari, 2007); Flynn, Gask, Appleby and Shaw,2016) as risk factors or events which triggered fatal behaviour resulting in IPMS.

Although there is support from previous studies that risk factors or events triggered the fatal behaviour resulting in IPMS in the literature review, the previous studies results differed from the results of the current study and lacks evidence based on psychological autopsies studies. The findings of the current study lend support to the Strain theory and Theory of Planned Behaviour (TBB). A common belief in strain approaches is the idea that strain or stressors are likely to increase intimate partner murder-suicide. These strain approaches believed that stressors experience by individuals lead to negative emotions, such as frustration and anger. These emotions create pressure for corrective action and intimate partner murder-suicide crime is one possible response. Strain theories believe that intimate partner murder-suicide may be used to reduce or escape from strain by getting revenge against the source of strain or related targets, or alleviate negative emotions. Theory of Planned Behaviour explain triggering factors or events associated with IPMS by considering "stressors or strain of life" as an important variable. However, strain theory and TBP lacks evidence based on psychological autopsies studies. The psychological autopsy or post death evaluation is regarded as the promising avenue to determine the psychological intention, motives, behaviour, and role of perpetrators and victims in IPMS and other circumstances surrounding IPMS (Scheidmand, 1976; Siddamstty et al., 2014; Salari, 2016). Such evaluations or psychological autopsy usually help to better understand what was going on in the mind of those intimate partners whose lives were ended through MS (Sundararaman, 2017).Based on the analysis a number of factors were found to be possible triggers for IPMS. These, among others, include: non-verbal communication, murder attempts, prior suicide attempts, suicide ideation, relationship break-ups, sexual attraction and orientation, childhood sexual abuse, extramarital affairs, dispute about the payments of child maintenance, love triangles, criminal activity and traumatic brain injury.

7.4.1 Non-verbal communication

Study participants and archival records reported non-verbal communications as possible triggers in IPMS. Some male perpetrators and female victims used to draw scary and violent pictures. Scary and violent pictures were associated with horrendous violence happening in their romantic relationship. It seemed that they were struggling in their romantic relationship and it was incredibly difficult for them to just leave. For example, a perpetrator drew a picture of a man and woman in a pool of blood. He said that that which will not bend, must break and that which can be destroyed by truth should never be spared demise.

In terms of female victims, one drew a picture of a woman being cut up by an angry man while sleeping. She commented that men are after women, women are powerless. Death can strike at any time. Her husband stabbed her to death and hanged himself. She also drew a picture of a man and woman in a dark place and noted that children, spouses, women, family members are killed by people they love. Who knows, maybe she is next.

Violent and upsetting drawings accompanied by disturbing messages may have led to cognitive miserliness in male perpetrators and female victims. Cognitive miserliness may have possible connections with anxiety that may have given way to feeling angry, embarrassment, loneliness, feeling isolated, unsettled, confused, upset and considering IPMS as solution. Lack of support and even blame from family, friends and professionals may have added to the sense of helplessness caused by abuse.

7.4.2 Murder attempts

Murder attempts were reported by study participants and deceased archival records as possible triggers in IPMS. Male perpetrators strangled, shot at and missed their wives several times, while female victims poisoned their intimate partner and also hired a hitman to kill their husband. These murder attempts were associated with romantic ideology. It seemed it was a deliberate act which was the result of emotional ripeness that created the mental readiness for completing IPMS in future. For example, a year before the IPMS he shot at and missed his wife two times. He acted like it's a mistake, and said he was not thinking of killing her but cleaning the gun. On the day of incident, he shot his wife and himself in the house. She was found with

multiple gunshot wounds. He shot himself in the mouth. In terms of female victims, two years before the IPMS, she hired a hitman to kill her husband. She pledged to pay R30 000-00. The hitman fired two bullets which missed him because he fired back at the hitman.

Attempts to murder intimate partners were made because some have updated their will (testament), policies and removed their intimate partners as the primary beneficiaries. Attempted murder led to feelings of guilt, feeling uncertain and bad memories. Feeling guilty may have possible connections with insincere apology that may have given rise to mood swings, helplessness and considering IPMS as solution.

Uncertainty may have taken root in their mind, which may have given rise to fear of losing independence and feelings of unreality and considering IPMS as solution. Bad memories may have given rise to loneliness, loss of self-confidence and feeling overwhelmed and considering IPMS to escape the bad memory.

7.4.3 Prior suicide attempts

Prior suicide attempts were reported by study participants and deceased archival records as possible triggers in IPMS. There was a pre-existing history of prior suicide attempts on the part of male perpetrators and female victims. Male perpetrators used to hang themselves several times and were rescued by community members who happened to pass by. Female victims also used to hang themselves, ate rat poison and drunk paraffin several times in their life. They were rescued by their relatives and community members who happened to pass by. It seemed they had channelled their suicidal rage, desperation and emotional separation into plans to kill their intimate partners before killing themselves because they convinced themselves that they would be better off dead.

For example, at the age of 12 one of the perpetrators was found hanging in the house and rescued by a close relative. The incident happened after he was molested and bullied by people older than him. He stated that the people who molested him are better off dead. A female victim took an overdose of medication after she was caught red-handed by the perpetrator in the sexual act with his best friend at the age of 27. She said that she wished to die with her husband. They would be better off dead.

Non-fatal suicide attempts led to self-blame and anxiety in the male perpetrators and female victims. Self-blame may have possible connections with self-imperfection that may have given rise to self-devaluation, feeling worthless, and considering IPMS as solution. Excessive anxiety may have taken root in the mind of male perpetrators and female victims that may have given rise to self-shaming and considering IPMS as solution.

7.4.4 Suicidal ideation

Suicidal ideation were reported by study participants and deceased archival records as possible trigger in IPMS. Male perpetrators and female victims seemed to have been suffering from suicidal thoughts. However, the suffering seemed to have been used as a weapon to punish intimate partners because they convinced themselves that they would never be happy or things would never go right for them again. It seemed they were overwhelmed by difficult emotions or situations in the intimate relationship. They expressed wishes to reunite with their grandfather and grandmother who died six years before IPMS. They used to feel disconnected from the family members and intimate partners. They often felt like an outsider in their family and community because they convinced themselves that people in their lives would be better off if they're gone. They also convinced themselves that people around them would be happier without them and felt like a burden. It seemed that male perpetrators and female victims faced an existential crisis. They used to say they're better off dead because they believed that all people are going to die. They focused mostly on failures and disappointment in life and did not see the possibility to overcome difficult emotions or situations in life. Instead, they asserted the right to take their lives and the lives of their intimate partners.

For example, they expressed fears, worries, unbearable truth, meaninglessness and regret in the intimate relationship. They failed to embrace what would come on their ways such as, arrest, court process, stigma and questions from surviving family members. Often this led to the thoughts that life has no meaning because it ends in death and convinced themselves that there is no point in living.

Suicidal ideation led to feelings of hopelessness, worthlessness and helplessness in male perpetrators and female victims of IPMS. Feeling hopeless may have possible connections with feeling trapped, which may have given rise to despair, emotional

pain, and considering IPMS as solution. Feeling worthless may have possible connections with feeling overwhelmed and frustration, which may have given rise to fear, foggy mind, and considering IPMS as solution. Feelings of helplessness may have taken root in their mind, which may have given rise to frustration and giving up on the relationship, and considering IPMS as solution.

7.4.5 Relationship breakups

Relationship breakups were reported by study participants and deceased archival records as a possible trigger in IPMS. Male perpetrators and female victims noted prolonged distress after a romantic rejection several times in the intimate relationship. They assumed their former intimate partner had discovered something undesirable about them. They worried that future relationships would continue to fail, voicing fear that no matter how hard they tried, they would not be able to find someone new to love. They noted more often that they were still upset when they thought about the intimate partner who had rejected them. For example, one person expressed that he just felt hurt, disappointed and rejected. He is better than nothing. He doesn't see the value of living. Another said, he cannot take it anymore. He tried to save his marriage but failed. He cannot afford to lose her. If it comes to death, he will rather die with her.

These relationship breakups led to loss of motivation in intimate relationship and feelings of sadness in male perpetrators and female victims of IPMS. Loss of motivation may have possible connections with feeling scared that may have given rise to feeling empty, and considering IPMS as solution. Feeling of sadness may have given way to a sense of loss, feeling angry, feeling suicidal and considering IPMS to escape the breakup.

7.4.6 Sexual attraction and orientation

Sexual attraction and orientation were reported by study participants and deceased archival records as possible triggers in IPMS. Male perpetrators and female victims preferred not to disclose their gender identity to their intimate partners. Non-disclosure was due to uncertainty about their sexual identity. The reasons offered for non-disclosure were largely a method to avoid stigmatization reaction from their intimate partners and those who they had a close relationship with. Female victims' reasons for non-disclosure included fear of being dumped and loss of financial benefits from

their intimate partners. A male perpetrator expressed fear that his intimate partner may not enjoy him sexually if she know that he is sexually attracted to both male and female partners. They also expressed fear of being insulted, rejected and hated by homophobic individuals.

These hidden secrets about sexual identity led to homophobia and feelings of shame and stigmatization in male perpetrators and female victims. Homophobia may have connections with discrimination that may have given rise to fear and hopelessness and considering IPMS as solution. Feelings of shame may have given rise to poor coping skills that may have increased worry about rejection, and considering IPMS as solution. Stigmatisation may have given rise to low self-esteem, suicidal feelings, purposelessness, despair, feeling isolated and considering IPMS as solution.

7.4.7 Childhood sexual abuse

Childhood sexual abuse were reported by participants and deceased archival records as a possible trigger in IPMS. Male perpetrators and female victims experienced childhood sexual abuse. This ranged from being exposed to adult videos (pornography) to fondling, oral sex, rape, molestation and prostitution. They kept childhood sexual abuse a secret from their intimate partner. The reasons for keeping their abuse a secret is that they were ashamed and fearful of their intimate partner's reaction towards them. Another reason for keeping their abuse a secret was that they feared their intimate partner and they don't want the partner to think of them as forced.

For example, a male perpetrator noted that at the age of 12 he was exposed to adult videos by boys older than him. They forced him to have sexual acts with a girl and to molest a boy younger than him. He expressed fear of disclosing his abuse to his intimate partner. A female victim noted that her stepfather frequently raped her for years. He took nude photos and videos without her consent. He threatened to kill her if she disclosed that he had raped her. She expressed the feeling of anger towards her mother. She cannot forgive her. Another noted that she had sexual acts with her mother's boyfriend every Friday. He gave her R1 000-00 after sex and another R1 000-00 at the end of the month. She expressed excessive fear, shame and confusion when considering disclosing the abuse because she convinced herself that no one would believe her.

Sexual abuse led to excessive anger, fear and isolation in male perpetrators and female victims of IPMS. Excessive anger may have possible connections with feeling guilty that may have given rise to nightmares, shame, self-blame, embarrassment, low self-esteem, concerns about pregnancy, anxiety and considering IPMS as solution. Excessive fear may have possible connections with lack of control, shock, denial, which that may have given rise to fear, distrust, anger and considering IPMS as solution. Feeling of isolation may possibly connect with dissociation, intensity that may have given rise to sadness, feeling vulnerable, and considering IPMS as solution.

7.4.8 Extramarital affairs

Extramarital affairs were reported by participants and deceased archival records as possible triggers in IPMS. Male perpetrators and female victims had a history of extramarital affairs in their romantic abuse. The reasons for having extramarital affairs was for emotional support and sexual gratifications. Other reasons for having extramarital affairs was that their intimate partner doesn't meet their sexual expectations because they always drunk and because their intimate partner are childless.

For example, a male perpetrator noted that he had extramarital affairs with school girls for emotional support and sexual gratification. Another one noted he had extramarital affairs because his wife is childless and he wanted to be called a father. A female victim noted that she had extramarital affairs because her husband does not meet her sexual expectations. They live like brothers and sister. She doesn't feel him anymore. She expressed the wish to quit her marriage but didn't know how to tell her parents because they did not believe in divorce. They were always saying God is against divorce. Another victim noted that she had extramarital affairs because her husband is always drunk. Nothing happens in the bedroom. She had a boyfriend for sexual gratification and emotional support. She confirmed that she had a daughter aged 6 years old with her boyfriend because her husband is childless.

Extramarital affairs may have led to emotional trauma and emotional exhaustion in male perpetrators and female victims. Emotional trauma may have possible connections with confusion, shock, flashbacks, nightmares, dissociation from reality, and feeling angry, which may have increased feelings of distress, emotional insecurity, doubt, feeling guilty and considering IPMS as solution. Emotional exhaustion may

have possible connections with anxiety and compromised sense of confidence, which may have given rise to lack of sleep, argumentativeness, excessive worry and considering IPMS as solution.

7.4.9 Dispute about the payment of child maintenance

Disputes related to the payment of child maintenance were reported by participants and deceased archival records as possible trigger in IPMS. Although there is lack of explanation on dispute about the payment of child maintenance that may have influenced IPMS in male perpetrators and female victims in the literature review, the current research finding confirmed dispute about the payment child maintenance that influenced IPMS in male perpetrators and female victims, and its mental illness sequelae.

Based on the analysis of the current research finding, failure to honour the payment of child maintenance was found to be robust dispute that have triggered fatal behaviour of IPMS in male perpetrators and female victims. Male perpetrators and female victims are having babies with their lovers. The reasons for having children with them is because their intimate partner is childless. Sadly, they have been embroiled in dispute with their mistress and lover because they were in arrears for outstanding payments. They felt guilty, confused, disappointed, upset, sad and divested for having a child outside their marriage. It seemed the pressured mounted up especially when their mistress pressured them to divorced their wives and marry them because they were tired of being the side chick. On the other hand the male lover pressuring female victims to divorce their husband because they can't allow another man to raise their children.

It seemed they have been keeping this secret from their intimate partner. Unfortunately, their intimate partner found out about the secret child maintenance and threatened to file for divorce. It seemed they have suffered some prolonged frustration, feeling inadequacy and some catastrophic loss of their finances in their marriage. For example, a perpetrator had two sons age 5 and 3 and a daughter aged 1 year old. He paid R1 500-00 for each child. He was in arrears for outstanding payments. The mother of children who happen to be his mistress threatened to take him to court. He expressed feelings of disappointment, regret and loss of finances because he is

supporting children who do not use his surname but the surname of the mistress husband.

Another perpetrator had a daughter aged 12 and son aged 15. He paid R3 000-00 child maintenance for each child. He was in arrears for outstanding payments. He commented why continue to suffer, it is better to die. He expressed frustration, feelings of inadequacy, anger and misery. He noted he can't take it anymore because his wife threatened to divorce him. On the day of the incident he stabbed his mistress to death and hung himself in the bush.

A third perpetrator had a daughter aged 6 year old with her lover. This was confirmed by paternity test which showed that her lover is the father of the child. Her husband kicked her and the child out of their matrimonial house and threatened to divorce her so that she can go and stay with the father of the child. The lover payed R4 000-00 child maintenance. He was in arrears for outstanding payments. She expressed feelings of disappointment, anger, sadness and misery for loss of marriage and finance from her husband. She threatened to kill her lover because he failed to pay child maintenance. On the day of incident she was found dead in her room with multiple gunshot wounds and her lover with one gunshot wound in the chest.

Dispute about the payment of a child maintenance may have possible connections with feeling of disappointment, anger, frustration and considering IPMS as solution. Feeling miserable may have connections with feeling inadequacy that may have increased frustration, sadness and led to considering IPMS as solution.

7.4.10 Love triangles

Love triangles were reported by participants and the deceased's archival records as possible triggers in IPMS. Male perpetrators and female victims had a history of love triangles and they were spotted through the text messages and emails. It seemed they tended to be happier with more intimacy. Sadly, the aftermath of the secret was devastating emotionally. The fast-pace and excitement of the love triangle ended in double murder. For example, a male confessed the love triangle. He was caught red handed with the man's wife in the house. He was beaten, handcuffed and locked in the house for two days, naked and without food. He managed to escape on the evening of the third day. On the fourth day, he learned that the man killed his wife and

himself. He said he is ashamed of the love triangle and cannot take it anymore. He wished he could take it back. A female victim also confessed. She was with her husband and accidentally met her boyfriend, who is also a married man. The boyfriend followed, grabbed and punched her. He demanded to know who the man she is walking with is. The boyfriend asked her to choose between her husband and him or to be killed. She expressed feelings of regret and anxiousness. After five days her boyfriend shot her to death before he turned the gun on himself.

Love triangles led to being emotionally overwhelmed, separation anxiety, and fear of loneliness in male perpetrators and female victims. Emotional overwhelming may have possible connections with resentment, anger and considering IPMS as solution. Separation anxiety may have connections with emotional pain that may have increased frustration, grief and led to considering IPMS as solution. Fear of loneliness may have possibly increased sadness and gave rise to considering IPMS as solution.

7.4.11 Criminal activity

Criminal behaviour reported by participants and deceased archival records as possible trigger in IPMS. Male perpetrators and female victims had a history of criminal activity. Although there is a lack of explanation of criminal activities that have influenced IPMS in male perpetrators and female victims in the literature review, the current research findings confirmed criminal activities have influenced IPMS in male perpetrators and female victims, and its mental illness sequelae.

Based on the analysis of the current research finding criminal activities related to assault, murder, domestic violence, corruption, fraud, theft, attempted murder, armed robbery, petty crime and shoplifting, and child abuse were found to be the robust criminal activities that have triggered fatal behaviour of IPMS in male perpetrators and female victims. The participants were previously convicted and released on fine, granted parole, and bail. It seemed they were continuing to committing crime while released on fine, parole and bail. They were then rearrested for new crimes. Many of those rearrested were not convicted or sent back to prison.

Criminal behaviour led to impulsivity, aggressiveness and inhibitions in male perpetrators and female victims of IPMS. Impulsivity may have connections with paranoia and antisocial personality traits that may have possibly increased anger,

aggressiveness and led to considering IPMS as solution. Inhibitions may have connections with hopelessness and led considering IPMS as solution.

7.4.12 Traumatic brain injury

Traumatic brain injuries were reported by participants and deceased archival records as possible triggers in IPMS. Although there is lack of explanation on traumatic brain injuries that may have influenced IPMS in male perpetrators and female victims in the literature review, the current research finding confirmed traumatic brain injuries that influenced IPMS in male perpetrators and female victims, and its mental illness sequelae. Based on the analysis of the current research finding, severe head injury and multiple fractures in the skull, brain swelling, affected temporary lobe and amygdala and ventromedial frontal cortex caused by near-fatal accidents were found to be robust traumatic brain injuries that have triggered fatal behaviour of IPMS in male perpetrators and female victims.

Traumatic brain injuries may have led to emotional overwhelming, mental confusion, memory problem, hallucination and delusion in male perpetrators and female victims of IPMS. Emotional overwhelming may have increased temper tantrums, confusion and led to considering IPMS as solution. Mental confusion may have connections with hallucination that may have increased frustration, anger, acting upset, agitated and led to considering IPMS as solution. Memory problems may have possibly increased poor problem solving skill and led to considering IPMS as solution. Delusions may have connections with feeling of persecutions, mood swings, being easily irritated and led to considering IPMS as solution.

7.5 Circumstance around IPMS

7.5.1 Means of IPMS

Study participants and archival records reported the means of IPMS. Male perpetrators and female victims were found to have had unique ways of completing IPMS. The preferred principal method for IPMS was likely to be hacking, gunshot wound, strangling, multiple stab wounds, hanging and food poison. The common weapon of choice was handguns, hammer, machetes, butcher knives, rat poison (that is, Protek Kill All Liquid Bait and Efekto Eco Rat Poison), brown and white thick twisted

rope. The location of the incident was likely to be in the bush, the home of the perpetrator or victim's house, particularly in the bedroom, garage, dining room, garage and pit toilet. The method for perpetrators suicide was ligature suspension, gunshot wound and food poison. The method for victim's murder was likely to be hacking with machetes, strangling, multiple stab wound and multiple gunshot wound.

The results were supported by Rao (2014); Andreas (2016); Salari (2007); Adinkrak (2014) Susan et al. (2008); Department of Forensic Medicine (2014) who reported stabbing, hacking, gunshot, hammer, food poisoning, and hanging as a means of IPMS. The common weapon of choice used to complete IPMS was found to be handguns, knives, rope and machete. The home of the perpetrator or victim, and the bush were found to be the location of IPMS.

7.5.2 Messages left before IPMS

Study participants and deceased archival records reported that male perpetrators and female victims left detailed death notes. Although there is lack of explanation on messages left before IPMS that may have influenced IPMS in male perpetrators and female victims in the literature review, the current research finding confirmed messages left before IPMS and its mental illness sequelae. Based on the analysis of the current research finding, male perpetrators and female victims used death notes to confess acts of IPMS. This confession helps to alleviate the secret the male perpetrators and female victims have had in their life. For example, after complaining about several breakups with his wife, he left a death note. His note read: "You are less than nothing. Don't dare think of leaving me". Another one noted: "I and my partner we are one. I will never stop loving my wife even if I am abused and treated like nothing. I don't want to hurt anybody, I and my partner we are at peace", "Delete us from your life", "Be still and know we are in good hands", "Peace be unto you", "It's better to die with the woman you dearly love", "See you on the other side", "Good bye".

On the part of female victims, after complaining that her husband is having sex with his co-worker and that they had a child together, she left a death note. Her note read: "Sleep well my love", "Together we are one", "Call me no more", "I am in a better place". Another victim wrote a note after her boyfriend dumped her and pledged to marry another woman from the same village. Her note read: "I don't want to hurt you. Please forget about us", "Love never dies", "I would never stop loving my husband-to-

be, even if he dumped me”, “I can’t live without him. He is all I need. No one will snatch him away from me”.

7.6 Chapter summary

This chapter outlined the interpretation of the finding of the study. During the discussion, it was established that there is no evidence in the literature review supporting the results of the current study, particularly the psychological intent, psychological motive, role played by male perpetrators and female victims in IPMS and messages left by perpetrators and victims before IPMS. Differences between the results of previous studies and the current study were also noticed, particularly on the multiple trajectories (these include psychological, social, environmental and cultural factors) contributed towards IPMS and possible risk factors or events triggered the fatal behaviour of IPMS. Similarities between the previous research findings and current research findings were also noted, particularly on the means of IPMS.

CHAPTER 8

PSYCHOLOGICAL GUIDELINES TO ASSIST MENTAL HEALTH PROFESSIONALS IN RESPONDING TO INTIMATE PARTNER MURDER-SUICIDE (IPMS) IN A RURAL COMMUNITY OF LIMPOPO PROVINCE

8.1 Introduction

In this chapter, the guidelines to assist in responding to murder-suicide by intimate partners are proposed. This chapter should be read together with a detailed psychological guidelines to assist mental health professionals in responding to IPMS (See Appendix 9). These guidelines are designed to help mental health practitioners to assist the surviving family members and community to deal with the tragic loss of their loved one through intimate partner murder-suicide by understanding the prevalence of IPMS, steps for responding to IPMS and ethical consideration to be followed when responding to IPMS cases. The guidelines should be seen as a resource which complements a mental health care institution to promote positive mental health and that supports and reflects critical incident management process in IPMS. The guidelines should be read in sequence and mental health care institution leaders, mental health professionals, emergency response teams, surviving family members and community members should re-familiarizes themselves with the information in the guideline as soon as they are aware of IPMS or attempted IPMS. These guidelines will be divided into three sections:

- (i) Responding to intimate partner murder-suicide (IPMS)
- (ii) Ethical considerations in respond to IPMS
- (iii) Chapter summary

8.2 Responding to intimate partner murder-suicide (IPMS)

8.2.1. Understanding prevalence's of IPMS cases

The guidelines depict the prevalence of IPMS cases. The prevalence of IPMS cases were reviewed. Special attention was paid to international and South African studies which investigated the phenomenon if IPMS. The guidelines acknowledged that

though it is difficult to determine the prevalence of IPMS, it does appear that this phenomenon is reported in different parts of the world. The guidelines highlighted that IPMS prevalence will help understand the trend or pattern of IPMS globally. It will also help in development and review policies, Acts, strategies, and awareness campaigns to tackle IPMS.

8.2.2 Recognising IPMS behaviour

The guidelines depicts a recognition of IPMS behaviour as an important way to respond to IPMS death/cases. The guidelines acknowledged that though it is difficult to recognise the IPMS warning sign, the surviving family members and community must reports any suspected IPMS behaviour to the police, traditional leaders, religious leader, civic association, street committees, and mental health care institution. The guidelines highlighted that evidence-based reports on IPMS suspected behaviour will help in the development and amendment of policies, Acts, strategies, and awareness campaigns used to tackle violence crime.

8.2.3 Understanding the IPMS mind

The guidelines indicates that the understanding of the IPMS mind is an important aspect in responding to IPMS cases. Often, there are psychological profiles of intimate partners, multiple trajectories, possible triggering factors/events and circumstances lead intimate partner to take decision to end their lives through murder-suicide. The guidelines highlighted that current psychological autopsy studies/research of male perpetrators and female victim of intimate partner murder-suicide in a rural community in Limpopo provide information about the IPMS mind. Evidence-based reports on IPMS mind will help in the development and amendment of policies, Acts, strategies, and awareness campaigns used to tackle IPMS. Therefore, mental health professionals and other stakeholders dealing with IPMS cases are encouraged to familiarise themselves with the results of this study.

8.2.4 Conduct psychological autopsy studies/ research on IPMS cases/death.

The guidelines suggest that conducting psychological autopsy research is an important aspect in responding to IPMS cases/death. The guidelines acknowledged that psychological autopsy studies will help to understand psychological intent/plan behind IPMS, including the motive, behaviour, role played by perpetrators and victims

of IPMS, multiple trajectories and other factors/events associated with IPMS and other unnatural death. A research psychologist, academic researcher, psychological autopsy investigators with high level of psychological autopsy skills is required to conduct research. The guidelines highlighted that evidence-based psychological autopsy studies will help in the development and amendment of policies, Acts, strategies, and awareness campaigns used to tackle violence crime.

8.2.5 Conduct psychological autopsy investigation of IPMS cases

The guideline recommend conducting psychological autopsy investigation as an important aspect in responding to IPMS cases/death. The guidelines acknowledged that psychological autopsy investigations will help to set aside proximate and distal causes of IPMS or ascertain the most likely manner/mode of death where that manner of death is equivocal and left undetermined by medical examiner. It will also help to ascertain interconnection between murder-suicide cases, suicide, motor vehicle accident, drowning and other unnatural death. A certified psychological autopsy investigator is required to conduct investigation.

8.2.6 Assess psychological IPMS risk

The guidelines point to the importance of conducting psychological risk assessment will help to understand the possible risk factors that may led surviving family members to complete IPMS or other unnatural death. Suicidologists and psychological autopsy investigators with high level of psychological autopsy and traumatic skills are required to conduct assessment.

8.2.7 Provide counselling to surviving family members of IPMS

It is important to provide counselling to IPMS surviving family members as an important aspect in responding to IPMS cases/death. This will help the surviving family members to handle the death of their loved one by murder-suicide in a reasonable way. It will also help them to clarify issues and explore the options to deal with the aftermath of IPMS death. A registered counsellor or counselling psychologist will be better placed to provide the necessary counselling.

8.2.8 Provide therapy to surviving family members of IPMS

The guidelines show the need to provide therapy to IPMS surviving family members as an important aspect in responding to IPMS cases/death. In this regard, cognitive behaviour therapy, interpersonal therapy and support groups are some of the modalities regarded as for IPMS survivors. A clinical psychologist is recommended as the suitable professional to provide therapy to IPMS surviving family members.

8.2.9 Building a community-based IPMS survivors' crisis centre

The guidelines recommend a need to building a community-based IPMS survivor's crisis centre as an important aspect in responding to IPMS cases/death. In this regard, a wide range of stakeholders should be mobilised to participate in such initiative. These include: suicidologist, psychological autopsy investigators, survivor's family members, psychologists, medical practitioners, social workers, traditional leaders, religious leaders, police officers, national prosecution authorities and registered counsellors.

8.2.10 Provide IPMS educational psychological support program in schools and tertiary institutions

The guideline recommend the provision of educational psychological support programmes in schools and tertiary institutions. Suicidologists, psychological autopsy investigators and educational psychologists would be better suited to provide educational supports to students, educators and other employee appointed in educational sectors. IPMS educational psychological support programmes will help student to lean effectively and to deal with aftermath of IPMS. Similarly, there is a need to provide

8.3 Ethics considered for responding to IPMS cases.

The guideline depicts ethic needs to be considered responding to IPMS cases. The guideline highlighted permission to conduct studies, voluntary participation and informed consent, privacy, anonymity and confidentiality, benefits and risk/harm, anti-discrimination and equal opportunity, human rights, personal and health information were ethic need to be considered in responding to IPMS cases.

8.4 Chapter summary

The study developed a guideline to assist in responding to murder-suicide by intimate partners. The guidelines do point to the significance of understanding the prevalence of IPMS, recognising IPMS behaviour and understanding the IPMS mind. They also highlight the significance of good ethical conduct when responding to IPMS cases. This guideline will go a long way in assisting the mental health professionals, surviving family members and community members in responding to murder-suicide by intimate partner. It will also serve as the foundation to understand IPMS in South Africa and other countries. The guideline will be reviewed annually or when need arise.

CHAPTER 9

SUMMARY, IMPLICATIONS, LIMITATIONS AND CONCLUSION

9.1 Introduction

This chapter presents the summary of the research study, implication of the study, limitations, conclusion and recommendations. The current study is critical as it seeks to conduct a psychological autopsy on male perpetrators and female victims in a rural community, with a view to understand the psychological intent, motive, including behaviour, and role played by perpetrators and female victims in IPMS. Further, the study seeks to understand the multiple trajectories and possible triggers in IPMS. The circumstances around IPMS were also highlighted.

9.2 Summary of research findings

The study research questions guided the layout of this chapter. The finding on the psychological profile of perpetrators and victims will be presented first. These include psychological intent, psychological motive, behaviour and the possible roles played by perpetrators and victims in IPMS. The multiple trajectories towards IPMS, possible triggers in IPMS, and circumstance around IPMS will also be presented.

9.2.1 Psychological profile of perpetrators and victims in IPMS

9.2.1.1 Psychological intent: The research was meant to understand psychological intent of male perpetrators and female victims in IPMS. The study highlighted that although IPMS came as total surprise, male perpetrators and female victims have intended/planned to end their lives through IPMS several times before the act. There are different stages, suggesting it was male perpetrators and female victim's psychological intent/plan to end their lives through IPMS before the act. This intent/plan included vivid violent insight thinking, long range planning, tracking efforts and obtaining weapons of choice to complete IPMS.

a) Violent thought for IPMS: The study participants and archival records reported that male perpetrators and female victims experienced stressful romantic relationships which drove them to a violent thinking of stabbing, hanging, bludgeoning, poisoning

and shooting their intimate partners. They also have vivid violent insight thinking of hanging, poisoning and shooting themselves, immediately after killing their intimate partners. This implies that male perpetrators and female victims did not want to die alone but to die with their intimate partners.

The study highlighted that this vivid violent insight thinking drove them into excessive anxiety which may have given way to feeling of loss of self-control and consider IPMS to end the stressful relationship. Stressful intimate relationships may also have driven them into low self-esteem, which may increase self-blame, self-loathing, excessive worry, and emotional distress, that may have given rise to IPMS. Replaying destructive thoughts may have increased emotional distress, which may have taken a toll on their mental well-being and increased panic attacks and a sense of hopelessness in the romantic relationship, which may have given ways to IPMS.

b) Long term planning for IPMS: The study participants and archival records reported that, after much vivid violent insight thought and considering IPMS in their mind, male perpetrators and female victims secretly engaged in long term planning on how to complete IPMS. Sadly, they planned not to change their mind no matter what, they made a promise to themselves to end the life of their intimate partners and themselves by IPMS. This long term planning deceived and misled their intimate partners as well as their family members and those who were close to them before death. Using their plans, they reconciled with their intimate partners after several break-ups. Others became engaged to their intimate partners, paid a bridal price (lobola), set the date for a wedding ceremony or reconciliation ceremony, bought a wedding ring and set the date for celebrating a child's birthday.

The study highlighted that long term planning strengthened perpetrators' capacity to complete IPMS without concern about legal, moral and social consequences, which increases lack of empathy, that may have given ways to aggressive behaviour and anti-social behaviour and self-defence that may have given way to IPMS.

c) Tracking efforts: The study participants and archival records reported that after long term planning, male perpetrators and female victims tracked the movement of their intimate partners. They located them in shopping complexes, schools, restaurants, their workplace and residential address. After successfully tracking their

intimate partner, they frequently called, sending love messages, apologising and promised to love and not to hurt them.

They frequently invited them to their place for sleeping over, eating supper or dinner, celebrating birthdays, planning a wedding, finalizing arrangement for the wedding ceremony and celebrating their child's birthday. The typical reasons for inviting their ex-intimate partner was to bring them closer, to make them feel special and comfortable, and to rekindle the lost love. A successful tracking system made the intimate partner competent in completing IPMS without a struggle.

d) Preparing weapon of choice: The study participants and archival records reported that, after successfully tracking the movement of their intimate partner, they secretly prepared the weapon of their choice suitable to complete IPMS before the act. They bought a hammer to bludgeon, butcher knives to stab, twisted rope to hang and firearm to shoot their intimate partner. They bought twisted rope to hang and firearm to shoot themselves.

The study highlighted that access to weapon of choice prior to IPMS drove male perpetrators and female victims to impulsivity which may have possible connections with heightened inclination, authoritarian personality and excessive fear that may have given rise to IPMS on the part of male perpetrators and female victims.

9.2.1.2 Psychological motive in IPMS: The research was meant to understand psychological motive of male perpetrators and female victims in IPMS. The common psychological motive behind IPMS was a strong heightened psychological arousal which includes unpleasant emotional and cognitive arousal whereby they failed to maintain good romantic relationships with their intimate partner. The study participants and information gleaned from the archival records suggest that male perpetrators and female victims in a rural community of Limpopo Province experienced strong unpleasant emotional arousal. These include feeling irritated, easily being upset, being unable to relax and being unable to control emotions.

9.2.1.3 Behaviour: The research was meant to understand the behaviour of male perpetrators and female victims in IPMS. The study participants and archival records highlighted that male perpetrators and female victims whose lives were ended through IPMS in a rural community in Limpopo Province had behavioural problems, particularly

in the romantic relationship. The common behavioural problems within their romantic relationship were controlling behaviour, manipulative behaviour, dream-enacting behaviour, fantasy prone behaviour and fearless behaviour.

The study participants and archival records reported that male perpetrators and female victims were found to have had behavioural problems in their romantic relationships, which includes controlling their intimate partners whereby they were always scrolling through their intimate partner's cell phone, reading text to check if they were texting another intimate partner. They were usually showing up at the place where their intimate partners are without letting them know beforehand. They usually stopped their intimate partner visiting, talking and spending time with their family members, friends and co-workers. The study highlighted that controlling behaviour and attempts to exercise excessive power over their intimate partners drove them to insecurity that may have possible connections with low self-esteem, which may give rise to fear of rejection, lack of self-confidence, dissatisfaction in intimate relationship and considering IPMS as solution.

The study participants and archival records also highlighted that male perpetrators and female victims were manipulative in the romantic relationship. For example, they were always spoiling their intimate partners with expensive gifts, money and taking them to the expensive hotel to prevent them to accept promotions or getting jobs in other province or district. They were always being blamed by their intimate partner for their wrongdoing and coerced to do things they don't want in their relationship. This was quite stressful since the male perpetrators and female victims felt it was unfair to be forced to refuse promotions or jobs and blamed for the wrongdoing of their intimate partner. Consequently, male perpetrators and female victims lacked trust in their intimate partners that may have possible connections with uncertainty, persistent stress and considering IPMS as solution.

Dream-enacting behaviour related to mysterious death were also found to be common among male perpetrators and female victims whose lives were ended through IPMS. Dreams about relatives whose lives were ended through IPMS, suicide, murder and motor vehicle accidents were some of the dream-enacting behaviour reported by study participants and archival records. Study participants and archival records were reported that while dreaming male perpetrators and female victims screamed,

lamented and called the name of their relatives whose lives were ended through IPMS, suicide, murder and motor vehicle accidents. They expressed feelings of guilt, distress, confusion, frustration and dread that they failed to protect them. Sadly, dream-enacting behaviour is believed to have influenced IPMS on the part of male perpetrators and female victims as they were found to have experienced excessive anxiety during and after their dreams.

Study participants and archival records reported that excessive anxiety may have possible connections with persistent anger, fear, feeling of distress, confusion, frustration, agitation and considering IPMS as solution. Fantasy-prone behaviour was also linked to IPMS on the part of male perpetrators and female victims. The study participants and archival records reported that male perpetrators and female victims were spending most of their time talking about their death and funeral arrangement. Preparation of their funeral program, tombstone, coffin, funeral undertaker and funeral messages that they thought family members, friends, pastors, and other representatives would say on their funeral were also found to be common among the male perpetrators and female victims.

In terms of fearless behaviour, the study participants and archival records reported that male perpetrators and female victims were not afraid of death and were prepared to die at any given time. Male perpetrators and female victims also preferred not to live beyond 40 or 50. They mentioned that people close to them can't say it wasn't interesting and enough because their achievement is what they have seen. They also expressed that they are grateful for the life and loves they shared with their family members and friends. People must appreciate their death and accept the way they chose to depart or escape the world. Study participants and archival records reported that being fearless of death connecting with depressive thinking may have given rise to feeling overwhelming, feeling hopeless, helpless and considering IPMS as solution.

9.2.1.4 Possible role played by perpetrators and female victim for IPMS: The research was meant to understand possible role played by male perpetrators and female victims in IPMS. The study highlighted that male perpetrators and female victims played active roles in IPMS. Cruelty, selfishness, a need to end pain and wanting to be free were found among the roles played by male perpetrators and female victims in a rural community in Limpopo Province.

Study participants and archival records reported the root cause of IPMS is cruelty on the part of male perpetrators. Cruelty allowed male perpetrators to stab their intimate partner in a broad daylight. Five times in the heart, six in the chest, four in the vagina and eight in the back. After brutally killing their intimate partner, it seemed he undressed her, hid her bloodied clothes in a black plastic bag, dressed her in black attire, covered her body with a blanket and supported her head with a white pillow. Male perpetrators were also reported to be cruel to themselves because after brutally killing their intimate partners, they hung themselves. They said that enough is enough, they can't take it anymore. The expressed feelings of rejection after seeing their intimate partner dating another person. Cruel behaviour may have possible connections with feelings of rejection, which may have given rise to feeling angry, feelings of abandonment, excessive anxiety, sleeping disturbances, irritability and considering IPMS as solution.

Study participants and archival records reported that the root cause of IPMS was selfishness on the part of male perpetrators. Selfishness drove male perpetrators to kill their intimate partners because they didn't want them to enjoy their money with boyfriends in case they died or divorced them, they proposed marital counselling. Conflict over money, extramarital affairs and love triangles were the most common reasons for attending marital counselling. Their argument was their intimate partners have taken everything else from them. They would not allow them to continue with divorce process and enjoy their money with another intimate partners. For example, on the day of the incident, they were scheduled to attend marital counselling. Later in the evening, they were found dead in the matrimonial house.

The perpetrator noted that he has killed his wife, no one would take him to court. If she thought of divorcing or killing him and enjoy his policies and life insurance with her boyfriend, she must forget. Study participants and archival records highlighted that selfishness seems to have driven male perpetrators into feeling of helplessness, hopelessness, excessive anger, frustration, and confusion in romantic relationship. This led to self-blame and self-criticism and considering IPMS as solution.

A need to end pain and to be free were also among the possible roles played by female victims in IPMS as reported by study participants and deceased archival records. For example, her 50 year old boyfriend told her that he can't leave his wife of 15 years for

her. She noted that if she had died a long time ago it would have saved a lot of pain. They convinced themselves that IPMS is the only thing that can end the pain of being dumped by their boyfriend. They were filled with devastating sadness, anger, disappointment, helplessness, hopelessness, worthlessness, shame and considering IPMS as solution.

9.2.3 Multiple trajectories towards IPMS

The research was meant to understand multiple trajectories that may have contributed towards IPMS. Psychological factors, social factors, environmental factors and the cultural/historical context were found to be among the multiple trajectories that have contributed towards IPMS on the part of male perpetrators and female victims in a rural community in Limpopo Province.

9.2.3.1 Psychological factors: The current study highlighted emotional pain, emotional stagnation, and emotional exhaustion as the psychological factors contributing towards IMPS. Study participants and archival records reported that male perpetrators and female victims experienced emotional pain which includes feeling broken, crushed, saddened, and excessively angry after being threatened, humiliated, and belittled by their intimate partners.

This led to a general feeling of hopelessness, feeling guilty, loneliness, emptiness, rejection and embarrassment and excessive anger. Emotional pain may have possible connections with deep sorrow, intense sorrow, frustration, panic attacks, leading male perpetrators and female victims to consider IPMS to avoid emotional pain.

Emotional stagnation amongst the male perpetrators and female victims were also reported as psychological factors contributing towards IPMS. The study participants and archival records reported that male perpetrators and female victims were constantly complaining about non-existence of intimacy and loss of intimate interest in their romantic relationship. They were feeling unhappy all the time in the intimate relationship, but also actively refused to act because they feared to be negatively judged by their family members, religious leaders, and church congregations. They were afraid that God and their ancestors would punish them if they withdrew from the intimate relationship. They convinced themselves that staying with their intimate partners is better than staying with their sibling and parents. Prolonged emotional

stagnations and unresolved issues may have possible connections with feeling despair sighing, depressive mood that may have given way to feeling angry and considering IPMS as solution.

Emotional exhaustion was also among the psychological factors contributed towards IPMS. Spending habits combined with extramarital affairs were found to have caused emotional exhaustion in the intimate relationship. For example, a male intimate partner complained that his female intimate partner spent her money on expensive clothes, shoes, handbags, and hairstyles. On the other hand, a female intimate partner complained that her intimate partner spent his money financing his mistress, girlfriend and buying alcohol. Prolonged emotional exhaustion led to physical exhaustion whereby male perpetrators and female victims felt excessive stressed, unmotivated, and uninspired of spending time with their intimate partners and considering IPMS as solution.

9.2.3.2 Social factors: The current study highlighted financial pressure, excessive use of psychoactive drugs, intimate partner terrorism and lack of physical and sexual attraction as social factors contributing towards IPMS. Study participants and archival records reported self-generated financial pressure as social factors which influenced IPMS on the part of male perpetrators and female victims. Three years before the IPMS, their debts were close to R200, 000-00. They were in debt for clothing, furniture, cell phone accounts, gambling, credit cards and owed money to loan shacks (*Mathonise*). Their identity documents and bank cards were kept by the loan shack owner because they failed to repay the money. For example, a male perpetrator was over-indebted, despite the fact that he has been working for the past 20 years. His salary has increased a couple of time, but he says it still doesn't allow him to live a comfortable life. He owes R60 000-00 to a loan shack. R30 000-00 for credit card, furniture, clothing, and cell phone account and R30 000-00 from family members, friends and co-workers and this amount was spent on gambling. On female victim was indebted despite the fact that her husband gave her money every month, and that she received child maintenance from her ex-husband. Three years before the incident she owed R40 000-00 to a loan shack, R20 000-00 for credit card and R20 000-00 for clothing, cell phone accounts, R15 000-00 from family members, friends, and neighbours. She also used money for gambling. Self-generated financial pressure may

have connections with frequent frustration of being bankrupt that may have given rise to anger, feeling of distress, excessive worries and considering IPMS as solution.

Study participants and archival records reported that excessive use of psychoactive drugs as a social factor influenced IPMS on the part of male perpetrators and female victims. Male perpetrators and female victims were found to have excessively consumed alcohol, which includes, beer, wine and traditional beer (*Mahafhe*), smoking dagga and cigarettes regularly. It seemed they were secret alcoholics (*tshidakwa*) and weed smokers (*lidahambanzhe*).

Excessive consumption of alcohol, smoking dagga and cigarettes seems to have affected their brain and increased emotional problems, which includes shouting, accusations, heated arguments and physical abuse (beating and kicking) in their intimate relationship. Sadly, excessive use of psychoactive drugs seemed to have caused temporary hallucinations, paranoid behaviour, aggressive behaviour and antisocial behaviour. This led to excessive anxiety that may have given rise to excessive worries and considering IPMS as solution.

Intimate partner terrorism (IPT) was also reported as a social factor influencing IPMS on the part of male perpetrators and female victims. They were found to have frequently used violence in the intimate relationship. Pushing, beating, kicking, stomping and threatening to chop their intimate partner with machetes if they leave were found to be the common intimate partner terrorism happening in the intimate relationship. Male perpetrators and female victims tend to tolerate intimate partner terrorism in their romantic relationship. For example, a wife was pushed and kicked by her husband while she was eight months pregnant. He threatened to chop her with machetes if she left him. She was advised to open a case against him. Instead she blamed her family members for accusing her husband of beating her, saying she must be the one to be blamed, not her husband because she was lying when she said he has beaten her. Another victim had a tendency of beating her husband with a hairdryer, iron and plate. The family member and friends tried to intervene. Instead, he told them to stop interfering in his romantic relationship. Otherwise he would deal with them categorically and in a harsh way. Sadly, prolonged intimate partner terrorism may have possible connections with depression, dissociation, Post-traumatic Stress Disorder

(PTSD) which may have given rise to lack of self-control and considering IPMS as solution.

Lack of physical and sexual attraction also reported as social factors influenced IPMS. Some male perpetrators and female victims were found to be in love with their intimate partners but not physically and sexually attracted to them. Their biological clock and pressure from the family members pushed them into a romantic relationship. Their intimate relationship was based on relational qualities such as affection, intellect and shared interest, religion and values.

Passionless and sexless attraction to their intimate partner seemed to be there even before they tied the knot. They thought a physical attraction would be there after marriage, but it got worse. Fear of losing parental rights, financial benefits and being negatively judged by family members, friends and community members forced them to stay in intimate relationship. Consequently, this led to frustration, depressive thinking and emotional pain that may have given rise to emotional harm, low self-esteem, cruel remarks and considering IPMS as solution.

9.2.3.3 Environmental factors :The current study highlighted family traumatic events, family and community violence as environmental factors contributed towards IPMS. Study participants and archival records reported family traumatic events influenced IPMS on the part of male perpetrators and female victims. They were found to have witnessed their uncles and father brutally killing their intimate partners and subsequently killed themselves. They were between the ages of 6 and 14 years old when their uncles and father completed IPMS. The male perpetrators and female victims were the only survivors. Three years before the incident, one of the survivors documented that now is the time for women to stand and fight or kill their estranged intimate partners. If time permitted, she would do exactly what her uncle did to his girlfriend. A perpetrator documented that intimate partners are dying like flies. Romantic relationships are chaotic and both men and women are vulnerable. No one cares about it. A day before the incident, he noted that he cannot stand it. Why can't he do the same? Like father like son. Sadly, those survivors also ended the lives of their intimate partner and themselves through IPMS. It seemed witnessing brutal killing led to excessive anger and worries that may have given rise to emotional strain, chronic stress and considering IPMS as solution.

Family violence were also reported by study participants and archival records as environmental factors influenced IPMS. Male perpetrators and female victims were found to have witnessed physical and emotional abuse in their family. They apparently witnessed their grandfather, father and uncles beating their intimate partners with a sjambok. Their grandfather, father and uncles had a tendency of hiring the bodyguards to monitor their intimate partner's whereabouts.

Male perpetrators were found to have engaged in the same behaviour. They usually beat their intimate partners with a sjambok and one hit his partner with a wheelbarrow. They also hired bodyguards to monitor their intimate partners' whereabouts at a cost of R2 000-00. Female victims apparently witnessed their mother insulting her intimate partner. Female victims also insulted their intimate partner, telling them that they are childless. The child he is proud of is not his biological child. Her words were confirmed by a paternity test. Prolonged assaults and insults may have caused excessive anxiety and low self-esteem that may have given rise to feeling of rejection, feeling annoyed and considering IPMS as solution.

Community violence was also reported by study participants and archival records as an environmental factor which influenced IPMS. Male perpetrators and female victims were found to have been exposed to community violence. They witnessed someone beating, stabbing, shooting, intimidating, threatening and doing drugs in their village. They also witnessed someone committing murder, suicide and murder-suicide. Unfortunately, male perpetrators and female victims were found to have engaged in the same behaviour. They had a history of beating, stabbing and intimidating their intimate partner, frequently grabbing and pushing them into a wall, stamping, kicking and hitting him with a fist. They had a history of carrying dangerous weapons like a sharp knife. Sadly, this violent behaviour led to IPMS on the part of male perpetrators and female victims.

9.2.3.4 Cultural factors/historical context: The current study highlighted the bride price, traditional ceremonial cost, forced marriage and bride kidnapping as cultural factors/historical context which contributed towards IPMS. High bride prices and traditional ceremonial costs were linked to IPMS as reported by study participants and archival records. The fees to find a bride and traditional ceremonial costs were between R50 000-00 to R140 000-00. The grooms seemed to have worked more days

a week, took out a loan from a loan shack (*matshonise*) and obtained a second job to afford to pay the bridal price and covering traditional ceremonial costs. Their bank card and identity document were taken by the loan shack because they failed to repay the money.

The biggest problem arose when male perpetrators found out that female victims planned to divorce them or were seeing another male intimate partner. For example, one of the perpetrators noted that after everything his wife threatened to leave him because he is poor. She forget that he has given almost everything he had to her parents? No one would have her. He can do whatever it takes. It's do or die. The bride price and traditional cost seemed to have reduced female victims to a status of property because male perpetrators paid for them. It seems to have psychological implications, which includes low self-esteem, feelings of fear that may have given rise to frustration, despair, impulsivity and considering IPMS as solution.

Forced marriage was also linked to IPMS as reported by study participants and archival records. Female victims found to have been threatened and stopped marrying or seeing the man they dearly loved, and forced to marry men loved by their parents because of money. Sadly, there were several things seriously disconcerting about their intimate partners. For example, one of the female victims complained that she is living in hell because her husband had multiple intimate partners, but accused her that she planned his downfall. She noted a lack of physical and sexual attraction to her husband. She anticipated that her husband might kill her. Consequently, this led to depressive thinking, feeling of shame, excessive anxiety that may have given rise to hopelessness, helplessness, isolation, sadness and panic attack and considering IPMS as solution.

Bride kidnapping was also linked to IPMS as reported by study participants and archival records. Female victims were found have been kidnapped by male perpetrators after they refused to marry because they wanted to complete their studies. They were found to have experienced physical and sexual abuse in the forced marriage. One of the female victims reported that her husband beat and forced her to sexual activities she is not comfortable with. He forced her to use a sex booster when she could not cope with his sexual needs. She wished to die, but did not know how. She expressed a lack of interest in the marriage, emotional waves, frustration,

boredom, lack of physical and sexual attraction to their husband. This led to feelings of disappointment, angry, guilt and excessive worries in the intimate relationship that may have given rise to feeling of sadness, hopelessness, helplessness and considering IPMS as solution.

9.2.6 Possible triggers in IPMS

The research was meant to identify other factors or events that might have triggered the fatal behaviour of both male perpetrators and female victims. Non-verbal communication, murder attempts, prior suicide attempts, suicidal ideation, relationship breakups, sexual attraction and orientation, childhood sexual abuse, extramarital affairs, dispute about the payment of child maintenance, love triangles, criminal behaviour/activity and traumatic brain injuries were identified as possible triggers in IPMS on the part of male perpetrators and female victims in a rural community in Limpopo Province.

In terms of non-verbal communication, male perpetrators and female victims were found to have drawn disturbing pictures. Male perpetrators and female victims seem to have used disturbing pictures to express their emotions, feelings and how they would end the lives of their intimate partner and themselves. For example, one of the perpetrators drew a picture of the man and woman in a pool of blood. He commented that that which would not bend, must break and that which can be destroyed by truth should never be spared demise. Sadly, he was found dead in the house with his girlfriend. They were found lying in a pool of blood. One of the female victims drew a picture of a woman being cut up by an angry man while sleeping. She commented that men are after women, women are powerless. She was found dead with multiple stab wounds. Her husband stabbed her and hung himself.

Murder attempts was identified as a possible trigger in IPMS. Male perpetrators were found to have strangled, and shot at and missed their intimate partner several times, but pretended that it was mistake, he was cleaning the gun. A female victim was found to have hired a hitman a kill her husband, pledging to pay him R30 000-00. The hitman fired two bullets which missed her husband because he fired back at the hitman.

One attempts was made because a husband updated his will (testament), policies and removed their intimate partners as the primary beneficiaries. After the attempt, the wife

apologised for her wrongdoing and promised not to do it again. Unfortunately attempted murder seemed to cause psychological problems which includes feeling of guilty, uncertainty which may have given rise to mood swing, helplessness, feeling overwhelming and considering IPMS as solution.

Study participants and archival records reported prior suicide attempts as possible triggers in IPMS. Some male perpetrators and female victims had previously attempted suicide. Hanging with twisted rope, eating rat poison, drinking paraffin were found to be the most common principal method for attempting suicide. One attempt took place after one of the female victims was caught red-handed by her husband in the sexual act with his best friend. Another one, happened after one of the male perpetrator was molested and bullied by people older than him. They were rescued by community members and family members. They expressed the wish to die but didn't know how. Non-fatal suicide attempts seem to have led to self-blame and anxiety which may possible connections with self-imperfection, self-devaluation, feeling worthless and considering IPMS as solution.

Suicidal ideation was reported as a possible trigger in IPMS by study participants and archival records. Male perpetrators and female victims were found to have been suffering from suicidal thoughts. However, the suffering seems to have been used as weapon to punish their intimate partner because they have convinced themselves that they would never been happy or that things would never go right for them in their intimate relationship with their intimate partner. They were found to have focused much on their failures and disappointments in intimate relationship, whereby they failed to see the possibilities to overcome difficult situations in their intimate relationship. Instead they asserted the right to take their lives and the lives of their intimate partners. This led to feelings of hopelessness, worthlessness, helplessness that may have given rise to frustrations, feeling trapped and considering IPMS as solution.

Relationship break-ups were also reported as a possible triggers in IPMS. Male perpetrators and female victims were found to have experienced several break-ups in their intimate relationships. They didn't see the bright side of life after break-ups. They seemed to have worried that their intimate relationship would continue to fail no matter how hard they tried. They convinced themselves that they would never find someone

new to love them. Break-ups seemed to have led to loss of motivation in the intimate relationship which may have given rise to feeling sad, feeling empty and considering IPMS as solution.

Non-disclosure of sexual identity was also reported as a possible trigger in IPMS. Some male perpetrators were found to have identified themselves as bisexual and some female victims as asexual. They were found to have a fear of disclosing their sexual identity to their intimate partners. Non-disclosure was to avoid stigmatization reaction from their intimate partners, a fear of being dumped and avoiding loss of financial benefit from their intimate partners. The other reason offered for non-disclosure was fear that their intimate partners may not enjoy them sexually if the partners know that they are sexually attracted to both male and female partners. They also expressed fear of being insulted, rejected and hated by homophobic individuals. These hidden secrets led to low self-esteem that may have given rise to purposelessness, despair, feeling isolated and considering IPMS as solution.

Study participants and archival records reported childhood sexual abuse as a possible triggers of IPMS. Exposure to adult videos (pornography), fondling, oral sex, rape, molestation and prostitution were found to be the common childhood sexual abuse experienced by part of male perpetrators and female victims. Male perpetrators and female victims were found to have not disclose their childhood sexual abuse to their intimate partners because they convinced themselves that no one would believe them. They expressed a wish to die. This led to feeling vulnerable, excessive fear, shame, confusion that may have given rise to feeling guilty, feeling embarrassed, feeling of isolation, sadness, and considering IPMS as solution.

Extramarital affairs were reported by study participants and archival records as a possible trigger of IPMS. The most common reasons for having extramarital affairs was for emotional support and sexual gratifications because their intimate partner are always drunk. Another common reason was because their husband or wife is childless and they tried to have children outside marriage to test if whether they are fertile or not. Unfortunately extramarital affairs increased a lot of financial pressure, sexual demands and threats from mistresses, girlfriends, lovers and boyfriends. To a point where they wished to quit their marriages but failed because they don't know how to

tell their parents, wives and husband. This led to feelings of distress, feeling guilty, confused and considering IPMS as solution.

Study participants and archival records reported dispute about the payment of child maintenance as possible trigger in IPMS. Male perpetrators and female victims found to have been married and secretly having children with other married women or men, secretly agreed to pay child maintenance. Unfortunately, male perpetrators were found to be embroiled in disputes with their mistress and male lovers because they were in arrears for outstanding payments. It seemed pressure mounted up especially when their mistress pressured male perpetrators to divorced their wives and married them because they also in the process of divorcing their husband. On the other hand lovers pressurised female victims to divorce their husband because they don't want another man to raise their children. This led to frustration and sadness that may have given rise to excessive anger and consider IPMS as solution.

Love triangles was also reported by study participants and archival records as a possible trigger in IPMS. Male perpetrators and female victims seemed to be happier with more intimate partners. Sadly, the aftermath of having more intimate partner was devastating emotionally. For example, the lover confessed the love triangle, he was caught red handed with the male perpetrator's wife in the house. He was beaten, handcuffed and locked in the house for two days, naked and without food. He manage to escape on the evening of the third day. On the fourth day, he learned that the man had shot his wife and himself to death.

Study participants and archival records reported criminal behaviour as a possible trigger in IPMS. Some male perpetrators and female victims were found to have history of criminal activities. They were found to have been accused of assault, murder, domestic violence, corruption, fraud, theft, attempted murder, petty crime, shoplifting, and child abuse. They were convicted and released with a fine, granted parole and bail. They were then rearrested for new crimes and ended up not being convicted because of lack of evidence. This led to impulsivity, aggressiveness that may have given rise to anti-social behaviour and considering IPMS as solution.

Traumatic brain injury were also reported by study participants and archival records as possible trigger in IPMS. Some male perpetrators and female victims were found to have experienced severe head injury, multiple fractures in the skull, brain swelling,

affected temporary lobe, amygdala, ventromedial frontal cortex and nucleus accumbens caused by near-fatal accident and falling. This led to emotional overwhelming, mental confusion, mood swing, memory problem, hallucination and delusion that may have given rise to temper tantrums, frustration, anger, upset, agitation, feeling of persecution, easily irritated and considering IPMS as solution.

9.2.7 Circumstances around IPMS

In addition, the study highlighted the circumstances around IPMS. Study participants and archival records reported means of IPMS. Hacking, gunshot wounds, strangling, multiple stab wounds, hanging and food poison were found to be the preferred principal methods for IPMS. Handguns, machetes, butcher knives, rat poison (that is, Protek Kill All Liquid Bait and Efekto Eco Rat Poison), brown and white thick twisted rope were reported as the common weapon used to complete IPMS. The location of the incident was likely to be the bedroom, garage, dining room, pit toilet and in the bush. The method for female victims' murder was likely to be hacking with machetes, strangling, multiple stab wound and multiple gunshot wound. The method for male perpetrators suicide was ligature suspension, gunshot wound and food poison.

The study also highlighted the messages left before the IPMS. The study participants and archival records reported that male perpetrators and female victims left death notes before IPMS. Their death notes read: "You are less than nothing. Don't dare think of leaving me". "I and my partner we are one. I will never stop loving my wife even if I am abused and treated like nothing. I don't want to hurt anybody, I and my partner we are in peace", "Delete us in your life", "Be still and know we are in good hands", "Peace be unto you", "It's better to die with the woman you dearly love", "See you on the other side", "Good bye". "Sleep well my love", "Together we are one", "Call me no more", "I am in a better place". "I don't want to hurt you. Please forget about us", "Love never dies", "I would never stop loving my husband to be, even if he dumped me", "I can't live without him. He is all I need. No one would snatch him away from me".

9.3 Implication of the study

9.3.1 Implication for theory

The psychological autopsy finding gives a holistic picture concerning psychological intent of male perpetrators and female victims in IPMS in a rural community of Limpopo Province. The research revealed that although the IPMS came as surprise there was psychological intent from vivid violent insight thought about completing IPMS that help them to do long term planning how to complete IPMS, followed tracking efforts and obtained weapon of choice used to complete IPMS before the time. This is in line with the TPS belief that although IPMS came as a total surprise there is psychological intent, ranging from thoughts, explicit planning, fantasies about plan, tracking efforts and obtained weapon to complete IPMS before the act.

The study revealed that a psychological motive is behind the IPMS on the part of male perpetrators and female victims in rural community of Limpopo Province. For example, psychological arousal (that is, emotional and cognitive arousal) is believed to have motivated the male perpetrators and female victims towards IPMS. This is in line with TPS perspectives which recognises psychological arousal as a psychological motive behind IPMS.

The current research finding also revealed behaviour problems influences IPMS. Behaviour problems that point to controlling behaviour, manipulative behaviour, dream-enacting behaviour, fantasy-prone behaviour and fearless behaviour were reported. This is in line with TPS perspectives which believed that individual behaviour influences IPMS.

The current study revealed that male perpetrators and female victims played an active role in IPMS. Cruelty, selfishness, a need to end pain and wanting to be free were reported. This is in line with TPS perspectives which claimed that individual whose lives were ended through murder-suicide played a role in their death.

The current research revealed multiple trajectories influenced IPMS. This includes psychological, social, environmental and cultural factors. This is in line with TPS perspectives which believed that is not a single factors that contributed towards IPMS, rather multiple trajectories influences individual towards IPMS.

Possible triggers in IPMS were also drawn from the research findings. These include, non-verbal communication, murder attempts, prior suicide attempts, suicidal ideation, relationship breakups, childhood sexual abuse, extramarital affairs, disputes about the payment of child maintenance, love triangles, criminal activity, traumatic brain injury, sexual attraction and orientation. This is in line with TPS perspectives which recognises that there are possible events or factors that triggered the fatal behaviour of individual whose lives were ended through IPMS.

9.3.2 Implication for development of IPMS guidelines

The proposed guidelines that were developed to assist in responding to intimate partner murder-suicide in this study mainly highlighted the psychological profile of perpetrators and victims of IPMS (these includes, psychological intent, motive, behaviour and role played by intimate partners in IPMS), multiple trajectories towards IPMS, possible triggers in IPMS and circumstance around IPMS.

The guidelines bring to the fore a call for researchers and mental health practitioners who assist the surviving family members and community of IPMS to deal with the tragic loss of their loved one through IPMS by taking cognisance of psychological intent, motive, behaviour, role played by perpetrators and victims in IPMS, multiple trajectories towards IPMS and possible triggers in IPMS.

The study has shown psychological profile of perpetrators and victims in IPMS. This profile of perpetrators and victims include psychological intent, motive, behaviour and role played by intimate partners in IPMS. Multiple trajectories towards IPMS are highlighted in the study. These multiple trajectories include psychological, social, environmental and cultural factors. The guideline acknowledge possible triggers in IPMS.

9.3.3 Implication for further research

Study participants and archival records reported that although IPMS came as a total surprise, male perpetrators and female victims in a rural community in Limpopo Province seemed to have psychological intent/plan to kill their intimate partners and themselves long before their death by murder-suicide. Therefore, further psychological

autopsy studies to identify psychological intent in IPMS may need to be done in rural/urban community of other provinces in South Africa and abroad.

Study participants and archival records also revealed psychological arousal (that is, emotional and cognitive arousal) as motive behind the IPMS. Therefore, further psychological autopsy studies to identify psychological arousal linked to IPMS may need to be done in other provinces, South Africa and abroad, specifically in rural/urban community.

Study participants and archival records revealed behavioural problems linked to IPMS in a rural community in Limpopo Province. Therefore, further psychological autopsy studies to determine behaviour linked to IPMS may need to be done in other province of South Africa specifically and abroad in rural/urban community.

Study participants and archival records revealed the roles played by perpetrators and victims in IPMS in a rural community in Limpopo province. Therefore, further psychological autopsy studies to determine the role played by perpetrators and victims in IPMS may need to be done in other province of South Africa and abroad, specifically in rural/urban community.

Study participants and archival records also revealed multiple trajectories contributed towards IPMS in a rural community of Limpopo Province in male perpetrator and female victims. Therefore, further psychological autopsies studies to identify multiple trajectories contributed towards IPMS in other provinces in South Africa and abroad may need to be done to identify multiple trajectories contributed towards IPMS specifically in rural/urban community.

Study participants and archival records also revealed possible triggers in IPMS in a rural community of Limpopo Province on the part of male perpetrator and female victims. Therefore, further psychological autopsies studies to identify possible factors or events triggered the fatal behaviour of male perpetrators and female victims may need to be done other province in South Africa and abroad, specifically in a rural/urban community

Study participants and archival records also revealed mental health problems contributed to IPMS. Therefore, further studies to explore the effect of mental health problem on intimate relationship may need to be done in South Africa and abroad. In

addition, studies of relationship between mental health problems and intimate partner murder-suicide may need to be done in South Africa and abroad. Studies on the impact of intimate partner murder-suicide on surviving family members may need to be done in South Africa and abroad. Studies on the role mental health problems on IPMS may need to be done in South Africa and abroad.

9.3.4 Implication for policy

In South Africa, there is no policy to define intimate partner murder-suicide and its psychological intent, motive, behaviour, the role played, multiple trajectories and possible triggers in IPMS (Department of Health, 2019). The current psychological autopsy provides greater insight about psychological intent, motive, behaviour, multiple trajectories and possible triggers in IPMS. Therefore, it is important that the government through the recently re-established policy and research unit in the office of the president develop policy that took into account the psychological intent and motive associated with in IPMS that could help to reduce this kind of death.

9.3.4.1 Implication in Domestic Violence Act 116 of 1998 : In 1998, the Domestic Violence Act 116 was passed by South African government. Domestic Violence Act 116 of 1998 aimed to protect intimate partners from any form of violence in domestic relationship. The Act played a small role in addressing intimate partner murder-suicide tragedies because it focuses on the issuing of protection orders to protect the victims of domestic violence and other matters connected with domestic relationship. Twenty two years after the Domestic Violence Act 116 of 1998 was passed, intimate partner murder-suicide remains a serious problem in South Africa. This may be because of lack of evidence-based research in IPMS. The current psychological autopsy provides a greater insight about the phenomenon of IPMS and its psychological intent, motive, behaviour, role played by intimate partners in IPMS, multiple trajectories towards IPMS and possible triggers in IPMS. Therefore, it is important that the government through the recently re-established policy and research unit in the office of the president to review the Domestic violence Act 116 of 1998 to accommodate the psychological intent, motive, behaviour, multiple trajectories and possible triggers in IPMS.

9.3.4.2 Implication for Dangerous Weapon Act 15 of 2013: In 2013, the Dangerous Weapon Act 15 was passed by South African government. Dangerous Weapons Act

15 of 2013 aimed to prohibit intimate partners' possessions of dangerous weapons in domestic relationship. The Act played a small role in addressing intimate partner murder-suicide because it focuses on the prohibition of possession to dangerous weapons under any circumstances which may raise a reasonable suspicion that he/she is intended to complete IPMS. Eight years after the Dangerous Weapon Act 15 of 2013 was passed intimate partner murder-suicide remains a serious problem in South Africa. This may be because of lack of evidence-based research in IPMS. The current psychological autopsy study provides greater insight about the phenomenon of IPMS and its psychological intent, motive, behaviour, role played by intimate partners in IPMS, multiple trajectories towards IPMS and possible triggers in IPMS.

The dangerous weapons used to complete IPMS was also highlighted. These include butcher knives, thick twisted ropes, handguns, food poison, and hammers. Therefore it is important that the government through the recent re-established policy and research unit in the office of the president to review the Dangerous Weapon Act 15 of 2013 to accommodate the psychological intent, motive, behaviour, role played by intimate partners in IPMS, multiple trajectories towards IPMS and possible triggers in IPMS.

9.3.4.3 Implication for Firearm Control Act 60 of 2000: In 2000, Firearm Control Act 60 was passed by South African government. The Firearm Control Act 60 of 2000 aimed to control the use, handling and ownership of firearms by intimate partners in domestic relationship. The Act played a small role in controlling the use, handling and ownership of firearms by intimate partners in a romantic relationship. Twenty years after the Firearm Control Act 60 of 2000 was passed intimate partner murder-suicide remains a serious problem. This may be happening because of lack of evidence based-research in IPMS. The current psychological autopsy study provides greater insight about the phenomenon of IPMS and its psychological intent, motive, behaviour, role played by intimate partners in IPMS, multiple trajectories towards IPMS and possible triggers in IPMS. The type of firearm used by intimate partners to complete murder-suicide were highlighted in the current study. This includes black semiautomatic hand gun AR-15. Therefore it is important that the government through the recent re-established policy and research unit in the office of the president to review the Firearms Control Act 60 of 2000 to accommodate the psychological intent,

motive, behaviour, role played by intimate partners in IPMS, multiple trajectories towards IPMS and possible triggers in IPMS.

9.3.4.4 Implication for Constitution of the Republic of South Africa Act 108 of 1996: The Constitution of the Republic of South Africa Act 108 of 1996 was passed by South African Government to protect among others, the rights of intimate partners in domestic relationships. The Constitution of the Republic of South Africa Act 108 of 1996 indicates that everyone has the right to be free from violence from either a public or private source. The Constitution also takes time to highlight that everyone has the right to life. Right to life describes the belief that a being has the right to live, in particular should not be killed by another person. Furthermore, the Constitution takes time to highlight that everyone has the right to equality, freedom and security. Unlimited freedom provides little security and equality amongst intimate partners in domestic relationship. Intimate partners get into fights that end in murder-suicide. Twenty four years after the Constitution passed, the lives of intimate partners are ended through murder-suicide. This could be happening because of lack of evidence-based research in IPMS. The current psychological autopsy provides a greater insight about the phenomenon of IPMS and its psychological intent, motive, behaviour, role played by intimate partners in IPMS, multiple trajectories towards IPMS and possible triggers in IPMS. Therefore, it is important that the government through the recently re-established policy and research unit in the office of the president to review the Constitution of the Republic of South Africa Act 108 of 1996 to accommodate IPMS phenomenon and its psychological intent, motive, behaviour, role played by intimate partners in IPMS, multiple trajectories towards IPMS and possible triggers in IPMS.

9.3.4.5 Implication for forensic or medico-legal mortuaries: In 2006, the government reviewed the services provided by forensic or medico-legal mortuaries in South African Police Service. After the review the forensic mortuaries were transferred from the South African Police Service to the Department of Health. The transfer process ushered in the first establishment of Forensic Pathology Service (FPS) established to determine the cause and manner of unnatural death, including intimate partner murder-suicide.

The cause of death is reported to be a series of events leading to a person death (also called mechanism of death) such as a bullet wound to the head or any other part of

the body, exsanguination caused by stab wounds, manual or ligature strangulation, myocardial infarction resulting from coronary artery disease. Unfortunately, FPS is unable to determine the manner of death because it needs the psychological autopsy or post-death evaluation of deceased's mental state before IPMS. The manner of death refers to psychological dimension leading to IPMS. These are the missing pieces to understand the mental state of intimate partner's whose lives were ended through murder-suicide. This could be because of lack of evidence based research in IPMS. The current psychological autopsy provide a greater insight about the phenomenon of IPMS and its psychological intent, motive, behaviour, role played by intimate partners in IPMS, multiple trajectories towards IPMS and possible triggers in IPMS. Therefore, it is important that the government through the Department of Health to include psychological autopsy unit in forensic mortuaries.

9.3.5 Implication for practice

In South Africa, there is no prevention strategies, awareness campaign or death investigators focusing on intimate partner murder-suicide and its psychological intent, motive, behaviour, role played, multiple trajectories and possible triggered in IPMS. The current psychological autopsy provides greater insight about psychological intent, motive, behaviour, multiple trajectories and possible triggers in IPMS. Therefore, it is important that the government through the South African Police Service (SAPS), Department of Health Forensic Pathology Services (DHFPS) and recently established gender based violence command centre (GBVCC) develop prevention strategies, awareness campaigns and consider death investigators that takes into account the psychological intent and motive associated with IPMS to help to reduce this kind of death.

9.3.5.1 Implication for prevention strategies and awareness campaign: In 2012, Police strategy to reduce violent crime in South Africa was also passed by South African Police Service. The strategy aimed to reduced violence and harm in domestic relationships (South African Police Service, 2012). Eight years after the strategy passed intimate partner murder-suicide remains a serious problem in South Africa. Crime statistics released annually by South African Police Service (SAPS) do not provide much information about IPMS. The question has been raised whether they are

underestimating or undermining IPMS tragedies and psychological dimensions leading to these tragedies (South African Police Service, 2018). This could be happening because of lack of evidence-based research in IPMS. The current psychological autopsy provides a greater insight about the phenomenon of IPMS and its psychological intent, motive, behaviour, role played by intimate partners in IPMS, multiple trajectories towards IPMS and possible triggers in IPMS. Therefore, it is important that the government through the recently re-established policy and research unit in the office of the president to develop prevention strategies that would take into account the IPMS tragedies.

Various awareness campaigns which attempt to address gender based violence among other, IPMS were initiated e.g. 16 Days of activism for no violence against women, 365 day national action plan to end gender based violence and victims empowerment programme were adopted by South African Government. In addition, the Gender Based Violence Command Centre (GBVCC) was also established by the Department of Social Development to intensify and accelerate the effort to eliminate all forms of violence in domestic relationships. These existing prevention interventions are not comprehensive, coherent or evidence based (The Centre for the Study of Violence and Reconciliation, 2016). This could be because of lack of psychological autopsy evidence-based research in IPMS.

The current psychological autopsy study provides a greater insight about the phenomenon of IPMS and its psychological intent, motive, behaviour, role played by intimate partners in IPMS, multiple trajectories towards IPMS and possible triggers in IPMS. Therefore, it is important that the government through the recently established Gender Based Violence Command Centre (GBVCC) develop awareness campaigns that would take into account the psychological intent and motive associated with phenomenon of IPMS. Programmes that focus on understanding multiple trajectories (that is, psychological, behaviour, environmental, cultural/historical context and biological factors) towards IPMS must be developed. A Crisis Response Plan on IPMS must also be developed. The plan should take into account the psychological intent, including motive, behaviour, role played by the perpetrator and victims in IPMS and multiple trajectories towards IPMS. Dialogue on the subject of intimate partner murder-suicide must be conducted. This dialogue must be set to understand events which

triggered the fatal behaviour of perpetrator and victim towards IPMS. Further, the dialogues must be set to understand warning signs of IPMS

9.3.5.2 Implication for death investigator: Forensic pathology investigation services were also established by South African Government in South African Police Service aimed to investigate unnatural death, including intimate partner murder-suicide. Unfortunately, death investigators failed to establish psychological dimensions leading to intimate partner murder-suicide. This is the most overlooked aspect of death investigation which can provide unique leads to understand psychological intent, motive, multiple trajectories, events and role played by the deceased in effecting own death. Usually, death investigators report that intention, motives and other circumstance surrounding the apparent IPMS death are unknown. Instead, death investigators should usually report who the deceased was, how, when, where they died and also to investigate if there is suspect directly linked to IPMS. The media's explanations of intention, motive and other circumstances leading to intimate partner murder-suicide deaths are usually subjective, speculative and non-scientific in nature. These could be because of lack of evidence based from psychological autopsy investigation. The current psychological autopsy investigation provided a greater insight about the phenomenon of IPMS and its psychological intent, motive, behaviour, role played by intimate partners in IPMS, multiple trajectories towards IPMS and possible triggers in IPMS. Therefore, it is important that the government consider the evidence from trained and certified psychological autopsy investigators.

9.3.5.2 Implication for IPMS psychological support services. Psychological services were also established by South African Government in the Department of Health aimed to provide mental health support to bereaved family members, including intimate partner murder-suicide. Unfortunately, mental health professional have not adequately developed sufficient psychological explanations for motive factors leading to intimate partner murder-suicide. This is the most overlooked aspect of mental health support which could provide unique leads in understanding psychological intent, motive, multiple trajectories, events and the role played by the deceased in their own death. It is important that the government consider the evidence from psychological autopsy investigations, psychological IPMS risk assessment, and other multiple sources of information

9.4 Limitations of the study

Whilst the results of this study provide useful information about the psychological autopsy of male perpetrators and female victims of IPMS, there are a number of limitations that should be highlighted.

Firstly, the sample was limited to two cases of intimate partner murder-suicide comprised of male perpetrator and female victim in rural community in the entire province of Limpopo. In view of this limitations, it is therefore not possible to generalize the findings of this study. Large samples from different parts of the province would need to be drawn before any generalizations can be made. Secondly, surviving family members' feelings of shame and guilt about disclosing sensitive information about the male perpetrators and female victims may have impaired the results.

Thirdly, stigma attached to intimate partner murder-suicide may have prevented the participants from talking openly and provided few useful archival records of the male perpetrator and female victim. Fourthly, fear to disrespect and disown the deceased could have resulted in discomfort and affect the way the participants responded to interview questions and hide archival records of the deceased.

9.5 Conclusion

The psychological autopsy on male perpetrators and female victims of intimate partner murder-suicide in a rural community of Limpopo Province is an inspirational study. In reality, it is heart breaking and devastating when intimate partners' lives are ended through murder-suicide. However, this study provides inspiration through the dedication of study participants and from the deceased's archival records.

The study highlighted psychological intent, motive, behaviour and role played by perpetrators and victims in IPMS. The study also highlighted the multiple trajectories towards IPMS and possible triggers in IPMS. It is clear from the results that although IPMS came as total surprise there is psychological intent, motive, behaviour and role played by perpetrators and victims in IPMS, multiple trajectories towards IPMS and possible triggers of IPMS. The study calls for the urgent of policy, strategies development that would take into accounts the psychological intent, motive, behaviour and role played by perpetrators and victims in IPMS, multiple trajectories towards

IPMS and possible triggers of IPMS. This suggests that the IPMS prevention strategies in a rural community could be a valuable conceptual tool to guide future interventions that are aimed at addressing intimate partner murder-suicide in South Africa.

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APPENDIX 1(A): INDIVIDUAL INTERVIEW GUIDE (ENGLISH VERSION)

Objectives of the study	Interview questions
1. To understand psychological intent of perpetrator and victim on intimate partner murder-suicide	<p>a) I would like you to explain according to your understanding what is psychological intention?</p> <p>b) I would also like you to explain according to your understanding psychological intent of perpetrator and victim whose lives were ended through murder-suicide?</p>
2. To understand motives for intimate partner murder-suicide?	c) May you please describe deceased's motive for intimate partner murder-suicide?
3. To identify role played by each deceased's in effecting own death.	d) Please share with me the role played by each deceased's in effecting own death?
4. To identify the psychological trajectories that contributed to the murder-suicide of the affected parties.	<p>e) I will like you to explain according to your understanding what is psychological factor?</p> <p>f) I would also like you to explain according to your understanding psychological factors may have contributed to murder-suicide of the affected person?</p>
5. To investigate the individual characteristics of each of the deceased that may have increased their vulnerability to murder-suicide	<p>g) May you please explain to me what were the characteristics of each of the deceased that may have increased their vulnerability to murder-suicide?</p> <p>h) May you please briefly outline the nature of deceased's interpersonal relationship?</p>

	<p>i) May you please describe fantasies, dreams, thoughts, premonitions or fear of deceased relating to death?</p> <p>j) Please explain to me deceased typical patterns of reactions to stress, emotional upsets and period of disequilibrium?</p>
<p>6. To understand the influences or factors in their environment that may have triggered their fatal behaviour.</p>	<p>k) Please share with me the environmental factors may have triggered their fatal behaviour?</p> <p>l) May you explain to me any recent upsets, pressure, tensions or anticipations in the environment that may have triggered their fatal behaviour?</p> <p>m) May you please describe deceased lifestyle?</p> <p>n) May you explain to me the role of alcohol and drugs of each deceased in their overall life and in their death?</p>
<p>7. To identify other factors or events in the deceased's cultural or historical contexts that may have contributed to their murder-suicide.</p>	<p>o) Please share with me factors or events in deceased's cultural or historical contexts may have contributed to their murder-suicide?</p>

**ṲHUMETSHEDZO 1(B): VHULIVHISI HA U AMBEDZANA NA MUTHU
(NZUDZANYO YA LUVENḂA)**

Ndivho	Mbudziso dza nyambedzano
<p>1. Ndi thaidzo dzifhio dza muhumbulo dzine dza nga vha dzo ita uri onoyo muthu a vhulahe vhaḁwe vhathu nahone a fheleledze o ḁivhulaha.</p>	<p>a) Ndi ḁo Ṳoḁa uri ni Ṳalutshedze u ya nga pfeseso yaḁu uri thaidzo dza muhumbulo ndi mini?</p> <p>b) Ndi Ṳoḁa uri ni Ṳalutshedze u ya nga pfeseso yaḁu thaidzo dza muhumbulo dzine dza nga vha dzo ita uri muthu ane ra khou amba nga hae a vhulahe vhaḁwe vhathu nahone a fheleledze o ḁivhulaha?</p>
<p>2. Ndi vhufhio vhumuthu ha muthu muḁwe na muḁwe o lovhaho vhune ha nga vha ho ita uri zwi lelutshele onoyo muthu uri a vha vhulahe na ene a fheleledze o ḁivhulaha.</p>	<p>c) Ndi humbela uri ni Ṳalutshedze nga ha vhumuthu ha muthu muḁwe na muḁwe o lovhaho vhune ha nga vha ho ita uri zwi lelutshele onoyo muthu uri a vha vhulahe na ene a fheleledze o ḁivhulaha?</p> <p>d) Ndi humbela uri ni Ṳalutshedze nga u tou pfufhifhadza ḁḁila ye vhathu vho lovhaho vha vha vha tshi tshilisana ngayo na vhaḁwe vhathu?</p> <p>e) Ndi humbela uri ni Ṳaluse miloru, mihumbulo, zwithu zwi tshuwisaho kana zwi ofhisaho zwe vhathu vho lovhaho vha vha vha tshi zwi ofha zwi tshimbidzanaho na lufu?</p> <p>f) Ndi humbela uri ni Ṳalutshedze zwe vhathu vho lovhaho vha vha vha tshi anzela u zwi ita musi vho tsikeledzea maḁipfele, vho sinyuwa na musi vho ḁaḁa?</p>

<p>3. Ndi t̄huṯhuwedzo kana zwithu zwifhio zwa hune vha dzula hone zwine zwa nga vha zwo ita uri vha ḍifare nga ṅḍila ye ya ita uri vha vhulahwe.</p>	<p>g) Ndi hambela uri ni mmbudze nga ha zwithu zwa hune vha dzula hone zwine zwa nga vha zwo ita uri vha ḍifare nga ṅḍila ye ya ita uri vha vhulahwe?</p> <p>h) Ndi hambela uri ni mmbudze nga ha zwithu zwa zwenezwino zwe zwa vha sinyusa, mitsiko kana zwe vha vha vho zwi lavhelela hune vha dzula hone zwine zwa nga vha zwo ita uri vha ḍifare nga ṅḍila ye ya ita uri vha vhulahwe?</p> <p>i) Ndi hambela uri ni t̄alutshedze matshilele a vhathu vho lovhaho?</p> <p>j) Ndi hambela uri ni t̄alutshedze ṅḍila ye halwa na zwidzidzivhadzi zwa nga vha zwo kwama ngayo vhutshilo na lufu zwa ha vhenevho vhathu vho lovhaho?</p>
<p>4. Ndi zwifhio zwiṅwe zwithu kana zwiitea kha mvelele kana ḍivhazwakale zwine zwa nga vha zwo shela mulenzhe kha u vhulahwa havho nga muthu we na ene a fheleledza o ḍivhulaha</p>	<p>k) Ri hambela uri ni ni ri vhudze nga ha zwithu kana zwiitea zwa mvelele kana ḍivhazwakale zwa vhathu vho lovhaho zwine zwa nga vha zwo ita uri vha vhulahwe nga muthu we na ene a fheleledza o ḍivhulaha?</p>

APPENDIX 2(A): DATA CAPTURE SHEET FOR DECEASED MEDICAL, PSYCHIATRIC, PSYCHOLOGICAL, FORENSIC AUTOPSY AND POLICE RECORDS (FILES)

A. Demographic information of male perpetrator and victim

1. Date and time of death _____
2. Location of death _____
3. Method of death _____
4. Home town _____
5. Race _____
6. Age _____
7. Occupation _____
8. Ethnic group/ cultural heritage _____
9. Gender _____
10. Marital status _____
11. Number of years of schooling _____
12. Number of children _____
13. Next-of-kin _____
14. Witness _____
15. Legal problem _____
16. Relationship breakup _____
17. Financial problem _____
18. Insurance policies _____

B. INTIMATE PARTNER MURDER-SUICIDE INFORMATION

19. Number of intimate partner murder-suicide _____
20. Location of intimate partner murder-suicide _____

21. Last intimate partner murder-suicide _____

22. First intimate partner murder-suicide _____

C. FILE CONTENT (MEDICAL RECORDS)

23. Surgical history of perpetrator and victim

24. Social history of perpetrator and victim

25. Habits of perpetrator and victim

26. Immunization of perpetrator and victim

27. Growth chart and development history

28. Physical examination

29. Assessment plan

D. FILE CONTENT (PSYCHIATRIC AND PSYCHOLOGICAL RECORDS)

30. Past psychiatric history

31. Family psychiatric history

32. Treatment history

33. Psychological support history

34. Counselling history

35. Suicide history

36. Alcohol and Substance abuse history

37. Psychosocial stressors

38. Employment history

39. Educational history

E. FILE CONTENT (POLICE RECORDS)

40. Criminal history and sentence

41. Note by investigation officer

42. Alcohol and substance abuse history

43. Social history

44. Toxicology report

45. Witness statement

F. FILE CONTENT (FORENSIC RECORDS)

46. Physical evidence

47. Photographs

48. Affidavits

49. Crime of scene report

50. Note by forensic investigation officer

51. Note by forensic pathologist

52. Note on sensitive information

53. Forensic autopsy report

54. Family history of death

55. Laboratory report

G. RESEARCH INTEREST

56. Psychological intent of male perpetrator and female victim on intimate partner murder-suicide.

57. Motives of male perpetrator and female victim on intimate partner murder-suicide.

58. Psychological factors contributed to intimate partner murder-suicide.

59. Social factors contributed to intimate partner murder-suicide.

60. Environmental factors contributed to intimate partner murder-suicide.

61. Cultural/historical factors contributed to intimate partner murder-suicide.

62. Role played by male perpetrator and female victim in effecting own death.

APPENDIX 2(B): DATA CAPTURE SHEET FOR DECEASED PERSONAL DOCUMENTS

A. Demographic information of male perpetrator and victim

1. Date and time of death _____
2. Location of death _____
3. Method of death _____
4. Home town _____
5. Race _____
6. Age _____
7. Occupation _____
8. Ethnic group/ cultural heritage _____
9. Gender _____
10. Marital status _____
11. Number of years of schooling _____
12. Number of children _____
13. Next-of-kin _____
14. Witness _____
15. Legal problem _____

B. WRITING HISTORY

16. Diaries

17. Journal

18. Art craft

19. Messages

20. Letters

21. SMS messages

22. Email

23. Whazp

24. Tweeter

25. Facebook

26. Poetry

C. ALCOHOL HISTORY

27. Alcohol related offence

28. Work difficulties

29. Driving under the influence of alcohol

30. Family problem

D. DRUG USED HISTORY

31. Dagga

32. Cannabis

33. Opioid

34. Cocaine

35. Amphetamine

36. Heroin

37. Mandrax

38. Ecstasy

39. Prescription opioids

40. ATS (Excluding ecstasy)

E. RELATIONSHIP HISTORY

41. Domestic violence

42. Physical and psychological abuse

43. Marital relationship

44. Extramarital relationship

F. PSYCHIATRIC AND PSYCHOLOGICAL HISTORY

45. Past psychiatric history

46. Family psychiatric history

47. Mood fluctuations

48. Depression

49. Problem with memory

50. Fatigue

51. Weight loss

52. Deceased libido

53. Treatment history

54. Psychological support history

55. Counselling history

G. PSYCHOSOCIAL STRESSOR HISTORY

56. Reaction to stressors

57. Loss of job

58. Demotion

59. Legal problem

60. Financial problem

61. Breakups

62. Divorces

H. DEATH HISTORY OF FAMILY

63. Suicide

64. Murder-suicide

65. Murder

66. Vehicle incident

67. Chronic disease

I. METHODS OF DEATH HISTORY

68. Guns

69. Knives

70. Lethal drugs

71. Hanging

J. FAMILY HISTORY

72. Socioeconomic status

73. Conflicts

74. Domestic violence

75. Infidelity

K. EMPLOYMENT HISTORY

76. Type of job

77. Repetitive problem

78. Legal problem

L. SUICIDE RISK HISTORY

79. Ideation

80. Substance use

81. Purposelessness, no reason for living

82. Anxiety, agitation, unable to sleep or sleeping all the time

83. Feeling trapped

84. Hopelessness

85. Withdrawal/social isolation

86. Anger/rage/expressions of wanting revenge

87. Recklessness/excessive risk-taking

M. PRECIPITANTS TO DEATH

88. Significant loss (les) relationship, job, finances, self-concept and family member

89. Disruption of a primary relationship

90. Legal troubles

91. Difficulties with police

92. Recent traumatic event

93. Suicide attempt by family member, loved one, friend

94. Anniversary of a significant loss

95. Exposure to suicide of another

96. Recent discharge from psychiatric institution or care

97. Any other stressor

N. PROTECTIVE FACTORS PRESENT

98. Religious belief

99. Faith community

100. Family support

101. Workplace

102. Friends

103. Employment parents

104. Others

O. RESEARCH INTEREST

105. Psychological intent of male perpetrator and female victim on intimate partner murder-suicide.

106. Motives of male perpetrator and female victim on intimate partner murder-suicide.

107. Psychological factors contributed to intimate partner murder-suicide.

108. Behavioural factors contributed to intimate partner murder-suicide.

109. Environmental factors contributed to intimate partner murder-suicide.

110. Cultural/historical factors contributed to intimate partner murder-suicide.

111. Role played by male perpetrator and female victim in effecting own death.

APPENDIX 3(A): LETTER OF PERMISSION (ENGLISH VERSION)

Department of Psychology

University of Limpopo

(Turfloop campus)

Private Bag x 1106

Sovenga

0727

Date:

Dear Sir/ Madam

Head of Department

Limpopo Provincial Department of Health

Private Bag x 9302

Polokwane

0700

RE: PERMISSION TO CONDUCT RESEARCH

I am Elelwani Muthivhi (student number: 201649688). I am a registered PhD student of the University of Limpopo. I do hereby request for permission to conduct the study which focuses on murder-suicide.

My research topic is: A psychological autopsy on intimate partner' murder-suicide in a rural community in Limpopo Province, South Africa as a requirement for PhD degree in the Department of Psychology.

Should you require any further information, please do not hesitate to contact me or my supervisor. Our contact details are as follows: Ms E. Muthivhi (student) 083 7444 712. Email (elelwanimuthivhi@gmail.com) and Prof. T Sodi (Supervisor) 015 268 2318. Email (tholene.sodi@ul.ac.za)

Your permission will be greatly appreciated

E. Muthivhi

Student

Prof T. Sodi

Supervisor

Prof S. Sithole

Co-Supervisor

Date

Date

Date

APPENDIX 3(B): LETTER OF PERMISSION (ENGLISH VERSION)

Department of Psychology

University of Limpopo

Private Bag x 1106

0727, Sovenga

Date:

Head of the Department

Limpopo Department of Community Safety

Private Bag 9492

Polokwane

0700

Sir/Madam

RE: PERMISSION TO CONDUCT RESEARCH

I am Elelwani Muthivhi (student number: 201649688). I am a registered PhD student of the University of Limpopo.

I do hereby request for permission to conduct the study which focuses on murder-suicide.

My research topic is: A psychological autopsy on intimate partner' murder-suicide in a rural community in Limpopo Province, South Africa as a requirement for PhD degree in the Department of Psychology.

Should you require any further information, please do not hesitate to contact me or my supervisor. Our contact details are as follows: Ms E. Muthivhi (student) 083 7444 712. Email (elelwanimuthivhi@gmail.com) and Prof T Sodi (Supervisor) 015 268 2318. Email (tholene.sodi@ul.ac.za).

Your permission will be greatly appreciated

E. Muthivhi

Student

Prof T. Sodi

Supervisor

Prof S. Sithole

Co-Supervisor

Date

Date

Date

APPENDIX 3(C): LETTER OF PERMISSION (ENGLISH VERSION)

Department of Psychology

University of Limpopo

Private Bag x 1106

0727, Sovenga

Date:

Surviving family member-Male perpetrator

Vhembe District Municipality

Thohoyandou

0700

Dear Sir/ Madam

RE: PERMISSION TO CONDUCT RESEARCH

I am Elelwani Muthivhi (student number: 201649688). I am currently a registered PhD student of the University of Limpopo (Turf loop campus). I offer my sincere condolences to you on the death of your loved one. There are about six cases of death associated with intimate partner murder-suicide, therefore you are not the only one who faced this type of death.

I do hereby request for permission to conduct the study which focuses on murder-suicide and review deceased personal, medical and police records of the deceased's.

My research topic is: A psychological autopsy on the intimate partner' murder-suicide in a rural community in Limpopo Province, South Africa as a requirement for PhD degree in the Department of Psychology.

I am interviewing families and friends and review deceased personal, medical and police records of people who have recently died on murder-suicide to better understand what was going on in their lives. I hope that this better understanding will help to design programs to prevent such death in the future.

Should you require any further information, please do not hesitate to contact me or my supervisor. Our contact details are as follows: Ms E. Muthivhi (student) 083 7444 712. Email (elelwanimuthivhi@gmail.com) and Prof. T. Sodi (Supervisor) 015 268 2318. Email (tholene.sodi@ul.ac.za)

Your permission will be greatly appreciated

_____	_____
E. Muthivhi	Date
Student	
_____	_____
Prof T. Sodi	Date
Supervisor	
_____	_____
Prof S. Sithole	Date
Co-Supervisor	

ṬHUMETSHEDZO 3(D): VHURIFHI HA THENDELO (NZUDZANYO YA LUVENḐA)

Department of Psychology

University of Limpopo

Private Bag x 1106

0727, Sovenga

Date:

Mushelamulenzhe A

Vhembe District Municipality

Thohoyandou

0700

Ndaa/Aa

RE: THENDELO YA U ITA ṬHODḐISISO

Ndi pfi Elelwani Muthivhi (student number: 201649688). Zwa zwino ndi mugudiswa o ṛwalisaho a re na PhD wa Yunivesithi ya Limpopo (Khamphasini ya Turfloop).

Ndi rumela maipfi a ndiliso nge na lovhelwa nga muthu ane na mu funa. Hu na milandu i ṭoḑaho u vha rathi ine ya tshimbidzana na muthu we a vhulaha mufarisi wawe na ene a fheleledza o ḑivhulaha, nga zwenezwo a si inwi ni noṭhe we na sedzana na lufu lwa hoyu mufuda.

Nga zwenezwo ndi khou humbela thendelo ya u ita ṭhōḑisiso ine ya ḑo livhisa ṭhogomelo kha muthu we a vhulaha vhathu nahone a fheleledza o ḑivhulaha na u vusulusa rekhodo dza mufu, dza vhuongeloni na dza mapholisani.

Tshiṭoho tsha ṭhōḑisiso yanga ndi hetshi: U ṭolisisa muhumbulo wa muthu o lovhaho we a vhulaha mufarisi wawe nahone a fheleledza o ḑivhulaha kha tshitshavha tsha mahayani kha Vundu ḑa Limpopo, Afurika Tshipembe samusi i ṭhōḑea kha digirii ya PhD kha Muhasho wa Saikholodzhi.

Ndi do haseledza na miṭa na dzikhonani nahone nda vusulusa rekhodo dza mufu, dza vhuongeloni na dza mapholisani dza vhathu vhane vha kha ḡi tou bva u vhulahwa nga muthu we a fheledza o ḡivhulaha, u itela uri ndi pfelese khwine zwe zwa vha zwi khou itea vhutshiloni havho.

Ndi fulufhela uri honohu u pfelesa khwine hu do thusa kha u ita mbekanyamushumo dzine dza do thivhela mpfu dzo raloho tshifhingani tshi ḡaho. Arali ni tshi ṭoda mafhungo o engedzeaho, ri humbela uri ni songo timatima u nkwama kana u kwama mulanguli wanga. Zwidombedzwa zwashu zwa vhukwamani ndi zwi tevhelaho: Ms E. Muthivhi (mugudiswa) 083 7444 712. Imeiji (elelwanimuthivhi@gmail.com) na Prof. T. Sodi (Mulanguli) 015 268 2318. Imeiji (tholene.sodi@ul.ac.za)

Ri do livhuwa vhukuma thendelo yaṅu

E. Muthivhi

Mugudiswa

Prof T. Sodi

Mulanguli

Prof S. Sithole

Mulanguli

Datumu

Datumu

Datumu

APPENDIX 4(A): INFORMED CONSENT LETTER (ENGLISH VERSION)

Department of Psychology
University of Limpopo
Private Bag x 1106
Sovenga
0727
Date:

Dear participant

Thank you for showing interest in this study that focuses on murder-suicide: A Psychological autopsy on intimate partner' murder-suicide in rural community in Limpopo Province, South Africa.

Your responses to this interview will be strictly confidential. The information obtained in this study will be useful in forming part of knowledge about the issue under study and the findings of this study will be drafted in the research report that will be submitted to the University of Limpopo, Department of Psychology.

Kindly answer all the questions as truthful as possible. Your participation in this research is very important. Please note that your participation is not compulsory but voluntary. You are allowed to withdraw any time from the study if you feel uncomfortable.

Yours Sincerely

E. Muthivhi
PHD student

Date

Prof T. Sodi
Supervisor

Date

Prof S. Sithole
Co-Supervisor

Date

APPENDIX 4(B): INFORMED CONSENT FORM (ENGLISH VERSION)

I _____, hereby agree to participate in this study that aims to explore the intimate partner murder-suicide in rural community with the view to gain insight regarding their life experiences and factors that caused them such unbearable pain that they chose death over life and to understand the dynamics that seem to have led the couple to death.

I have received adequate information regarding the nature of the study and I understand what is requested of me. I am aware of my right to withdraw at any point during the study without penalty.

I hereby consent to participate in this research study

Signature

Date

ṲHUMETSHEDZO 5(A): LUṲWALO LWA U ṲNEWA THENDELO (TSHIVENṲA)

Department of Psychology

University of Limpopo

Private Bag x 1106

Sovenga

0727

Datumu:

Ha Muthu ano khou shelamulenzhe

Ri kou livhuwa vho sumbedza dzangalelo kha ngudo ino ine ya lavhelesa kha mabulayo- u ḡivhulaya: Tshivhangi tsha muhumbulo/saikhoḡodzhi kha mabulayo-u ḡi vhulaya ha vhafunani kha vhupo ha mahayani ngei kha vundu ḡa Limpopo, South Africa.

Phindulo dzavho dza inthaviwu iyi dzi ḡo vha dza tshiphiri. Mafhungo o waniwaho kha ngudo heyi a ḡo thusa kha uri ri vhe na nḡivho nga ha fhungo heli ḡine ra khou guda ngaḡo nahone mawanwa a ngudo iyi a ḡo ḡwalwa kha muvhigo wa ḡhoḡisiso une wa ḡo rumelwa Yunivesithi ya Limpopo, kha Muhasho wa Saikhoḡodzhi.

Ri khou hambela uri vha fhindule mbudziso dzoḡhe nga u fulufhedzea. U shela mulenzhe havho kha heyi ngudo ndi zwa ndeme vhukuma. Vha dzhieḡe nḡha uri a vha kombetshedzwi u shela mulenzhe, vha shela mulenzhe nga tou funa. Vha a tendelwa u ḡibvisa tshifhinga tshiḡwe kha ngudo heyi arali vha pfa vha sa khou dzulisea.

E. Muthivhi

Mutshudeni wa PhD

Datumu

Prof T. Sodi

Mugudisi

Datumu

Prof S. Sithole

Mulanguli

Datumu

ṰHUMETSHEDZO 5(B): FOMO YA U ṰEA/ṰEWA THENDELO (TSHIVENṰA)

NṰe _____, ndi khou tenda u shelamulenzhe kha heyi ngudo ine ya khou ṰṰṰa u wana zwinzhi nga ha mabulayo- u Ṱivhulaya ha vhafunani kha vhupo ha mahayani, muhumbulo muhulwane hu u ṰṰṰa u pfesesa matshilo avho na zwe vha Ṱangana nazwo na zwithu zwo vhangaho vhuṰungu hovho vhune vha tou nanga u fa u fhirisa u tshila na u pfesesa zwo ṰuṰuwedzaho uri avho vhafunani vha lovhe. Ndo wana mafhungo a fushaho malugana na nyimele ya ngudo nahone ndi a pfesesa uri ndi khou tea u ita mini. Ndi a Ṱivha nga ha pfanelo dzanga dza u Ṱibvisa kha ngudo iyi tshifhinga tshiṰwe na tshiṰwe tsha ngudo ndi sa laṰiswe. Ndi khou Ṱea thendelo ya u shelamulenzhe kha heyi ngudo ya ṰhoṰisiso.

Tsaino

Datumu



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE
ETHICS CLEARANCE CERTIFICATE

MEETING: 5 April 2019

PROJECT NUMBER: TREC/92/2019:PG

PROJECT:

Title: Psychological autopsy of male perpetrator and female victim intimate partner murder-suicide in a rural community in Limpopo province.

Researcher: E Muthivhi

Supervisor: Prof T Sodi

Co-Supervisor/s: Prof S Sithole

School: Social Sciences

Degree: PhD in Psychology

PROF M MASOKO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

Note:

- i) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding solutions for Africa



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Ref: LP_201905_019

Enquires : Dr Ramalivhana NJ
Tel : 015-2936206
Email : Naledzani.ramalivhana@dhsd.limpopo.gov.za

Elelwani Muthivhi
Department of Psychology School of Social Sciences
University of Limpopo

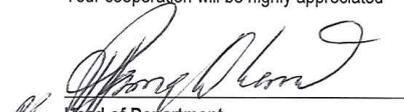
PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

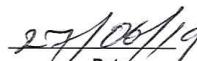
Your Study Topic as indicated below;

Psychological autopsy of male perpetrator and female victim intimate partner murder-suicide in a rural community in Limpopo Province

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
 - a. Present this letter of permission to the institution supervisor/s a week before the study is conducted.
 - b. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
 - c. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
 - d. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - e. The approval is only valid for a 1-year period.
 - f. If the proposal has been amended, a new approval should be sought from the Department of Health
 - g. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated


Head of Department
Dr Mhlongo TF


Date

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street, Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.
Website: <http://www.limpopo.gov.za>

The heartland of Southern Africa – development is about people



DEPARTMENT OF HEALTH
VHEMBE DISTRICT

Ref: S5/6
Enq: Muvuri MME
Date: 08.07.2019

Dear Sir/Madam... MUTHVHI E.....

Permission to conduct a research on the
"psychological autopsy of male perpetrator & female perpetrator"

1. The above matter refers.
2. Your letter received on the 08.07.2019 requesting for permission to conduct an investigation is hereby acknowledged.
3. The District has no objection to your request.
4. Permission is therefore granted for the study to be conducted within Vhembe District. You are expected to submit the results to the District.
5. You are however advised to make the necessary arrangements with the facilities concerned.

NB! YOU ARE REQUESTED TO GIVE THE DISTRICT A COPY OF YOUR REPORT. EW

E. Mado
.....
CHIEF DIRECTOR: DISTRICT HEALTH

9-7-2019
.....
DATE

Private Bag X5009 THOHOYANDOU 0950
OLD parliamentary Building Tel (015) 962 1000 (Health) (015) 962 4958 (Social Dev) Fax (015) 962 2274/4623
Old Parliamentary Building Tel: (015) 962 1848, (015) 962 1852, (015) 962 1754, (015) 962 1001/2/3/4/5/6 Fax (015) 962 2373, (015) 962 227

The heartland of Southern Africa – development is about people

APPENDIX 9: PSYCHOLOGICAL GUIDELINES ASSIST MENTAL HEALTH PROFESSIONAL FOR RESPONDING TO INTIMATE PARTNER MURDER-SUICIDE (IPMS) IN A RURAL COMMUNITY OF LIMPOPO PROVINCE.

1. Introduction

Psychological guidelines to assist in responding to IPMS may help provide support to surviving family members in rural community of Limpopo Province is proposed. These guidelines are designed to help mental health practitioners to assist the surviving family members and community to deal with the tragic loss of their loved one through intimate partner murder-suicide by understanding what was going on in the mind of intimate partners whose lives were ended through MS (these includes, psychological profiles of perpetrators and victims in IPMS, multiple trajectories towards IPMS and possible triggers in IPMS before the act and circumstance around IPMS), providing psychological support to IPMS surviving family members and adhere to ethic. The guidelines should be seen as a resource which complements a mental health care institution to promote positive mental health and that supports and reflects critical incident management process in IPMS. The guidelines should be read in sequence and mental healthcare institutions leaders, mental health professionals, emergency response teams, surviving family members and community members should re-familiarizes themselves with the information in the guideline as soon as they are aware of IPMS or attempted IPMS. These guidelines is divided into three sections:

- (i) Responding to intimate partner murder-suicide (IPMS)
- (ii) Ethical consideration in respond to IPMS cases
- (iii) Guideline summary

2 Responding to intimate partner murder-suicide (IPMS)

Loosing member of the family through IPMS is traumatic. When IPMS happen, surviving family members or any witness reports incidence to the police. The police then inform the forensic pathology mortuaries to collect dead body. During collection, forensic pathology officials inform surviving family members about the date, time and process of post-mortem. On the day of post-mortem, family members identify the body of their intimate partners whose lives were ended through murder-suicide in forensic

pathology mortuaries. Furthermore, they witness post-mortem procedure performed by forensic pathology officials. After the post-mortem they went home and buried intimate partners whose lives were ended through murder-suicide.

During and over the course of death, identification, post-mortem, and burial surviving family members and those who had a closed contact with the intimate partners before death they struggle to understand what happen and why their loved one chose to end their life through IPMS. Unfortunately, IPMS survivors do not get psychological support from the mental health professions to help them to understand IPMS and aftermath of death by murder-suicide. The following guidelines may assist the mental health professional in responding to IPMS

2.2.1 Understanding prevalence's of IPMS

Murder-suicide (MS) among intimate partners is rare (Langleng, 2012; Adinkrak, 2014; Townsend, 2003) but continues to occur yearly (Violence Policy Centre, 2018). Though it is difficult to determine the prevalence of intimate partner murder-suicide (Violence Police Centre, 2018; Adinkrak, 2014; Biskupski et al., 2010), it does appear that this phenomenon is reported in different parts of the world. For instance, a study by Langleng (2012) estimated that 642 IPMS cases occurred in the United States of America in the year 2009 and 2011. The Violence Policy Centre (2018) estimated 1500 IPMS cases occurred in the United States of America in the year 2018. Eight states had 10 or more MS cases in a six-month period. In order, these states were: Texas had 37, California had 29, Florida had 25, Pennsylvania had 18, Illinois had 11, Ohio had 11 and Tennessee had 11. A recent study conducted by Adinkrak (2014) estimated that 13 IPMS cases occurred in Ghana from 1990 until 2005.

In South Africa, Mathews (2010) estimated 25 cases of IPMS, Skead (2010) 328 cases and Van Den Heever (2017) 38 cases. Two studies estimated regional statistics of IPMS: Townsend (2003) estimated 21 cases in Durban (KwaZulu Natal); Jena et al (2009) 118 cases in the Pretoria region and printing media reports by Nengovhela (2019); Kimmie (2019); Tshikhudo (2016); Wicks (2016); Hlungwani (2018); African News Agency (2017); Nengovhela (2015); Nengovhela (2017) estimated 30 in Limpopo province.

According to the Violence Policy Centre (2018), murder-suicide (MS) among intimate partners appears to be increasing, for which it is usually recognized that there is a need for psychological autopsy (PA) studies in the United States of America and Switzerland. Rao (2014); Andreas (2016); Ronald, Brain and Michael (2011); Antoon, Peter and Deborah (2008) also found an increasing tendency amongst male partners to kill their female partners before taking own lives in the United States of America. Knoll and Hatters-Friedman (2015) also found an increasing tendency in intimate partners whose lives were ended through murder-suicide in Dallas.

In the South African context, murder-suicide among intimate partners appears to be increasing (South African Police Service, 2018, Skead, 2010; Van Den Heever, 2017). Jena et al (2009) also found an increasing tendency of intimate partner whose lives were ended through MS in Pretoria region. Townsend (2003) also found an increasing tendency of IPMS in Durban, KwaZulu Natal. In Limpopo Province, Nengovhela (2019); Kimmie (2019); and the African News Agency (2018) found an increasing tendency of intimate partners whose lives were ended through MS between 2015 and 2019. Although printing media reports by Nengovhela, (2019); Kimmie, (2019); Tshikhudo, (2016); Wicks (2016); Hlungwani, (2018); African News Agency (2017); Nengovhela, (2015) found an increasing tendency of intimate partners whose lives were ended through MS in both rural and urban communities, no systematic research that exclusively focuses on male perpetrators and female victims of IPMS since ever existed either in rural or urban communities. IPMS is not limited to Pretoria in Gauteng and Durban in the KwaZulu Natal region province but stretches across the entire South Africa (South African Police Service, 2018).

Evidence based on prevalence of IPMS will help traces the trend or patten of IPMS globally. It will also help in development and reviewing of policies, acts, strategies, and awareness' campaigns to tackle IPMS.

2.2.2 Recognizing IPMS behaviour

Intimate partner murder-suicide is a mysterious death. There may have been no clear warning sign of intimate partner murder-suicide. Often, why the intimate partner ends their lives through murder-suicide. The guideline highlighted that IPMS surviving family members and community required to identify warning sign of IPMS to prevent IPMS. It suggested that the surviving family members or community members report any

warning sign or suspected behaviour of IPMS to the police. Encourage the intimate partners who are suspected to have problems in their romantic relationship to seek professional counselling from the public institution, trauma centre, traditional leaders, and religious leaders. Evidence based on recognition of IPMS behaviour will help traces the trend or patten of IPMS globally. It will also help in development and reviewing of policies, acts, strategies, and awareness' campaigns to tackle IPMS.

2.2.3 Understanding the IPMS mind from the current psychological autopsy study

Intimate partner murder-suicide (IPMS) is a mysterious death left surviving family members traumatised. There may have been no clear warning sign why the intimate partner ends their lives through murder-suicide. Often, there are psychological profiles of intimate partners, multiple trajectories, possible triggering factors/events, and circumstance lead intimate partner to take decision to end their lives through murder-suicide highlighted on the psychological autopsy study of male perpetrator and female victim of intimate partner murder-suicide in a rural community of Limpopo. Therefore, mental health professional must familiarise themselves with the study. Evidence based on understanding the IPMS mind will help assist the IPMS survivors to deal with the aftermath of death of their loved one. It will also help in development and reviewing of policies, acts, strategies, and awareness' campaigns to tackle IPMS.

2.2.3.1 Psychological profiles of perpetrators and victims in IPMS

2.2.3.1.1 Psychological intent/plans: Psychological intent revealed male perpetrators and female desire to end their lives through intimate partner murder-suicide. They were found to have had vivid violent insight thoughts about completing intimate partner murder-suicide several time in their lives before the act. These include vivid violent insight thoughts to stab, shoot, hang and bludgeoned their intimate partners and subsequently kill themselves. After having a vivid violent insight thought and considering IPMS, male perpetrators and female victims engaged in long term planning on how they would complete IPMS without their intimate partner noticing their plan to complete IPMS. They planned not to change their mind because it's a promise to themselves. They planned to reconcile with their intimate partners and acted like

they are prepared to restore their broken intimate relationship. After long term planning male perpetrators and female victims tracked the movement of their intimate partner and identified a secure location for IPMS. After successfully tracking their intimate partner, they prepared the weapons of choice used to complete IPMS. On the day of the incident, male perpetrators and female victims were found dead as per their plan. In a rural community of Limpopo province, suggested that IPMS death cannot be resolved unless issues related psychological intent are addressed.

2.2.3.1.2 Psychological motive: Psychological motive revealed the state of psychological arousal in the mind of male perpetrators and female victims. They were found to have experienced a strong unpleasant emotional and cognitive arousal several times in their intimate relationship particularly when thing did not go the ways they want. This state of mind was suggested to have motivated male perpetrators and female victims towards IPMS. In a rural community of Limpopo province, it's suggested that IPMS death cannot be resolved unless issues related to psychological motive are addressed.

2.2.3.1.3 Behaviour: Behaviour revealed male perpetrators and female victim's mannerisms which encouraged them to complete IPMS. Controlling behaviour, manipulative behaviour, dream-enacting behaviour, fantasy-prone behaviour, and fearless behaviour reported as the negative behaviour that have driven male perpetrators and female victims through IPMS. In a rural community of Limpopo province, it's suggested that IPMS death cannot be resolved unless issues related behaviour are addressed.

2.2.3.1.3 Possible role played by perpetrators and victims in IPMS: Possible role played by perpetrators and victims in IPMS revealed the way male perpetrators and female victims behave during IPMS. Male perpetrators were found to have played a role of being a cruel and selfish murderer whilst female victims were found to have played an active role of playing a blaming game and diffusion responsibility in the intimate partner murder-suicide. They were found to have silently wanted to end emotional pain caused by fallouts of intimate relationship and wanted to be free from intimate relationship sufferings. In a rural community of Limpopo Province, it's suggested that IPMS death cannot be resolved unless issues related to possible role played by perpetrators and victims in IPMS are addressed. It suggested that IPMS

death cannot be resolved unless the cruelty, selfishness, blaming game and diffusion of responsibility as possible roles played by perpetrators and victims in IPMS are addressed.

2.2.3.2 Multiple trajectories

Multiple trajectories encompassed psychological, social, environmental and cultural factors contributed towards IPMS. Psychological factors were centered on the issue of emotional pain, stagnation and exhaustion. They were found to have endured emotional stress in their intimate relationship caused by their intimate partners. Psychological factors were found to have directed male perpetrators towards IPMS. In a rural community of Limpopo province, it is suggested that IPMS death cannot be resolved unless issues related to psychological factors are addressed.

Social factors were centered on the issue of social life in the intimate relationship. Financial pressure, excessive use of psychoactive drugs, lack of physical and sexual attraction and intimate partner terrorism were found to have exacerbated the IPMS on the part of male perpetrators and female victims. In a rural community, it is suggested that IPMS death cannot be resolved unless issues related to social factors are addressed. The guidelines thus highlighted the need to understand financial pressure, excessive use of psychoactive drugs, lack of physical and sexual attractions and intimate partner terrorism as social factors contributing towards IPMS.

Environmental factors were centered on the traumatic events and violence happening in the family and community. Family traumatic events, family violence and community violence perceived as environmental factors influenced IPMS. It was suggested that IPMS death in a rural community of Limpopo province cannot be resolved unless issues of environmental factors are addressed. Cultural factors were centered on the cultural norms, belief and values practiced in rural area. High bride price (*lobola*), traditional ceremonial costs, forced marriage and bride kidnapping regarded as cultural factors associated with IPMS. It suggested that IPMS death in a rural community of Limpopo province cannot be resolved unless issues cultural factors are addressed.

2.2.3.3 Possible triggers of IPMS

The study participants' and deceased's archival records revealed non-verbal communication, murder attempts, prior suicide attempts relationship, breakups, sexual attraction and orientation, childhood sexual abuse, extramarital affairs, dispute about the payments of child maintenance, love triangles, criminal activity and traumatic brain injury as possible triggers in IPMS. It suggested that IPMS death in a rural community of Limpopo province cannot be resolved unless issues related to other possible factors or events which triggered the fatal behaviour of perpetrators and victims are addressed.

2.2.3.4 Circumstances around IPMS

These include the means of IPMS and messages left by perpetrators and female victims before IPMS. The means of IPMS were centered on the issue of the principal method and location of IPMS. The study participants and archival records revealed multiple stab wounds from a butcher knife/panga, gunshot wounds, blunt force trauma from a hammer, strangling, and cutting wounds from machetes as means of IPMS. The preferred location of IPMS were reported to be the perpetrators' home, victim's house, the bush, a public place, school and workplace.

It suggested that IPMS death in a rural community of Limpopo province cannot be resolved unless issues related to principal method and preferred location of IPMS are addressed such as butcher knives, hammers, machetes, thick twisted rope and food poisoning. It also suggested that a preferred location of IPMS need to be understood.

Message left before IPMS were centered on the death note sent to family members, friends and co-workers by intimate partners through email, text phone messages, twitter, Facebook and WhatsApp. It suggested that IPMS death in a rural community of Limpopo province cannot be resolved unless issues related messages sent through email, text phone messages, twitter, Facebook and WhatsApp are addressed.

2.2.4 Conduct psychological autopsy research of IPMS death

Psychological autopsy studies help to understand psychological intent/plans behind IPMS, including the psychological motive, behaviour and role played by intimate partners in murder-suicide. Psychological autopsy research also helps to understand multiple trajectories contributed towards IPMS and other possible triggering factors associated with suicide. A research psychologist, academic researcher and psychological autopsy investigator with psychological autopsy skills is required to conduct research. Semi-structured interview guide should be developed and used to interview surviving family members and those who had close contact with the intimate partner before death. Face-to-face interview should be used to gather information from the surviving family members, friends, neighbours, co-workers and others who had close contact with deceased before death. Data capture sheet should be developed and used to review deceased archival records (e.g. phone messages, Facebooks, WhatsApp, emails, letters, finance reports, employment reports, medical reports, police reports, school reports, social work reports, psychology and psychiatric reports, insurance reports, credit reports, maintenance reports, forensic reports, and other available reports). Evidence-based from psychological autopsy studies should help to develop and review policies, Acts, strategies and awareness campaigns to tackle IPMS.

2.2.5 Conduct psychological autopsy investigation of IPMS cases

Intimate partner death by murder-suicide left surviving family members, communities and those who had close contact with intimate partner before death with unanswered questions. Therefore, psychological autopsy investigation needs to be conducted. Psychological autopsies investigation requires a high level of psychological autopsy investigation skills. A certified psychological autopsy investigator required to conduct psychological autopsy investigation. Psychological autopsy investigator set aside proximate and distal causes of IPMS or ascertain the most likely manner of death where that manner of death is equivocal and left undetermined by medical examiner or forensic pathologist. It also helps to ascertain interconnection between murder-suicide cases, suicide, motor vehicle accident, falling, drowning and other unnatural death.

Semi-structured interview protocol should be used to interview surviving family members and those who had close contact with the intimate partner before death. Demographic detail of deceased should be included in the semi-structured protocol, including participation in organised religion, employment status, financial status, social status, psychological status, significant relationship/sexuality and family death history.

Face-to-face interview should be used to gather information from the surviving family members, friends, neighbours, co-workers and others who had close contact with deceased before death. Data captured sheet should be developed and used to review deceased archival records (e.g. phone messages, Facebooks, WhatsApp, emails, letters, finance reports, employment reports, medical reports, police reports, school reports, social work reports, psychology and psychiatric reports, insurance reports, credit reports, maintenance reports, forensic reports, and other available reports)

Psychological autopsy investigator should develop psychological autopsy cases report with evidence appropriate interpretation of findings from protocol-based interviews and archived records. The reports should detail the history and purpose of the psychological autopsy investigation, findings, and recommendations. The lessons learned from the psychological autopsy investigation determined to help the surviving family members and those who had close contact with deceased to understand why intimate partner end lives through murder-suicide. Psychological autopsy investigators should refer surviving family members for further attention by suicidologist, registered counsellor, counselling and clinical psychologist, medical practitioner or social work. Referral form or letter with a brief finding should be used to refer client.

Psychological autopsy reports help life insurance companies to identify potential fraud from the investors and pay out only legitimate claims. It can also help surviving family members who have been denied the receipt of insurance benefits when intimate partners who end their lives through murder-suicide. Psychological autopsy reports help to understand whether motor vehicle accident was a planned or not. Further, help to understand any negligence's in the side of police, prison warders, traffic officials, clinicians, surviving family members and others who had closed contact with intimate partners before they end their lives through murder-suicide. Evidence-based psychological autopsy investigations reports should help to develop and review policies, Acts, strategies and awareness campaigns to tackles IPMS.

2.2.6 Assess psychological IPMS risks

Intimate partner murder-suicide death live bereaved families and those who had a closed contact with intimate partners confused and bewildered with emotions that may lead to self-destruction and destruction to others. Therefore, psychological risk assessment should be conducted by psychological autopsy investigator and suicidologist who had high level of skills on psychological autopsy. Psychological risks assessment help to understand the possible risk factors that may led surviving family members to complete IPMS or other unnatural death. Psychological risk assessment tools should be developed and used to assess the surviving family members and others who had close contact with the intimate partners before death. Furthermore, the archival records of surviving family members and those who had close contact with the deceased should be reviewed. These records include, phone messages, Facebooks, WhatsApp, emails, letters, finance reports, employment reports, medical reports, police reports, school reports, social work reports, psychology and psychiatric reports, insurance reports, credit reports, maintenance reports, forensic reports, and other available reports. At the complexion of risk assessment Suicidologist and Psychological Autopsy Investigator should develop risk assessment report based on the protocol-based interviews and archived records. The reports should detail the history and purpose of the assessment, findings and recommendations.

Furthermore, Suicidologist and Psychological Autopsy Investigator should develop crisis management plan to monitor, assess, manage, support and review the mental health of surviving family members who displayed psychological reaction during the assessment session. Suicidologist and psychological autopsy investigator should refer surviving family members for further attention by psychiatrist, counselling and clinical psychologist, registered counsellors, medical practitioner or social work. Referral form or letter with a brief finding should be used to refer client. Evidence-based from psychological risk assessment reports should help to develop and review policies, Acts, strategies and awareness campaigns to tackles IPMS.

2.2.7 Provide counselling to surviving family members of IPMS

Grieving the death of loved one by IPMS or other unnatural death is difficult. Grieving process can be traumatic with intense shock, denial, anger, disbelief, confusion, guilty, and rejection. Therefore, counselling should be provided by certified registered counsellor who had high level of traumatic and interview skills. Registered counsellor must make sure that they do not blame the deceased nor surviving family members, rather remind survivors how even the mental health professional cannot predict when such a death might occur and how little control anyone has over someone else's behaviour. Remind the clients that everyone grieves in different ways and at different place. Suggest ways that individuals can talk about their loved one and reveal whatever details about the death they are comfortable to share. Do not force client to speak when he/her is not ready to open. Detailed report should be developed and used for future research. The personal details of client should not be disclosed to the third party before their consent. The report can be used for research purpose, but the personal detail of client should not be given to the researcher. Registered counsellor should refer surviving family members for further attention by suicidologist, psychological autopsy investigator, counselling and clinical psychologist, medical practitioner or social work for further attention. Referral form or letter with a brief finding should be used to refer the client. Evidence-based on counselling reports will help to develop and review policies, Acts, strategies and awareness campaigns to tackles IPMS.

2.2.8 Provide therapy to surviving family members of IPMS

Family of intimate partner whose lives were ended through murder-suicide may bewildered with emotions. Recovery from bereavement entails accepting these emotions. Psychologists need to help the surviving family members to adjust and understand the death of their loved one by IPMS. This varies from cognitive behavioural therapy, interpersonal therapy, and support groups. The choice of therapy is likely to depend on the client preference and needs. The therapy must focus on achieving specific goal with the therapy. They must also teach them communication skills to convey those emotions. Detailed report about therapy should be developed and used for future research. The personal details of client should not disclose should

not be disclosed, particularly for research purpose. Counselling and clinical psychologist should refer surviving family members for further attention by suicidologist, psychological autopsy investigator, psychiatrist, medical practitioner or social work. Referral form or letter with a brief finding should be used to refer the clients. Evidence-based from therapeutic reports will help to develop and review policies, Acts, strategies, and awareness campaign to tackle IPMS.

2.2.9 Building a community based IPMS survivors' crisis centre

Loosing personal connection to the loved one by IPMS may be one of the most difficult life circumstances the family members and communities face. Therefore, community based IPMS survivor's crisis centre in Limpopo must provide resources that would help the survivors achieve peace and have strength to carry on after a loss to IPMS. Furthermore, community based IPMS survivor's crisis centre provide resource that will help survivors to learn how to handle the aftermath of IPMS and helping other. For example, flyer. This flyer must provide coping strategies for people who have been touched by IPMS, appropriate and inappropriate ways to comfort IPMS survivor's, misconceptions regarding IPMS as well as fact and statistic about IPMS and discusses common questions about the psychological intent, motive, behaviour, role played by perpetrators and victims of IPMS, multiple trajectories of IPMS (psychological factors, social factors, environmental factors and cultural factors), and other possible triggering factors/events. Suicidologist, psychological autopsy investigator, counselling and counselling psychologist, psychiatrist, medical practitioner, social work, traditional leader, religious leaders, police officers, National Prosecution Authority, and registered counsellor. The community based IPMS crisis centre reports must cover the possible psychological intent, motive, behaviour, multiple trajectories and other events that may influence IPMS or suicide on the part of surviving family members and those who had closed contact with intimate partners before death. Evidence-based on community based IPMS survivor's crisis centre will help to develop and review policies, Acts, strategies, and awareness campaigns to tackle IPMS.

2.2.10 Provide legal support to IPMS survivors

The legal society should assist on reviewing and amendments of life insurance legal contract for inclusion of IMPS cases as an illness for the purposes of insurance claims. To minimize the risk of fraudulent IPMS psychological risk assessment should include health assessment form. The purpose of IPMS risk is to understand if a person has attempted suicide, IPMS, or have any other outstanding criminal cases or charged of any criminal cases. Life insurance applicant must be assessed for psychological risks by suicidologist, clinical and forensic psychologist, and psychological autopsy investigators. Assessment reports should cover the possible psychological intent, motive, behaviour, multiple trajectories and other events that may influence IPMS or suicide on the part of applicant. Evidence-based on review and amendment of life insurance legal contract will help in development and review policies, Acts, strategies, and awareness campaigns to tackles IPMS.

2.2.11 Provide educational psychological support in schools and tertiary level

Intimate partner murder-suicide (IPMS) when happen children are left orphaned and struggle to understand why their parents choose to end their lives through IPMS. Though it is not clear how many school and tertiary students are psychological affected by the death of parents whose lives were ended through IPMS, it assumed to have the most serious implications for medical, psychiatric and behaviour sequelae in student. Therefore, educational psychological support needs to be provided to student, educators and other employees who work under educational sectors. Psychological autopsy investigators, educational and clinical psychologist with high level of traumatic and unnatural death skills required to provide educational psychological support. Educators, school governing body must observe the behaviour of the students during class and meetings. Do not ignore the rumours about suicide, bullying (aggressive behaviour) or death of student parents or guardian by suicide, IPMS or other unnatural death. All suspected psychological problem must be refereed to psychological autopsy investigators and educational psychologist for further handling. IPMS crisis centre should be open in schools and at university level. The centre must provide student with resource that will help them to understand death of their parents and the aftermath of death. Educational psychology support program will help the IPMS survivors to lean

effectively. Evidence-based from educational psychology support program will help in development and review policies, Acts, strategies, and awareness campaigns to tackles IPMS.

2.2.12 Provide IPMS educational psychological support program in workplace

Though it is not clear how many employees are psychological affected by IPMS, it assumed to have the most serious implications for medical, psychiatric and behaviour sequelae in student. Suicidologist, psychological autopsy investigators, educational psychologist, clinical psychologist, registered counsellor, researchers, employee health wellness practitioner with high level in psychological autopsy and traumatic skills required to provide IPMS psychological supports in employee. IPMS psychological support program will help student to lean effectively and to deal with aftermath of IPMS. Evidence-based reports of IPMS psychological support program will help in the development and amendment of policies, Acts, strategies, and awareness campaigns used to tackles IPMS.

3. Ethical considerations for responding to IPMS cases

Ethics are based on the mutual trust, acceptance, cooperation, promises and well-accepted conventions and expectations between the researcher and participants involved in the study (De Vos et al., 2011). Given that psychological strain may be imposed on the surviving family members and mental health professionals, the American Association of Suicidology (2017) stressed that the ethics of psychological support must be seriously considered. The American Association of Suicidology (2017) emphasises that great care is important when approaching surviving family members of IPMS. For psychological guidelines ethical considerations that were central in supporting surviving family members of IPMS are discussed below.

3.3.1 Conduct psychological autopsy research on IPMS

3.3.1.1 Permission to conduct study

Before the study commenced, permission should be sought from the relevant authorities such as the Limpopo Provincial Department of Health. In addition, traditional leaders must be approached to gain access to surviving family members of intimate partner murder-suicides in their jurisdictions. Furthermore, permission should be sought from the surviving family members (i.e. parents, guardian or next of kin), friends and work colleagues.

3.3.1.2 Voluntary participation and informed consent

Before the in-depth interviews and document analysis conducted, the participants should be informed about the nature of the study and that their participation and revelation of deceased archival records is voluntary. Furthermore, care should be taken to ensure that participants fully understand why they were recruited for the study. This helped the participants to acquaint themselves with the study and at the same time, assist them in making informed decisions as to whether or not to participate in the study. Participants were given informed consent forms to read and sign before they were interviewed. The researcher should emphasise the participants' right to refuse to be interviewed and to withdraw from the interview at any point. All participants signed the informed consent form.

Due to the sensitive nature of the topic under investigation, it is possible that participants may refuse to participate in the study at the time of interview as the truth of the death of their loved one will beginning to take hold. Therefore the researcher should respect the dignity of the participants by respecting any refusal to participate in the study, making all effort to minimize feelings of guilt. Furthermore, the researcher should respect the integrity of deceased persons in the way that information about the deceased persons that the participants did not want to be revealed will not revealed without their written consent.

3.3.1.3 Privacy, anonymity, and confidentiality

A safeguard of the deceased and study participants' confidentiality was assured in the way that their confidential biographic information was not disclosed without written permission of the interviewee. Confidentiality regarding the identities of the deceased

identities should be maintained by the exclusive use of the death register number for retrieval of all information.

3.3.1.4 Benefits and risk/harm

Before the study commenced, the researcher should inform the participants that the study will be of no immediate or direct benefit to them. However, the results of the study could benefit the broader society to certainly reduce and prevent these kinds of death. Due to the sensitive nature of the topic under investigation, it is possible that some participants may show some psychological reactions. Thus, an arrangement for crisis management and psychological support by psychologists, registered counsellors, and social workers should be made in local hospitals where they will be taken through a debriefing session.

3.3.2 Conduct psychological autopsy investigation of IPMS death

3.3.2.1 Privacy, anonymity, and confidentiality

Psychological autopsy investigator should safeguard the deceased and surviving family members' confidentiality in the way that their confidential biographic information is not disclosed without written permission of the third party. Confidentiality regarding the identities of the deceased should be maintained by the exclusive use of the death register number.

3.3.2.2 Benefits and risk/harm

Due to the sensitive nature of investigation, it is possible that some clients may show some psychological reactions. Thus, an arrangement for crisis management and psychological support by psychologists, registered counsellors, and social workers should be made in local hospitals where they will be taken through a debriefing session.

3.3.2.3 Anti-discrimination and equal opportunity

The Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (PEPUDA) or Equality Act, No.4 of 2000 is a comprehensive South African Anti-Discrimination Law. It makes it unlawful for the movement, private organization and individual to discriminate against surviving family members of IPMS. Discrimination in

this context means being treated unfairly and disadvantaged because of disability. Mental health practitioners are required to make adjustments for the surviving family members of IPMS.

3.3.2.4 Human rights issues

Chapter 2 (Bill of Rights) of the constitution of the Republic of South Africa, Act No 106 is the law that protects the human rights of all people in South Africa, including the surviving family members of IPMS. Mental health practitioners in South Africa have ethical responsibility to make sure that their decision making is consistent with promoting and respecting the rights in the Constitution of the Republic of South Africa Act No 106. Surviving family members have the following rights:

- To enjoy his/her human rights and freedom without discrimination.
- To inherent dignity and the right to have their dignity respected and protected.
- To not have his/her privacy unlawfully interfered with.

3.3.3 Asses IPMS psychological risks

3.3.3.1 Anti-discrimination and equal opportunity

The Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (PEPUDA) or Equality Act, No.4 of 2000 is a comprehensive South African Anti-Discrimination Law. It makes it unlawful for the movement, private organization and individual to discriminate against surviving family members of IPMS. Discrimination in this context means being treated unfairly and disadvantaged because of disability. Mental health practitioners are required to make adjustments for the surviving family members of IPMS.

3.3.3.2 Benefits and risk/harm

Due to the sensitive nature of the assessment, it is possible that some clients may show some psychological reactions. Thus, an arrangement for crisis management and psychological support by psychologists, registered counsellors, and social workers should be made in local hospitals where they will be taken through a debriefing session.

3.3.3.3 Human rights issues

Chapter 2 (Bill of Rights) of the constitution of the Republic of South Africa, Act No 106 is the law that protects the human rights of all people in South Africa, including the surviving family members of IPMS. Mental health practitioners in South Africa have ethical responsibility to make sure that their decision making is consistent with promoting and respecting the rights in the Constitution of the Republic of South Africa Act No 106. Surviving family members have the following rights:

- To enjoy his/her human rights and freedom without discrimination.
- To inherent dignity and the right to have their dignity respected and protected.
- To not have his/her privacy unlawfully interfered with.

3.3.3.4 Personal and health information

The collection, use, disclosure and management of personal information of IPMS' surviving family members are governed by the Mental Healthcare Act 17 of 2002, and Guidelines for Good Practice in the Health Care Professions. Health information is defined to include information or an opinion about the following

- Physical and psychological health of surviving family members
- Disability of the surviving family members
- Surviving family members wishes about the future provision of health services

Mental health practitioner who are collecting, using and disclosing or managing the health information of surviving family members who display psychological reaction, attempted murder-suicide and completed IPMS should comply with Mental Health Act and guidelines for good practices in health care profession.

3.3.4 Provide counselling to IPMS surviving family members.

Mental health practitioner who provides counselling, using and disclosing or managing the health information of surviving family members who display psychological reaction, attempted murder-suicide and completed IPMS should comply with Mental Health Act and guidelines for good practices in health care profession.

Due to the sensitive nature of counselling, it is possible that some clients may show some psychological reactions. Thus, an arrangement for crisis management and psychological support by psychologists, registered counsellors, and social workers should be made in local hospitals where they will be taken through a debriefing session.

3.3.5 Provide therapy to IPMS surviving family members

Mental health practitioner who provides therapy, using and disclosing or managing the health information of surviving family members who display psychological reaction, attempted murder-suicide and completed IPMS should comply with Mental Health Act and guidelines for good practices in health care profession. Due to the sensitive nature of therapy, it is possible that some clients may show some psychological reactions. Thus, an arrangement for crisis management and psychological support by psychologists, registered counsellors, and social workers should be made in local hospitals where they will be taken through a debriefing session.

3.3.6 Building a community based IPMS survivors' crisis centre

Mental health practitioner who provides therapy, using and disclosing or managing the health information of surviving family members and communities who display psychological reaction, attempted murder-suicide and completed IPMS should comply with Mental Health Act and guidelines for good practices in health care profession. Due to the sensitive nature of community based IPMS survivors' program, it is possible that some clients may show some psychological reactions. Thus, an arrangement for crisis management and psychological support by psychologists, registered counsellors, and social workers should be made in local hospitals where they will be taken through a debriefing session.

3.3.7 Provide legal support to IPMS survivors

Mental health practitioner and legal society who provides, using and disclosing or managing the health information of surviving family members and communities who

display psychological reaction, attempted murder-suicide and completed IPMS should comply with Mental Health Act and guidelines for good practices in health care profession. Due to the sensitive nature of legal support IPMS survivors' program, it is possible that some clients may show some psychological reactions. Thus, an arrangement for crisis management and psychological support by psychologists, registered counsellors, and social workers should be made in local hospitals where they will be taken through a debriefing session.

3.3.8 Provide educational psychological support in schools and tertiary level

Mental health practitioner who provides, using and disclosing or managing the health information of student, educators and other employees within educational sectors who display psychological reaction, attempted murder-suicide and completed IPMS should comply with Mental Health Act and guidelines for good practices in health care profession. Due to the sensitive nature of educational psychological support program, it is possible that some clients may show some psychological reactions. Thus, an arrangement for crisis management and psychological support by psychologists, registered counsellors, and social workers should be made in local hospitals where they will be taken through a debriefing session.

3.3.9 Provide IPMS educational psychological support program in workplace

Mental health practitioner who provides, using and disclosing or managing the health information of surviving employees who display psychological reaction, attempted murder-suicide and completed IPMS should comply with Mental Health Act and guidelines for good practices in health care profession. Due to the sensitive nature of educational psychological support program, it is possible that some clients may show some psychological reactions. Thus, an arrangement for crisis management and psychological support by psychologists, registered counsellors, and social workers should be made in local hospitals where they will be taken through a debriefing session.

3.3.10 Maintaining mental health of professional dealing with IPMS

It is possible that the in-depth interviews and document analysis would not only put demands on the clients, but also on the mental health professional (American Association of Suicidology, 2017; Callahan, 2000). The American Association of Suicidology (2017) recommended that mental health professional needed a quiet room for “crying time” when the pressure caused by supporting surviving family members of IPMS became overwhelming. As recommended by American Association of Suicidology (2017) and Callahan (2000), the mental health professional should frequently consult a medical doctor and psychologist who will help them to offload the emotional strain accumulated during in-depth interviews and document analysis.

4. Guideline’s summary

The psychological guideline to assist in responding to IPMS in rural community acknowledges that IPMS cannot be resolved unless the mental health professionals support the surviving family members of the IPMS. These guidelines highlighted what the mental health professionals need to do in supporting the IPMS surviving family members. Conducting psychological autopsy studies, investigations, including psychological risk assessments, counselling and therapy were regarded as psychological support for IPMS surviving family members. Ethic needs to be considered by mental health professional to support IPMS surviving family members were highlighted on the guidelines. These guidelines can be used as the foundation for developing and reviewing the policies, Acts, strategies and awareness campaign to tackle IPMS in rural community in Limpopo. In addition, psychological guidelines can be used to support survival members of other unnatural death (these includes, suicide, murder, motor vehicle accident, falling, drownings etc). It can also be used as the foundation for developing and reviewing policies, strategies, Acts and awareness campaign to tackle other unnatural death.

Affidavit

We, the Undersigned: -

Soror Language Services

We do hereby state that: -

The following document:

- **Thesis**
(Elelwani Muthivhi)

Has been professionally edited through Soror Language Services.

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